

Do female sex workers in Dhaka need family planning information and services?

STUDY TEAM

FHI 360 conducted this research in collaboration with the following NGOs:

- Bangladesh Women's Health Coalition (BWHC)
- Durjoy Nari Shangha (DNS)

Objective

To better understand the reproductive health (RH) needs of female sex workers (FSWs) in Dhaka, Bangladesh.

Background

To learn more about the RH needs of female sex workers (FSWs) and the range of services that they might require, FHI 360 conducted a formative assessment among street-based and hotel-based FSWs in Dhaka, Bangladesh with funding provided by the United States Agency for International Development (USAID). This study was conducted in close collaboration with two nongovernmental organizations (NGOs) that provide services to FSWs: Bangladesh Women's Health Coalition (BWHC) and Durjoy Nari Shangha (DNS).

The overall goal of this study was to provide information to donors and local stakeholders to inform the development of interventions to meet the RH needs of FSWs. The specific subobjectives were to (1) measure the unmet need for family planning (FP) among FSWs in Dhaka; (2) identify the best ways, from the FSW and provider perspectives, to provide FP information and services; (3) assess the health-seeking behaviors of FSWs; (4) identify other sexual and reproductive health services that would help FSWs meet their greater health needs; and (5) offer recommendations on developing interventions that provide more comprehensive services to FSWs.

Methods

The study team collected data through survey interviews with hotel-based and street-based FSWs in Dhaka, as well as through in-depth interviews (IDIs) with both groups, NGO service providers, peer educators and key informants. This evaluation was approved by the Bangladesh Medical Research Council and FHI 360's Protection of Human Subjects Committee.

We used time location methods to survey both types of sex workers. BWHC and DNS provided lists of 47 hotel and 42 street sites where FSWs are based. These lists were randomly ordered, and the first 30 hotels and 25 street sites were selected for inclusion. If a site was not available or if more interviews were needed, then the study team was instructed to proceed to the next site on the list. In-depth interviews with FSWs, providers and peer educators took place at drop-in centers (DIC) operated by the two NGOs.

The survey was conducted between May 24 and July 12, 2011 and the IDIs took place between July 6 and July 25, 2011. The target sample size was 400 surveys from each FSW group, but 354 hotel-based and 323 street-based FSWs were actually interviewed. Police raids, hotel closings, strikes and monsoon rains hindered data collection. Despite this, we believe we obtained sufficient data to meet our objectives and provide valuable information to our NGO partners for programmatic decision making.



Results

Key results from the surveys and IDIs with sex workers are as follows:

Sociodemographic and reproductive characteristics

- On average, hotel-based workers were younger (average age was 22 years) than street-based workers (26 years) and were more likely to have at least some schooling (68%, compared to 47% of street-based workers).
- Hotel-based workers were slightly less likely than street workers to have a husband, boyfriend or steady partner (64% vs. 75%). Conversely, those who worked in the hotels had a higher average number of clients each day compared to those who worked on the streets (22 vs. 6).
- Two-thirds of hotel-based workers and 84% of the street-based workers had ever been pregnant, and approximately 40% of both groups reported that they had ever had an abortion or menstrual regulation (MR). On average, hotel-based workers had 1.3 living children and street-based workers had 1.7. The majority of both groups either did not want any more children or did not want a pregnancy within the next 12 months; this was cited by 84% of hotel-based workers and 86% of street-based workers.
- In-depth interviews illustrate the problems participants associated with becoming pregnant. Most FSWs said they would not be able to care for a baby and that a baby would affect their ability to work. In the words of one sex worker, “Madam how can I manage money for my baby’s food! I don’t have money at all. Then from where can I manage money to buy food for my baby? Then I will have to sell my household stuffs. Where will I stay with my baby? Where will I keep my baby while I work in the hotel? Can you advise me?”

Family planning knowledge and use

- Knowledge of FP methods was very high and only a small percentage of FSWs reported that they had never heard of any of them. Condoms and pills were the most widely known, followed by injectables.
- Over 90% reported that they were currently using condoms.
- Forty-eight percent of hotel workers and 36% of street workers were using a method aside from condoms. Pills and injectables were the methods most commonly used. Hotel workers used pills more than injectables (37% vs. 8%), whereas pill and injectable use was evenly divided among the street workers (13% each).
- Other methods were not being substituted for condoms; over 90% were using condoms alone or condoms plus another method. Less than 5% reported using only a non-condom modern method. In-depth interviews showed that FSWs believed that condoms protect against diseases while other methods protect against pregnancy. “Condom use is always safe for clients and us. I always use condom if I use another FP method or not. There is no

Percent of FSWs with unmet need for contraception

	Hotel FSWs (n=354) %	Street- based FSWs (n=323) %
Contraceptive needs		
Unmet need	25	36
Met need	67	55
No need	8	9
Non-condom modern method use	47	35
Consistent condom use (5 of 5 most recent acts with each partner type)	33	25
Doesn’t want a pregnancy within the next year	84	86

harm to use condoms. Other method is about to prevent pregnancy but condom is always safe as it helps us not to get diseases from clients.”

- Condoms were not being used consistently or effectively. Forty-two percent of the sex workers reported that they had a condom break in the 30 days preceding the interview, and one-fourth reported that they had accepted more money in exchange for not using a condom during this same time period. Many FSWs did not feel they could force a client to use a condom, and that if they insisted, the client may go to a different woman or even beat them. As explained by one sex worker, “I have been beaten by many customers for wishing to use condoms.”
- Sexual and physical violence can affect condom use, fertility desires and pregnancy risk. Fifty-four percent of the street workers and 28% of hotel workers reported that they had been forced to have sex when they did not want to in the past year. Similarly, 80% of street workers reported they had been beaten or received an injury in the past year compared to 43% of hotel workers.
- We asked FSWs how many times they used a condom in their past five sex acts with clients and their past five sex acts with a steady partner if they had one. Only 33% of the hotel workers and 25% of the street workers used a condom in all five of the sex acts with each partner type, although they were more likely to use them with clients than with other partners.
- Unmet need for contraception was calculated by looking at modern method use, consistent condom use and fertility desires (see table). Despite the high reported use of contraception, 25% of the hotel workers and 36% of the street workers had an unmet need for contraception.
- Twenty-nine percent of hotel FSWs and 25% of street FSWs reported that they wanted to use a method other than condoms in the future; injectables followed by pills were named most often.



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- There were some indications of misinformation about pill use. A few FSWs in IDIs described taking pills only if a condom breaks.



Ian Taylor, 2010

“I don't use both of them all the time. As I said, two condoms were torn during my last sexual intercourse and sperms went inside. Then I had to take pill...”

Family planning services

- Over half of the hotel workers and just under one-third of the street workers did not know where to get FP counseling or methods.
- When asked where they would prefer to get FP services, the DICs were the most commonly mentioned, cited by about half of those interviewed. Other sites mentioned by about 10% of the FSWs interviewed included both public and private health facilities, other NGO facilities and Marie Stopes (cited primarily by street-based workers).
- Most of the FSWs in the IDIs reported that they were treated well by staff at the DICs and that they were satisfied with the services there. The feelings of many were summed up in this quote by one FSW, “Feelings... what can I say? They provide services to us free of cost and behave very well. Besides that, I can share my problems freely with them; that is why I am satisfied...They are very caring.”

Conclusion

On the surface, the results look positive. Contraceptive knowledge and use was high in a population of women who for the most part did not want to get pregnant in the near future. However, when we look more deeply, we see that FP use is not as effective as it first appears. Condoms were the main method used, yet a number of factors led to inconsistent use. The data suggest that FSWs would benefit from increased access to FP information and services. The DICs run through the partner NGOs appeared to be FSWs' preferred place to receive these services.

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