

Mobility, Sex Work, and Intersectional HIV vulnerabilities: Qualitative insights from Venezuelan Migrants in Lima, Peru

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Background

Latin America is facing its largest recorded mass migration, with over 7.4 million displaced Venezuelans.

Lima, Peru, hosts one of the largest populations of Venezuelan migrants.

Venezuelan migrants face intersecting forms of socio-structural disadvantage that can negatively impact their health—precarious employment, xenophobia and material deprivation.

These multi-level, systemic inequities perpetuate disadvantages among migrants that can lead to engagement in sex work, particularly for women, girls and sexual and gender minority individuals.

Venezuelan migrants who engage in sex work (VSW) face unique HIV needs and lower care engagement, yet this population remains understudied.

Methods

Between April 2023-December 2023, we conducted in-depth interviews with 69 VSW who reside in Lima, Peru, including, cisgender men who identified as gay, bisexual and other men who have sex with men (GBMSM), cisgender women (CW), and transgender women (TW). These data are derived from a larger three-year convergent mixed-methods study, Proyecto RADIANTE.

Interviews were conducted by native Spanish speakers, lasted around 60 minutes, and followed a semi-structured format. Audio files were transcribed verbatim. All names included are fictitious to protect the participant's identity.

The interview guide queried migration and sex-work-related vulnerabilities, including aspects such as informal labor structures, violence, precarity, and documentation. It also probed on HIV prevention, care needs, and relocation strategies, such as resource sharing and connectedness.

Transcripts were examined and coded using Dedoose Version 7.0.23, using inductive and iterative processes through thematic analysis guided by a codebook. Pseudonyms used in analysis and knowledge dissemination.

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Results

Among 69 participants, the median age was 31 years; 20% self-identified as a transgender woman (n=14), 49% as a cisgender woman (n=34), and 31% as a cisgender man (n=21).

Intersectional HIV vulnerabilities were described across three axes:

- (1) Relocation strategies: routes of migration and frequency, targeted violence;
- (2) Labor conditions: descriptions of physical (e.g., streets, brothels) and virtual spaces (WhatsApp, Facebook), security, and client factors (alcohol, drugs);
- (3) Access to health services: economic, knowledge, and legal barriers which were heightened by intersectional stigmas (xenophobia, transphobia, and sex-work discrimination).

Many participants recounted commencing sex work during the migration trajectory. Descriptions illustrate how mobility driven by socio-economic crises can lead to sexual exploitation and violence and increase health vulnerabilities, particularly in the context of sex work and HIV.

Relocation strategies

When we were in Venezuela, everything was very different from what they told us it would be like here. When we arrived, they locked us in a room, took our cell phones, bought us clothes, and told us the reality of everything. They put us to work on the streets. (Valentina, 29 years old, CW)

[migrating to Peru] I thought it would be better than Colombia, because in the time I spent in Colombia, it was more difficult [...] everything was a problem, even dancing. I remember they would often demand sex in exchange for being able to dance somewhere and I obviously didn't do that [and] ended up leaving Colombia [...] Peru was the closest and we knew there were many Venezuelans there. (Camilo, 32 years old, GBMSM)

Participants underscored the physical dangers of sex work, emphasizing the precariousness and violence inherent in street-based sex work. Police harassment was commonly described, highlighting the legal and social challenges faced by sex workers that often force them into more dangerous situations.

Labor conditions

The little I had saved was consumed between rent, food, and personal expenses. I applied and was called for [job] interviews, but many companies don't hire foreigners. I contacted my friend and I did sex work for the first time for 15 days and I managed to cover my rent, food [...] and transportation (Andrés, 37 years old, GBMSM)

When I worked in downtown Lima, I would go out to the streets [...] being at the mercy of danger because one of those men could easily kill you (Angel, 24 years old, TW)

[On the street] they [police] say things to you. Sometimes they [sex workers] are detained because [the police] say that's not allowed, you can't be standing there, that you should find another way to do your work (Roxi, 45 years old, CW)

Participants described systemic inefficiencies and the need for policy reforms to ensure continuous healthcare access during the legal transition period and to ensure that migrants have access to essential HIV prevention and care. The lack of timely and appropriate care exacerbated health risks and lead to more severe outcomes, including untreated HIV. These challenges are compounded by intersectional stigmas, including xenophobia, transphobia, and discrimination against sex work. For CW, discussions of HIV prevention and care frequently included reproductive health needs.

Access to health services

You have to be stable and legal in any country, but it's with the foreign resident card that you get the SIS (health insurance). With the PTP (temporal permit), you can't. But for that process of changing from PTP to a foreign resident card, it takes a year, so if you get sick in that year, who will attend to you? It's a bit contradictory (Jose, 33 years old, GBMSM)

I had a miscarriage, I didn't know I was pregnant, I went to the hospital and they turned me away three times [...] when they finally saw me, they examined me in a horrible way. Everyone saw my vagina because they were deliberately being cruel since a lawyer was helping me and I was a foreigner. (Monsa, 23 years old, CW)

When I was diagnosed [with HIV in Peru] I knew the risk I was exposing myself to. I would have liked to prevent it with PrEP, but unfortunately it wasn't possible [I needed my foreign resident card] (Arath, 30 years old, GBMSM)

Conclusions

VSW described intersecting forms of socio-structural disadvantage that negatively impact their health—precarious employment, xenophobia and material deprivation – and heighten known HIV vulnerabilities. HIV prevention and treatment guidelines along with interventions in Peru are needed to mitigate HIV vulnerability among migrant sex workers, including keen attention to the relationship between gender, sex, sexuality, and gender identity, intersecting stigmas, and ongoing social and health inequities.

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