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ASPECTS OF LIFE AND HEALTH OF SEX WORKERS

ASPECTOS DE VIDA E SAÚDE DAS PROFISSIONAIS DO SEXO

ASPECTOS DE VIDA Y SALUD DE LAS PROFESIONALES DEL SEXO

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ABSTRACT

Objective: to analyze the life and health conditions of sex workers. **Method:** integrative review, to answer the question: What is the life and health condition of sex workers? Full articles were searched for in the LILACS, MEDLINE and BDNF databases, from publications between the years 2012 to 2016, using the descriptors: Women's Health; Prostitution; and Sex Professionals. **Results:** ten publications were selected. The predominance of studies that show the physical and mental suffering of the sex workers was highlighted, having as main cause for admission, in this profession, the lack of opportunity and insertion of the formal labor market. **Conclusion:** the aspects of life and health of sex workers have been evoked with greater prevalence, the relation of the dissemination of STIs with the performance of sex workers. In this sense, it is necessary to broaden the discussions about their quality of life, seeking the protection of health and guaranteeing them the maintenance of social rights and duties. **Descriptors:** Sex Professionals; Sexual Work; Women's Health; Health Care; Vulnerability in Health; Quality of Life.

RESUMO

Objetivo: analisar as condições de vida e saúde das profissionais do sexo. **Método:** revisão integrativa, com vistas a responder à questão: Qual a condição de vida e saúde das profissionais do sexo? Buscaram-se artigos, na íntegra, nas bases de dados LILACS, MEDLINE e BDNF, de publicações entre os anos de 2012 a 2016, utilizando-se os descritores: Saúde da Mulher; Prostituição e Profissionais do Sexo. **Resultados:** foram selecionadas dez publicações. Destacou-se o predomínio de estudos que mostram o sofrimento físico e mental das profissionais do sexo tendo, como causa principal para a admissão, nesta profissão, a falta de oportunidade de inserção no mercado de trabalho formal. **Conclusão:** os aspectos de vida e saúde das profissionais do sexo têm sido evocados, com maior prevalência, na relação da disseminação das IST's com a atuação das profissionais do sexo. Nesse sentido, se faz necessária a ampliação das discussões acerca da qualidade de vida delas, buscando a proteção da saúde e garantindo-lhes a manutenção dos direitos e deveres sociais. **Descritores:** Profissionais do Sexo; Trabalho Sexual; Saúde da Mulher; Assistência à Saúde; Vulnerabilidade em Saúde; Qualidade de Vida.

RESUMEN

Objetivo: analizar las condiciones de vida y salud de las profesionales del sexo. **Método:** revisión integrativa, con vistas a responder a la cuestión: cual la condición de vida y salud de las profesionales de sexo? Se han buscado artículos, en la íntegra, en las bases de datos LILACS, MEDLINE e BDNF, de publicaciones entre los años de 2012 a 2016, se utilizando los descriptores: Salud de la Mujer; Prostitución; y Profesionales del Sexo. **Resultados:** fueron seleccionadas diez publicaciones. Se destacó el predominio de estudios que muestran el sufrimiento físico y mental de las profesionales del sexo teniendo, como causa principal para la admisión, en esta profesión, la falta de oportunidad de inserción en el mercado de trabajo formal. **Conclusión:** los aspectos de vida y salud de las profesionales del sexo tiene sido evocados, con mayor prevalencia, en la relación de divulgación de las IST's con una actuación de las profesionales del sexo. En ese sentido, se hace necesaria una ampliación de las discusiones acerca de la calidad de la vida, buscando una protección de la salud y garantizándolos un mantenimiento de los derechos y deberes sociales. **Descriptores:** Profesionales del Sexo; Trabajo sexual; Salud de la Mujer; Asistencia sanitaria; Vulnerabilidad en Salud; Calidad de Vida.

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INTRODUCTION

Prostitution may be defined as the debauched exercise in which sexual practices are performed in exchange for payments negotiated between the sex worker and his client, and the act of providing pleasure does not require any kind of affective association. This activity is present, among historical records, as a commercial practice from remote times, remaining in the social context to the present day.¹⁻²

The meretrício exercise is a legalized activity in several countries, being understood like part of the social and dynamic structure of diverse nations. In Brazil, the female population, in the practice of this profession, corresponds to 1% of the population (approximately 500 thousand women), between 15 and 49 years. In the Northeast, young people between 12 and 14 years of age are considered fit for insertion in this segment, reaching their professional decline when they reach 30 years of age, and are considered to be inappropriate for work.³⁻⁴

The understanding of prostitution is still complex and stigmatized, considering all the taboos on the subject that includes not only moral, as well as, social and political factors. The barriers imposed by society prevent the understanding of prostitution, which, in some situations can be justified as the only means of income and personal survival. Studies show that 70% of women enter this practice through financial income obtained through prostitution, followed by lack of employment in the formal market, low level of schooling, domestic violence and lack of family support.⁵⁻⁶

The category "professional sex" was recognized and classified by the Ministry of Labor and Employment (MTE) in the year 2001 but, despite its recognition, these women, still remain, as a group of vulnerables in the margins of social projects.⁷ Prostitution is understood, by many, as an easier means of acquiring goods, since they do not need pre requisites to carry out this activity, but it is a difficult and arduous activity because, the professionals give their own body, share their intimacies and submit to the aggressions due to the sensations of possession of the client, as well as, the risks of sexual exploitation and trafficking in persons.⁸

Young people can not imagine what is behind the commercial use of their body, when entering prostitution, experiencing and discovering, in practice, the moments of pleasure that change with strong negative emotions of the humiliations suffered. Among

the risks most experienced, by women who engage in prostitution are the unsafe working environment, susceptibility to violence (sexual, psychological, verbal and physical), alcohol abuse, illicit drug use, as well as infections Sexually Transmitted Infections (STIs) contracted from unprotected sex.¹⁸

The sex workers, through prejudice and discrimination, are still held accountable by society because of the spread of STIs, due to the behavior being considered promiscuous and that it escapes social rules and mores. This conception, by the population, and the lack of interest in the understanding of the life situation of these women, by the public power, make clear the gaps in relation to the citizen status and the (re-) knowledge of their needs, which reflects in the attention by health services, which should seek the biopsychosocial well-being of these women and, consequently, the reduction of risks for this population group.⁹

We note the fragility of the information about the life and health conditions of the sex workers, which makes it impossible to advance the strategies and public policies that meet this population group. In view of the above, this work is relevant because it is a native field about the biopsychosocial aspects that involve the sex workers, which distances them from public policies and strategic actions for the promotion and protection of life and health.

The whole network of support to the vulnerables should take a close look at the needs of this population, group aiming at the integrity of health in the most diverse aspects: physical, mental and social.

It is important to use the integrative review, as a method for the development of this study, which contributes to the presentation of a discussion about the phenomenon of interest, being of fundamental importance for the expansion of the theme, based on the perception of several authors. Nevertheless, it is advised that this reading should be accompanied by a critical analysis of the studies, since, they may offer a quality assistance based on scientific knowledge.¹⁰

OBJECTIVE

- To analyze the life and health conditions of sex workers from the scientific literature.

METHOD

Integrative review in which the six steps were followed: goal setting; establishment of criteria for inclusion and exclusion of articles (sample selection); definition of the

information to be extracted from the selected articles; analysis of results; discussion and presentation of results, and the last stage consisted of the presentation of the revision.¹¹

The guiding question, for the elaboration of the integrative review, was based on the PICO strategy (P = population, I = intervention, C = control, O = outcomes) and consisted of: What are the life and health conditions of sex workers?

For the development of the study, electronic searches were performed in the VHL, using the descriptors in Health Sciences (DECs): "women's health", "prostitution" and "sex workers", verified with the Boolean operator AND. Inclusion criteria were indexed and complete articles, published in the period from 2012 to 2016, and available in the Portuguese language in the LILACS, MEDLINE and BDNF databases.

An instrument for data collection was developed, containing information related to article identification, publication type, methodological features, main findings and classification of the level of evidence.

For classification as to the power of evidence, we used the Hierarchical North American Classification of Evidence: level 1 - meta-analysis of multiple controlled studies; level 2 - individual study with experimental design; level 3 - study with quasi-experimental design as a study without randomization with single group pre- and post-test, time series or case-control; level 4 - study with non-experimental design as descriptive correlational and qualitative research or case studies; level 5 - report of cases or data obtained in a systematic, verifiable quality or program evaluation data; level 6 - opinion of reputable authorities based on clinical competence or opinion of expert committees, including interpretations of non-research based information.¹¹

With the descriptor "sex workers", were found 4,322 studies, which, after applying the inclusion criteria, decreased to 399 articles. Placing, as the main subject, sex professionals, these were reduced to 13 studies, of these, after reading the abstracts, two were discarded, because they were not included in the search and four were duplicated, with seven articles remaining, (of these, four were available in MEDLINE and three articles in LILACS). For the association "women's health" AND "prostitution", were found 304 articles, which, after the inclusion criteria, were reduced to three articles available in LILACS.

At the end of the searches, ten studies were completed, which were read in full for

the synthesis of the articles, through the construction of Figure 1, presenting authors, year of publication, article title, database, type of study, objective and main results.

The synthesis of the extracted data is presented in a descriptive way, contemplating the fifth and sixth stages of the integrative review. By means of Thematic or Categorical Analysis of the Content Analysis technique type, the text was broken up into units (categories), according to analogical systematic groupings.¹²

The analysis consists of the reading of the ten articles selected. Later, it was sought to discover the sense nuclei that make up the *corpus* of the study, being concerned with the frequency of these nuclei, in the form of segmentable and analogous data, where a new analysis was performed and, from it, emerged two categories, respectively: Characteristics of the Work of the Sex Workers; The professional practice and the STIs and Health Pipes of Sex Workers.

RESULTS

For this integrative review, we analyzed ten articles that met the inclusion criteria previously established. For the presentation of the results, an absolute and relative frequency calculation was performed. Among the articles, most were found in the LILACS database, of which six (60.0%) and four (40.0%) were found in the MEDLINE database, with 2012 with the highest number of publications, six (60.0%).

With regard to the training of the authors, the majority of the authors were nurses, 19 (48.7%), having a wide range of professionals who published on the subject as: psychologist, biomedical, nutritionist, sociologist, with (2.5%) each, three (7.7%) anthropologists and two (5.1%) biologists and, in four articles it was not possible to identify the professional category, being these 12 professionals (28.2%).

Regarding the authors' link, the teaching and research institutions, during the year of publication, a total of 28 authors could be highlighted, who indicated that they had this association. Of these, seven (25%) come from the Federal University of Ceará, six (21.4%) State University of São Paulo, four (14.2%) Federal University of Rio Grande do Norte, three (10.7%) State University of Maringá, two (7.1%) University of Vale do Rio dos Sinos, two (7.1%) Federal University of Piauí, two (7.1%) State University of Piauí, one (3.5%) Federal University of Rio Grande do Sul, one (3.5%) New University of Lisbon.

With regard to the approaches of the publications inserted in the study, six empirical thematic categories emerged, which will be presented, in figure 1 below.

Authors/Title/Year	Type of study/ Level of evidence	Objectives	Resultados
Risk factors for sexually transmitted diseases among sex workers in the interior of Piauí Penha, Aquino, Neri, Reis, Aquino, Pinheiro, 2015.	Descriptive and cross-sectional study / VI	To identify the risk factors for sexually transmitted diseases in sex workers and to verify the association between condom use by the partner and the client and the characteristics of these women.	The use of condoms with clients is directly related to the time of profession. Women with more than one year of profession use condoms with their clients.
HIV risk practices of female sex workers Damacena, Szwarcwald, Souza Júnior, 2014.	Descriptive and cross-sectional study / VI	To investigate differences in the practices of risk to HIV infection according to the workplace of female sex workers and effects of homophilia in the estimation of HIV prevalence.	The practices at higher risk for HIV were associated with: working at street points, lower socioeconomic level, and low coverage of naive cytopathology. The effect of homophilia was higher among professionals from closed sites.
Civil society organizations in the prevention of sexually transmitted infections in sex workers in Portugal Rodrigues, Maia, 2014.	Qualitative analysis of productions study/ VI	Analyze how sex workers relate and conceive the prevention actions and the social support they give them.	The discrepancy indicates a formal (but not necessarily real) commitment on the part of sex workers to a socially valued rhetoric of prevention, which is canalized by organizations.
Characterization of physical violence suffered by prostitutes in the interior of Piauí Penha, Cavalcanti, Carvalho, Aquino, Galicia, Pinheiro, 2012.	Descriptive and cross-sectional study / VI	To know the reality of the prostitutes of the city of Picos-PI, in order to characterize the physical violence suffered by these prostitutes, as well as to identify the prevalence of this aggravation.	Most of the prostitutes were young, low-income, low-educated, had high prostitution time two years ago, and were mainly affected by psychological and physical violence.
Multivariate association between cervical cytologic abnormalities and risk behavior in female sex workers Etlinger, Shirata, Aguiar, Yamamoto, Pereira, Yuriko Sakai et al., 2012.	Descriptive and cross-sectional study / VI	To identify multivariate associations between cervical cytologic alterations and the risk behavior of PS women treated at CRESSER in the city of Sumaré / SP.	The PS group with the highest mean age presented a higher proportion with STD history and HIV infection, lower condom use, intermediate proportion of professionals who performed anal sex, predominance of altered cytopathological examination. On the other hand, the PS group with a lower prevalence of STD history did not present any HIV-infected professionals, in addition to having a smaller number of altered cytopathological examination.

Characteristics of the population of sex workers and their association with the presence of sexually transmitted disease Pogetto, Marcelino, Barros, Carvalhaes, Rall, Silva et al., 2012.	Descriptive and cross-sectional study / VI	To describe the population of sex workers, considering socio-demographic characteristics, gynecological-obstetrical and behavioral antecedents, and to verify the association with the presence of sexually transmitted disease.	The average age of women was 26.1 years, with the majority having nine or more years of school approval, were single and had cohabitation before the age of 15. Most reported having oral sex partners, making use of condoms and 42.2% using illegal drugs.
Pogetto, Marcelino, Barros, Carvalhaes, Rall, Silva et al., 2012. Induced abortion among prostitutes: a survey by the urn technique in Teresina - Piauí Madeiro, Rufino, 2012.	Descriptive and cross-sectional study / VI	To evaluate the prevalence of induced abortion among prostitutes and characterize the most common abortion practices.	he practice of induced abortion was reported by 52.6% of the women. Most performed an abortion, but 16.5% reported three or more. Misoprostol was used alone in 68.1% of the reports and associated with teas and / or probes in 9.2%. The single use of teas was described in 13.4% of the time, probes in 3.7%, and uterine curettage in clandestine clinics, in 3.7%. There were reports of post-abortion hospitalization for 47.8% of them.
The experience of sex workers Paiva, Araújo, Nascimento, Alchieri, 2013.	Qualitative, exploratory study / VI	To know the sexual practice, to analyze the vulnerability and to evaluate the health needs of the sex workers.	Acceptance of the family is an obstacle. The visits to the health unit are limited to consultations or to the collection of Pap smears.
Depressive symptoms in female sex workers Dell'Agnolo, Belentani, Costa, Carvalho, Pelloso, 2012.	Descriptive and cross-sectional study / VI	To evaluate the presence of depressive symptoms in female professionals of the sex of a municipality of the Northwest of Paraná and its correlation with sociodemographic and professional variables.	All the evaluated women had symptoms indicative of depression at all levels; with a higher prevalence of minimal disorders.
Health practices among prostitutes of popular segments of the city of Santa Maria-RS: the network care Bonadiman, Machado, López, 2012.	Transversal and Ethnographic Study / VI	To know the set of these productions that approach the relations between prostitution, body and health, and seeks to problematize practices and access to health in the context of prostitution.	The established networks exceed the individual level of care, configuring production of health knowledge, as well as articulating decisively as a response to vulnerabilities, socializing practices and bypassing difficulties.

Figure 1. Description of the articles identified in the databases searched and synthesis of the results. Guanambi (BA), Brazil, 2017.

Based on the analysis of the results, it was verified that the studies analyzed, describe the characteristics of the work of the sex worker and, on the other hand, do not directly address the biopsychosocial aspects of the health of the same and neither the discussions about the quality of life. The

association more and predominant in the results refers to STIs. Thus, three thematic categories emerged from the results: characteristics of the work, exposure to sexually transmitted infections and health behaviors of sex workers.

DISCUSSION

The discussion will be presented through analytical categories that emerge after the attentive reading of the articles and descriptive analysis of the results.

♦ Characteristics of the Work of Sex Workers

There are several reasons why women become sex workers, as discussed in the studies analyzed, being one of the main financial issues.^{13,14}

Low level of schooling is a determining factor, since the lack of qualification and / or experience in other areas, as well as the shortage of places in the labor market, allow the entry of women into this professional practice¹. Nevertheless, family support is another influential aspect, because, many women do not have or do not live with their families because of the professional choices, remaining helpless.¹³

It should be emphasized that, although the entry into prostitution is due to the low socioeconomic conditions, entry into professional practice is not decisive for the improvement of these conditions.¹

With the insertion in the professional environment, the sex workers become susceptible to suffer humiliation, prejudice, besides the numerous risks to life and health.

The work environment of sex workers can be highly vulnerable, such as the occurrence of violence (sexual, verbal, physical and / or psychological), poor infrastructure, sexual exploitation and exposure to STIs due to unprotected sexual practices, which is described in most of the studies analyzed, and can be defined as actions or use of words that can physically hurt or denigrate the individual's image.²

Thirty one women (40.8%) reported having suffered violence, with psychological aggressions predominating (60.5%), followed by physical aggressions (30.2%), which caused bruising and scratching in 45.5% of professionals.²

The aggressions experienced in the professionals' daily life are also discussed in the study by Moreira et al.¹⁵, who report that the aggressions are not restricted exclusively to their clients, but, also by society due to stereotypes historically linked to the performance of the profession.

♦ Professional practice and STIs

The occurrence of STIs in sex workers is the target of several studies 1,4,16-8, evidencing the prevalence of the *Human Papillomavirus* (HPV), followed by *Chlamydia Trachomatis*

and *Treponema Pallidum*¹⁶. As shown in studies, that approximately 55.9% of the studied sex workers reported having been infected by the human immunodeficiency virus (HIV), and that 38.8% of them had some STIs, such as HPV, Syphilis, Simple Herpes (HSV) and Neisseria Gonorrhea.¹⁷

Despite the knowledge of the need to use condoms and their benefits, many sex workers are no longer used in relationships with fixed partners, referring to trusting them, as well as being associated with male authority and resistance, a situation that can result in the transmission of STI ' on both sides¹, as demonstrated by a study¹⁶, in which 78.4% of sex workers reported having fixed partners and, of these, only 26.3% use condoms in their sexual relations.

Sex workers, due to the conviviality with the risk of contagion, seek to protect themselves in the development of their practices with the use of condoms¹⁸, but, most clients are often looking for risky experiences through sexual intercourse unprotected, using this mechanism as a search form for the excitation. In addition, the consumption of alcohol and illicit drugs, in the exercise of their profession, can have serious consequences for their health, contributing to unprotected sexual practices, due to mental changes that cause forgetfulness or lose their sense of conscience, and reduce health care, which, usually, are taken in the normal state of consciousness.^{1, 5}

Women who are older, have a lower level of schooling, and who have been working for a longer time as sex workers are considered a risk factor for development of STIs, and therefore prolonged exposure to the risk of infection without effecting this contagion, makes them devalue the potential of virus infection, weakening prevention practices.

♦ Sex Worker Health Conduct

The health practices are of extreme necessity in the life of the human being in the prevention of illnesses and, consequently, in the maintenance of a healthy life. Health surveillance actions aimed at sex workers through health orientation actions and condom distribution as a means of controlling the spread of STIs have been neglected by those responsible, for subjugating the resolving power of these practices.⁷

Despite recognizing the need for self-care, professionals do not recognize the basic human needs and the need for the integrality of women's health care that includes only their health, but include physical activities, food, leisure and culture.¹⁹

Primary health care (PHC) is one of the places most frequently referred by sex workers to meet their health demands, being sought, mainly, for oncology (preventive) cytology, to acquire male and female condoms, for gestational for routine examinations. This low attendance gives due to the feeling of prejudice of society and health professionals, the lack of reception by part of the professionals, the hours of operation of the PHC, that makes access and work routines impossible.²⁰

The impact of this resistance results in the low adherence to services provided by PHC, such as oncotic cytopathology. Studies show that 8.8% of sex workers never performed.¹⁶ Squamous intraepithelial lesions and high risk HPV are more prevalent lesions in cervical-vaginal smears in sex workers, than in women in general. There is a prevalence of 12.2% of intraepithelial lesions. Of these, 7.8% were low-grade squamous intraepithelial lesions and 4.4%, were high-grade squamous intraepithelial lesions, as were described in the study.¹⁷

Health care goes far beyond what is taken during sexual intercourse. The care of the body, with regard to hygiene, is of fundamental importance. Studies show that about 64.7% of women use the vaginal douche after intercourse, which consists of washing the genitalia with soap and water, among other industrialized products. This repetition, among sexual programs, transcends the need for hygiene, health practices and well-being, is a way for them to maintain presentable appearance and reinforce their appreciation as a professional, besides serving as a means of separation from the program, eliminate all and any traces of sweat, odors, among others²⁰. However, frequent use of this practice may lead to changes in vaginal hydrogen (ph) potential, favoring increased susceptibility to STIs.¹⁶

The care around the sex workers transcends the physical and social aspects, reaching the need of emotional support due to the stigma acquired by the profession because, daily, are subjected to stressors such as violence, prejudices, lack of family and social support, the secret routine, among other factors that can trigger stress and depression. This study indicates that women between 20 and 39 years of age present a higher prevalence of symptoms with regard to depressive symptoms. They reported dissatisfaction, pessimism, self-disgust, guilt, changes in the image of their bodies, and irritability.¹⁴

There is a clear need to develop actions aimed at protecting the health of this population group, however, there is a disconnect between the actions proposed and described in public health policies and their real need.²¹⁻²²

CONCLUSION

The aspects of life and health of the sex workers have been little debated in the scientific environment, being evoked, with greater prevalence, the relation of the dissemination of the STIs with the performance of theirs.

The prejudice and stigma of society, that corroborates with the inertia of the health sector and precludes a holistic look for sex workers were evidenced, curtailing the attendance of their basic needs. In this sense, it is necessary to broaden the discussion about their quality of life and health, seeking the protection of health and guaranteeing them the maintenance of rights and duties as citizens and workers, as governed by the Consolidation of Labor Laws of the MTE.

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