Public Health Regulation and Migrant Sex Workers in Guatemala

Background
Women in sex work and migrants face high rates and risks of HIV and STIs. In Guatemala, sex work is tolerated in certain venues under public health policies, reformed in 2012. There is little evidence on how structural factors, like public policies, impact the HIV risk of migrant women in sex work.

The Question
How do public health policies around sex work shape HIV prevention and care for migrant women in sex work in two Guatemalan communities?

The Study
The research team from the University of California, San Diego, with staff from Asociación de Educación para la Vida (EDUCAVIDA), conducted qualitative research in Tecún Úman and Quetzaltenango between May 2012 and February 2014. Researchers engaged in ethnographic fieldwork and conducted focus groups and in-depth interviews with 53 migrant women in sex work. A Community Advisory Board of women in sex work, municipal clinics, HIV prevention and women’s organizations provided input on procedures, findings and dissemination.

The Results
Migrant women in sex work reported:
- Maintaining a cartilla had benefits (e.g. access to HIV/STI testing) and set backs (e.g. cost, fear of police, legal or immigration consequences);
- Public health policies were implemented in some work environments, and not in others, with more visible locations more compliant than outdoor/informal venues; and
- Police implementing public health regulations raises concerns as policies are used to arrest, harass or deport sex workers.

The Policy Implications
- Interventions that respect migrant sex workers’ autonomy and human rights are critical. Human rights-based approaches align with public health goals and foster the most effective HIV/STI response in sex work.
- Reforms should ensure public health regulations are implemented uniformly, to reduce women in sex works’ vulnerability to abuse by authorities.
- Sex workers and community members should be included in the design and implementation of reforms and interventions to ensure they reflect their realities and experiences.

"We don’t want the authorities to come after the bar owner, and we don’t want them to identify us as sex workers...I get worried about this...so when we go to the clinic we give them a different name [bar name]’
– Girasol, 38 years old.