



Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

**Sex Workers' Access to
Comprehensive Sexual
and Reproductive
Health Services**





Introduction

Access to comprehensive sexual and reproductive health (SRH) services is an essential human right. Sex workers across the world face inadequate SRH coverage and treatment, resulting in violations of their human rights. To identify sex workers' central SRH needs and the barriers they face when accessing SRH services, NSWP conducted in-depth research in ten countries and a global e-consultation with NSWP members.

International SRH Rights Frameworks

The right to sexual and reproductive health is protected within many international frameworks. The 2013 Sex Worker Implementation Tool (SWIT) establishes core guidelines for clinical SRH services for sex workers. These should include:

- STI and HIV programming.
- Family planning and contraceptive counselling.
- Safe pregnancy.
- Abortion and post-abortion care.
- Reproductive tract cancer screening.
- Clinical care for sexual assault survivors.
- Hormonal and other gender enhancement therapy and counselling for transgender sex workers.

The State of SRH Services

Limited Service Provision

Health systems' view of sex workers as 'vectors of disease' has created an emphasis on HIV and STI services, rather than comprehensive SRH services. The scope of public health services is limited, and community-led programmes lack funding.

Scattered Services; Segregated Care

SRH services are rarely integrated, forcing sex workers to travel to multiple locations to address their various health needs. This can cause problems with uptake and adherence, in addition to income loss.

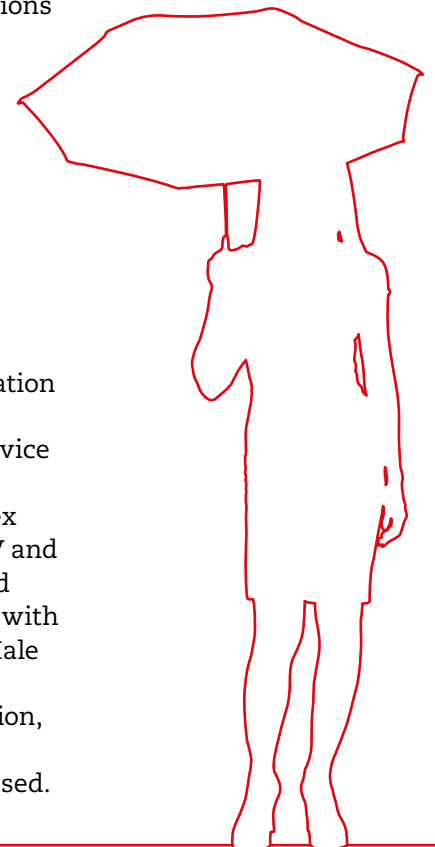
Contraception, Abortion and Sterilisation

Sex workers' access to contraception and family planning is limited in many regions. Inadequate contraceptive access, difficulties negotiating condom usage, and vulnerability to sexual violence make safe abortion and post-abortion care essential SRH needs. Where abortions cannot be safely obtained, illegal service providers may be used, increasing risks of mortality and long-term health complications. Forced or coerced sterilisation, where present, is a further human rights violation.

Male Sex Workers

Male sex workers face double stigmatisation due to their occupation and perceived sexual orientation. This increases barriers to SRH service access and vulnerability to HIV. SRH services available for male sex workers are mainly limited to HIV and STI testing and treatment targeted towards MSM (men who have sex with men) or the general population. Male sex workers' other SRH concerns, such as fertility, erectile dysfunction, prostatic and anal cancers, and anorectal STIs are often unaddressed.

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Transgender Sex Workers

Transgender sex workers face high levels of stigma and discrimination – including from health services for cisgender female sex workers – and have specific health needs. Few trans-specific SRH services exist worldwide. Lacking dedicated SRH services that are affordable and accessible, many transgender sex workers rely on informal methods for hormone therapy, silicone injections and other gender-affirming treatment, creating health risks.

Barriers to Accessing SRH Services

Apart from HIV and STI services, most SRH services available to sex workers are those offered to the general population in public health care settings. While many sex workers prefer NGO-led programmes, due to insufficient funding, they are typically referred to government clinics.

SRH Literacy

In some contexts, sex workers and their clients lack basic SRH knowledge, highlighting the need for increased SRH educational programming.

Criminalisation

The direct and indirect criminalisation of sex work remains one of the greatest barriers to sex workers' SRH care access. Additional laws criminalising HIV exposure, non-disclosure, and transmission; same-sex sexual activities and sodomy can further prevent sex workers from accessing SRH services.

Documentation and Health Insurance

Requirements to possess official residency, documentation, and valid national health insurance further hinder access to SRH, particularly for migrant sex workers.

Mandatory Testing and Treatment

Mandatory HIV and STI testing and treatment policies (present in many countries globally where sex work is legalised or criminalised) violate sex workers' human rights and foster distrust towards health care systems.

Consent and Notification Laws

Additional laws surrounding partner or parental notification, presence, and consent are additional barriers to sex workers' access to SRH services.

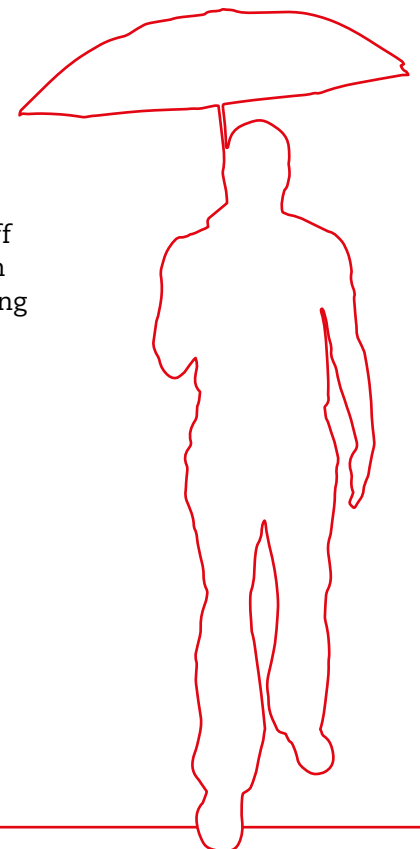
Logistical Barriers

Inconvenient hours and locations, long waiting times, and the lack of free services are additional obstacles to accessing state-run SRH services. These barriers are higher outside of major cities and in contexts with fewer resources.

Stigma and Discrimination

Stigma is a pervasive obstacle to accessing SRH care. In public SRH settings, most health care staff receive no sensitisation training on sex workers' health issues. Following the disclosure (or outing) of their occupational status to health care staff, many sex workers report changes in staff attitudes and decreased quality of care.

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Community-Led Interventions

The more involved sex workers are in clinical operations, the more likely these services are to be accepted by the community. Sex workers can and do serve in numerous roles in community-led SRH interventions. This includes serving as peer educators and counsellors, developing and implementing trainings, and building referral networks. They can also have experience and qualifications as health care workers and programme managers and should not be limited in the roles they play.

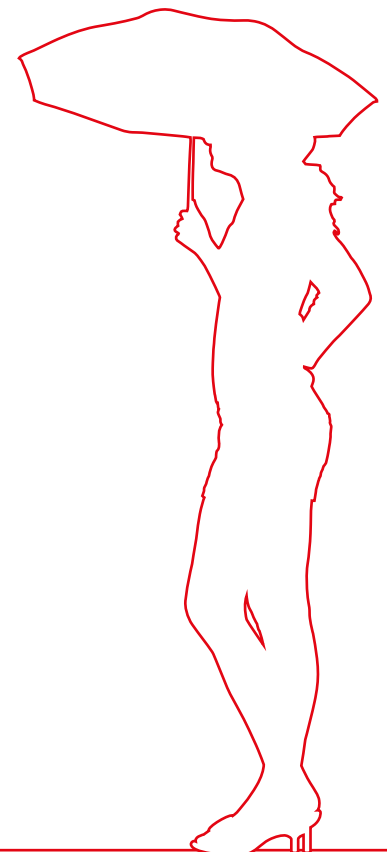
The Impact of Funding

Although community organisations are key facilitators of sex workers' access to SRH services, sex workers' rights are under-funded worldwide. Greater resources and cooperation between community-led organisations, governments, and donors are necessary to scale up SRH programming.

Recommendations

- Decriminalise sex work, HIV transmission, and same-sex sexual activity, and de-pathologise transgender identities.
- Remove barriers to accessing public health care systems for migrant sex workers, as well as individuals who cannot provide formal proof of income or employment.
- Eliminate mandatory and coercive HIV and STI testing and treatment policies.
- Address the stigma and discrimination that female, male and transgender sex workers experience from mainstream SRH services.
- Increase funding and support for comprehensive SRH services and programmes designed to meet the needs of sex workers of all genders.
- Advance a holistic approach to comprehensive SRH services for sex workers that extends beyond HIV and STI testing and treatment.
- Ensure access to safe, legal, and affordable abortion and post-abortion services.
- Integrate SRH care with HIV and STI services in line with a “one-stop-shop” model.
- Promote SRH educational programming for sex workers and their clients.
- Prioritise funding for community empowerment models of SRH services.

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The Global Network of Sex Work Projects uses a methodology that ensures the grassroots voices of sex workers and sex worker-led organisations are heard by using Global and Regional Consultants as well as National Key Informants.

Community Guides aim to provide simple summaries of NSWSP's Briefing Papers, further detail and references can be found in the accompanying Briefing Paper.



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NSWP is part of Bridging the Gaps – health and rights for key populations.

Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

Go to: www.hivgaps.org for more information.

