

The case of adolescents and young people who autonomously engage in selling sex in latin america and the caribbean: recognizing their sexual and reproductive health needs and demands

Abstract

Background: “Sex work is an issue that has raised debate in the academic, political, and civil society fields as well as in the media, due largely to political and ideological content that is poured into the exercise of sexuality”.¹ When we talk about adolescents and young people engaged in selling sex, it’s common to automatically imagine the victims of human trafficking and sexual exploitation. However, those working around HIV, recognise that, in contrast to that scenario, there are some people who, due to precarious economic conditions, choose to engage in selling sex, even before the age of 18. It is needed to have clear that “sex work contrasts with the other terms as its categorisation as work is linked to the fact that it is carried out with the full consent of the person who exercises it”.²

Methods: Qualitative research conducted in 2015-2016, using a non-probabilistic sample (snowball) reaching 99 individuals (31 young women, 36 young trans women, and 32 young men), participating in different focus groups in Brazil, Colombia, Honduras and Dominican Republic. Scientific literature and policy documents were reviewed. The narrative analysis was made through qualitative coding and categorisation.

Results: Young people who autonomously engage in selling sex in Latin America and the Caribbean perceive themselves at risk for HIV, other ITS’s, or unplanned pregnancies and usually are target of stigma, discrimination and violence by their clients and police. Moreover, the risk is perceived to increase when clients ask them to use drugs, an issue that happens even when they have let the clients know in advance that they do not use drugs. After their refusal to use drugs, sometimes they are hit and forced to use them.

Conclusion: While it is true that countries have an obligation to ensure the protection of young people who have been victims of human trafficking and commercial sexual exploitation, they also should have adequate health regulations so that those who choose to sell sex, including minors, have access to health services, particularly sexual and reproductive health services and specially in HIV and other ITS.

Keywords: Youth, autonomy, engage in selling sex, latin america and the Caribbean, sexual and reproductive Health, HIV & aids

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Corral Miguel

National Autonomous University of Mexico, Mexico

Correspondence: Corral Miguel, National Autonomous University of Mexico, Postgraduate Program of Latin-American Studies, México City, México, Tel +52 1(664) 188 7859, Email: miguel.corral.estrada@gmail.com

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Abbreviations: Aids, acquisition immunodeficiency syndrome; CTA, centers for testing and counseling; HIV, human immunodeficiency virus; ILO, international labour organisation; LGBTI, lesbian, gay, bisexual, trans, intersex; MSM, men who have sex with other men; PSU, emergency care units; RedTraSex, network of sex workers in latin america and the caribbean; STI, sexually transmitted disease; trans, transgender, transsexual, transvestites; UNAIDS, joint united nations programme on HIV and AIDS

Introduction

Sex work is a global phenomenon and in most countries it is considered an illicit activity, causing those who practice it to do so in clandestinity. This circumstance increases the conditions of vulnerability of people engaged in selling sex. It is common for sex

workers to experience precarious conditions, in the realms of labour and education.³ For many of them, getting engaged in selling sex is worth than other types of jobs, such as housekeeping, babysitting or working in factories. Sometimes, migration may be another factor related with sex work. On the other hand, given that in most cases HIV is sexually transmitted, sex work represents a high risk for those who perform it due to the number of sexual contacts they have.³ The risk of HIV and other STI’s infections increase among younger people.⁴

“Sex work is an issue that has raised debate in the academic, political, and civil society fields as well as in the media, due largely to political and ideological content that is poured into the exercise of sexuality”.¹ It is needed to have clear that “sex work contrasts with the other terms as its categorisation as work is linked to the fact that it is carried out with the full consent of the person who exercises it”.²

When we talk about adolescents and young people engaged in selling sex, it's common to automatically imagine the victims of human trafficking and sexual exploitation. However, those involved in the prevention, detection, care and treatment of HIV, recognise that, in contrast to that scenario, there are some people who, due to precarious economic conditions, choose to engage in selling sex, even before the age of 18. The complexity of this issue requires us to understand the phenomenon before us. While it is true that countries have an obligation to ensure the protection of young people who have been victims of human trafficking and commercial sexual exploitation,⁵ they also should have adequate health regulations so that those who choose to sell sex, including minors, have access to health services, particularly sexual and reproductive health services.

A big concern is that not one of the countries in the region has comprehensive laws on sex work. The lack of legislation on the issue means constant submission to the interpretation and arbitrary discretion of different social actors who often violate their rights: police, educators, health service providers, among many others.⁶ Others studies had been developed around young people who autonomously engaged in selling sex in other regions of the world,^{4,7} but this is the first time that a study of this kind is made in Latin American and the Caribbean, without positioning this population in the realm of children sexual exploitation. Due to this question, the aim of this investigation was to achieve a greater understanding of the needs and problems faced by adolescents and young people under-18-engaged in selling sex in Latin American and the Caribbean, particularly needs and problems related to sexual and reproductive health services, access, with a special focus on HIV. A human rights and gender perspective led the entire process, due the importance on this issue expressed by UNAIDS.⁸

This research was developed in three phases: A) Reviewing the available literature on the subject in the region, especially policies and regulations; B) Conducting focus groups in Brazil, Colombia, Honduras, and the Dominican Republic were conducted with young men, young women, and trans youth engaged in selling sex; C) A consultation with youth representatives engaged in selling sex from various countries and representatives of different key populations. Finally, we present the findings and next steps, regarding what needs to be done in order to improve the living conditions of the young people who autonomously engage in selling sex in Latin America and the Caribbean.

Materials and methods

For a comprehensive understanding of this phenomenon in the region, various different sources were used.

i. Revision of scientific literature and international guidelines related to six main themes: Law and the human rights,⁸⁻¹⁰ sexual and reproductive health and rights,^{8,11-16} youth development,^{17,18,19,15,20,21} HIV,^{8,22-28} commercial sexual exploitation of children,²⁹⁻³³ and sex work.^{34-44,2,45-53} This exercise allowed us to gain a perspective about how this problematics are lived in the everyday life of people engaged in selling sex, the juridical situation of sex work in each country of the region, and to establish the ground to formulate the guides for the focus groups. There was special interest in the gaps between the national panorama and the recommendations made by international agencies.

ii. Reaching out the population and the conformation of focus groups. Because the stigmatization of young people engaged in selling sex in Latin America and the Caribbean is still a great problem for this population and therefore they are difficult to reach, it was decided to conform a non-probabilistic sampling using the snowball technic.⁵⁴ To that end, we contacted civilsociety organisations with community-based work to access participants. Overall, 99 individuals participated in the focus groups.⁵⁵ At the time of contact, 66% of participants were aged 21-25, 25% were 19-24, and 9% were 14-18 years old. Nonetheless, all of them engaged in selling sex under the age of 18. While this number is not intended to be representative of the population of young people engaged in selling sex in Latin America and the Caribbean, it allows us learn about the realities they live every day. Twelve focus groups were conducted, three in each country. In each of the focus groups there were four themes discussed: access to sexual and reproductive health, with an emphasis on HIV; other health services; information and education; and, other issues, primarily issues of stigma, discrimination and violence. At the beginning of each focus group, the purpose of the investigation was explained, indications were given and they were asked to sign a letter of voluntary consent and confidentiality. Speech recorders were used and the information was transcribed into a database, using the categorization initially established. The analysis was made in the base of codification,⁵⁶ exploring the essence of data, develop conceptual elements and establish relationships between them (Table 1).⁵⁷

iii. Regional consultation on young people who autonomously engage in selling sex. Lastly, we conducted a regional consultation with young people engaged in selling sex in Bogotá, Colombia. The event included the participation of 15 young people from Argentina, Brazil, Colombia, Costa Rica, Dominican Republic, Guatemala, Mexico, Panama, and Paraguay. The purpose of the meeting was to connect young people from different countries, in a space where they could dialogue, discuss, organise, and propose courses of action. The aim of this consultation was to contrast our findings with the perspective of research external none-participants young people engaged in selling sex. Their thoughts and comments about our results, helped us to have a more clear perception about their situation in Latin America and the Caribbean. The most important outcome of this process were the recommendations made to be presented before stakeholders in the region. This component represent a linkage between the production of scientific knowledge and the potential social and political impact of this investigation.

Table 1 Number of participants in each country

	Brazil	Colombia	Dominic Republic	Honduras	Total per group
Women	7	7	10	7	31
Trans	8	10	11	7	36
MSM	6	11	8	7	32
Total	21	28	29	21	99

Results and discussion

Several findings were made among this three populations. Due the interest is to show an overview of the region, we group the most

relevant results from the common situations that were reported in the four countries, by young women, young MSM and young trans women, who autonomously engaged in selling sex. In general, they perceive themselves at risk for HIV, other sexually transmitted infections, or unplanned pregnancies, in the case of young women. These latter mentioned that there is no difference between engaging in selling sex on the street versus in a private or public establishment (brothels, hotels), since it is not always possible to identify whether clients are violent individuals or not. A shared mayor concern for the three populations is that, moreover, the risk is perceived to increase when clients ask them to use drugs, an issue that happens even when they have let the clients know in advance that they do not use them. After their refusal to use drugs, sometimes they are hit and forced to use them. Another frequent situation is that they are request to have condomless sex. Particularly in the case of young MSM and trans women, they commented that due to the economic precariousness in which they find themselves and that is the main reason for which they decided to engaged in selling sex since the beginning, they accept if more money is offered. This even when they recognize the harmful consequences it can have on their health. Three most common justifications that clients use to justify not using a condom are: they cannot maintain an erection, they take longer to ejaculate, and condoms provoke allergic reactions.

Stigma and discrimination are a common place among young people who autonomously engaged in selling sex, consequently they prefer not to be associated with engaging in selling sex for fear of being recognised, or deny it. For young MSM, the principal reason is that some of them have a girlfriend or wife. Specifically in healthcare centers, young women believe that because they are considered “infectious agents”, they are not well-received and sometimes healthcare providers injure them during vaginal examinations. In the case of young trans women, it is essential that healthcare providers are trained on gender and sexual identity, as it is common that they are referred to in masculine. Young MSM and young trans women referred that when identifying symptoms of an infection, they prefer self-treatment before resorting to health centres because they fear discrimination. Another form of self-medication among young trans women is the use of hormone treatments (usually without professional supervision) or other treatments that are unsafe to feminise their bodies. These include: oil injection or injection other substances, or silicone implants. Often these treatments can endanger their lives. Likewise, the lack of confidentiality is usually identified as a common problem among the three populations, which also limits their access to health centers, in addition to the fact that they believe that the services offered to them are deficient, and that they are not sensitive to the needs of the youngest. Thus, none of the three populations trust the police. Their experience with the police is negative and they do not trust the justice system. When arrested, they can be forced to have sex (mostly without a condom) as a blackmail to release them. Lastly, The lack of access to prevention supplies is another situation for those who are older, because in health centers they often refuse to give condoms because of their age, at least they assist with an adult.

Conclusion

In Latin America and the Caribbean as well as in other regions of the world, exist individuals that autonomously decide to engage in selling sex even before they are 18 years old, mostly due the precarious economic conditions. These individuals have the capacity to understand the activity they are engaging in and should not be

confused with sexual children exploitation. Hence, it is important that HIV programs and organisations working in this field implement educational and preventive strategies with them in order to decrease the rates of HIV and other STI's among these populations, and this interventions must integrate a stigma and discrimination component based on the human rights approach. While they can benefit from HIV prevention, testing and treatment and care programs aimed at adult sex workers, the youngest people have particular needs and should be taken into account as such: they do not feel comfortable when health centres require that they be accompanied by an adult in order to receive services because they feel that this practice does not guarantee confidentiality; although they are minors, it is important to have access to preventive resources and are not turned away. Generally they need laws that protect them and consider them subjects of rights, without victimizing them.

There is also an urgent demand for health-service providers who have the necessary elements to provide services for them, without discrimination. They should be trained on how to care for adolescents and young people who autonomously engage in selling sex and the LGBT community. They believe that if they did not receive negative treatment by providers of sexual and reproductive health, it is likely that they will access services and prevention methods. There is an existing urgent need to sensitize and raise awareness among police personnel, because the perceived risk of being arrested could conduce these populations to engaged in more clandestine conditions that put them in mayor risk for acquisition of HIV and other ITS's.

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Conflict of interest

This work shows the results of the investigation “Health Equity for All”, financed by the Stepping Stones of Aids Fonds, with the support of HYLFI, an organisation of and for young people that provides technical and financial support to projects led by young people affected by HIV.

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