Overstating the Risk of AIDS: Scapegoating Prostitutes

Judith B. Cohen, PhD

Politicians and public health officials worldwide have expressed concern about prostitution* being a primary route of HIV transmission. Presumed high AIDS rates among women prostitutes have been seen as indicators of heterosexual transmission risk. As a result, prostitutes and their customers are among those barred from donating blood. In some locations, legislation has been passed or is pending to mandate HIV antibody testing for those arrested for prostitution and to increase prison sentences or require quarantine for those found to be seropositive. These actions, however, often have been taken without direct evidence of transmission and without assessing the feasibility or effects of the proposed programs to limit transmission.

This article will review the available evidence concerning prostitution as a means of HIV transmission, and will discuss recommendations for prevention. It will address such questions as: What are the rates of HIV infection among prostitutes in the United States? What kinds of sex workers and what geographic areas show increased rates of infection? What is known about how infected sex workers acquire HIV? What is the likelihood that an HIV-infected sex worker will transmit the virus to customers? How have women sex workers reacted to the AIDS epidemic, and how are proposed programs and policies likely to affect them?

The review will focus on female prostitution only, although there is a risk of HIV transmission associated with male, transsexual, and transvestite prostitution. (See article below for a discussion of male prostitution.) The most familiar form of prostitution, and the one that draws the most attention, is street prostitution, although this form represents only about 20 percent of all prostitution in the U.S. Primarily an urban phenomenon, it is also the form most likely to be associated with intravenous (I.V.) drug use. The remaining 80 percent of prostitution is spread evenly among four types of sex work: massage parlors, bar and cafe prostitution, outcall and escort services, and in some areas, brothels. These latter categories of prostitution are much less likely to involve I.V. drug use.

Extent of HIV Infection

The Centers for Disease Control (CDC) does not record the number of prostitutes in the U.S. who have been diagnosed with AIDS. If HIV seroprevalence studies of prostitutes and I.V. drug users are accurate, most diagnosed prostitutes would be included in the CDC category of I.V. drug users, which includes 3,155 female cases reported since 1981 including 1,279 female cases reported since January 1, 1988.*

In general, studies have shown that HIV infection rates among prostitutes are disproportionate to the rates for the total population in each area. At least 10 U.S. cities have some data on the extent of HIV infection among prostitutes. Seven of these were part of the CDC Collaborative Study of prostitutes conducted in 1986-87.2

In San Francisco, Project AWARE (Association for Women's AIDS Research and Education) found nine seropositive women among 146 prostitutes tested (6.2 percent). Study participants were recruited by word-of-mouth, street outreach, and publicity in mainstream, gay, feminist, and heterosexual sex-related media. All of those found to be antibody positive had a history of I.V. drug use. In a related part of this community study, 562 sexually active, non-prostitute women were tested. A comparable percentage were found to be antibody positive, although the association with intravenous drug use was not as strong in this group.3

Of 184 women at the Sybil Brand Correctional Institute near Los Angeles, only eight (4.3 percent) tested antibody positive. All of these women had histories of I.V. drug use. None of the 34 women working in legal brothels in Clark County, Nevada tested positive. One of 71 women (1.4 percent) recruited from a sexually transmitted disease clinic in Colorado Springs was seropositive. In Atlanta, a study sampling the broad range of prostitutes in the area, found that one of 92 women sex workers (1.1 percent) was antibody positive. Studies of prostitutes in Miami and New Jersey found higher seroprevalence rates (18.7 percent and 57.1 percent respectively), but subjects in both of these studies either had a history of I.V. drug use or were in sexual relationships with men who were I.V. drug users.

Modes of HIV Infection

The primary risk for infection for prostitutes is through the needle-sharing that characterizes I.V. drug use. All U.S. studies to date have found HIV infection concentrated among sex industry women who are, or have been, I.V. drug users and have also found that the relative risk of I.V. drug use is directly associated with the relative risk of HIV infection. The few HIV-infected prostitutes who are not I.V. drug users have had steady partners (husbands or pimps) who are I.V. drug users, or more rarely, steady partners from areas where heterosexual transmission is a major route of infection. Although most prostitutes expect to use condoms with customers, most do not use them with their

*Editor's note: "Prostitution" and "sex work," as well as "prostitution" and "sex workers," are used interchangeably in these articles. The term "sex work" is often preferred as a way to emphasize the occupational nature of the profession.
primary partners. The risk behaviors of those partners put prostitutes at the same increased risk for infection as they do other women with sexual partners who practice high-risk behaviors.

Four percent of the more than 73,000 AIDS cases diagnosed since June 1981 have been attributed to heterosexual contact. Additionally, 1,879 men and 461 women (3 percent) are heterosexuals with no identified risk factors. This last group includes a few men who claim contact with prostitutes as the behavior that put them at risk for HIV infection. Using contact tracing, a method that discovers the path of infection from one person to another, there have been no documented cases of men becoming infected through contact with a specific prostitute.

If prostitutes were effectively transmitting the AIDS virus to their customers, there would be many more cases of white, heterosexual males diagnosed with AIDS than are reflected in the current statistics. Even moderately efficient transmission of the virus from prostitute to client would have resulted in the diagnoses of at least 100,000 white, heterosexual men in the New York City area alone. In fact, the CDC reported, as of September 1988, that only 55 white men in the entire United States had acquired AIDS through heterosexual transmission.

Prevention Strategies among Prostitutes

Prostitutes have always been cautious about sexually transmitted diseases because of concerns about their own health and ability to work. They have, therefore, tended to be more responsible about preventing transmission in order to protect themselves as well as others. They have learned to recognize symptoms and have refused sexual contact with men they think may be infected. Most have made use of whatever preventative measures are available, including soap and water, condoms and spermicides. This caution has increased with an awareness of AIDS. Brothels and outcall services, which in the past discouraged unprotected sex, are now changing to an all-condom policy.

There is evidence that prostitutes are more consistent in their use of safer sexual practices than others at risk for AIDS. Compared to other sexually active women, and those not involved in the sex industry, prostitutes practice oral sex more frequently, especially with customers, and are more likely to insist on condom use “often” (77 percent) or “always” (22 percent). Among 354 women sex workers participating in Project AWARE, 80 percent reported they never or rarely engaged in anal sex, compared to 51 percent of the project’s 562 non-sex industry participants.

Studies conducted in all seven test cities participating in the CDC Collaborative Study found that more than 80 percent of the prostitutes reported at least occasional use of condoms. However, they were more likely to use condoms with clients (78 percent) than with husbands of boyfriends (16 percent), a fact that increased their risk of exposure, especially if their regular partners were I.V. drug users. Four percent, none of whom were antibody positive, used condoms with all sexual contacts. Unfortunately, the group of sex workers who are least likely to protect themselves are those who are seriously addicted and who need prostitution income to pay for illegal drugs. It is this relatively small group of prostitutes who should be the key subjects of public health interventions.

Scapegoating and Public Policy

Scapegoating is blaming people for something they have not done. One way of assessing whether scapegoating exists is to consider how one-sided issues become. Prostitutes often ask why everyone is so concerned that they will transmit HIV to customers, but no one asks or cares how prostitutes themselves might become infected. Similarly, sexually active adults with HIV infection are advised to use condoms and safer sexual practices, not to cease being sexual. However, prostitutes who are most likely to be using safer sex techniques (oral and digital sex) and to be using condoms, have been arrested, quarantined and convicted of felonies for continuing to be sexual. Their customers have not.

Prostitution is intrinsically a business transaction. No person is forced to do business with someone who offers sexual services for money. Yet, at the recent international AIDS conference in Stockholm, a major speaker referred repeatedly to people being “exposed to” prostitutes and therefore to HIV infection risk. It is unlikely that sex workers have unique abilities for causing airborne transmission, or that prostitutes force themselves upon immobilized customers; such terminology represents scapegoating in the extreme.

There are two basic public policy approaches to limit the potential for the spread of HIV through prostitution. The first, which is likely to be unsuccessful, involves testing prostitutes for evidence of HIV infection and increasing charges or penalties for convicted prostitutes who are antibody positive.

This approach is flawed because it is not feasible to test or identify, arrest and incarcerate all infected prostitutes. In addition, such policies would create the illusion that all infected prostitutes had been identified and isolated. Customers, believing that prostitutes who had not been tested or jailed were not infected, would be less likely to agree to safer sex practices with them. Finally, mandatory testing of convicted prostitutes, and particularly increased penalties, would discourage those who had not been arrested from voluntarily testing or participating in preventive education programs.

The second approach is to develop educational strategies for reaching prostitutes, giving them accurate information about the most effective ways of preventing transmission and supporting them in their efforts to utilize these measures consistently. Educational programs for prostitutes should be conducted in language appropriate to the target group and should contain explicit information about condoms, spermicides, and about strategies for convincing customers and, more importantly, regular partners, to use condoms and practice safe sex. Participation in such education programs should be voluntary; that is, it should not be a condition of probation or be perceived as “punishment.”

Ongoing prevention education is best accomplished through a combination of street outreach programs, involving teams of community health workers who have worked as prostitutes, and voluntary support groups led by the same workers.

Since the primary risk of HIV transmission to prostitutes is by I.V. drug use, it is important that educational programs include explicit information about cleaning needles and other drug paraphernalia to avoid sharing contaminated injection equipment. Similarly, drug rehabilitation programs that recognize the working circumstances of addicted prostitutes need to be developed and implemented.

Most importantly, education and counseling for prostitutes, either to prevent infection or to help them cope with HIV disease, must go beyond biased perceptions that prostitutes are psychologically impaired, deficient or shattered.Prostitutes, and those who work successfully with them in HIV education, see themselves in more positive terms, as people who have survived under difficult circumstances. This perspective has enabled prostitutes to take affirmative steps to avoid HIV infection and transmission at times when many outside the sex industry have avoided the issues raised by AIDS.

Judith B. Cohen, PhD is Program Director of Project AWARE and Associate Research Epidemiologist at the University of California San Francisco.

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Diagnosis/Treatment/Prevention

Male Prostitution and AIDS: Preliminary Findings

David Lauderback and Dan Waldorf, MA

While the life of the male prostitute has been well-documented over the years, there are no studies examining male prostitution and HIV disease. To fill this void, the authors are conducting a two-year descriptive study of the intravenous (I.V.) drug use and sexual practices of male prostitutes in San Francisco. The purpose here is to highlight some of the more important findings from this study.

Methods and Selected Demographic Information

Employing an understanding of male prostitution in San Francisco, location efforts began in October 1987 among various populations: youth in a predominantly gay area known for hustling activity; drag queens—transvestites and transsexuals—in a low-income area of concentrated male and female street prostitution; and patrons at selected erotic bookstores. Using word of mouth among men who are paid for sex, researchers developed networks of sex workers through which they located and interviewed 180 hustlers—prostitutes who solicit for sex on the street, or in bars or erotic bookstores—and 180 call men—prostitutes who work from a call book of regular clientele or who advertise as models, escorts or erotic masseurs. Quantitative data was gathered through screening and life history questionnaires, and a self-administered AIDS Knowledge test. Answers to open ended questions about the prostitutes’ lives and work were tape-recorded.

The call men were on the average older than the hustlers, 31 versus 25 years old, and were better educated. Fifty call men held college degrees and on the average had completed 13 years of education versus 11 years for the hustlers. More than two-thirds of the hustlers and the call men were White, with Black, Hispanic and Native American men comprising the rest. Gay-identified respondents accounted for two-thirds of the call men and almost one-half of the hustlers. Twenty-five percent of the hustlers were transvestites or transsexuals (drag queens), compared to only 8 percent for the call men.

AIDS and Males Prostitutes

At the beginning of the project, it was unclear to what extent male prostitutes in the sample were aware of AIDS. The results of the study, however, confirm that AIDS has had a significant impact on their lives. More than 60 percent of the men in both groups reported having taken the HIV antibody test. Among hustlers who received the results of their test, 10 percent reported a positive result. Twice the proportion of call men, 23 percent, reported positive results. Twelve hustlers (7 percent) and five call men (3 percent) reported a physician’s diagnosis of ARC. One hustler (0.6 percent) and two call men (1.1 percent) reported an AIDS diagnosis.

The numbers of respondents in the sample who have been tested indicates a certain measure of AIDS awareness. The relatively high scores—better than 80 percent correct—of both hustlers and call men on a 45-question AIDS Knowledge test demonstrates their knowledge of how the disease is transmitted. Further, the majority of the sample—65 percent of the hustlers and 79 percent of the call men—knew people who had been diagnosed with AIDS. Fifty-six percent of the hustlers and 81 percent of the call men knew someone who had died of AIDS.

The prostitutes also responded with definite views on policies related to antibody testing. Provided anonymity and confidentiality were maintained, 85 percent of the hustlers and 60 percent of the call men favored HIV testing. Mandatory testing was rejected by 70 percent of the hustlers and 86 percent of the call men.

Surprisingly, 79 percent of the hustlers and 60 percent of the call men supported the efforts of health officials in locating those who may have been exposed to a person who tests positive for HIV. Although it cannot yet be determined to what extent this population may be involved in the transmission of HIV, it is clear that male prostitutes are engaging in high-risk activities. Sixty-eight percent of the hustlers and 39 percent of the call men were I.V. drug users. Roughly 70 percent of the men in both groups who used I.V. drugs admitted to sharing syringes and, unexpectedly, 90 percent of the men in both groups reported injecting methamphetamines.

High-Risk Sexual Activity

Call men and hustlers were asked a series of questions about their participation in unsafe sexual practices with customers and with intimates—people with whom they had a sustained relationship and about whose sexual history they were knowledgeable. Of particular interest were their reports of anal intercourse, which showed that both hustlers and call men used condoms more frequently than not, during both receptive and insertive anal intercourse. This was especially true for intercourse with customers. Finally, hustlers engaged in both receptive and insertive anal intercourse without condoms twice as frequently as call men.

Male prostitutes are knowledgeable about AIDS and ready to take advantage of anonymous antibody testing.

The data from the survey support these impressions. Subjects stated whether they had engaged at any time in the following practices during the year prior to the survey. They did not indicate how often these practices occurred. During insertive anal intercourse with intimates, 48 percent of hustlers and 62 percent of call men used condoms; 39 percent of hustlers and 20 percent of call men did not use condoms. During receptive anal intercourse with intimates, half of both the hustlers and call men used condoms; 41 percent of hustlers and 23 percent of call men did not use condoms. During insertive anal intercourse with customers, 59 percent of hustlers and 61 percent of call men used condoms; 24 percent of hustlers and 11 percent of call men did not use condoms. During receptive anal intercourse with customers, 39 percent of hustlers and 34 percent of call men used condoms; 29 percent of hustlers and 12 percent of call men did not use condoms.

Conclusions

Briefly summarized, the data suggest that male prostitutes are knowledgeable about AIDS and ready to take advantage of anonymous antibody testing. Yet, significant numbers of hustlers and some call men continue to engage in sexual and I.V. drug-using activities that place them, their intimates, and their clients at risk for HIV infection. The persistence of risky activity, particularly among hustlers, can be associated with problems endemic to the life of the prostitute: few resources, most particularly in terms of education and job skills; lack of family or community support; financial insecurity; homelessness; and excessive use of both legal and illegal drugs.

Rather than simply emphasizing the dissemination of information, future AIDS prevention programs need to address these underlying problems and be sensitive to the particulars of male prostitution. They must also recognize the significance of condoms in inhibiting HIV transmission. More importantly, they must acknowledge the complexity of behaviors that are involved in the use of condoms. It is difficult to make further recommendations about education and prevention programs for this at-risk group at this time because of the diversity of roles men in the sex industry adopt. More specific recommendations will follow further analysis of the data.
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David Lauderback is a research assistant at the Institute for Scientific Analysis (ISA). Dan Waldorf, MA, is Principal Investigator for ISA's Prospero Project. Also contributing to this article were Toby Marotta, PhD and Sheigla Murphy, Senior Research Associates at ISA.

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A complete list of references is available from the authors: David Lauderback, Institute for Scientific Analysis, 2250 Central Avenue, Room 323, Alameda, CA 94501.

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A GUIDE TO AIDS RESEARCH

FOCUS A GUIDE TO AIDS RESEARCH

SUBSCRIPTIONS/CORRESPONDENCE

The amount of research information now appearing in the medical and lay press threatens AIDS health care and service providers. The goal of FOCUS is to place the data and medical reports in a context that is meaningful and useful to its readers.

Prevalence of HIV Infection among New York Call Girls. A New York University study of 78 non-street walking prostitutes in New York City found that only one woman (1.3 percent) was seropositive (Journal of Acquired Immune Deficiency Syndromes, 1988, 2).

The study was aimed at clarifying the role of sexual transmission of HIV in women with multiple sex partners by researching such a population in which there was a low incidence of I.V. drug use. Studies have found that women who work for call girl services and massage parlors are less likely to use drugs than street-walking prostitutes.

Results of this study included: six of the 78 subjects were I.V. drug users; anal intercourse was unusual among subjects, although vaginal and oral intercourse were frequent; 82 percent of the women used condoms at least sometimes during vaginal intercourse and 32 percent used condoms at least sometimes during oral intercourse; and most of the women did not use condoms consistently in sexual relationships with men who were not customers.

The researchers qualified their results by stressing that the study was small and that subjects were recruited through word of mouth. They offer several hypotheses, in addition to the fact that there was a low incidence of I.V. drug use, to explain the low prevalence of HIV infection among the group. The prostitutes were well educated and concerned about sexually transmitted diseases, used condoms and sometimes refused customers whom they defined as being at high risk. The customers of the prostitutes in the study may have been a low-prevalence population. Finally, only 14 women in the study had a history of genital ulcers, which researchers in both the United States and Africa have linked to HIV transmission.

The authors conclude: “Because the highly promiscuous women studied here use condoms so extensively, they may in fact be at lower risk than sexually active people outside the sex industry.”

Next Month

Methadone maintenance programs have become an important way of handling HIV infection among I.V. drug users, who represent a growing second wave of the AIDS epidemic. In the February issue of FOCUS, Steven Batki, MD, Medical Director of San Francisco General Hospital’s Substance Abuse Service and an Assistant Clinical Professor of Psychiatry at the University of California San Francisco, discusses the role of methadone maintenance programs in preventing and treating HIV infection among drug users, especially those who use crack and heroin.

Despite the success of prevention and education efforts among gay men, there are some for whom these efforts have a limited effect, those who adopt safe sex behaviors for a period of time but who eventually resume unsafe sex practices. In the February issue, Ron Stall, PhD and Maria Ekstrand, PhD, both psychologists at the University of California San Francisco, report on research dealing with recidivism among gay men.