

S20 – CRIMINALIZATION, THE LAW AND SEXUAL HEALTH

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1:45 PM – 3:15 PM

S20.1 UNDERSTANDING HOW LAWS AND POLICIES AFFECT HIV PREVENTION PRACTICES: A THEORETICAL APPROACH

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Laws and policies play a critical role in creating contexts for the prevention of HIV. Research for example shows that incriminating laws, and policy absences, prevent certain population groups from taking full advantage of existing HIV prevention services, constrain the development of new interventions, contribute to stigma and discrimination, and reinforce social disadvantage. While an enabling law and policy environment in the form of regulations and guidelines is central to the fight against HIV, reducing laws and policies to 'context', overshadows the complex mechanisms through which they come to have effect on HIV prevention practices. To support further research into how laws and policies shape HIV prevention practices, I explore the potential of social practice theory as an approach for interrogating how laws and policies mediate links between individual, community, and societal phenomena. I introduce a 'table of questioning' for identifying the range of material, symbolic, competence, relational and motivational law and policy elements that may affect HIV prevention practices. I argue that such exploration can facilitate analysis and action of the links and connections between laws, policies, elements, and social practices that establish (dis)engagement with HIV prevention practices as a possible and desirable thing to do. Such analysis can help uncover local hitherto un-identified issues and provide a platform for novel synergistic and combination prevention approaches for action that are not otherwise obvious.

Disclosure No significant relationships.

S20.2 INTERSECTIONALITY, CRIMINALISATION AND SEXUAL HEALTH

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Intersectional stigma converges with criminalization to produce sexual health disparities. The convergence of socially marginalized identities constrains sexual rights, as well as provides opportunities for resilience, resistance, and solidarity. This presentation explores how an intersectionality lens helps to elucidate the ways that criminalization shapes sexual health across diverse populations and contexts. This presentation draws from three community-based studies. Applying a multiple case study design to these studies provides the opportunity to examine broader themes of intersectionality and criminalization and how these shape sexual health across global contexts.

A qualitative study was conducted with lesbian, gay, bisexual and transgender (LGBT) persons in Lesotho, a country where same-sex practices were recently decriminalized but there remains no legal protection from discrimination for LGBT persons. A mixed-methods study was conducted with LGBT youth and gender diverse sex workers in Jamaica, where sex work and same sex practices are criminalized. Finally, a quantitative study was conducted with urban refugee youth in Uganda, where sex work is criminalized. We found that managing and negotiating sex—and in turn sexual health—was constrained by intersectional sexual rights violations. The ways by which persons were affected by criminalization differed based on intersectional identities, including gender, sex work and sexual orientation. By examining contexts of constrained sexual rights, we found that survival challenges included pervasive violence—including from police, limited healthcare access, employment & housing barriers, barriers to accessing prevention tools, and barriers to healthy relationships. Participants across contexts discussed awareness of, and strategies to navigate, these barriers to sexual health. Criminalization of sex work and LGBT identities constrains negative and positive sexual rights. An intersectional lens provides insights into both intercategory complexity—shared and differential experiences across populations and contexts—and intracategory complexity of lived experiences within socially marginalized groups. Findings can inform intersectional, structural-level sexual health interventions.

Disclosure No significant relationships.

S20.3 THE HEALTH IMPACTS OF SEX WORK CRIMINALIZATION: A REVIEW OF THE EVIDENCE

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Background Sex workers are at disproportionate risk of violence and sexual and emotional ill-health, harms that have been linked to criminalisation.

Methods We synthesised evidence on the extent to which sex work laws and policing practices, affect sex workers' safety, health and access to services, and the pathways through which these effects occur. We searched bibliographic databases for research with sex workers of all genders and terms relating to legislation, police and health. We operationalised criminalisation into categories of lawful or unlawful police repression of sex workers or their clients. We included quantitative studies measuring associations between policing and outcomes, and qualitative studies exploring related pathways. We conducted a meta-analysis to estimate the effect of experiencing physical/sexual violence, HIV/sexually transmitted infections (STI) and condomless sex, comparing individuals exposed and unexposed to repressive policing. We synthesised qualitative studies iteratively, inductively and thematically.

Results We reviewed 40 quantitative and 94 qualitative studies. Meta analyses suggest that on average sex workers who had experienced repressive policing were at increased risk of sexual/physical violence from any party (OR=2.99 95% CI=1.96–4.5, n=5204), increased risk of HIV/STIs (OR=1.87, 95% CI=1.60–2.19, n=12506) and more likely to practice condomless sex (OR=1.42 95% CI=1.03–1.94, n=9447) compared to those who had not. The qualitative