

Title: A Systematic Review of the Attitudes of Different Stakeholders Towards Prostitution and Their Implications

Abstract

Sex workers legal status is closely associated with their occupational health and safety. However, there is little consensus on the ideal legal framework for prostitution. Obtaining a good understanding of the opinions of different stakeholders will provide policymakers, health care professionals, and social workers with the necessary information to make decisions on how to protect the health and safety of sex workers and prostitution law. This is a review of the literature on the attitudes of different stakeholders towards sex workers. A search of the literature identified a total of 49 studies could ultimately be included in this review: nine were qualitative studies, 35 were quantitative studies, and five were mixed methods studies. The studies explored the attitudes towards prostitution of different stakeholders, including law enforcement officers (n=7/49), health professionals (n=8/49), clients of sex workers (n=7/49), the general public (n=25/49), and other multiple stakeholders (n=2/49). There was a lack of consensus among these stakeholders on accepting sex workers, and not everyone supported the decriminalization or legalization of prostitution in their countries. Although the debate over the legal status of prostitution seems unlikely to end in the foreseeable future, the findings of this review provide some indications that interventions among different professional groups are needed to improve the occupational health and safety of sex workers.

Introduction

As one of the oldest and most hazard professions for centuries, sex workers face specific occupational health and safety risks and are subjected to stigma, violence, abuse, physical and mental health problems, and even death (Deering et al., 2014; Kerrigan et al., 2012). Their legal status is closely associated with their working conditions and health outcomes (Deering et al., 2014). Since the 1980s, there has been an increasing debate regarding the three legislative approaches to the policing and regulation of prostitution internationally: criminalization, legalization, and decriminalization (Barnett, Casavant, & Nicol, 2011).

Under the criminalization laws, sex work is viewed as an immoral profession and criminal offense. Activities associated with prostitution, such as purchasing sex, selling sex, running brothels, living on the earnings of the prostitution, are all criminalized. It represents the dominant policy response to prostitution in most countries (UNAIDS, 2010). Numerous evidence shows that the criminalization approach violates sex workers' human rights, undermines their abilities to protect themselves, and limits access to services (Lea, Callaghan, Grafton, Falcone, & Shaw, 2015; Qiao et al., 2014).

Contrary to the criminalization of prostitution, the legalization of prostitution views prostitution as a legal profession and regulates it through criminal law, labour law or other legislation, such as registering or mandating health checkups. It aims to eliminate criminal involvement in the prostitution industry and protect prostitutes from commercial exploitation and safeguard the health and safety of sex workers (Barnett et al., 2011). However, evidence suggests that this approach leads to a mass increase in sex trafficking from illegal countries to legal countries, increases underground sex industry and further victimizations and exploitation of sex workers. On January 1st, 1999, Sweden adopted an alternative legal route, what is known as the

“Nordic model”, in which only the buyers of sex are prosecuted ("The Act on prohibiting the purchase of sexual services (SFS 1998:408),"). The number of street sex worker appears declined, while other forms of solicitation methods such as mobiles phones and the internet have increased (Chu & Glass, 2013). This approach has also been criticized for pushing sex workers into more hidden locations and reinforcing violence against them.

The third approach is decriminalization of prostitution. It means removal of laws against prostitution and relies on the use of existing statutes and regulation to manage the operation of the sex industry (Barnett et al., 2011). In 2003, New Zealand passed the Prostitution Reform Act (PRA) 2003 and became the first country to decriminalize sex work in the world (Mossman, 2005). This approach is considered as a more successful method to safeguard the human rights and contribute the betterment of the lives of sex workers. It is reported that sex workers felt empowered and more willing to report crimes to police. Global health and human rights organizations are calling for the decriminalization of prostitution and the elimination of the unjust application of non-criminal laws and regulations against sex workers (Decker et al., 2015; International, 2015).

However, among various viewpoints toward prostitution laws, radical feminists and liberal feminists contrast sharply on the issue of the legal status of prostitution (Limoncelli, 2009). Radical feminists view prostitution as the exploitation and oppression of women. They believe that decriminalizing sex work will not protect women engaged in prostitution, but will only promote sex trafficking and violence against women. In contrast to radical feminists, liberal feminists regard prostitution as an occupational choice, and argue that a woman is free to enter into the sex industry. They blame the criminalization of prostitution for violating women's rights and call for empowering prostitutes through decriminalization. Thus far, while policy-makers, feminist

academics, and activists have discussed the ideal legal framework for prostitution, they have been unable to reach a consensus (Schulze, Canto, Mason, & Skalin, 2014).

As Eiser (1994) argues that “our attitudes make, or at least predispose, us to act the way we do” (p.19) (Eiser, 1994). Studying different stakeholders’ attitudes toward sex workers and prostitution law is important because such attitudes could reveal how individual’s interaction with sex workers and affect their lives (Basnyat, 2015; Wojcicki & Malala, 2001). Also, it is important to understand and compare different stakeholders’ attitudes toward a morally ambiguous issue because it has clear policy relevance. Policy-makers, especially in democratic society, usually take into consideration the opinions and interests of stakeholders into account during policy-making process (Baldassarri & Gelman, 2008; Brooks & Manza, 2006). Under the context of human rights violate among sex workers in many countries, policymakers, health care providers and sex worker advocacy groups need to understand different stakeholders attitudes towards sex workers and the legal status of prostitution.

Aim of this review

The aim of the review is to explore attitudes of different stakeholders toward sex workers and prostitution law to shed light on the development of potential strategies to improve the occupational health and safety of sex workers. An important distinction in this review is the inclusion of a diverse and broad range of stakeholders. Stakeholders of sex workers were identified through a preliminary search of the literature, such as the law enforcement, professionals in health and social services, clients of sex workers, sex workers, and the general public (Identifying stakeholders process are described in Search strategy).

It is worth noting that the term “sex worker” and “prostitute” are used interchangeably throughout the article. Both terms are taken as a reference to people who receive money or goods in exchange for sexual activities. “Sex worker” is considered as a less stigmatized term, while “prostitute” is regarded to involve a stigmatizing identity that defines people in a negative way (Parent, 2013). The term “sex worker” rather than “prostitute” was used in this review as it seems more neutral, while the term “prostitute” is used where it is part of a direct quote.

Methods

Search strategies and study selection process

Eight electronic databases, namely MEDLINE, PubMed, PsycInfo, CINAHL, the British Nursing Index, the Web of Science, Scopus, and Social Work Abstract were searched for studies published from 1986 to May 2016. The search of different stakeholders attitudes was undertaken in two stages:

First stage search

The purpose of first stage search was to explore the types of stakeholders in the literature. There was no restriction on the study population. Search terms included medical subject headings (MeSH) terms and text words for “sex worker” and terms associated with “attitude”: (1) sex worker (“sex workers” OR “prostitution” or “prostitute*”); (2) attitude (“attitude” or “view” or “opinion” or “tolerance” or “perception” or “knowledge” or “acceptance” or “judg*” or “belief*” or “law” or “legal” or “criminalization” or “decriminalization” or “ stigma” or “discrimination”).

Second stage search

After the first stage preliminary search, four main types of stakeholders were identified, such as law enforcement officers, professionals in health and social services, the clients of sex workers, and the general public. The second stage included medical subject headings (MeSH) terms and text words for “sex worker” and terms associated with “attitude”, in combination with terms associated with the identified stakeholders:

- 1) law enforcement officers (“police” or “policing” or “law enforcement” or “cops”);
- 2) professionals in health and social services (“health care worker” or “health professional” or “health personnel” or “health care provider” or “nurs*” or “doctor” or “clinical staff” or “health setting”);
- 3) the clients of sex workers (“clients” or “customer” or “John”);
- 4) and the general public (“public” or “community” or “population”).

The full texts of potential citations were retrieved after a detailed examination of abstracts. A manual search for additional literature was conducted through review of the references of all eligible articles.

Inclusion and exclusion criteria

The criteria for studies to be included in this review were: (1) original articles published in English; (2) full-text articles published in peer-reviewed journals in the last 30 years; (3) articles focusing on the attitudes of stakeholders toward sex workers or prostitution law. Exclusion criteria were: (1) studies aimed at exploring sex workers experience; (2) research that focused on issues unrelated

to stakeholders' attitudes toward sex workers or prostitution law; (3) conference abstracts or review articles.

A total of 8,809 publications were identified from the electronic databases, and fourteen additional records were identified through a manual search. Of these, 1,987 were removed due to duplication and the remaining 6,836 were screened by examining the abstracts. Of these, 6,773 were excluded due to not meeting inclusion criteria. The remaining 63 articles were then examined in detail. 14 articles were further excluded due to one of the following reasons: full-text were not available (Daniels, 2011; Garcia, Alvarez, & García, 2014; Hesse, Champion, Lewis, & Pedersen; Pajnik, 2009; Uchiyama, 1996), descriptive studies (Larsen, 1996; O'Neill, Campbell, Hubbard, Pitcher, & Scoular, 2008), commentary (Nolan, 2001), review of case files (Halter, 2010), questionnaire development and validation (Busch, Bell, Hotaling, & Monto, 2002; Levin & Peled, 2011; S. P. Sawyer & Metz, 2008), the studies focused on clients of sex workers characteristics or clients experience (Holt & Blevins, 2007; Hong, 2008). Finally, a total of 49 studies were considered eligible and were included in this review.

Assessing the quality of the included literature

The Mixed Methods Appraisal Tool (MMAT-Version 2011) developed by Pluye et al. was used to assess the quality of the included studies (Pluye et al., 2011). The validity and reliability of the tool have been verified (Pace et al., 2012). The MMAT checklist includes two screening questions and 19 criteria for five types of studies: (1) qualitative research (four criteria); (2) quantitative randomized controlled trials (RCTs) (four criteria); (3) quantitative non-randomized studies (NRS) (four criteria); (4) quantitative descriptive studies (four criteria); (5) and mixed methods studies

(three criteria assessing the quality of the integration of qualitative and quantitative components). Screening questions are evaluating whether the study has clear research questions and report data-collection. Each study type is appraised within its methodological domain. However, appraising a mixed methods study involves three sets: the qualitative set, the appropriate quantitative set, and the mixed methods set.

Criteria for appraising studies are checklist questions with possible answers of “Yes” for when the criterion is met, “No” for when the criterion is not met, or “Can’t tell” for when there is insufficient information to make an assessment. In this review, qualitative and quantitative studies are rated low quality when only one criterion is met; moderate quality when two or three criteria are met; and high quality when all the four criteria are met. For mixed methods studies, the overall quality is determined by the component with the lowest quality (qualitative or quantitative).

Data extraction

The characteristics of the studies and the key findings were extracted and tabulated according to author(s), year of publication, country where the study was conducted, study design, participants, measurement(s) adopted, and main findings by the first author and validated by the other two authors. The characteristics and key findings of these studies are summarized in Table 1 and categorized according to the stakeholders involved.

No formal statistical analysis was performed due to the heterogeneity of the various measurements used to measure attitudes toward prostitution or prostitution law in the included studies. For example, four studies measured the attitudes with a single item on a 10-point scale: “Please tell me whether you think prostitution can always be justified, never be justified, or something in between”. Six studies used or selected items from the Attitudes Toward Prostitution

Scale (ATPS), which was developed by Steven Sawyer et al. (1998) (S. Sawyer, Rosser, & Schroeder, 1998) to assess the sample basic attitudes toward prostitute or prostitution. Details of the measurement are summarized in Table 1.

Results

Characteristics of the selected studies

There were nine qualitative studies, 35 quantitative studies, and five mixed methods studies. Response rates were reported in 24 studies, ranging from 23.8% to 100%. Among the included studies, 17 were conducted in North America, 11 in Asia, ten in Europe, three in Africa, one in Australia, and seven involving two to 56 countries.

The majority of the studies addressed the attitudes of one type of stakeholder (n=47/49), namely, law enforcement officers (n=7/49), professionals in health and social services (n=8/49), the clients of sex workers (n=7/49), or the general public (n=25/49). In addition, the views of multiple stakeholders were explored in two studies. The characteristics of the studies and the key findings are summarized in Table 1.

[Insert Table 1 here]

Quality of the included literature

The overall quality of the nine qualitative studies was considered as moderate quality, with seven studies met two to three MMAT criteria. Only two studies met four criteria and were considered to be of overall high quality. The most common weaknesses were related to the sources of

qualitative data and researchers' influence. Six studies failed to address the reasons why potential respondents refused to participate, and five studies did not explain researchers' influence during data collection.

The overall quality of the 35 quantitative studies was considered as low to moderate quality, with 11 studies met one MMAT criterion, 22 studies met two to three criteria. Only two studies met four criteria and were considered to be of overall high quality. Only six studies described the representative of the sample, with the other 29 studies failed to report the reasons why eligible individuals refused to participate. The reliability and validity of the measurements were not reported in most of the studies (n=20). Only 15 studies achieved 60% or above response rate, with the rest 20 studies either did not report response rate nor had a rate below 60%.

The overall quality of the five mixed method studies was considered as moderate quality, with four studies met two MMAT criteria. Only one study met one criterion and was considered to be of overall low quality. The most common weaknesses were related to reasons for refusal (n=2) and researchers' influence (n=4) of the qualitative component, and reasons of refusal (n=5) and unreported response rate (n=4) of the quantitative component.

All of the published papers were included in this review regardless their quality. The details of the criteria of MMAT and results of the appraisal of the included studies are summarized in Table 2.

[Insert Table 2 here]

Attitudes towards sex workers and prostitution law are described below according to the different types of stakeholders, including law enforcement officers, professionals in health and social services, the clients of sex workers, and the general public.

Attitudes toward sex workers

Generally speaking, there was a lack of consensus on moral acceptance of sex workers among different stakeholders.

A total of seven out of the 49 studies explored the attitude by law enforcement officers. There was a lack of consensus on whether women engaged in prostitution should be conceptualized as offenders or victims. The most common negative attitudes among law enforcement officers toward sex workers were “lower class person” “crack whores” (p.54) (Mentzer, 2010), who caused social problems and public health concerns (Baker, 2007; Dodge, Starr-Gimeno, & Williams, 2005; Giacomassi & Sparger, 1991; Guinto-Adviento, 1988). However, police officers in the four studies, particularly the vice police officers who posed as decoy clients or sex workers, expressed empathy, sympathy, sadness, and understanding toward sex workers and viewed them as victims (Baker, 2007; Dodge et al., 2005; Giacomassi & Sparger, 1991; Maguire & Nolan, 2011). The male police officers involved in undercover work found their role to “elicit an offer from prostitutes” distasteful (p.47) (Giacomassi & Sparger, 1991). The female police officers who engaged in undercover prostitution work, experienced stigma as well as violence when they posed as sex workers (Baker, 2007; Maguire & Nolan, 2011), and viewed sex workers as victims of society’s larger social ills (Baker, 2007; Dodge et al., 2005; Maguire & Nolan, 2011).

Similarly, a variety of attitudes toward sex workers were reported among professionals in health care and social services in eight studies. Evidence indicated that majority of health care providers held high prejudice attitude toward sex workers. They viewed sex workers as a threat to public health, or vectors of HIV, or who should deserve mandatory HIV testing (Chan & Reidpath, 2007; Jayanna et al., 2010; Melby, Boore, & Murray, 1992; Phrasisombath, Thomsen, Hagberg,

Sychareun, & Faxelid, 2012; Rogers et al., 2014). However, positive attitudes toward sex workers was also reported in a cross-sectional study of 56 countries, with 81.9% of the medical students considered FSWs to be members of a vulnerable group, and 98.3% agreed that it was important to provide them with care, regardless of the nature of their work (Nakagawa & Akpınar-Elci, 2014). Social workers also expressed conflicting feelings towards prostitution. In Israel, child protection officers considered prostitution to be an acceptable and legitimate occupation, while they also viewed prostitution as dangerous and harmful to the the children of sex workers (Peled & Levin-Rotberg, 2013). Another study in the same country revealed that while the social workers viewed prostitution as shameful, they were more likely to perceive adolescent girls who were “prostitutes” as victims and were reluctant to associate these girls with prostitution (Peled & Lugasi, 2015).

Seven studies focused on the attitude of the clients towards sex workers. Their conflicting attitudes towards prostitution echoed those of the law enforcement officers and professionals in health and social sciences. Their negative attitudes towards sex workers were documented in five studies in the U.S., Canada, South Africa, and Scotland (Farley, Macleod, Anderson, & Golding, 2011; Kennedy, Klein, Gorzalka, & Yuille, 2004; Potgieter, Strebel, Shefer, & Wagner, 2012; S. Sawyer et al., 1998; Wortley, Fischer, & Webster, 2002). The clients viewed them as “loose” women (p.196) (Potgieter et al., 2012) and drug users (Wortley et al., 2002), who lowered the moral standard of the community (Farley et al., 2011). Notably, negative attitudes toward prostitution have been linked in part to beliefs rape myth that sex workers were un-rape-able, and they were entitled to do whatever they wanted to do to sex workers (Farley et al., 2011). Some held certain beliefs such as sex workers enjoy their work and they genuinely like men (Preston & Brown-Hart, 2005; S. Sawyer, Metz, Hinds, & Brucker, 2001). Yet, two of these five studies also described clients as feeling empathetic and understanding toward sex workers (Farley et al., 2011;

S. Sawyer et al., 1998). Nearly half of the clients in the U.S. (46%) and Scotland (50%) (Farley et al., 2011; S. Sawyer et al., 1998) agreed that “prostitutes were victimized by pimps”, and many felt guilty or ashamed after purchasing sex (Farley et al., 2011).

Over half (n=25) of the included studies focused on the attitude of the general public towards sex workers. The attitudes of the general public largely resembled those of other stakeholders, with opinions towards prostitution being wide-ranging and complex. Sixteen out of the 25 studies reported negative attitudes toward sex workers in the U.S., Canada, Russia, Norway, Sweden, Finland, Japan, Australia, China, Spain, and South Africa (Alikhadzhieva, 2009; Basow & Campanile, 1990; Cao & Stack, 2010; Cotton, Farley, & Baron, 2002; Jakobsson & Kotsadam, 2011; Kotsadam & Jakobsson, 2011, 2014; Long, Mollen, & Smith, 2012; Moore, 1999; Morton, Klein, & Gorzalka, 2012; Otsuki & Hatano, 2009; Pudifin & Bosch, 2012; Räsänen & Wilska, 2007; Shdaimah, Kaufman, Bright, & Flower, 2012; Valor-Segura, Expósito, & Morales, 2011; Zheng et al., 2011). Two cross-national studies on the value of sex workers indicated that the majority of the population in these countries, especially among Muslim populations, alleged that prostitution was never justifiable (Chon, 2015; Stack, Adamczyk, & Cao, 2010). Evidence also supported the shared opinion that there was a general culture of distaste and disrespect toward street sex workers (Sanders & Campbell, 2007), they were more strongly condemned than indoor sex workers (Morton et al., 2012). However, the general public from three studies in Tanzania, Thailand, and the UK showed a relatively higher level of tolerance towards prostitution (Peracca, Knodel, & Saengtienchai, 1998; Roberts, Sanders, Myers, & Smith, 2010; Sagar & Jones, 2013; Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2011). Prostitution in Tanzania is considered a social norm (Wamoyi et al., 2011), and it is not uncommon in Thailand for families to contract their daughters to brothels (Peracca et al., 1998). In the UK, where neighbourhoods are affected by sex

work, 46.8% of community members expressed empathy and 57.1% were concerned about the safety of sex workers (Sagar & Jones, 2013).

Public attitudes toward prostitution also could change over time. A longitudinal study has provided information about the effect of time trends on the public's tolerance of prostitution in the U.S. (Cao & Maguire, 2013). It concluded that the public moved toward a greater tolerance of prostitution in the U.S. over a 20-year period (1981-2000), with respondents who considered prostitution as never justified decreasing from 64% in 1981 to 47.9% in 2000.

Attitudes toward prostitution laws

Alongside with the mixed attitudes towards prostitution, law enforcement officers and the general public also expressed conflicting feelings towards policing prostitution. Two studies indicated that the majority of the police officers and criminal justice practitioners opposed decriminalizing or legalizing prostitution (Mentzer, 2010; Smith, Muftić, Grubb, & Deljkić, 2015). However, police officers were under no illusion that prostitution could be eliminated (Giacopassi & Sparger, 1991; Guinto-Adviento, 1988; Mentzer, 2010). They enforced the law selectively and considered selective toleration to be the best strategy to police prostitution. For instance, they would be less likely to interfere with prostitution if it occurred in a private place (Mentzer, 2010), and only take action upon orders from their supervisors (Guinto-Adviento, 1988).

Public attitudes toward the legal status of prostitution were explored. Seven studies reported that the general public in the U.S., Russia, Sweden, Norway, South Africa, and Australia opposed the legalization of prostitution and called for imposing criminal liability on clients (Alikhadzhieva, 2009; Jakobsson & Kotsadam, 2011; Kuosmanen, 2011; May, 1999; Moore, 1999; Pudifin & Bosch, 2012; Shdaimah et al., 2012). In Sweden, where selling sex is legal, 58.7%

of the general public wanted to prohibit the selling of sex (Kuosmanen, 2011). In contrast, the general public in Canada and the UK expressed favourable attitudes toward the legalization of prostitution (Morton et al., 2012; Sagar & Jones, 2013). They regarded prostitution as an acceptable and legitimate occupation, and called for the laws on prostitution to improve the occupational safety of sex workers (Morton et al., 2012; Sagar & Jones, 2013).

Attitude towards the establishment of managed zones or “red light districts” (Districts where prostitution is located) for prostitution were explored among different stakeholders in the UK and Hong Kong (Bellis et al., 2007; Lai et al., 2015). In the UK, respondents believed that a managed zone would improve the safety of street sex workers, reduce the number of street sex workers outside the zone, improve access to service, and lead to better policing and regulation. A large majority (96%) of the street sex workers strongly preferred to work in such a zone for safety reasons (Bellis et al., 2007). In Hong Kong, the majority of the respondents opposed the idea of setting up red light districts. NGO staff and sex workers were concerned about the possibility of labelling and social exclusion, while the police believed that red light districts would increase crimes related to sex work (Lai et al., 2015). Concerning choosing a location or zone for red light districts, community members opposed the idea of having such zone near their residential area and strongly pronounced “not in my backyard” and “away from residential districts” (Bellis et al., 2007; Lai et al., 2015), suggesting that a deep-rooted opposition to prostitution exists in the community.

Discussion

This systematic review included studies conducted in the last 30 years on the attitudes of different stakeholders toward prostitution. The discussion of the main findings of this review can be organized into three categories: the polarized attitudes of stakeholders towards sex work, the polarized attitudes of stakeholders toward legalization of prostitution, and the occupational health and safety of sex workers.

Polarized attitudes of stakeholders towards sex workers

This review revealed that there was no general consensus in the attitude towards sex workers. Different stakeholders, including those within the same group, and individuals held conflicting and inconsistent levels of tolerance, and ambivalent and even contradictory attitudes. They viewed sex workers as both victims and offenders; they were tolerant of prostitution, but largely limited their tolerance to the indoor sex worker. They viewed prostitution as “disgusting” and “immoral” (p.504) (Zheng et al., 2011), and complained about social and public health problems that it caused, while they showed empathy and understanding toward sex workers and were concerned about their safety. They favoured the idea of providing a safe place for sex workers, while maintaining that the selection of the location should follow the “not in my backyard” principle.

Polarized attitudes of stakeholders towards legalization of prostitution

There was a lack of consensus among the different stakeholders on the legal status of prostitution. Despite the worldwide advocacy of decriminalization as the best way to safeguard the occupational health and safety of sex workers (Decker et al., 2015; International, 2015), not everyone supported the decriminalization or legalization of prostitution in their countries, and some even called for tougher punishment (Kuosmanen, 2011). Given the fact that different stakeholders have a potential

impact on laws on prostitution, which can in turn affect the occupational risks of sex workers, more empirical studies should be conducted on the attitudes of different stakeholders and the impact of their attitudes on the sex workers' health and safety, and on the implications of the establishment or enforcement of laws on prostitution.

Occupational health and safety of sex workers

Regardless of the legal status of prostitution, sex workers deserve respect and protect the human dignity and human rights. Law enforcement officers, health care providers, the clients of sex workers, and the general public worldwide, are key stakeholders in shaping the day-to-day life of sex workers. Their negative attitudes toward prostitution might lead to increased misconduct, unequal treatment, and increased violence. Therefore, it is worthwhile to look into strategies that support the well-being of sex workers.

1. Reducing stigmatizing attitudes among law enforcement officers

Particular attention should be given to law enforcement officers since they have more chances than most people to interact with sex workers and implement laws against sex workers. Despite the significant amount of evidence that describe police harassment and abuse of sex workers (Willis, Hodgson, & Lovich, 2014), findings from this review highlighted that police officer, especially those who have posed as decoy clients or sex workers, usually showed understanding, empathy, and sympathy attitudes towards prostitutes. This finding is consistent with the stigma research that suggests knowledge and experience with stigmatized population are linked to more positive attitude toward these people (Scior, 2011; Van Boekel, Brouwers, Van Weeghel, & Garretsen, 2013). Thus, increasing the knowledge and understanding of sex industry among law enforcement

officers could potentially reduce their negative attitudes toward prostitution and inappropriate treatment when interacting with sex workers.

Innovation and successful partnerships between sex workers and police in several countries have been launched and demonstrated effective in reducing stigmatizing attitudes and police harassment toward sex workers. For example, in India, the Vikas Jyot Trust (VJT) fostered a supportive environment for sex workers through providing the police with informal meetings with sex workers and sensitizing them on sex workers' needs and concerns (Biradavolu, Burris, George, Jena, & Blankenship, 2009). In Australia, the cooperation between Resourcing Health and Education in the Sex Industry (RhED) Ugly Mugs program and the local police provided a non-judgmental environment for sex workers and increased the number of reported crimes against sex workers to the police (Tenni, Carpenter, & Thomson, 2015). Given the success of these programs, this review calls for more interventions to promote the communication between the police and sex workers.

2. Reducing stigmatizing attitudes among health care professionals

More evidence showed that the negative attitudes of health care providers did not differ from other groups, their stigmatized attitude could affect healthcare delivery for these marginalized population and further result in sex workers' avoidance of treatment and deterioration in their health (Rogers et al., 2014). Health care providers should be aware that their negative attitude toward sex worker might translate into discriminatory behaviours that influencing patients' equal access to health care. Several studies highlighted the need for job-related training aimed at improving knowledge, attitudes and counselling skills in the delivery of healthcare to this

vulnerable population among health care professionals and students (Jayanna et al., 2010; Melby et al., 1992; Nakagawa & Akpinar-Elci, 2014; Phrasisombath et al., 2012; Rogers et al., 2014).

Interventions on attitudes training for other marginalized populations may shed lights on the development of intervention programmes to reduce sex work-related stigma among health care providers. There are plenty studies focusing on reducing health care providers' stigmatizing attitudes toward people living with HIV/AIDS, multiple approached could be adopted, such as delivering HIV/AIDS related information, providing communicating skills with patients, discussing medical ethics and legal issues, addressing the stigma and discrimination of HIV, contacting with patients (Mockiene et al., 2011). Besides, organizations support, such as identifying staff needs and providing counselling/support is also essential in improving health care providers' willingness to treat these marginalized patients and job satisfaction.

3. Reducing stigmatizing attitudes in the community

Although the study conducted in the U.S. informs us the increasingly more tolerant attitudes toward prostitution (Cao & Maguire, 2013), the strong cultural and social stigma against sex workers is difficult to eradicate. Even in countries where prostitution is legal, society's negative perception of prostitution remains unchanged (Begum, Hocking, Groves, Fairley, & Keogh, 2013). Clients' violence could also thrive where beliefs such as sex workers cannot be raped (Penfold, Hunter, Campbell, & Barham, 2004). Therefore, a friendly and supportive community environment is essential for sex workers well-being. Interventions in India showed that community mobilization was successful in reducing social stigma toward sex workers (56). It facilitated social acceptance of sex workers through increasing awareness of sex workers' health needs, protecting their human rights, providing health-related resources, and advocating changes in societal attitudes

toward sexuality and sex work (Basu et al., 2004). The replicability of the programs should be tested in future programs and interventions in different countries or legal systems.

Limitations

There are several limitations in the present systematic review, and the findings should be interpreted with caution. First, the evidence is dominated by attitudinal surveys with convenience samples. Moreover, over half of the included studies did not report a response rate, and the sample size varied considerably from study to study. All these factors could limit the generalizability of the findings. Second, approximately half of the included studies adopted a self-administered survey or a mail or internet-based survey, and the respondents may not have shared their true feelings. This review cannot be free from the possibility of social desirability bias. Third, this review only included peer-reviewed articles, while the grey literature relating to this topic and unpublished surveys were not explored. This review may be susceptible to publication bias. Lastly, this review only included studies published in English. Therefore, it is possible that we have missed studies on this topic in non-English language journals.

Conclusion and Implications

To our knowledge, this is the first review of attitudes towards prostitution among different stakeholders in the last three decades. The current attitudes of different stakeholders appear to be largely similar in their ambivalence, inconsistency, and even contradictory views toward sex workers and prostitution laws. Although the debate over prostitution laws seems unlikely to end in the foreseeable future, this review indicates that interventions need to be implemented among different professional groups who may affect the well-being of sex workers.

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Conflicts of interest

The authors declare that they have no conflict of interest.

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