

Occupational Health and Safety of Sex Workers: A Review Article

Pitchaya Chevasutho and Wiroj Jiamjarasrangsri 

Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Correspondence: Pitchaya Chevasutho, MD, Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok 10700, Thailand.
E-mail: che.pitchaya@gmail.com

Received: July 7, 2021;
Revised: October 25, 2021;
Accepted: December 8, 2021

© The Author(s) 2022. Open Access



This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made.

ABSTRACT

The sex industry in Thailand is estimated to be one of the largest grey market businesses in the country, grossing approximately 0.2-billion baht per year. However, a thorough occupational hazards investigation has not been performed on this industry, and full healthcare services for workers in the industry are rarely provided, supposedly due to the illegality of their jobs and to the substantial stigmatization from society. This study reviewed the relevant literature, news and articles related to the occupational health and safety of commercial sex workers, then classified the findings into several related factors: legal viewpoint, violence, mental health problems, alcohol and drug abuse, sexually transmitted diseases, musculoskeletal disorders, and unwanted pregnancies. Increasing the occupational health and reducing the safety risk of sex workers is an area with promising growth potential, as these workers are a valuable workforce whose intrinsic needs are not being met.

KEYWORDS sex workers, occupational health

INTRODUCTION

Presently, health checkups for commercial sex workers are believed to be solely for the benefit of customers rather than for the benefit of the sex workers themselves, and there currently exists no legal framework specifically addressing the health and safety of commercial sex workers in Thailand. This situation is due to several factors, including the country's religious beliefs, moral dilemmas, and other social limitations. Additionally, as most commercial sex workers are women, including both genetic and transgender women, their experiences tend to be devalued, and they face sexual discrimination stemming from Thailand's deep-rooted patriarchal system. As a result, some commercial sex workers conceive of themselves as being inferior in terms of the country's social hierarchy, so seeking proper health care and safety seems to be out of the question for them.

This review aims to illustrate sex workers occupational hazards, as understanding those hazards is essential to improving their occupational health and safety.

METHODS

The authors explored associated aspects using several keywords including 'occupational health' and 'safety' together with 'sex workers' via online research database platforms, i.e., PubMed and Scopus. Related news and articles were collected through online search engines both in Thai and English and then screened.

After researching the occupational hazards faced by commercial sex workers, the findings were classified into several categories followed by a discussion on the nature of the occupation's legality along with possible future solutions.

RESULTS

Characteristics of sex workers in Thailand

Until BE 2503, sex work was a lawful occupation in Thailand. That year the first Prostitution Suppression Act was enacted. That act, which criminalized sex work, was later replaced by the BE 2539 Prostitution Suppression Act, which is still currently in place. As a result of these acts, voluntary sex work became illegal under Thai law, and sex workers were generally criminalized, a situation that has resulted in several concerns (1).

It is speculated that there are approximately 250,000 commercial sex workers in Thailand. Sex work is also considered to constitute the largest portion of the 'grey business market' based on the yearly gross income it generates, which is believed to be around 0.2-billion baht (2,3).

According to the sex workers support charity Service Workers in Group (SWING) president and Thammasat University political science professor Dr. Chalidaporn Songsamphan, there are approximately 50,000 commercial sex workers in Pattaya, contributing about 268 billion baht a year to Thailand's economy (4).

Since the initial enactment of the Prostitution Suppression Act in BE 2503, several types of entertainment businesses have either been permanently closed or have been operated clandestinely, e.g., as massage parlors, traditional Thai massage parlors, bathhouses, karaoke bars, beer bars, go-go bars, snack bars and barber shops (5). Some of these service places were established ostensibly for other purposes under a facade. Some might even provide sex workers a fixed revenue share while others provide only proffer rental opportunities for self-employed sex workers. Since the emergence of the internet era, more and more sex workers have preferred to work as freelancers and to garner customers across several internet platforms, for example, 'pretty or PR', sideliners, and even street wanderers.

Overall, sex workers in Thailand are categorized into a slipshod hierarchy, distinguished either by their physical appearance, workplace, or monthly revenues. A study by Plumridge (6) found that this social hierarchy is one of the factors determining the level of occupa-

tional risk sex workers encounter. That study also stated that sex workers seldom, if ever, moved from a lower to a superior status level. This is because sex workers from different hierarchies rarely interact or exchange information regarding their work problems or possible solutions, nor are they able to engage in network-building as workers in labor unions do in other occupations.

This existing social hierarchy can potentially have a drastic, and even potentially fatal, effect on sex workers. A study (7) of sex workers in Glasgow, Scotland showed that female sex workers with lower socioeconomic status are at much greater risk when dealing with customers. Sex workers who work on the street face the highest risk, while those who work at a service establishment face a medium level of risk, and escorts are at a lower risk compared to the others (8). Even in countries with legalized sex work, sex workers who work as freelancers and those who come from marginalized communities are at greater risk than those who work in a registered establishment because they are likely to face greater health and safety hazards, lack legal protection, and lack appropriate access to health services.

According to the International Labor Organization of the United Nations (ILO), occupational safety and health (OSH) is defined as, "the science of the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment" (9). The authors classify sex workers' occupational health hazards as mental health problems, alcohol and drug abuse, sexually transmitted diseases, musculoskeletal disorders, and unwanted pregnancies, whereas occupational safety includes violence, e.g., bodily assaults. Finally, the legal aspects are important, as they undeniably hinder sex workers from moving towards healthy, safe, and decent working conditions.

Violence against sex workers

One study (10) researching violence against sex workers found that it could be divided into two main categories: physical abuse and de-

liberate avoidance of payment, i.e., theft. Most violence originates from clients, but is not limited to them. Perpetrators of these two forms of violence might include members of the police, the neighborhood, or the community, or they may even be the partners or spouses of the sex workers themselves.

In Thailand, legal reports of violence and bodily assault against sex workers are rarely recorded, mostly because the sex workers prefer not to report them out of fear of the police officers and the risk of being criminally charged with sex work (11). In a study conducted in England (12) among 240 female sex workers, 63.8% had encountered violence from clients in the past, and 37.5% claimed to have been assaulted recently or within the past 6 months. Of those incidents, only 34% were reported to the police.

In terms of physical violence, Farley (13) studied the incidence of traumatic brain injury among 66 female and transgender sex workers. Sixty-one percent of them had experienced either being hit with an object or having had their heads slammed into objects while engaging in sex work. These women sustained several types of injuries with symptoms including dizziness, headaches, difficulty sleeping, depression, memory problems, fatigue, and weight change. Symptoms varied in duration, ranging from acute to long-term health effects.

A study in India (14) showed that 43.9% of the 222 burn patients in hospitals were injured as a result of deliberate action; hundreds of these victims were commercial sex workers. These burn victims endured scalding water, fire, cigarette burns, or chemical burns such as acid burns, mostly used to humiliate and dehumanize them. The more severe cases suffered permanent disfigurement and contracture scars, permanently limiting their range of motion.

During times of economic duress, authorities and pimps alike tend to exploit people working at the economic fringes. Presently, some sex workers have chosen to resort to recruiting customers online, resulting in potentially risking their lives by being assaulted or entrapped (15). Previous research reports have stated that repealing the criminalization of sex workers would reduce the risk of violent acts against

them (16). Furthermore, as violence against sex workers seems to be under-reported, anti-violence campaigns should be promoted and reporting of violent crimes should be encouraged among sex workers, so that proper and timely management can be ensured.

Mental health issues

Farley (17) studied female sex workers in 9 countries, including Thailand, and reported that 2 out of 3 met the diagnostic criteria for PTSD (post-traumatic stress disorder). This number was roughly comparable in every country studied. The researcher then concluded that working in the sex industry had a negative impact on mental health that did not vary based on geographical location. On the other hand, a study by Vanwesenbeeck (18) came to different conclusions. That study found the associated victim-blaming, homelessness, and instances of drug abuse might also contribute to the prevalence of PTSD among sex workers.

Vanwesenbeeck also reviewed the level of burnout experienced by 96 female sex workers. The only characteristic clearly distinguishing sex workers from a control group was their level of depersonalization. Forty-two percent of the variance in the sex workers' symptoms of depersonalization was explained by their lack of choice, negative social reactions, experiences of violence, and lack of control when interacting with clients. As such, depersonalization might be a coping strategy for the negative conditions and experiences associated with sex work. Depersonalization is also one of the indicators of stress and emotional exhaustion, of which the latter could be the result of a lack of managerial support, negative social reactions, lack of choice, and negative work motivation. All things considered, mental health awareness programs might be beneficial for sex workers, along with accessible mental counselling and proactive mental health programs although there have been very few studies in this field in Thailand.

Alcohol and drug abuse

In some situations, sex workers might not be in a position to negotiate or to decide whether to drink alcoholic beverages or not. For instance,

cantineras, or Latina women who make a living as drinking partners in working class Latino bars, reported consuming an average of 11 beers per night, equal to 110 grams of alcohol based on the 8 oz (approximately 240 mL) size of a typical beer (19). The maximum amount consumed per night could be as high as 21 beers. This is not unlike beer bar girls or other entertainment workers in Thailand who, enticed by sales commissions, have been found to be exhorted to consume around 4-10 standard drinks per night, equal to 80 grams of alcohol. One notorious case of extreme alcohol intoxication causing mortality occurred in the case of a 'pretty' or party entertainer girl whose blood alcohol level was found to be 418 grams per 100 mL (20). Sexual propositioning was found to be frequent in these circumstances even though sex work is not mentioned in the workers' job description. Once under the influence of alcohol, workers are prone to being more vulnerable to sexual advances and to more easily misjudge clients as the acute effects of alcohol include delayed speech, loss of decision-making ability and coordination, and attention impairment. Workers in these situations receive unsolicited sexual favors and could potentially be raped, robbed, or coerced into using recreational drugs.

Potential long-term health effects of alcohol ingestion include liver disease, cardiovascular disease, pancreatic disease, and several forms of cancer. Both men and women working in bars are said to have the highest risk of mortality from cirrhosis of the liver. Periodic health examination and regular screening for drug and alcohol addiction is a simple and effective preventive method that could be implemented among sex workers.

Sexually transmitted diseases

Venereal diseases are generally one of the first things that come to mind when discussing the health hazards faced by sex workers. In Australia (21), the prevalence of bacterial sexually transmitted diseases in illegal sex workers was 80 times higher than their legal counterparts, partially because of a lack of venereal disease screening over the previous three months. The lifetime prevalence of sexually-transmitted

infection (STI) among street workers was also remarkably higher (22).

Several false beliefs were found to be factors contributing to sexually transmitted diseases among sex workers. Male sex workers assumed that transrectal intercourse would not transmit human immunodeficiency virus, or HIV (23). Some extremists (24) might even extrapolate the Undetectable = Untransmittable ideation into having unprotected sex with their clients while on their antiviral regimens when their viral load was undetectable. Religious beliefs prohibiting condom use and superstitious beliefs regarding HIV not infecting dedicated devotees are also causes of STI spread.

Presently, most sex workers are aware of the benefits of condom use during transvaginal sexual intercourse. However, some might not use condoms during oral favors, leading to the spread of pharyngeal gonorrhea infection. An additional issue found was that for some female sex workers, condomless sex was the only way to distinguish their 'partners' from 'clients'. However, socioeconomic status tends to play the primary role in a sex worker's decision to use condoms or not (25).

Bladder infections can also arise from a lack of urinary voiding after a sexual act or from using a vaginal diaphragm as a contraceptive method. An acute infection could eventually turn into a chronic one if it occurs frequently (26).

Another misunderstanding among female sex workers is that vaginal douching reduces the risk of infection when condomless sexual intercourse is performed. In fact, studies show that vaginal douching increases the risk of PID (pelvic inflammatory disease), bacterial vaginosis, chlamydia, HIV, and cervical cancer (27,28).

In order to be able to work throughout the entire month, some female sex workers choose to use a menstrual sponge during sexual intercourse with their clients, which causes irritation and increases the risk of bacterial infection; some workers also mistakenly believe that it is an effective method of contraception. The U.S. Food and Drug Administration (FDA) has reported finding of vaginal sponges contaminated with grit, sand, mold, fungus, and bacteria such as *Staphylococcus aureus*, which can cause toxic shock syndrome (29).

From the 2017 annual report of the Bureau of AIDS TB and STIs, Department of Disease Control, Thai Ministry of Public Health, the median prevalence of HIV infection among male and female sex workers was 12 and 1 per cent, respectively (5). From a report of the Thai Division of Innovation and Research, gonorrhea infection prevalence in 2016 among nonvenue and venue female sex workers was 7.3 and 4.2 per cent, respectively. Syphilis in the general population has also tended to increase over the past few years (30).

Musculoskeletal disorders

Aside from injuries sustained from trauma or from customers violence, female sex workers also suffer from musculoskeletal illnesses such as chronic pain in the wrist, arm, shoulder, jaw, back, heel and foot from repeated hand jobs, fellatio, and prolonged standing or crouching on high heels. Most of these injuries qualify as RSIs (repetitive strain injuries) and therefore could be considered work-related disorders (31). Apart from that, sex workers also face problems seeking medical attention as they are usually hindered by fear of social stigmatization and the fact that doctors' opening hours may be noncongruent with their time off.

Unwanted pregnancy

In a meta-analysis by Ampt (32), the prevalence of unwanted pregnancy among female sex workers was reported to be 27.1 per 100 person-years. Unwanted pregnancies among female sex workers can potentially lead to several health problems, such as stress regarding preterm delivery or abortion and health issues caused by undergoing an illegal abortion. Faini's study (33) claimed that proper contraception was difficult for female sex workers as bargaining over condom use can be tricky due to the power imbalance between the sex workers and their clients. Access to other contraceptive methods such as injections was also arduous as sex workers were often deterred by nonsynchronous working hours and heavy social stigmatization.

In Brazil (34), a study of 310 female sex workers found that 52.6 % had undergone an abortion, and 16.5% had had three or more

abortions. Misoprostol was the most common method, along with probing and curettage in unregulated clinics. Almost half of the cases needed to be hospitalized afterward. Some female sex workers reported being afraid of losing revenue if they carried on with their gestation.

In Thailand, among 1,000 masseuses in massage parlors surveyed, 19% reported having had an unwanted pregnancy. Odzer interviewed female sex workers in Patpong in 1997 and discovered that some of the workers who had experienced an unwanted pregnancy decided not to terminate the pregnancy. The researcher suggested that the reluctance could be partially due to Buddhist beliefs combined with other superstitious and supernatural beliefs held by the subject (26). Data from the Thai Division of Reproductive Health, Department of Disease Control in 2019 reported 63,831 unwanted pregnancies per year in women 15–19 years old, and 2,180 in individuals younger than 15 years old. Data from the Thai AIDS Access Foundation hotline reported 2,490 calls per month from women with unwanted pregnancies, including some from teenage moms (35). However, there seems to have been no proper research regarding the number among female sex workers. A more up-to-date in-depth investigation in this field is urgently needed.

Legal aspects affecting the health and safety of commercial sex workers

Among the most influential factors affecting the health and safety of sex workers is legislation and the working circumstances of sex workers, i.e., whether they are legal or not (31).

In Australia (31), where sex work has been legalized, more than half of the illegal sex workers interviewed reported being abused or raped by their clients in the past year, compared to legal sex workers who reported an incidence of only 3–15%. Furthermore, 50% of the illegal sex workers were more likely to be propositioned for condomless sexual intercourse, compared to 8–18% among legal sex workers.

As mentioned above, even though Thai people generally feel sex work is abundantly common, sex workers and the proprietors that employ them at entertainment venues still face potential charges under the BE 2539 Prostitution

Suppression Act. However, strict law enforcement has not proven to be effective against this prosperous business; on the contrary, it has brought forth discrimination (36) against sex workers, marginalized them, and forced them to do their jobs in secret, resulting in bribery and 'protection fees' paid to local authorities or officials. Some of these sex workers also encounter entrapment by the police in order to charge them with a criminal offense.

There have been attempts to repeal the criminalization of sex work instituted by the BE 2539 Prostitution Suppression Act. To remove the stigmatization these workers face, a decriminalization or legalization approach needs to be pursued.

Legalization is defined as the regulation of sex work with laws regarding where, when, and how sex work can take place (37). Legalization alone, however, leaves room for law-enforcement officials to criminalize those sex workers who cannot or will not fulfill various related bureaucratic responsibilities. Some say this approach will further exclude sex workers who are already marginalized, such as undocumented workers or individuals with drug addiction, making the situation even more precarious (38).

Decriminalization, on the other hand, eliminates all relevant laws and prohibits state and other law-enforcement officials from intervening in any sex work-related activities or transactions unless other laws have been broken. In the case of sex work, other criminal charges which could still be brought against wrongdoers include those relating to human trafficking, child labor, deprivation of minors, and exploitation.

In Nevada, the only state in the U.S.A. where sex work is legal, female sex workers are asked to be tested for gonorrhea and chlamydia every week as well as syphilis and HIV testing every month. Rhode Island also allowed the decriminalization of sex work from 2003-2009. A study (39) found that during that 7-year period, the incidence of rapes in Rhode Island reported to the Federal Bureau of Investigation (FBI) dropped drastically, as did the incidences of gonorrhea infection according to the US Centers for Disease Control and Prevention (CDC).

Legislation is one of several potential methods used to modify the definition of sex work. In 1999, Sweden prohibited the purchase of sex, while the selling of sex was still considered legal. Additionally, sex work was officially redefined from being a crime that women were blamed for to a crime relating to gender inequality and the personal responsibility of the clients. This idea was quickly adopted in Norway and Iceland in 2009. However, there is still speculation about the efficacy of this legislation because these regulations left sex workers in an awkward situation: as the number of clients per sex worker rose and the overall quality of the clients declined, the remaining clients were only those not fearful of law enforcement.

Apprehension or criminal charges by government officials also results in multiple health problems, a lack of safety, and a general worsening of the working conditions faced by many sex workers (31). For example, sex workers might be forced to accept clients before proper negotiation or without using sound judgement for fear that the police might detain them. Some street workers have reported that they have refused to carry condoms or lubricants around because those items might be later used as evidence for sex work charges against them (15). Sex workers facing criminal charges under the BE 2540 Criminal Code Amendment Act, Section 282 could receive 1 to 10 years imprisonment and fines of 2,000 to 20,000 baht (40).

Stringent law enforcement has also been found to be associated with greater violence against sex workers from customers, drug dealers, community members, local gangsters, spouses, or, even more, law enforcement officials (31). Scrupulous police patrolling forces sex workers to not accept clients in public places or known establishments. Instead they are forced to do their business in private, risking potential violence or even death.

In Thailand, police may 'kindly ask' for the brothel owners to "sign off" some of their sex workers to a police station. Those sex workers would then be charged a specific amount of money and receive criminal records. This type of situation often occurs when senior police officials decide that cracking down on sex work is a pressing matter. There have also been a sig-

nificant number of incidents where violence by authorities has occurred to coerce sexual and other favors, such as 'protection fees', which harm the health and safety of sex workers (11).

Apart from the BE 2539 Prostitution Suppression Act, sex workers face even more obstacles through the enforcement of the BE 2551 Suppression of Human Trafficking Act, the Entertainment Places Act, and Labor Laws. The BE 2541 Labor Protection Act theoretically provides protection for sex workers, but in reality the aforementioned law has not been properly enforced in the sex industry. Lowe stated in a report to United Nations Development Programme (UNDP) that "the reasons for lack of compliance with labor laws relates to the weak regulatory environment in Thailand and the stigma faced by sex workers" (40).

As COVID-19 has significantly negatively affected Thailand's economy, the tourism industry has been no different from the rest. Having previously garnered more than 10 per cent of gross national income, the sex business now seems to be left behind. Sex workers are not properly compensated for pay loss as they are, in fact, illegal workers and hence cannot be compensated under section 33 of the Social Security Act (41).

DISCUSSION

From an outsider's perspective, deliberately making a career out of sex work in and of itself is an act of free will. While that may ring true for some, for others who are less fortunate there is more to this grey business than meets the eye. Ever-growing daily expenditures inconsistent with wages could be one of the factors compelling an individual to choose sex work as an occupation, as it generates 25 times more revenue than other jobs in the market (26). Other individuals are so determined to earn money that they decide to leave their hometown and move to a tourist destination to make a living as a sex worker, some with the additional burden of supporting their extended family.

Major obstacles blocking the path to successful health and safety promotion among sex workers are undeniably legislation and stigmatization (42). It is nearly impossible to provide full healthcare service for sex workers

under the current circumstances. Even in the absence of radical uprisings against the occupation or fatal punishment under religious law as in some countries, political movements by activists in Thailand have not been as successful as they should be. Nevertheless, advocates need to try their best to repeal the acts criminalizing sex work and to promote welfare and basic healthcare support for sex workers. They also need to advocate for sexual equality as a means of closing the economic gap as much as possible.

Legal change in Thailand could follow examples from several other countries and states where various regulations regarding sex work have been promulgated, each with distinctive degrees of success and failure. Currently, legal experts suggest that a criminalization approach alone might not create the desired outcomes and could further negatively impact sex workers. Rather, legalization, partial legalization, and decriminalization are among the approaches that the state could take as a means of improving the health and safety of sex workers.

Campaigning against sex work stigmatization is another way to help sex workers gain access to healthcare services. From a study in four countries in Africa (43), some sex workers were rejected for basic healthcare service related to sexually transmitted diseases or injuries from physical assaults and rape, primarily male and transgender sex workers. They were then compelled to seek healthcare from private hospitals or clinics at a higher price. Health promotion and protection from the government alone would not reach these groups of people.

Periodic screening for sexually transmitted diseases, brain injuries, mental health problems such as burnout syndrome, depression, and PTSD should be encouraged. Sexual health literacy, along with health education and promotion, could be beneficial for sex workers, clients, and others, e.g., government authorities and officials, police, community members, and the general public. Quantitative studies, including cost-benefit analyses, should be conducted to determine which policies should be implemented for maximum effectiveness. Operation of the sex business is based on having at least two consenting parties. For that reason,

trying to focus the entirety of resources on sex workers alone might not be the most effective. Sometimes it takes two (or more) to tango.

It is time that Thailand view this occupation in a new light, that of equal human beings who are pursuing a respectable occupation to feed their families and who are entitled to basic welfare, just like other members of the general population.

CONCLUSIONS

Occupational health and safety for sex workers in Thailand is an area which urgently needs to be explored. In order to ensure the well-being of sex workers be at the same level as individuals engaged in any other respectable occupation, a review of legal and medical aspects related to sex workers is a pressing matter requiring immediate attention.

REFERENCES

1. iLaw. BE2503-BE2539-Today; The sex business is still in the grey world. 2013. [cited 2013 Jul 18]. Available from: <http://www.ilaw.or.th/node/2863>.
2. UNODC. Transnational Organized Crime in East Asia and the Pacific. United Nations Office on Drugs and Crime; 2013.
3. Thanathip-Paripat T. "Prostitution" In Depth, The Main Income Of Thailand's black market: Prachatai; 2015. [cited 2015 Jan 21]. Available from: <https://prachatai.com/journal/2015/01/57488>.
4. Mazoe Ford SV. Sex workers have long been disapproved of in Thailand. Now they are calling for their billion-dollar industry to be recognised 2021 [updated 12 Nov 2021]. [cited 2021 Nov 12]. Available from: <https://www.abc.net.au/news/2021-11-12/why-thailand-s-sex-workers-want-the-industry-legalised/100556522>.
5. Annual Report of Bureau of AIDS TB and STIs: Department of Disease Control, Thai Ministry of Public Health, 2017.
6. Libby Plumridge GA. Plumridge L, Abel G A 'segmented' sex industry in New Zealand: sexual and personal safety of female sex workers. Australian and New Zealand Journal of Public Health. 2001; 25:78-83.
7. Bernard MA. Violence and vulnerability: conditions of work for streetworking prostitutes. Sociology of Health & Illness. 1993;15:683-705.
8. Seib C, Fischer J, Najman JM. The health of female sex workers from three industry sectors in Queensland, Australia. Social Science & Medicine. 2009;68:473-8.
9. ALLI BO. Fundamental principles of occupational health and safety: International Labour Office – Geneva: ILO; 2008.
10. Bletzer KV. Risk and danger among women-Who-prostitute in areas where farmworkers predominate. *Med Anthropol Q*. 2003;17:251-78.
11. Vitooraporn P. Legal problems in criminalization of prostitute. [Master's thesis]. Bangkok, Faculty of Law, Chulalongkorn University, 2017.
12. Church S, Henderson M, Barnard M, Hart G. Violence by clients towards female prostitutes in different work settings: questionnaire survey. *BMJ*. 2001;322:524-5.
13. Farley M, Banks ME, Ackerman RJ, Golding JM. Screening for traumatic brain injury in prostituted women. *Dignity: A Journal on Sexual Exploitation and Violence*. 2018;3(2). Article 5. <https://doi.org/10.23860/dignity.2018.03.02.05>
14. Rahman N, Sinha I, Husain F, Shah A, Patel A. The incidence of burns among sex-trafficking victims in India. *Yale J Biol Med*. 2014;87:263-7.
15. Somjittranukij K. It's hard being a female (sex worker): bribery, accomplishment, and coup D'état: Prachatai; 2017. [cited 2017 Oct 30]. Available from: <https://prachatai.com/journal/2017/11/73930>.
16. Brents BG, Hausbeck K. Violence and legalized brothel prostitution in Nevada: examining safety, risk, and prostitution policy. *J Interpers Violence*. 2005;20:270-95.
17. Farley M, Cotton A, Lynne J, Zumbeck S, Spiwak F, Reyes ME, et al. Prostitution and trafficking in nine countries. *Journal of Trauma Practice*. 2004;2:33-74.
18. Vanwesenbeeck I. Burnout among female indoor sex workers. *Arch Sex Behav*. 2005;34:627-39.
19. Fernandez-esquer ME. Drinking for wages: alcohol use among cantineras. *J Stud Alcohol*. 2003; 64:160-6.
20. Ngamkham W. Alcohol intoxication took Lunlabelle's life, autopsy finds: Bangkok Post; 2019. [cited 2019 Sep 23]. Available from: <https://www.bangkokpost.com/thailand/general/1756429/alcohol-intoxication-took-lunlabelles-life-autopsy-finds>.
21. Loff B, Gaze B, Fairley C. Prostitution, public health, and human-rights law. *The Lancet*. 2000;356(9243).
22. Seib C, Debattista J, Fischer J, Dunne M, Najman JM. Sexually transmissible infections among sex workers and their clients: variation in prevalence between sectors of the industry. *Sex Health*. 2009; 6:45-50.
23. Chemnasiri T, Netwong T, Visarutratana S, Vrangrat A, Li A, Phanuphak P, et al. Inconsistent condom use among young men who have sex with men, male sex workers, and transgenders in Thailand. *AIDS Educ Prev*. 2010; 22:100-9.
24. Mahavongtrakul M. Beyond the stigma: Bangkok Post; 2020. [2020 February 12]. Available from: <https://www.bangkokpost.com/life/social-and-lifestyle/1855804/beyond-the-stigma>.
25. Fang X, Li X, Yang H, Hong Y, Stanton B, Zhao R,

et al. Can variation in HIV/STD-related risk be explained by individual SES? Findings from female sex workers in a rural Chinese county. *Health Care Women Int.* 2008;29:316–35.

26. Keown D. *Buddhism and abortion*. London: McMillan Press; 1998.
27. Wang B, Li X, Stanton B, Yang H, Fang X, Zhao R, et al. Vaginal douching, condom use, and sexually transmitted infections among Chinese female sex workers. *Sex Transm Dis.* 2005;32:696–702.
28. Jun Zhang GT, Etel Leybovich. Vaginal douching and adverse health effects: a meta-analysis. *Am J Public Health.* 1997;87:1207–11.
29. U.S. FDA, Center for Devices and Radiological Health Office of Regulatory Affairs, CPG Sec. 345.300 Menstrual Sponges, (1995).
30. Disease Prevention and Control Research Plan: Division of Innovation and Research, Department of Disease Control, Thai Ministry of Public Health; 2019.
31. Alexander P. Sex work and health a question of safety in the workplace. *J Am Med Womens Assoc.* 1998;53:77–82.
32. Ampt FH, Willenberg L, Agius PA, Chersich M, Luchters S, Lim MSC. Incidence of unintended pregnancy among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. *BMJ Open.* 2018;8:e021779.
33. Faini D, Munseri P, Bakari M, Sandstrom E, Faxelid E, Hanson C. “I did not plan to have a baby. This is the outcome of our work”: a qualitative study exploring unintended pregnancy among female sex workers. *BMC Womens Health.* 2020;20:267.
34. Madeiro AP, Rufino AC. Induced abortion among prostitutes; a survey using the ballot-box techniques in Teresina-Piauí. *Ciência & Saúde Coletiva.* 2012;17:1735–43.
35. Thairat. Prevention of Unplanned Pregnancies During COVID-19: Department of Mental Health; 2021. [cited 2021 Nov 23]. Available from: <https://www.dmh.go.th/news-dmh/view.asp?id=31119>.
36. iLaw. Decriminalize Sex Work: People Party Propose Decriminalization of Anti-prostitution Law 2021. [cited 2021 Apr 8]. Available from: <http://www.ilaw.or.th/node/5846>.
37. Tani M. Sex worker explains the difference between legalizing and decriminalizing prostitution 2015 [updated 11 June 2015. [cited 2021 Jun 11]. Available from: <https://www.businessinsider.com/sex-worker-explains-the-difference-between-legalizing-and-decriminalizing-prostitution-2015-6>.
38. Hughes DM. Women's wrongs: National Review; 2004. [cited 2004 Oct 20]. Available from: <https://www.nationalreview.com/2004/10/womens-wrongs-donna-m-hughes/>.
39. Cunningham S, Shah M. Decriminalizing indoor prostitution: implications for sexual violence and public health. *The Review of Economic Studies.* 2018;85:1683–715.
40. Godwin J. Sex work and the law in asia and the pacific: United Nations Development Programme; 2012.
41. Yongcharoenchai C. COVID-19: When sex workers were left behind from governmental project “No one left behind” 2020. [cited 2020 April 20]. Available from: <https://www.bbc.com/thai/52253353>.
42. Ross MW, Crisp BR, Mansson SA, Hawkes S. Occupational health and safety among commercial sex workers. *Scand J Work Environ Health.* 2012;38: 105–19.
43. Scorgie F, Nakato D, Harper E, Richter M, Maseko S, Nare P, et al. ‘We are despised in the hospitals’: sex workers’ experiences of accessing health care in four African countries. *Cult Health Sex.* 2013;15:450–65.