

2010 Profile of HIV/AIDS in Michigan

Special Populations: Commercial Sex Workers

Data from HIV/AIDS and Health Related Needs Among Commercial Sex Workers in Michigan

In December of 2004, a study was conducted by the Michigan Department of Community Health (MDCH) to fill a gap in existing knowledge in the State of Michigan on the needs of a population known to be at high risk for HIV/AIDS: commercial sex workers (CSWs). The study involved 59 structured interviews with people who self-reported exchanging sex for money, drugs, or other goods on a regular basis. Participants included CSWs from five communities around Michigan: Benton Harbor, Detroit, Flint, Grand Rapids, and Ypsilanti.

The participants mentioned a variety of health concerns, including asthma and high blood pressure. However, the primary concern was transmission of sexually transmitted diseases (STDs) and HIV. Importantly, HIV or AIDS was the most frequently mentioned health concern by participants (22 percent), followed by equal proportions concerned with getting sexually transmitted diseases and dying or getting killed on the streets (14 percent, each). Most participants indicated that they do not or only infrequently use HIV risk reduction strategies with what they considered to be primary or secondary non-paying sex partners. All of those who reported using a risk reduction strategy reported using male condoms.

About 25 percent of participants reported injecting drugs in the year prior to the interview. Of those, 86 percent injected drugs (heroin only) within the week prior to the interview. After heroin, alcohol and crack/cocaine were the drugs most frequently used by respondents. The range of number of times participants used crack/cocaine within the week prior to the interview was fairly wide with some indicating they used only once, while others saying they used all day, every day. One CSW estimated she had smoked crack about 240 times in the week prior to the interview. For many participants, commercial sex work was initiated and continued because of drug dependency. It was common for participants to indicate that they had considered stopping commercial sex work, but had to continue in order to obtain drugs; they needed money and felt like they did not have the skills to do other jobs.

Ninety-eight percent of respondents reported that they have been tested for HIV at some time in their lives. When asked their reason for testing the last time they tested, participants indicated that they “just wanted to know” or “wanted peace of mind”. Other reasons cited frequently by participants included that they habitually test, were pregnant or incarcerated at the time they were tested.

The majority of the participants indicated consistent condom use with clients for both oral and vaginal sex. When asked if they do anything to protect themselves from HIV when having sex with clients, 66 percent said they “always” use condoms, 30 percent said “sometimes” and only four percent said they “never” use condoms. Participants indicated a variety of other HIV risk reduction strategies with clients including keeping clean through rinsing, washing, or occasionally bleaching their body parts after sex with clients. Visual inspection of clients for signs of disease was also a common strategy reported by participants.

Twenty-nine percent of the participants indicated that they don't talk to anyone about HIV or AIDS. Additionally, about 50 percent indicated they had never specifically sought HIV information from an agency, such as a local health department or community-based organization. Of those who reported seeking information about HIV, most went to their private doctor (30 percent), health department (20 percent), or family member, significant other, and customers (eight percent). The organizations that participants mentioned going to most often for HIV-related information were local health departments, clinics, or other local community-based organizations.