



Perspective

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Addressing the needs and rights of sex workers for HIV healthcare services in the Philippines

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The right to health for all people means that healthcare services and programs are available, accessible, and acceptable for everyone in need. However, certain groups in the society may be marginalized from their needed healthcare services. In this regard, this paper discusses the challenges in providing HIV-related services to sex workers, a group that remains marginalized in Philippine society. Prior to the COVID-19 pandemic, the Philippines had one of the fastest-growing epidemics in the world[1,2]. Between 2012 and 2023, the daily incidence of HIV in the Philippines increased by 411%[1]. As of January 2023, more than 110 000 HIV cases had been reported in the country, and the number of people living with HIV is projected to increase to 364 000 by 2030[1]. Among the most affected are key populations, including sex workers[1].

While HIV has been documented among sex workers in the Philippines since the late 1980s, official government data collection of the HIV and AIDS registry of the country only started in 2012[3]. Between then and December 2022, official government data revealed that 5 508 people diagnosed with HIV infection had accepted payment for sex[3]. On the other hand, between January and December 2022, the country's surveillance data revealed that 632 of those newly diagnosed with HIV were sex workers who accepted payment for sex, with a majority of them being males ($n=605$) [3]. Sex workers are often frowned upon in Philippine society[4]. They suffer on the fringes of the country and are stigmatized and marginalized for their disadvantaged identities and profession[5]. For example, they may be perceived as immoral and therefore worthy of condemnation and social oppression[4]. This stigmatization and marginalization are reflected in the Philippines' codified norms, such as the Philippine's Revised Penal Code, which criminalizes sex work in the country[4]. As such, they can be more vulnerable to sexual abuse and harassment by government officials, further complicating their risks for HIV infection[2]. On the other hand, those with HIV infection may be forced to disclose their engagement in sex work

due to fears of false positive results during a mandatory drug test and consequentially being stigmatized an "addict"[4,6]. As a result, they may avoid institutions tasked to offer them help, safety, and protection.

Despite the vulnerability of sex workers to HIV, evidence in the Philippines supports that they may not be tested for HIV due to intersectional stigma arising from their social positions and stigmatized profession. At the same time, HIV infection alone can be a significant barrier to help-seeking in the country[1]. Its intersections with the often marginalized positions of sex workers, such as economic disadvantage and drug use, present additional challenges to their help-seeking behaviors. For example, participants in the study by Urada *et al.*[2] shared that only one in five economically disadvantaged street sex workers have been tested for HIV. Similarly, the study by Estacio *et al.*[6] suggests that there may be low HIV testing among sex workers who have used drugs due to the stigma attached to both drug use and sex work. Likewise, they also identified that legal policies that criminalize both behaviors present as challenging barriers to seeking help[2,4,6]. Given the above-mentioned challenges, sex workers in the Philippines may have difficulty availing and accessing HIV-related healthcare services. Therefore, reforms in the structural and social determinants, as well as in existing healthcare programs, are needed to afford them their

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right to health. In doing so, collaboration among various stakeholders and duty-bearers, including advocacy groups, non-government institutions, academe, and government institutions tasked by law to address HIV infections in the country, including the Department of Health and Department of Social Welfare and Development, may help inform existing policies and programs towards equitable healthcare for sex workers.

First, legal policies remain one of the impediments to help-seeking behavior[4]. Thus, it can act as a deterrent to revealing the nature of their work and its heightened risk of HIV infection. Therefore, the country may pursue the decriminalization of consensual sex work since the current penal law against sex work may expose sex workers to less safe environments, provide impunity for abusers, and deter sex workers from reporting a crime to the police[4]. Likewise, decriminalization may improve the access of sex workers to needed health services[4]. In doing so, it is essential to include the perspectives of sex workers regarding their needs and rights.

Second, the stigma of HIV and sex work presents significant barriers to seeking help among sex workers in the Philippines[1,2,4]. Therefore, there is a clear need to enhance the scope of health promotion programs and activities related to HIV prevention and awareness in areas where sex trades occur, such as brothels and online platforms, including social media[4]. Both government and non-government organizations should prioritize efforts to expand their initiatives in these specific contexts. In doing so, health promotion programs can close the distance between this marginalized population and health programs. Health promotion programs can also be supplemented by providing HIV testing services and treatment packages for those who have engaged in unprotected sexual intercourse and have HIV infection, respectively. Third, while sex workers are marginalized from Philippine society, additional vulnerability is afforded to individuals with disadvantaged social positions, including those economically disadvantaged, children, and sex workers who have used drugs[2,4,5]. Therefore, government and non-government organizations can provide additional focus, and care should be provided to those with intersecting vulnerabilities that might heighten their risk for HIV infection. For example, economically disadvantaged sex workers may need additional support for livelihood and economic support. Hence, referral pathways to social welfare services may address their other needs.

Lastly, the marginalization of sex workers from healthcare services in the Philippines is a complex problem. Therefore, multiple lenses from various academic and research fields, such as sociology, criminology, public health, and medicine, could be needed to understand the multifaceted needs of sex workers and find solutions that protect their sexual health and rights in the country. In doing so, research endeavors should provide additional attention to

equitable solutions that consider the intersectional positionalities and vulnerabilities of sex workers.

Overall, to address HIV infection among sex workers in the Philippines, it is necessary to address structural barriers in the form of legal impediments, stigma, intersectional vulnerabilities, and their marginalization from healthcare services. In doing so, advocates, non-government organizations, and the government must reform existing policies, expand health promotion activities, and understand and address their additional and unique needs.

Conflict of interest statement

The author declares that there is no conflict of interest.

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