



Sex Work, Stigma and Barriers to Health Access: A Study

Background

Trying to understand barriers to health access is a public health priority, as sex workers continue to experience negative health outcomes. Research suggests that occupational stigma may be a key barrier as many women hide their occupation from health providers due to past experiences with disclosure, fear of disapproval, embarrassment and the belief that their sex work is not relevant.

The Question

To what extent does the prevalence of occupational stigma about sex work relate to barriers to health access?

The Study

The Gender & Sexual Health Initiative (GSHI) research team drew upon data collected through **questionnaires and interviews with 252 women in street-based sex work in Vancouver, BC**, and looked at occupational stigma and barriers to health access they encountered in the past 6 months. They accounted for other potential barriers including poverty, homelessness, illicit drug use, gender and sexual violence, and demographic categories (e.g. age, education and ethnicity.) This project is part of a longitudinal ethnographic and qualitative study of working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with a range of community partners. The project serves as a qualitative arm of AESHA (An Evaluation of Sex Workers Health Access) that has ongoing outreach to street and indoor sex work venues (by both experiential and non-experiential team).

The Results

The narratives of sex workers described barriers to health access including:

- 1) Limited hours of operation;
- 2) Long wait times;
- 3) Not knowing where to go to access services;
- 4) Language barriers;
- 5) Inability to get a doctor of preferred gender;
- 6) Past poor treatment by a health professional.

A strong relationship was found between stigma and barriers to health access (regardless of structural or individual factors): 141 (55.9%) reported occupational stigma, while 125 (49.6%) reported barriers to accessing health services in the last 6 months.

The Policy Implications

- This study shows a need for policy and societal shifts to view sex work as a legitimate occupation, with peer-led, innovative, accessible, non-judgmental health care delivery models.
- Mobilization and community-based empowerment models highly effective in decreasing stigma and promoting access to health services in other countries should be piloted and evaluated here.
- Addictions treatment for women in sex work should be improved to reduce reliance on those earnings to support drug use; programs that include training, employment, and economic support for those that want to transition out of sex work should be piloted and evaluated.

Lazarus L, Deering KN, Nabess R, Gibson K, Tyndall MW, Shannon K. Occupational stigma as a primary barrier to health care for street-base sex workers in Canada. *Cult Health Sex.* 2012; 14(2):139-50.