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Sex Worker Community Empowerment-Based HIV Interventions: An Integrative Literature Review

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Sex workers are disproportionately affected by global HIV epidemics due to multi-level structural factors. Research suggests that community empowerment-based interventions addressing structural factors are the most effective approach to HIV prevention and treatment in this population. Recent policy changes in the United States are expected to increase sex worker HIV risk, and current interventions are poorly researched and funded. More qualitative information is needed to guide effective HIV health promotion programs with sex workers in the United States.

The purpose of this integrative literature review is to gain a qualitative understanding of how community empowerment-based sex worker interventions address structural determinants of HIV transmission. The literature was found organized based on an expanded version of the socio-ecological model.

### RESULTS

#### Description of studies: The interventions described in the included studies were located in Canada (2), USA, Cambodia, China, and India (5). Intervention activities included combinations of peer education outreach, clinical services, drop-in centers, financial savings groups, unionization, social service navigation, sensitivity trainings for police and healthcare providers, political and media advocacy, anti-violence programming, and crisis management.

1. **Interventional successes in decreasing sex worker HIV vulnerability:**
   - **Intrapersonal:** Increased sexual health knowledge, consistent condom use, financial stability, self-efficacy, and self-esteem. (9)
   - **Interpersonal:** Improved social support systems & collective power. Highly acceptable peer health education. Reduced violence from police & clients. (10)
   - **Institutional:** Improved access to clinical services by educating healthcare providers or providing sex worker-specific clinics. Developed sex worker capacity to manage community-based organizations. Targeted law enforcement to decrease raids and police violence. Unionizing brothels increased sex worker safety, control, and financial stability. (7)
   - **Community:** Built relationships between sex worker community organizations, healthcare professionals, and other NGOs. Improved visibility and challenged stigma through public demonstrations and media advocacy. (7)
   - **Environmental:** Unionizing indoor workplaces sheltered sex workers from violence and improved capacity to negotiate condom use. (1)
   - **Policy:** Engaged sex workers in political advocacy for decriminalization. (2)

2. **Barriers to interventions reducing sex worker HIV vulnerability:**
   - **Intrapersonal:** Financial instability increased vulnerability and limited sex worker ability to adopt health behaviors. Internalized stigma, low self-esteem, and lack of sex worker self-identified decreased participation in interventions. (5)
   - **Interpersonal:** Unequal power dynamics, violence, and rape impaired sex worker ability to negotiate condom use. Sex workers were less likely to use condoms with non-paying intimate partners and experienced increased violence from these partners following empowerment interventions. (4)
   - **Institutional:** Sex worker community organizations were poorly funded. Stigma and logistical issues limited access to healthcare. (6)
   - **Community:** Overlapping sex worker and HIV stigmas underlie barriers identified at each level, causing social isolation and vulnerability. Sex worker stigma negatively impacted sex worker organizations’ community partnerships. (3)
   - **Environmental:** Street-based sex workers were more vulnerable to rape from police, pimps, and clients and had less ability to negotiate safer sex, especially if not working in close proximity to other sex workers. (2)
   - **Policy:** Criminalization increased financial instability and pushed sex workers into street-based labor, resulting in greater vulnerability. (2)

### METHODS

**Eligibility**
- **Identification**
  - Academic Search: n = 144
  - ProQuest Social Science: n = 22
  - Additional records identified through other sources: n = 274

**Inclusion/exclusion criteria at title & abstract level**
- n = 612
- n = 56

**Full-text articles meeting inclusion/exclusion criteria at title & abstract level**
- n = 40
  - Secondary source: 2
  - No intervention: 106
  - Not community led: 31
  - No intervention described: 2

**PRISMA Flowchart adapted from Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group (2009)**

**OBJECTIVES**
The purpose of this integrative literature review is to gain a qualitative understanding of how community empowerment-based sex worker interventions address structural determinants of HIV transmission.

**Background & Significance**

Sex workers are disproportionately affected by global HIV epidemics due to multi-level structural factors. Research suggests that community empowerment-based interventions addressing structural factors are the most effective approach to HIV prevention and treatment in this population. Recent policy changes in the United States are expected to increase sex worker HIV risk, and current interventions are poorly researched and funded. More qualitative information is needed to guide effective HIV health promotion programs with sex workers in the United States.

**The Socio-Ecological Model**

The socio-ecological model allows for a nuanced understanding of multiple levels of influence on health behaviors. It can be used to design comprehensive packages of interventions targeting specific changes at each level of influence.

**Future research would benefit from the use of a theoretical framework such as the socio-ecological model, which was found to be capable of addressing multi-level structural impacts on sex worker HIV vulnerability. While the environmental level has been neglected in past research, this review indicates that future studies should include an analysis of environmental factors. Additionally, qualitative methodology may be considered as a way to center marginalized voices in the production of knowledge that serves sex worker communities. Furthermore, researchers might be most effective by leveraging their skills and resources to support sex workers who wish to research their own communities, thereby extending the benefits of community empowerment to the realm of research. Collaborative researcher-sex worker partnerships are needed to collect, apply, and disseminate data to facilitate community empowerment-based HIV interventions.**

**NURSING IMPLICATIONS**

As clinicians and patient advocates, nurses are uniquely positioned to support sex worker community-empowerment-based interventions. Nurses may consider hiring sex workers from local organizations to facilitate trainings on providing non-stigmatizing, culturally competent care to this population. Healthcare facilities should consider clinic hours, geographic accessibility, and on-site police presence as possible barriers to patients who engage in sex work. Nurses can also use their expertise and influence to advocate for the full decriminalization of sex work and to support sex worker communities in organizing for structural change.

**Directions for Future Research**

Future research would benefit from the use of a theoretical framework such as the socio-ecological model, which was found to be capable of addressing multi-level structural impacts on sex worker HIV vulnerability. While the environmental level has been neglected in past research, this review indicates that future studies should include an analysis of environmental factors. Additionally, qualitative methodology may be considered as a way to center marginalized voices in the production of knowledge that serves sex worker communities. Furthermore, researchers might be most effective by leveraging their skills and resources to support sex workers who wish to research their own communities, thereby extending the benefits of community empowerment to the realm of research. Collaborative researcher-sex worker partnerships are needed to collect, apply, and disseminate data to facilitate community empowerment-based HIV interventions.

**Conclusion**

The results of this review indicate that community empowerment interventions must be highly contextual and responsive to local sex worker needs. Programs should continue to enhance sex worker financial security and safety from violence. Additional support is needed to achieve public policy enabling sex worker health, and to improve the sustainability of sex worker community organizing. While sex workers continue to face structural barriers to HIV prevention, multi-level community empowerment interventions guided by an expanded socio-ecological model show promise as an innovative response to HIV epidemics.