Exploring Harm Reduction and Sexual Health Needs Among Women Engaged in Sex Work and Drug Use in Northern and Eastern Myanmar

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"If you go back, you have to pay the travel expenses. I didn't have the money to return. Aw, I have two sons. If my family knew I was working like this, they would kill me. So I told them I am working as a salesperson, of course."

– Female sex worker, 42 years

Contextual Risks in Northern & Eastern Myanmar

Golden Triangle – Top global producer of heroin and amphetamine-type substances (ATS)

Mining towns (jade / ruby / gold)
Overlap with drug-trading hubs, and casinos along the borders to India, China, Laos, Thailand

Three-quarter century-long armed conflict
Military coup in 2021, local militias supported by taxes from casinos, mining and drug production


Credit: RFA

Credit: The Irrawaddy

Women & men migrate
For mining & service jobs
Widespread sex work, easy access to drugs

Credit: Minzayar Oo

Asian Harm Reduction Network– Best Shelter

Providing harm reduction and sexual health services to key populations in Myanmar since 2004, through drop-in-centers and outreach services

204 400 clients to date (18% women)
>8000 women who report using or injecting drugs
>7500 sex workers, at least **33%** of whom use drugs


Image: AHRN-BS Outreach Service


Image: AHRN-BS Health Education Session

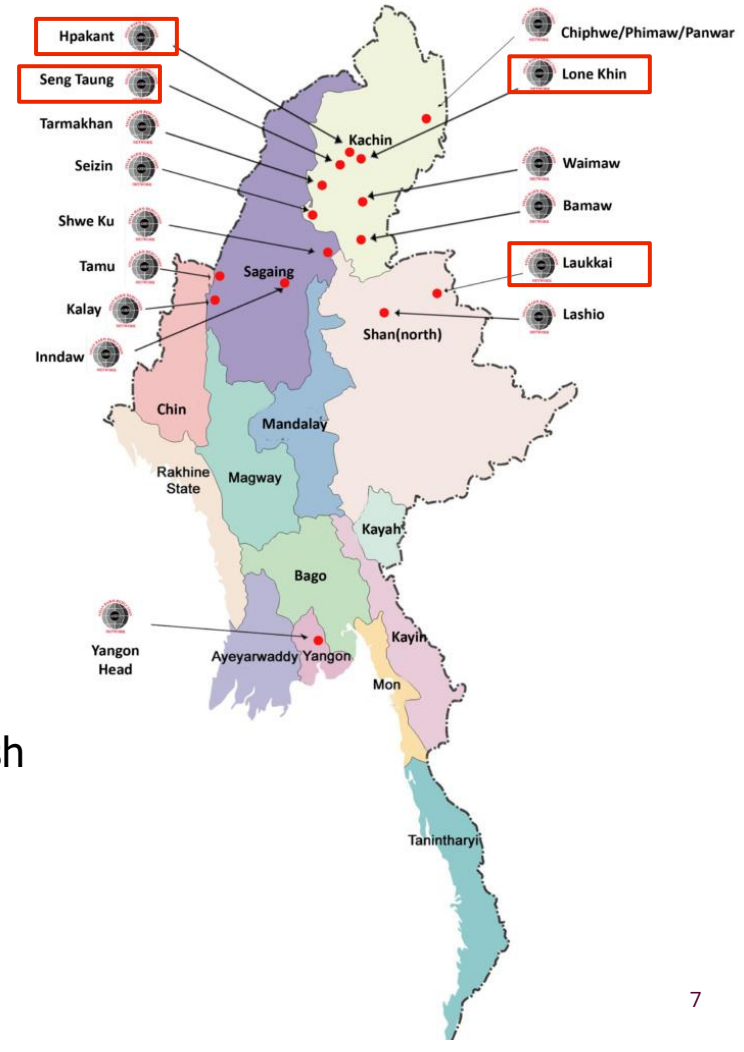
Research Questions

- Which drivers keep women in sex work and drug use?
- What harm-reduction and sexual-health needs do women themselves prioritize?
- Which barriers and service features shape (or could improve) their access to care?

Image: Opium field, credit GDPDP

Methods at a Glance

- **Qualitative interviews (2022-2024)**
  16 Key informant interviews
  9 In-depth interviews
- **Purposive sampling** in Kachin, Northern Shan, Sagaing (fieldwork by AHRN-Best Shelter outreach teams)
- **Oral and written consent** anonymous transcription, clients remunerated for time and travel expenses
- **Semi-structured interview guides** co-developed with Karolinska & AHRN-BS
- **Conducted in Burmese** professional translation to English
- **Inductive thematic analysis**
  Burmese & English coding, joint reviewer meetings



Interview participants

- **16 key informants**
  outreach nurses, methadone staff, peer educators, church elders
  (9 F / 7 M; age 27-56)
- **9 women who sold sex & used drugs**
  age 17-47; sex work for 6 mo. to 10+ years; all migrants
- **Primary drugs**
  ATS inhalation, heroin smoking; 0/9 currently inject

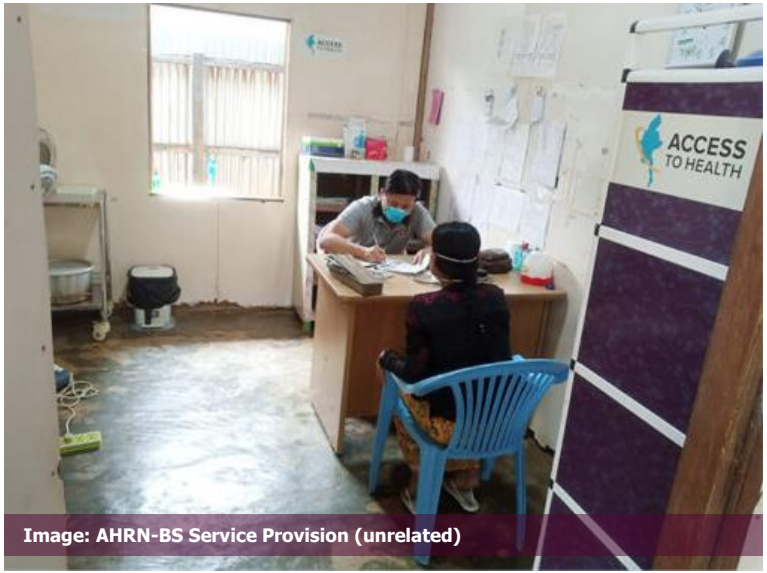


Image: AHRN-BS Service Provision (unrelated)

What did we hear?

Structural forces, daily risk, service barriers, and future hopes

Structural Drivers: Debt, Displacement, and Coercion

- **Economically-driven migration**
  most often to support family
- **"Travel loans"**
  wage deductions until repaid
- **Recruiters mislabel jobs**
  ("massage / sales") → debt-bondage sex work
- **Movement restricted**
  by brothel/dorm owners

It's not just massage. They would say that at first.
– female sex worker, age 17

Drivers of drug use

- **Drug initiation is structural**
  ATS "medicine to stay awake"
  Heroin to "cope with pain"
- **Drug dependence is used**
  To keep women in debt and sex work

I started because of the guests. … When I used (ATS), no matter how many guests I took, even if they were rough, I could handle it.
– female sex worker, age 42

Yaba 1000 kyats per pill (~$0.30 USD; heroin is ~$0.50 per bottle) – Credit: Labib Ittihadul

Everyday Risk in the Room

- **Condom refusal or removal mid-act**; either higher fee or under threat
- **Intoxicated clients** exhibit aggression and override negotiation
- **Stimulant use by workers** to match clients' pace during extended sessions

A while ago, while we were in the middle of it, he started to strangle me. … At that time, I could scream, that's why I got free. If I hadn't, I would be gone.
– female sex worker, age 21

Health-Service Barriers and Avenues of Trust

- **Visible entrances signal "drug clinic"** – women avoid fixed sites if neighbors can see them enter
- **Clinic hours & transport costs** – compete with night shifts and childcare; transport stipends increases attendance
- **Peer outreach as bridge** – contraceptive and STI advice delivered by trusted peers create entry to formal services

Some have children and no one to look after them; some live far away and can't hire a motor-bike taxi.
– outreach worker

What Women Want for the Future

- **Debt-free mobility and vocational paths** – clearing travel loans and wage deductions; **all** describe wanting other work within 3-36 months
- **Discreet long-acting contraception** – without daily pills or male approval
- **Violence-free environment & legal support** – shelter options etc.

I would work part-time, as a waitress or anything, then I would attend phone repair training. […] The difficulty is I've taken money in advance, I am repaying it now.
– sex worker age 17

Image: AHRN-BS Vocational training

Programmatic Take-aways for Harm-Reduction Actors

- **Bring SRHR to women where they are** Mobile outreach with transport stipends and "women-only" hours boosts uptake.
- **Advocate or design debt-mitigation pathways** Micro-grants or savings schemes to retire debt.
- **Use peers as trusted navigators** Those with shared lived experience are credible messengers.

Image: AHRN-BS clinic

Closing Message

- **AHRN-BS provide vital services** where few other providers work
- **Funding withdrawal by USAID** threatens life-saving services, despite rising demands.
- **Women's resilience is striking**: They plan for their futures, protect one another and negotiate care. This does not negate their risks.

Keep funding the services that women need and trust.

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Supplementary slides

Limitations and next steps

- **Purposive sample** – interviews cannot be generalised to all sites or populations.
- **No active WWID captured** – insights centre on heroin smokers and stimulant inhalers.
- **Social-desirability & translation loss** – may mute sensitive disclosures.
- **Security constraints** – blocked access to several frontline villages; voices of displaced women outside clinic catchment remain unheard.
- **Cross-sectional snapshot** (2022-24) – drug markets and policy context are evolving quickly.

AHRN-BS activities

- **Drop-in-centers & Outreach work**
  Needle-exchange services, clean materials for drug use, condom distribution, lubricant distribution, STI-testing and treatment, HIV-testing and ART, health education on drug harms and SRHR, contraception (multiple modes), client referral for maternal care or delivery, and more
- **40+ sites across Myanmar**
  Including women-only clinics, women-centric outreach, women's services, LGBTQ-sensitive services including for transwomen and transmen
- **Multiple client categories**
  PWID, PWUD, SW, ex users, OAT, sexual partners of key populations, children, some family planning only