



Senegal's success in containing HIV lies in its mobilization of people at all levels in addressing the issue

Photo: Gianni Fornara

Taking a step towards prevention

Senegal's policy of legalizing the sex trade

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In 1969 – many years before the identification of the first AIDS cases in the world – Senegal implemented a law to curb the spread of potentially dangerous sexually transmitted infections (STIs) by making routine and legal the registration of sex workers. The landmark governmental programme was designed to address widespread transmission of STIs, which the government attributed to extramarital sex. The effort led to the creation of the National Bureau for the Fight against STDs (Bureau National de la Lutte Contre les MST) and the construction of several STI treatment centres in different regions of the country.

This law institutionalized the medical follow-up and examination of self-identified female sex workers who are encouraged to enrol with a health service centre in their region. The law was amended in 1979 to prohibit registration of women under the age of 21. All registered sex workers are required to visit their regional treatment centre to receive monthly check-ups that include a vaginal examination, laboratory tests, counselling, condom delivery, and education on STIs and contraception. The programme even extends health and dental benefits to the children of sex workers who comply with the registry.

Presently, Senegal has one of the lowest rates of HIV/AIDS in Africa. A 2004 fact sheet disseminated by UNAIDS, reported a 0.8% HIV prevalence rate among adults. Senegal's success in containing HIV lies in its early response to the disease which included vigorous preventative action, care of people with AIDS, and most importantly, the mobilization of people at all levels, including teachers, soldiers, women, religious leaders, and NGOs in addressing the issue. A 1999 UNAIDS publication, *Acting early to prevent AIDS: the case of Senegal*, stresses three major factors as directly contributing to low levels of HIV transmission: sexual activity begins relatively late and extramarital sex is relatively limited; condom use during extramarital sex, especially during commercial sex, is high; and STI control programmes are well established and proven to be quite effective.

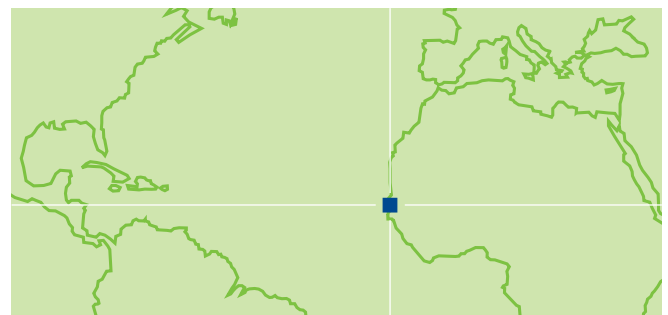
Political leadership

Although traditional and cultural norms have played a role, the Senegalese government can be credited for much of the success in keeping infection rates low. Having channelled most of the limited resources towards prevention and primary health care programmes, the government has expanded family planning services and established STI control programmes around the country while promoting safe motherhood, health education, blood transfusion safety, and contraceptive use.

At the same time, the political leadership has helped establish the foundation for an open and productive dialogue with religious and other community leaders. Since the initiation of the STI programmes, government officials and Islamic and Christian leaders (who hold integral positions in Senegalese society) have agreed to allow more open discussion about sexual behaviour and its possible effect on HIV infection. Government and religious leaders have fostered an environment conducive to addressing the concern of HIV/AIDS in the society (over 95% of the population is Muslim). Community involvement takes various forms such as peer education programmes or focus group discussions among women's organizations and has been central to HIV/AIDS education and prevention.

Sex workers

The identification of sex workers from the onset as both a vulnerable and high-risk group in contracting and transmitting HIV and the



consequent public health intervention implemented through the protocol for registration gave Senegal a significant advantage over other countries when formulating HIV prevention programmes. The prevalence of HIV-1 among sex workers in Dakar increased rapidly from 0.1% in 1986 to more than 10% in 1994 and 19% in 1997. However, in 1998, it declined to 6% and has been steady at 19% since 2001. About 20% prevalence rate is common among sex workers in different regions of the country. Whether or not the Senegalese registration programme reduced HIV transmission, it has significantly prevented a far worse scenario of the epidemic as evidenced in other African nations. In fact, a 2002 WHO Surveillance Update found that among female sex workers in selected countries in sub-Saharan Africa, sex workers in Dakar, Senegal had the lowest HIV prevalence (19%) compared to women in the Democratic

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Republic of Congo (23% in Kinshasa), Tanzania (26% in Moshi), Angola (33% in Luanda), and Guinea (42% in Conakry). In Angola, Tanzania, and Congo, there is no existing policy legalizing the sex trade.

Two recent studies conducted on registered and unregistered sex workers in Dakar have raised some eyebrows over the effectiveness and benefit of Senegal's policy.¹⁻² While some may regard the data as an opportunity to criticize the country's public health intervention programme, I believe it sheds light on opportunities to improve the current model of prevention targeting sex workers in the city. Among others, the studies found that compared with recent data on registered female sex workers in Dakar, the HIV seroprevalence was significantly lower in unregistered workers (19% among registered versus 10% among unregistered). However, researchers hold the view that lower HIV seroprevalence could be attributed to lower exposure, as the unregistered workers had spent a shorter time in prostitution (mean 3.3 years versus 5.8 years for registered workers) and fewer clients (mean 1.8 versus 5.0 per week), which were counterbalanced by higher condom use among registered women (84% versus 65%). Among reasons given for non-registration, a majority of women cited ignorance of the legal system and its procedures, postponement of registration, and lack of identity papers. Moreover, many young women in the clandestine sex trade do not meet the legal age for registration and are consequently denied access to specific clinical, educational, and preventative services.

Some recommendations

The Senegalese government must allocate resources to educate its population about the availability and accessibility of its public health programme – specifically that designed for sex workers. Furthermore, the legal age for registration should be lowered so as to

include younger women who might turn to the profession. Since many sex workers will continue to remain unregistered, the government must devise alternative methods or create venues for the provision of basic medical services, education, and contraception to such women who are at risk.

For a vast majority of women not coerced into prostitution, as in the case of trafficking, engagement in the sex trade is largely due to poverty and economic instability. Many women, who are breadwinners for their families, turn to the sex trade when there is no viable alternative to meeting basic needs such as food, clothing, and shelter. Women may engage in informal sex transactions even when working in low-paid jobs in factories, bars, restaurants, etc. in attempts to secure adequate food and pay house rent.

Until health inequalities and matters of poverty are addressed directly, we cannot expect a decline in numbers of women who work in the sex trade and the prevalence of infectious diseases. Indeed, policy makers and leaders would do well to pay heed to Dr Paul Farmer who writes: "*Stopping exploitative prostitution would require addressing poverty, gender inequality, and racism, but in the absence of serious societal programmes with such aims, public health authorities can make a priority of protecting, rather than punishing sex workers.*"³ We must think seriously about the most effective, feasible, and accessible prevention strategies that will empower women who may grapple with the risk of HIV infection on a daily basis. With improvement, Senegal's proactive policy towards safeguarding women's health and the containment of HIV/AIDS through the legalization and monitoring of sex workers can serve as a precursor for successful strategies in the fight against the global spread of HIV. ■

More information about the Senegalese approach can be found in Homaitar, N. & Wasik, S., *Interviews with Senegalese commercial sex trade workers and implications for social programming*. Health Care for Women International, Vol. 26, Nr 2, 2005, pp. 118-133(16).

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2. *Bulletin Épidémiologique N° 9 de Surveillance du VIH/SIDA* (in French). Conseil National de Lutte contre le SIDA, Senegal, 2002

3. P. Farmer, *Infections and inequalities: The modern plague*. University of California Press, Berkeley, 1999