

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

**HIV Prevention and Care in
Sex Workers and Clients
- Principles of Strategy –**

June 2001

***AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS***

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

About this services:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up form for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

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Foreword and Acknowledgement

This strategy proposal is the work of the Task Force on Sex Workers and Clients, AIDS Prevention & Care Committee and the Hong Kong Advisory Council on AIDS. Three rounds of drafting, consultation, redrafting among our Task Force members resulted in these principles of consensus among NGO representatives and Governmental representatives.

The contributions made by all members of the Task Force on Sex Workers and Clients are acknowledged –

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This paper does not represent a final conclusion but the beginning of a continual process of community participation and joint effort to refine and improve our strategies to reduce the risk exposure toward HIV/AIDS infection among sex workers and their clients in Hong Kong as well as to minimize the risk of transmission in the community at large. All comments and further suggestions are welcome.

Preventing HIV Transmission among Sex Workers and their Clients in Hong Kong - A Strategy Proposal

Background

1. By the end of June 2001, the total cumulative number of reported cases of HIV/AIDS in Hong Kong was 1636 and 524 respectively.¹ Heterosexual contact was the commonest route of HIV transmission in Hong Kong accounting for 56% of HIV infection and 64% of AIDS since the establishment of the local voluntary reporting system. The trend of heterosexual HIV transmission was increasing as revealed from the HIV/AIDS quarterly statistics. Among the 1,022 HIV infections reported between 1995-2000, 81.2% were reported to be sexually acquired, and 56.8% of these were through heterosexual transmission. This compared with 1985-1989 only 56% HIV infections were reported to be sexually acquired and 21% of those were through heterosexual transmission².

2. In Hong Kong, prostitution is not illegal. However, many activities connected with sex work such as *soliciting for an immoral purpose, living off the earnings of prostitution, trafficking of women for the purpose of prostitution* are all illegal.

3. There is no central registry or documentation of sex workers or sex establishments available. There is also no community-based and systematic collection of data on sex workers.

4. The exact nature and size of the sex industry in Hong Kong is difficult to estimate or document because of (a) the absence of a monitoring system, (b) illegal prostitution-related activities often employ those holding temporary visas or those who have entered Hong Kong illegally, (c) sex workers belong to a very mobile population and (d) sex work can be classified as direct or indirect depending on whether the worker involved provides solely sex service or not. Normally, the term *direct sex workers* refers to those working from a villa, apartment, one-woman brothel, unlicensed massage parlour, call centre, streets or escort company. *Indirect sex workers* include those working in karaoke bars, nightclubs and licensed massage parlours. Some workers may be working either part-time or full-time, and they may be classified as either direct or indirect sex workers.

¹ Advisory Council on AIDS (ACA) Newsfile Vol. 8, no. 6 June 2001

² Hong Kong STD/AIDS Update Vol.7 No.1 February 2001
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5. Notwithstanding the above, it has been estimated that around 200,000 Female Sex Workers (FSWs), direct and indirect, full-time and part-time, were working in Hong Kong in 1993³. This represents a very big difference in terms of the limited number of agencies known to be working specifically for these sex workers and their clients (For agencies providing services for sex workers, please refer to paragraphs 14-16 below).

6. It is difficult to estimate the population size of sex workers' clients in Hong Kong. However, the AIDS-related behavioral surveillance study for the Chinese male general population in Hong Kong conducted by Lau and Siah's⁴ might give a rough picture of the scale of such population. The study interviewed 1,020 male respondents aged between 18 to 60. Among them, 14% reported to have sex with one or more sex workers in the past 6 months. The prevalence was lower for the 18-20 year old group (8.1%) and peaked at age 21 to 30 (18.3%). Respondents with an educational level higher than Form Five were less likely to have engaged in commercial sex within the past 6 months. Majority of the respondents in this study reported to have commercial sex in Hong Kong (54.5%), followed by Mainland China (47.6%), and Macao (28.7%).

Definition

7. Sex work is defined as the exchange of money, goods or service for sexual service.

8. Sex workers can be either male or female. FSWs are by far more common than male sex workers in Hong Kong.

9. Clients of sex workers are broadly defined as those men and women who pay money for sexual services from others.

Sex Workers/Clients and current HIV Situation in Hong Kong

10. HIV can be transmitted through unprotected sex, needle sharing and, in the case of FSWs, direct transmission from the mother to her baby.

11. As mentioned above, there is limited statistical data which can substantiate the local behaviour of sex workers, especially data about the use of condoms. One survey was conducted in 1993 and 1994, by Dr K H Wong, with FSWs attending the

³ Housewives in sex industry, South China Morning Post 3 May 1993

⁴ Lau, J.T.F., & Siah, P.C. (In press). Behavioral surveillance of sexually-related risk behaviors of the Chinese male general population in Hong Kong. *AIDS Care*.

Government Social Hygiene Clinics (SHCs). 190 and 172 FSWs were included in the surveys in 1993 and 1994 respectively. They were presumed to be more health conscious as they went to the SHC for check-up and treatment. Among those interviewed, 37.9% and 43% were regular condom users with their paying clients in 1993 and 1994 respectively. However, with their non-paying sex partners there was less practice of condom use and only 18.4% and 19.2% applied condom use respectively to their non-paying sex partners within the two years. This indicates the infrequent use of condoms by sex workers, especially with their non-paying sex partners.

12. In 1998, Action for REACH OUT (AFRO) and Dr. Darius Chan of The Chinese University of Hong Kong conducted a research on “Identifying the Psychosocial Correlates of Condom Use by Female Sex Workers in Hong Kong”⁵ which showed that of the 109 female sex workers interviewed, 54.1% always used condoms with paying partners but only 7.8% always practised safer sex with their steady partner. This study also suggested that the respondents were not able to translate their thoughts (such as knowing that condom use is good for them) into action (such as carrying and using condoms).

13. In 2000, Zi Teng conducted a survey on sex workers' situation and needs in Hong Kong. They interviewed 58 sex workers who worked on the street and at the one-woman brothels. The results showed that 91% of those interviewed used condoms at their work. 73% of the respondents indicated that they would reject the clients if they asked for sex without condoms, 20% indicated that they would depend on the situation and only 4% would accept unsafe sex.

Services for Sex Workers and Clients

14. Existing services for sex workers are known to be provided by the following agencies :

- (a) Action for REACH OUT – with a staff of 5 full time and two part time workers, is a non-governmental organisation and charitable institution which was set up in 1993 to provide various types of services to FSWs in Hong Kong, local women and those who come to Hong Kong from other countries in Asia. With the needs of individual women in mind, its services include referral for health screening, Sexually Transmitted Diseases and HIV testing, other forms of employment, temporary shelter, legal advice, counselling and

⁵ Chan, D. K-S, Gray, A., Ip, A., & Lee, B. (1999). Identifying the Psychosocial Correlates of Condom Use by Female Sex Workers in Hong Kong. Working Paper to AIDS Trust Fund, 1999. *HIV Prevention and Care in Sex Workers and Clients*

support groups. It conducts outreach activities in various areas where the women work e.g. streets and nightclubs. Its drop-in centre is a place where women can go for relax, seek advice when they have problems or bring their children to play there. It also conducts various education and research projects such as peer education and female condom promotion.

- (b) Zi Teng – with a staff of 4 full time workers, it is a non governmental organisation formed by people who care and are concerned about the basic rights of women. They believe that all women regardless of their profession, social class, religion, race, age and sexual orientation should have the same basic rights, that they are equal and entitled to fair and equal treatment under the legal, judicial and social systems, that nobody should be oppressed, that all people should live with human dignity. It actively engages in building contacts with FSW's, providing them with information on their legal rights, occupational safety and health and other social resources. In addition to empowering and organising the sex workers to fight for their rights (such as human rights), they also help in networking and building up a mutual support system. Apart from outreach activities, it produces regular publications to enhance and improve the communication between sex workers, concerned organisations and society at large. It also conducts research to obtain a better understanding of the working and living conditions of FSW's and thus be able to offer support services in a more efficient way.

- (c) The School of Ministry to the Grassroots under the Jubilee Ministries Ltd. – based on the Christian belief, its mission is to train Christian ministers to outreach and convert grass-root people to Christianity. Their outreach project to sex workers started in early 1999. Apart from a full time staff who is an ex-sex worker, there are about 10 Christian students and volunteers doing outreach activities, focussing on street walkers in districts such as Sham Shui Po and Yau Ma Tei. It has a very clear goal of helping sex workers to change to another job. It also provides referral services e.g. to drug withdrawal centres, skills training programmes, other employment.

15. Presently AIDS Concern is the only known organization providing STD/HIV prevention service targeting male clients of sex workers in HK⁶ Their services provided to the sex workers and their clients include:

- (a) Surveying different sectors of the sex industry and unlicensed STI clinics in an effort to determine ways of promoting safer sex to male

⁶ Situation analysis on “Male clients of female sex workers”, CPP Sex Workers and Clients Work Team, February 2001
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clients of female sex workers. The programme currently takes the form of weekly outreach visits to establishments/places including nightclubs, karaokes, villas, streets, and unlicensed STI clinics. The current phase of the programme has been operating since September 2000;

- (b) Working collaboratively with AFRO on the development of the above mentioned sex industry outreach programme. With AFRO focusing on the needs of the female sex workers and AIDS Concern on the needs of the male clients it is hoped to achieve mutually complimentary results which increase the determination of both parties to use condoms for sexual intercourse;
- (c) Produced a couple of pamphlets/comic books and safer sex kit tissue packets specifically designed for men who use the services of female sex workers.

16 Social Hygiene Service (SHS) under the Department of health provides free clinical and health services to sex workers (SWs) through their team of health nurses working under the Anti-V.D. Office (AVDO) of SHS. The team is responsible for the health promotion work on the control of sexually transmitted diseases (STDs). In general, services provided to SWs include (a) Special arrangement to facilitate SWs seeking consultation; (b) Pre- and post-health Counselling and STDs education; and (c) Contact tracing and outreach health activities. In addition, pamphlets and condoms were distributed to SWs free of charge. A table showing condom use of sex workers with their commercial/casual sex partners, as well as their regular sex partners, are listed in Appendix 1 at the back of this strategy.

Core Principles for HIV prevention targeting the sex working population

17. The following are recommended by The Task Force (TF) as core principles:

(A) *On policy*

- 17.1 The basic principle underlying all prevention and education projects is that the sex workers and clients be actively involved in both the designing and implementing of programmes
- 17.2 The primary recommendation for prevention of HIV/AIDS, and STDs, for Sex Workers and Clients is adoption of the concept of 100 per-cent condom use within the sex working industry. Realization of this goal, however, will depend on concerted efforts on the part of the sex workers, the establishments/operators for which they work, public awareness on safer sex, and

assistance/co-operation of various government forces/departments. Legal support could also be considered but at a later stage when there is social acceptance of the sex safety awareness.

17.3 As a long term strategy in promoting health safety for sex workers and their clients, it is recommended that a multi-sectored, inter-departmental working group consisting of Government departments, non government organisations providing services to sex workers and clients, as well as representatives of sex workers and their clients be established to work out a plan to promote and monitor the execution of the 100 per-cent condom use policy.

17.4 The subject of legalization of sex establishments was also discussed. Whilst the TF had no specific views on supporting or not supporting the legalization of sex establishments, we reached consensus that a properly registered/managed establishment with sex workers could at least enable the Government to execute the 100 per-cent condom use policy within the sex-working industry more effectively and efficiently. Ziteng, a member of the TF, suggested decriminalization of sex work to help improving the sex workers' working environment and bargaining power. On the other hand, they also worried that legalization and the registration system might stigmatize the sex workers. It is therefore proposed that the sex establishment, rather than the sex workers involved, should be held responsible in case of complaint/dispute regarding breach of the policy.

(B) *On HIV prevention and education*

17.5 Education should aim at capacity building (such as bargaining power, negotiation skills) for sex workers on the one hand and enhancing awareness to sex-workers and their clients on the other.

17.6 Effective methods of education include

- (a) outreach counseling,
- (b) peer education,
- (c) printed teaching materials in multi languages (not limited to health education alone, but on living skills, capacity building and the like),
- (d) interactive workshops, and
- (e) introduction from the media including newspapers and magazines of specific interests.

17.7 In view of the estimated large population working in the sex industry, and the limited resources/expertise available, it is strongly

recommended that training and recruitment of more personnel in carrying out the HIV prevention education/counselling programmes be accorded a higher priority. These programmes include "Train the trainers" capacity building workshops and involvement of volunteers to participate in prevention education/counselling activities.

- 17.8 Since we recognise the value of learning from the experience of overseas agencies involved in similar services, we recommend that speakers from other countries be invited to Hong Kong so that there may be an exchange of experiences, skills and knowledge.
- 17.9 We suggest to promote regular blood testing/screening for prevention (and treatment if possible) of HIV/AIDS amongst sex workers and their clients. Moreover, such testing should be made more readily accessible to these group of population, for example, by introducing mobile testing centres.
- 17.10 We suggest to remove the stigma of AIDS on sex workers and clients by strengthening public education on sex and promoting safer sex.
- 17.11 From the public health perspective, it is essential to keep the infection number down. In order to protect sex workers from further STD/HIV infection while they are under treatment, approaches aimed at encouraging sex workers to stop working until full recovery from STD are to be considered. To promote this principle, the TF recommends support of incentive services that gives incentives for the sex workers to stop working while being infected with STD/HIV. Such innovative programmes may include special insurance scheme, alternative income generating project etc.

(C) *Media coverage*

- 17.12 The media, both the electronic media and the printed media, plays an important part in providing the correct information to sex workers, as well as to their clients. It is therefore recommended that the media should be networked with in order to release accurate messages on the prevention and care of HIV/AIDS, as well as other sexually transmitted diseases.
- 17.13 It is recommended that the media select targeted readers/audience in order to reach specific groups of people. These could be classified by their age, sex, and information required. For clients who frequently visit sex establishments, advertisements in the

sex/amusement magazines and publicity at prominent places near the sex establishments could be more effective.

(D) Treatment/services

- 17.14 It is recommended that existing free access to social hygiene services be maintained for every one in Hong Kong irrespective of their status.
- 17.15 We suggest co-operating with the mainstream NGOs that provide services to people living with HIV/AIDS.
- 17.16 We are aware that HIV prevention activities are most effective when conducted in conjunction with other services for sex workers, rather than taken as an independent service. In this respect, we welcome the participation of Government and mainstream NGOs especially those working for the women and the young people.

(E) Research and Evaluation

- 17.17 The importance of research, such as those looking into the work profile of sex workers e.g. their vulnerability to HIV/AIDS can help in the planning of prevention and education work and identify the gaps for improving services. It is suggested that academics collaborate in conducting these situational researches, to identify needs and to propose areas of improvement.
- 17.18 Research also needs to be conducted on the situation and prevention needs of the clients who avail themselves of sexual services.
- 17.19 It is also recommended that performance indicators be studied for the establishment of an evaluation system to monitor the progress of the HIV/AIDS prevention work within the industry.

(F) Funding

- 17.20 Continuity of long term funding for sustainable service is essential. Given the existing funding mechanism, the Council for the AIDS Trust Fund (ATF) should be the major funding body for the expanding of the HIV prevention and care services to sex workers and clients, as well as sustaining the services provided to these people. In this respect, the TF suggest that the ATF to work out a mechanism for networking with organisations working in this area so that they could know and plan better for the allocation of

resources for the HIV prevention and care work on sex workers and their clients.

Task Force on Sex Workers and Clients

Appendix 1**Table 1. Condom use with commercial/casual sex partner**

N=1299	Not Practising (%)	Practising (%)	Condom using		
			Always (%)	Sometimes (%)	Never (%)
Vaginal Sex	4(0.3)	1295 (99.7)	918 (70.9)	320 (24.7)	57 (4.4)
Anal Sex	1261 (97.1)	38 (2.9)	7 (18.5)	8 (21.0)	23 (60.5)
Oro-genital Sex	463 (35.6)	836 (64.4)	257 (30.7)	353 (42.3)	226 (27.0)

Table 2 Condom use with regular sex partner

N=848	Not Practising (%)	Practising (%)	Condom using		
			Always (%)	Sometimes (%)	Never (%)
Vaginal Sex	5 (0.6)	843 (99.4)	237 (28.1)	186 (22.1)	420 (49.8)
Anal Sex	809 (95.4)	39 (4.6)	3 (7.7)	6 (15.4)	30 (76.9)
Oro-genital Sex	468 (55.2)	380 (44.8)	31 (8.2)	79 (20.8)	270 (71.0)

About AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replaces two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

Membership

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Mrs Diana WONG IP Wai-ying

Correctional Services Department :

Dr. TAN Kaw-hwee

Members :

Dr. Richard TAN

Department of Health :

Professor Peter LEE Wing-ho

Dr. Thomas CHUNG Wai-hung

Mr. Daniel LAM Chun, JP

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