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CONSENSUS STATEMENT  
FROM THE CONSULTATION ON  
HIV EPIDEMIOLOGY AND PROSTITUTION

GENEVA  
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## **Consensus statement from the consultation on HIV epidemiology and prostitution**

A Consultation to evaluate the potential role of prostitution in HIV transmission and to identify interventions targeted towards prevention of HIV infection among prostitutes and their clients was convened by the World Health Organization's Global Programme on AIDS (GPA) and Sexually Transmitted Diseases Programme (VDT) from 3 to 6 July 1989, in Geneva. The 22 participants from 18 countries included epidemiologists, behavioural scientists, and representatives of prostitute collective associations.

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### **Introduction**

Prostitution – a transaction in which sexual services are provided in exchange for money or things of monetary value provided to the prostitute or some other party – is essentially a social phenomenon and is associated with economic, cultural, moral, behavioural, and legal factors. It is dynamic and adaptive, requiring the interpersonal interaction of at least 2 people – a prostitute (or sex worker), who is the provider, and a client, who is the buyer, of sexual services.

Prostitution occurs virtually worldwide, but there is considerable variation around the world in the organization and characteristics of prostitution. The various patterns of prostitution (female, male and transsexual) reflect the social organization of sexuality in societies, specifically the demand by clients for the sale of sexual services. Entry into prostitution may be voluntary (the decision of the sex workers) or coerced; the latter is particularly the case with child prostitution. Most prostitutes are motivated by economic considerations (e.g., support of family, cost of illegal drugs, a comfortable living standard). Reasons for persons' becoming clients of prostitutes have not been well established; loneliness, lack of social skills, a desire for variety, or a wish for specific sex acts not enjoyed by a regular partner, are reasons often given by men who are clients.

Prostitution is a risk factor for HIV transmission. Accordingly, WHO convened the consultation to develop a consensus which would be based on a critical analysis of available evidence regarding the potential role of prostitution in HIV transmission and the effectiveness of current interventions in reducing that potential.

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### **The consultation had the following objectives:**

1. to review current epidemiological information and to evaluate the potential contribution of prostitution to HIV transmission in different epidemiological situations;
2. to identify and review current interventions for the prevention of HIV infection among commercial sex workers and their clients;
3. to assess the impact of selected interventions on the behaviour of prostitutes and their clients and, where possible, on HIV and sexually transmitted diseases (STD) incidence;
4. to identify future action and research needs in order of priority.

## The consultation developed the following consensus statement.

### A. Potential for HIV transmission through prostitution and the state of interventions to protect prostitutes and clients

1. The prostitution transaction is a potential route of sexual transmission of HIV from clients to prostitutes and from prostitutes to clients. The extent of transmission of HIV arising from prostitution may depend, as with other situations in which sexual transmission is possible, upon many interacting factors such as:
  - levels of knowledge about HIV, STD, and prevention of their transmission;
  - the prevalence of HIV infection among clients and prostitutes;
  - the sexual activities of clients and prostitutes;
  - the availability and acceptability of condoms;
  - the number and frequency of change of partners of prostitutes and clients engaging in unprotected sex;
  - the number of penetrative sex acts that are unprotected;
  - the prevalence of STD causing genital lesions in clients and prostitutes;
  - the prevalence of other factors that may affect transmission such as the sharing of unsterilized equipment for drug injection or use of drugs such as alcohol or 'crack' cocaine that affect cognitive capacity.
2. Mathematical modelling of HIV transmission suggests that those parts of the population that have the highest rate of partner change will contribute disproportionately to the acquisition and transmission of HIV infection, unless they take precautions against infection. Prostitutes are one group with a high rate of partner change. Acquisition of HIV infection in prostitutes is not due to their separateness from society, but to their integration with other groups in society. Because of high rates of partner change among prostitutes, and because prostitutes are usually fewer in number and more easily identified than the larger more dispersed group of sexually active individuals with whom they come into contact, interventions directed at prostitutes provide an important opportunity to slow the spread of HIV. In fact, models that have looked at prostitution suggest interventions directed at prostitutes and/or their clients could have a dramatic impact.
3. Better understanding of prostitution and HIV transmission in prostitution through research has generally been impeded by the following:
  - social stigmatization, legal restrictions and coercive actions against prostitutes, leading to difficulty in engaging their involvement;
  - an inadequate understanding of the economic factors which motivate entry into prostitution and which prevent sex workers from changing to other occupations, including the importance of prostitution as a source of foreign exchange;
  - excessive focus on prostitutes rather than clients, resulting in a lack of information gathering on client characteristics such as their HIV infection status and the reasons why they seek prostitutes;
  - inadequate definition of study populations, resulting in a bias towards study of 'visible' or easily accessible prostitute populations such as registered prostitutes, street workers, and those identified in prisons, drug treatment programmes and STD clinics;

- inappropriate extrapolation of data beyond the populations actually studied and from one geographic area to another;
  - lack of attention to prostitute/client interpersonal dynamics;
  - limited attention to confounding variables such as levels of sexual activity, concurrent STD in prostitute or client, and other risk behaviours such as drug use;
  - lack of political and financial support for the study of the health issues related to prostitution;
  - limited reliable information on trends in HIV-infection over time.
4. In some parts of the world, STD-related risk-taking practices associated with prostitution have begun to change in several ways:
- increased awareness of STD and AIDS and of the mechanisms of pathogen transmission;
  - greater use of condoms;
  - substitution of alternative methods of sexual stimulation for penetrative sex;
  - better utilization of health care services for diagnosis and treatment of STD among prostitutes and their clients;
  - increased support for safer sex practice from managers of prostitute businesses.
5. These measures, along with a generally lower likelihood of exposure to infected clients, probably have contributed to lower levels of HIV infection in prostitutes adopting such measures. Several interventions have been developed to expand the knowledge and traditional self-protective practices of those involved in prostitution. Although a great deal remains to be learned, it is unanimously agreed that these interventions are helping to slow the spread of AIDS. Documentation and evaluation of current efforts will provide information upon which to expand and further improve these interventions.
6. Successful interventions to prevent HIV infection associated with prostitution have been directed to prostitutes, clients, non-paying partners of prostitutes, managers, or a combination thereof. They have been most effective where prostitutes are empowered to determine their working conditions. A major effect of legal and social restrictions on prostitution has been to generate low self-esteem among sex-workers and the belief that they cannot control their lives. Restrictive laws and adverse working conditions inhibit their ability to negotiate with clients and/or managers for adequate health care and safer sex practices.
7. Development of interventions to prevent HIV infection among prostitutes has generally been slowed not only by legal and social restrictions but also by:
- unwillingness of managers to support sex workers' demand for routine use of condoms regardless of client preference;
  - reluctance of certain prostitutes and clients to participate in interventions;
  - inability to identify and reach all prostitutes and/or clients with health and safer sex education;
  - lack of political and financial support for development of interventions;
  - risk behaviour among some prostitutes and clients such as sharing of unsterilized equipment for drug injection, and/or drug use practices that reduce the ability to plan for and negotiate safer sex practices;
  - economic factors which make it difficult for prostitutes to resist offers of higher pay for not using condoms.

8. A number of investigational and theoretical studies of HIV prevalence have identified levels or trends of HIV infection that demonstrate a potential for HIV transmission associated with prostitution; both from client to prostitute, and from prostitute to client, between prostitutes and their non-paying sexual partners, sharing unsterilized needles, and by vertical transmission to infants born to prostitutes. These observations are cause for serious concern.

## B. Recommendations

It is essential to engage as rapidly and forcefully as possible in efforts that reduce HIV infection of prostitutes, clients of prostitutes and other partners of prostitutes. To facilitate this there is a need for uniform evaluation techniques for sociodemographic, psychosocial, biomedical, and clinical data on prostitution and HIV transmission. In particular:

1. Interventions aimed at changing HIV-related risk-taking practices associated with prostitution must urgently be promoted among all prostitutes and their clients. Such interventions should be designed in consultation with sex workers and should be cost-effective and not impeded by legal structures. It is recognized that interventions take time to develop, therefore if the spread of HIV is to be slowed, plans for interventions must be drawn up and budgets identified immediately.
2. Governments should be encouraged to acknowledge the presence of prostitution in their countries and the urgency of developing sustainable interventions to decrease health risks to prostitutes, including the risk of HIV infection.
3. Further studies should be conducted of the factors that influence the risk of HIV transmission in relation to all types of sexual activity and ethically and scientifically sound protocols should be used which include standard methodology and controls where appropriate.
4. Economic analysis of the factors that may affect a sex worker's ability for self protection from HIV infection, including (a) cost of condoms, (b) availability of alternative work at a satisfactory wage for those who do not wish to continue to do sex work and (c) the importance of sex work to the national economy.
5. Psychosocial and behavioural research is required which would involve social scientists and other disciplines in the collection of descriptive data, in depth and detail, to increase understanding of the knowledge, attitudes, beliefs and practices associated with prostitution. Such research should include a review of relevant research in family planning such as sexual behaviour and acceptability of condom use and research on specific aspects of prostitution such as:
  - effective interventions for drug dependency;
  - the practices associated with adolescent and child sex work.
6. Studies are needed to measure changes in HIV seroprevalence over time in various populations involving either successive cross-sectional surveys or cohort studies. Individual participants in studies should be identified by codes and should not be traceable; studies should fully respect the dignity of the participants, with their full and informed consent. This research should extend to non-paying sexual partners of prostitutes and other sexual partners of clients. HIV testing and counselling procedures for prostitutes should be consistent with established WHO/GPA guidelines, taking into account the special needs of individuals involved in the sex industry.

7. Data on potential risk factors which may be associated with HIV transmission, such as drug use and STD (including chlamydial infection, chancroid, genital herpes, and syphilis) need to be gathered, where appropriate, through uniform methodologies. There is a need to investigate STD incidence as a surrogate method of estimating HIV incidence and a need to improve data on rates of transmission of HIV in all types of sexual activity and on other factors which may modify transmission (e.g., the presence or absence of foreskin, use or non-use of condoms).
8. Research is needed to improve condoms and other barrier methods of STD prevention (preferably with pleasant odour/taste characteristics).
9. Research to investigate the nature of male resistance to using condoms and on effective measures to reduce resistance.
10. A forum and/or network for information dissemination about existing interventions to decrease HIV transmission associated with prostitution should be developed to ensure on-going information exchange on policy, research, interventions, impediments to implementation and funding.
11. Technical support and funding for the evaluation of existing interventions and the development of new and innovative interventions must be ensured.
12. A meeting with appropriate representation from the international legal and civil rights communities should be organized to address issues such as laws which impinge on social, economic, and legal rights of prostitutes and therefore impede HIV prevention efforts. One example of the issues that could be discussed in this meeting is prostitute migration.
13. HIV education, support, and prevention services should be provided, expanded, and integrated into overall health care services in order to ensure that the greatest number of prostitutes and clients of prostitutes are aware of means of HIV prevention.
14. Voluntary-based projects to provide literacy education and technical skills, as well as job development and placement assistance, to HIV-infected prostitutes should be encouraged in national AIDS prevention and control programmes. Similar projects should also be encouraged for non-infected prostitutes who want to leave the sex industry.
15. Research and evaluation of interventions to prevent HIV infection associated with prostitution must be responsive to the immediate needs of programme development and modification. Research and evaluation designs should take into account both quantitative and qualitative approaches; multiple sources of information, and the range of data collection methods available. Research and evaluation should address both process and outcome and may require special training in these techniques.
16. Use of condoms and their availability to prostitutes and clients should not be restricted by legislation or law enforcement practices.
17. Where possible, research should involve the comprehensive and voluntary involvement of subjects in all aspects of the design, implementation, analysis, and follow-up and should be perceived as beneficial in a practical way to those studied. When possible, findings should be communicated back to the subjects involved.
18. Agencies supporting research should recognize the validity and importance of funding research in these areas, including, when appropriate, multi-centre studies.