

Transactional sex in the wake of COVID-19: sexual and reproductive health and rights of the forcibly displaced

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The COVID-19 pandemic and the measures put in place to control it have taken an unprecedented economic toll globally. Economists warn that the pandemic could plunge the world into a global recession not seen since the Second World War, putting millions at risk of extreme poverty. It is predicted that the number of people experiencing food insecurity will increase by 130 million due to COVID-19.¹ Forcibly displaced people are among those likely to be hit hardest by the impact of the pandemic and the resulting economic downturn. The social and economic consequences of COVID-19 are likely to facilitate greater engagement in transactional sex among displaced people who are already facing hardship and marginalisation.²

Globally, more than 80 million people are forcibly displaced, including refugees, asylum seekers, and internally displaced persons (IDPs).³ A vast majority of the world's displaced are hosted in low- and middle-income countries and 85% reside in countries or territories experiencing acute food insecurity and malnutrition.³ In many countries, refugees and asylum seekers who are already at an economic disadvantage are barred from entering the formal labour market in their host countries. They often work in the informal sector, where they are paid poorly and lack access to employment protections and social safety nets, and risk being the first ones to lose their jobs as economies shrink. Consequently, they face a greater risk of poverty as economies plummet due to COVID-19.

Displaced populations are also losing jobs and livelihoods due to restricted movement and reduced access to markets. Reports ranging from Syria to the Sahel region are showing the economic struggles that displaced populations are experiencing.⁴ The number of refugees unable to access basic resources has surged in host countries including Syria, Egypt, Jordan, Lebanon, and Turkey.² Those who depend on humanitarian assistance face particular challenges as aid organisations operate at reduced capacity due to travel bans, local lockdowns, decreased funding, and staff illness during the pandemic.

Transactional sex during the COVID-19 pandemic

The economic shock will create precarious socio-economic conditions. Displaced people, particularly women and people with diverse sexual orientation and gender identity or expression, will struggle to find new ways of securing income or accessing resources for themselves and their families. This has the potential to increase the incidence of coping strategies such as transactional sex. Transactional sex refers to consensual sexual activities with the implicit or explicit understanding to access material or non-material benefits.⁵ Economic instability, insecurity, and insufficient humanitarian assistance in the context of COVID-19 are likely to facilitate transactional sex.⁶ Studies from previous large-scale disease outbreaks such

as the Ebola outbreak in West Africa have reported an increase of transactional sex.⁷ While a problematic term, “survival sex” is sometimes used to refer to transactional sex that occurs in the context of extreme hardship.⁶ Food insecurity, in particular, has been found to be a common reason to engage in transactional sex.⁶ Refugees and displaced individuals may also engage in transactional sex in exchange for security or as a protection measure from sexual violence. In some cases, refugees are coerced or forced to engage in transactional sex as the only way to cross borders or to pay smugglers for a continued migration journey, which constitutes sexual exploitation. Recent border closures as a result of COVID-19, as well as the impact on both mobility and the economy, create additional entry points for transactional sex among displaced populations, while at the same time increasing the risk of coercion, exploitation and sexual and gender-based violence (SGBV).⁸ It is important to note that in humanitarian contexts and forced displacement, where choices and opportunities are limited, the distinction between transactional sex and sexual exploitation and abuse (SEA) can be ambiguous. Transactional sex often occurs in contexts where refugees may exert (or afford) varying degrees of agency and control. Transactional sex as well as SEA and SGBV are increasing and all three have recently been reported among displaced populations including those seeking refuge in Greece.⁹

Sexual and reproductive health (SRH) implications of transactional sex in the context of COVID-19

The social and economic conditions created by COVID-19 are likely to facilitate greater engagement in transactional sex. However, the practice has been largely ignored in the discourse concerning the SRH impact of the pandemic. An increase in transactional sex among forcibly displaced populations has the potential to devastate already poor SRH indicators. Displaced women and girls who are dependent on humanitarian aid have an increased need for contraceptives and are at higher risk of unwanted pregnancies, pregnancy complications, and unsafe abortions.¹⁰ These risks will only increase as individuals turn to transactional sex to cope with the consequences of COVID-19. Those who engage in transactional sex may experience negative health consequences including an increased risk of HIV and other

sexually transmitted infections (STIs), or SGBV and mental health concerns.¹¹

Although the need for comprehensive SRH services is greater in the wake of COVID-19, stakeholders have already raised concerns of diminishing resources in humanitarian settings as a result of the pandemic. Globally, the reallocation of resources to fight the pandemic has left humanitarian and SRH programmes short of staff, supplies, and other essential resources. Without adequate support, these SRH programmes will be unprepared to meet the increased demand for SRH services. Lessons from the 2013–2015 Ebola crisis are especially relevant in the context of COVID-19 as SRH services were not prioritised before, during, and after the outbreak. As a result, affected countries saw increased rates of teenage pregnancy, obstetric complications, and delayed prenatal care, while women cited fear of infection as a barrier to accessing the limited SRH services that were available. In Liberia, the death rates from obstetric complications were higher than those from Ebola.¹² These health consequences will be even worse for hidden populations like those who engage in transactional sex, because although they have greater health needs, they face greater barriers in accessing services due to stigma and discrimination.

Guidelines being released that help humanitarian workers to adjust their programmes in consideration of COVID-19 have also neglected SRH issues stemming from transactional sex. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has released guidance on strategic considerations for Mitigating the Impact of COVID-19 on Key Populations. However, it is focused on HIV Programmes and does not cover humanitarian contexts nor the SRH needs of those who engage in transactional sex.¹¹

The gendered socio-economic consequences of COVID-19 will have wide-reaching and long-lasting consequences beyond the health burden of the virus, especially among displaced populations. Their needs must be prioritised during the pandemic, beyond their need for financial assistance, and their agency must be recognised. They should be meaningfully involved in policy and programme design and delivery, including immediate COVID-19 surveillance and response plans. Programmes must address the structural inequities that the displaced populations face and strive to equitably expand employment opportunities and protections to displaced women, men and gender diverse

people, as well as access to national health systems and services, and social safety nets.

The heightened risk and myriad health needs of refugees, asylum seekers, and IDPs who participate in transactional sex must be taken into consideration in policy making and programming. As such, personnel should provide services in a respectful and nonjudgmental manner to this group, including towards people of diverse sexual orientation and gender identity. Programmes that expand access to contraceptives and comprehensive reproductive health services, including safe abortion, SGBV and HIV/STI services, should consider the access barriers of displaced people who engage in transactional sex. Health providers and other first responders should be trained to recognise signs of SGBV and facilitate alternative entry ways for accessing health care. Those that engage in transactional sex must be actively involved in the research, design, and delivery of COVID-19 policies and initiatives, to inform delivery of SRH responses and services that best meet their needs. There is an opportunity to act now and lay the groundwork for future global crisis scenarios that impact this population.

The socio-economic consequences of COVID-19 will have tremendous implications for SRH as rates of transactional sex increase, along with instances of SEA and SGBV. While additional research is needed to better understand causes and consequences of transactional sex and the agency and vulnerability of those who engage in it, experience suggests that an increase in transactional sex in the wake of COVID-19 is imminent. As a result, economic initiatives need to consider the heightened economic and social vulnerabilities of displaced populations, while recognising their agency, and strive to expand opportunities for women, men and gender diverse people, allowing individuals to make informed choices that best serve their overall physical, mental and social health and aspirations.

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