

STELLINGEN/PROPOSITIONS

Occupational Hazards, Public Health Risks

Sex work and sexually transmitted infections, their epidemiological liaisons and disease control challenges

1. HIV should be addressed within an STI control paradigm, not vice versa. (this thesis).
2. The contribution of sex work to transmission of HIV and other sexually transmitted infections follows universal principles that play out in largely predictable patterns. (this thesis)
3. Regional differences in HIV epidemics do not justify exceptional responses that disregard fundamental STI control principles. (this thesis)
4. The triad of unprotected sex work, male foreskin and chancroid is historically associated with development of all large-scale HIV epidemics. (this thesis)
5. Chancroid cannot be dismissed as having 'disappeared' based on limited data from a few research sites. (this thesis)
6. Sexually transmitted infections differ fundamentally from other infectious diseases, where risk and transmission potential are distributed fairly uniformly across populations. Core theory linking STI transmission to rates of sexual partner change should be the basis for interventions to reduce transmission.
7. Scientific research in isolation does not necessarily answer relevant questions for public health.
8. Despite rigorous methods, findings from randomized controlled trials are generally secondary to good-quality empirical field data that document actual epidemiological change or effectiveness of interventions under real conditions.
9. Concurrency theory does not take sex work into account.
10. Too often, science trumps public health and politics trumps science.
11. What's natural is the microbe. All the rest — health, integrity, purity (if you like) — is a product of the human will, of a vigilance that must never falter. The good man, the man who infects hardly anyone, is the man who has the fewest lapses of attention. (Camus, *La Peste*)

Richard Steen

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