SEXUAL HEALTH AND SAFETY AMONGST A GROUP OF PROSTITUTES: AT WORK AND IN THEIR PRIVATE LIVES

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THIS PAPER DRAWS ON THE RESEARCH FINDINGS OF A STUDY COMPLETED BY the School of Sociology at the University of New South Wales. The study, funded by the Commonwealth AIDS Research Grants Committee, investigated AIDS prevention practices of female prostitutes in both their working lives and their private lives.

The survey gathered data on the degree of protection from infection, taken by prostitutes at work and in the private lives of 280 sex workers in New South Wales and the Australian Capital Territory in 1990-91. It is estimated this number of sex workers is approximately 18 per cent of a weekly population figure of 1,505 prostitute women within the geographical area. Given that the numbers of prostitutes moving in and out of the sex industry over a six-month period (the time span of the survey) are minimal, one can assume that the sample is a reasonable representation of women in the sex industry.

The data from this sample was compared with two other samples: 128 Sydney prostitutes in a study the author conducted in 1985-86 (Perkins 1991); and 436 non-prostitute women in a national survey conducted by the magazine Cleo in March and April 1991. With the comparative data emerging from cross tabulating corresponding variables for each sample, we were able to surmise:

- changes in sexual practices by prostitutes across a time span of five years; and
- the differences in these practices between prostitutes and other women in the matter of sexual health protection.
Prostitutes Sexual Practices at Work

The sample of 280 sex workers in the 1990-91 study indicated that they averaged forty clients in a 'good' week and thirteen in a 'bad' week. This is an extraordinary fluctuation of over 66 per cent. 'Good' weeks and 'bad' weeks were interpreted according to individual assessments of client turnover. Two-thirds of the sample claimed to have a 'good' week every fortnight, while a fifth said it was less frequent. The overall average number of clients for 'good' and 'bad' weeks was twenty-five.

In the 1985-86 study, the 128 women said their average number was thirty clients per week. This study was completed in the wake of media horror stories on prostitutes and AIDS which, according to many of the women, decreased business by as much as 50 per cent. The decline in business since then has not been due to AIDS per se so much as a combination of the present economic recession and the prostitutes mandatory use of condoms regardless of age or regularity of clients. These results suggest a decline in client turnover, leading to a general reduction in the risk of infection determined by quantitative sexual activity among prostitutes today, compared with five years ago.

The services most frequently offered by the 1990-91 sample of prostitutes are fellatio followed by coitus (88 per cent), hand relief (37 per cent), coitus only (36 per cent), massage including hand relief (34 per cent) and fellatio only (33 per cent). Those services usually rejected include anal sex (86 per cent), urinating on the prostitute (83 per cent), anally stimulating the client (63 per cent), bondage and discipline (54 per cent) and urinating on the client (46 per cent).

These activities did not vary much from the types of services offered and rejected by the 1985-86 sample of sex workers. Whilst it may appear that these prostitutes are avoiding high-risk sexual activities associated with the exchange of body fluids such as urine, sperm and blood, many associate anal intercourse with homosexuality and AIDS, and it appears anal sex, bondage and 'water sports' had been low priorities among most sex workers long before the advent of AIDS. Presently, only bondage mistresses will perform blood-letting services and 'water sports' and only with maximum protection.

This information seems to indicate not so much avoidance of presumed high-risk practices as a rejection of sexual activities thought to be too 'kinky', disgusting or violent. It is a moral judgment rather than a health judgment. Coital intercourse and fellatio have not diminished because of AIDS, and neither would have anal sex had it been acceptable among prostitutes before the 1980s.

Condoms were used by 98 per cent of the 1990-91 sample in sexual contacts with their clients. The survey found 95 per cent of prostitutes used them on every occasion regardless of the type of sexual activity or the familiarity of the clients. This is a considerable increase on the 1985-86 samples where only 70 per cent of the prostitutes surveyed used condoms on every occasion. Undoubtedly the advent of AIDS and the impact of the 1985 media horror stories of sex workers was a major factor in the increased use of condoms. Throughout 1986 the work of the Australian Prostitutes Collective, the 'grim reaper' advertisements and a mandatory condom policy in most brothels were initiatives which resulted in a universal use of condoms in prostitution.

The few women who did not use condoms on every occasion were asked their reasons for unprotected sexual activity. Four of these women thought that unprotected sex was 'not that risky', three claimed they 'gave in to pressure from clients', two women said 'condoms were physically uncomfortable', one answered that she 'could make more money without a condom', and another failed to disclose her actual reason for not using condoms.

The women who claimed unprotected sex is not very risky unfortunately reflect an ignorance of the potency of Sexually Transmitted Diseases (STDs) and Human
Immunodeficiency Virus (HIV). The other prostitutes were motivated by greater pressures than self-preservation and were possibly ignorant of the facts of infection.

Apart from this small group, it is apparent that almost all prostitutes are acutely aware of the problems associated with unprotected sex and, as such, they are attempting to do something about it. This evidence suggests that the continued media and health authorities’ focus on prostitution as a potential danger to the community is unrealistic and based on myths rather than facts.

**Prostitutes’ Private Sex Lives in 1990-91**

*Sexual activity*

Over 5 per cent of the prostitutes surveyed said their private sexual activity was exclusively lesbian and 14 per cent claimed to have no private sex life. Therefore, nearly a fifth were practising either low-risk sex or avoided risk entirely. Interestingly, prostitutes engaged in less social sex in each type of activity compared with non-prostitutes, with 95 per cent of the non-prostitutes enjoying coitus compared with 76 per cent of the prostitutes, 89 per cent of non-prostitutes enjoying fellatio compared with 56 per cent of prostitutes, 87 per cent of non-prostitutes enjoying cunnilingus compared with 76 per cent of prostitutes, 50 per cent of non-prostitutes enjoying mutual masturbation compared with 49 per cent of prostitutes, 51 per cent of non-prostitutes enjoying auto-masturbation compared with 40 per cent of prostitutes, and 17 per cent of non-prostitutes enjoying anal sex compared with 13 per cent of prostitutes. However, only 7 per cent of the non-prostitutes enjoyed sadomasochism compared with 9 per cent of the prostitutes, and only 3 per cent of the non-prostitutes were exclusively lesbians.

It appears non-prostitutes also enjoy social sex per se more often, with 23 per cent having sex at least once a day compared with 21 per cent of prostitutes, 36 per cent of non-prostitutes participating in sexual activities every two or three days compared with the 29 per cent of prostitutes, and 16 per cent having sex every four or five days compared with 7 per cent of prostitutes. The ratios are equal, at approximately 14 per cent, for sex once a week, while only 10 per cent of the non-prostitutes have sex less often, compared with 19 per cent of the prostitutes.

The popular image of prostitutes as over-sexed or nymphomaniacs does not stand up against this evidence. In fact, these research findings seem to suggest that prostitutes have ordinary libidos, but with sex associated with mundane work practices, sex in private has less appeal to them as pleasure than to non-prostitutes.

*Safe sex practices*

While these figures may suggest that the prostitutes were less at risk in their private sex lives than the non-prostitutes by the sheer logistics of sexual activities, this depends more upon the frequency of safe sex practices and the number of sex partners to each woman. In fact, the survey found that 65 per cent of the non-prostitutes used condoms at some time compared with only 43 per cent of the prostitutes in their private sex lives. The survey also found that 66 per cent of these prostitutes used condoms in every sexual encounter compared with only 23 per cent of the non-prostitutes, while 19 per cent of the prostitutes almost always used condoms compared with 15 per cent of the non-prostitutes.

As the frequency of use decreased, the number of condom-using non-prostitutes increased. Thus, 28 per cent of non-prostitutes used condoms ‘only sometimes’ compared with 10 per cent of the condom-using prostitutes, and 34 per cent of them did so only rarely compared with 2 per cent of the prostitutes. These findings seem to suggest that the
prostitutes who practised safe sex in their private lives treated most of their sex partners like clients by insisting they wear a condom, whilst the non-prostitutes who practised safe sex used condoms only with certain men.

Exactly who do the condom using women in both groups practise safe sex with? Of the condom-using prostitutes, 8 per cent practised safe sex with their conjugal husbands compared with 12 per cent of the non-prostitutes, 12 per cent of prostitutes had safe sex with their de facto husbands compared with 10 per cent of the non-prostitutes, and 27 per cent of prostitutes used condoms with regular lovers compared with 46 per cent of non-prostitutes. With casual lovers and 'one-night stands' 46 per cent of the condom-using prostitutes practised safe sex compared with 29 per cent of the non-prostitutes, while 35 per cent of the prostitutes said they used condoms on everyone in their private lives compared with only 13 per cent of the condom using non-prostitutes.

We found that approximately one-quarter of the married prostitutes were using condoms with their husbands, 28 per cent of the prostitutes in de facto relationships were using them with their lovers, and 55.6 per cent of the single, divorced, separated and multiple-partnered married prostitutes were using them in their casual sexual encounters or with non-regular sex partners. Overall, it appears that prostitutes are more likely to use condoms in their private lives than the non-prostitutes.

The prostitutes and non-prostitutes who 'only sometimes', 'rarely' or 'never' used condoms in social sex were asked their reasons for this. Over one-half of the non-using non-prostitutes and 29 per cent of the non-using prostitutes thought their monogamous relationships ample reason for not using condoms. Nearly 19 per cent of the prostitutes and 14 per cent of the non-prostitutes considered sex more enjoyable without a condom. Approximately 11 per cent of both groups said that the spontaneity of their sex left no room for condoms, while 17 per cent of the non-prostitutes and only 1 per cent of the prostitutes regarded sex less complicated without them.

Of the non-using prostitutes 16 per cent claimed that condoms reminded them too much of work. It is likely these particular women used condoms as a symbolic demarcation between the men in their lives, and that condoms serve to distinguish between their clients, who had to wear condoms because they were dangerous and undesirable, and the men they loved, who were both trustworthy and desirable. The difficulty with this notion is the extent of male infidelity existing in what the women regard as monogamous relationships. It would appear that the spread of HIV in sexual transmission among prostitutes is more likely to occur through their monogamous relationships than through their work.

Sources of Infection of Sexually Transmitted Diseases (STDs)

The suggestion that the spread of STDs occurs more likely in their private lives is partially supported by the statistical evidence on the sources of infection. Let us examine the kinds of STDs the prostitutes contracted by comparing the 1990-91 sample with the 1985-86 sample. Only 16 per cent of the more recent sample had gonorrhoea compared with 31 per cent of the earlier sample, 13 per cent compared with 22 per cent contracted trichomoniasis, 8 per cent of the recent sample compared with 21 per cent of the 1985-86 sample contracted non-specific urethritis, 9 per cent of the 1990-91 sample compared with 15 per cent of the 1985-86 sample were infected with pelvic inflammatory disease. Only 20 per cent compared with 35 per cent caught pubic lice, 16 per cent of the 1990-91 sample compared with 18 per cent of the 1985-86 sample had genital warts, and 8 per cent compared with 15 per cent contracted hepatitis B.

It appears only with chlamydia (20 per cent compared with 13 per cent) and herpes (13 per cent compared with 10 per cent) were the recent sample more often infected than the earlier sample. Only 2 per cent in both samples were infected with syphilis, and over
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60 per cent in each group caught thrush, which, like hepatitis B, may not have been transmitted sexually. No-one in either sample had been infected with HIV. Although the time span for each sample was not matched for frequency of recurring diseases, the indications are that the earlier group had more recurring diseases more often. The suggestion from these figures is that prostitutes today are less likely to be infected with STDs than they were five years ago, which corresponds with the findings on the increasing use of condoms over the intervening period.

With regards to infection in private sex life only 40 per cent of the 1990-91 sample of prostitutes were infected by their clients, compared with 52 per cent who were infected by men in their private lives. By comparing the figures of 98 per cent of prostitutes using condoms at work compared with 43 per cent in private life, this reveals the women as more vulnerable to infection outside of work.

Examining the figures for private sex suggests that 19 per cent of the women were infected by their conjugal or de facto husbands and regular lovers, or over 35 per cent of infections in private life were transmitted by men the women trusted. Since one-third of the sample were in conjugal or de facto marriages, the 7 per cent of infections which occurred in these contexts bear a grim witness to the extent of infidelity in the women's monogamous relationships.

Other statistics of interest are those relating to the frequency of medical screenings undertaken by the prostitutes. Approximately 24 per cent of the 1990-91 sample had a medical check-up once a week, compared with 51 per cent of the 1985-86 sample, 45 per cent did so every two or three weeks compared with 23 per cent, 18 per cent did so once a month compared with 9 per cent, and 15 per cent of the 1990-91 did so less frequently compared with 12 per cent of the 1985-86 sample. Obviously, as condoms have increased in use, the frequency of screenings has declined as mandatory.

The 1990-91 sample indicated their frequency of screenings for HIV antibodies with over 15 per cent having said 'they had a test within a week of responding to our survey', 29 per cent said 'less than a month', 34 per cent 'less than three months', 10 per cent 'less than six months' and 8 per cent 'less frequently'. Only 2 per cent of prostitutes had never had a test.

Half of the sample visited a private practitioner for their medical check-ups and tests in the previous six months, 32 per cent went to Kirketon Road Clinic in Kings Cross, 11 per cent visited the Nightingale Clinic at Sydney Hospital, 14 per cent visited Parramatta, Liverpool and Prince of Wales Hospitals, and 10 per cent visited the John James Memorial Hospital in Canberra, the Royal Newcastle and Port Kembla District Hospitals. Some of the women sampled had visited more than one venue.

**Drug-Using Behaviour**

Only 16 per cent of the 1990-91 sample never use drugs regularly. Nearly 69 per cent of prostitutes consumed tobacco, 47 per cent consumed alcohol, 39 per cent cannabis, 15 per cent amphetamines by oral admission, 10 per cent cocaine by nasal or oral admission, 10 per cent ecstasy, and 9 per cent heroin by intravenous admission regularly at present or in the past. Almost 6 per cent of the sample used intravenous drugs at least once a day, 4 per cent did so at least once a week, and 7 per cent did so only on certain occasions. Eight of the women had shared a needle/syringe within three months of responding to our survey, seven had shared a needle/syringe up to a year ago, ten had shared up to four years ago, and fifteen had shared a needle/syringe more than four years ago.

A small proportion of the women continued the risky practice of exchanging blood in intravenous drug practices. It is difficult to ascertain whether this group of women constitute
a greater risk to their clients than the larger number of women engaging in unsafe sexual practices in their private lives, as it is dependent on a number of unclear factors.

**AIDS Awareness**

The data suggests that prostitutes have increased protected sexual practices in their working lives over the past five years due to an awareness of AIDS. However, the question arises as to just how realistic this awareness is, given the general ignorance of the community on the subject. Approximately one-half of the sample said they washed after each client to prevent HIV infection, 10 per cent of prostitutes said that they douch and 31 per cent avoided kissing strangers for the same reason. Over 85 per cent used condoms during intercourse to prevent HIV, 76 per cent used them in oral sex, and 76 per cent used them on every occasion. These, of course, only applied to those women who practised these sexual activities.

Comparing these figures with the data on the services offered by prostitutes indicates that almost all the women offering coitus and fellatio as a single service agreed to condoms for coitus but did so less often for fellatio. The survey also found that only 3 per cent of the women avoided ejaculatory sex and 5 per cent avoided sex altogether as a measure of preventing HIV infection. Almost one-third of the sample said that 'avoiding sharing needles/syringes with strangers was sufficient', while 29 per cent correctly assessed that sharing needles/syringes should be avoided with everyone.

**Conclusion**

The study outlined in this paper indicates that prostitutes have increased their diligence on safe sexual practices over the past five years and are contracting less STDs less often as a result. Sex work, therefore, is a largely safe occupation and its perception in the media as a hot-bed of disease is undeserved. Prostitutes are more vulnerable to infection in their private sex lives and, in the case of a few, in sharing needles/syringes.

However, it appears that, compared with non-prostitute women, there is less risk. As with most women in monogamous relationships where a great deal of trust is placed on the woman's sex partner, prostitutes are at their most vulnerable. The ratio of STD infections arising from relations with husbands, de factos and regular lovers supports this contention.

This paper will conclude by making three recommendations. The first recommendation is for decriminalisation of the prostitution laws. Women made criminals by legislation dealing with sex work are in a legally vulnerable position when communicating with health workers, whose state government employers are arresting and gaoling these same women. Instead of cooperation in combating the spread of HIV and STDs the health authorities are more likely to be greeted with suspicion and resentment.

The second recommendation is for a more rational response to HIV-infected prostitutes by the health authorities. As we have seen in recent cases of antibody positive prostitutes in New South Wales and Victoria, the authorities are too quick to assume that these women are providing unsafe sex to their customers. Instead they must recognise the clinical evidence of a low incidence of HIV among sex workers and surveys which stress prostitutes persistence with safe sex practices.

The last recommendation is for a greater focus on men's responsibility in the fight against HIV and STDs. In the cases of the antibody positive prostitutes, the women in question were made fully culpable for the supposed spread of HIV/AIDS while authorities completely overlooked their customers' roles in these affairs. The reality is that if every client carried a condom when they visited prostitutes then the question of transmission would not
arise. There is a general expectation that prostitutes should provide the prophylaxis, and there seems little concern by health authorities that many sex workers have daily battles with their clients over the wearing of condoms.

Not only in prostitution but in most social sexual situations, men continue to resist condoms more often than women. It is time the health authorities began devising ways of convincing men to stop taking the side of the virus in the fight, instead of singling out the odd prostitute for an object lesson when she is very likely pulling more than her weight for the side of humanity.

References

