

The shifting sex industry and the need for better screening for sex workers

Health screening programmes developed decades ago should be updated to keep up with shifts in our demographics and industries.

Rayner Tan

"Prostitution is not an offence in Singapore... Forcing it underground will lead to the greater likelihood of involvement by triads and organised crime, the trafficking of women, and public health risks."

These remarks by then-Senior Minister of State for Home Affairs Ho Peng Kee in Parliament in 2009, underscore a recurring principle in Singapore's policymaking: on complex issues, moral discomfort cannot outweigh practical realities and pragmatic solutions on the ground.

Global evidence since has borne this out. Studies in Asia and the US show clamping down on sex work drives such activity underground rather than eliminating it, creating gaps that complicate public health and public health outreach efforts.

SHIFTS IN THE SEX INDUSTRY

Sex work has been part of Singapore's social landscape for centuries – a feature common in many port cities where mobility, trade and transient labour shape urban life. As Singapore evolved from a maritime settlement into a global hub for business and travel, the industry adapted.

Digital platforms, encrypted messaging apps and freelance arrangements now shape much of the trade, with many workers operating across online, informal or private settings. Brothel-based work now forms only a fraction of it.

Recent data reflect this shift. A study by the NUS Saw Swee Hock School of Public Health suggests there may be up to 16,200 sex workers in Singapore. Community groups like Project X estimate that fewer than 1,000 work in regulated brothels – the only segment covered by Singapore's longstanding Medical Surveillance Scheme (MSS).

The scheme was introduced in 1976 through collaborations between the National Skin Centre and the Department of Sexually Transmitted Infections Control (DSC) Clinic, to monitor sexually transmitted infections (STIs) and promote safe sexual practices



One public health challenge is how to extend public health engagement beyond regulated brothels. Expanding access, the writer says, is an effort to strengthen public health monitoring in our communities. PHOTO: PIXABAY

among workers in regulated brothels. For decades, it has provided regular screening and a predictable point of contact with healthcare professionals.

But the industry the scheme was designed for has changed. Sex workers who operate outside of regulated brothels – in private, online or informal settings – fall outside of the scheme's reach.

This mismatch does not diminish the scheme's value. Rather, it highlights the need to update public health tools to match an industry that has diversified, and raises two immediate public health challenges.

EXPANDING SCREENING

First, the question is how to extend public health engagement beyond regulated brothels. Expanding access is not about legitimising or broadening the sector, but an effort to strengthen public health monitoring in our communities.

Public health outreach to hard-to-reach groups – from migrant workers HIV programmes to harm reduction services – is standard international practice. This supports early detection of infectious diseases and identifies blind spots in our public health apparatus, which benefits workers, clients and the wider Singapore community.

Research I undertook during

the COVID-19 pandemic on sex work in Singapore found that when groups operate on the margins, gaps in understanding their needs can hamper outbreak control.

A responsive and comprehensive public health monitoring system also offers clearer visibility over the overall health and well-being of workers, helping the authorities and social service agencies detect patterns that may indicate exploitation or trafficking.

Improving reach requires not just expanding its coverage beyond regulated brothels, but also ensuring that services are designed in ways workers feel safe using. Stigma, the anticipation of discrimination and concerns about privacy or legal ramifications deter sex workers from seeking timely medical help, even in cases of rape or assault.

Conversely, when services are voluntary, respectful and predictable, uptake improves significantly. Community organisations in Singapore note that many workers value the stability and structure provided by regular health checks – when confidentiality and trust are assured.

MODERNISING HEALTH SCREENING

A second question arises around whether the scope of the scheme should be broadened.

Designed in the 1970s, it focuses

narrowly on STIs. Yet contemporary public health frameworks – including guidance from the World Health Organization and Joint United Nations Programme on HIV/AIDS on promoting health for sex workers and the wider community – now recognise that people seek care reliably only when their wider needs are addressed.

In practical terms, this could include providing basic mental health support, guidance on managing unsafe work situations, broader sexual- and reproductive health support, or discreet channels to raise concerns without fear of reprisal. These measures strengthen public health by building trust and predictability that workers value and encourages them to remain engaged with the health system.

A broader approach also helps shift away from punitive tendencies. Today, sex workers who repeatedly test positive for STIs face termination from regulated brothels, creating strong disincentives to test early or regularly.

That is unfortunate when a range of factors beyond a worker's control, such as condom failure, client coercion or limited negotiation power might lead to STIs. Such a framing also overlooks the role of clients themselves. Past studies estimate between 64,200 and 91,800 male clients of female sex workers in

Singapore, highlighting that responsibility does not lie with workers alone.

NOT A TOOL TO ERADICATE SEX WORK

A modernised scheme can support earlier detection of infectious diseases, create more consistent points of contact with workers and offer clearer early signals when risks emerge – benefits that become more important as the industry grows more dispersed.

Of course, the MSS has its limits. Expanding the scheme's reach enhances public health visibility over a sector that increasingly operates outside regulated settings, but it cannot influence the broader structural factors that shape why people enter or remain in sex work.

But what it can do is to serve as an important touch point for engagement – one that might be valuable for sex workers seeking to leave the trade. Recent reporting in The Straits Times highlighted how organisations such as Project X, supported by the National Council of Social Service, continue to assist sex workers who wish to move into other forms of work.

Such efforts recognise a practical truth: whether individuals remain in the trade or plan to exit, access to stable employment, health and social services, and clear guidance help reduce the pressures that place them in unsafe or exploitative situations. That too strengthens public health resilience.

Sex work may be an uncomfortable topic, yet as policymakers and public health practitioners, we need to understand the reality and be guided by real-world evidence to protect the population – a point underscored in Parliament nearly two decades ago. This also means updating programmes developed decades ago to keep up with shifts in our demographics and industries.

By modernising our public health programmes, broadening support channels and recognising the value of assisting those who wish to transition out of the trade, Singapore can continue to uphold robust health standards – and keep pace with the evolving realities of one of the world's oldest trades.

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