

**HIV AND  
YOUNG  
PEOPLE  
WHO SELL  
SEX: A  
TECHNICAL  
BRIEF**

DRAFT

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## TABLE OF CONTENTS

INTRODUCTION	6
YOUNG PEOPLE WHO SELL SEX	8
HIV RISK AND VULNERABILITY	10
LEGAL AND POLICY CONSTRAINTS	15
SERVICE COVERAGE AND BARRIERS TO ACCESS	18
SERVICE AND PROGRAMMES	21
APPROACHES AND CONSIDERATIONS FOR SERVICES	26
REFERENCES	31

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## Definitions of some terms used in this technical brief

**Children** are people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier.<sup>1</sup>

**Adolescents** are people aged 10–19 years.<sup>2</sup>

**Young people** are those aged 10–24 years.<sup>2</sup>

While this technical brief uses age categories currently employed by the United Nations and the World Health Organization (WHO), it is acknowledged that the rate of physical and emotional maturation of young people varies widely within each category.<sup>3</sup> The United Nations Convention on the Rights of the Child (see box below) recognizes the evolving capacity of people under 18 years of age to make important personal decisions for themselves, depending on their individual level of maturity (Article 5).

**Key populations** are defined groups who due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people.<sup>4</sup>

**Sex workers and sex work:** Sex workers include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is “formal”, or organized.<sup>5</sup>

**In this technical brief, “selling sex” is used as an umbrella term when referring to young people aged 10–24 years. It therefore includes both sexually exploited children/adolescents aged 10-17 years (see box below), and young adult aged 18–24 years. “Sex work” is used in this technical brief when referring exclusively to those aged 18 years or older. In this technical brief the terms “young people” and “young people under 18” refer to this broader definition.**

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## The United Nations Convention on the Rights of the Child (1989)

The Convention on the Rights of the Child (CRC) is the global treaty guiding the protection of human rights for people under 18 years of age.<sup>1</sup> One of its key principles is that the best interests of the child should guide all actions concerning children (Article 3). The CRC also guarantees the rights to non-discrimination (Article 2), life, survival and development (Article 6), social security (Article 26) and an adequate standard of living (Article 27), among other rights. Article 24 stresses “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health”.

**Sexual exploitation of children:** All forms of involvement of those under the age of 18 years in selling sex, and other forms of sexual exploitation or abuse, contravene Articles 12, 19 and 34 of the CRC and international human-rights law,<sup>1</sup> and governments have a legal obligation to protect those under 18 from such exploitation. **Under the CRC people under 18 also have rights to life and health which are contravened when they are excluded from effective HIV prevention and life-saving treatment, care and support services.** The Committee on the Convention of the Rights of the Child has highlighted that young people who sell sex need services that address their risk of HIV and other sexually transmitted infections (STIs), unwanted pregnancies, unsafe abortions, violence and psychological distress. The Committee also emphasizes their right to physical and psychological recovery and social reintegration in an environment that fosters health, self-respect and dignity.<sup>6</sup>

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i The *Optional protocol to the CRC on the sale of children, child prostitution, and child pornography* (2000) further refines the protections offered by the CRC and requires States Parties to criminalize these violations of children's rights and to provide adequate support to victims. The International Labour Organization's *Convention No. 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour* includes within the definition of the worst forms of child labour the involvement of children in selling sex.

## INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world's population,<sup>7</sup> and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, there were an estimated 5 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age.<sup>8</sup>

Key populations at higher risk of HIV include people who sell sex, men who have sex with men (MSM), transgender people, and people who inject drugs. Young people who belong to one or more of these key populations – or who engage in activities associated with these populations – are made especially vulnerable to HIV by widespread discrimination, stigma and violence, combined with the particular vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. These factors increase the risk that they may engage – willingly or not – in behaviours that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.

Governments have a legal obligation to support the right of those under 18 years of age to life, health and development, and indeed, societies share an ethical duty to ensure this for all young people. This includes taking steps to lower their risk of acquiring HIV, while developing and strengthening protective systems to reduce their vulnerability. However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean or criminalize them or their behaviours, and by education and health systems that ignore or reject them and that fail to provide the information and treatment they need to keep themselves safe.

The global response to HIV largely neglects young key populations. Governments, international agencies and donors fail to adequately fund research, prevention, treatment and care for them. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programmes for young people may lack the sensitivity and knowledge to work specifically with members of key populations.

It has long been acknowledged that sex workers – female, male and transgender – are at high risk of HIV exposure, especially in low- and middle-income countries.<sup>9</sup> This is due in part to a high number of sexual partners and a working environment in which it is not always possible to negotiate protected sex. The social and structural factors already noted also play an important role. Studies of young people who sell sex suggest that they may be even more vulnerable to HIV than their older counterparts for reasons including a greater number of sexual partners, less power to negotiate condom use, and greater susceptibility to violence.<sup>10,11,12,13,14,15</sup>

This technical brief is one in a series addressing four young key populations. It is intended for policy-makers, donors, service-planners, service-providers and community-led organizations. This brief aims to catalyse and inform discussions about how best to provide services, programmes and support for young people who sell sex. It offers a concise account of current knowledge concerning the HIV risk and vulnerability of young people who sell sex; the barriers and constraints they face to appropriate services; examples of programmes that may



work well in addressing their needs; and approaches and considerations for providing services that both draw upon and build the strengths, competencies and capacities of young people who sell sex.

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## Community consultations: the voices, values and needs of young people

An important way to better understand the needs and challenges of young key populations is to listen to their own experiences. This technical brief draws upon insights from the research and advocacy of young people who sell sex. It also incorporates information from consultations organized in 2013 by the United Nations Population Fund in collaboration with organizations working with young key populations, including young people who sell sex, in eastern Europe, east Africa and South America.<sup>16</sup> Reference is also made to consultations conducted with members of young key populations in the Asia-Pacific region by Youth Voices Count<sup>17</sup> and the Youth Leadership, Education, Advocacy and Development Project (Youth LEAD);<sup>18</sup> and regional and country consultations in Asia with young people who sell sex, conducted by the HIV Young Leaders Fund.<sup>19</sup> Since these were small studies, the findings are intended to be illustrative rather than general. Representative quotations or paraphrases from participants in the consultations are included so that their voices are heard.

*Where participants in the consultations were under the age of 18 years, appropriate consent procedures were followed.*

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## YOUNG PEOPLE WHO SELL SEX

Despite their vulnerabilities, young people who sell sex are severely under-represented in research on HIV and sex work. Studies of sex workers mostly do not disaggregate programme outcomes by age, and no accurate global estimates exist of the number of young people engaged in selling sex. Data is particularly weak on young people under 18 years who sell sex. In general, even fewer data are available on young males and young transgender people who sell sex than on young females who do so. Developing population size estimates is difficult in part because in most countries sex work (or some aspect of it) is criminalized,<sup>20</sup> and those who sell sex are therefore often marginalized and disengaged from services due to fear of legal sanctions.

While young adults who sell sex are considered sex workers,<sup>5</sup> multiple international conventions describe the participation of those under 18 years of age in selling sex as a contravention of human-rights law, and those who do so are considered sexually exploited.<sup>1,21</sup> The majority of large studies and all intervention trials on prevention of HIV among people who sell sex have excluded those under 18 years of age, largely due to ethical and legal constraints.<sup>22</sup> In addition, some young people involved in selling sex move frequently between sex-work establishments,<sup>23</sup> and may give inaccurate information about their age because of fear of arrest, detention or rescue operations.

There is varying data on the age of entry of young people into selling sex. Behavioural surveillance studies<sup>24</sup> suggest that 17% of female sex workers in India began selling sex before the age of 15 years. In Maldives and Papua New Guinea, the median age of entry into selling sex among young women was 17–19 years. In Cambodia, Malaysia and Pakistan the mean age among young women was 22–24 years, while in Pakistan, young *hijras* (transgender people) and young males selling sex began doing so at a mean age of 16 years.

Young people sell sex for various reasons. Some report doing so as an occupational choice, for example to escape poverty and meet financial responsibilities, including supporting their families, especially in rural communities where there is a lack of other livelihood opportunities.<sup>25,26,27,28</sup> Participants in the consultation in Kenya said that they had parental responsibilities for their siblings and would rather sell sex than beg in the street.<sup>16</sup>

Limited access to education – whether due to gender inequality, poverty, or discrimination and bullying – is associated with involvement in selling sex. A study of female sex workers in Karnataka, India, found that 81% were not literate,<sup>29</sup> nearly twice the rate as among the state's general female population.<sup>30</sup> The majority of female sex workers in Kampala, Uganda, had only attended primary school.<sup>31</sup> Bullying and discrimination on the basis of perceived or actual sexual orientation can be a factor in young males or transgender people dropping out of school.<sup>32,33</sup> In Thailand, young males and young transgender people aged 15–24 years who sold sex were less likely to be educated than their age peers, and more likely to be living away from their family.<sup>34</sup>

Sex work is widely recognized as having a particularly high risk for transmission of HIV.<sup>35,9</sup> Data characterizing HIV risk among sex workers remain limited, largely because this population is poorly represented in national HIV surveillance systems, but among females aged 15–49 years, those who sell sex are estimated to be 13.5 times more likely to be living with HIV than those in the general population.<sup>36</sup> A recent review found that pooled HIV prevalence among females who sell sex varied significantly by region, from 6.1% in Latin America to 10.9% in Eastern Europe and 36.9% in sub-Saharan Africa.<sup>36</sup>

The underrepresentation of young people who sell sex in most biological and behavioural surveillance studies makes it very difficult to generate reliable HIV prevalence estimates for this subpopulation. However, those under the age of 25 who sell sex appear to be at significantly greater risk for HIV infection (and subsequent transmission) than their older counterparts, due to biological, behavioural and structural risk factors:

- In Kolkata, India, HIV prevalence among females who sell sex in six brothels was 8.4% among those over 20 years of age, but 27.7% among those aged 16–20.
- In Vancouver, Canada, initiation into selling sex before the age of 18 years was associated with a two-fold increase in baseline HIV infection among street-based female sex workers.<sup>37</sup>

There have been several studies on the prevalence of HIV and syphilis infection among female sex workers<sup>38,39,40</sup> but few on other STIs including chlamydia and gonorrhoea.<sup>41,42</sup> These infections not only can cause serious long-term health complications such as pelvic inflammatory disease, ectopic pregnancy and infertility problems,<sup>43</sup> but may also facilitate transmission of HIV.<sup>44,45</sup> One study in Madagascar showed that young people aged 16–19 years who sold sex were at higher risk of chlamydial and gonococcal infection than those aged 20 or older.<sup>46</sup> In a Chinese study, females aged 15–20 years who sold sex had significantly higher prevalence of gonorrhoea and chlamydia than older sex workers.<sup>47</sup> In Zimbabwe, prevalence of herpes simplex virus 2 was found to be around 50% among young women under 20 years selling sex, rising to 80% by the age of 25.<sup>48</sup>

## HIV RISK AND VULNERABILITY

Specific risk behaviours – inconsistent condom use, and use of drugs or alcohol – are linked to numerous individual and structural factors that amplify the vulnerability of young people who sell sex to HIV, compared to their age peers in the wider population and to older sex workers.

**Inconsistent condom use:** Although female sex workers use condoms at a rate that is generally greater than in the wider population,<sup>5</sup> they are at higher risk of HIV because of factors such as poor access to condoms in some settings, the unwillingness of some clients to use condoms, the risk of violence,<sup>11,49</sup> and the local prevalence of HIV infection.<sup>50</sup> In one study, participants under 18 who sold sex had a greater number of sexual partners than older sex workers<sup>10</sup> and fewer skills or power to negotiate condom use. In another study, women who had begun to sell sex before the age of 18 years reported fewer attempts to negotiate condom use with steady partners than those who began to sell sex as adults.<sup>51</sup>

For male and transgender (particularly male-to-female) sex workers, the dynamics of HIV transmission also include the increased risk associated with unprotected anal intercourse, the high prevalence of HIV in some subgroups of men who have sex with men, and the large proportion of male and transgender sex workers who report bisexual practices.<sup>52</sup>

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### Views on condom use

*“If we insist, some customer will ask, why you are asking me to use condom? Do you have any disease? Better I go to another girl.”*

Young person, India<sup>19</sup>

*“Your boyfriend gets [his feelings] hurt and thinks that he is like your clients, [that] you don’t love him. He wants you and him much closer so he doesn’t use a condom.”*

Young person, Viet Nam<sup>19</sup>

*“I think that I [must] accept not to have money [by refusing to have sex without a condom] because of my health. I have no money for today, but I can make money tomorrow. But I can’t accept that I have money for today but I will get sick tomorrow.”*

Young person, Viet Nam<sup>19</sup>

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**Use of drugs or alcohol:** HIV and hepatitis B and C virus can be transmitted through the use of shared injecting equipment,<sup>14</sup> and using drugs and alcohol may lower the ability to negotiate condom use.<sup>10,53</sup> Among female sex workers in two Mexico–US border cities, those who had begun selling sex between 10 and 17 years of age reported beginning to inject drugs at an earlier age than those who began sex work as adults, and they had also a higher prevalence of risky injecting practices.<sup>51</sup> In the same study, forced initiation into injecting was five times more common among the sex workers who had begun selling sex as minors.

**Transitions in adolescence:** Adolescence is a period of rapid physical, psychological, sexual, emotional and social change. It is often a time of experimentation, which may involve alcohol or other drugs, and the period when sexual activity with other people may begin. The development of the brain in adolescence influences the individual's ability to balance immediate and longer-term rewards and goals, and to accurately gauge risks and consequences.<sup>54</sup> This can make adolescents more vulnerable to peer pressure, or to manipulation, exploitation or abuse by older people, and therefore potentially to HIV. This is especially true for those who lack stable and supportive family environments.

**Stigma and discrimination** create significant barriers for young people who sell sex to seeking and receiving health services,<sup>55,56</sup> and thus make them more vulnerable to HIV. In many countries and cultures, social norms around young people, sexuality and sex work make young people who sell sex a particular target for judgemental attitudes – even if the purchase of sex by adults is widespread. For example, participants in the United Republic of Tanzania consultation reported being raped by police, teachers and religious and political leaders – some of whom also made derogatory public pronouncements about sex workers.<sup>16</sup> The criminalization of sex work inflicts greater burdens still on young people.

Homophobia and transphobia add a further level of stigmatization to young males or transgender people who sell sex. This dynamic affects young people's self-perception and self-worth. The low sense of self-worth can lead to self-stigmatization – feelings of depression, low self-esteem and anger, or self-harming acts.<sup>17</sup> These are linked to HIV risk behaviours.<sup>57</sup>

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*“The first time that I was working as a sex worker was when I [had] just moved to Beijing. Every day I wore a lot of make-up, but I felt very embarrassed because of the judgemental looks on other friends' faces.”*

Young transgender person, China<sup>17</sup>

*“You have triple stigma if you are young, a sex worker and transgender.”*

Young person, Asia-Pacific region<sup>19</sup>

*Young women who sell sex in the United Republic of Tanzania consultation said it was difficult to be in a relationship and have a family, and that they were embarrassed to go to the hospital on a regular basis because of STIs. They spoke to feeling depressed and rejected.<sup>16</sup>*

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**Violence:** There is a strong relationship between violence against those who sell sex and increased risk of infection with HIV or other STIs.<sup>10,29,58,59,60</sup>

Young people selling sex are particularly at risk of violence from law enforcement agents.<sup>19,61</sup> Sex workers around the world report that violence from police is the single largest threat they face on a daily basis and significantly increases their HIV risk and vulnerability.<sup>62</sup> Apart from facing arrest, young people who sell sex may also be physically abused or raped by police

officers (who may also purchase or extort sex, or extort money).<sup>63</sup> Studies of young males who sell sex have found large proportions reporting ever having experienced violence by the police (48% in Bangladesh and 30% in Hyderabad, India).<sup>64,65</sup> The perpetration of violence by the police raises important questions about “rescue” or removal interventions targeting young people under 18 years of age engaged in selling sex which rely on law enforcement intervention.<sup>61</sup>

A study of young females who sell sex in Canada (median age of beginning to sell sex was 15 years) found that 30% reported violence by a client in the previous 18 months.<sup>58</sup> Violence may also be perpetrated by managers of sex work establishments and intimate partners.<sup>51</sup> Exposure to violence lessens the likelihood that a person who sells sex will seek services. For females, it is associated with an increased risk of sexual and reproductive health problems.<sup>11</sup> Violence among female sex workers living with HIV has also been linked to lower likelihood of initiating and adhering to antiretroviral therapy (ART).<sup>66,67</sup>

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*“A few days ago I was arrested by policemen. They took my ID and even destroyed my ID and beat me. [After] I was released ... I could not go to work for one week.”*

Young person, Viet Nam<sup>19</sup>

*“Police use abusive language along with beating us up.”*

Young person, Viet Nam<sup>19</sup>

*“When we are abused by men in the course of the work and when we report [it] to the police, the police abuse us and tell us [we should instead] be selling potatoes in the market.”*

Young person, Kenya<sup>16</sup>

*“At times police act as pimps for us and they make money because of us. At times the police even ask us to set traps for their potential clients so that they can blackmail money out of them.”*

Young person, Pakistan

*“I met a young boy customer and took him to my house to make love... Suddenly I realized there was a knife put on my neck by that customer ... Then I realized that the skin of my neck had already been slit, and two of my finger tendons had been cut off.”*

Young person, China<sup>17</sup>

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**Social and economic marginalization:** Abandonment by families and a history of suffering violence or abuse are common characteristics of young people who live on the streets.<sup>68</sup> Homeless young people, especially those under 18 years of age, are vulnerable to coercion and manipulation. Some homeless young people sell sex to support themselves by buying food, shelter, clothes, transport, alcohol or drugs.<sup>69,70,71,72,73</sup> However, some studies have shown a higher prevalence of risky sexual behaviours among those who report engaging in selling sex because of acute economic need than among those who do not.<sup>74</sup>

- In a study of street children in South Africa, more than half reported having exchanged sex for money, goods or protection.<sup>75</sup>
- In an Iranian study among homeless youth, half of the females aged 11–20 years reported selling sex. Only half of these knew that condoms could prevent HIV.<sup>76</sup>
- Among male street children and adolescents aged 5–19 years in Lahore, Pakistan, 40% reported having exchanged sex during the past three months for shelter or food. Two-thirds of these reported having sex with adult males during the last three months, compared to almost none among those who did not report exchanging sex, and almost none used condoms.<sup>69</sup>

Forced displacement and refugee settings can increase the pressure on young people to exchange sex for material goods or protection. This is frequently a direct consequence of gaps in assistance, failures of registration systems or family separations.<sup>77</sup>

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*“Because of the lack of job opportunities, we could not make any living besides selling sex in order to support our families.”*

Young person, Cambodia<sup>19</sup>

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**Frequency and location of selling sex:** Young people under 18 years who sell sex may have less control than sex workers over the number of clients they have, for many reasons, including economic need, abuse of power and authority by adults, threats of violence or lack of negotiating experience.<sup>10,25</sup> Compared to sex workers, they may be more likely to sell sex on the street than in sex work establishments, further increasing their vulnerabilities.<sup>25</sup>

**Lack of comprehensive sexual health education and sexual and reproductive health services:** Even where young people are in school, they are made vulnerable to HIV if they are not provided with objective, non-judgemental education on sexuality, sexual behaviour and risk reduction, including condom negotiation skills. Where education is provided, it often fails to include relevant information on same-sex sexual orientation and transgender identities.

In a study in China of females aged 15–19 years selling sex, three-quarters of those surveyed reported a need for additional health knowledge.<sup>78</sup> Research among males aged 15–17 years selling sex in Ho Chi Minh City, Viet Nam, found that they had less knowledge of sexual and reproductive health than male sex workers (consistent with most young people compared to older adults).<sup>79</sup> Consultation participants in Kenya expressed a large unmet need for contraceptive commodities and education.<sup>16</sup> Many indicated an awareness and use of only one method – the pill, which they often used to delay menstruation so that they could work uninterrupted. All 12 of the consultation participants in Nairobi had had multiple pregnancies and all had terminated their pregnancies, usually by unsafe, informal methods, with no post-abortion care.

**Trafficking:** The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children defines trafficking as “the recruitment, transportation, transfer, harbouring, or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits [...] for the purpose of exploitation.”<sup>21</sup> This definition applies to those under 18 years of age “even if this does not involve [the threat or use of force, coercion, abduction, deception, abuse of power or payments].”

The trafficking of young people makes them particularly vulnerable to HIV infection, because it severely curtails their ability to refuse sex or negotiate condom use, restricts their mobility and access to preventive health services, limits their knowledge about HIV and STIs and makes them more susceptible to violence.<sup>80,81,82,83,84</sup> Young people who are trafficked may also experience rape as a means of coercing them into selling sex.<sup>10,85</sup>



## LEGAL AND POLICY CONSTRAINTS

Young people who sell sex face a complex legal environment that varies widely between countries. The Convention on the Rights of the Child (CRC) provides a framework that obliges signatories to protect the rights of all people under 18 years of age to life, health and freedom from discrimination (Articles 2, 6 and 24), among other rights, while making the child's best interest a primary consideration (Article 3) and taking into account their evolving capacity to make decisions regarding their own health (Article 5).<sup>i</sup> These rights are contravened when they are excluded from effective HIV prevention and life-saving treatment, care and support services. In practice, significant legal and policy constraints limit the access of young people who sell sex – including those under 18 years of age – to information and services affecting their health and well-being. The criminalization of sex work in most countries further complicates the situation, both for young people who sell sex and for service-providers.

**Sexual exploitation:** Under the CRC and ILO Convention No. 182,<sup>86</sup> governments have a legal obligation to protect those under 18 years of age who sell sex that goes beyond public-health concerns. However, the CRC is not always implemented through policies and programmes in a way that prevents exploitation. Law enforcement sometimes responds to trafficking with “raid and rescue” operations in which those suspected of being trafficked – including those under 18 years – may be arrested, ostensibly to protect them by placing them in “rehabilitation” centres, sometimes for long periods and against their will.<sup>87,88,89</sup>

Some participants in the Asia-Pacific consultation reported that sentences for young people under 18 years of age in detention centres or involuntary centres were longer than for adults in jails.<sup>19</sup> Others reported that violence and abuse sometimes occur at such centres. To avoid arrest, detention or “rescue”, or forced return to abusive family homes from which they may have run away, those under 18 years who sell sex may provide false information about their age or avoid health and other services altogether.<sup>90,91</sup>

Young women who sell sex in the India community consultation said they never give their real age when they visit any health-care facility.<sup>19</sup> Two participants recalled an incident where the staff of an NGO-run clinic handed a young girl over to the police. They called for a clear law to protect rather than punish young people under 18 years of age involved in selling sex.

Involuntary detention and “rehabilitation” of those under 18 years who sell sex contravenes the CRC's principle that protective and judicial interventions be used only as a last resort (Article 37). The Joint UN Statement on Compulsory Drug Detention and Rehabilitation Centres, the UNICEF Position on Compulsory Detention Centres in East Asia and Pacific and the Global Commission on HIV & the Law call for the abolition of compulsory detention

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<sup>i</sup> The *Optional protocol to the CRC on the sale of children, child prostitution, and child pornography* (2000) further refines the protections offered by the CRC and requires States Parties to criminalize these violations of children's rights and to provide adequate support to victims. The International Labour Organization's *Convention No. 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour* includes within the definition of the worst forms of child labour the involvement of children in selling sex.

and “rehabilitation” of those under 18 engaged in selling sex.<sup>20,92,93</sup> Instead, they recommend voluntary, evidence-informed and rights-based health and social services.<sup>92,93</sup>

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*“Under-18s are sent to rehab and taught sewing. Young people run away and prefer to live on the street – [rehab] is punishment and does nothing but hurt young people.”*

Young person, Myanmar<sup>19</sup>

*“One day I went to a shelter... and I had to lie that I had been trafficked to protect myself from more serious punishment.”*

Young person, Thailand<sup>19</sup>

*“If space isn’t available in adolescent prison they get sent to adult prison, despite drug use and sex [there].”*

Young person, Asia-Pacific Region<sup>19</sup>

*“One Bangladeshi girl was ‘rescued’ by police considering her as a minor, [but] we know that she was not a minor, but even after one year [...] we still don’t know anything about [what became of] that girl.”*

Young person, India<sup>19</sup>

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**Mandatory reporting:** Some countries have mandatory reporting laws which require adults, including those engaged in the delivery of health services, to report to social services or the police anyone under 18 years of age engaged in selling sex.<sup>61</sup> Health professionals and other service-providers may experience a conflict between their reporting obligations and the young person’s expectation of confidential care. Such rules can cause young people not to engage with the services they need and can make providers reluctant to serve those under 18 years.<sup>94</sup> Similar reporting obligations for researchers deter those who manage sex work operations from cooperating with research.<sup>95</sup>

**Consent requirements:** The access of legal minors to sexual and reproductive health and other services, including harm reduction for those who use drugs, may be restricted by laws and policies requiring the consent of parents or guardians for testing or treatment. This is a particular problem for minors who live away from their parents. The principle of the evolving capacity of those under 18 years (Article 5, CRC) is not always observed, even though this is particularly important for “mature minors” – a term used in some national policies to describe those aged under 18 years who are living independently, have no parents/guardians or no contact with them, have abusive parents/guardians, or who are pregnant.

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*“Because of parental consent and ID requirements, [there are] problems for young people to go to private clinics and instead we self-medicate.”*

Young person, Thailand<sup>19</sup>

*“While we are under 18 years old and unmarried it [is] very difficult to collect condoms and lubricant.”*

Young person, Bangladesh<sup>19</sup>

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*Criminalization:* Laws criminalizing sex work reduce the control of young people who sell sex over their working conditions and deter them from seeking services for fear of arrest and prosecution.<sup>96</sup> These laws are often enforced punitively through confiscation of condoms, which are used as proof of solicitation; mandatory, compulsory or coerced testing for HIV; absence of lack of labour and social security rights; and denial of identity documents and citizenship rights.<sup>97</sup>

In countries where sex workers are not criminalized but those who purchase sex are, there is anecdotal evidence that sex workers are forced to go “underground” – contacting and meeting clients in less public places and reducing the time spent assessing clients for risk. This can make it harder for them to maintain their physical safety and to access social and health programmes, including for HIV prevention and treatment.<sup>98,99,100,101</sup> The criminalization of same-sex behaviour and of injecting drug use further increases the vulnerability of some young people who sell sex to arrest or prosecution.

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*“If a customer has raped you, you cannot go to the police station... The police would think you are the guilty one.”*

Young person, Asia-Pacific region<sup>19</sup>

*“In Thailand you can carry a condom for safe sex, but in reality if a sex worker or a transgender [person] has a condom then you have to pay 500-5,000 baht to the police ... in exchange for not arresting you.”*

Young person, Thailand<sup>19</sup>

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## SERVICE COVERAGE AND BARRIERS TO ACCESS

Coverage levels for effective HIV prevention services among female sex workers remain low (generally less than 50%),<sup>102</sup> and HIV prevention services for male and transgender sex workers have even less coverage.<sup>36</sup> This situation is linked to insufficient acknowledgement and recognition of needs, and a lack of funding and investment for rights-based prevention programmes.<sup>103,104</sup> Globally, less than 1% of HIV prevention funding is spent on programmes for sex workers.<sup>105</sup> Exceptions to this pattern are Latin America and southern Africa, where domestic spending on HIV prevention services for sex workers is greater than international contributions.<sup>9</sup> However, around the world many programmes are not rights-based and thus present their own barriers to access.

The effects of violence, punitive law enforcement and forced rehabilitation have already been noted, but several other barriers make it difficult or impossible for young people to access the services they need.

**Availability and accessibility:** Participants in the consultations said that public-health services are often far away and difficult to reach (particularly for those in rural areas); they are not open at convenient hours – especially for those who work late and must sleep during much of the daytime; and there are often long waits to be seen. Some participants said that police stationed near clinics or mobile clinics made it harder to get to the services.<sup>16</sup>

The physical location in which young people sell sex can make it more difficult for them to be contacted through outreach services:

- In China, a study found that mobile young people (averaging 18 years of age) who were selling sex, and those who were self-employed or who worked on the street, in bars, massage parlours or dancehalls, were less likely to have received HIV prevention and testing services than those who sold sex at larger, fixed venues.<sup>78</sup>
- In a study in the Philippines, almost all participants under 18 years who were selling sex in entertainment establishments or at cruising sites had never had an HIV test.<sup>106</sup>

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*“When (they) understood our identity as sex workers then (they) completely refused to provide health services; most of the time doctors ignored us.”*

*Young person, Bangladesh<sup>19</sup>*

*“We often have to pay for services ourselves at private clinics because the government [clinics] will not serve us [because we are under 18], which is very expensive.”*

*Young person, Asia-Pacific Region<sup>19</sup>*

*Refusal to hospitalize a young person who sells sex “is very common, especially if the girl is alone. Denials to perform medical termination of pregnancy at government centres are common, so young girls prefer private centres.”*

*Young Person, India<sup>19</sup>*

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**Restricted access to support:** As well as requirements for parental/guardian consent for clinical services for young people under the age of 18, there may be age restrictions which

exclude them from housing and other kinds of social support provided by nongovernmental organizations (NGOs) or community-based organizations. In some countries, women require their husband's consent for some medical services. Some health-providers refuse to serve young people who identify as selling sex, or whom they suspect of doing so. Nationality or migration status can also affect access to services.<sup>107</sup>

- Among Chinese females aged 15–19 years selling sex, half reported a need for free condoms and low-cost STI diagnosis and treatment services. Of those who reported STI symptoms in the past year, only one-quarter had sought care at public-health facilities.<sup>78</sup>
- Reluctance to undergo an HIV test was predicted by younger age, lack of social support and lower income in studies in India and in Uzbekistan.<sup>108,109</sup>

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*“If we don't know about what the primary health services are and where the centres and resources are, we can't go further.”*

Young person, Asia-Pacific Region<sup>19</sup>

*“I personally have never [been] tested. I am afraid and would rather not know.”*

Young person, Kenya<sup>16</sup>

*“Some NGOs take blood by forcing us and blackmailing us that if you do not give blood for testing we will not give free condoms to you.”*

Young person, India<sup>19</sup>

*“Due to fear we are forced to do testing – even though we know that we are supposed to do the HIV test twice a year, we land up doing it 6 to 7 times in a year.”*

Young person, India<sup>19</sup>

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**Poor service quality:** Young people who sell sex are often unable to access a comprehensive range of health services. Services are usually provided in contexts that are not designed for young people, by staff who may not have been trained to consider the needs of young people in general, nor the specific needs of young people who sell sex. This has a direct and negative impact on their health.

- Consultation participants in Kenya complained of the unfriendliness of staff, perfunctory or inadequate examinations and treatment, and unavailability of prescribed drugs at facility pharmacies.<sup>16</sup>
- Young female participants in the consultation in Asia named unintended pregnancy as a major concern, along with inadequate access to forms of contraception (including emergency contraception), safe abortion, prenatal care and services for prevention of mother-to-child transmission.<sup>16</sup>
- Several participants in the community consultations raised the issue of the cost of first- or second-line antiretroviral drugs (ARVs), as well as discrimination at ARV clinics against those who sell sex. Where ARVs are not available for free, young people

living with HIV who wish to have treatment are more likely to continue selling sex in order to pay for medication.<sup>19</sup>

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*“You can go to jail if you have an abortion; as a result, the abortion services that exist are very limited, high-priced and highly criminalized.”*

Young person, Myanmar<sup>19</sup>

*“Blood test without following proper counselling and informed consent process was a common experience.”*

Young person, India<sup>19</sup>

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**Discrimination:** Judgemental attitudes from providers of health-care and other services deter young people who sell sex from seeking services, for fear of being criticized or having their medical details or occupation made public. Some young people who test positive for HIV are afraid to disclose their status to intimate partners or to clients, for fear of losing their relationship or their source of income. Participants in the consultation reported cases of young people who sell sex through entertainment venues being fired when their employers learned they were HIV positive. Enforced testing of bar staff was also reported.<sup>19</sup>

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*“[Newcomers to selling sex] are afraid of going and buying medicines from the pharmacy. They don’t dare to tell a pharmacist about their situation because they are sex workers. And if they are going to see a doctor, the doctor will ask them ‘Why did you get it?’... They feel ashamed so they will not access health services anymore.”*

Young person, Viet Nam<sup>19</sup>

*Bangladesh participants said that young MSM and females who sell sex are afraid to go to a clinic or the doctor because of fear of stigma, discrimination or breach of confidentiality. As a result, many “keep their diseases to themselves and suffer for a long time.”<sup>19</sup>*

*“The time I used to go to clinic while pregnant, the doctors used to abuse me and I felt bad. They told me that a child like me shouldn’t be giving birth. I am requesting that the health services [providers] be talked to on how to handle us.”*

Young person, Kenya<sup>16</sup>

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**Competing priorities:** For many young people who sell sex, taking care of their health is not always their top priority. Some are the primary providers not just for themselves but for other family members. For others, the need to find shelter, food, alcohol or drugs may take precedence over seeking out services for sexual and reproductive health, particularly if those services are inadequate or discriminatory. The lack of access to basic social protection thus also becomes a barrier to accessing sexual health services.

Participants in several of the community consultations expressed a need for options for education and vocational training.<sup>16,19</sup>

## SERVICES AND PROGRAMMES

Around the world, programmes with young people who sell sex are being implemented by governments, civil-society organizations and organizations of sex workers themselves. Relatively few have been fully evaluated, but the elements of a number of promising programmes are presented briefly here, as examples of how the challenges in serving young people who sell sex may be addressed. These examples are illustrative and not prescriptive. They may not be adaptable to all situations, but they may inspire policy-makers, donors, programme-planners and community members to think about effective approaches to programming in their own contexts.

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### Training health providers on the needs of young key populations

#### *Link Up, International HIV/AIDS Alliance, Asia and Africa*

The Link Up project aims to increase young key populations' access to integrated sexual and reproductive health and HIV services by linking community-based peer educators and their clients with community- or clinic-based integrated services. The project is implemented in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda by a consortium of community-based and service-delivery organizations, led by the International HIV/AIDS Alliance.

Consultations with young people from key populations identified stigma by service-providers as one of their main barriers to accessing services. In response, Link Up implemented a five-day training programme for service-providers in each country, to sensitize them to the needs of most-at-risk young people, and so decrease stigma and increase client satisfaction. Young people from key populations were involved at country level to review the training material. Topics included service integration and linkages, as well as gender, sexuality, stigma and discrimination.

Young people participated in the trainings and helped lead different sessions, including a lively panel discussion where they shared their experiences. This session had a great impact on providers, all of whom had worked with young people, but not necessarily with young men who have sex with men or young people who sell sex. The participants learned they must take time to hear and understand the experiences of young key populations, and they appreciated the opportunity to address any feelings of discomfort about working with them.

Link Up has organized further capacity-building for peer educators, social workers, midwives, nurse counsellors and clinical officers. All these trainings include components on youth participation and gender and sexuality to ensure that services are youth- and key population-friendly and non-stigmatizing.

**Website:** [www.link-up.org](http://www.link-up.org)

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## Peer-led outreach with young people who sell sex

### ***SHARPER Project, FHI 360, Accra, Ghana***

To strengthen outreach to young women engaged in selling sex in Accra, the SHARPER project's local implementing partners recruited as peer educators young females selling sex who were considered leaders within their peer group. Those who agreed took part in a one-week training, followed by weekly supportive supervision meetings and monthly reviews with the wider programme staff to discuss implementation challenges. Peer educators were paired with older women in the community, known as "peer protectors", who provided them with guidance and support in handling difficult situations, making referrals and in planning their futures. The peer educators received a monthly stipend for their work to cover transport and communication costs.

The peer educators used microplans to focus on priority issues faced by young people selling sex. These included building negotiation skills for safer sex, providing information on family-planning services and commodities such as male and female condoms and water-based lubricant, and making referrals to HIV testing and counselling, STI and other sexual and reproductive health services. Information and services were also provided in relation to preventing and addressing violence, whether by intimate partners, clients or the police.

Each peer educator worked with 10–15 young people each month. A challenge was the frequently chaotic and highly mobile life of young females selling sex in Accra, which created barriers to frequent contact. In response the programme offered peer-accompanied referrals to services and established linkages with other organizations that could provide support, for example responding to human-rights abuses and sexual violence, providing child care and parenting skills-building, offering nutritional support for young children and enrolling them in the national health-insurance scheme. In addition, the frequency of supportive supervision was increased from once to twice weekly.

**Website:** [www.fhi360.org](http://www.fhi360.org)

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## Contacting hard-to-reach adolescent males who sell sex

### *River of Life Initiative (ROLi), Philippines*

ROLi is an HIV risk reduction programme that uses a self-assessment toolkit, workshops and peer group work to help adolescent MSM assess and reduce their risk behaviours as individuals and groups, using the support of their peers and service-providers. The programme serves 6,000 young people in the Philippines, the majority of whom are males aged 13–17 years. Approximately 80% are out of school and 90% live in poverty. Almost all of them sell sex and use drugs, and almost all identify as straight (heterosexual).

Because young males who sell sex are highly stigmatized and difficult to reach, the programme uses several channels for outreach on a peer-to-peer basis. One-on-one interactions and group activities take place through contact with young people in their communities, including on the street and in areas where men seek sex with young males. They are given the opportunity to take a risk self-assessment on the spot, or to sign up for a workshop held at a partner health facility. Peer outreach workers also do outreach online through SMS text messaging and through private chats with members of their social and peer networks.

Programme participants can join Facebook groups for moderated peer-to-peer discussions about behaviour change. In addition, peer groups organize campaigns showcasing inspiring stories of change through forums, film viewings and discussions, and awareness-building activities take place around village fiestas, festivals, World AIDS Day and anti-drugs events. Government-run clinics that partner with ROLi also provide one-on-one counselling and other services. The ROLi programme has been adapted to serve other young key populations, including females who sell sex and young people who inject drugs.

**Website:** [www.projectpage.info/my-river-of-life](http://www.projectpage.info/my-river-of-life)

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## Sex worker-led outreach to young people who sell sex

### *Aids Myanmar Association Country-wide Network of Sex Workers (AMA)*

AMA is a network of more than 2,000 female, male and transgender people who sell sex which engages in capacity-building and community mobilization to advocate for their health and human rights. Working within a restrictive political environment, sex workers who are part of AMA have had to find innovative ways of reaching out to young people who sell sex to provide peer support and access to information and services, particularly in relation to their health. AMA community mobilization workers are trained to be particularly sensitive to the needs of young people and do not ask for any identifying information, such as their real names or ages, when carrying out outreach.

Community mobilization workers provide STI and HIV prevention tools and strategies, and links to sex worker-friendly health facilities for testing and treatment, as well as follow-up counselling and care for young people who sell sex who are living with HIV. In a context of stigma and discrimination, young people who sell sex are often reluctant to access services for fear of arrest or of being treated badly by health-care professionals. Follow-up care focuses on discussing any barriers to adherence to treatment within a safe and supportive environment, and community mobilization workers offer to accompany young people to their clinic appointments.

AMA provides support to people who sell sex who are imprisoned, particularly ensuring that young people, who are often abandoned by their families, are given nutritional support while in prison. AMA also works to reconnect young people with their families and friends upon their release to ease the transition back into the community.

**Website:** [www.facebook.com/pages/AMA-Aids-Myanmar-Association/518831108165572?sk=info](https://www.facebook.com/pages/AMA-Aids-Myanmar-Association/518831108165572?sk=info)

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## Youth-led advocacy to opposing discriminatory policing practices

### *Streetwise and Safe (SAS), New York City, USA*

SAS builds and shares leadership, skills, knowledge and community among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) youth of colour aged 16 to 24 years who experience criminalization, including youth who are – or are perceived to be – involved in selling sex. Many of these young people have experienced homelessness or are currently homeless, and many of them have sold sex for the things they need to survive.

SAS youth leaders conduct “know your rights” workshops specifically tailored to LGBTQQ youth to share essential information about their legal rights as well as strategies to increase safety and reduce the harms of interactions with police and the court system. SAS also creates opportunities for youth to participate in policy discussions, speak out on their own behalf, and act collectively for their rights. SAS has been a leader in a campaign to end the discriminatory use of “stop and frisk” procedures and other police misconduct. SAS youth testified before local and state government and successfully lobbied for changes to the New York City Police Department Patrol Guide to address violations of the rights of transgender and gender non-conforming people.

Currently, SAS is campaigning as part of the Access to Condoms Coalition to end the use of condoms as evidence in all laws penalizing the sale of sex under the New York Penal Law. Condoms found by police during stop and frisk encounters are sometimes confiscated or used as evidence for charges penalizing the sale of sex or trafficking. This practice particularly affects youth who are homeless or without a stable place to live. As a result of SAS’ advocacy, in May 2014 the New York City Police Department announced that it would discontinue the use of condoms as evidence in certain of these offenses, although SAS wants to see more far-reaching policy changes. As an SAS campaign staff member points out, “Police and courts are never an appropriate solution for youth who are selling sex, let alone police practices that put youth at risk for HIV, STIs and unwanted pregnancies.”<sup>110</sup>

**Website:** [www.streetwiseandsafe.org](http://www.streetwiseandsafe.org)

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## APPROACHES AND CONSIDERATIONS FOR SERVICES

### CONSIDERATIONS FOR PROGRAMMES AND SERVICE DELIVERY

In the absence of extensive research on specific programmes for young people who sell sex, a combination of approaches can be extrapolated from programmes deemed effective for young people or for key populations in general. It is essential that services are designed and delivered in a way that takes into account the differing needs of young people who sell sex according to their age, specific behaviours, the complexities of their social and legal environment and the epidemic setting.

#### *Overarching considerations for services for young people who sell sex*

- Acknowledge and build upon the strengths, competencies and capacities of young people who sell sex, especially their ability to articulate what services they need.
- Give primary consideration to the best interests of young people in all laws and policies aimed at protecting their rights (CRC, Article 3).<sup>1</sup> Young people under 18 years of age who sell sex have the right to be provided with human-rights-based and evidence-informed services in accordance with the minimum intervention and due process principles of the CRC, including HIV and sexual and reproductive health services, and while being protected from criminal charges, law-enforcement violence and compulsory “rehabilitation” and detention.
- Community empowerment is an essential component of service provision. Involve young people who sell sex meaningfully in the planning, design, implementation and evaluation of services suited to their local needs.
- Make the most of existing services and infrastructure, and scale these up.
- Make programmes and services integrated, linked and multidisciplinary in order to ensure the most comprehensive range of services possible and address the overlapping vulnerabilities and intersecting behaviours of different key populations.
- Partner with community-led organizations of young people and sex workers, building upon their experience and credibility with young people who sell sex.
- Build monitoring and evaluation into programmes to strengthen quality and effectiveness, and develop a culture of learning and willingness to adjust programmes.

*Implement a comprehensive health package for young people who sell sex* as recommended in the WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*:<sup>4</sup>

- **HIV prevention** including condoms with condom-compatible lubricants and post-exposure prophylaxis.
- **Harm reduction** including sterile injecting equipment through needle and syringe programmes, opioid substitution therapy for those who are dependent on opioids and access to naloxone for emergency management of suspected opioid overdose

- **Voluntary HIV testing and counselling** in community and clinical settings, with linkages to prevention, care and treatment services
- **HIV treatment and care** including antiretroviral therapy and management including access to services for prevention of mother-to-child transmission
- **Prevention and management of co-infections and co-morbidities** including prevention, screening and treatment for tuberculosis and hepatitis B and C
- **Sexual and reproductive health services** including access to screening, diagnosis and treatment of sexually transmitted infections, a range of contraceptive options, services related to conception and pregnancy care, cervical cancer screening and safe abortion where available, and services that protect health and human rights
- **Routine screening and management of mental-health disorders**, including evidence-based programmes for those with harmful alcohol or other substance use.

*Make programmes and services accessible, acceptable and affordable*

- Offer community-based, decentralized services, through mobile outreach and at fixed locations where sex is sold.<sup>4</sup> Differentiate approaches to reach those who do not sell sex regularly, or who may use the internet to make contact with clients.
- Ensure that service locations are easy and safe for young people who sell sex to access.<sup>111</sup>
- Integrate services within other programmes such as youth health services and drop-in centre.<sup>4</sup>
- Provide services at times convenient to young people who sell sex, and make them free of charge or low-cost.<sup>111</sup>
- Provide developmentally appropriate information and education for young people who sell sex, focusing on skills-based risk reduction, including condom use and education on the links between use of drugs and unsafe sexual behaviour. Information should be disseminated via multiple media, including online, mobile phone technology and participatory approaches.<sup>111,112</sup>
- Provide information and services through community/peer-based initiatives, which can also help young people find role models. Ensure appropriate training, support and mentoring to help young people who sell sex reach their community to support them in accessing services.<sup>113</sup>
- Address issues of parental/guardian consent for services and treatment, considered in the context of the best interests of the young person under 18.<sup>107</sup>
- Engage young people who sell sex, including those under 18 years of age, in decisions about services, recognizing their evolving capacity and their right to have their views taken into account.<sup>1</sup>

- Train health-care providers and other staff to ensure that services are non-coercive, respectful and non-stigmatizing, that young people who sell sex are aware of their rights to confidentiality and that the limits of confidentiality are made clear.<sup>3,4</sup>
- Train health-care providers on the health needs of young people who sell sex, as well as relevant overlapping vulnerabilities such as drug use.<sup>3,4</sup>

***Address the additional needs of young people who sell sex, including:***

- Primary health-care services
- Trauma and assault care, including post-rape care
- Immediate shelter and long-term housing
- Food security, including nutritional assessments
- Livelihood development and economic strengthening, and support to access social services and state benefits
- Prevention of, and response to, violence through advocacy with government, law enforcement and other perpetrators of violence, and community-led response initiatives<sup>19,107</sup>
- Support for young people who sell sex to remain in education, and fostering return to school for out-of-school young people, where appropriate
- Psychosocial support through counselling, peer support groups and networks to address stigma, discrimination, and other mental-health issues<sup>17,111</sup>
- Legal services for advocacy and assistance, including information about their rights, reporting mechanisms and access to legal redress<sup>19,107</sup>

## CONSIDERATIONS FOR POLICY, RESEARCH AND FUNDING

### ***Supportive laws and policies***

- Work for the decriminalization of sex work, same-sex behaviours<sup>ii</sup> and drug use, and for the implementation and enforcement of antidiscrimination and protective laws, derived from human-rights standards, to eliminate stigma, discrimination and violence against young people who sell sex based on actual or presumed behaviours and HIV status.<sup>4,107,114</sup>
- Change policing procedures so they do not allow confiscation of condoms for use as evidence of selling sex for criminal charges.<sup>115</sup>

ii Same-sex behaviour may be criminalized under laws against homosexuality, anal sex, “sodomy”, “unnatural sex” or other terms.

- Work toward developing non-custodial alternatives to the incarceration of young people who sell sex or use drugs or engage in same-sex activity. Institutional care should only be used as a measure of last resort and informed consent should be required. Work for the immediate closure of compulsory detention and “rehabilitation” centres and improve law enforcement practices to reflect the best interests of the child.<sup>92</sup>
- Prevent and address violence against young people who sell sex, in partnership with sex worker-led organizations. All violence – including harassment, discriminatory application of public-order laws and extortion – by representatives of law enforcement should be monitored and reported, and redress mechanisms established.<sup>4,107</sup>
- Examine current consent policies to consider removing age-related barriers and parent/guardian consent requirements that impede access to HIV and STI testing, treatment and care.<sup>3</sup>
- Address social norms and stigma around sexuality, gender identities and sexual orientation through comprehensive sexual health education in schools and supportive information for families.<sup>116</sup>
- Include relevant, rights-based HIV prevention and treatment programming specific to the needs of young people who sell sex in national health plans and policy.

***Strategic information and research, including:***

- Population size, demographics and epidemiology, with disaggregation of behavioural data and HIV, STI and viral hepatitis prevalence by age group and sex.<sup>iii</sup>
- Research into health interventions and programmes for young people who sell sex and the effectiveness of their delivery, especially services offered by sex worker-led organizations<sup>3</sup>
- Research into the impact of laws and policies upon access to health and other services for young people who sell sex<sup>107</sup>
- Involvement of young people who sell sex, including those aged under 18 years, in research activities to ensure that they are appropriate, acceptable and relevant from the community’s perspective.<sup>117</sup>

iii In some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at risk for violence and stigma by identifying these populations and identifying where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by involving them in the design and implementation of the exercise. This is particularly important in the context of young people under 18 who may be made vulnerable to arrest or “rescue” operations. For more information see: *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions* (Geneva: World Health Organization, 2013) and *Guidelines on Estimating the Size of Populations Most at Risk to HIV* by the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (Geneva: World Health Organization, 2010).

## *Funding*

- Increase funding for research, implementation and scale-up of evidence-informed initiatives addressing young people who sell sex.
- Ensure that there is dedicated funding in national HIV plans for programmes with young people who sell sex, and for programmes that address overlapping vulnerabilities.
- Recognize overlapping vulnerabilities of key populations in funding and delivery of services.



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