



Social Perceptions of Protection against HIV Infection among Female Street Prostitutes

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Dear Editor-in-Chief

Prostitution (sex work) is one of the oldest and the most dramatic tragedies of human history (1). Street prostitution is the most visible form of prostitution (2). In many countries female street prostitutes are among the highest at risk groups of HIV infection (3). They have been cited as being particularly vulnerable to STD (including HIV) infection as they lack access to economic resources and as such may end up having to choose between economic survival and possible HIV infection (4). This group is at risk due to having multiple sexual partners, frequent sexual intercourse (5), high risk sexual behaviors. It has been established by social scientists that judgmental biases affect risk perception by lay people and that systematic differences exist between individuals and groups in the way people perceive risks and adopt strategies to avoid risks and minimize their own vulnerability (6). Iran is one of the countries confronted with an HIV/AIDS epidemic. In recent years, has been some evidence of the growing role of sexual transmission in the spread of HIV (7). In Iran data from a number of scattered studies indicated the HIV prevalence, condom use and HIV/AIDS preventions perceptions among female street prostitutes. Although considerable attention has been placed on the role of prostitutes

in the AIDS epidemic, little attention has been directed to features of prostitutes' work lives which are relevant to the control of AIDS (8). In the case to promote knowledge, motivations and choices -in purpose of changing behaviors among one of at risk group like FSPs - it is essential to understand social perceptions and misperceptions toward HIV/AIDS. This study tried to find out about the FSPs' perception toward HIV infection as an important part of any changing behavior programs.

Our qualitative study explores the social perceptions of a small convenience sample of Iranian female street prostitutes. We conducted semi-structured, in-depth Persian-language interviews with 15 Iranian female street prostitutes between July 2011 and September 2011.

All of the participants mentioned using condoms during sex with clients and/or the husband is the prevention method. Almost all FSPs indicated that avoiding shared needle can prevent HIV transmission. Almost half of the sample suggested that avoiding kissing especially kisses that cause bleeding and avoiding shared stuffs such as blades, comb, nail clipper and toothbrush are kinds of HIV preventions. Avoid anal sex, avoid oral sex, knowing HIV positive persons, being careful

about condom breaking, avoiding breastfeeding in case of HIV positive mother with HIV negative infant, washing genital areas of the body with disinfectant fluid before having sex and care about personal hygiene are other HIV prevention which participants suggested. The participants perceive that washing vaginal parts of body with soap and disinfectant fluids such as Savlon and Povidone-iodine, Taking tablets which clean body from microbes (probably antibiotic) and Visit physician and using prescribed HIV drugs can protect them against HIV/AIDS transmission. Some of participants did not mention using any protective methods against HIV transmission after having sex without condom and just one person stated using HIV drugs after having sex for protecting against HIV.

Public health consequences of delivering poor health care to FSPs are generally severely underestimated, particularly in societies, where prostitution is illegal (9). Participants in this study suggested in a condition that they sell sex for money, if a client asked for not using condom they might accept unless their earning will decrease.

The findings of this study suggest that FSPs in Iran are at high risk of HIV/AIDS transmission. It is evident from our findings that although FSPs had a proper perception about HIV/AIDS because of some misunderstanding and misconceptions that this research found, revision in the content and quality of HIV/AIDS related educational information are necessary.

The only practical way to reduce new STD/HIV infections is to promote the use of condoms. This can be done by exploring obstacles of condom use based on the answers that FSPs provided for this research and developing solutions for better promoting condom use among this high risk group.

It was found that client's beliefs affect whether or not a street prostitutes uses a condom. In fact, clients play an important role in the prevalence of condom use and as a result they are part of HIV transmission chain. Consequently, due to important role of clients, it can be suggested that assessing HIV/AIDS perceptions of female street prostitutes' clients in Iran is the first step in un-

derstanding one of HIV epidemic in Iran. Moreover, identifying and studying client's beliefs may help to understand some of the main reasons for lack of condom use which eventually affects the HIV/AIDS protection and prevention cycle.

While the economic problems are being addressed in developing countries such as Iran, the threat of AIDS epidemics necessitates a comprehensive and multilevel strategy that includes clinical and screening strategies for the short term along with establishment of education and behavior change programs in the medium term, and ultimately changes in social norms with greater empowerment of FSPs for not only ensuring prevention of the disease but promoting their own health. Further research is needed to better understand FSPs followed by well-organized, culture specific HIV/AIDS programs based on their needs.

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