

The health of female sex workers in Hong Kong: do we care?

The commercial sex industry in Hong Kong

The commercial sex industry in Hong Kong is rife. In 2002, there were at least 200 000 female sex workers (FSWs) in Hong Kong.¹ And in a 1997 telephone survey of a representative sample of the Hong Kong male population aged 18 to 60 years, 14% of the respondents reported having visited a commercial sex worker in the previous 6 months.² According to the population census of the same year, 2 330 694 males aged 16 to 59 years were resident in Hong Kong; 14% of this group equates to 326 297 males. Hence, the total population involved in the commercial sex industry, either as a worker or a client exceeded half a million; the total financial transactions would be phenomenal.

Sex workers have long been considered to be reservoirs if not vectors for the transmission of sexually transmitted diseases (STDs). Of 1060 male attendees at the Hong Kong Social Hygiene Clinic who were surveyed in 1997, 91% admitted having had sex with a casual partner in the past 1 year; FSWs were the most frequently visited casual partners (cited by 83% of men).² In addition to representing a public health issue, commercial sex is associated with complex socio-economic problems such as poverty, drug misuse, social marginalisation, and organised crime.¹ Female sex workers are despised socially and morally—for example, residents from Shamshuipo openly demonstrated against the commercial sex industry in their district in January 2003. Female sex workers are often forced to work underground and away from their local communities. Historical records show that FSWs have been frequently singled out for social control and treated as a distinct section of the population. This social rejection and isolation has serious repercussions on the health provisions available to FSWs and on their willingness to seek medical care.

Health risks of sex workers

With the rapid increase of HIV infection and STDs in mainland China, it is inconceivable that Hong Kong will be unaffected. Hong Kong male clients who have had commercial sex in mainland China are more likely than those who have not to report an STD (odds ratio, 4.2).³ Thousands of FSWs in Hong Kong come from mainland, and the number arrested by the police due to violation against immigration law showed a dramatic increase from 3055 in year 2000 to 3800 in the first 6 months of 2002 (written communication, November 2002). In a study conducted in Sichuan among 724 arrested prostitutes in 1990, nearly half (353) were found to have an STD.⁴

Of all STDs, hepatitis B infection among sex workers is not well documented in the literature. This viral infection is endemic in this part of the world: 8% to 15% of the Hong Kong population has chronic infection and roughly 25% of infected people will die of cirrhosis or hepatocellular carcinoma.⁵ The hepatitis B virus is far more infectious than HIV. A mathematical model predicts that the incidence of viral transmission per 10 million blood transfusions is 3.30 to 13.00 for the hepatitis B virus and 0.01 to 0.62 for HIV.⁶ Tests among 100 FSWs who attended the Hong Kong Social Hygiene Clinic in 1995 showed that the prevalence of the hepatitis B surface antigen was 9% (compared with 6% for the general population matched by sex and age; $P=0.45$) and the prevalence of hepatitis B surface antibody was 62% (compared with 33% in the general population; $P<0.001$).⁷ However, this is the only local study of hepatitis status among FSWs and it has a very limited sample size.

In one study, half of male attendees at the Social Hygiene Clinic reported inconsistent condom use during sex with an FSW, whereas condoms were used with regular partners by less than 20% of the men.² The proportion of FSWs who report always using condoms in Hong Kong has grown steadily, from 40% to 75%.^{1,8,9} However, the proportion using condoms during oral-genital sex with clients remains low (27%-34%) and is even lower during this activity with their regular partners (8%).¹ Furthermore, condoms are used by only 8% to 30% of FSWs during intercourse with their regular partners.^{1,9} Many sex workers have no idea of how to choose and use a condom properly.¹⁰ Drug use among sex workers in Hong Kong varies tremendously from survey to survey, ranging from 3% to 39%.^{1,9} Chan et al⁹ found that FSWs who used illicit drugs had a lower perceived level of control over condom use with clients than did FSWs who did not use drugs.

The recent severe acute respiratory syndrome (SARS) outbreak highlights an occupational hazard that FSWs face regarding risk of infection. They are caught in a very difficult dilemma: on the one hand, they are exposed to a large number of clients and have little say in who walks through their doors. The nature of their work involves close personal contact, and it is impossible for them to follow the government's recommendations on personal hygiene and protection. On the other hand, they have to continue to make a living with their work. In addition, social marginalisation and stigmatisation have caused delays and even stopped some of these resource-deprived women from seeking proper medical care and treatment.¹⁰ These clashing interests can cause a potential 'time-bomb' in the spread of SARS or any other infectious diseases in the community.

Table. Studies on commercial sex in Hong Kong on MEDLINE and EMBASE between 1966 and February 2003

| Study | Population | Study measures |
|------------------------------------|--|---|
| Wong et al, 1994 ⁸ | FSWs* and male clients attending the Social Hygiene Clinic | Condom use |
| Abdullah et al, 2000 ¹⁵ | Male clients | Epidemiology of HIV infection |
| Lau and Siah, 2001 ¹⁶ | Male clients | Sexual behaviours |
| Lau and Thomas, 2001 ¹⁷ | Male clients | Commercial sex activities |
| Lau and Wong, 2001 ¹⁴ | Male clients | HIV prevalence |
| Lee and Shi, 2001 ¹³ | Filipino FSWs | Likelihood approach on latent quantities in AIDS prevention |
| Chan et al, 2002 ¹ | FSWs attending the Social Hygiene Clinic | Condom use and point prevalence of STDs [†] |
| Lau and Wong, 2002 ¹² | Male sex workers, men who have with men and male clients | HIV prevalence |
| Lau et al, 2002 ¹¹ | Male clients | Condom use and STD incidence |
| Lau et al, 2003 ³ | Male clients | Condom use in China, Hong Kong, and elsewhere |

* FSWs female sex workers

† STDs sexually transmitted diseases

Paucity of knowledge on sex workers in Hong Kong

Early in year 2003, we searched the MEDLINE and the EMBASE databases (using search terms of 'Hong Kong' and 'sex' or 'prostitution') and could find only 10 relevant articles (Table),^{1,3,8,11-17} of which only two were about FSWs.^{1,8} We could identify only two more articles through contacts in this field.^{7,9}

There is no official record of the prevalence of STDs in Hong Kong, because hepatitis B is the only notifiable STD. One survey shows that 80% of STDs are treated by private practitioners.¹⁸ Our analysis of 8649 consultations by the Family Medicine Diploma students and trainees between 1999 and 2002 (unpublished data) shows that STD symptoms represented 1.2% of family doctors' workload in Hong Kong (Fig)—a proportion that matches that of dyspepsia or lower back pain in primary care settings.¹⁹ Chan et al¹ estimated the following point prevalence levels of STD among FSWs who attended Social Hygiene Clinic between 1999 and 2000: non-specific genital infections (40.1%), trichomoniasis (2.7%), genital warts (2.0%), gonorrhoea (1.2%), genital herpes (0.6%), syphilis (0.1%), and HIV (0.1%). However,

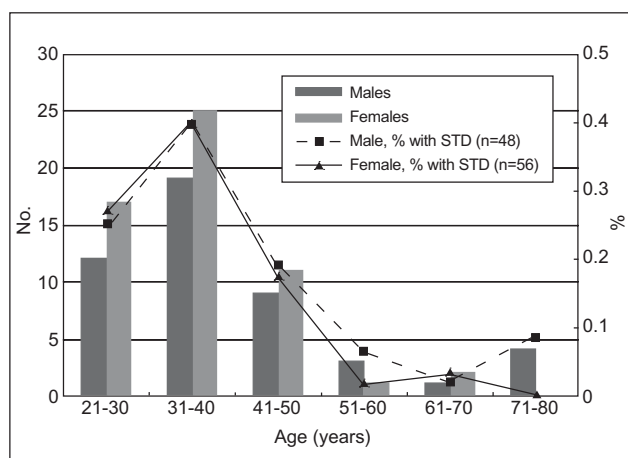


Fig. Number and proportion of patients with symptoms of sexually transmitted disease (STD), by age and sex, 1999-2002

their sample could be a very selected group because they tended to be a symptomatic or at least a health-conscious group and their median age was 30 to 39 years. In addition, non-specific genital infections could have been a collection of STDs, and common STDs such as chlamydia were not mentioned in the report.

No research from Hong Kong has attempted to look into the lifestyles of FSWs and how their work affects their well-being. For example, the time they spend on waiting for clients is usually very long and restricts them from doing any outdoor exercise or cooking at home, while also encouraging unhealthy lifestyles such as smoking or gambling. And because some FSWs work on the street, there is an added risk of personal security and victimisation by gangsters. Furthermore, self-medication and incorrect health advice from peers are common and include regular use of antibiotics and vaginal douching.¹⁰

What should be done?

Globally, epidemics of HIV among sex workers together with drug use, poverty, and the women's right movement have led to a renewed interests in FSWs. Three strategic controls have been adopted by many governments: a law that mandates screening for STDs, increased access to health care services that are wanted by sex workers, and educational service outreach to clients, managers, and partners through networks of the sex workers.²⁰ Hong Kong has been avoiding much of the relevant debate, because mandatory screening and improved treatment access would be regarded by many members of the public as tolerating if not legalising prostitution.

Many reports suggest that disease is rarely the first priority of sex workers; hence, services aimed at combating infections have adopted an increasingly holistic approach in which STD/HIV is only part of a broader health and economic programme. Specialist outreach clinics that take services to the places where sex workers work, open at the hours suitable to them and enable them to facilitate risk reduction relevant to their needs have been employed in other countries with great success.²⁰ Health professionals must

try to accept commercial sex as the occupation of some of their patients and to approach these women's health holistically. Further training needs to be provided to doctors to help them overcome barriers of discussing sensitive issues such as sex, STDs, and condom use—at both undergraduate and postgraduate levels. Vaccines against hepatitis B should be offered to all sex workers free of charge.

Conclusion

The commercial sex industry is an open secret in Hong Kong and an inseparable part of our social and economic life. However, our understanding of the health of FSWs is very patchy and often one-sided. These women are no different from the rest of the population, except that they may have more specific health risks and needs. More research is needed to understand their perceptions of health and their behaviour, and health professionals should explore different models of health care delivery to meet these women's needs.

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