

A short review on the intersection of commercial sex work and public health: causes, effects and possible solutions

Abstract

Commercial sex work, while providing a source of livelihood and sexual gratification for those who engage in it, has significant negative impacts on public health. These impacts include increased vulnerability to sexually transmitted infections (STIs), unintended pregnancies, and broader health risks. Although factors such as poverty, peer pressure, and unemployment drive individuals into sex work in most parts of the world, including Nigeria, this practice remains illegal in Nigeria and many other countries globally. Therefore, understanding and designing appropriate interventional strategies, including job creation, skill acquisition programs, and widespread health education and awareness campaigns, will be useful in addressing this public health issue. These measures can contribute significantly to improving a country's health indices and reducing the negative impact of commercial sex work on public health.

Keywords: commercial sex work, public health, harm reduction, stigma reduction

Volume 14 Issue 2 - 2025

Obinna Uduma Ama,¹ Mercy Adamma Nwaodu,^{1,2} Ifeoma Jovita Nduka,¹ Sunday Odunke Nduka¹

¹Department of Clinical Pharmacy and Pharmacy Management
Nnamdi Azikiwe University Awka, Anambra State, Nigeria

²Department of Clinical Pharmacy and Pharmacy Practice, David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, Nigeria

Correspondence: Obinna Uduma Ama, Department of Clinical Pharmacy and Pharmacy Management, Faculty of Pharmaceutical Science, Nnamdi Azikiwe University Awka, Anambra State Nigeria, Tel +2348034685297
Email amaobinna6@gmail.com

Received: May 10, 2025 | **Published:** May 29, 2025

Abbreviations: AIDS, acquired immune deficiency syndrome; CSW, commercial sex workers; HIV, human immunodeficiency virus; HPV, human papilloma virus; NGO, Non-governmental organization; PID, pelvic inflammatory diseases; PTSD, Post-Traumatic Stress Disorder; SW, Sex Workers; STIs, sexually transmitted infections; WHO, world health organization

Introduction

Sex is generally understood as a means of satisfying sensual desires, and this is mostly shared between two or more individuals. However, it becomes classified as work when exchanged for money or goods or as a source of income.¹ According to the United Nations, sex work is defined as the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people, and children where the sex worker may or may not consciously define such activity as income-generating.¹ While some may freely choose sex work as their occupation, others are coerced through violence, trafficking, and debt bondage.² Rising economic hardship, lack of jobs, the intense need for finance, and the resultant quest for survival are major factors contributing to the increasing prevalence of sex work among families and individuals who see it as an option for complementary streams of income with a good number settling for whatever is available for survival.^{3,4}

Sex work exists in various forms, ranging from high-income escorts to street-based workers operating in public spaces or brothels, selling visual or audio content of themselves in a sexual context, or participating in live sexual performances.⁵ Sex work has grown into a thriving industry in Sub-Saharan Africa, including Nigeria, with an estimated 4.3% of the female population involved.⁴ Despite its prevalence, commercial sex work remains illegal in Nigeria, as outlined in Sections 223 to 225 of the Nigerian Criminal Code, just as it is in many other countries of the world.² Beyond legal concerns, sex work has complex and multifaceted societal implications, influencing public health, morality, and ethics.⁶ Those engaged in this profession

face numerous challenges, including stigmatization, marginalization, disease transmission, and criminalization, often exacerbating their vulnerability within their communities of practice.⁶ These factors, combined with the significant health risks to sex workers and their clients, make commercial sex work a critical public health concern.

Public health, defined as the science and art of preventing disease, prolonging life, and promoting health through organized efforts of society,⁷ is greatly impacted by commercial sex work. The spread of sexually transmitted infections (STIs) and other health issues is significantly tied to this industry. Notably, HIV/AIDS, gonorrhoea, chlamydia, pelvic inflammatory disease (PID), human papillomavirus (HPV), syphilis, and even infertility are often linked to commercial sex work.⁴ These STIs contribute to increased morbidity and mortality rates, particularly among young, inexperienced individuals who often lack adequate protection or access to health services while engaging in sex work.⁸

A lack of access to public health services, education, and preventive measures further heightens the risks for sex workers and the broader society. A study in rural South Africa found that a lack of education and health knowledge among sex workers significantly influenced their sexual and reproductive health behaviours, with STIs being prevalent yet poorly understood.⁴

Commercial sex work serves as a primary source of income for those involved, providing financial stability that helps meet their daily needs. A study has revealed that a sex worker in Pune, India, earns an average of \$4.40 per sexual encounter, while their counterparts in Bangkok and Washington, D.C., earn \$18.77 and \$101.79, respectively.⁹ In Zimbabwe, sex workers reported earning over \$80 per month,¹⁰ while those in Abidjan, Côte d'Ivoire, gained an average weekly income of \$114.¹¹ These earnings, though variable, provide financial security in contexts where alternatives are limited. Sex work also provides a platform for sexual satisfaction for both the workers and their clients. While this benefit may seem secondary, it plays a role in why both parties continue to engage in the practice. Additionally,

sex workers often develop extensive social networks, granting them access to resources, protection, and information that can be beneficial in other aspects of life.

This review seeks to examine the impact of commercial sex work on public health, exploring its causes, consequences, and potential solutions.

Methodology

The review study was based on published studies, available literature sources through indexed or cited electronic journal articles, informative official, web pages from recognized authorities, and relevant printed sources that discussed commercial sex work and public health around the globe between 2000 to 2024. Inclusion criteria were studies or articles published in the English language, and peer-reviewed papers while exclusion criteria were studies or articles without clear data.

Results and discussion

Causes of commercial sex work

One of the most frequently cited factors driving most people into sex work is peer pressure combined with societal influence.^{3,12} Human beings have an inherent desire to belong to a group or community, and this psychological need often compels individuals to make choices that align with their social environment. For some women and girls, peer pressure fosters entry into sex work as they seek acceptance in circles where sex work is normalized or even glamorized. A study in Zimbabwe revealed that 14.3% of participants entered sex work due to peer pressure¹⁰ and another study in Nigeria revealed that 43.75% of commercial sex workers were influenced by family and peer pressure.¹³ Societal expectations and the quest to maintain status or “respect” further push individuals toward this trade.^{3,12}

Economic hardship remains one of the most significant contributors to commercial sex work. Poverty and unemployment force many individuals to turn to sex work as a last resort to meet basic needs such as food, shelter, and clothing.⁴ Just as a direct relationship between unemployment and sex work is well-documented.¹⁴ In developing countries, where job opportunities are scarce, women often view sex work as a means of financial survival and as an alternative means of financial stability.^{4,15,16} A study in Abuja, Nigeria, found that 56.25% of sex workers were driven to the trade due to unemployment and against their will in most cases.¹³

Trauma and abuse also play significant roles. People who have experienced sexual violence, emotional abuse, or physical trauma may sometimes turn to sex work as a result of their psychological scars and as a way of coping.⁶ This group may see sex work as a way to cope with their traumatic experiences or as a way of regaining or reclaiming control over their lives and their bodies while controlling men's access to them.¹⁷

Effects of commercial sex work on public health

Commercial sex work is one of the vices that negatively impacts the social and health aspects of those who engage in it, posing a significant public health challenge.¹⁵ Unintended pregnancies are common due to inconsistent contraceptive use, often leading to single parenthood. These children may face neglect and, in some cases, follow their parent's path into sex work for survival.^{18,19}

Sex workers are often viewed as disease carriers and reservoirs, which limits and restricts their access to care.²⁰ They are at increased

risk of sexually transmitted infections (STIs) such as HIV/AIDS, syphilis, gonorrhoea, genital herpes, chlamydia, and HPV. In low-income sub-Saharan countries like Zimbabwe, sex workers experience higher rates of HIV infection compared to all women of reproductive age. This conclusion is supported by a study that found the prevalence of HIV and STIs among sex workers in this specific area of Zimbabwe is more than twenty times higher than the prevalence of HIV in the general population.¹⁰

Existing studies in Nigeria estimate the prevalence of HIV among sex workers to be 14.4%,²¹ compared to a prevalence of 1.5% in the adult population aged 15-64 years.²² Infected with HIV, sex workers are significantly more vulnerable to lower respiratory tract infections, likely bacterial pneumonia caused by *Streptococcus pneumoniae*, *Haemophilus*, *Pseudomonas aeruginosa*, *Staphylococcus aureus*, and *Klebsiella* species. *Pneumocystis pneumonia* due to *Pneumocystis carinii* infection is regarded as a cause of opportunistic infections linked to HIV. Additionally, tuberculosis (TB) from *Mycobacterium tuberculosis* infection is prevalent among sex workers as a common respiratory illness.²³ The combination of multiple partners, inconsistent condom use, and limited access to healthcare due to discrimination and lack of health insurance can worsen their vulnerability, making commercial sex work a significant contributor to the spread of STIs.²⁴

The sociologist Erving Goffman defined stigma as a social trait or mark that separates individuals based on socially generated opinions. Stigma severely diminishes the bearer, turning them from a whole and well-liked person into a flawed and dismissed one due to shame; this frequently leads to social marginalisation and isolation.²³ Sex workers often experience depression, anxiety, and post-traumatic stress disorder (PTSD) as a result of stigma, discrimination, and violence.^{6,25,26} Research from New York, Australia, Mexico, and various US cities shows links between prior trauma and symptoms of anxiety, depression and post-traumatic stress disorder in these populations.²² Psychological stress related to prostitution and social stigmatization can lead to gastro-oesophageal reflux disease (GORD). Chronic gastritis and peptic ulcers may also arise from *Helicobacter pylori* infections through cunnilingus, as potential reservoirs of *H. pylori* include faeces, saliva, cheeks, and dental plaques, which can transmit to the vagina during cunnilingus.²⁰

They often have limited access to mental health services or social support,^{5,27,28} further exacerbating the situation, with studies indicating that 45% to 75% of sex workers experience sexual violence on the job.²⁹ This violence can take many forms, including physical and sexual assault, verbal harassment, extortion, and trafficking, while sex workers may be reluctant to report crimes to the police due to fear of arrest.³⁰ Clients and law enforcement agents perpetrate this violence, further compounding the emotional toll.³¹

Substance abuse is another prevalent issue among sex workers. Many turn to alcohol or drugs to cope with stigma, violence, and the demands of their work.³¹ Similarly,³² found a strong connection between the use of alcohol and illicit drug usage during activity and failure to comply with a safe sex guild line intended to minimize HIV/AIDS risk. Substance use impairs judgment, leading to risky sexual practices and increased STI transmission.¹⁸

Finally, the stigma and social isolation associated with sex work often leave individuals feeling abandoned and without access to adequate healthcare or support systems.⁶ This isolation further marginalizes them, making it harder for them to escape the cycle of sex work. Commercial sex work can lead to premature death due to health complications arising from STIs like HIV, which weakens the

immune system over time. The lack of access to adequate healthcare further exacerbates this issue, contributing to early mortality among sex workers.¹⁸

Recommendations

Addressing the public health challenges associated with commercial sex work requires a multifaceted approach, including the following strategies.

- I. Governments should create job opportunities to engage vulnerable populations, thereby reducing the financial allure of sex work.
- II. Implementing programs that can equip sex workers with alternative livelihoods and skills will help transition them to a more decent means of livelihood.
- III. Parents should educate their children on moral values, the dangers of sex work, and the importance of making informed life choices.
- IV. Public health agencies should intensify educational campaigns and initiatives to promote safer sexual practices and raise awareness about the risks of sex work and practices.
- V. Sex workers should have access to non-discriminatory healthcare services, including STI testing and mental health support.
- VI. Implementing harm reduction strategies such as regular STI screenings and condom distribution will help mitigate the risks associated with sex work.
- VII. Government agencies, healthcare providers, and NGOs must work together to implement effective interventions that will address the public health impact of sex work.
- VIII. While appropriate agencies should enforce laws prohibiting sex work, rehabilitation programs should be established to support individuals seeking to leave the trade.

Conclusion

Commercial sex work presents a complex and multifaceted challenge to public health, contributing to the spread of STIs, mental health disorders, and substance abuse. While it provides a source of livelihood for some, its negative impact far outweighs the benefits. Addressing the root causes and implementing comprehensive public health and policy interventions are essential to mitigating its impact. By offering practical solutions and support systems, we can help sex workers transition to safer alternatives and reduce the broader societal risks associated with this practice.

Acknowledgments

None.

Conflicts of interest

The authors declare there is no conflict of interest.

Funding

None.

References

1. UNFPA and ASWA. *Advancing sex workers' health and welfare programming in East and Southern Africa*. 2023.
2. Bright O, Onyekunle JJ. *The legality of Prostitution in Nigeria*. 2020.
3. Lebni J, Irandoost S, Dehghan A, et al. Exploring the reasons for women to engage in sex work in Tehran, Iran: A qualitative study. *Heliyon*. 2017;(12):8512.
4. Afzal O, Lieber M, Beddoe AM. Reproductive healthcare needs of sex workers in rural South Africa: A Community Assessment. *Ann Glob Health*. 2020;86(1):68.
5. Casas LO. Money, sex, love and family: Economic and effective strategies of Latin American sex workers in Spain. *Journal of Ethnic and Migration Studies*. 2009;36(1):47–65.
6. Potter LC, Horwood J, Feder G. Access to healthcare for street sex workers in the UK: Perspectives and best practice guidance from a national cross-sectional survey of frontline workers. *BMC Health Serv Res*. 2022;22(1):178.
7. Gatseva PD, Argirova M. Public health: The science of promoting health. *Journal of Public Health*. 2011;19(2):205–206.
8. Ngo AD, Ratliff EA, McCurdy SA, et al. Health-seeking behaviour for sexually transmitted infections and HIV testing among female sex workers in Vietnam. *AIDS Care*. 2007;19(7):878–887.
9. Gore MN, Patwardhan AR. Disparities in the cost-of-living adjusted earnings of female sex workers in India, Thailand, and the USA: A need to create an equitable economic survival of female sex workers. *J Prim Care Community Health*. 2022;13:21501319221101857.
10. Hahlani D, Cripken KB. Balancing risks and survival: A study of female sex work as a livelihood in Zimbabwe's Mkoba high-density suburb of Gweru. *Journal of Sustainable Development in Africa*. 2015;17(2):1–18.
11. Emily N, Brian P, Jennifer H, et al. Understanding the financial lives of female sex workers in Abidjan, Côte d'Ivoire: implications for economic strengthening interventions for HIV prevention. *AIDS care*. 2018;30(3):6–17.
12. Bingenheimer JB, Asante E, Ahiadeke C. Peer influences on sexual activity among adolescents in Ghana. *Stud Fam Plann*. 2015;46(1):1–19.
13. Udeh PC, Udoka UK, Mbah SC. Socio-economic effect of commercial sex work in Abuja Suburb: A Survey of Selected Brothels in Mararaba, Nigeria. *Sociology and Criminology*. 2020;8:2.
14. Orhero AE. Poverty, unemployment and national insecurity in Nigeria's Fourth Republic. *International Journal of Legal Studies*. 2019;6(2):89–98.
15. Essien BS, Vite BN, Harry AE. Does commercial sex work in Nigeria? The motivations, dimensions, and policy implications. *International Journal of African Society, Cultures and Traditions*. 2022;10(1):11–26.
16. Usen TJ. *Nigeria's Unemployment Rate to Rise To 41% in 2023-KPMG*. 2023.
17. Campbell R, Ahrens C, Seft T, et al. The Relationship between adult sexual assault and prostitution: an exploratory analysis. *Violence and Victims*. 2003;18(3):299–317.
18. Bernier T, Shah A, Ross LE, et al. The use of information and communication technologies by sex workers to manage occupational health and safety: scoping review. *J Med Internet Res*. 2021;23(6):e26085.
19. Phrasisombath K, Faxelid E, Sychareun V, et al. Risks, benefits and survival strategies from female sex workers in Savannakhet, Laos. *BMC Public Health*. 2012;12:1004.
20. Mokhwelapa LW, Ngwenya MW, Sumbane GO. Systematic review on public health problems and barriers for sex workers. *Open Public Health Journal*. 2024;17:e18749445264436.
21. UNAIDS. 2017.
22. NAIIS. National summary sheet. Preliminary findings; 2018.

23. Liyanage RP, Waliwita W, Dissanayake K, et al. Impact of prostitution on health. *International Journal of All Research Education and Scientific Methods*. 2021;9(2).
24. Centre for Disease Control and Prevention. *Sex Workers*. 2022.
25. Iaisuklang MG, Ali A. Psychiatric morbidity among female commercial sex workers. *Indian J Psychiatry*. 2017;59(4):465–470.
26. Vanwesenbeeck I. Burnout among female indoor sex workers. *Arch Sex Behav*. 2005;34(6):627–639.
27. Jeal N, Salisbury C. A health needs assessment of street-based prostitutes: a cross-sectional survey. *J Public Health (Oxf)*. 2004;26(2):147–151.
28. Panneh M, Mitzy G, Emily N, et al. Mental health challenges and perceived risks among female sex workers in Nairobi, Kenya. *BMC Public Health*. 2022;22(1):2158.
29. Deering K, Amin A, Shoveller J, et al. A systematic review of correlates of violence against sex workers. *Am J Public Health*. 2014;104(5):e42–e54.
30. Ikuteyijo O, Akinyemi A, Merten S. Exposure to Job-related violence among young female sex workers in urban slums of southwest Nigeria. *BMC Public Health*. 2022;22(1):1021.
31. Nelson U E. Sex work, drug use and sexual health risk: Occupational norms among brother-based sex workers in a Nigerian City. *African Journal of Drug and Alcohol Studies*. 2012;11(2):95–105.
32. Stall R, Mckusick L, Wiley J, et al. Alcohol and drug use during sexual activity and compliance survey with safer sex guild line for AIDS: the AIDS Behavioral Research Project. *Health Educ Q*. 1986;13(4):359–371.