Public Health Regulations Governing Sex Work Among Migrant Sex Workers in Guatemala

Background
Globally, 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 policies designed to protect public health, which were reformed in 2012. Little evidence exists on how structural factors like public policies on sex work impact the HIV risk of migrant women in sex work.

The Question
How does the implementation of public health policies surrounding 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 Umán 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
Based on interviews with migrant women in sex work, the research team found:

• Maintaining a cartilla can have benefits (e.g. access to HIV/STI testing) and set backs (e.g. cost, fear of interacting with authorities, punitive legal or immigration consequences);

• There was a lack of consistency in the implementation of public health policies across work environments, with more visible locations more compliant than outdoor/informal venues; and

• The role of the police in implementing public health regulations raises concerns due to the use of such policies to arrest, harass or deport sex workers.

The Policy Implications
• Interventions placing respect for migrant sex workers’ autonomy and human rights at the forefront are critical, as human rights-based approaches align with public health goals and have been shown to foster the most effective HIV/STI response in sex work.

• The inconsistency between public health regulations and implementation can increase women in sex works vulnerability to abuse by authorities, requiring structural reforms.

• Sex workers and community actors should be included in the design and implementation of these reforms and interventions to ensure they reflect their realities and experiences.