

# Therapeutic itineraries and critical routes for sex workers in access to health services

## Itinerários terapêuticos e rotas críticas de profissionais do sexo no acesso aos serviços de saúde

## Itinerarios terapéuticos y rutas críticas para las trabajadoras sexuales en el acceso a los servicios de salud

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# REVISA

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### RESUMO

**Objetivo:** Este estudo teve como objetivo descrever os itinerários terapêuticos e rotas críticas desveladas no discurso de profissionais do sexo quanto ao acesso à saúde. **Método:** Trata-se de um estudo descritivo, exploratório, qualitativo, realizado em uma casa de prostituição, com 12 mulheres profissionais do sexo. Realizou-se entrevistas, analisadas sob o método do Discurso do Sujeito Coletivo. **Resultados:** Os itinerários revelam práticas de cuidados desempenhadas a partir das experiências individuais, sendo a busca por cuidados profissionais em saúde, realizadas no setor privado, decorrente da agilidade no atendimento, diminuição da exposição e estigmas. Rotas críticas emergiram a partir do afastamento das profissionais dos serviços públicos de saúde, tal como da vivência de situações vulneráveis. **Conclusão:** Os itinerários terapêuticos estão permeados por práticas de cuidado individual, autônomo e da busca por atenção à saúde privada, com apresentação de rotas críticas decorrentes da vulnerabilidade à violência e infecções.

**Descritores:** Profissionais do Sexo; Assistência à Saúde; Acesso aos Cuidados de Saúde.

### ABSTRACT

**Objective:** This study aimed to describe the therapeutic itineraries and critical routes unveiled in the discourse of sex workers regarding access to health. **Method:** This is a descriptive, exploratory, qualitative study conducted in a prostitution house with 12 female sex workers. Interviews were conducted, analyzed under the Collective Subject Discourse method. **Results:** The itineraries reveal care practices performed from individual experiences, and the search for professional health care, carried out in the private sector, due to agility in care, decreased exposure and stigmas. Critical routes emerged from the removal of professionals from public health services, as well as the experience of vulnerable situations. **Conclusion:** The therapeutic itineraries are permeated by practices of individual, autonomous care and the search for attention to private health, presenting critical routes resulting from vulnerability to violence and infections.

**Descriptors:** Sex Workers; Delivery of Health Care; Health Services Accessibility.

### RESUMEN

**Objetivo:** Este estudio tuvo como objetivo describir los itinerarios terapéuticos y las rutas críticas reveladas en el discurso de las trabajadoras sexuales sobre el acceso a la salud. **Método:** Este es un estudio descriptivo, exploratorio y cualitativo realizado en una casa de prostitución con 12 trabajadoras sexuales. Se realizaron entrevistas, analizadas bajo el método de Discurso del sujeto colectivo. **Resultados:** Los itinerarios revelan prácticas de atención realizadas a partir de experiencias individuales y la búsqueda de atención médica profesional, realizada en el sector privado, debido a la agilidad en la atención, la disminución de la exposición y los estigmas. Las rutas críticas surgieron de la eliminación de profesionales de los servicios de salud pública, así como de la experiencia de situaciones vulnerables. **Conclusión:** Los itinerarios terapéuticos están impregnados por prácticas de atención individual y autónoma y la búsqueda de atención a la salud privada, presentando rutas críticas resultantes de la vulnerabilidad a la violencia y las infecciones. **Descriptor:** Trabajadores Sexuales; Prestación de Atención de Salud; Accesibilidad a los Servicios de Salud.

## Introduction

Therapeutic itineraries consist of movements triggered by individuals or groups in search of preservation or recovery of health. These can be mobilized in different resources that range from home-based care such as religious practices to traditional biomedical devices within Primary Care and higher levels of complexity.<sup>1</sup>

Research into the critical route in Latin America and the Caribbean has found that there are few effective social, health and community resources to help women break away from violence.<sup>2</sup>

In Brazil, the trajectory of women in the services that make up the so called violence confrontation network has been poorly evaluated, although at present several research groups are investigating these routes.<sup>3</sup>

Regarding the behavior and factors that influence the use of users to health services, it is observed that the presence of characterization and differences between users and non-users, through their profile, through the analysis of behavior patterns related to the use of health services and the identification of barriers, whether geographical, structural or psychological, from a process that is social, dynamic in character, not only influenced by biomedical devices, but lay resources and social networks, which allows the understanding of how dementia, like symptoms, are interpreted and managed by individuals and the community.<sup>4</sup>

In this context, linked to itineraries, critical routes are alternative strategies from the Unified Health System (SUS) that perform actions in Primary Care resulting in the facilitation of information and care services. Health professionals should be prepared and trained to face possible prejudices that may be perpetuated in the care of sex workers, expanding access to tests, consultations and medications.<sup>5</sup>

Thus, when observed the access of sex workers to resources and services, including health, stigma is a hindering factor for the achievement of rights, which intensifies vulnerabilities, such as sexual and mental, because, prostitution is a sexual relationship between people, in which the determining link is not affection or reciprocal desire, but the act of providing sexual pleasure in exchange for money or any other kind of benefit, and is most often performed by women, marked by discrimination and marginalization.<sup>6,7</sup> In this scenario, the "program" is the elementary unit of prostitution. Functionality This activity requires prior agreement on three items: the practices, or the content of the service that will be provided; the price; and the time available for the prostitute.<sup>8</sup>

The practice of prostitution in Brazil is not considered a crime, but not consensual, and has been understood as an immoral activity, subject to political regulations and maneuvers, transnational borders and migration control. This scenario is surrounded by invisibilities, absence of social protagonism, active voice, and governmental actions, as well as stigmatization, occurrence of the market / sex industry, exploitation, tourism / sexual exchange, mixed marriage and human trafficking in the national territory. and abroad.<sup>9</sup>

Thus, to reduce vulnerabilities and expand health actions of this public / citizens, health promotion strategies among sex workers include insertion of fundamental inputs to their work: male and female condoms, lubricants (which

prevent condom breakage mainly during anal sex), emergency treatment of sexually transmitted infections (use of electric scalpels in the treatment of condyloma) and strategies for reducing sexual risk, other preventive tests that need to be done annually, the development of physical, mental and social well-being and designing appropriate actions and devices for comprehensive health care for women, including encouraging their protagonism.<sup>5-9</sup>

In the field of health care production, the category of Nursing stands out, as responsible for health promotion strategies, disease prevention, and for the development and implementation of actions aimed at reducing prejudice and discrimination, which limit and / or make it impossible for subjects to achieve comprehensive care and equitable universal access to health needs.<sup>10</sup>

In this sense, this study is justified by the need to raise knowledge about the factors that limit the access of sex workers to services, and unveil the possibilities of expanding care and production of care in the health system and in ensuring the supply of services. actions in the public sphere, considering the different cultural, ethnic, social, geographic, gender and class contexts, as well as the minimization of stigma and inequities. The restlessness and desire to study this context in depth came from the academic realm where, through the internships, we did not see these women seeking services or studies in the academic world themselves who spoke or had a look towards this class that is so stigmatized and repressed.

Thus, as a research problem of the study, the question emerged: How are the therapeutic itineraries and critical routes unveiled in the discourse of sex workers regarding access to health? To answer this question, this study aimed to describe the therapeutic itineraries and critical routes unveiled in the discourse of sex workers regarding access to health.

## Method

Descriptive, qualitative study conducted with sex workers in a prostitution house, located in Feira de Santana, Bahia, Brazil. The research project was approved by the Research Ethics Committee of the Noble Faculty of Feira de Santana, Bahia, under the opinion number: 2.511.513, and met the criteria of the *Revised Standards for Quality Improvement Reporting Excellence, SQUIRE 2.0*.<sup>11</sup>

The study included 12 women, who were sex workers, both over 18 years old, aged between 20 and 27 years of race, self-reported brown, indigenous and white, with complete elementary schooling and incomplete high school, single marital status. , of Spiritist, Catholic and Evangelical religion, with approximately 8 months to 5 years of work in the branch, 0 to 2 children.

Regarding health-related aspects, the participants of the study considered their health status as excellent, reported using the Unified Health System (6), mentioned attending health services every six months, 12 performing laboratory tests, with 3 to 6 months of frequency, mentioning none have any current health problems as well as none taking any continuous medication other than contraceptive and none have had hospitalization.

For data collection, a semi-structured form was applied, consisting of closed questions that addressed the sociodemographic characteristics and health conditions of the interviewees, as well as open questions about the empirical

object, both individually performed, scheduled under availability. of them, in a reserved space in the prostitution house, with the prior authorization of the guardians and with the guarantee of confidentiality and reliability of the generation of the collected data, which was preceded by the presentation of the objective of the study, as well as the Informed Consent Form. (FICF), which were signed in accordance with ethical requirements, underlined in Resolution 466 of 2012 of the National Health Council.<sup>12</sup>

To collect the qualitative data, an interview was conducted, guided by the elaborated instrument, through recording, which was later submitted to full transcription and organization and coding for analysis, in compliance with the criteria established by the Consolidated Criteria For Reporting Qualitative Research (COREQ). ) for qualitative research.<sup>13</sup>

Through the process of organization, subsequently, the initial categorization of the transcribed material was performed using the NVIVO 10® Software and after this procedure emerged the Key Expressions, later Central Ideas, and Synthetic Discourses, through the application of the Discourse method. of the Collective Subject.<sup>14,15,16</sup>

## Results

The collective discourses allowed us to analyze the therapeutic itineraries of health care for sex workers, organized based on the following categories:

### Central Idea 1: Health Care Itineraries and Seeking Care Services

This central idea presents the itinerary of the experience of health care and the search for care services by sex workers, in the context of their work practice:

*I do not like to go to the health service, but I have to go, I hate to go to the hospital, I only go when I am sick, but I do not let go of going to the gynecologist, I go often, but in private service, because I do not have time to go to the post, and I don't know, it's faster. I don't like public units, only private units, so I always look for private practices in the city where I live. It takes a long time to make any appointment and consultation with a specialist, and I do not have that time, but when it is urgent and has no way I go to the public just for emergency. The SUS does not help much, does it? It does not offer the care I seek, in itself treating what I work for and most of the time I do not think it is of quality. In SUS I was poorly attended and there is prejudice yes. Sometimes I noticed the look because of the tattoo and the clothes that I like well, glued, in particular as I pay I am well attended. I do not go here in the city, I only go to Salvador, there my demands are met, so I prefer to pay, and he (refers to the medical professional) tells me everything I need to know. Just do not look for the SUS because it is bad (DSC, Sex Professionals).*

## Central Idea 2: Health Care Practice Itinerary

This central idea presents the health care practices experienced by sex workers:

*I always try to do routine exams every six months, go to the doctor. I consult with and follow up with the gynecologist every six months, mainly because he deals with my area, I work with it, and because it is dangerous. If there is something wrong I will go to the consultation first. I take a preventative exam every three months, condom use in any relationship, anal, including oral sex. I always take care of myself, a little of everything, I go to the nutritionist, I diet, I don't always follow, but I take care of myself as I can. I practice body care. I always tried to take care of myself, even before I came to this job, after all I go to college, I'm young, I have to take care of myself to prevent and prevent the disease. (DSC, Sex Workers).*

## Core Idea 3: Experiences of Health Care Search Routes in Services - Unveiling Critical Routes

The experiences and perceptions from the health care search itineraries offered in the health services with a view to attending to sex workers, and the critical routes, are unveiled in the following discourse:

*I don't think there is any differentiated care for sex workers, so I never say what I am. There is no need for anyone to know, only the gynecologist knows. Now I only look for the private one, because I've had problems in the public unit. People judge you just because of what you do, without even knowing why, especially for the business I work for. I need professionals who understand and do not judge, and in the public there is a lot, and comments, and at least in my hometown, and still do not respect the other as a person, in particular the professionals already know my situation, everyone is treated the same, but in SUS I believe that there is this difference, there is a lot of prejudice with this work. Because of this in SUS I don't think I need to count, because people don't understand, only my gynecologist knows what I work with, so they meet normal, but if they knew I don't know if it would be different, I think if I say what I do, I will suffer prejudice. In particular I never felt difficulties or resistances, everything is very easy, always a love, a affection. He (refers to the gynecologist), sees things right and tells me everything, so that I can be informed, and if he signals anything he asks me to return and explains to me to be alert, always guides me, but not all are so, most are not able. Professionals should do a different job, they should look at things more carefully, because I work with clients and this makes it easier to get sick (DSC, Sex Workers).*

*This always happen one way or the other. I've had discussions with inconvenient, drunk people, physical and psychological violence too, here and in other jobs, and I don't feel safe, because some people think that by paying, they can do whatever they want with us. I deal with a lot of inconvenient, drugged people, and we have to have a lot of waist, but sometimes there is discussion, and we have to be patient, and I try to be careful with customers, so most are already fixed (DSC), Sex Professionals).*

The therapeutic itineraries and critical routes for access to health services by sex workers, unveiled in the speeches expressed in the illustrated categories,



## Discussion

It was possible to show that sex workers are resistant to seek the SUS health service, and express negative perception about the system, as they claim delay in care, demands not tended and lack of specific care and technology available. Such scenario demarcates the distance of these professionals from the public network and the daily routine of public health services, especially those of the Family Health Strategy (FHS), making them use the private health service.

The speech reveals that there is a process of stigma of service professionals in services, which are experienced by professionals, by the way they dress, by the use of tattoo and props that society itself brings as a group of immoral practices. In this context there is a feeling of inferiority and stigmatization on the part of the service, which results in the non-belonging of these users to the health system. As a consequence, other services are sought, in particular private clinics in surrounding cities, especially larger ones, to meet their health demands and to guarantee the desired anonymity.

There is a lack of financial resources and the difficulty of finding work, an unveiled factor in the discourse, as the motivation for women to enter the sex market, as a means to their subsistence, not rarely, to escape from family.<sup>17</sup>

Regarding the daily work, sex workers reveal existing difficulties, which are related to the way society sees them. In addition, prejudice is emphasized, as this is the main hindering factor for the performance of the workday, which causes these professionals to experience fear and shame. Such situation makes them vulnerable, given the structural conjuncture that marginalizes and labels them, making them look for therapeutic itineraries of health care, far from the sphere of attention exercised in SUS.

Regarding health care, provided by services to sex workers, it is observed that there are no references of these professionals to the actions performed in the territory in which they reside, especially the Family Health Unit. They only highlight the specialized attention that is given privately.

Regarding care practices, the itineraries reveal that sex workers seek more specific care, and directional thus refer to attention focused on gynecological care in which they express a greater need and concern to prevent and treat. In addition, all report condom use in all relationships, whether anal, vaginal or oral, aesthetic care, physical activity practices and diet.

Regular condom use is still known to be one of the most effective methods for preventing the transmission / transmission of sexually transmitted infections (STIs). Still, even informed of the risks they face, some women find it difficult to control the use of the penile condom, which is often under the authority of men during sex. However, it is emphasized that the decision whether or not to allow unprotected sex should be ensured during sex.<sup>18</sup>

The profession brings great vulnerability, fragility in relation to the safety of these women, since many report physical, psychological violence and often not feeling safe, which can configure the existence of critical routes in the professional practice, such as in the search for health care. The exchange of service between professional and client makes them submit to risk situations, which often as reported by them, because they are paying they think they can do

and everything, including aggression. Despite all the reports due to various needs, they remain in service, always seeking to be careful with customers.

Given the number of sexual partners that sex workers have, and the not always constant custom of condom use, there is a greater concern among them about the transmission of STIs, as the wide variety of partners increases the risk of contamination. Thus, we realize the need for them to use, without restrictions, condoms, even with fixed customers.<sup>19</sup>

In addition to this dimension, attention is drawn to the vulnerabilities generated by the situation of violence that sex workers are exposed to, as well as the context of drug addiction, as evidenced in other scenarios. 20 Integrative literature review study showed a predominance of physical and mental suffering experienced by sex workers, resulting from the insertion in the professional activity, given the context of absence of opportunities for insertion in the formal labor market.<sup>21</sup> Thus, the understanding of these vulnerabilities, should be understood as critical routes, which added to the process of stigmatization, can further remove women from social protection devices and equipment, such as health, so it is relevant to be analyzed, so that this audience is assisted.

The care of the public unit, as well as the use of SUS is seen as the last option for some, and as a result of their professional choice, being reported by her, the judgment in these public services (by health professionals) without even knowing the reason why, led her on this path, in view of this, out of fear and fear of judging that these professionals are not able to understand and include in the social group choose not to use the public service. Sex workers do not report on their profession for fear of being discriminated against, stigmatized and some for having experienced this prejudice in the services. Given this scenario, there is a need to strengthen the spread of SUS in spaces where there is professional sex activity, such as prostitution houses, clubs, motels, saunas and others, as a way to increase the visibility of the system and promote coverage. desired health and health.

Weaknesses in health actions within the healthcare system directed at professionals are evidenced in the Brazilian context. A study conducted in Fortaleza, Brazil, identified that female sex workers experience barriers in accessing resources and technologies available in the SUS, such as HIV testing, in addition to lack of vacancies due to spontaneous care and the presence of prejudice and breakdown. Another study that analyzed the experience of sex workers, points out that the actions performed in health services directed to this public is limited to Pap smears collection, emerging the need for the expansion of health care.<sup>23</sup>

As a way to overcome the stigmatizing processes directed to sex workers in access to health services, successful experiences have been developed, which point to popular health education as an effective instrument. Popular participation has played a leading role in the social movement of prostitutes, contributing to the enhancement of identity appreciation, as well as to the commitment to the right to free health.<sup>24,25,26</sup>

The strengthening of occupational health education directed at sex workers has been a successful experience, in addition to understanding the daily lives of these professionals, considering their existence and their way of seeing life. It is also emphasized the importance of recognizing this professional category and its



identity, in order to promote integral care, considering the subjectivities, specificities and singularities.

## Conclusion

The therapeutic itineraries taken by sex professionals in the present study show that the search for care in the Unified Health System (SUS) are few or many times absent among the research participants, who prefer the use of private services, as they claim have your demands met.

Sex workers bring to light in the study the stigma, judgment and failure of care provided by SUS, even considering the presence of rights in full and welcoming access to the system, revealing the removal and non-belonging of these professionals to the system. Due to this problem, the therapeutic itineraries reveal the existence of critical routes, which are related to autonomous care practices, the distancing of the coverage of public health actions and the vulnerabilities printed by the professional activity.

The itineraries also revealed that sex workers use condoms in all penetrative relationships, perform care with food, from eating diets, take care of appearance through aesthetic resources, perform physical activity practices, perform laboratory tests and periodically attend health services for gynecological care.

The study is limited by presenting a particular scenario, besides not including men in the investigation and in order to identify the characteristics of the itinerary and the routes traveled by them. However, the study presents relevant and necessary issues for the field of health care and access to services, being an important finding for the establishment of health care actions and the strengthening of health policies, focusing on equity and comprehensiveness. attention and fight against institutional violence.

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