Contemporary research on sex work


Contemporary research on sex work is an edited collection of 11 chapters, all of which have been published in the Journal of Psychology and Human Sexuality, being copublished simultaneously in the journal with the same title as the book. The chapters focus on the variety of sex workers’ experiences to be found by comparing some sex work categories. Only physical-contact sex work is covered. There is nothing on pornographers, dancers, storytellers or other erotic artists, phone-sex line operators or the many designers, manufacturers and retailers of sexual products and services. Nor is this book about research methods that might be suitable in this sensitive, criminalised and ethically demanding field, where data are often inaccessible and access confers contagious stigma on the researcher.

Nevertheless, several of the articles are well researched and have something to add to the field. Joanna Busza’s article is on how Vietnamese sex workers in Cambodia perceive risk. She applies up-to-date sociological theories of risk in her evaluation of a community health project. She shows how the social conditions of Cambodian brothels, assumptions about gendered power, the influence of managerial control and weak peer networks serve to limit human rights of sex workers. Busza attends to the prioritisation of other competing and relative rights of sex workers and thus uncovers data to extend epidemiological concern with unprotected sex to more holistic concerns that encompass life planning, power dynamics, risk calculations and control.

Morrison and Whitehead’s work on stigma resistance among gay-identified sex workers in Canada is to be commended for its clear account of participant recruitment from escort adverts and for its appropriate use of interpretative phenomenological analysis. Their discovery of four main strategies to combat sex-work negativity sheds light on both their participants’ abilities to execute these techniques and their awareness of the negative assumptions that are commonly made about them. Although these findings suggest that male escorts are successful in countering these stigmas from the wider society, they raise questions regarding their own subsequent derogation of street sex workers.

Linda Cusick

CORRESPONDENCE

The prevalence of Neisseria gonorrhoeae negative for proline iminopeptidase in Asturias, Spain

Alexander et al have recently reported the prevalence of Neisseria gonorrhoeae negative for proline iminopeptidase (Pip) in England and Wales. This is a considerable problem given that many commercial biochemical test panels (Gonochek II, API NH or RapidID NH) monitor the presence of this enzyme and generate a false-negative identification. As data are scarce, we present our findings of the past 4 years.

A total of 143 isolates from consecutive patients were received during a 4-year period (2003–2006) at the Regional Laboratory for Gonococci, Hospital Monte Naranjo, Oviedo, Spain. This unit receives all the isolates of N gonorrhoeae in Asturias, a regional county in the north of Spain. We found two Pip-negative strains isolated from men and with at least 50% of these men have sex with each other. One of the strains isolated in a man was also found in his female partner. All of the isolates were serovar IB (4 subtypes serovar pyovut, 2 porfut, 1 s1pov, 1 pyovut, 1 rep1 and 1 pyovut). The subtypes found by Liminos et al in Sydney were mainly Bpyovut (24.8%) and Bpyovut (69.1%). We found two subtypes in 2003 (2 of 29; 6.9%), 4 in 2004 (4 of 21; 19%), 4 in 2005 (4 of 37; 10.8%), and none so far in 2006 (0 of 28).

Until relatively recently Pip-negative strains had not been widely reported, with 0.5% in 1991, but in 2001 17 strains were found in Bristol, UK. Blackmore et al found that between 2002 and 2004 2% of the isolates were Pip negative. Alexander et al reported a prevalence of 4.3%; we found a prevalence of 6.9%. Together these data indicate an increase in prevalence.

For Alexander et al, the increase in prevalence may indicate a selective advantage or be an artefact, but the latter is not the case in our report because we used the same methodology during the period of study. The fact that 40% of our subtypes show the same serovar could suggest that they were from the same strain; however, our study period was 4 years and the isolates were identified throughout that time, so we cannot attribute to one specific serovar outbreak.

We believe that it is preferable to use two methods of identification, and alterations to the diagnostic strategies may need to be considered.

Acknowledgements

We are grateful to Dr JA Vazquez in the Reference Laboratory for Gonococci, National Centre of Microbiology, Institute of Health Carlos III, Madrid, Spain, for the definitive characterisation of the gonococci.

L Otero
S Microbiologia, Hospital de Cabueñes, Gijon, Spain

M Alvarez-Anguelles
S Microbiologia, Hospital Central de Asturias, Oviedo, Spain

H Villar
S Microbiologia, Hospital San Agustin, Aviles, Spain

J Diaz-Gigante
S Microbiologia, Hospital de Arriadas, Spain

F Correaño, F Vázquez
Area de Microbiologia, Hospital Monte Naranjo, Oviedo, Spain

F Vázquez
Area de Microbiologia, Facultad de Medicina, Oviedo, Spain

Correspondence to: Fernando Vázquez, Area de Microbiologia, Facultad de Medicina, C/ Julian Claveria s/n, 33006 Oviedo, Asturias, Spain; f.vazquez@uniovi.es

In the December issue of the journal there was an error in an author’s name (Truong H-H M, Kellogg T, Klauser J D, et al. Increases in sexually transmitted infections and sexual risk behaviour without a concurrent increase in HIV incidence among men who have sex with men in San Francisco: a suggestion of HIV serosorting. Sex Transm Infect 2006;82:509–12). The correct name of the first author should be Truong HM.

doi: 10.1136/sti.2006.022699

In the December issue of the journal there was a mistake in the last sentence on the first page of the article by Dean GL. Near-patient testing will not improve the control of sexually transmitted infections. Sex Transm Infect 2006;82:509–12. The sentence should read “What must not be forgotten is that most laboratories will only report a specimen as truly positive, if on re-testing using a different platform the second result is also positive.”
CORRECTION

Sex Transm Infect 2007 83: 76
doi: 10.1136/sti.2006.019950.corr1

Updated information and services can be found at:
http://sti.bmj.com/content/83/1/76.3

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/