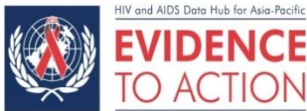




SEX WORK & HIV MYANMAR



Myanmar, formerly known as Burma, has a population of 50 million people [1]. The estimated nation-wide population of sex workers in 2007 was between 40,000 and 80,000 and the population of their clients between 840,000 and 1,400,000 (Table 1) [2]. One predominantly qualitative study of female sex workers (FSWs) in Yangon estimated that there were around 100 brothels throughout the city and in various townships (as of 2003) [3].

SEX WORK

Categories and Geographical Locations of Sex Workers

Sex work has been found to exist in most of the 23 townships assessed [4]. The types of sex work reported include direct, brothel-based work as well as various indirect types of sex work [4]. Indirect sex workers are considered highly mobile and are often hidden, as they work out of entertainment establishments (including massage parlours, karaoke bars and guesthouses) [4]. Anecdotal evidence suggests that direct sex workers are also highly mobile within the country and are concentrated in identifiable areas, particularly in mining areas or along border sites [5].

The BSS 2008 surveyed FSWs from each of Yangon (n=275) and Mandalay (n=275) – both cities known to have large populations of direct and indirect FSWs [6]. The majority of Yangon FSWs (55%) were street-based, while Mandalay respondents were more equally distributed between brothel-based (23%), entertainment-based (26%) and street based (28%) [6].

Socio-demographic characteristics of sex workers

The BSS highlighted the socio-demographics of FSWs in these two cities [6]. The median age of FSWs was 30 years in Yangon and 26 years in Mandalay. The median age when starting sex work was reportedly 24 years in the Yangon sample and 23 years in the Mandalay sample (Fig. 1) [6]. Seven percent of respondents in Yangon and 6% in Mandalay were between the ages of 14 and 16 when they first became involved in sex work [6]. Almost all (94%) FSWs in Yangon had ever been married, compared to 62% in Mandalay [6].

Figure 1. Percent distribution of age at initiation into sex work among female sex workers, 2007-2008



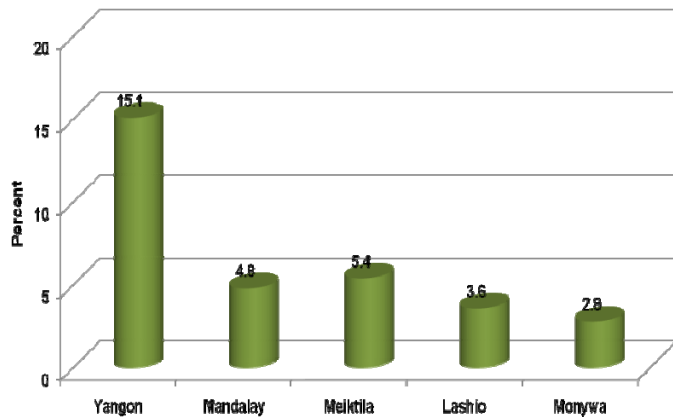
Source: Behavior Surveillance Survey among Injecting Drug Users and Female Sex Workers, 2008

Clients, Fees & Income

An early BSS from 2003 found that 3% of all males aged 15-24 years old and 4% of those aged 25-49 reported

commercial sex in the past 12 months [6]. More recently, the BSS 2008 among out-of-school youth found that 7% of young men aged 15-24 years old (n=3,495) reported having sex with a sex worker in the past 12 months, with large disparities according to cities (Fig. 2) [7].

Figure 2. Percentage of male out-of-school youth reported having sex with a sex worker, 2007



Source: Behavior Surveillance Survey among Out of School Youth, 2008

High degrees of overlap exist between injecting drug users (IDUs) and FSWs, as reported in the BSS 2008 [6]. The percentage of male IDUs having sex with a paid partner in the last six months in 2008 was 42% in Yangon, 48% in Mandalay, 9% in Lashio and 31% in Myitkyina. Condom use at last sex with a paid partner was reported by 61% of IDUs in Yangon, 46% in Mandalay, 87% in Lashio and 73% in Myitkyina. There is concern that this interaction may refuel the sex work-driven epidemic given the fact that IDUs make up the group with the highest HIV prevalence in Myanmar, at 36.3% [6].

The median number of clients reported in the last week by FSWs was 5 in Yangon and 10 in Mandalay (the median number in the last work day was 1 and 2 in Yangon and Mandalay, respectively).

In both sites, sex work was the major source of income for FSWs. The median amount earned at last sex with a client was 5,500 and 5,000 kyats in Yangon and Mandalay, respectively (approximately US\$ 5).

SEX WORK AND HIV

Table 1. Vulnerability of sex workers

Population, mid 2009 (millions) [1]	50
Estimated number of sex workers, 2007 [2]	60,000
HIV prevalence of sex workers, 2007-2008 [6]	18.4%
Condom use at last sex with a client, 2007-2008 [6]	96% (Yangon), 96% (Mandalay)
Comprehensive knowledge of HIV, 2007-2008 [6]	70%
Reached with HIV prevention programme in the last 12 months, 2007-2008 [6]	81% (Yangon), 70% (Mandalay)
Tested for HIV in the last 12 months and know their results, 2007-2008 [6]	71% (Yangon), 68% (Mandalay)

HIV Prevalence – Sex Workers and Clients

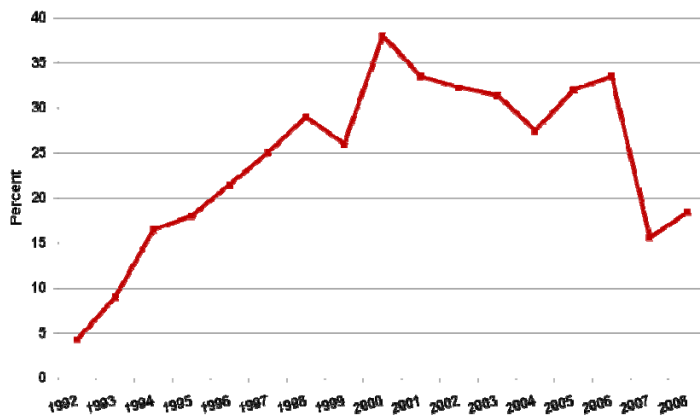
Myanmar has one of the largest HIV epidemics in Asia. The first case of HIV was detected in 1988 while the first AIDS case was reported in 1991. HIV prevalence among the general population reached its peak at 0.94% in the year 2000 and was estimated to be 0.61% in 2009 [8]. The estimated number of adults and children living with HIV in 2009 was 238,000 (with a range of 160,000 to 320,000) [9].

The HIV epidemic in Myanmar is concentrated in nature, with HIV transmission occurring primarily through high-risk sexual contact between sex workers and their clients, men who have sex with men and the sexual partners of these sub-populations.

According to the findings from the annual HIV sero-sentinel surveillance (HSS), HIV prevalence among sex workers was higher than 30% from 2000-2006 (except in 2004), but dropped to 15.6% in 2007 and 18.4% in 2008 (Fig. 3) [10]. This sharp decline as of 2007 might not reflect a true decline in new HIV infections but rather be due to an increased number of sentinel sites and sample sizes. Until 2006 sentinel surveillance, the sample size was around 200 sex workers and sampled only two sites (Yangon and Mandalay). In 2007 sentinel surveillance, the sample size was increased to 945 sex workers and was extended to six sentinel sites. HIV prevalence

among direct sex workers was 21.4% (136/636) – twice that of indirect sex workers at 9.8% (21/215) [10]. Moreover, HIV prevalence was higher among rural as compared to urban FSWs (26.4% vs. 17.2%) [10]. As of 2007, HIV prevalence among clients of sex workers was 5.3% [6].

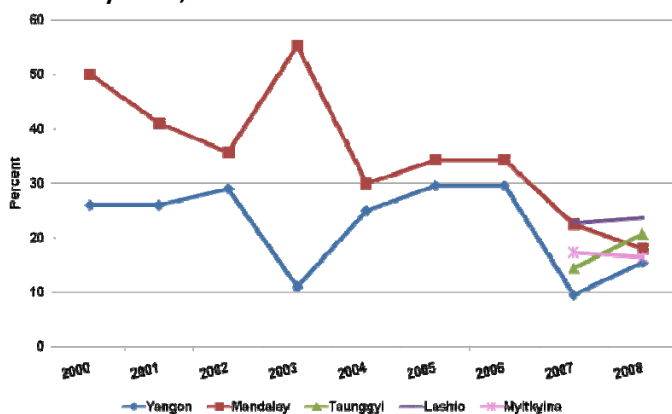
Figure 3. Trend of HIV prevalence among female sex workers, 1992-2008



Source: HIV Sentinel Sero-surveillance Survey, 2008

Figure 4 shows trends in HIV prevalence among FSWs by cities included in the HSS surveys between 2000 and 2008 [10]. As of 2008, city-wide HIV prevalence among FSWs was highest in Lashio at 23.6%, followed by Taunggyi (20.7%), Mandalay (18%), Myitkyina (16.4%) and Yangon (15.5%) [10]. In 2008, HIV prevalence among FSWs increased in all sentinel sites except Mandalay and Lashio townships.

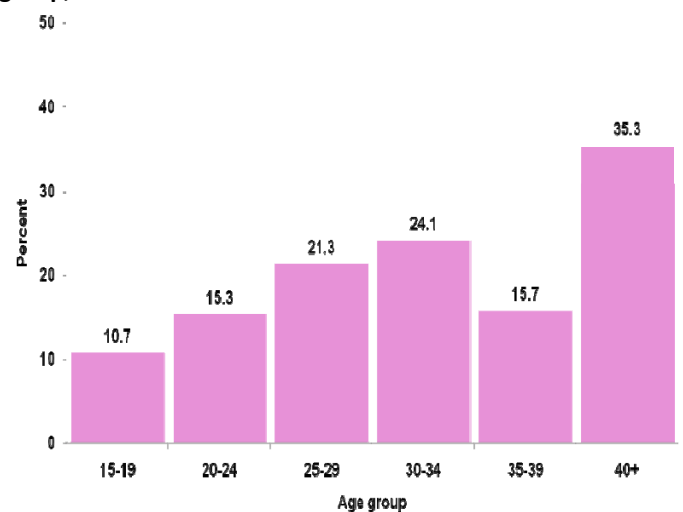
Figure 4. Trends in HIV prevalence among female sex workers by cities, 2000-2008



Source: HIV Sentinel Sero-surveillance Survey, 2008

Figure 5 shows HIV prevalence among FSW by age groups in 2008. The majority of HIV positive cases are classified within the 40 years and older age group [10]. This reflects increased HIV infections with more years spent in sex work and/or longer time of survival with HIV infection due to antiretroviral treatment. Notably, HIV prevalence is high (10.7%) among 15-19 year olds, which is an indication of high incidence among FSWs.

Figure 5. HIV prevalence among female sex workers by age group, 2008



Source: HIV Sentinel Sero-surveillance Survey, 2008

HIV Knowledge

Sex workers are vulnerable to HIV infection primarily due to the high risk of their activity. Indirect sex workers are particularly vulnerable because information and services do not readily reach them.

The BSS 2008 surveyed FSWs in Yangon and Mandalay for comprehensive knowledge about HIV – that is, those who could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. In each of the sites, 70% of FSWs demonstrated comprehensive knowledge.

Condom Use

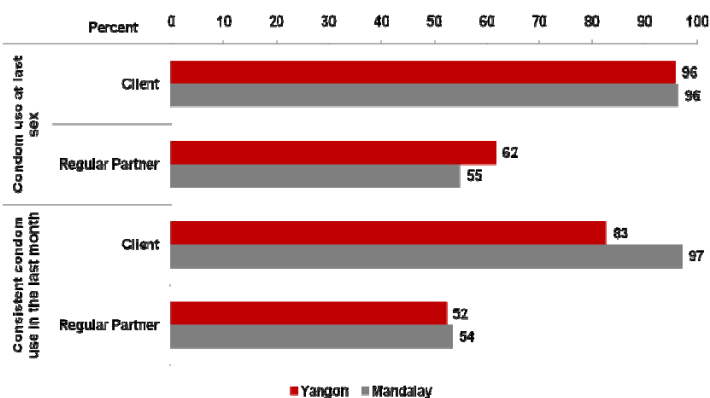
In early 2001, the Ministry of Health piloted the 100% Targeted Condom Promotion (TCP) programme – an initiative that aims to reduce the sexual transmission of

HIV and STIs by assuring high condom use among sex workers and their clients [11]. The programme was gradually scaled up to cover 152 of the 324 townships by early 2006 [11]. The “no condom, no sex” principle of the 100% TCP programme led to the expansion of condom distribution which also led to improved access to condoms. It has been credited with contributing significantly to the increase in condom use among sex workers and clients and resulted in a reduction of STI transmission [11]. Indeed, data from the pilot sites has shown that condom use among sex workers increased from 61% in 2001 to 91% in 2002, while the prevalence of syphilis dropped from 6.0% to 3.0% [11].

In 2008, around 34 million condoms were distributed, an increase of around 6 million from 2007 [8]. Yet, overall, the coverage of free condom distribution has reduced since 2006 (in terms of locations and number of condoms provided) due to cuts in funding of the 100% TCP programme [8].

Reported condom use among sex workers at last sex with a client was high in 2007-2008 – at 96% in both Mandalay and Yangon (Fig. 6) [6]. However, it is important to note that 63% of FSWs in Mandalay and 46% in Yangon also have sex with regular partners in addition to their clients [6]. Condom use at last sex with regular partners was reported to be only 55% and 62% in Mandalay and Yangon, respectively [6].

Figure 6. Percentage and status of condom use among female sex workers with different type of sexual partners, 2007-2008



Source: Behavior Surveillance Survey among Injecting Drug Users and Female Sex Workers, 2008

In addition, among the 7% of young men reported to have sex with a sex worker in 2008, 90% used a condom at last sex with a sex worker and 70% used a condom consistently with a sex worker [7].

NATIONAL RESPONSE

The Ministry of Health designed a *National Strategic Plan for AIDS 2006–2010*, prioritizing the prevention of HIV infection among key populations at higher risk (including sex workers). Prevention programs and services provided to sex workers include peer education and outreach for behaviour change, male and female condom and lubricant promotion, client orientated STI services and voluntary confidential counselling and testing (VCCT) [12]. As mentioned earlier, the 100% Targeted Condom Promotion programme has become a national priority.

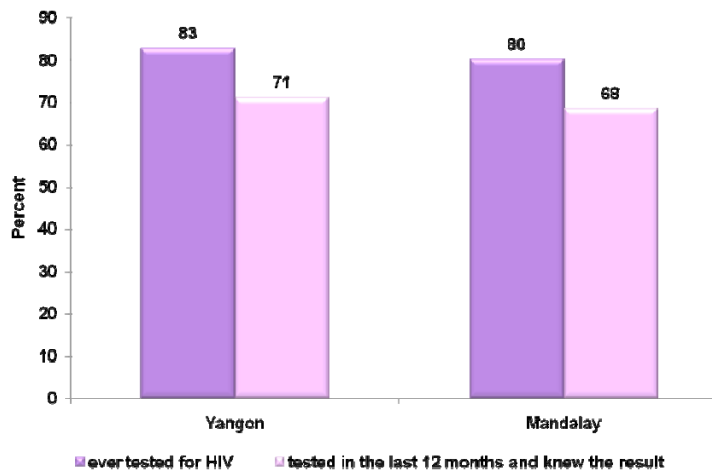
According to the Operational Plan 2008-2010, highest priority was given to the reduction of HIV-related risk, vulnerability and impact among sex workers and their clients and plans were in place to scale up the resources for prevention programmes from 2.7 million in 2008 to 3.4 million in 2010. In addition, 28 townships had been identified by stakeholders as priorities for interventions among sex workers [13].

HIV Prevention Programmes

According to the BSS 2008, 81% of FSWs in Yangon and 70% in Mandalay were reached with HIV prevention programmes in that last 12 months [6]. An estimated 48,800 sex workers were provided with prevention services, through both public and private for-profit and not-for-profit sectors – including clinics, drop-in centres and outreach projects (range: 36,390-48,860 to account for double-counting of beneficiaries where several partners were providing services) [12]. This is an 8% increase from the previous year [12]. Service provision was more concentrated in urban and semi-urban areas, with relatively low coverage in rural and some border areas [8].

The BSS 2008 reveals that 83% of FSWs in Yangon and 80% in Mandalay reported ever having been tested for HIV (Fig. 7) [6]. Moreover, 71% of FSWs in Yangon and 68% in Mandalay reported having been tested for HIV in the last 12 months and know their results [6].

Figure 7. Status of HIV testing among Female Sex Workers, 2007-2008



Source: Behavior Surveillance Survey among Injecting Drug Users and Female Sex Workers, 2008

The number of sex workers receiving HIV test results and post-test counselling in 2008 increased significantly compared to 2007 (to 7,921 from 3,727) [12]. However, the current figure is still only 13% of the estimated population size of sex workers.

KEY ISSUES FROM THE DATA

A number of factors are at play that directly or indirectly affect the prevention, treatment and care of HIV of sex workers in Myanmar.

Coverage constraints

Various geo-political factors make some parts of the population difficult to reach, above-and-beyond factors that specifically affect sex workers. [8]: the population is spread over a large geographic area with diverse ethnicity and languages; the communications and transport facilities are poorly developed; the health

system is poorly resourced with regards to infrastructure and equipment and there is a scarcity of appropriately skilled human resources; and conflict and security issues persist in certain areas.

Characteristics of the broader political environment also hamper, rather than facilitate, HIV prevention and care among FSWs and clients. Access to populations in need of services remains difficult and, in some cases, impossible. Some sensitive border regions, other areas containing large numbers of mobile populations (such as mining camps) and conflict areas are off-limits to international NGOs and United Nations agencies. This is important given the fact that aid for HIV programmes from a number of donors is provided on humanitarian grounds and are channelled almost exclusively through United Nations agencies and NGOs [8]. Activities are also constrained by limitations in the capacity of the implementers.

Stigma, discrimination and legal issues

Findings from the BSS 2008 reveal that stigma and discrimination remain a major issue for people living with HIV. While many respondents stated they would care for an HIV positive relative, less than half would buy food from a HIV positive vendor [7], [14].

Legal constraints also make sex workers difficult to reach with HIV prevention. Sex work is illegal in Myanmar, which inhibits sex workers from accessing HIV prevention and treatment programmes for fear of prosecution. The *Suppression of Prostitution Act* of 1949 was amended in 1998, increasing the penalties for sex work [3]. The 2003 small-scale study of FSWs in Yangon reported that one-third of the women in the study had previously been imprisoned for offences related to sex work (for a duration of 15 days to three years) [3]. The same study found that condoms were being used by police as evidence for arrest, despite not being admissible as such since 2001 [3]. Furthermore, most sex workers reported having to pay money to police for protection [3]. This is partly supported by the BSS 2008 which found that 36% of FSWs in Yangon and 37% in Mandalay gave money earned from their last client to a 'madame' or pimp or police officer [6].

Community organizations face considerable constraints in establishing a legal footing necessary to operate HIV-related programmes, further confounding service coverage among sex workers [8].

Funding constraints

Beginning in 2006, using the National Plan as an important reference, six donor countries have worked to establish the Three Diseases Fund (www.3dfund.org), responding to both the termination of the Global Fund grants and the imperative to continue the service provision among vulnerable populations. The six donors have tried to craft an accountable, independent and transparent structure to fund service delivery.

Still, domestic and international financial support remains largely insufficient to respond comprehensively to the HIV epidemic [8]. This situation has been exacerbated by economic sanctions on Myanmar.

The government reported spending approximately 1.5 billion kyats (~US\$ 1.2 million) on HIV in 2007 [8]. Total resources for 2008 for HIV increased only slightly from 2007 – from US\$ 30.9 million to US\$ 31.3 million [8]. With current levels of funding, service coverage cannot increase sufficiently to address the pressing needs for care and prevention among sex workers, other key populations at higher risk and the general population [8].

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