# infovihtal #70

HIV rates generally tend to be higher among trans men and women sex workers (SW) than other population groups. This group, however, tends to respond positively to HIV and other STI prevention programmes.

Although many sex workers are immigrants, prostitution is definitely not the occupation of most immigrants. They may work in prostitution because they are unable to find any other way of earning a living, particularly if their status is irregular. They may also do sex work as a way of funding travel or specific costs, or as a profession. There are few documented cases of trafficking in trans men and women, and the vast majority do it on an independent basis.

Spanish law punishes pimps (people who encourage prostitution or who benefit from it economically), but not adult persons who prostitute themselves or their clients (although some Autonomous Communities have municipal bylaws that penalise both clients and SW). Some sex workers and NGOs that work in this sphere consider sex work a proper, legitimate activity and defend both the worker's right to choose and proper, respectful consideration.

## **Common factors**

Sex workers are a varied group of people, as they tend to originate from different backgrounds and cultures. The risk of infection by HIV may also vary depending on diverse aspects such as whether s/he works in the street or is a luxury escort.

Despite this diversity, they share some common factors in their vulnerability to HIV and risk of exposure to infection:

- stigmatisation and marginalisation
- limited employment options (particularly among trans women because of the discrimination to which they are subject)
- limited access to health, hygiene, social and legal services
- reduced access to information and to prevention measures
- greater chance of suffering sexual exploitation and abuse
- lack of legislation covering the needs and rights of sex workers who operate freely and not under duress
- exposure to risks associated with the lifestyle (e.g. violence, consumption of substances, greater geographical mobility)

## Clients as opposed to emotional-sexual partners and use of condoms

Some sex workers may find it hard to negotiate safer sex, as a client may refuse to pay for sex with a condom, use intimidation or violence or offer more money for unprotected sex. Not using a condom on a constant and adequate basis in all sexual services increases the chances of exposure to HIV and of transmitting it to clients.

For most sex workers, using a condom represents care for their sexual health and establishing a barrier with the client. The need to establish greater emotional closeness or to be looked after by their emotional and sexual partners on the other hand sometimes leads to neglect in the use of condoms with these partners. This increases the chances of exposure to HIV or of transmitting it to them.

# Use of drugs

Regardless of the use sex workers make of alcohol and other recreational drugs in their private life, consumption of these is quite frequent when providing sexual services. A lack of information about reducing risks in the consumption of substances and of strategies for negotiating safer sex may favour the transmission of HIV or of HCV.

## Transsexual women

Transsexual women have traditionally been the subject of discrimination and continue to be so, in different social, administrative, employment, health and educational spheres. Invisibility, a lack of information about transexuality and scant awareness of the needs of trans persons, diminish both their opportunities for integration in society, and the solidarity and respect they deserve. For many, sex work represents the only means of subsistence, which makes them more vulnerable to HIV. For sexual health to become a priority in their lives, their rights must be recognised and coverage of their most basic needs guaranteed.

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