

## THE GAP BETWEEN SEXWORKERS' NEEDS AND INFORMATION PROVIDED BY MEDICAL SPECIALISTS ON HIV/STD PREVENTION IN JAPAN

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### Abstract

Prevention of HIV/AIDS is an issue of global concern which requires the active cooperation of communities, medical specialists, and governments. Though sexworkers are considered to be one of the vulnerable populations, there are few STD/HIV program specialized to sexworkers in Japan. In this study, we develop a protocol to provide more practical information for sexworkers by medical specialists. We analyzed the results of peer-based workshops concerning to sexworkers' anxieties or problems on STD/HIV. We compared these problems with the information by medical specialists whether these information match up to the sexworkers' needs. The results suggest that even though specialists are supportive to the sexworker, their information tend not to be useful in the real situation and does not meet the needs of sexworkers, because it is very difficult to presume suitable measures or methods which are available on the real situation. To solve this difficulty and ensure effective communication between specialists and sexworkers, we propose to set up two roles between them according to our results; one is trained sexworkers as representatives of sexworkers, and another is interpreters who have medical knowledge and work close to the trained sexworkers.

**Keywords:** Sexworker, HIV/AIDS, Prevention program

### 1. Introduction

HIV/AIDS has been gradually spreading in Japan since the first case was reported in 1987. The number of total reported HIV seropositive cases and AIDS diagnoses in Japan were 7,338 and 3,623, respectively, in the end of 2005 [1]. Though the number of HIV and AIDS cases reported is still low in Japan from an international perspective, an increase in sexually transmitted HIV continues and appears to have been accelerating. This makes Japan an exception among high-income countries which have succeed to control the newly HIV infection [2]. Experts point out that the number of infected person is likely to more than 50,000 by the year 2010 unless effective preventive action is taken [3].

Current domestic HIV/AIDS policy of Japan basis on the National Guidelines for HIV/AIDS Prevention and Care which was announced by the Ministry of Health, Labour and Welfare (MHLW) in 1999 [4]. In this guideline, MHLW designated "specific measure populations" which are vulnerable to the AIDS epidemic and require special measures. Though sexworkers and their clients are included in these populations, there are few STD/HIV program specialized to sexworkers and clients.

### 2. Sexworkers' situation in Japan

#### 2.1 Sex industry and related law

There are a lot of types of business in Japanese sex industry [5]. Each type has a unique feature of the service, system, legal status, and targeted clients. Basically, prostitution is prohibited by the Anti-prostitution Law legislated in 1956 (Law No. S31-118). The criteria of the "prostitution" are considered as bellows;

- (i) with non-regular partners
- (ii) exchange or promises to exchange money to sexual services
- (iii) having vaginal intercourse

According to this definition, non-vaginal sex business is not considered as a "prostitution", so that this type of sex businesses is legalized and very popular in Japan. The Law on Control and Improvement of Amusement and Entertainment Business (1948, Law No. S23-122) regulates this non-vaginal sector in the sex industry, and managers or owners are able to run the sex venues with registration to the local police. Though "Soap-land" venues regulated by this law, they are still provide vaginal services. Since soap-land is defined as the place where a female sexworker helps her client to take a bath in the compartment, it is both legal to manage it and work at there. Therefore, there are legal workplaces for adult female sexworkers in either vaginal or non-vaginal sectors in Japan.

Migrant sexworkers are exceptional because they are prohibited from working in Japan as a sexworker by the Immigration Control and Refugee Authorization Law (1951, Law No. S26-319). Employment of those who are under 18 years old is also illegal according to the Law for the Welfare of Children (1947, Law No. S22-164). Being client of children and youth (under 16 years old) is strictly banned by the Law for Punishing Acts Related to Child Prostitution and Child Pornography, and for Protecting Children (1999, Law No. H11-52).

## **2.2 Health Related Services**

In the Japanese sex industry, regular health check or STD test are not offered by employer in general. Local sexworkers have to take STD/HIV test and receive medical treatment at their expense even when they are infected with HIV/STDs during their work. In the public health center (PHC), free anonymous HIV test is available. Some of the PHC provide several tests for other STDs such as chlamydia, gonorrhea and syphilis. Though regular STD/HIV checkup in the hospital or clinic is expensive, many sexworker use clinic or hospital.

## **2.3 HIV/STDs**

There is no official report about HIV prevalence rate among sexworkers or situation of HIV-positive sexworkers in Japan. One medical doctor reported in his book the case of female sexworker who was infected HIV only through oral sex in her service in Japan [6]. Several researches provided local prevalence of other STDs among sexworkers. For example, a study screened sexworkers who attend clinic for routines STD/HIV checkup revealed that 9.4% sexworkers had chlamydial infection (n=429) [7]. Another study showed that sexworkers had a higher prevalence of cervical or pharyngeal infection with Chlamydia (31.8% for cervical and 10.5% pharyngeal infection respectively. n=85) than non-sexworkers (10.8% and 3.9% respectively. n=76) [8]. According to these data, the prevalence of HIV was considered to be very low among Japanese sexworkers, however, the epidemic of other STDs suggests that sexworkers are at high risk for HIV infection in Japan as other countries.

There are a few HIV/STD prevention program for sexworkers provided by public health centers which locate close to sex venues, such as distribution of brochures about HIV/STDs. Some sexworkers' organizations provide services for sexworkers such as sexworkers' cafe, brochures concerning STD/HIV or other sexworkers' issues and a hotline for local sexworkers [5]. In the guideline for HIV prevention, MHLW recommended peer-education as the one of the best practice of the prevention program for vulnerable population, but there is very few peer education programs for sexworkers.

Another study revealed that the rate of correct response to basic questions on HIV/STDs was generally high among sexworkers compared to the results of the nationwide KAP survey in Japan [9]. However, many respondents answered they still need more information on STD prevention (73.6%), treatment (54.9%) and reliable medical institutions where they can visit for advice (48.4%).

In this study, we focus on the information which sexworkers want to know but failed to obtain concerning to the HIV/STD prevention. We analyzed limited information gained through peer-based program for sexworkers which implemented by sexworkers' organization, and develop a protocol to provide more practical information for sexworkers by medical specialists as a part of STD/HIV prevention program. For the first step to this aim, we research the qualitative gap between the needs of sexworkers and information provided by medical workers.

## **3. Methods**

We collected three types of data to know the needs of sexworker (1) and information provided by medical experts (2 and 3).

### **3.1 Peer-based Workshop**

To know the sexworkers' needs about STD/HIV prevention, we used the results of one workshop which focuses on the anxieties about STD/HIV, held in 15th Feb. 2001. This workshop was held as peer-group sessions and organized by a sexworkers' organization in Kyoto, Japan. All participants were female sexworkers; two sexworkers organized the workshop as facilitators, and seven sexworkers joined as participants. Theme of this workshop was "Our anxieties about STDs and how to solve them." Chart of this workshop is shown in Figure 1. In this workshop, each participant was requested to fill in worksheet (Fig. 2, Left) and put them on the board (Fig. 2, Right) one by one, while explaining their experience. After finishing the workshop, we collected the result of worksheets and classified their contents.

We coordinated with facilitators in developing this workshop. After the workshop, we made some answering sheet which responded to the questions of participants. The facilitators distributed these feedbacks to the participants in the next workshop.

### **3.2 Interviews for Sexworkers**

We also conducted interviews to the facilitators who were members of the sexworkers' organization. Three female sexworkers were active as facilitator in the organization. They were self-trained and worked for two years as a peer educator for sexworkers. We asked them about their needs as facilitator or key-person and information they gained by medical experts concerning STD prevention. Interview was conduct in 2005. Each interview was about two hours.

### **3.3 Internet Research**

Because sexworker do not have enough opportunities to meet medical experts directly, we focus on the information provided through the Internet. Internet is seemed to be convenient especially for sexworkers because it allow them to obtain preferable information anonymously and unobservably.

We conducted Internet research in terms of “STD” and “female sexworker” in Japanese by google (last confirmation date: 28th February 2006). We picked up all sites which provided information of STDs from the top 100 sites. In the next step, we classified them by the property of the author, such as medical doctors, sexworkers or other companies. Then we analyzed the contents of resources according to the sexworkers needs.

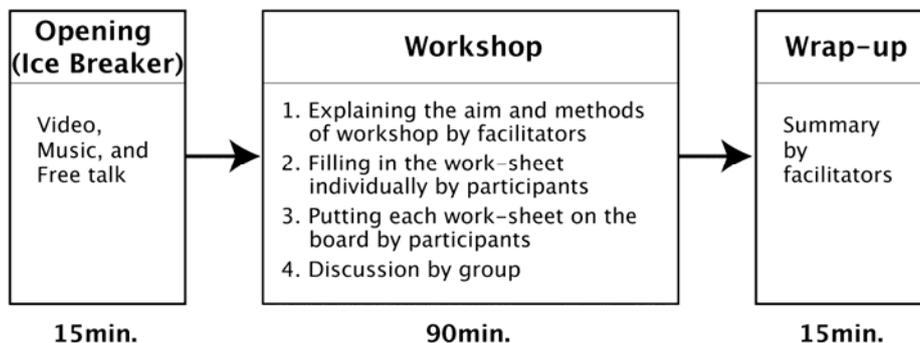


Figure 1. A Set of the Workshop

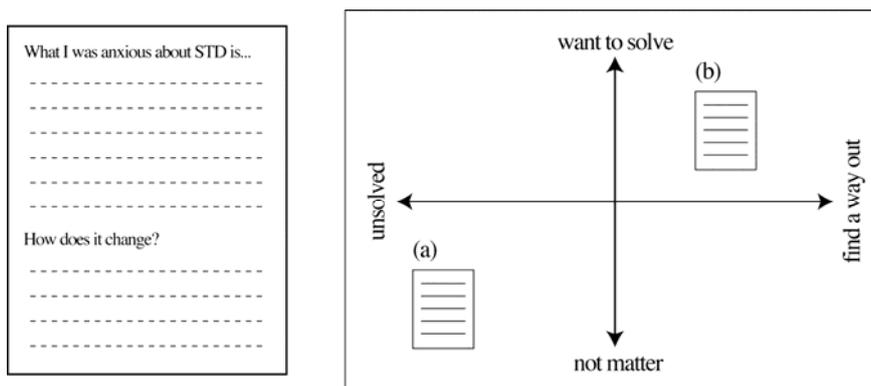


Figure 2. The Worksheet and the Board which are used in the Workshop

## 4. Results

The results of each analysis are shown in the followings.

### 4.1 Sexworkers' Needs

Nine female sexworkers attended to the peer-based workshop. Two of them played roles as facilitators. In this workshop, every participant including facilitators wrote more than one worksheet and expressed their anxieties or fears concerning STD/HIV. The total number of answer was 25 (average number = 2.8 / person). We classified them into 5 categories shown in the Table 1 according to their contents.

Table 1 Sexworkers' anxieties concerning to STD/HIV (n=25)

	Symptom of STDs	Prevention Methods	Possibility of Infection	STD Test	Communication with Clients or Managers	Total
Solved	1	1	3	1	2	8 (32.0%)
Unsolved	2	2	11	0	2	17 (68.0%)
Total	3 (12.0%)	3 (12.0%)	14 (56.0%)	1 (4.0%)	4 (16.0%)	25 (100%)

Many participants (14 case; 56.0%) expressed that they wanted to know the possibility of HIV/SID infection during certain behaviors which they experienced in their services. For example, "I'm afraid of HIV/STD infection during fellatio without condom, because I do not know how this behavior have risk," or "Can I be infected with any STDs through touching or licking the balls of clients?." Some expressed difficulties of protection or negotiation with clients or managers on their workplace (16.0%). Regarding symptom of STDs and prevention methods, they wrote rather concrete and peculiar questions such as "My regular client has some red eruption around pubic hair. Is it STD or not?," or "Is it useful for the prevention of the STDs to maintain my body immunity well?"

The participants felt they did not have solutions for many of anxieties (68.0%) according to their explanation with the board. The other problems were solved by experience, the information from peers or friends, or avoidant behavior (eg "I try to not think about the problem").

#### 4.2 Information provided by medical doctors to the sexworker-facilitators

Facilitators who managed the workshop of sexworkers' organization had met several doctors (mainly gynecologists) frequently to discuss about STD/HIV issue in order to develop their workshop for sexworkers. Although they agreed that it was essential to have support from medical doctors, they also expressed some difficulties in gaining suitable information from doctors. By analysis of the interview to the workshop facilitators, the following particular problems were raised within the process of information exchange between sexworkers and medical doctors.

(i) Sometimes it was difficult to obtain the meaningful information from medical doctors. Facilitators often had to explain the situation and ask concrete question to the doctors. (eg. "Povidone Iodine mouth gargle is very popular among sexworkers for the STD prevention. How effective the gargle is?")

(ii) Sometimes prevention methods recommended by medical doctors were not available in the real situation. (eg. "We wish to know alternative prevention methods except the condom, because it is difficult to use it especially in the non-vaginal sex industry.")

(iii) Opinions and recommendations often differ considerably in critical areas such as treatment and possibilities of infection among different medical doctors. (eg. "We could not determine which is the right information when we got different opinion from several doctors.")

(iv) It is difficult to update the medical information only by facilitators. (eg. "Sometimes we did not know the newest version of the treatment for certain STD. We occasionally provided old and incorrect information for sexworkers.")

#### 4.3 The Information provided on the web

Only 18 websites out of 100 sites dealt with STD information for female sexworkers (Table 2). One-third of them were in the lower ranks (under 60), seemed to be difficult to find by simple search. The owners of these sites were medical doctors or institutes (n=5), sexworkers or sexworkers' NGOs (n=4), companies (n=4) and non-sexworker individuals (n=5). The targets of these web sites were mainly general population (n=12). Only 5 sites were specialized for female sexworkers and three of them were provided by job search locations specified to the sex industry. Most of the sites which were provided by non-sexworker individuals had disclaimers on their sites which stated that the accuracy of information on the sites was not guaranteed.

Table 2 Target groups of STD websites

	Total (n=18)	The owner of the web site			
		Medical doctors or institutions (n=5)	SW or SWs' NGO (n=4)	Company (n=4)	Non-SW individuals (n=5)
Sexworkers	5	0	2	3*	0
Clients	6	1	3	1	1
Managers	4	1	1	1	1
General population	12	5	2	1	4

\* All were "help-wanted advertisements" sites targeted to the female sexworkers.

Regarding to the STD/HIV information, most sites provided only general information such as names of STDs, their symptoms and treatment methods (Table 3). The anxieties or problems which were revealed by our analysis (results 4.1) were not mentioned enough by these information sites. Particularly, medical sites were not deal with detailed information related to sexworkers' anxieties, while sexworker-targeted sites (provided by sexworkers' NGO or company) were inclined to mention partly about prevention methods or negotiation skills in the workplace (Table 3). Possibility of infection with STDs through the particular sexual services was the most frequently asked question in the workshop, but least information on these sites.

Table 3 STD/HIV information provided on the web (n=18)

	Total (n=18)	The owner of the web site			
		Medical doctors or institutions (n=5)	SW or SWs' NGO (n=4)	Company (n=4)	Non-SW individuals (n=5)
General explanation	14	4	3	4	3
Prevention methods in the workplace	4	0	1	2	1
Negotiation skills in the workplace	3	0	2	1	0
Possibility of infection with STDs through the particular sexual services	2	1	0	1	0

The web sites which were provided by medical doctors and institutes were not cooperated with other individuals and groups including sexworkers (Table 4). Other sites were partly cooperating with other individuals or groups. Some cooperation were only affiliate program which allowed site-owners to gain remuneration when visitor of the site clicked the advertisement-banner, some were practical collaboration on making contents.

Table 4 No. of cooperation groups of STD websites

	Total (n=18)	The owner of the web site			
		Medical doctors or institutions (n=5)	SW or SWs' NGO (n=4)	Compan y (n=4)	Non-SW individuals (n=5)
Sexworkers or sexworkers' NGO	2	0	1	1	0
Medical doctors or institutes	3	0	1	1	1
Sex venues	5	0	1	2	1
Other NGOs or companies	7	0	2	2*	3*

\* All were affiliate advertisements of STD self-testing kit or sex venues.

## 5. Discussions and Future Work

The findings of this study showed that sexworkers had variable anxieties or problems concerning STD/HIV prevention during work. These problems were so practical and situation dependant that enough knowledge about real situation of sexworker and their working style were necessary to correspond to them. For such kind of problems, peer-based education seems to be best practice in which many sexworker are able to share their experience and find proper solution from other sexworkers' experiences.

However, we also found that the facilitators of these workshops also have difficulties to gain suitable information from medical doctors who are cooperative to them. Though medical doctors who have enough knowledge and understanding for sexworker is still few, it is not easy to find good medical doctors both for individual sexworker and sexworkers' facilitators. It is necessary to increase supportive doctors for sexworkers in order to improve sexworkers' prevention program. For this purpose, the interviews for medical doctors to know their knowledge, attitude and practice for sexworkers as patients will be useful.

Regarding to the development of effective STD prevention program for sexworkers, our study suggests that there is a limitation of development only by sexworkers and medical doctors. It is necessary to fill the qualitative information gaps between sexworker facilitator and medical doctors. One strategy is to train the facilitators (who have experience to work as a sexworker) to have enough knowledge in explaining their situation more smoothly to medical specialist.

Another strategy is to set up the role like an interpreter between sexworkers' facilitators and medical specialists. Health worker (such as a staff of Public Health Center) or sexworker, who have enough medical knowledge and works close to trained sexworkers, might be able to play this role to create more effective prevention methods which are available in the workplace. Regarding to design STD/HIV prevention program for sexworkers, we propose to set up these two roles between sexworker and medical specialists.

Though each sexworker do not have enough time to discuss about prevention methods or working style with medical specialist directly, it is important to provide resources which will support sexworkers to solve the problems. Internet is seemed to be one of the useful way to access the information for sexworkers, however, we found that there are few information sites on the web which is specialized for sexworkers, provided by medical doctors and/or institutes and meet sexworkers' needs. It seems to be effective to provide the recourses to the sexworkers who are not able to

attend the peer-based activities. In the respect of accuracy of the medical information, it is important to promote medical doctor or institute to provide proper information on the web sites, specialized for sexworkers. It is also necessary to increase the collaboration between medical specialist and other groups, such as sexworkers' NGOs. This study is preliminary at this time and future studies with other settings are being conducted.

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