Working Conditions, HIV, STIs and Hepatitis C Among Female Sex Workers in San Francisco, California

Alexandra Lutnick, MA¹, Deborah Cohan, MD, MPH²
¹University of California, San Francisco/St. James Infirmary, San Francisco, US; ²University of California, San Francisco, US

Background:
This study sought to examine the working conditions and sexual health risks of female sex workers (FSWs) in San Francisco, CA.

Methods:
Cross-sectional study of 247 FSWs recruited using respondent-driven sampling. Eligibility criteria were exchange of sex (vaginal, anal, oral, manual) for payment in the last 3 months and age ≥18. Structured, quantitative interviews were conducted by former/current sex workers. Screening for HIV, sexually transmitted infections (STIs) and Hepatitis A/B/C was conducted at time of interview.

Results:
The mean age of starting sex work was 21.4 years. Men were the most common clients (98.7%). 42.3% reported enjoying sex with their clients more than half of the time. The two most common reasons for starting sex work were quick money (58.7%) and a way to pay for drugs (51.0%). Over 50% stated sex work was a good and quick way to make money. Dislikes of the work included afraid of being hurt (52.2%), disrespectful clients (48.2%), and fear of being arrested (44.9%). The most common types of services offered were oral, vaginal, and manual sex. The most common types of work were car, out-call, and street. Over 41% had been threatened with arrest unless they would have sex with a police officer, and 21.5% reported that police officers paid them for sex. 51.4% had not used a condom for vaginal sex with clients in the past year, and 37.4% had not for anal sex. 37.0% felt they would be doing sex work in the subsequent year. 51.6% were current injection drug users. The most prevalent STI was HSV-1 (82.0%), followed by HCV (51.5%). HIV prevalence was 4.1% among this population.

Conclusions:
There is a diversity of experiences among female sex workers in San Francisco, CA. The prevalence of unprotected sex with clients, injection drug use, and the prevalence of HIV, STIs and viral hepatitis highlight the continued need for risk-reduction programs for FSWs. Furthermore, these programs need to focus on the sexual risks that take place with both paying and non-paying partners.