

AIDS and Sex Workers

A Case for Patriarchy Interruptus

BY DIANE MEAGHAN

Quoique le discours patriarcal ait présenté traditionnellement la prostitution comme un "réservoir infectieux" les travailleuses du sexe se vantent d'utiliser régulièrement les condoms et démontrent le faible taux d'incidence du VIH/sida. Les organismes pour les droits des prostituées sont responsables de ce beau succès parce qu'ils ont établi des stratégies de prévention et d'intervention pour protéger les travailleuses du sexe, leurs clients et le public en général. Ces discours et pratiques ont donné aux prostituées le pouvoir de travailler dans la sécurité et de parer les dangers.

With the advent of the HIV/AIDS "crisis" during the 1980s, female sex workers were viewed as a "high risk" group for spreading AIDS in the general population (read: white heterosexual men and their "innocent" wives and children).¹ Given that prostitution has long been perceived as a threat to public health, a medical model of disease made a particularly compelling connection between infection and sex work which conflated sexual activity with disease transmission, adopted a risk-based, intervention approach that pathologized sex work, and scapegoated sex workers (Meaghan 1989). Rather than enabling sex workers to minimize health risks while working, many policy-makers and law enforcement agents have attempted to eradicate or regulate commercial sexual encounters by requiring sex workers to register, to be confined to segregated areas, and to be inspected and quarantined if found to be infected (Morgan Thomas; Canadian Organization for the Rights of Prostitutes). Media accounts suggested that those who

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performed this kind of work were "reservoirs of infection" and blamed sex workers for disease and disorder in society (Aralt and Wasserheit 33). State policies and practices dramatically increased legal, moral, and social censure of sex workers while failing to deal with the real risks posed to them by clients (Bastow; Brock 1989; Brock 1998).² Rarely in these cultural discourses were sex workers perceived as possessing a specialized knowledge concerning sexual agency and safer sex practices in HIV/AIDS prevention.

Studies in Denmark, Switzerland, Great Britain, Australia, New Zealand, and Canada confirm that female sex workers have exceptionally high rates of prophylactic use and low seroprevalence-rates³ (Darrow; Mitchell; Ward; Blackfield Cohen and Alexander; Hanson 1996; Lowman). In five out of eight studies conducted by the Centers for Disease Control and Prevention in the United States, HIV infection rates

were found to be low with no evidence of HIV transmission from sex workers to clients. The U.S. Department of Health has consistently reported that only three to five per cent of sexually transmitted diseases are related to prostitution compared with 30 to 35 per cent among teenagers (PENet). A United Kingdom survey found seroprevalence HIV rates to be 5.7 per cent among sex workers and 5.8 per cent among non-sex workers. In both cases, infections were associated with injection drug use or found among women who had ongoing relationships with men injecting drugs (Cohen, Lyons, Lockter, McConnell, Sanchez, and Worsy).⁴

Sex workers in New Zealand have demonstrated exceptional negotiation skills and a strong sense of self-efficacy in their ability to persuade clients to use condoms and the use of safer sex alternatives such as frottage ("body slides") and masturbation ("hand relief") (Hanson, Sutton, and Bell). Catherine Healy, National Coordinator New Zealand Prostitutes Collective (NZPC), and World Health Organization (WHO) consultant, suggests that sex workers have no greater likelihood of being HIV positive than the general population (Barwood). Canadian sex workers were similarly found to more consistently use condoms, Femidoms, and spermicides than the general public. They were also more inclined to avoid kissing, use a condom for vaginal sex, perform fellatio, and rarely engage in anal intercourse (Meaghan 2001). Given that there is a lower efficiency of female-to-male transmission than the reverse situation, the risk to clients of infection from female sex workers is almost

negligible (O'Leary and Sweet Jemmott).

The unequal position of women in society—discrimination in the labour market, economic inequality, and exposure to violence—cannot be ignored in attempting to deal with safer sex issues (Panos Institute; WHO). Men's sexual activities with female sex workers must be viewed in the context of poverty, the proliferation of commercial sex, and cultural assumptions regarding sex roles for men and women. Around the world, women report that they use sex as currency in exchange for economic support or services (Kempadoo and Doezema); their choice to take up commercial sex work is also largely based on economic factors (Delacose and Alexander). Cultural, political, and religious authorities utilize repressive notions of marginalization and exclusion to reinforce male values concerning sexuality, to divide "bad women" from "good women," and to support a sexual double standard.

Conventional models of healthcare continue to hold sex workers, rather than clients, responsible for the spread of disease and changing community behaviour norms. Sex workers are blamed for engaging in unprotected sex for additional money, yet it is most often clients who actively seek unprotected penetrative sex (Morgan Thomas). Day reported that among men in London who had sex with female prostitutes, 43 per cent also had sex with men, 18 per cent did not consistently use condoms, and two per cent had injected drugs.

Prostitutes' rights organizations such as the Canadian Organization for the Rights of Prostitutes (CORP), Call Off Your Old Tired Ethics (COYOTE) in the U.S., and New Zealand Prostitutes Collective (NZPC) have encouraged the active involvement of sex workers in the development of educational and preventative services. These self-help, community-based models have shifted the discourse about sex work by providing information on viral trans-

mission, prophylactics for a range of sexual services, health screening and treatment, and in some instances drug-related and counselling services. By the time of the 1986 Second World Whores' Congress held in Brussels, independent and voluntary organizations such as the Australian Prostitutes Collective (APC) and De Roede Draad in the Netherlands received government funding or international donor sponsorship to establish sex workers' AIDS prevention projects (Alexander 1995). Changing public opinion in order to decriminalize sex work and diminish stigmatization was viewed as key components of learning to work safely in the sex industry (Alexander 1998). In challenging conventional ideas about commercial sex work, these organizations were able to effectively advocate for better working conditions and demand recognition of women's human rights (Bell).

Occupational health and safety for sex workers extends beyond sexual and reproductive health issues to include working conditions such as repetitive injuries, managing stress, and concerns about abusive and coercive sex. It can be concluded that sex workers have played a crucial role in sustaining low levels of HIV transmission, attributed to their willingness to take responsibility for the use of condoms and other safer sex practices which affect themselves, clients, and the population at large. Public health has never been supported by attempts to eradicate sex work. Such initiatives close brothels and massage parlours and force sex workers underground where they must negotiate quickly. Under such circumstances, they are less able to evaluate the health status of clients and they are least likely to insist on condom use. Street workers in particular who are forced to work in dark, isolated, and non-residential areas are at greater risk from violent customers (Corby and Wolitski).

Sex workers' ability to practice safer sex is constrained by illegalities and moral responses to prostitution which

actively serve to increase danger. Repressive models of criminalization that harbour a conservative sexual politic (favouring imprisonment, mandatory testing, and enacting municipal by-laws) are used to control sexual expression in conformity with heterosexual monogamy. The consequences for sex workers negatively impacts on their vulnerability to infection as well as depriving them of the ability to organize and seek legal recourse for assault and robbery (Davis and Shaffer; Lewis and Maticka-Tyndale). A rational course of action necessitates decriminalizing prostitution to provide sex workers with the same rights and protection as people in other occupations.

While the emergence of AIDS as a social problem has revitalized conservative moral views which seek to strengthen traditional hetero-patriarchal values, it has also provided an opportunity to challenge hegemonic discourses concerning what is "natural" about sexuality and to shift the safer sex debate from control to prevention. Epidemiological reports give legitimacy to sex workers repositioning themselves as sexual health experts and provides a way for them to counter the negative female personae in the AIDS morality saga. As sex workers world wide have become part of a public campaign to institute safer sex practices, they have made a reasonable claim to establish political and legal rights that will allow them to continue to work safely.

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¹In gendering the HIV pandemic, AIDS discourses have been found to have a

subtext with elements of misogyny, depicting women's bodies as sources of contamination and pollution, portraying women as seductresses and representing women as dangerous receptacles of disease and death (Lupton).

²Catherine Healy and Anna Reed advise that men who refuse to wear condoms, engage in high-risk, sexual practices, and use commercial sexual services (when travelling to countries with high rates of HIV/AIDS infection) are more at risk of spreading disease than local sex workers.

³Seroprevalence is the rate at which a given population tests positive for particular antibodies. The seroprevalence rate for HIV is nearly the same as the rate of AIDS infection in any given population, excluding individuals who are recently infected.

⁴In demarcating work sex from non-work sex, sex workers, like most other women, are least likely to use protection during sex with primary partners (Waddell).

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Jacob's Angel

He may have wept,
over struggles of his youth
before that cloud of dust on a plain
an all-night wrestling match
in a few feet of desert
you wouldn't look twice at
to make him the greatest figure of his age
straining in the darkness
until day-break.

He may have sometimes wondered
why he had to bear the sign
a love-knot planted in the hollow of his thigh
to last the rest of his life
and it occurs to me that something more
than a name change was going on here
more than the loss of his easy stroll.

Call it a rite of passage
he saw fit to mark with a stone,
when he stepped from the arena
swinging into a new stride
that beat out a victory march
through long shadows of history
proving that love goes far beyond
any affliction it cares to bestow

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