

HIV and sexual reproductive healthcare seeking among female sex workers in Durban, South Africa

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Diagonal Interventions to
Fast Forward
Enhanced Reproductive
Health

Background

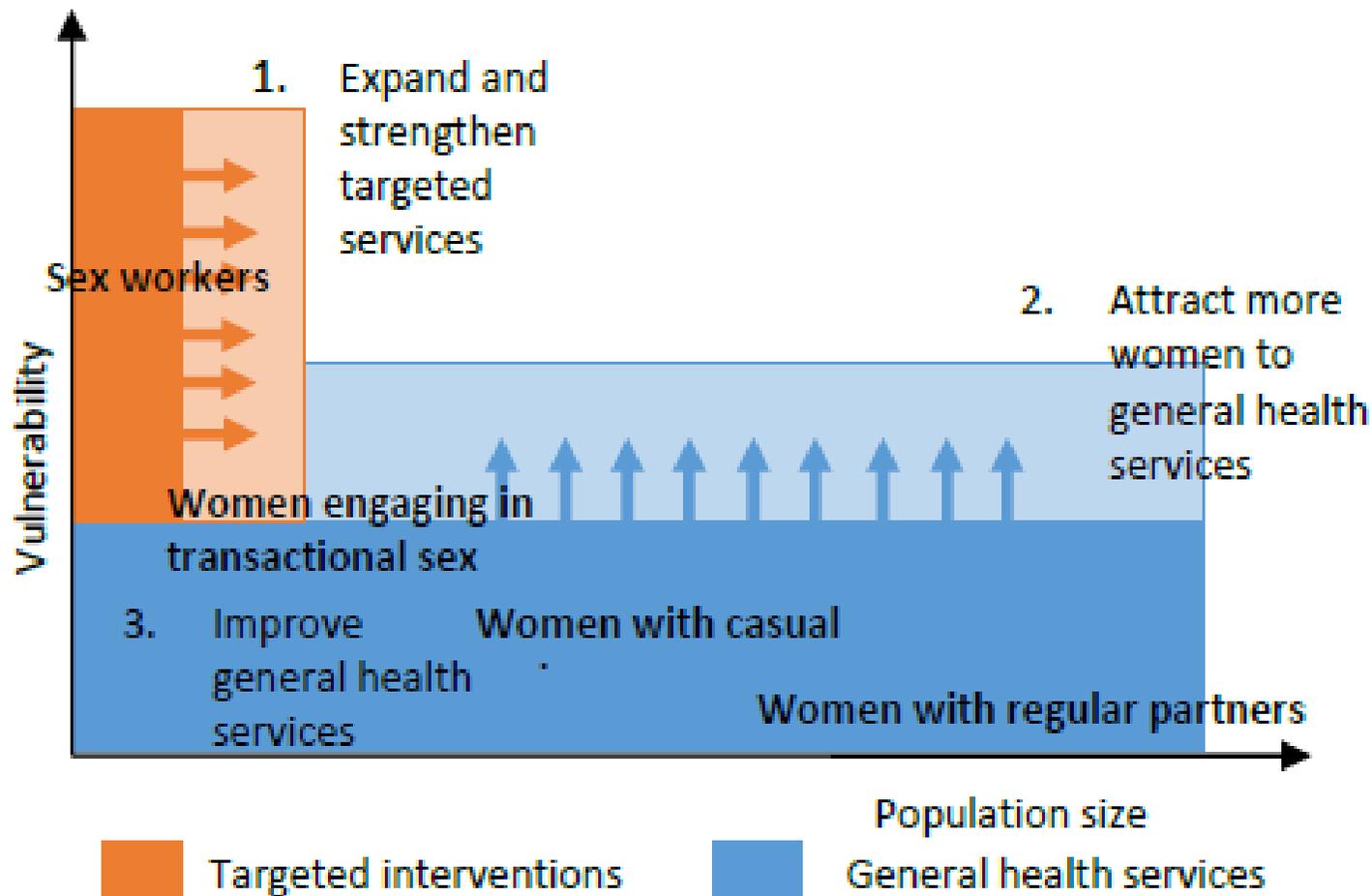
- Female sex workers (FSW) carry a disproportionate HIV burden but have long been an underserved population with HIV prevalence estimates among FSWs in Durban ranging from 46-69% [1-4]
- Therefore, HIV and Sexual Reproductive Health (SRH) programmes need to rapidly evolve to adequately address their needs
 - These programmes should include an understanding of healthcare seeking dynamics among FSWs to enhance healthcare seeking among this key population
 - HIV services (HIV testing, prevention and treatment), treatment of sexually transmitted infections (STI), contraception and other general health services accessed by FSWs in the public sector are often inhibited by fears of stigma and discrimination

South African legal framework

- Under the Sexual Offences Act (Amendment no.32) of 2007 various aspects of sex work i.e. the ownership of brothels, and the procurement or solicitation of a sex worker is illegal
- However, the South African Constitution protects the right of all people living in South Africa to access health care, free from discrimination
- Section 27 of the National Health Act 61 of 2003, states that everyone has the right to health care regardless of their legal status and no one may be refused emergency treatment

Background - DIFFER: Diagonal Interventions to Fast-Forward Enhanced Reproductive Health

- Project sites: Mombasa, Kenya; Tete Province, Mozambique; Mysore, India; Durban, [South Africa](#)
- Time frame: October 2011 – September 2016
- To improve SRH services for women (both general population women and female sex workers) by implementing a ‘diagonal’ strategy



Package of services provided that incorporated both:

- 'horizontal' health systems strengthening for maximum population-level impact and
- more targeted 'vertical' approaches to improve access for populations most at risk, such as *sex workers*

DIFFER Intervention

- The DIFFER intervention has three core components:
 - Comprehensive high-quality SRH services for FSW through new targeted interventions (TIs) and through expanding and strengthening existing TI's
 - Comprehensive and integrated high-quality SRH services within healthcare facilities; by implementing facility based, integration aligned interventions and,
 - Establishing linkages between the sex worker community, general population, targeted interventions and health facilities

Methods

- A cross sectional survey with 400 FSWs was conducted in 2013 (Baseline) and 2016 (Endline) exploring FSWs access and utilization of health care services
 - Respondent-driven sampling (RDS), was used to recruit FSW's
 - Seeds were identified through focus group discussions (FGDs) conducted with FSWs prior to data collection
- Ethics approval received from uGhent and the University of the Wits HREC.
 - FSW: was defined as women who have received money or goods in exchange for sexual services at least three times in the past six months. Only female sex workers 18 years and over were eligible to participate
 - Surveys were interviewer-administered and conducted in either English or isiZulu
- Data were entered into Stata v.14IC and descriptive analyses and logistic regression were conducted

Durban data collection site



Figure 1. The Study Site (left) and Durban Central Business District (right)

Respondent driven sampling coupon

The coupon is an essential component which links the recruiter to their recruits and is necessary for the analysis of RDS data to adjust for network size and homogeneity within social circles. Possession of a valid coupon was an eligibility criterion for study participation. Issuance and receipt of coupons was monitored using RDS Coupon Manager software, participants were given three coupons each.

WOMEN'S HEALTH SURVEY COUPON

- Are you a female over the age of 18?
- Would you be interested in participating in a study?

If you would like more information or would like to make an appointment to see us send a "please call me", miscall or sms these numbers:
from 08:00am to 04:00pm only.

Coupon Number:
Recruiter Number:

Status of Coupon

Void

Used

This coupon is void if:

1. It has been used before
2. It has been tampered with
3. The coupon has expired

WOMEN'S HEALTH SURVEY
Contact:
Coupon Number:
Recruiter Number:
Recruiter to retain

Where SRH care and services were sought

	RDS adjusted %	
	Baseline 2013	Endline 2016
General health care (N=all)	N=400	N=397
Public health facility	89.1	85.0
Private health facility	2.1	4.8
Pharmacy/ Chemist	3.5	0.5
Mobile outreach	9.0	9.5
Traditional healer	0.1	0.2
Contraception (N= uses non barrier contraceptive method)	N=131	N=181
Public health facility	88.3	83.8
Private health facility	2.0	3.6
Targeted services	8.3	12.3
Pharmacy/ Chemist	0.0	(0.2)*
Other	1.4	0.0

** RDS adjusted proportion could not be calculated and the weighed proportion is shown instead.*

Participants ages ranged from 19 - 49 years with a median age of 27yrs (Baseline) and 29yrs (Endline). The majority of participants originated from KwaZulu-Natal (86.3% at Baseline and 80.8% at Endline), as opposed to other provinces or being foreigners.

Where SRH care and services were sought cont.

	RDS adjusted %	
	Baseline 2013	Endline 2016
STI care (N=sought care for last STI episode)	N=174	N=252
Public health facility	84.2	79.8
Private health facility	1.7	1.7
Mobile outreach	3.9	16.4
Pharmacy/ Chemist	6.3	1.4
Cervical cancer screening (N=Was ever tested for cervical cancer)	N=110	N=326
Public health facility	96.9	83.5*
Private health facility	(0.8)*	1.5
Mobile outreach	0.0	11.1

* RDS adjusted proportion could not be calculated and the weighed proportion is shown instead.

Where HIV care and testing services were sought

	RDS adjusted %	
	Baseline 2013	Endline 2016
HIV care (N=is currently in HIV care)	N=38	N=216
Public health facility	96.5	77.9
Private health facility	0.6	(1.4)**
Mobile outreach	0.0	17.2 *
HIV testing (N=was tested in the past 2 years)	N=203	N=288
Public health facility	57.6	57.8
Private health facility	2.4	1.1
Targeted clinics	0.0	2.5
Targeted outreach	28.9	33.1
Outside the project area	0.0	1.1

*RDS adjusted proportion could not be calculated and the weighed proportion is shown instead

. **RDS adjusted proportion and weighed proportion could not be calculated and the non-adjusted/non-weighed proportion is shown instead.

Stigma and Discrimination

- Cross sectional survey data indicate that FSW seek most of their health care needs at public facilities, the main reason being proximity and familiarity.[5] However, with HIV testing, a higher percentage of FSWs felt more comfortable with the targeted services.
- Only 15.8% (Baseline) and 13.3% (Endline) reveal their FSW status when seeking healthcare at public health facilities which may demonstrate a fear of disapproval or prejudicial treatment.

Conclusion

- Promisingly FSWs were able to access services, however, with fewer testing for HIV in the public sector
- In addition, larger numbers of SWs sought care by the end of the study suggesting an increased awareness of healthcare needs
- Integration of HIV and SRH healthcare services could increase the number of FSWs engaged at all levels of treatment and care. [6]
- There is a need for more innovative interventions to adequately address these needs; possibly through peer education and outreach, service integration, healthcare worker sensitisation and capacity building of FSWs, encouraging the adoption of less risky behaviours

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