Poverty, Gender Inequality and HIV: Understanding Sex Workers’ Dilemma and Health

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HIV Statistics Are Not Abating with Childbearing Women

- Sex trade, prostitution, trafficking of women and children
- Men drinking, men being abusive and violent
- Gender roles and expectations
- Sexual expectations and rape
- Domination and devaluation of girls/females
- Overlaid by poverty, unemployment, stigma, classism, racism, and lack of access to services
- STIs, HIV and other diseases
Intersecting Issues: Gender-based violence

- intimate partner violence
- sexual abuse
- rape
- sexual harassment
- trafficking in women, and
- forced prostitution, and
- men’s cultural expectations

Interviews and focus groups about substance abuse and sex risk among South African women found:

- Alcohol and “dagga” (marijuana) use
- Rock (crack cocaine) or Thai White (heroin) use among sex workers
- No power with men
- Power diminished by drug use
- Drug use medicates the embarrassment of being “shy”
- Improper condom use and poor quality condoms
- High rates of survival sex
Sex work? Trafficking minors?

“When I was 8 years old my mother said my body was my bank account and I was told to go to work.”

So why do women have to become sex workers?

Dilemma #1
Poverty, Unemployment, Lack of Education Leads to...
Many Women Working on the Streets (boys are favored)
Working on the Streets, Daily
Hotels being a SW Leads to

Dilemma # 2
The Women’s CoOp is based on Feminist Theory, which:

- Emphasizes diversity
- Emphasizes the changing nature of women’s lives
- Encompasses contextual issues related to one’s gender
- Supports personal empowerment

- Crack use and sexual risk behaviors in all three study groups decreased significantly between baseline and follow-up interviews.

- The Woman-Focused group reported significantly greater reductions in homelessness and increases in employment.

Listed as “best-evidence” behavioral HIV intervention (Lyles et al., 2007)

Could this be adapted to for women in South Africa who use drugs and conduct sex work?
Pilot Intervention Training
Site est. 2002
Unemployment Leads to Sex Work and Sex Work Leads to Drug Abuse

Have you ever been too high on drugs to negotiate condom use? 44%*

*Sunnyside Pilot Study, NIDA supplement 2001

“I use drugs not to be afraid of people because I am shy.”

“Drugs give me confidence and courage to hook clients. They keep me alert.”

“I think better and can get money quickly – get the edge to look for clients.”

A dilemma and a paradox.
Woman-Focused HIV Prevention in South Africa

5-Year Study funded by NIAAA (RO1 AA14488):

- **Aim 1.** To examine patterns of AOD use and HIV risk, including biological testing.

- **Aim 2.** To compare the effectiveness of a Woman-Focused HIV prevention intervention with a standard intervention to reduce AOD use, HIV risk behaviors, and sex-related violence.

- **Aim 3.** To examine the moderating and mediating effects of such factors as abuse history, HIV status, etc., on the effectiveness of the HIV prevention interventions.
Sunnyside Location
(Pretoria, South Africa ~ est. 2004)
Multilingual Pretoria Team
Outreach Marketing and Recruitment Strategies
Sensitive to Essential Needs: Baths, Food and Children
Woman-Focused Intervention Components & Outcomes

- Increase knowledge
- Increase skills
- Decrease substance abuse
- Increase sexual protection/negotiation
- Increase violence prevention
- Personalized Action Plan

Empowerment-based=
Less alcohol & drug use
Greater power
Condom Use Mastery: Essential Role-play/Rehearsal
Translated Interventions
Risk Factors: Multi-risk

- Sexual partners
  - main partners
  - “roll-ons”
  - clients

- Drug impairment
  - before and during sex
  - Type, how much (rock, alcohol)

- Violence
  - Partner, client

- Sex risk reduction
  - use of condoms
  - with whom

- Sexual Trauma
  - forced
  - dry sex
  - gang rape

Survival and Violence
Women’s Health CoOp Sample

- 701 women met the study eligibility criteria
  - At least 18 years of age
  - Used alcohol on at least 13 of the past 90 days
  - Traded sex for money or drugs or had unprotected sex in the past 90 days
  - Provide written consent
  - Provide verifiable locator information

- 583 women were enrolled in the study and randomized into a woman-focused or a standard intervention group

- 91% returned for the 3-month follow-up
- 94% returned for the 6-month follow-up
### Dilemma #3: HIV & Education

<table>
<thead>
<tr>
<th></th>
<th>Non-Sex Worker</th>
<th>Sex Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV+</strong></td>
<td>33.6%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>79.4%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None to Primary</td>
<td>4.5%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Secondary</td>
<td>80.9%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>14.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Ever given birth</td>
<td>73.4%</td>
<td>72.7%</td>
</tr>
</tbody>
</table>
Sex work supports children, parents and extended family *

* Categories are not mutually exclusive
Dilemma #4: Sexual Risk and Victimization
Overall (N=583)

- Baseline unprotected sex with main partner
  - 80% did not use a condom during last sex act
  - 64% never used a condom in the past 90 days

- Recent abuse from main sex partner (in the past 90 days)
  - 44% were emotionally abused
  - 18% were physically abused
  - 9% were attacked with a weapon
## Dilemma #5: Involved with a Main Partner & STI symptoms (Non-Sex Workers vs. Sex Workers)

<table>
<thead>
<tr>
<th></th>
<th>Non-Sex Workers (n=161)</th>
<th>Sex Workers (n=333)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved with main partner***</td>
<td>98%</td>
<td>64%</td>
</tr>
<tr>
<td>3 or more STI symptoms**</td>
<td>54%</td>
<td>68%</td>
</tr>
</tbody>
</table>

**p<.005, ***p=.000
Rape Overall and by Sex Worker

Ever been raped (32% total sample)  SW 38%

- Main partner 22% n=41
- Client 18% n=33
- Stranger (not client) 29% n=53

Raped by police last time respondent was raped
Overall sample: 0.5% n=1 out of 185
SW sample: 0.7% n=1 out of 143
## Alcohol & Drug Use Past 30 Days

<table>
<thead>
<tr>
<th>Drug Use</th>
<th>Non-Sex Workers</th>
<th>Sex Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean # of days used alcohol***</td>
<td>7.90 (6.21)</td>
<td>13.40 (9.43)</td>
</tr>
<tr>
<td>Mean # of days drunk (4+ drinks)***</td>
<td>7.47 (6.20)</td>
<td>10.47 (9.16)</td>
</tr>
<tr>
<td>Mean # of days used dagga***</td>
<td>1.86 (6.56)</td>
<td>10.02 (13.19)</td>
</tr>
<tr>
<td>Mean # of days used crack***</td>
<td>0.11 (1.42)</td>
<td>1.72 (6.56)</td>
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</tbody>
</table>

*p=.000
Alcohol Abuse, Perceived Problem, Aware of Tx, Tx Need

- 10+ Drinks/Day: 37%
- Use Drugs When Drinking: 36%
- Perceived Alcohol Problem: 46%
- Perceived Drug Problem: 31%
- Aware of Treatment Programs: 18%
- Perceived Treatment Need: 66%
| Variable                                                                 | %   (N=381)                     |
|------------------------------------------------------------------------|-----|----------------|
| Believe sex workers discriminated against                              | 74% (282)                     |
| Been discriminated against in past 90 days because of sex work        | 52% (199)                     |
| Discriminated by police (out of 199)                                  | 28% (56)                      |
| Stopped seeking services from police station in last 4 months because of mistreatment | 13% (48)                      |
| Suffered police mistreatment in last 4 months (out of 79 who suffered mistreatment in last 4 months) | 66% (52)                      |
Wechsberg, Wu et al. (2009)

- SW more likely that non-SW to have past year diagnosis of alcohol or other drug abuse or dependence, family member with a history of alcohol or other drug abuse, have been physically abused, have used alcohol before age 18 and have a history of marijuana use.

- SW more likely to perceive having alcohol or other drug problems, and to indicate need for rehab and desire to go for rehab. Few aware of rehab programs and even fewer tried but unable to enter treatment.
Association between substance use patterns and experiences of gender inequality

Wechsberg, Luseno, Riehman et al. (2008)

- Women with more traditional beliefs (i.e., lower score on sex refusal attitudes scale) about a woman's right to refuse sex more likely to use alcohol prior to or during sex with main sex partner.

  *Those with more progressive beliefs about gender ideology better able to control their substance use in risky environments.*

- Economic dependence on male partners associated with increased likelihood of using cannabis in the context of sex with that partner.
Condom use and negotiation among at-risk women

Wechsberg, Luseno, Kline et al. (2010)

- Overall, women with higher condom negotiation scores more likely to report condom use at last sex at 3 and 6MFU.

- HIV+ women with greater sexual control and HIV- women with greater self-efficacy for sexual discussion more likely to use condoms at last sex at 6MFU.
  - Interventions targeting sex workers need to consider HIV risk posed in personal relationships with main partners who have multiple sex partners.
HIV testing among South African women with high-risk behaviors

Luseno & Wechsberg (2009)

- Women with higher levels of education less likely to test for HIV compared with lower levels of education and taking HIV test strongly associated with alcohol abuse in past 12 months, daily cannabis use, and physical abuse by a main partner.

- Sex workers and women who self-reported more STI symptoms in the previous 90 days more likely to take HIV test.

- Participants who made more visits to a clinic more likely to take the HIV test.

- High HIV testing rates achieved in this intervention study.

*Interventions that address denial of HIV infection, fear to test for HIV and HIV/AIDS-related stigma and ensuing discrimination may be more effective at increasing testing rates.*
Health services utilization among HIV+ women reporting sexual and substance-use risk behaviors

Luseno et al., (2010)

- Evidence of denial of HIV status in a significant proportion of the sample.
- Previous use of health care services significantly associated with subsequent health services utilization.
- Women financially supporting others and engaged in sex work significantly more likely to use health services.
- Marginally significant association between drug abuse and poor physical health symptoms and health services utilization.

A great unmet need may exist among those who are most in need of health services because of poor access to services or delay in seeking medical care.
Qualitative Data Collection

Results from the qualitative study suggest:

- Women have learned more about HIV/AIDS, drugs, alcohol and sex work
- They are assertive to carry and negotiate condom use
- Some stopped sex work and minimized it through small business ventures (e.g. selling vegetables)
Bigger Than Us: Words from the Women

What is Needed?

Seek medical practitioner who can assist in terms of STIs, HIV/AIDS treatment if necessary

- The need for referrals for job & training, education and helping to find jobs, rehabilitation
- Help with business ventures, but need other options
- Need better service linkages and how to negotiate help with services and fees.
Women sex workers drink alcohol and use drugs more and have less main partners, and need rehab.

But both groups show STIs indicative of high risk sex, needing referrals and follow up.

Interventions targeting sex workers need to consider HIV risk posed in personal relationships with main partners who have multiple sex partners.

Positive change is occurring but for how long??

Increasing rehab slots and basic referrals challenging.
Challenges for women without much alternative must address:

- Poverty, housing, education
- Gender roles
- Cultural expectations
- Power in all relationships
- Babies/children
- Lack of knowledge and skills
- Violence/victimization
- Co-morbidity, health access
- Resources locally
- Stigma from service providers
Vulnerable Women’s Issues has to be at the Forefront of the Health and Economic Development Agenda

Intersecting issues will affect the future of development with continuing numbers of new HIV cases,

And

Women’s lack of education and opportunity will keep a sex worker market viable and dangerous.