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HEADLINE: [WATCH] Why treating sex workers badly makes HIV spread

BLURB: Female sex workers in South Africa have more than double the HIV infection rates of adult women. Health workers' negative attitudes towards sex workers and the criminalisation of the profession are big reasons. We break it down.

BULLETS

- Female sex workers in South Africa have more than double the HIV infection rate of adult women in general.
- Transgender sex workers have an even higher chance of getting HIV compared to non-transgender sex workers their risk of contracting the virus is 20X higher.
- Health workers' negative attitudes towards sex workers and the criminalisation of the profession are big reasons for high infection rates — because it makes it hard for workers to visit clinics or to report violent clients.
- This is the third video in our key population series. <u>Key populations</u> are groups of people who have a higher chance of getting HIV, often because of the way in which they're treated by health workers and legislators. Watch the <u>first</u> and <u>second</u> videos.

SCRIPT

Sex workers have much higher HIV infection rates than the general population.

A 2022 study found 6 out of 10 female sex workers in South Africa have HIV.

That's more than double the infection rate (26.3%) of adult women in the country.

UNAids says globally, female sex workers have a 30X greater risk of getting HIV than adult women in general.

Transgender sex workers have an even higher chance of getting HIV.

Compared to non-transgender sex workers their risk of contracting the virus is 20X higher.

Here are 6 reasons.

1. Sex workers have many sex partners

Research shows the more sex partners you have, the higher your chances are of getting HIV.

Depending on where they're based, sex workers on average <u>see between 3</u> and <u>4 clients</u> per day.

In 2019, <u>8% of all the world's HIV infections</u> were among sex workers.

2. It's difficult to always use a condom

Some clients prefer condomless sex. It can be <u>hard to negotiate with them</u>, especially when they offer to pay more for unprotected sex.

In countries where sex work is illegal, sex workers are sometimes <u>scared to carry condoms in</u> <u>case the police arrest them and claim having condoms is proof of being a sex worker.</u>

3. Negative attitudes from health workers

Health workers frequently discriminate against sex workers and treat them poorly. Bad experiences make people less likely to return to clinics.

In the case of sex workers, that means <u>not accessing HIV testing</u> to see if they've contracted the virus.

If sex workers don't visit clinics, they can't get HIV prevention pills or injections that can protect them against getting infected.

About one third of sex workers don't know their HIV status.

4. Sex workers experience more violence

<u>Studies show sex workers' clients often get violent</u>. Violent sex<u>increases someone's chances</u> of contracting HIV.

When sex work is illegal, sex workers can't report violence because they'll get arrested. That means they can't protect themselves and therefore up their chances of getting HIV.

5. Many sex workers inject drugs

Studies show <u>high proportions of sex workers use injecting drugs</u> such as heroin. It's often a coping mechanism for experiences of abuse and violence.

Injecting drug use <u>increases sex workers' chances of getting HIV</u> when they share needles or syringes that are contaminated with HIV-infected blood.

6. Making sex work illegal

There is <u>no proof</u> that the number of sex workers in a country decreases when the profession is made illegal.

What criminalisation instead does, is to <u>drive the trade underground</u>. This makes <u>sex workers</u> <u>less likely to visit clinics to access HIV services</u> because they're scared health workers would report them to the police.

<u>A 2015 study shows</u> sex workers who live in countries where sex work is illegal, are almost 8X more likely to have HIV than those who live in states where the profession is wholly or partially legal.

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