

ORIGINAL ARTICLE

Behaviors, Attitudes and Practices of Female Sex Workers Regarding Sexually Transmitted Infections

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Highlights:

- (1) The FSWs are aged between 18 and 30, mostly mixed-race, single, with dependents, and not currently studying.
- (2) They use social names, work in nightclubs, and report having sexual relations with both men and women.
- (3) They are not familiar with combined prevention strategies, biomedical interventions, and Counseling and Testing Centers (CTCs).

ABSTRACT

Objective: To identify the behaviors, attitudes, and practices of female sex workers concerning sexually transmitted infections (STIs). **Methods:** This descriptive study was conducted with sex workers using an adapted version of the Knowledge, Attitudes, and Practices Survey of the Brazilian Population. The sample consisted of sex workers who agreed to participate in the study. **Results:** A total of 182 female sex workers participated, with the most prevalent age group being 18 to 30 years. Participants were primarily native to and residents of São Luís, identified as mixed-race, single, with dependents, and with incomplete high school education. They use social names and work in nightclubs. Most did not use condoms during their first sexual encounter. The majority were aware of STIs and knew the modes of transmission. A smaller number knew about Counseling and Testing Centers, Pre-exposure Prophylaxis, and Post-exposure Prophylaxis. **Conclusion:** This knowledge facilitates the planning of public health actions and policies for this population.

Keywords: sexually transmitted infections; sex workers; health knowledge, attitudes, and practices; public health policies.

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INTRODUCTION

Female sex workers (FSWs) are mostly adult women who consensually exchange sex for money, goods, objects, or services. The daily work of women engaged in prostitution is characterized by activities in various locations, which results in constant movement between cities, lack of labor rights, inadequate hygiene conditions, and limited access to essential supplies for their work¹.

Previous research focused on this key population segment has shown a high prevalence of infections with the Human Immunodeficiency Virus (HIV), syphilis, viral hepatitis, and other sexually transmitted infections (STIs) compared to the general population. The infection rates are linked to the social and structural contexts of these individuals' lives, with FSWs being thirteen times more likely to contract HIV than other populations².

Sex workers have long been included in public health campaigns, often in stigmatizing ways that associate their practices with the risk of STIs/Aids. Such prejudice, deeply rooted in society, influences healthcare professionals' attitudes and practices. As a result, out of fear or shame, many FSWs avoid seeking healthcare services, thus forfeiting their rights as women³.

Given the health risks FSWs face, it is essential for healthcare professionals to expand their support, implement educational initiatives, and establish STI/Aids prevention programs. Such actions promote the social inclusion of FSWs, encouraging them to access healthcare services and ultimately improving their quality of life⁴.

Considering that studies on FSWs are scarce in the municipality of São Luís and acknowledging that the risk of contracting STIs is influenced by behavioral, biological, and work-related factors, it is important to conduct an in-depth study to illustrate the context of all variables that increase the vulnerability of this professional group.

The objective of this research was to identify the behaviors, attitudes, and practices of female sex workers concerning STIs.

METHODS

This was a descriptive, cross-sectional study conducted with Female Sex Workers (FSWs) in collaboration with the non-governmental organization (NGO) "Por Elas Empoderadas." "Por Elas Empoderadas" is a collective that supports women in challenging circumstances (cisgender and lesbian women), is part of the Brazilian Prostitutes Network, and currently has 1,100 registered sex workers.

The study included sex workers active in the mapped areas, with experience in prostitution in various settings and situations, either with or without intermediaries and whether or not they used health services.

Inclusion criteria required participants to be female, over 18 years old, and engaged in sex work for at least six months, thus characterizing the activity as prostitution. Sex workers who were not actively engaged in prostitution were excluded from the study.

For data collection, schedules were organized with the collective "Por Elas Empoderadas," in partnership with health professionals specializing in Combined STI/Aids and Viral Hepatitis Prevention. Mapped areas included bars, nightclubs, and prostitution hotspots, which enabled direct access to the sex workers. During the initial approach and explanation of the research, participants were invited to sign the Informed Consent Form (ICF) before the questionnaire was administered.

The workers were given an adapted questionnaire from the Knowledge, Attitudes, and Practices Survey of the Brazilian Population (KAP), an instrument from the Ministry of Health⁵. The administered questionnaire contains 62 questions, most of which are closed-ended. It is organized

into three sections: Sociodemographic Information, with 11 questions (including two open-ended questions about municipality of residence and place of birth); Information on Behaviors and Practices, with 21 closed-ended questions; and Information on Knowledge and Attitudes, with 30 closed-ended questions. The questionnaire was administered solely by the principal researcher.

A descriptive analysis of sociodemographic variables was conducted to define the epidemiological profile of the study population. Data was presented in absolute and relative numbers, and the collected data were analyzed using Excel software.

This research was approved by the Human Research Ethics Committee of Ceuma University, under approval number 5.257.810. All ethical guidelines were followed.

RESULTS

The sociodemographic characterization of the 182 sex workers is represented in Table 1. When analyzing the age range of the participants, it was observed that 71% (n=130) of the sex workers were aged between 18 and 30 years. There was a predominance of sex workers who reported being of mixed race (48%, n=88); the majority reported being single (64%, n=116); 13% (n=24) live with a partner, and 79% of the sex workers (n=144) reported having dependents.

Regarding educational level, 40% (n=72) of the sex workers reported having incomplete high school education, and 82% (n=150) are no longer studying (Table 1). In terms of place of birth, 34% (n=61) stated they were from São Luís. Regarding the municipality of residence, 37% reside in São Luís, and 40% live in other states.

Table 1 – Sociodemographic characteristics of sex workers from the “Coletivo por Elas Empoderadas” in the municipality of São Luís, Maranhão, 2022

Variables	n	%
Age range (years)		
18 a 30	130	71
31 a 40	34	19
41 a 50	15	8
51 a 60	3	2
Color/Race		
Mixed race	88	48
White	50	27
Black	36	20
Asian	4	2
Indigenous	4	2
Marital Status		
Single	116	64
Lives with partner	24	13
Married	23	13
Previously lived with partner	10	5
Separated or divorced	9	5
Has Dependents		
Yes	144	79
No	38	21

Educational Level		
Incomplete high school	72	40
Complete high school	56	31
Incomplete elementary school	34	19
Complete elementary school	17	9
Illiterate	3	2
Currently Studying		
No	150	82
Yes	32	18
Place of Birth		
São Luís	61	34
Other State	58	32
Other municipality in Maranhão	48	26
Metropolitan region of São Luís	15	8
Municipality of Residence		
São Luís	68	37
Other cities in the State of Maranhão	21	12
Raposa	10	5
São José de Ribamar	5	3
Paço do Lumiar	5	3
Other State	73	40

Source: prepared by the authors.

In Table 2, information regarding the characteristics of the sex workers' activities is described. It can be observed that the majority, 79% (n=143), use a social name, and regarding their field of activity, 41% (n=75) of the 182 sex workers work in nightclubs. It was also found that 71% (n=130) of the sex workers report having sexual relations with both men and women. Regarding sexual practices, 69% (n=125) claim not to have used a condom during their first sexual encounter; 91% (n=166) state that they use condoms in all sexual relations. Concerning the types of practices, 72% (n=131) engage in anal, oral, and vaginal sex. They also reported that they receive money for all sexual encounters (97%, n=178) and that they have regular clients (78%, n=142).

Table 2 – Sexual Behavior and Practices of Sex Workers from the Collective “Por Elas Empoderadas” in São Luís, Maranhão, 2022

Variables	n	%
Uses Social Name		
Yes	143	79
No	39	21
Field of Activity		
Nightclubs	75	41
Streets	51	28
Bars	48	26
Websites	7	4
Port	1	1
Types of Sexual Partners		
Men and Women	130	71

Men	34	19
Men, Women, and Transgender	18	10
Women	0	0
Used Condom in First Sexual Relation		
Yes	57	31
No	125	69
Uses Condom in All Sexual Relations		
Yes	166	91
No	16	9
Types of Practices		
Anal, Oral, Vaginal	131	72
Only Vaginal	47	26
Only Anal	4	2
Receives Money in All Sexual Relations		
Yes	178	97
No	4	3
Has Regular Client		
Yes	142	78
No	40	22

Source: Prepared by the authors.

Still regarding the behavior and sexual practices, 54% (n=98) of them have been working as sex workers for between 2 and 5 years, with 56.4% (n=102) averaging five clients per day. Among those with access to condoms, 63% (n=115) reported receiving them at health posts, 36% (n=65) purchase them at pharmacies, and 2% (n=3) mentioned having no access to condoms; 95% (n=173) are aware of lubricant gel. When asked about legal and illegal drugs, 78% (n=142) use alcohol, and 72% (n=131) have used or are using drugs. Among the sex workers who use drugs or have used them at some point, 3% (n=6) reported having shared syringes, and 4% (n=7) did not wish to respond (data not shown).

Regarding health assistance, it was noted that 39% (n=71) of the sex workers had not seen a doctor in over a year, and 71% (n=130) sought medical assistance for checkups. A significant portion of these sex workers sought help at Basic Health Units (45%, n=82), with 88% (n=160) going for gynecological consultations and 75% (n=136) having a Pap smear; 26% (n=47) had their preventive exam six months ago (Table 3).

Table 3 – Health Care Information of Sex Workers from the Collective “Por Elas Empoderadas” in São Luís, Maranhão, 2022

Variables	n	%
When was the last time you saw a doctor?		
More than a year ago	71	39%
Don't remember	50	27%
Between 15 days and one month	48	26%
Less than 2 weeks ago	13	7%
Why did you need to consult?		
Check-up consultation	130	71%

Don't remember	46	25%
Sexually Transmitted Infection	6	3%
Where did you seek medical attention?		
Basic Health Unit	82	45%
Private Practice	46	25%
Did not seek care	47	26%
Reference Unit	7	4%
Did you have a gynecological consultation?		
Yes	160	88%
No	22	12%
Have you ever had a Pap smear?		
Yes	136	75%
No	46	25%
Time since last Pap smear		
Did not know how to respond	75	41%
1 year	60	33%
6 months	47	26%

Source: Prepared by the authors.

The assessment of knowledge regarding immunizations in the prevention of STIs is evidenced in Table 4. Regarding immunization, 52% (n=94) reported participating in campaigns, 80% (n=145) were vaccinated against Covid-19, less than half of the target population was vaccinated against Hepatitis B (49%, n=89), and only 17% (n=31) were vaccinated against HPV. In terms of understanding about STIs, 96% (n=174) know what they are, 75% (n=136) are aware of how they are transmitted, 17% (n=31) have had an STI, and 53% (n=96) know their serological status for HIV/Syphilis/HBV/HCV.

Table 4 – Knowledge and Attitudes of Sex Workers from the Collective “Por Elas Empoderadas” in São Luís Regarding Immunizations for STI Prevention, Maranhão, 2022

Variables	n	%
Knowledge about Immunizations		
Participated in campaigns	94	52
Vaccinated against Covid-19	145	80
Vaccinated against Hepatitis B and C	89	49
Vaccinated against HPV	31	17
Knowledge about STIs		
Knows what an STI is	174	96
Knows the modes of transmission	136	75
Has ever had an STI	31	17
Knows their serological status for HIV, Syphilis, HBV, HCV	96	53
Knowledge and Practices		
Knows the reference services	27	15
Attended the CTA (Centro de Testagem e Aconselhamento)	34	19
Knows about PEP (Post-Exposure Prophylaxis)	20	11
Knows about PrEP (Pre-Exposure Prophylaxis)	4	2

Source: Prepared by the authors.

Regarding knowledge about referral services, only 15% (n=27) of the women are aware of them, and 19% (n=34) have attended the Testing and Counseling Center (CTA). In relation to Post-Exposure Prophylaxis (PEP), 11% (n=20) of the women are knowledgeable about it (which involves the use of medications or immunological agents to reduce the risk of acquiring these infections), and only 2% (n=4) of the studied population is aware of Pre-Exposure Prophylaxis (PrEP) (Table 4).

DISCUSSION

In this article, characteristics of Sex Workers (SW) from the capital of the State of Maranhão, São Luís, regarding behaviors, attitudes, and practices related to sexually transmitted infections were presented. In a study conducted with female sex workers in twelve Brazilian capitals, the authors found a prevalence of young, non-white women with incomplete elementary education and a monthly income of up to R\$ 500.00, data that were similar to those found in the present study⁶.

The low level of education, financial difficulties, or absolute poverty are obstacles to the integration of sex workers into the labor market. For those belonging to the lower classes, the prospects of changing occupations are even less viable due to low education levels and the lack of professional qualifications⁷.

In the study by Braga, Szwarcwald, and Damacena⁶, it was observed that in the capitals Campo Grande, Brasília, and Belo Horizonte, sex workers with higher education levels and higher monthly income were recruited, and they worked in closed settings, similar to what was found in the present study, where the largest percentage work in nightclubs. This may be linked to a clientele with higher income who seek a standard of women considered more attractive.

The present study found that most sex workers had partners of both sexes. The multiplicity of sexual partners, asymmetry in relationships between women and men, religious dogmas, and moral implications expose women to STIs and, at the same time, accentuate the vulnerability of women⁸.

Kolling, Oliveira and Merchan-Hamann⁹, they assessed factors associated with the knowledge and use of HIV prevention strategies among female sex workers in 12 Brazilian cities and found that most had access to male condoms, and 69% had never used female condoms, even though 33.5% of respondents stated they had access to them.

The condom is considered one of the best preventive measures globally for avoiding sexually transmitted infections and consequently protecting individuals from contracting the HIV virus. However, we currently have several combined prevention strategies that together form a comprehensive set of prevention measures (immunization, rapid testing for HIV, syphilis, and hepatitis B and C, harm reduction, post- and pre-exposure prophylaxis, and diagnosing and treating STIs and HIV) to avoid contracting sexually transmitted infections. Overall, the percentage reported in the literature regarding condom use by women is significantly lower than expected. Most women report not using condoms during sexual intercourse, even though they are aware of the risks and understand the possibility of contracting diseases¹⁰.

Sex workers face difficulties in negotiating condom use with their partners, highlighting that the initiative for using protective measures often falls to men. This is frequently justified by the trust established in their relationships¹¹. Such situations illustrate how women leave the decision regarding the preservation of their health in the hands of their partners¹².

A factor that increases the vulnerability of sex workers to STIs is the use of injectable drugs, particularly through the sharing of syringes. According to West et al.¹³, this sharing often occurs with clients. This practice can, in many cases, predispose these women to developing a dependency on the drugs being used.

A study conducted by Servin¹⁴ with 90 female sex workers highlights that 72.2% of the sample engaged in vaginal sex and 42.2% in anal sex without a condom for a satisfactory amount paid by the client. Benzaken et al.¹⁵ emphasize that the greatest “vulnerability” to HIV/AIDS often arises from financial needs. Sex workers receive offers that are, for them, hard to refuse. Clients frequently offer more money for services to be performed without the use of condoms, and many of them often accept to engage in unprotected oral sex¹⁶.

Among the most important studies on situations of increased vulnerability were conducted in 2007, 2010, and 2016, in ten Brazilian capitals, involving sex workers, homosexuals, and other Men Who Have Sex with Men (MSM), as well as transgender women and transvestites¹⁷ – these studies are referred to as Respondent Driven Sampling (RDS) research. All of these studies reported high prevalences of HIV and syphilis among these groups, as well as data on viral hepatitis and information on alcohol and other drug use. They included variables such as race/color and perceptions of risk, violence, and discrimination, which create barriers to access for these populations¹³.

Other studies confirm that drug use and prostitution are closely linked, as the former facilitates the commodification of the body, relieving women of deeper reflection¹⁸. Drugs impose themselves through their medicinal power, allowing individuals to cope with the demands that prostitution places on them¹⁹.

According to authors Villela and Monteiro²⁰, the association between prostitution and the acquisition of STIs can be understood by sex workers and influences their perception of self-care and the pursuit of services in Primary Health Care (APS). Studies identify that the access of sex workers to health services is related to the occurrence of unplanned pregnancies, the performance of cervical cancer screening, the search for contraceptive methods, routine examinations, and, especially, taking care of their bodies as a tool for their work²¹.

An important finding observed in the present study is that, even though sex workers know how to access health services and have information about transmission methods and how to avoid STIs, only half of them are aware of their serological status.

Factors associated with lower knowledge about biomedical strategies for combined prevention, such as Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), are related to difficulties in accessing information, lack of affiliation with a health service, and disclosure of their work activity. Generally, sex workers do not have sufficient knowledge about PEP and PrEP to take full advantage of their benefits⁹.

One limitation of the study is the access to the target audience. Even with the direct participation of the collective “Por Elas Empoderadas” to facilitate access and communication, sex workers often hesitated to participate in the activities due to the stigma they experience. Many were reluctant or indifferent to the researcher’s approach.

CONCLUSION

This study evaluated the behaviors, attitudes, and practices of female sex workers in the municipality of São Luís, MA. The sex workers studied were aged between 18 and 30 years, identified as mixed race, single, with dependents, and had incomplete high school education. Regarding behavior and practices, they mainly work in nightclubs, have sexual relations with both men and women, reported using condoms, and engage in anal, oral, and vaginal sex. The sex workers reported awareness of STIs, but it was also noted that they are not familiar with combined prevention strategies, biomedical interventions (PrEP and PEP), and referral services.

In light of these observations, it is essential to promote actions aimed at better integrating sex workers into Primary Health Care, addressing discrimination, and reducing health disparities and public opinion regarding the various situations, realities, and specificities of these female sex workers.

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