STD CONTROL IN PROSTITUTION
GUIDELINES FOR POLICY

WHO Consultation on Prevention and Control of Sexually Transmitted Diseases in Population Groups at Risk
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Programme for Sexually Transmitted Diseases

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1. PUBLIC HEALTH IMPORTANCE OF STD

Prostitution is essentially a social phenomenon, associated with economic, cultural, moral, behavioural and legal factors. It is dynamic and adaptive, requiring the interpersonal interaction of two people - a prostitute and a client. In this transaction the prostitute (or sex worker) is the seller and the client is the buyer of sexual service in exchange for money or things of monetary value. Prostitutes and their clients have attracted the attention of health authorities for a long time because of the concern over their roles in the spread of sexually transmitted diseases (STD). This concern has become more urgent due to the following reasons:

1. The advent and spread of human immunodeficiency virus (HIV), which is mainly transmitted through sexual intercourse, is an extremely serious development with grave consequences. The prevalence of HIV infection among prostitutes currently ranges from zero in some areas to 80% in others. Whereas in some areas, the high prevalence is associated with intravenous drug use, it is sexually transmitted diseases, in particular those that cause genital ulcers, that are considered to act as risk-factors or facilitators of HIV transmission, thus necessitating renewed attempts at STD control.

2. The conventional STD (such as gonorrhoea, syphilis and chancroid) as well as those more recently recognized (such as chlamydial and viral infections) in uncomplicated and complicated forms and their sequelae (such as pelvic infection, ectopic pregnancy, infertility, and congenital and neonatal infections) continue to be prevalent at very high levels in several countries. A large proportion of people with STD have no symptoms, and thus may continue to spread disease without having any incentive to seek treatment.

3. Prostitutes, in general, are at increased risk of contracting STD. Thus over 40% of the teenage girl prostitutes, as well as teenage boys engaging in homosexual prostitution, in some areas have been found to have syphilis or gonorrhoea. In some cities, well over half of the prostitutes have been found to be harbouring one or more of the sexually transmissible agents.

4. Several studies have shown that prostitutes (female and male) and their sex partners, including clients, are affected by a disproportionately large number of episodes of STD. However, other studies show that among some prostitutes who are aware of and have access to the means of protecting themselves and their clients, incidence of STD is low. Thus, interventions that address awareness and access to supplies of protectives, i.e. condoms, may substantially lower the risk of STD transmission through prostitution.

5. The growing importance of sexually transmitted viral infections, which cannot be cured, such as those due to herpes simplex virus, hepatitis B virus and human papilloma virus (the latter two on account of their causal or associated risk with cancer), is being increasingly recognized.
2. SOME SOCIAL AND ECONOMIC CONSIDERATIONS

The sociocultural institutions which affect the conduct of prostitution include the family, politics, religion and the economic system. These institutions have been changing rapidly in the industrialized and developing countries.

Economic necessity and financial aspirations are the most important reasons for entry into prostitution throughout the world.

The migration of people associated with the rapid expansion of towns and cities can lead to an imbalance in the numbers of males and females in the population. This may favour the development of prostitution. The situation is aggravated by other factors associated with rapid urbanization such as family breakdown, poor housing, unemployment and low wages.

Factors which lead persons to become clients are not known with certainty, but are important to the maintenance of prostitution.

The vast increase in tourism and business travel has increased opportunities for sexual encounters as well as demand for prostitutes, and consequently for global spread of STD. The main highway routes, sea ports, military bases, oil fields, mines and plantations are other places with demand for prostitutes.

Although the exact numbers involved in prostitution are not known, there could be several thousand prostitutes in some large cities. Financial pressures necessitate prostitutes consorting with multiple partners on a regular or part-time basis. Prostitutes and their clients are, therefore, target groups for STD control.

3. TYPES OF PROSTITUTION

Prostitution occurs in many forms. Prostitutes may be female or male, and of different ages including children. Prostitutes as well as clients can come from all social and cultural groups.

Prostitution may be a voluntary occupation, but may also be the result of coercion, particularly in child prostitution and the trafficking of women.

The locality, the place of work (street, bar, club, hotel, etc.), the sexual services offered, the number of clients served, and the use of protective measures such as condoms, will all affect the risk of STD in clients and prostitutes.

Many prostitutes are poor and have no work alternatives due to lack of education, high rates of unemployment, and social isolation from their families and communities.

Many prostitutes are school dropouts, (with little or no education), single mothers, and unemployed. Marital breakdown and parental deprivation may lead to girls and boys abandoning their homes and resorting to prostitution as the best alternative to provide for themselves.
Although not essential in the practice of prostitution, other people may frequently be involved. They include "madams", "pimps" and "procurers". In some countries, prostitution is a part of an organized sex industry. In addition, law-enforcing officers, vice-squad members, health care and social workers, may frequently be in contact with prostitutes and could be important in influencing their behaviour.

4. A REALISTIC APPROACH TO STD CONTROL IN PROSTITUTION

The ultimate goal with regard to prostitution should be to offer women, men, and children realistic alternatives, so that they will not be induced into prostitution, neither by a person, nor by economic or social circumstances. However, the economic, social, cultural, and moral realities of life in many countries are likely to continue to favour the existence of prostitution and consequently the opportunities to spread STD. In most countries, because of inadequate health services, this results in continuing spread and maintenance of STD at high levels. Intervention in this situation, if successful, could prove to be an effective means of STD prevention and control in many areas.

Since economic motives are the main reason for entry into prostitution, to prohibit prostitution by law (in the presence of demand, equally compelling, for this service) without offering the prostitutes any alternative work as a source of income, is destined to failure. Indeed, such steps are driving prostitution underground, thus making control of STD difficult. Nevertheless, reducing the risks associated with prostitution, abolishing forced prostitution, and offering training and job opportunities for those who want to leave, may be seen as reasonable long-term goals. At the present time, however, urgent and realistic intervention measures must be taken to reduce and control STD in prostitutes. Medical, technological and educational services should be made available to institute cost-effective programmes.

Very little will be achieved, however, without the active participation of the prostitutes themselves in STD prevention efforts. They, just like everybody else, value their health. When given the right opportunities, prostitutes in general, want to work under "safer-sex" conditions. An empathetic approach including decriminalization of prostitution is more likely to succeed with regard to STD reduction than attempts to abolish prostitution and compel prostitutes to undergo screening by punitive and harsh legislation which in practice is unenforceable and has proved to be counter-productive.

Avoidance of discrimination against people engaged in prostitution will improve their cooperation with activities aimed at the reduction of STD.

5. BEHAVIOURAL ASPECTS

Knowledge and attitudes towards STD, preventive measures, and the use of these measures vary considerably.

Among groups of prostitutes and clients where awareness exists of the risks and complications of STD, people usually are concerned about their health. Whether or not attempts are then made to prevent disease depends on the knowledge about preventive measures, and on the availability of these measures.
However, it is recognised that in many parts of the world this awareness is lacking, as is knowledge about and access to ways of preventing STD, including HIV infection. In some cases the awareness or the knowledge might be erroneous, and so lead to the adoption of inappropriate measures. Often there are serious constraints which do not allow adoption of risk reducing behaviour. Such a constraint could be the unavailability of condoms, or a lack of awareness on the part of the client, who then does not accept the use of a condom. The intake of alcohol may favour risk-taking over hazard avoidance.

Information about preventive measures and about where to seek help should be accessible and acceptable, as should be clinical facilities for diagnosis and treatment. The accessibility and acceptability of clinical facilities depends on a number of factors of which the financial cost to the patients, the distance to be travelled, the waiting time, staff attitudes, and opening hours should be especially mentioned.

Some people may use methods of STD prevention and treatment which are unsafe and of unproven efficacy. These include the use of herbs, local ointment, "miracle drugs" and other forms of traditional medicine. Even more harmful is the practice of self medication which involves either taking inadequate dosages or inappropriate antibiotics.

Prostitutes and their clients who have asymptomatic infections will not seek treatment. Early diagnosis and treatment of their occult STD can only be achieved if they can be convinced of the need for regular screening.

The seeking of medical help offers a good opportunity for re-enforcing education and counselling on the adoption of risk reducing measures, in order to prevent infection, complications and reinfections.

6. PRIMARY PREVENTION

6.1 STD Education

Prostitutes and their sexual partners do not wish to become infected with any of the STD. Furthermore, they do not want to transmit infections to their sexual partners or unborn children. Many are highly motivated to reduce their risks of infection, but lack awareness of the various methods of prophylaxis available or they have not been given instruction on how to avoid exposure to STD. STD educational programmes have now been designed and implemented to help prostitutes and their sexual partners avoid STD infection.

Although public health officials may have good ideas about the information they want to be disseminated, they often have incomplete or prejudiced notions about how messages should be delivered. Those with experience of prostitution usually have easier access to high-risk populations and may be able to communicate with them more effectively than public health officials. Most importantly, behaviour change is most likely to occur when prostitutes and their sex partners are actively involved in STD prevention efforts, for instance, by using current or ex-prostitutes as educators, counsellors and co-ordinators collaborating with self-help groups.
6.2. Methods of Primary Prevention

Three methods of primary prevention ("safer sex") are available to prostitutes and their sex partners. First, prostitutes and their partners can engage in nonpenetrative sexual activities. Second, prostitutes and their partners can reduce their risks of STD transmission by properly and consistently using condoms during oral, vaginal or anal sexual intercourse. Third, prostitutes and their sex partners can reduce their risks of infection with certain sexually transmitted pathogens by properly and consistently using spermicides or vaginal chemoprophylactics. Further studies to establish use-effectiveness in this area are necessary.

Nonpenetrative sex

In some areas, prostitutes and their clients are becoming more interested in sexual activities that do not involve insertion of the penis into the vagina, anus, or mouth because of recent publicity and concern about infection with HIV, herpes simplex virus, and other STD that cannot be adequately treated with antimicrobial agents. These "safer" sexual practices include masturbation and other activities that do not involve exposure to semen, blood, or vaginal fluids. Educational efforts to adopt these "safer" sexual practices have been successful in some populations involved in prostitution.

Condoms

When used properly and consistently, condoms have been shown to reduce the risk of STD transmission. However, prostitutes and their clients, in some settings, have been discouraged or prohibited from using condoms. Recent efforts have been initiated to make condoms more widely available and acceptable to prostitutes and their sexual partners. Considerably more research into condom availability, advertising, acceptability and use is necessary.

Spermicides/chemoprophylactics

Many chemicals have been shown to kill sperm, bacteria, and viral pathogens, but only a few have been adequately tested in humans to evaluate their effectiveness. Field studies of intravaginal spermicides show that they are generally acceptable to women and their sex partners, but few studies have been able to clearly establish their effectiveness in STD control. Not enough is known to recommend their use as proven STD prevention agents. Carefully conducted clinical trials should be attempted in situations where condom use is not acceptable.

7. EARLY DETECTION OF STD

Screening can be an effective STD detection strategy in populations such as prostitutes and their clients.

Issues to be carefully considered before such a disease detection programme is established should include identification of target populations, potential benefits, costs, acceptability of the programme, and reliability of laboratory tests. Disease detection programmes for STD control should only be instituted if facilities for appropriate STD management are available.
These programmes can be of considerable benefit in such STD as gonorrhoea, syphilis, chancroid and chlamydial infection, all of which can be cured. Other information such as antimicrobial resistance, disease trends, patient knowledge of STD and of preventive measures can also be gathered.

Regular attendance on a voluntary basis for a check up, and prompt consultation when symptoms arise, should be encouraged.

Treatment of STD should always be combined with counselling with regard to treatment compliance, follow-up for tests of cure, and adoption of risk reducing behaviours. For viral infections, where no adequate treatment is available, counselling to prevent transmission is essential.

The imposition of legal sanctions are considered to be counter productive and likely to discourage cooperation of high-risk groups, such as male and female prostitutes, in furthering control efforts. In most jurisdictions public health laws and regulations exist which will cover extreme cases not amenable to volitional STD control measures.

8. MASS TREATMENT

Selective mass treatment, i.e. treatment of high-risk groups such as prostitutes, without making diagnosis, remains highly controversial.

In settings where health care facilities are inadequate and if prevalence of gonorrhoea or chancroid is confirmed to be high in prostitutes, a mass treatment programme may be instituted for these STD as a temporary measure.

The disadvantages of mass treatment include: unnecessary treatment of persons without infection, possible side effects, and potential for the development of antimicrobial resistance.

Therefore, priority should always be given to develop adequate facilities for the management and prevention of STD.

9. RECOMMENDATIONS

9.1 Recommendations to Member States

1. The potential for prevention and control of Sexually Transmitted Diseases (STD) in prostitution should be recognized as a priority and be part of a comprehensive national STD control programme. WHO has produced detailed and practical guidelines for such a programme. All governments are urged to review their STD programmes and initiate improvements where appropriate. The programme should comprise in particular the development of a national STD reference centre, adequate diagnostic, treatment and educational facilities, and professional training in control measures of all health workers, including those at the primary health care level.
2. Member States are urged to review their policies in regard to prostitution. An empathetic approach, and avoidance of discrimination against people engaged in prostitution will improve their co-operation in activities aimed at prevention and reduction of STD. Educational and clinical facilities should be accessible and acceptable to this group of people.

3. Member States should go ahead with the implementation of primary prevention programmes. These programmes may involve current or former prostitutes as educators and counsellors to help prostitutes and their partners avoid sexually transmitted infections. Furthermore, Member States must continue to make efforts to develop and improve the health care facilities including clinical and laboratory services.

Concerted action between STD control programmes and HIV/AIDS prevention programmes should make the fight against these conditions more cost-effective. Inseparably associated and so mutually supportive, such programmes will be maximally effective.

4. Member States are urged to support research into the magnitude and the nature of the problem of STD in prostitution and into an evaluation of the prevention and control programme in changing behaviour and reducing STD.

9.2 Recommendations to WHO

1. WHO should assist Member States to implement programmes on STD control in prostitution as outlined in this document by providing technical support and guidance.

2. WHO should promote and support research activities regarding epidemiological, behavioural, legal and other issues related to STD in prostitution.

3. WHO should foster the implementation of operational research on STD control strategies in prostitution, in particular impact of educational programmes, screening and case-finding strategies and selective mass treatment.

4. WHO should promote consensus building in relation to the utility or otherwise of controversial approaches to STD control in prostitution (e.g. decriminalization of prostitution, incarceration and forced treatment).

5. WHO should together with its regional offices organize:

   (a) training courses to improve skills of health workers in the various aspects of STD prevention and management;

   (b) consultative meetings to develop international co-operation in the surveillance and control of STD.

6. WHO should support and coordinate research activities on the effectiveness, in STD control, of intravaginal spermicides and chemoprophylactic agents, including their potential effects on the foetus.
SUMMARY

Prostitutes and their clients have attracted the attention of health authorities for a long time because of concern over their role in the spread of sexually transmitted diseases (STD). This concern has become more urgent because of the advent and worldwide spread of HIV infection which is mainly transmitted sexually and is presently incurable.

In addition, infection rates for gonorrhoea, chlamydial infections, chancroid and syphilis often range from 20-50% in prostitutes. Complications and sequelae such as pelvic infection, ectopic pregnancy, infertility, and congenital and neonatal infections are also common. The importance of other sexually transmitted viral infections such as those due to herpes simplex virus, hepatitis B virus and human papilloma virus (the last two on account of their causal or associated risk with cancer), is being increasingly recognized.

The vast increase in tourism and business travel in recent years has increased opportunities for sexual encounters as well as demand for prostitutes, and consequently global spread of STD.

Economic necessity and financial aspirations are the most important reasons for entry into prostitution. The socio-economic realities of life in many countries are likely to continue to favour the existence of prostitution and consequently the opportunities to spread STD. In most countries, because of inadequate health services, this results in continuing spread and maintenance of STD at high levels. Intervention in this situation could prove to be an effective means of STD prevention and control.

Urgent and realistic measures must be taken to reduce and control STD in prostitutes. Medical, technological and educational services should be made available to institute control programmes. An empathetic approach, and avoidance of discrimination against people engaged in prostitution will improve their co-operation in activities aimed at reduction of STD.

Primary prevention programmes (STD education, adoption of safer sexual practices including use of condoms), which may involve current or ex-prostitutes as health educators and counsellors, should be implemented to help prostitutes and their sexual partners avoid STD infections.

Screening programmes to detect STD early in asymptomatic persons can be of considerable benefit but cannot be instituted without adequate facilities for the appropriate management of these infections.

Selective mass treatment for gonorrhoea or chancroid may be instituted as a temporary measure. However, priority must always be given to development of adequate facilities for the prevention and management of STD.
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