

# The Nexus of Gender and HIV among Sex Workers in Kenya

## SUMMARY PAGE

Gender norms and inequalities increase sex workers' experiences of violence and HIV risk while limiting their service uptake. Specific gender-related beliefs (however untrue) are one cause of stigma and discrimination against sex workers and a reason that HIV programs do not reach all individuals who engage in sex work. Acknowledging and working to transform the gender norms most harmful to the sex worker community can further strengthen HIV-focused programs for and by sex workers.

### Harmful gender-related beliefs most relevant to sex workers

- A woman should take care of those around her even if it means forgoing care for herself.
- A man should have control over his partner's behavior, including who she has sex with and how.
- It is OK for women to be beaten once in a while by their partners.
- Female sex workers (FSWs) are bad mothers.
- Men degrade themselves when they behave in a feminine way.
- A woman's sexual behavior reflects her morals.
- Women who sell sex deserve to experience violence because they are acting immorally.
- Transgender is the same as gay or homosexual.
- Transgender people are confused or mentally ill.
- It is OK for violence to occur against men who are the receptive partners.

### Recommendations

- Sensitize clinical teams working with sex workers on how gender norms are at the root of stigma, discrimination, and violence against sex workers.
- Increase the provision of holistic services.
- Better serve women who engage in sex work but do not identify as sex workers.
- Develop programs that explicitly acknowledge the diversity of those engaged in sex work.
- Fully integrate violence response services within HIV services for sex workers.
- Continue to work directly with perpetrators of violence.
- Explicitly discuss the gender-related beliefs that put sex workers at risk for HIV and violence as well as limit their uptake of services.
- Continue to invest in community empowerment, particularly sex worker-led programming.
- Develop messages that reframe potentially harmful gender-related beliefs to make them positive and conducive to uptake of services.

This brief was developed to encourage and inform gender-integrated HIV prevention, care, and treatment programming for sex workers in Kenya. It can be used by individuals and organizations that deliver services to sex workers; those participating in program design and monitoring and evaluation; and decision makers and funders supporting the programs. It is one in a series of briefs on the ***Nexus of Gender and HIV*** among key populations most affected by HIV: men who have sex with men, sex workers, transgender people, and people who inject drugs. Information relevant to individuals who are members of multiple populations (such as male sex workers) can be found across the series.

- Partner with other women-focused initiatives.
- Make specific mention of transgender people and transgender sex workers (TSWs) in policies on KPs.

# DEFINITIONS

**GENDER NORMS:** The expectations of what it means to be a man or woman, including social and political roles, responsibilities, rights, entitlements and obligations, and the power relations between men and women [Adapted from *HPP Gender & Sexual Diversity Training*].<sup>3</sup>

**GENDER IDENTITY:** A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth [*HPP Gender & Sexual Diversity Training*].<sup>3</sup>

**GENDER EXPRESSION:** The external display of one's gender, through a combination of appearance, disposition, social behavior, and other factors, generally measured on a scale of masculinity and femininity [*HPP Gender & Sexual Diversity Training*].<sup>3</sup>

**GENDER INTEGRATION:** Strategies applied in programmatic design, implementation, monitoring, and evaluation to take gender considerations into account and compensate for gender-based inequalities [Adapted from *IGWG training materials*].<sup>4</sup>

**GENDER-BASED VIOLENCE:** Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are not in line with social expectations of what it means to be a man or woman, or a boy or girl (e.g., men who have sex with men, female sex workers). It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life [*PEPFAR Gender Strategy*].<sup>5</sup>

**TRANSGENDER:** An adjective to describe people whose gender identity (see definition above) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviors and identities [*TRANSIT*].<sup>6</sup> Transgender women were assigned male at birth and identify as female. Transgender men were assigned female at birth and identify as male. Gender non-conforming people, in the context of this gender analysis, refers to individuals who do not identify as male or female.

## BACKGROUND

In Nairobi, 29 percent of FSWs are living with HIV,<sup>1</sup> and prevalences between 26 percent and 40 percent have been recorded for male sex workers (MSWs).<sup>1</sup> The HIV prevalence for TSWs in Kenya is not known, but research in other countries has found TSWs to have a higher HIV prevalence than MSWs or FSWs.<sup>2</sup> To inform HIV programming for sex workers of all genders, the USAID- and PEPFAR-supported LINKAGES project conducted a gender analysis to examine how gender norms and inequalities affect sex workers' HIV risk and uptake of services across the HIV prevention, care, and treatment cascade.

### Why focus on gender in HIV programs for sex workers?

HIV programmers working with the general population are accustomed to thinking about gender norms and inequalities as negatively affecting women and girls in particular (see definitions to the left). For example, they have long understood that women, who have less access to education and employment and are expected to be submissive to their male partners, experience difficulty negotiating condom use. Appropriately, HIV programs respond to these realities through gender integration. Gender integration has been shown to improve and sustain HIV programming outcomes.<sup>4,7,8</sup>

Systematic gender integration has not been widely employed in programming for key populations (KPs).<sup>9</sup> However, this approach is vital because gender norms and inequalities negatively affect KPs, and their effects are often amplified because they occur not only when KPs and those around them conform to gender norms but also when KPs are perceived to be non-conforming. A gender analysis is the first step in the process of gender integration and an important tool for achieving ambitious 90-90-90 targets.

**In Kenya, sex worker programming is well-established and organized, and research on the issues affecting sex workers is extensive.** In this context, a gender analysis can build on existing research — in which sex workers and others have explored the impacts of stigma, discrimination, and violence on sex workers' HIV risk and service uptake — and explore the gender norms and inequalities that underlie the findings. It

can also be used to identify new ways to approach these long-standing problems by addressing their gender-related root causes. Finally, a gender analysis can ensure that the needs of sex workers of all genders are understood and met in HIV programming.

## METHODS

The gender analysis with sex workers was part of a larger gender analysis conducted in Nairobi with the four KPs that are the focus of the LINKAGES Project. The sex worker portion of the analysis consisted of a desk review of relevant literature and policies, a scan of sex worker programming in Nairobi, and 21 qualitative interviews with representatives from sex worker-led organizations (REP\_SW), government officials (GOV), program managers and funders (PROG\_SW), and health care workers (HCW\_SW) in Nairobi. Many of these respondents work with both MSWs and FSWs. Of the 21 respondents, 17 reported working with more than one subpopulation of sex workers; 20 reported working with FSWs; 18 reported working with MSWs; and 4 reported working with TSWs. A task force of KP representatives and government officials provided guidance and helped identify relevant programs and literature. Furthermore, research assistants who identified as sex workers — male, female, and transgender individuals — helped design the questionnaires, conducted the interviews, and assisted with the interpretation of the findings. The desk and program reviews and interview guides were designed to cover the five gender analysis domains proposed by USAID: laws, policies, and institutional practices; cultural norms and beliefs; gender roles, responsibilities, and time used; access to and control over resources; and patterns of power and decision making.<sup>10</sup>

Interview guides included a list of gender-related beliefs potentially relevant to sex workers in Kenya (see **Box 1** for the interview prompt about gender-related beliefs). Respondents identified the most common gender-related beliefs and described each belief's impacts on sex workers' HIV risk and HIV service uptake; violence was also discussed in detail because of its impact on each of these outcomes (see **Box 2**). Additionally, respondents recommended activities to counter harmful beliefs and ideas for tailoring programs to meet the needs of sex workers of all genders.

One weakness of our approach is that, for purposes of easy replicability and in line with most gender analyses' methodology, we did not interview individual sex workers about their personal experiences.<sup>11,12</sup> As a result, our findings contain most information about FSWs, as this was the group of sex workers that respondents were most familiar with. Those interviewed knew relatively little about MSWs (compared to FSWs) and almost nothing about TSWs. This is a valuable finding, as we sought respondents associated with programming for sex workers who could speak about all three groups. More information on the needs of men who have sex with men (MSM) and transgender people, including those who engage in sex work, can be found in *The Nexus of Gender and HIV among Men Who Have Sex with Men in Kenya* and *The Nexus of Gender and HIV among Transgender People in Kenya*.

## FINDINGS

Gender norms and inequalities are at the root of much of the increased vulnerability to violence and HIV risk that sex workers experience, as well as at the root of many of the barriers they face to HIV service uptake. As shown in **Figure 1**, gender norms influence sex workers through two primary pathways:

- Pathway 1: Sex workers are affected by those gender norms to which they and those around them conform.

- Pathway 2: Sex workers experience stigma and discrimination or are not understood/believed to be irrelevant when they are perceived as not conforming to gender norms.

The specific gender-related beliefs that reflect either conforming or being perceived as non-conforming are presented in **Figure 1**. These beliefs were identified by respondents as both common and harmful to sex workers in Kenya. Detailed findings below describe how various beliefs affect experiences of violence, HIV risk, and uptake of services for FSWs, MSWs, and TSWs.

### Violence

Gender-based violence and other forms of violence affect all aspects of sex workers' lives. Violence is a human rights violation that increases HIV risk and decreases the uptake of services (see **Box 2**). Violence is often perpetrated against sex workers in line with gender norms, or is tolerated by sex workers and those who are meant to support them, because it is seen as merited or at least inevitable. Respondents reported that the belief that **a man should have control over his partner's behavior, including who she has sex with and how**, is used to justify the physical, verbal, and sexual abuse of FSWs by primary partners and clients. Explicit condoning of violence was demonstrated in beliefs such as **it is OK for women to be**

### BOX 1. INTERVIEW PROMPT ABOUT GENDER-RELATED BELIEFS

"Evidence shows that **gender-related beliefs** for how men and women should behave can harm sex workers' well-being and keep them from accessing HIV services. Gender-related beliefs are not factual statements, but rather common opinions in a specific culture. Which of the following beliefs is common in Kenya?"

**beaten once in a while by their partners.** As illustrated in a quote from respondent HCW\_SW\_04 — "This [belief] makes the sex worker feel inferior and they accept the violence even if it includes not using protection" — violence not only carries a direct HIV risk (unprotected sex) but also affects sex workers' self-esteem, which is discussed further below.

Violence is also a sanction against those perceived to be non-conforming. Primary male partners use the fact that FSWs have many partners to justify violence toward them. Moreover, the belief that **women who sell sex deserve to experience violence because they are acting immorally** explicitly states that FSWs deserve abuse.

**FIGURE 1: The Impact of Gender Norms on Sex Workers' Vulnerability to Violence, HIV Risk, and Service Uptake**



## BOX 2. CONNECTION BETWEEN HIV AND VIOLENCE

Global evidence demonstrates that HIV and violence are linked in multiple ways:

- Violence increases the risk of HIV, and living with HIV increases the risk of violence.<sup>14-17</sup>
- Modeling suggests that the elimination of sexual violence against sex workers could avert 17 percent of HIV infections in Kenya.<sup>18</sup>
- Experiences of violence limit HIV testing.<sup>19-23</sup>
- Experiences of violence decrease disclosure and adherence.<sup>19-23</sup>

Evidence also shows that criminalization of sex work increases both violence against sex workers<sup>24</sup> and their HIV incidence. Modeling demonstrates that combined structural changes to decriminalize sex work would avert 33 percent of new infections in Kenya over the next decade.<sup>18</sup> The effects of the illegality of homosexuality — which is illegal in part because it is seen as defying gender norms — on violence were also raised by respondents. “MSWs face a lot of violence because it [homosexuality] is illegal” (PROG\_SW\_O2).

International guidance states that HIV programs for sex workers should address the issue of violence.<sup>25</sup> The link between HIV services and services for victims of violence in Kenya is not as strong as respondents believe it should be. Although encouraged in recently developed policy, screening for violence is not fully integrated into HIV services for sex workers. “Providers offering HIV services do not screen for violence because their focus is mostly on health issues” (REP\_SW\_O2). When support to sex workers who may be experiencing violence is offered, such as couples counseling to assist with HIV status disclosure, it is seen as inaccessible to MSWs. “They are afraid to disclose their partners [to the provider], as in how will the doctor treat me when I come with a male partner and I am a male” (HCW\_SW\_O5).

According to respondents, this belief increases incidents such as name-calling, harassment, arrest, physical assault, rape, and murder. It also reduces the likelihood that an FSW will disclose violence or that her disclosure will be received in a supportive way: “It affects them when they go to police or in hospitals in case of sexual abuse or physical abuse; they are seen to be the ones who went looking for it” (HCW\_SW\_O5). Respondents also noted that FSWs are never included in broader campaigns to prevent violence against women — a further sign that violence against them is perceived differently than violence against other women.

For MSWs, respondents reported that the beliefs that **it is OK for violence to occur against men who are the receptive partners and men degrade themselves when they behave in a feminine way** (which could include being a receptive sexual partner or having a more feminine gender expression) had the greatest impact on their risk of violence. As described by respondent HCW\_SW\_O2, “He [an MSW] is seen as a weakling...and is expected to take the woman’s role.” According to respondents, these beliefs result in verbal and physical violence, including derogatory name-calling, harassment, and beatings. “They are stigmatized and discriminated by the society. Many MSWs are beaten since the community feels that what they are doing is not okay” (REP\_SW\_O5). The same representative noted that these beliefs also discourage MSWs from disclosing their experiences of violence and seeking help. “FSWs can advocate for their legal rights. They can go to the police and demand their rights. MSWs are afraid to identify themselves as sex workers since they fear what the community is going to say about them.”

Overall, respondents felt that young<sup>i</sup> FSWs, new FSWs, and TSWs were most at risk of violence because they do not know their rights, know less about navigating potentially violent clients, and may have more difficulty accessing services after violence occurs — making them easier targets for those seeking to act with impunity. As explained by respondent PROG\_SW\_O3, “The old sex workers already know who is who in the hotspot, those for them and against them, unlike the new ones.” Several different perpetrators of violence were named, including police, who were commonly described as “the main perpetrators” (PROG\_SW\_O2).

## HIV Risk

According to respondents, in conforming with gender norms, the belief **that a woman should take care of those around her even if it means forgoing care for herself** causes FSWs to engage in sexual practices that increase risk of HIV. According to both study participants and the desk review, FSWs engage in unprotected sex to make more money to care for their families, prioritizing their ability to provide for their children over all else.<sup>26</sup> As respondent REP\_SW\_O5 stated, “I have to care for my children, if the client is willing to pay more I accept to do without protection.”

Respondents reported that low self-esteem among sex workers is a common impact of being judged harshly for being non-conforming. (It is also associated with experiences of violence.) This judgment is demonstrated in the beliefs that **a woman’s sexual behavior reflects her morals (i.e., sex workers are immoral)** and **men degrade themselves when they behave in a feminine way**. Low self-esteem<sup>27</sup> can increase the use of drugs and alcohol<sup>28</sup> and make condom negotiation more difficult. This difficulty was reported for both FSWs and MSWs. As respondent REP\_SW\_O3 stated, “They [MSWs] cannot stand for their rights and cannot negotiate for protection.”

Interviews with respondents demonstrated that little is known about TSWs. Beliefs such as **transgender is the same as gay or homosexual** and **transgender people are confused or mentally ill** are evidence of this. The lack of understanding of transgender people is likely one reason they are not included as a “key population” in relevant policy documents. As a group that is both misunderstood and not explicitly reflected in guiding policies, TSWs are not seen as an important target for sex worker programming. Thus, they are not reached with the information they need to understand and reduce their HIV risk.

## Service Uptake

Recently, services for sex workers have been scaled up in Kenya. However, even when services are available, gender norms may lead to delay or lack of care seeking. Respondents stated that the belief that **a woman should take care of those around her even if it means forgoing care for herself** may cause an FSW to prioritize care for her partner or children over herself, including when it comes

<sup>i</sup>No age ranges were specified by gender analysis respondents regarding “young” and “old.” The LINKAGES project uses the UNAIDS definition of sex worker: “Sex workers include consenting female, male, and transgender adults — as well as young people over the age of 18 years — who regularly or occasionally receive money or goods in exchange for sexual services. As sex work is defined as the consensual sale of sex between adults, children (people under 18 years) cannot be involved in sex work.”<sup>100</sup>



to seeking HIV care and treatment. According to respondent GOV\_O1, this phenomenon can be explained this way: *“Many times, women are seen as lesser beings than other populations. In our African culture, a woman cannot even eat food before her children or her husband. She will eat last.”*

Respondents reported that stigma in health care facilities stems from the perception that sex workers do not conform to gender norms. The belief that **a woman's sexual behavior reflects her morals** discourages some FSWs from disclosing their HIV risk factors at facilities that serve the general public. As respondent PROG\_SW\_O2 stated, this causes inappropriate service provision: *“Essentially for proper service provision the health care worker needs to have the entire true information of whom the patient is because that will inform on the best approach to use in giving services.”* When FSWs need to attend a specialty clinic that is not SW-friendly, for example a facility for the prevention of mother-to-child transmission (PMTCT) of HIV, respondents noted that they generally do not feel welcome. *“At PMTCT they are very hostile because they ask you to come with your partner”* (REP\_SW\_O1).

Harsh judgments (from others as well as internalized by the sex workers themselves) for perceived non-conformity also influence whether women who receive money or goods in exchange for sexual services view themselves as “sex workers” or want others to do so. In particular, respondents stated that the belief that **a woman's sexual behavior reflects her morals** and that **FSWs are bad mothers** cause some women who engage in sex work to shun this label. As explained by respondent REP\_SW\_O5, *“Society feels that your children will not grow with good morals when you are sex workers.”* Individuals who do not identify as sex workers are more difficult to reach with outreach and services. *“Those who do not identify as sex workers do not benefit from the services offered by sex worker programs and they cannot express their feelings and issues. They are affected just as those who don't identify as sex workers”* (PROG\_SW\_O3). Regardless of self-identification, some women who receive money or goods in exchange for sexual services avoid services for sex workers, as they do not want to be associated with a group that is stigmatized. A desire not to be “outed” through attendance at services

focused on sex workers was reported to be particularly strong among married sex workers and young sex workers.

Services for MSWs were seen by respondents as insufficient. Respondent PROG\_SW\_O3 stated that *“For the MSWs their access to health services is poor since there are no friendly facilities to accommodate them.”* Notably, of the five health care workers interviewed for the gender analysis, four reported working with both FSWs and MSWs. Yet, when speaking to other respondents there was very little knowledge of MSW-friendly clinical services. According to respondent PROG\_SW\_O2, *“The gaps that exist for the MSW is that it is a new area that has not been well planned for, well researched, and if it has been researched then it has not been well publicized. People still do not know it is in existence and is sometimes confused for MSM activity. People do not know the difference between gay relationships and MSWs. There is lack of information to advise or support program implementers on how to handle them.”* As a result, many health care workers reportedly do not know how to meet the clinical needs of MSWs. *“MSWs find it even more difficult, especially when they have sexually transmitted infections (STIs) like anal warts and they cannot be understood by the health workers”* (REP\_SW\_O1).

Respondents also reported incidents of discrimination, against MSWs in particular, due to the belief that **men degrade themselves when they behave in a feminine way**. These incidents include *“calling colleagues to also see them or start asking them where they got diseases like anal warts”* (PROG\_SW\_O3). This compromises the principle of confidentiality that MSWs expect in health care settings. Stigma and discrimination also prevent some MSWs from seeking services or from disclosing that they receive money or goods in exchange for sexual services when seeking other health services.<sup>29</sup> As stated by respondent HCW\_SW\_O5, *“They [MSWs] end up hiding for fear of being judged and they do not access health services.”*

None of the health care workers interviewed about sex worker services worked with transgender people, and services specifically for TSWs are not available.

### BOX 3. MULTIPLE VULNERABILITIES

In addition to the violence, stigma, and discrimination stemming from the gender norms that exist in society, vulnerabilities related to age, HIV status, and criminalization of behaviors were also raised by gender analysis respondents. These issues were seen as affecting sex workers of all genders unless noted otherwise below.

**Young sex workers** are one of the most vulnerable groups. They not only are at an increased risk of violence but also have less access to information and services. Programs reportedly shy away from offering services to youth who receive money or goods in exchange for sexual services because *“It is ideally looked at as morally wrong to even provide such services for young people because it believed that it is encouraging a vice rather than discouraging it. They are expected to be in school or doing something more productive and in fact not even engaging in sex”* (PROG\_SW\_O2).

**Sex workers living with HIV**, or believed to be living with HIV, also have unique vulnerabilities. They were reported to experience discrimination and violence from both peers and clients because of their HIV status. As respondent REP\_SW\_O4 noted, *“Fellow sex workers push you out of a hotspot.”* A desire to avoid others knowing one's status was also believed to reduce adherence to antiretroviral therapy.

**Criminalization** was also seen as affecting self-identification, increasing violence and affecting access to services. The Kenya Penal Code criminalizes sex work, affecting sex workers of all genders: *“For people who sell sex and don't identify as sex workers, they refuse to identify themselves because of criminalization of sex work. Sex worker organizations focus on those who identify themselves, hence sex workers who don't identify themselves are stigmatized and exposed to more violence on an individual level. Additionally, this makes it difficult to monitor and document such violence”* (PROG\_SW\_O1). MSWs are criminalized for both sex work and because sexual acts between two men are illegal according to the Kenya Penal Code.<sup>30</sup>

## OPPORTUNITIES

Existing leadership by government, civil society, and currently successful programs, especially with FSWs, provide a strong foundation in reaching sex workers with adequate HIV response. Kenya's Ministry of Health, through the National AIDS and STI Control Programme (NAS COP), has shown strong leadership in setting policies and programs for sex workers. The country has several policy documents, such as *The Prevention Revolution Roadmap*,<sup>31</sup> *Kenya AIDS Strategic Framework*,<sup>32</sup> and *National Guidelines for STI and HIV Programming with Key Populations*,<sup>33</sup> that guide the HIV response for sex workers. The national guidelines commit a combination prevention approach that focuses on biomedical, behavioral, and structural interventions with sex workers. Funding for programs for sex workers in Kenya is available specifically from PEPFAR, the Global Fund, and others. Many counties in Kenya have well-regarded FSW-friendly clinics that provide holistic clinical services as per national guidelines. MSW-friendly clinics were also identified in the program review, although respondents' comments suggest that additional work should be done to publicize these more broadly. Furthermore, studies like this one, in partnership with NAS COP, demonstrate openness to understanding issues of transgender individuals in general and TSWs in particular, and to address their needs in the future.

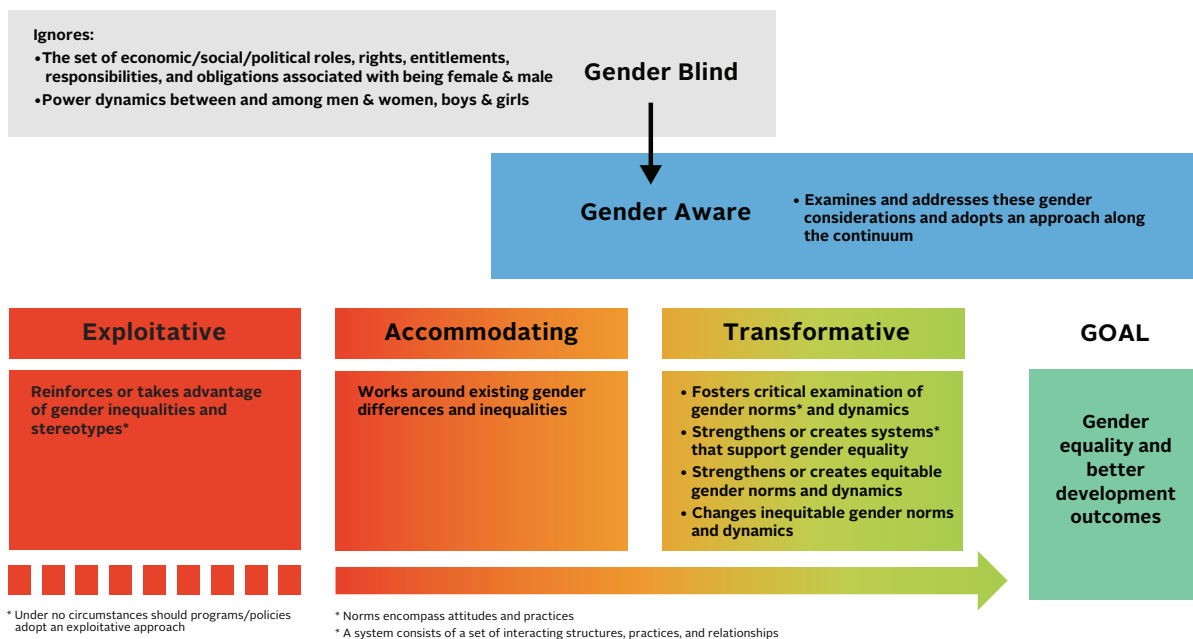
Violence, a clear issue for sex workers, has also been prioritized within structural interventions. Violence response mechanisms including legal support, rights training, and work with the police have been established. Police were identified by gender analysis respondents as the perpetrators most important to work with for practical reasons: *"It is definitely the police [that should be targeted to prevent violence] since you can easily get them together and talk to them, unlike the clients who are scattered"* (REP\_SW\_03). Respondents also suggested that work with police is important because, as a common point of contact for victims, they should be more aware of available HIV services (like post-exposure prophylaxis) in order to refer appropriately when someone reports violence. In addition, NAS COP is currently supporting the development and roll out of health care worker trainings on violence screening and response.

Of vital importance, a strong network of sex worker organizations is involved in all these efforts. According to gender analysis respondents, both FSWs and MSWs are involved in shaping policies and programs, including in the Country Coordinating Mechanism of the Global Fund. While MSW programming is newer, FSWs have led advocacy and programming efforts in Kenya for many years to ensure that programs meet their needs. This has resulted in clinical and other services that take their realities (such as when and where services should be

offered) into account. Furthermore, it has meant that trainings to empower FSWs have been undertaken. Respondents noted that these trainings have been successful and that FSWs who attend such trainings *"become more empowered and courageous enough to speak out when they are denied their rights"* (REP\_SW\_01).

The gender norms and the harms they cause are not explicitly discussed in sex worker programming at present, but respondents noted that this theme is implicitly addressed in programming related to health, rights, and violence. The opportunities that could arise from gender norms are also not explicitly discussed in sex worker programming. For example, although prioritizing others' needs before your own may delay care seeking, children were seen by FSWs as a motivation to seek treatment. *"Family, children motivates them to seek [services] since you want to be with them for a long time and they are always the most important people in your life. So you want to be well at all times. Your health matters"* (PROG\_SW\_05). Some respondents recommended that HIV clinics provide services for the children of sex workers to meet the holistic needs of FSWs and make services more attractive. Respondents were also quick to note that although sex workers are seen as bad mothers by others, in fact they are devoted parents, and programs should take this into account.

FIGURE 2: IGWG Gender Equality Continuum Tool



## NEXT STEPS FOR GENDER-INTEGRATED PROGRAMS FOR SEX WORKERS

Knowledge of the ways that gender norms and inequalities affect FSWs', MSWs', and TSWs' vulnerability to violence, HIV risk, and HIV service uptake can inform current and future gender accommodating or gender transformative programming for all sex workers in Kenya. As defined in the USAID Interagency Gender Working Group's *Gender Equality Continuum Tool* (see **Figure 2**), **gender accommodating** programs acknowledge, but work around, gender differences and inequalities to achieve project objectives. **Gender transformative** programs aim to promote gender equality and achieve program objectives by 1) fostering critical examination of inequalities and gender roles, norms, and dynamics; 2) recognizing and strengthening positive gender-related beliefs that support equality and an enabling environment; and 3) promoting the relative position of marginalized groups and transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

Looking at the gender-related beliefs that should be considered in such programming

(presented in **Figure 1**), it is also possible to make connections back to the original gender norms that underlie these beliefs. The norms most relevant to the gender-related beliefs affecting sex workers are:

- Men are superior to women.
- A woman's value comes from her role as a mother.
- Violence against women is acceptable.
- Women who have multiple sexual partners are immoral.
- Men should only have sex with women.
- Only women earn money through sex work.
- Sex assigned at birth dictates gender identity (i.e., transgender people either do not exist or are simply confused).

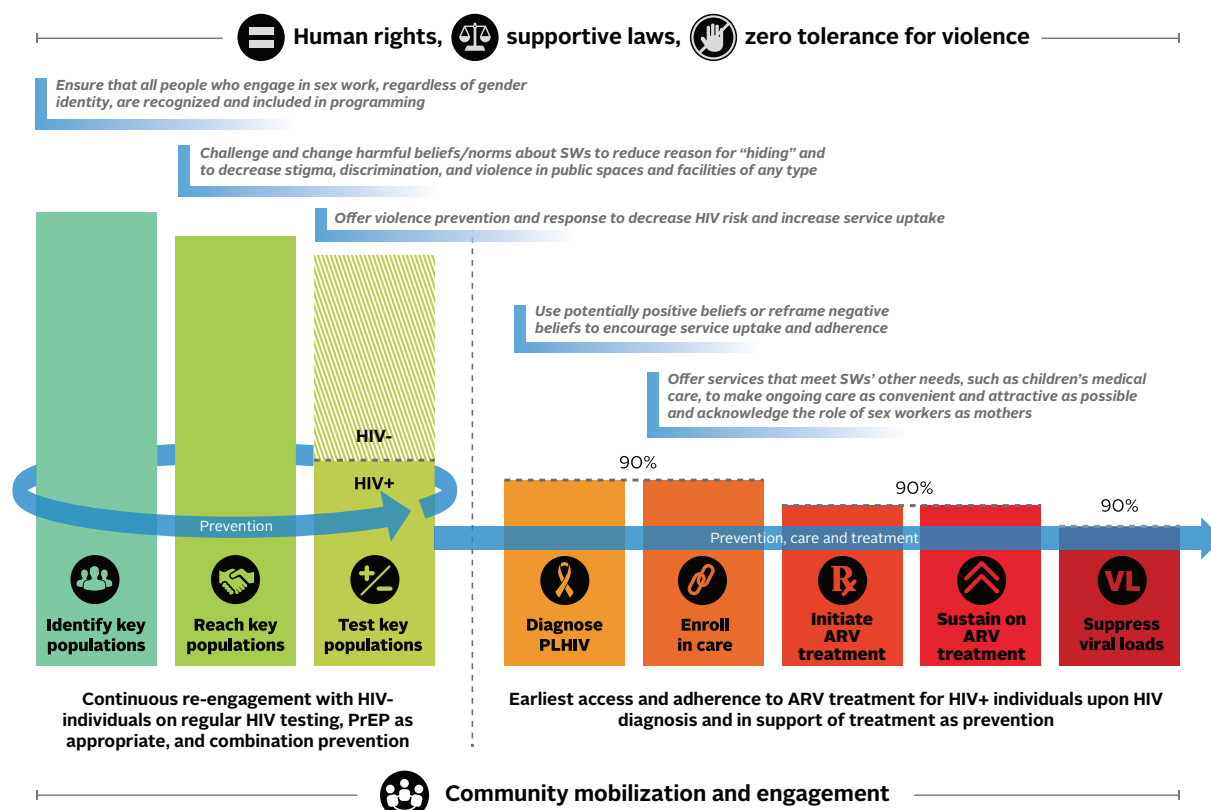
Gender transformative programming in particular should consider how to challenge both the specific harmful belief that is relevant to sex workers (e.g., sex workers are bad mothers) and the underlying norm. The following are our recommendations for both gender accommodating and gender transformative programs serving sex workers in Kenya. **Figure 3** demonstrates the relevance of the recommendations to achieving the 90-90-90 targets.

## Recommendations

- **Sensitize clinical teams working with sex workers on how gender norms are at the root of stigma, discrimination, and violence against sex workers** and on the specific health needs of MSWs and TSWs and best practices for working with both. See additional *Nexus of Gender and HIV briefs* and *LINKAGES Health Worker Training*.<sup>ii</sup>
- **Increase the provision of holistic services, particularly for MSWs and TSWs** who still experience service gaps (see additional *Nexus of Gender and HIV briefs* for ideas). For FSWs, services for their children can be included as a way to increase service uptake while acknowledging that their roles as parents are important to them.
- **Better serve women who engage in sex work but do not identify as sex workers**, who do not wish to access sex worker-specific facilities, or who need specialty services (like PMTCT) through partnerships with general population health programming. An SMS-based automatic directory could provide information on

<sup>ii</sup> Unlinked resources can be requested by writing to [LINKAGES@fhi360.org](mailto:LINKAGES@fhi360.org).

**FIGURE 3: Application of Gender Analysis Recommendations to HIV Prevention, Care, and Treatment Cascade**



specific locations where women (and men) can receive stigma-free care. Although providers at these (less-publicized) sex worker-friendly health facilities would require sensitization on the specific risks involved in sex work, all providers should be trained to understand barriers to effectively working with patients, including provider stigma and discrimination that stems from gender norms (such as women should have only one partner).

- **Fully integrate violence response services within HIV services for sex workers, including MSWs and TSWs.**

Train all those working with sex workers, including health care workers, to provide first line response to individuals who have experienced violence and refer them to the services they need. Ensure that all referral points - especially those that may be a first point of contact - can share time-sensitive information on HIV services such as post-exposure prophylaxis. Continue to document incidences of violence experienced by sex workers and actions taken to address them (disaggregating by gender). See *LINKAGES Violence Screening and Response Training*<sup>34</sup> for additional guidance.

- **Develop programs that explicitly acknowledge the diversity of those engaged in sex work.** Programming guidance should include instructions on monitoring and evaluation, including disaggregating data by FSWs, MSWs, and TSWs. See *Policy Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services* for a two-step question that can collect accurate information and not discrimination against people whose sex assigned at birth is different than their gender identity.<sup>34</sup>

- **Continue to work directly with perpetrators of violence**, such as the police, to prevent violence and potentially add programming for clients and partners to counter the belief that sex workers deserve violence, and to promote models of positive masculinity. See *MenEngage Africa Training Initiative*.<sup>35</sup> and *Responsive Law*

<sup>34</sup> Unlinked resources can be requested by writing to [LINKAGES@fhi360.org](mailto:LINKAGES@fhi360.org).

*Enforcement for HIV Prevention: A Manual for Training Trainers to Sensitize Police on Their Role in a Rights-based Approach to HIV Prevention among Key Populations* for a Kenya-specific training resource.<sup>36</sup>

- **Explicitly discuss the gender-related beliefs that put sex workers at risk for HIV and violence as well as limit their uptake of services.** Use peer education, existing rights education, and groups to talk about where these beliefs come from, how gender-related beliefs affect our individual and collective behavior, and how we can challenge harmful gender norms in our daily lives. See *Stepping Stones for Women in Sex Work*.<sup>37</sup>
- **Continue to invest in community empowerment, particularly the sex worker-led programming** that is already well-developed in Kenya. Ensure that FSWs, MSWs, and TSWs all have a voice in decisions and are in leadership positions.
- **Develop messages that reframe potentially harmful gender-related beliefs to make them positive and conducive to uptake of services.** For example, use “Sex workers take care of themselves because they are the backbone of their families and communities” instead of “Women should care for others first.” Note that such a campaign should be careful not to reinforce existing gender norms that make women solely responsible for children’s care.
- **Partner with other women-focused initiatives** so that campaigns to promote women’s health and well-being, such as those on violence against women, explicitly include FSWs and transgender women.
- **Make specific mention of transgender people and TSWs in policies on KPs**, including the National AIDS Strategic Framework.

## CONCLUSION

Gender analyses have been conducted in projects working with women and girls for many years. However, conducting a gender analysis in the context of sex work and HIV is a new area of work. Another unique feature

of this research is the partnerships it created within and across civil society, community groups, and the government — including between organizations that primarily serve transgender people and those working with FSWs and MSWs.

Our research adds to the body of knowledge that shows that harmful gender norms affect HIV-related outcomes. Sex workers’ HIV risk, vulnerability to violence, and service uptake are all affected by both conforming to gender norms and being seen as non-conforming. In the context of HIV in Kenya, this research provides evidence that addressing gender norms and the beliefs that stem from them in HIV prevention and care interventions is essential. Recommendations made here will assist both implementers and the government in using the research findings to enhance programs and policies for sex workers.

Kenya is a world leader in FSW programming. Programs for FSWs are meeting many of the holistic needs of this population, empowering women who identify as sex workers to better understand and act upon their rights, and working to increase visibility and reduce stigma so that more people feel comfortable identifying as sex workers. Important violence prevention efforts, including with police, are also ongoing. Moving forward, specific efforts to strengthen work with MSWs and to include TSWs and women who receive money or goods in exchange for sexual services but do not identify as sex workers would extend the benefits of this strong programming. Moreover, more robust violence response services for everyone could ensure access to support for those who are most marginalized — such as young sex workers, new sex workers, and TSWs.

Finally, gender transformative programming for sex workers could have a much wider impact. Changing harmful gender norms affecting FSWs, MSWs, and TSWs would also benefit women, MSM, and transgender people whether or not they engage in sex work. As respondent PROG\_SW\_O2 stated, “*That belief [A woman’s sexual behavior reflects her morals] is widely held and affects not just sex workers but the whole female population.*”



Learn more about LINKAGES by visiting [www.fhi360.org/LINKAGES](http://www.fhi360.org/LINKAGES) or writing to [LINKAGES@fhi360.org](mailto:LINKAGES@fhi360.org).

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