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Bojan Žikić

The Same Risk, the Different Vulnerability? Social Environment as Risk-generating Factor in Injecting Drug Users and Sex Workers*

Abstract: Social epidemiology of blood-borne diseases has been investigated in Belgrade sex workers and injecting drug users. The overall aim of the study was to reveal factors responsible for social epidemiological exposure and vulnerability of the members of those groups, and in this paper some outcomes are discussed, namely those which suggest a little bit different patterns of establishing such vulnerability for injecting drug users and sex workers respectively. It looks like the social environment plays much greater part in producing social epidemiological risk for the sex workers than for the injecting drug users. Factors stemming from the social environment responsible for production of the social epidemiological risk are far more beyond reach and control of the sex workers than it is so with the injecting drug users.

Key words: social epidemiology, blood-born diseases – risk and vulnerability, sex workers, injecting drug users, risk environment – social environment, Belgrade.

Epidemiological risk and environment[1]

The injecting drug use creates a suitable environment for HIV/AIDS and HCV infections. Sex work makes the social epidemiological basis for different kinds of sexually transmitted infections (STI), but it does not mean that the sex workers are in less danger of getting infected by HIV/AIDS and HCV. That is true mostly for those among them who are injecting drug users also, or whose partners and clients are so. The social epidemiological vulnerability of the sex workers are shared thus jointly by HIV/AIDS, HCV, and by STI, whi-

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[1] The theoretical background is derived after Rhodes 2002, and it is already implemented in analyzing the results of the social epidemiological investigation into the injecting drug users and sex workers in Belgrade, cf. Žikić 2006a,b, 2007.

le it is presumed that the injecting drug users are not at such risk at least by STI. That makes the research into social epidemiology of the sex work a bit more complex than the one into injecting drug use. The main difference is to be found in the role the social environments of two different marginal populations play in generating the social epidemiological risk.

Social epidemiological risk stems from social situations, contacts, relations and activities inherent to the injecting drug use and/or to the sex work. Such social environment is that what makes the reference for recognizing members of those two marginal populations at all, i.e. as belonging to one social group or another, or to both of them perhaps. It comprises all of the social circumstances of the injecting drug use and the sex work, but when it is about social epidemiological risk and vulnerability, it is slightly different for the sex workers than the injecting drug users, even when we talk about the same diseases.

And I am not having on mind technical or physical features of risk, based on the fact that the principal agency of HIV/AIDS or HCV transmission among injecting drug users is accounted to the injecting equipment, needles and syringes mostly, while it is body contact among the sex workers. The difference is contextual. It points to the surroundings injecting drug use is happening or sex work is performed within. Those surroundings are social and cultural, by their nature, and there is no difference in methodology, when analyzing them separately for the injecting drug use and for the sex work[2].

The difference is observed in the ways vulnerability is produced in both populations. It appeared as part of the research results of investigating the social epidemiological risk in sex working population and in that of injecting drug users. That is what allows me to describe the first one as more complex compared to the latter, when talking of social aspects of risk and vulnerability: more social factors are deployed in generating risk and producing vulnerability in sex workers, than in injecting drug users, where most of those factors are external to the particular sex worker at risk for certain blood-borne infection[3].

First, the social environment plays the more important part in generating risk and producing vulnerability, than the physical environment. It does not mean that one should forget about physical environment when studying social

[2] Methodology of research and interpretation is widely displayed in Жикић 2006a, 2008b.

[3] May be it has to do something with the manner social and cultural appearances of gender is recognized in the particular social and cultural context, where the research is performed, which could be caused by some remnants of the male-centered cultural thought, where female public behavior is somehow still scrutinized a bit, influenced by the debrises of norms stemming from religion, traditional culture, social and cultural norms inherited by "exogenous" cultural factors etc. See for an example Godelije Panof 2007, Radulović 2006, 2007, Stevanović 2008, Синани 2007, Đerić 2007, Antonijević 2008, Жикић 2008c, Čvorović 2006.

epidemiological risk inherent to the sex working population, but the latter is not the issue here. Then, the epidemiological array of infectious diseases to which the sex workers are over-exposed is vaster, than the one injecting drug users are to, considering the principal agency of transmission; that is aforementioned above, but it is worthwhile to remind you the following: sex work means the socially structured physical contact, and it is its social nature which eventually facilitate transmission of the different blood-borne diseases, where HIV/AIDS or HCV are only few among those[4].

Illicit activity and marginality as contributors to risk and vulnerability

The sex work stays out of bounds of the legal frame of any given society; the Serbian society is not the exception to that, of course. Being legally marginalized means being out of social control too, and for the sex working population it means being left to their own devices when trying to manage the social epidemiological risk. The legal status of the injecting drug use is the same with the legal status of the sex work, of course. What differs is the relational character of the sex work. When it is about social risk environment and injecting drug use, the injecting drug users should be capable of controlling their social environment by themselves. I am talking of the structural possibility, and not of case-by-case situation. The injecting drug use is not relational action in the social environment the same way the sex work is so. It does not take any other person behind the one who injects to be determined by, like it takes the client of the sex worker, or pimp, for the sex work[5].

But, there is more to that: there are risk-generating factors stemming from the social surrounding, which do not seem to be crucial to the social epidemiological risk, at a glance, but they are so, maybe just laterally. Those concern the violent nature of the good part of relations between sex workers and their clients, pimps, partners, and sometimes even the police. Violence contributes obviously in widening the list of the social epidemiological risk-generating and vulnerability-producing factors.

Response of some of the law enforcement officers, for an example, is different when it is about sex work, compared to their response to injecting drug use. While their misbehaving in the latter case is attributed to some violent acts mostly, like punching, kicking, verbally abusing and so on, besides simi-

[4] It does not mean that the injecting drug users are safe when it is up to STI, but it does mean that they are *safer* considering those diseases than the sex workers – based on their habits, and according to statistics, see Жикић 2006b.

[5] Cf. Žikić 2006a.

lar acting towards the sex workers, they also tend to take some advantages from them. It means that some of the police officers try to gain sexual favors for free, or money, in order not to take sex worker into the custody. It is obviously opposite to the rules of the police service, but what is more important here is that behavior like that is encouraging social epidemiological risk, and that it is coming from those people whose help would be appreciated eventually in risk-preventing and harm-reducing outreaching[6].

Finally, the sex work reaches wider and deeper into various layers of society, than the injecting drug use. It is more sociable activity than injecting the drugs: the injecting drug users prefer to fulfill their need by themselves, alone, far from anybody else, while the sex work refers to activity performed by the sex workers and another persons; there are no limits, also, to where from within the society sex work clients come, while injecting the drugs is limited to the injecting drug users milieu.

Maybe it is too hard to say it, but the cultural attitude towards the sex work in Serbian society is charged by certain hypocrisy, which is absent when it is about the injecting drug use. To put it right, the cultural evaluation of the sex work is not unique, as it is of the injecting drug use. I am talking of such attitude in Serbian society, but it is not very much different in Western civilization in general[7]. Injecting drug use is prohibited by law, but beside that, it is considered as completely unacceptable in any way. Persons engaged in it, being them addicts or dealers, are conceptualized in public discourse as *bad* people.

On the other hand, people could evaluate the sex workers as *low* people, in different ways, as well low could be their social or economic status, but their profession is not as unanimously condemned as injecting drug use is, wherever public discourse is not absolutely determined by one and only ideology, capable of silencing any other voices and opinions[8]. "Bad" and "low should" not be taken as synonyms. Public discourse suggests that sex work is understood as a profession at least, looking upon it this way or another, while injecting drug use is seen as some kind of illness, social as well as medical.

People who do not inject drugs, nor deal drugs, who do not work with the institutions of legal system – medical doctors sometimes also – usually do not want to have anything with somebody who is socially recognized as the injec-

[6] Rhodes et al. 2008.

[7] I discussed that briefly in Жикић 2008a, for more comprehensive picture on this issue see also Barry 1995.

[8] As it was the case with the Communism, or "Socialism", as it was disguised by the label in former Yugoslavia, where the sex workers were officially seen as "morally failed" persons, in need for "social correction". That was not Communists' original idea, but certain legacy from the civilization developing by the strong influence of religion for more than a millennium.

ting drug user. The injecting drug use is universally condemned in any public discourse and treated that way in everyday life. Sex work is considered as some kind of socially unacceptable behavior, sometimes even moralized in public discourse, but in reality many of the sex workers' clients come from the mainstream of the society.

Anthropology is quiet successful in denouncing "social unacceptability" or similar social and cultural labeling by re-humanizing the people whose thoughts and behaviors it studies. The discipline tends to present those people in their own terms, documented by the facts of their social lives, and that means portraying the circumstances crucial for their social or cultural labeling, but restraining itself from judging them. Nevertheless, when it gives the explanations which concern the wider community than the group(s) actually studied, it needs to take into account some broader scope on problem, than it is visible within the group(s) studied.

Public discourse, public opinion, cultural evaluation on the injecting drug use and on the sex works differ in fact in how cultural judgments towards the body are oriented, where the issue is what is presumed the members of those two groups are doing with their bodies when injecting the drugs or commerce the sex. The general idea beside such judgments is whether broader social body is endangered by injecting drug users' and sex workers' harming of their physical bodies, where it is recognized that the first "do it for themselves", while the latter are involved in some kind of transaction, no matter how that transaction is attributed, like the moral offense, or like the profession.

This is also an implicit recognition on the difference of the role the social environment plays in the injecting drug use and in the sex work, respectively. Furthermore, the sex work is attributed to women mostly, no matter the different categories of the sex workers, according to their gender, which is true for dominant discourses in culture, as well in social science and humanities[9]. Views like that always include some focus on the social vulnerability of women, meaning they try to make the sex work contextual enough to be understood and interpreted this way or another.

Women are prone to be victimized in different kinds of interpretative literature on the sex work – which is the viewpoint I do not object[10] – but it is also the case in public notions of the sex work. Injecting drug users, on the other hand, find the sympathetic views towards them only but seldom. Social context is deployed again in notions like that. Scholars, medic and public are all aware that comparing the focus of injecting drug users' lives and the profession of a sex work, there is vaster social epidemiological basis for various infectious diseases, which the sex workers are prone to. Besides noticing the difference between the addiction and the occupation, there is the recognition of the difference

[9] See for an example Davis 1985, Karras 2004, Wahab 2002, Wardlow 2004.
[10] On the contrary, some of my findings support it, see Жикић 2008b

in body performances in the injecting drug use, and in the sex work. Having in mind the bodies of the sex workers, it is in the very nature of the sex work that bodily fluids exchange is intrinsic to it. Injecting drug users are capable of preventing their blood to get into the contact of somebody other's blood if they obey safety injecting procedure. Bringing bodily fluids of different persons in contact is not inherent to injecting drug use, as it is to sex work.

That is also why it is important to point to the difference between the factors generating blood-borne diseases (including STI, HIV/AIDS, and HCV) among members of both of the marginal populations discussed here, stressing social features of those factors. Marginality turns to be the slippery concept when it is about social epidemiology, if not epidemiology at all. It is the way of classifying people according to their social and cultural relation to the mainstream of the society, regarding their legal, professional, ethnic, gender or other status, but none of those features really matters when it comes to the epidemics of the infectious diseases. Viruses do not choose their hosts and victims according to the social criteria.

What matters is that what is different in populations signified as marginal considering some common feature, shared by any other member of the society. That is the treatment of the physical body in this case. Socially constructed marginality which could prove to be relevant to discussions on the epidemics should take into account such treatment which is not acceptable to the wider community. When it is up to the injecting drug users and the sex workers, this is based on the fact that their bodies are in direct and physical danger, because of what they all do, no matter being it for money or due to addiction.

The way this endangering of the physical body could develop into eventual epidemiological bridge to the wider community is rooted in that how each of the practices of marginal populations concerned here looks like and is performed. When it is claimed that the sex working social environment has more risk-generating potential than the physical environment in which sex work takes place, it is about the fact that sites and places of the sex work do not affect the risk-generating process so much, as it is so in the injecting drug use.

Risk producing social roles and behavior

Concerning generating the epidemiological risk by injecting the drugs, the relation between the physical environment and the hygiene status of the principle mediators of physical risk, needles and syringes, appears as somehow crucial factor of the risk production[11]. Vulnerability gained that way has little do to if anything with the social environment. The way needles and syringes are used, and the way of storing they again make the slight part of the injecting drug use

[11] Cf. Žikić 2006b, 2007.

social environment. Sharing of the injecting equipment could be attributed to the social environment risk generating, but only at the margins of the concept of the risk environment. That concept stresses those factors exogenous to the individual, and it could hardly be said that sharing of needles and syringes when injecting with another people is totally out of somebody's control[12].

It is true also for those sex workers who are injecting drug users. Even if it is hard to tell which puts them in the greater risk from blood-borne infections, their profession, or their addiction, their social epidemiological vulnerability has more to do with the social factors than any other environments. Their vulnerability is about where their exposure to epidemiological risks comes from, considering that only few of the interviewed sex workers inject the drugs, and that the sex workers do not conceive only epidemiological risk when they think of "the risk". They worry about the violence, police arrestment, and robbery, too.

Needles and syringes do not posses the quality of being part of the sex work by themselves obviously – even if certain number of sex workers use them to inject drugs – but more important thing when discussing the risk factors embedded in social and physical environments is the matter of the control over such surroundings by those who perform practices of their marginality within those environments. The control over the physical environment stands in reciprocity to that of the social environment, when we talk about the sex workers. Fieldwork data suggests that it is easier for sex workers to negotiate with clients the physical space where the job will be done, than to gain control over how the clients will behave towards them during the job of afterwards. This is not an absolute truth indeed, but it is kind of a dominant pattern when considering the decisiveness in effect by the sex workers, concerning the real consequences of negotiating with clients about where the service would be provided and how the both sides should act accordingly.

There is no such "other party" in injecting drug use deciding about the thing which could rise or low risk-generating potential of that kind, or which could influence social epidemiological risky behavior, coming from outside the injecting drug use population. The injecting drug users are faced with serious risks concerning their health in general, and not just the blood-borne diseases, but the primary sources of such risks are somehow easier to control than those originating form the social surrounding, but out of the sex working population[13].

The contribution of the social environment to the vulnerability of the sex workers is the most obvious maybe regarding the structure of the sex work event. It is not the sexual act only, but includes negotiation over it also, as well

[12] Even if it there are some attempts by the injectors to present it that way, cf. Kuneski 2007, Milosaljvević 2008.

[13] If the access to needles and syringes are feasible, the only risk which is out of the hands of the injecting drug users is the quality of the drugs they obtain, see Жикић 2006a.

the general behavior of the clients towards them, latter including the attitude the clients approach them with, the way they behave during the sexual act, and how they treat them in general. The most critical part of every sex work negotiation is that of whether sex will be protected or not. The decision is upon the sex worker, or at least it should be so, but reality proves to be slightly different.

The most of the clients tend to obey the safety rules imposed by the sex workers, but there are exceptions, of course. Some of the clients insist upon having the unprotected sex, offering to pay more for it, or even trying to get it by force – by threatening the sex workers, which sometimes gets physical too. Some others try to exercise their cunningness by attempting to deceive the sex worker, once the agreement over the service is settled: they accept to have protected sex first, and later on, during the sexual contact, they try to take off the condom. Situations like that can turn really violent also, so many of the sex workers try to present their attitude towards the protected sex as firm as possible during negotiating over the sex services with the clients.

The next critical element of the sex work negotiation and of the sex work event at all, is the attitude of the clients towards the sex workers. There may be more than one way clients structure their relation to the sex workers, but the one, which is the most significant when discussing social epidemiology issues, is that considering physical bodies of latter. It is whether clients tend to behave violently towards sex workers or not.

When I say "violently", it connotes physical violence among anything else, although it is true that the sex workers are exposed to violence in various forms. Nevertheless physical violence endangers the health status of one's body in a direct way, and clients act violently in different situations: when they want to extort something from the sex worker, being that some particular service they were denied in negotiation , the unprotected sex, or if they do not want to pay for the service. Sometimes they approach the sex workers with an idea that acting violently is their way of social and cultural dominance, or expressing that they are better than "those whores".

Violence is exercised then either in sex – which is something over what it was not negotiated at all – or after it, when rough "macho" behaving can turn into low-profile violence, like occasional slap or punch over sex worker's body. It looks like some of the clients enjoy in presenting themselves to the sex workers as "tough guys", prone to act nervously, and with the very bad language, as default. They threat the sex workers, call them names, and swear them. Physical violence hurts physical integrity of sex workers' bodies which obviously does not contribute to the improvement of their health status. It hurts their personal integrities also, influencing their overall vulnerability, and adding so to their submissive position in negotiations over the sex work services.

There are few more factors which contribute to the social environment as risk-generating and vulnerability-producing factor, suggesting that the social

surrounding dominates over the physical environment in eventual facilitating the basis for bridging the gap between marginal populations and the community when it is about turning blood-borne diseases into epidemics. The most of them concern health and violence again. There is no such ting as mutual obligation of revealing the health status neither between the sex workers and their clients, nor between sex workers and their partners or pimps. There is a chance also that many of all of them involved in the sex work this way or another is not aware of his/her health status at all.

The clients are not the only persons with whom the sex workers engage in sexual contact; many of the sex workers have their own partners, sometimes the latter are their pimps too. When having sex not for commerce, the sex workers tend to draw the line between those two occasions. They do that sometimes by not using the condoms with their partners, and only few of them were positive about they do not need that symbolic ramification between professional and private life, and they claimed they continue insisting on having protected sex with their partners too.

Like the clients are not the only persons engaged in sex with the sex workers, they are not the only ones who perform violence against the sex workers. Their partners and pimps do it also, maybe in different occasions than the clients do, but all of them nevertheless exercise verbal and physical abuse of the sex workers, contributing thus to the overall vulnerability of the latter, the social epidemiological one included. The ways police actions operate against them often[14], contributes also to the risk-generating potential of the social environment.

The sex working population lives in fear thus mostly. Sometimes the sex workers are able to explicit the causes and the origins of that fear, sometimes they are not, but their fear is a little bit different than eventually the similar feeling of social discomfort, which is common in the injecting drug users. The latter is based on the legal status of the drugs taking, as well on the fright of being driven to the circumstances which make impossible satisfying the addiction for an uncertain period of time[15]. That also could be considered eventually as the influence of the social environment, but in the broadest sense, and it is not what I have quiet on mind when discussing the role the social environment is playing in producing vulnerability concerning the sex workers.

Sex work is not legally recognized profession, but it is only a frame-set for those circumstances described as the social environment responsible for risk-generating and vulnerability-producing. Person capable of managing the social epidemiological risk should be capable of managing one's own life, at least the professional life. And that is where the circumstances described as the

[14] For detailed accounts on this, see Rhodes et al. 2008.

[15] That refers to been taken into the custody mostly, or to imprisonment, although some of the informants claimed that the drugs were available to them while being in prison.

social environment are revealed as not being in favor for the most of the sex workers. Fear of being arrested – and consequently financially devastated for some period of time – is just part of the fear they are faced with in their professional and private lives: the uncertainty concerning their own health, income, relation to partners or pimps, verbal, physical and psychological abuse etc. all of that contribute to their instability when it is about social navigation which will produce the risk managing procedure.

It is hard to demand protected sex at home for an example when your partner beats you just because he is ill tempered or has skinful, or to do it at job if the pimp demands precise number of clients for one evening. Hence vulnerability should be considered as socially produced at least in equal manner as it is epidemiological endangerment. It is description of the position the sex worker occupies in her social surrounding and within global social context in fact. It is not just the exposure to certain illness due to certain behavior, or likeliness of getting infected. The latter is true if we consider vulnerability solely as a social epidemiological concept. But if the vulnerability is reviewed as an overall niche of the social existence of the sex working population due to its social behavior (i. e. due to the sex work profession), it will turn that the social epidemiological vulnerability is kind of the logical consequence of the otherwise produced social vulnerability of that population.

This is clear in particularly when the matter of initiation into the sex work is reviewed and compared to initiation into the injecting drug use. The issue of control then shows up more obvious, stressing the real subject of power behind certain behavior, superficially attributed to individuals. And by initiation I do not mean only the first time something is performed literally. The way somebody engages into something for the first time he/she is doing that usually determines the way that thing would be performed each time when it occurs for some period of time, presumably some longer period of time. Injecting routines of the injecting drug users, including their safety procedures concerning HIV- and HCV-risk, or absence of such procedures, used to be shaped according to how their first injections looked like. Many of the informants claimed that they used to change their injecting routines only when they have learned some new things about HIV- and HCV-risk[16].

It is similar to the sex worker's knowledge about the social epidemiological risk factors, which also has been acquired post-factum mostly, but similarity between initiation into injecting drug use and sex works ends there. What is absent when it is about initiation into the injecting drug use, but plays a significant part in initiation into the sex work is the external factor. No matter if the first sex work has been provided involuntarily, or particular sex worker has been "encouraged" the other way to neglect her own sexual and health safety, the circum-

[16] see. Жикић 2006a

stances of initiation into the sex work usually were out of favor for sex worker's privilege to decide about anything, which includes protected sex of course.

While the reasons for that are obvious for those sex workers who were initiated into that profession involuntarily, the most of them who decided to get into such business by their own free will have stepped in it without any prior knowledge of the job itself, lacking real information on health risks, including STI and other blood-borne diseases, or they simply did not care about anything else, but their bare maintenance. It took time for every individual sex worker also to adapt her behavior to the slowly generating knowledge on social epidemiological risk, where the only factor in favor for mediating such knowledge and originating from their social surrounding is mutual communication of the sex workers. Clients, partners, pimps, even the law enforcement officers all stay indifferent or sometimes even reluctant whenever the sex workers they are socially or occasionally tied or netted to step right out of the pocket of inertia and submission.

Conclusion

The research in the social epidemiology of substance abuse and of socially deviant behavior, i. e. the investigation into the injecting drug use and into the sex work demonstrated some differences concerning status of the body of the members of those two marginal populations. I have their physical bodies on mind, of course, because every anthropological investigation into social epidemiology is dealing with human embodiment in fact. The anthropology of body studies the ideas people have about human body, how do they treat it, the social and cultural determination, and so on, but all of that considering human physical body.

That physical body proves to be the vessel for social thoughts and considerations about other people, and that is mostly true when those "others" live at the margins of the social norms, barely touching what is acknowledged as some outskirt for socially acceptable behavior. It is not of minor importance how somebody's health is jeopardized, even when his/her body is faced with such deterioration which could not be repaired any more, but more to that, when the way of making so is considered as "socially unacceptable".

Vulnerable status of the bodies of the sex workers comes from their overexposure to variety of risks, where social epidemiological risk plays just part of that. Injecting drug users endanger their bodies in no less severe manner, but there exists no such array of risks exogenous to their own behavior, as it is the case with the sex workers. The factor which influence situation like that is to be found in the social environment of both of those practices, where the major difference is between the ability to gain control of that environment. The injecting drug users are in the position of taking responsibility for mana-

ging their own drug injecting social environment: none but them decide on whether circumstances of injecting would facilitate risk or not.

The sex workers do not have such privilege – or, they do not have it fully and for real, due to some factors they are not able to reach and change by themselves: discursive condemnation of their profession, while using their services in reality, and its legal status contribute mostly to the way they are perceived and treated by people coming from the different social categories, including their clients, partners or pimps, police officers. Their vulnerability maybe is not really of the different kind, comparing to the one of the injecting drug users, but what makes it different is their dispowerment to at least control it more effective if not to change it. The risk which is generated and the vulnerability which is produced in the social environment of the sex work are far more beyond the reach of the sex workers and their attempts to manage that, than in any other population particularly vulnerable to the blood-borne diseases.

References:

Dragana Antonijević (2008), O Crvenkapi, Dureksu i ljutnji: proizvodnja, značenje i recepcija jedne bajke i jedne reklame, *Etnoantropološki problemi*, n. s. god. 3 sv. 1, 11-38

Kathleen Barry (1995). *The Prostitution of Sexuality. The Global Exploitation of Women*. New York: NYU Press

Jelena Čvorović (2006), Islamic Homosexuality, *Antropologija* 1, 85-103

Kingsley Davis (1985). The sociology of prostitution, in S. H. Traub & C. B. Little (eds.), *Theories of deviance*, Itaca, IL: Peacock

Gordana Đerić (2007), Polni stereotip u entičkom: prilog srpskoj imagologiji, *Antropologija* 3, 49-69

Moris Godelije i Mišel Panof (2007), Ljudsko telo: mučeno, opsednuto, kanibalizovano, *Etnoantropološki problemi*, n. s. god. 2 sv. 1, 139-154

Ruth Mazo Karras (2004), Women's Labors: Reproduction and Sex Work in Medieval Europe, *Journal Of Women's History*, Vol. 15, No. 4, 153-158

Elena Kuneski (2007), Štek: susret dva sveta. Urbana legenda beogradskih intravenskih korisnika droge, *Antropologija* 2, 35-43

Ljubica Milosavljević (2008), Odgovor sredine na pojavu HIV inficiranih. Diskriminacija bolesnih i njihove porodice, *Antropologija* 5, 83-94

Lidija Radulović (2006), Religija i rod: Kritički osvrt na pristupe istraživanju, *Antropologija* 1, 74-84

Lidija Radulović (2007), Rotieljska kletva kao nevidljivo nasilje: diskurs antimaterinstva u tradicijskoj kulturi XIX veka, *Etnoantropološki problemi*, n. s. god. 2 sv. 2, 137-146

Tim Rhodes (2002), The "Risk Environment": A Framework for Understanding and Reducing Drug-Related Harm, *International Journal of Drug Policy* 13, 85-94

Tim Rhodes, Milena Simic, Sladjana Baros, Lucy Platt and Bojan Zikic (2008b), Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study, *BMJ*, 337: a811

Данијел Синани (2007), Виле као контрамодел препоручивог понашања у патријархалној заједници, *Антропологија* 3, 97-109

Ivana Stevanović (2008), Žena ili muškarac – u čemu je razlika? Biologizacija rodnih nejednakosti u svetlu tumačenja Jova Toševskog, *Antropologija* 5, 95-116

Stéphanie Wahab (2002), "For Their Own Good?": Sex work, social control and social workers, a historical perspective, Journal of Sociology and Social Welfare, Vol. XXIX, No. 4, 39-57

Holly Wardlow (2004), Anger, Economy, and Female Agency: Problematizing "Prostitution" and "Sex Work" among the Huli of Papua New Guinea, *Signs: Journal of Women in Culture and Society*, Vol. 29, No. 4, 1017-1040

Bojan Žikić (2006a), Anthropology of AIDS. Risk environment and injecting routine. The case of Belgrade injecting drug users, *Etnoantropološki problemi* (*Issues in Ethnology and Anthropology)*, Vol. 1, No. 1 (n.s), 35-46

Bojan Žikić (2006b), Managing HIV/HCV-related Risk at Private Places Among Belgrade Injecting Drug Users, *Bulletin of the Institute of Ethnography* LIV, Serbian Academy of Sciences and Arts, 189-199

Bojan Žikić (2007), Injecting Drug Users' Utilisation of Public Space in Belgrade: Places, Risk-management, and Habitual Life, *Bulletin of the Institute of Ethnography* LV, No. 1, Serbian Academy of Sciences and Arts, 103-114

Бојан Жикић (2006a), *Антропологија AIDS-а. Ризично понашање интравенских корисника дроге*, Филозофски факултет и Српски генеалошки центар, Етнолошка библиотека књ.19, Београд

Бојан Жикић (2006b), Антрополошка анализа HIV-вулнерабилности и ризичног понашања у Београду, у Зорица Дивац (ур.), *Свакодневна култура у постсоцијалистичком периоду у Србији и Бугарској*, Зборник радова Етнографског института 22, Београд

Бојан Жикић (2008a), Спречавање зачећа: од контролисања плодности до конструкције идентитета, *Етноантрополошки проблеми* н.с. год. 3 св. 2, 11-25

Бојан Жикић (2008b), *Ризик и насиље. Антрополошко проучавање сексуалног рада у Београду*, Српски генеалошки центар и Одељење за етнологију и антропологију Филозофског факултета у Београду, Етнолошка библиотека, књ. 35, Београд 2008, 5-275

Бојан Жикић (2008c), Неукрођена "горопад": управљање репродукцијом као културна пракса, *Етноантрополошки проблеми* н.с. год. 3 св. 1, 2008, 143-157

Бојан Жикић

Иако је ризик исти, да ли се вулнерабилност разликује? Друштвено окружење као чинилац генерисања ризика код интравенских корисника дроге и сексуалних радница

Рад представља резултат социјално епидемиолошког истраживања крвљу преносивих болести међу београдским интравенским корисницима дроге и сексуалним радницама. Превасходни циљ студије представљало је откривање чи-

нилаца који су одговорни за повећану изложеност социјално епидемиолошким ризицима припадника и припадница наречених група. У овом раду, разматрају се они резултати истраживања, који указују на нешто различите обрасце успостављања дате вулнерабилности сексуалних радница, у односу на интравенске кориснике дроге, пошто изгледа као да друштвено окружење игра кудикамо значајнију улогу у произвођењу социјално епидемиолошког ризика за сексуалне раднице, неголи што је то случај са интравенским корисницима дроге. Испоставља се да су сексуалне раднице у знатно неповољнијем положају онда, када је у питању управљање ризиком на основу контролисања сопственог друштвеног окружења, неголи што су то интравенски корисници дроге.

Кључне речи: социјална епидемиологија, крвљу преносиве болести – ризик и вулнерабилност, сексуалне раднице, интравенски корисници дроге, ризично окружење – друштвено окружење, Београд.

Bojan Žikić

Le risque est le même, la vulnérabilité diffère? Entourage social en tant que facteur de production de risque chez les utilisateurs des drogues injectables et les travailleuses du sexe

Le travail représente le résultat d'une recherche socio-épidémiologique des maladies transmissibles par le sang parmi les utilisateurs des drogues injectables et les travailleuses du sexe de Belgrade. Le principal objectif de l'étude a été de découvrir les facteurs responsables d'une exposition accrue à des risques socio-épidémiologiques des membres des groupes mentionnés. Dans ce travail, sont analysés les résultats de la recherche qui rendent compte des modèles quelque peu différents de l'établissement de la vulnérabilité en question chez les travailleuses du sexe par rapport aux utilisateurs des drogues injectables, car il semble que l'entourage social joue un rôle bien plus important dans la production du risque socio-épidémiologique pour les travailleuses du sexe, que ce n'est le cas avec les utilisateurs des drogues injectables. Il s'avère que les travailleuses du sexe se trouvent dans une position bien moins favorable, lorsqu'il s'agit de maîtriser le risque par le conrôle de leur propre entourage social, que ne le sont les utilisateurs des drogues injectables.

Mots-clés: épidémiologie sociale, maladies transmissibles par le sang – risque et vulnérabilité, travailleuses du sexe, utilisateurs des drogues injectables, entourage de risque – entourage social, Belgrade.