

HIV testing, prevalence and treatment access trends among Female Sex Workers in Durban, South Africa

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Diagonal Interventions to Fast
Forward
Enhanced Reproductive Health

Background - Context

- South Africa has a generalised HIV epidemic - in 2012 approximately 18.8% of the population were living with HIV
- The highest levels of infection and transmission were reported in KwaZulu-Natal (KZN) and estimated at 16.9%
- National studies in South Africa have estimated HIV prevalence among Female Sex Workers (FSWs) to be between 46-69%, significantly higher than HIV prevalence among women in the general population
- A rapid size estimation, conducted in 2012, estimated that the metropolitan centre of Durban hosts 28% of KZNs sex worker population

Background – Female sex workers

- Female sex workers (FSWs) are recognized as a key population due to their increased risk for HIV and sexually transmitted infections (STIs) acquisition
- Timely diagnosis and effective linkages to care are critical to impact the HIV risk burden among this population
- However there is still limited information exploring FSWs HIV testing behaviour or linkage to care

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
- By identifying and testing a package of services that incorporates 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

- The data reported in this paper were collected in 2012 and 2016 using two cross sectional surveys, conducted as part of the DIFFER multi-country study
- Ethics approval was attained from the Human Research Ethics Committee of the University of the Witwatersrand and the University of Ghent. Only female sex workers 18 years and over were eligible to participate
- In Durban, 400 FSWs were recruited at each time point using respondent driven sampling
- Using this methodology, participants recruit their peers, and researchers keep track of who recruited whom and their numbers of social contacts

Methods

- Seeds were identified through focus group discussions (FGDs) conducted with FSWs prior to data collection
 - 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
- The survey explored FSWs access and utilization of healthcare services in the preceding 12 months
- Data were entered in StataIC v14 and descriptive analyses and logistic regression were conducted
- The analysis explores current behaviours and needs of FSWs and the problems faced regarding service access

Demographics

Characteristic	1 st CSS		2 nd CSS	
	%	95% CI	%	95% CI
Age (years)				
<=20	6.4	3.6 – 9.7	4.0	0.7-10.7
21-25	37.3	30.1 – 44.4	24.4	19.1-31.3
26-30	31.3	24.9 – 38.1	28.2	22.7-34.9
31-35	12.8	8.7 – 17.3	22.0	15.0-28.8
>=36	12.2	6.7 – 18.4	21.4	16.0-27.1
Education				
Less than primary	10.5	6.3 – 15.0	9.8	6.4-13.8
Primary completed	68.7	61.4 – 75.7	68.6	61.5-75.0
Secondary completed	20.8	14.9 – 26.8	21.6	15.4-28.2
Present relationship				
Single, never married/cohabiting	70.5	63.6 – 77.1	44.4	36.8-52.1
Married or cohabiting	28.7	22.2 – 35.4	15.8	10.4-23.1
Single, previously married/cohabiting	0.8	0.2 – 1.6	39.8	32.6-47.6

Sex Work Characteristics

Sexual debut (non-SW/SW)	Endline Only
Sexual debut median age (IQR)	17 (15; 18)

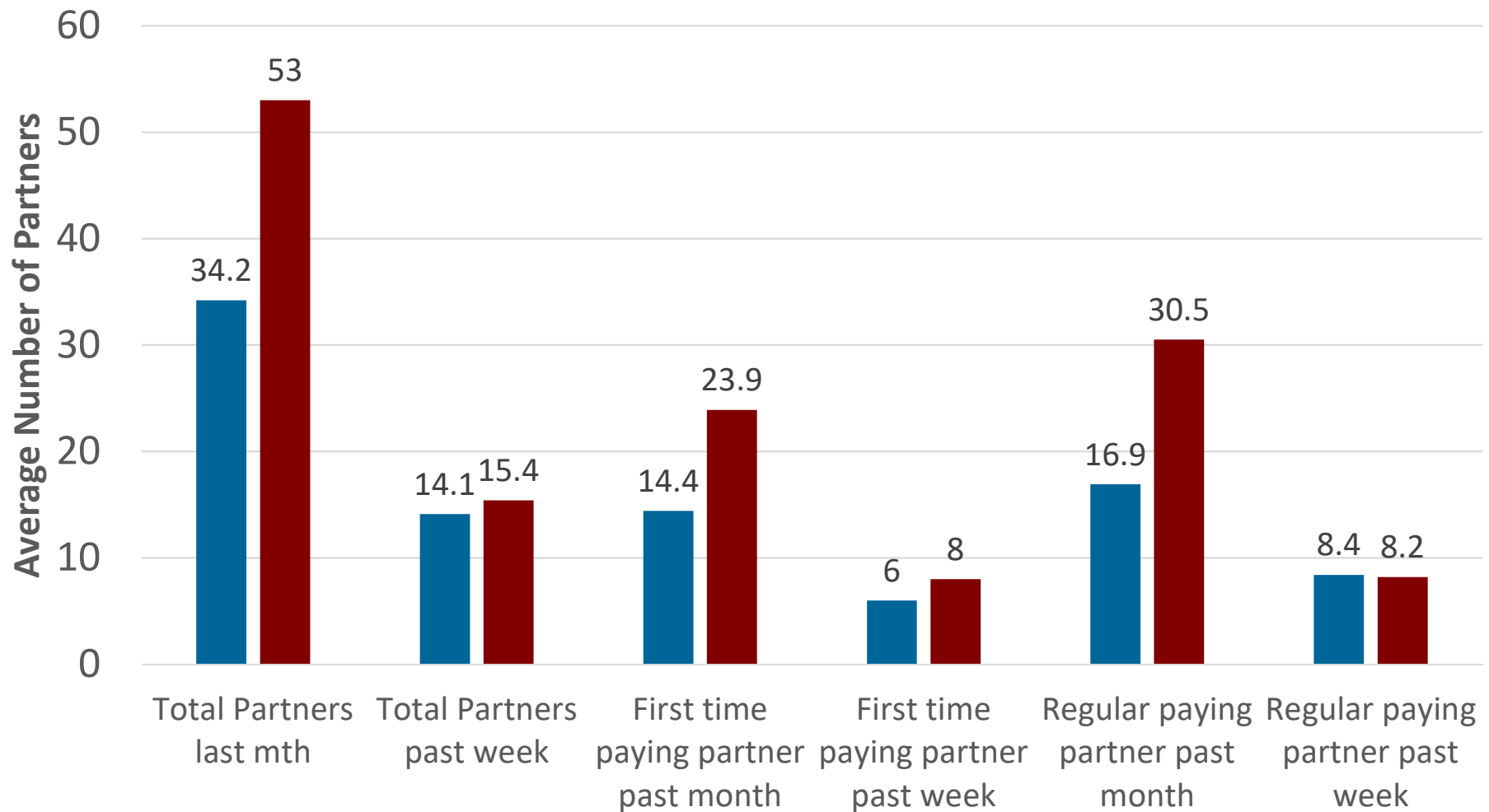
Location of SW	Baseline % (N=400)	Endline % (N=400)
Outdoor location	33.3	50.5
Indoor location	33.3	25.5
Combination of Indoor and Outdoor	33.3	24

Sex Work Characteristics

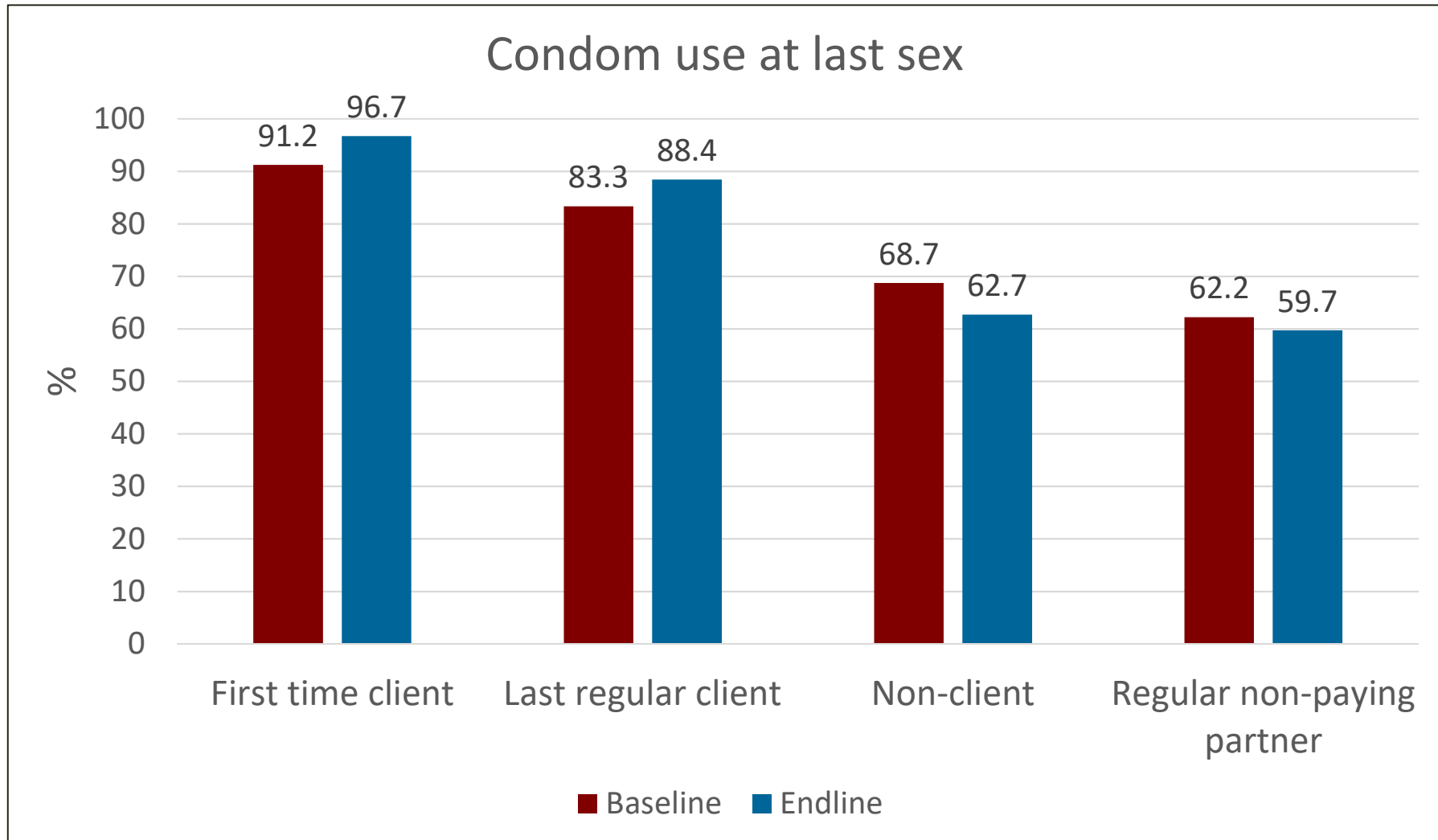
Characteristic	1 st CSS		2 nd CSS	
	%	95% CI	%	95% CI
No of commercial sex acts in the past week				
<6	31.0	23.6-37.9	24.1	17.4-31.1
6-10	30.7	24.6-37.9	29.6	23.2-35.8
11-15	14.6	10.7-18.8	10.3	6.9-14.1
>=16	23.7	18.0-30.0	36.0	28.7-44.7
No of commercial sex acts in the past month				
<16	30.6	23.3 – 37.9	21.1	14.9-27.0
16-25	25.0	18.8 – 31.4	19.9	14.0-25.9
26-40	20.9	15.2 – 27.1	20.0	13.4-27.0
>=41	23.5	18.0 – 29.2	39.0	31.9-46.8
Has other source of income				
Yes	10.5	6.5 – 15.0	17.4	12.2-23.2

Sex Work Characteristics

Female Sex Worker Partner Profile



Condom use



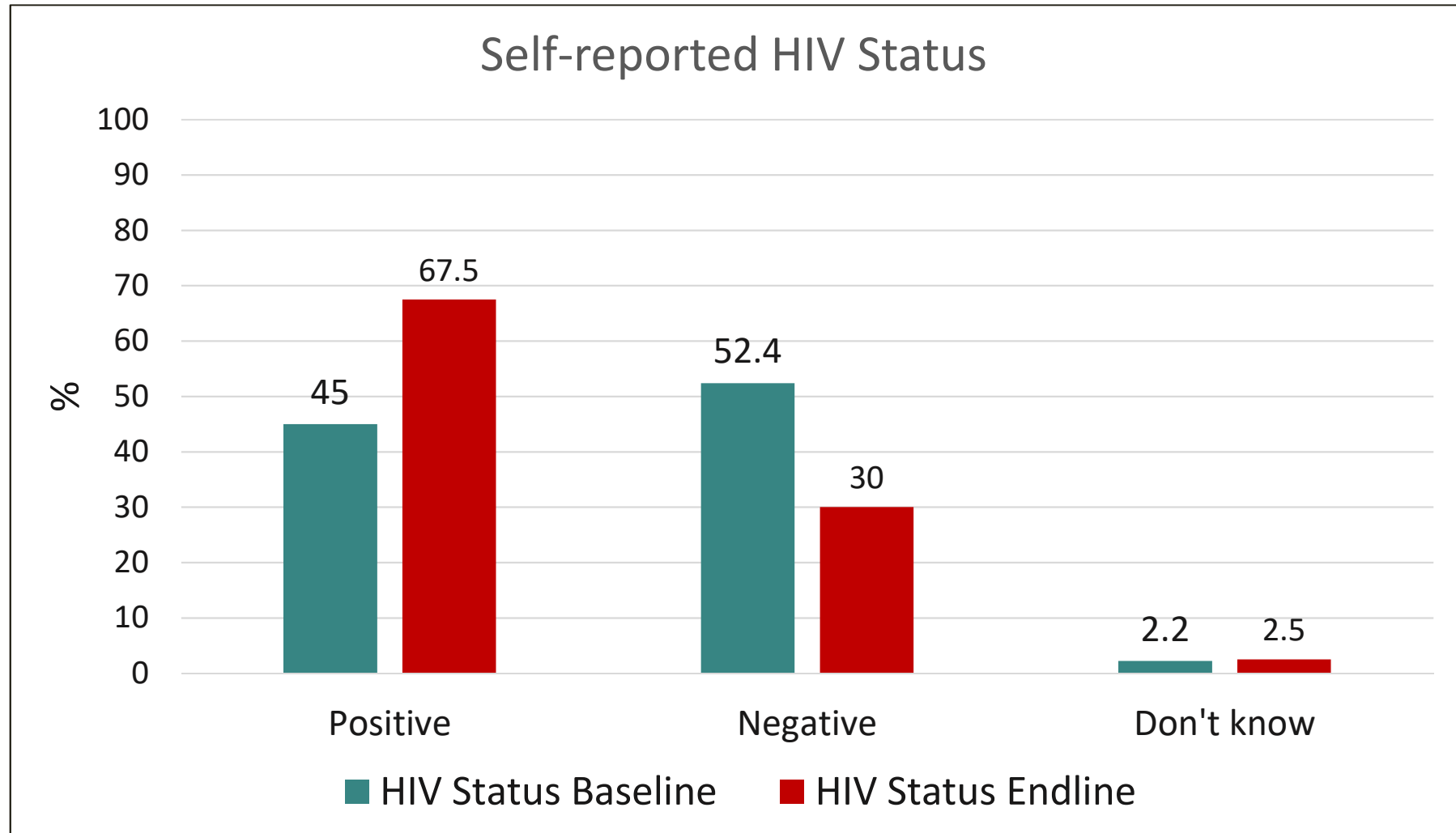
Where FSWs sought condoms

	1 st CSS (N/%)	2 nd CSS (N/%)
Condoms (N=all)	N=399	N=399
Public health facilities	64.7	47.3
Private clinics	1.2	0.1
Targeted clinics/ services	-	0.5
Pharmacy/ Chemist	8.9	2.7
Shop/Supermarket/Petrol station	29.1	9.7
Café/Bar/Night club/Hotel	24.9	13.3
Market/Stand/Street vendor	1.2	0.4
Peer Educators/ CHW	25.7	19.8
Organisations	13.8	6.9
At work	0.6	0.0
Friends	6.9	5.0

HIV testing history

	1 st CSS (N/%)		2 nd CSS (N/%)	
Ever tested for HIV				
Yes	398	73.8	399	98.9
When last tested for HIV (N=did not test positive for HIV before that period)				
Less than 3 months	325	30	174	60.5
Less than 6 months	340	40.9	210	83.2
Less than 12 months	362	47	255	89.3
Result of last test (N=ever tested for HIV)				
Positive	266	42.6	391	67.3
Currently using HIV care services (N= HIV positive)				
Yes	117	35.5	268	91.8
On ART	117	12.9	268	61.2
Used all HIV services she needed				
Yes	400	13.3	399	21

HIV status



Where FSWs sought HIV commodities and services

	1 st CSS (%)	2 nd CSS (%)
HIV testing (N=was tested in the past 2 years)	N=204	N=492
Public health facility	57.4	57.8
Private health facility	2.4	1.1
Targeted services	29.2	32.7
Youth-friendly services	10.1	2.7
Community VCT	0	0.4
In country of origin	0	1.1
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	17.2

Conclusions / Recommendations

- Public health facilities remain an important location for HIV testing.
- As mobile outreach services became available some FSWs turned to this service to access HIV care.
- As a result of increased access to HIV testing more FSWs had tested recently and thus knew or were willing to disclose their HIV status.

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