

Contraceptive Services for Female Sex Workers

Training Module for Clinicians



Learning objectives

- Identify gender norms and how they affect female sex workers' (FSWs') reproductive health and access to family planning (FP) services
- Describe potential barriers FSWs face to accessing contraceptive services and ways to address these barriers
- Identify FSWs' contraceptive and FP needs in an unbiased, supportive, and nonjudgmental manner
- Describe characteristics of individual contraceptive methods that could make their use more attractive to or more challenging for FSWs
- Explain how HIV status or presence of sexually transmitted infections (STIs) can affect FSWs' eligibility for certain contraceptive methods
- Demonstrate the ability to counsel FSWs about contraceptive options and multiple approaches to preventing pregnancy, HIV, and other STIs (using role plays)

FSWs have significant unmet need for contraception

Among 2,255 FSWs in **Cameroon**:

- Majority relied on male condoms (76.5%) or female condoms (30.9%) for contraception
- More effective methods were underused: pills (12.6%), injectables (9.1%), implants (4.1%), IUD (2.3%)
- Need for effective contraception reflected by the number of women who:
 - ever had an unintended pregnancy: 57.6%
 - ever terminated a pregnancy: 43.8%
 - used emergency contraception: 15.8%

FSWs have significant unmet need for contraception

continued

Russia

- Risk for **unintended pregnancy** among 143 FSWs:
 - 58.0% reported a history of abortion
 - 31.5% reported multiple abortions

Asia

- Higher than average **unmet need for family planning**:
 - **Bangladesh**: 60% unmet need among FSWs compared to 16.8% of all married women ages 15–49
 - **China**: 47% unmet need among FSWs compared to 2.3% of all married women ages 15–49

Informed and voluntary decision means that FSWs are entitled to...

- Attain high standards of sexual and reproductive health (SRH) by
 - Having access to high-quality SRH services
 - Receiving relevant information and means to act on this information
 - Making their own decisions without discrimination, coercion, or violence

ACTIVITY

Beliefs about Women

- Read the statements on the handout
- Consider the beliefs in your community
- Check agree or disagree



ACTIVITY

Beliefs about Women—Discussion Questions

- What similarities or differences do you see between your community's beliefs about women and your personal beliefs?
- How have your community's beliefs about women shaped your personal beliefs?

How might gender norms negatively affect FSWs' reproductive health and access to services?

- FSWs may find it difficult to:
 - negotiate safe sex, including condom use, with partners and sex work clients
 - talk about FP methods with their intimate partners
 - access FP services without their intimate partner's permission
- Providers may judge and discriminate against FSWs, making it difficult for them to access services. FSWs may not return because they fear judgment/discrimination.
- FSWs may be expected to be quiet and submit to their intimate partners or clients, even when abuse occurs.
- People may justify violence, including rape, against FSWs. Rape is often unprotected and increases risk of unintended pregnancies and HIV transmission.
- FSWs may not be able to safely seek help from health providers or law enforcement if they experience abuse, especially where sex work is criminalized.

ACTIVITY

Mary's Story

- Read aloud the story about Mary
- Be ready to discuss the story



Mary's story

- How did the providers' beliefs about FSWs affect the way they treated Mary?
- What were the consequences of this treatment?

Provider actions	Possible consequences
<ul style="list-style-type: none">• Berating• Gossiping• Delaying time-sensitive services• Failing to provide services including offering a choice of methods, counseling on emergency contraception, assessing STI/HIV risk	<ul style="list-style-type: none">• Humiliation• Unintended pregnancy• STI/HIV infection• Poor mental health outcomes• Less willing to return to clinic

Mary's story *(continued)*

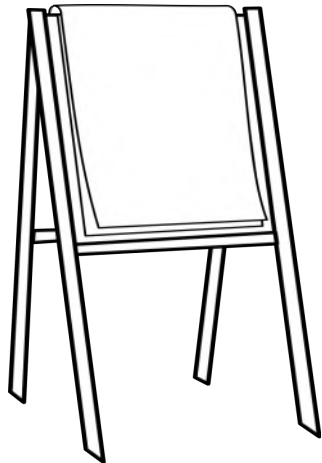
Knowing that we have our own beliefs, how can we ensure that our health services are more friendly and accessible to FSWs?

- Educate self and others about the specific needs of FSWs and barriers they may face.
- Follow a code of ethics with a focus on treating all clients equally and fairly.
- Be open-minded and provide services free of stigma, judgment, and discrimination.
- Use neutral and supportive language.
- Keep personal information, including involvement in sex work, confidential and ensure privacy during session.

ACTIVITY

Barriers to Contraception

- Access
- Provider-related
- Personal
- Social



Barriers to contraception—Access

- Travel costs
- Service fees
- Office hours
- Competing time commitments
- Services advertised as “family planning” causing some FSWs to perceive them as irrelevant; FSWs may not identify FP with prevention of unintended pregnancy

Barriers to contraception—Provider-related

- Reluctance to provide services for FSWs
- Misinformation regarding medical eligibility and/or clinical requirements for method use
- Low levels of knowledge among providers about the specific contraceptive needs of FSWs
- Discrimination and judgmental/negative attitudes toward FSWs held by health care providers
- Lack of confidentiality
- Poor client–provider interaction

Barriers to contraception—Personal

- Drug and alcohol use and/or an unpredictable work schedule, which can make it harder to keep appointments or result in competing priorities
- Depression
- Economic challenges
- Lack of information about what services are available and where to obtain them
- Self-exclusion (when a stigmatized individual avoids contact due to fear of being further stigmatized)
- Fear of disclosing sex work or HIV/STI status to a provider, which limits the effectiveness of care that the provider can offer

Barriers to contraception—Social

- Lack of community support for or acceptance of contraception
- Criminalization and community stigmatization of sex work resulting in limited agency to seek services
- Lack of acceptance/support from husband, partner, or non-paying boyfriend
- Restrictions placed by person who may control an FSW's decision-making, earnings, and movement
- Misconception that other contraceptive methods are not needed if condoms are used

Evidence of barriers—Nepal

FSWs reported:

- stigma and discrimination that prevented them from seeking services
- lack of privacy/confidentiality in government hospital
- dissatisfaction at the poor communication and judgmental behavior of the service providers
 - exhaustive history taking through questions perceived to be judgmental and too personal
- expensive medical fees, long wait times, and inconvenient hours of operation

Evidence of barriers—Mali

Focus groups of FSWs reported these barriers:

- discrimination from health personnel
- fear of contraceptive side effects, particularly menstrual bleeding changes
- incorrect information and rumors regarding specific contraceptive methods
 - concerns about becoming infertile
 - methods (e.g., implants) moving around in the body

FSWs expressed confidence and trust in medical professionals' ability to correctly counsel women regarding contraception.

How can providers reduce barriers?

- Be aware of biases and provide services free of stigma, judgment, and discrimination
- Be aware of FSWs' contraceptive needs/concerns
- Add contraceptive/FP services to programs that are often accessed by FSWs (onsite or referral)
- Assess an FSW's individual circumstances in a sensitive and nonjudgmental manner
- Offer clear, accurate information about contraceptive options and unbiased guidance to enable FSWs to make an informed method choice

How can providers reduce barriers?

(continued)

- Address FSWs' contraceptive and other needs
 - Prevent or delay pregnancy (effective contraceptive)
 - Prevent pregnancy after unprotected sex (ECPs)
 - Protect against STIs (condoms)
 - Protect against HIV (PrEP, condoms)
 - Prevent HIV if exposed (PEP)
 - HIV-positive and want to stay healthy and prevent HIV transmission (ART, condoms)
 - Violence in client/partner relationships (address)
 - Multiple needs (help to consider which approach or combination of approaches will work best for them)

ACTIVITY

Agree or Disagree?

- Listen to the statement
- Make a decision
- Stand near the sign that reflects your opinion

AGREE



DISAGREE

Providing effective services for FSWs

- Understanding the unique needs of FSWs allows providers to better tailor counseling
- Explore your client's behaviors and ask questions in a confidential and nonjudgmental manner
- Use a standard process for every client

FSWs indicated a willingness to discuss their work with providers, if the providers treat them with respect.

ACTIVITY

Brainstorm Questions to Screen for Needs/Risks

What questions can providers ask to identify unmet need for contraception?

- Do you want to avoid pregnancy? —but not currently using reliable contraception?
- Do you want children in the next year? —or sometime in the future? —or do not want children at all?

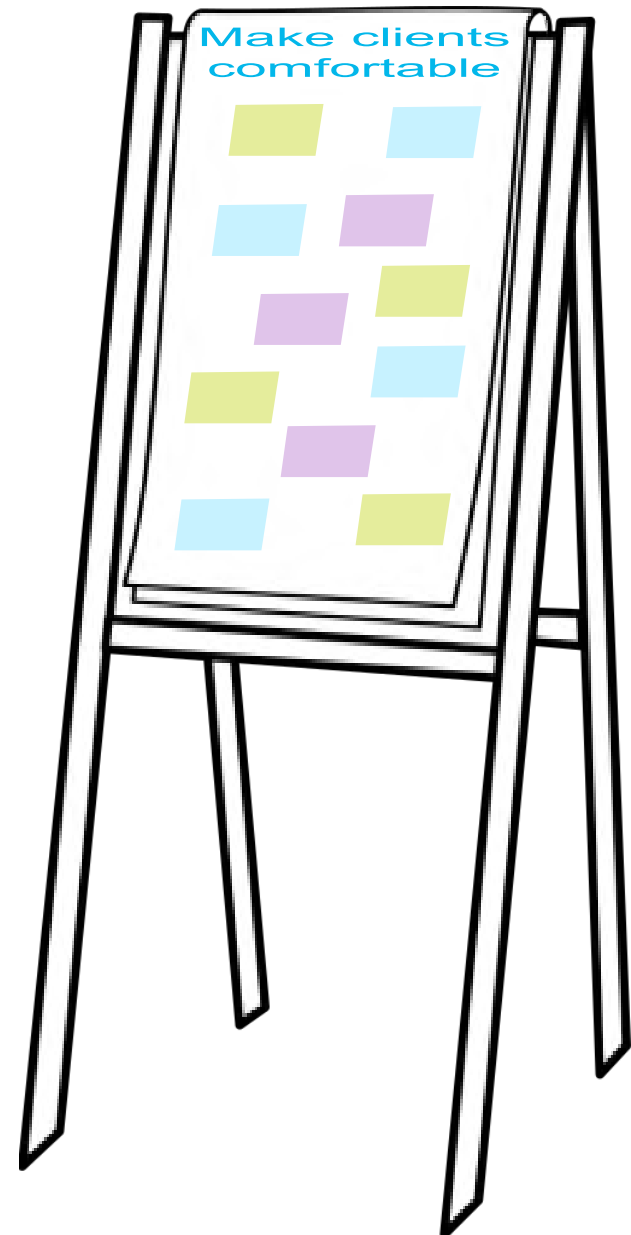
What questions can providers ask to identify risky behaviors?

- Are you able to negotiate condom use consistently (or not)? —with all partners/clients or with some?
- Do you use or are you forced to use drugs and/or alcohol? If yes, how often?

ACTIVITY

Making Clients Comfortable

- Think of one thing you can do to make an FSW client more comfortable and encourage open conversation
- Write your idea on a piece of paper or sticky note
- Post your idea on the flipchart



ACTIVITY

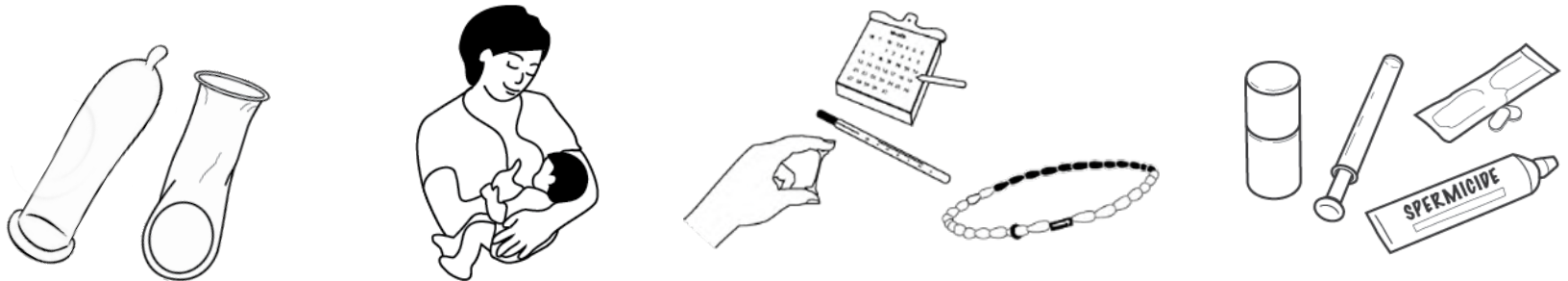
FSWs' Concerns about Contraceptive Methods

- Divide into three small groups:
 1. Oral contraceptive pills (COCs & POPs) and injectable contraceptives
 2. Implants and IUDs
 3. Female sterilization and emergency contraception
- Describe how individual method characteristics (e.g., effectiveness, ease of use, requirements for initiation/continuation/discontinuation, common side effects, and protection from STIs/HIV) can make these methods more attractive or more challenging for FSWs including those with HIV or AIDS and at risk of STIs/HIV
- Prepare a flipchart; identify a spokesperson



Other contraceptive method options

- Condoms—male or female
- Lactational amenorrhea method (LAM)
- Fertility awareness methods (FAMs)
 - calendar-based (e.g., Standard Days Method)
 - symptoms-based methods (e.g., TwoDay Method)
- Spermicides



Condoms—male or female

- Advantages
 - Provide protection from both pregnancy and STIs/HIV
 - Easy to access and use
 - No side effects
- Limitations
 - Require partner cooperation; FSWs may not be able to negotiate use with all partners
 - As commonly used, not as effective as other methods in preventing pregnancy

Lactational amenorrhea method (LAM)

- Advantages
 - Very effective method for postpartum women who meet the three conditions
 - Breastfeeding benefits the infant (FSWs with HIV can reduce transmission using PMTCT regimen)
- Limitations
 - Temporary method that expires at six months postpartum or if a woman resumes her menses or introduces any foods in addition to breast milk
 - No protection from STIs/HIV

Fertility awareness methods (FAMs)

- Advantages
 - Effective when used correctly
 - No side effects; require no resupply
- Limitations
 - Require abstaining from sex (or using condoms) for a large portion of the menstrual cycle and require partner cooperation
 - Not appropriate for women with irregular menstrual cycles
 - No protection from STIs/HIV


Spermicides

- Limitations
 - Frequent use of spermicides increases the risk of HIV transmission which means they should not be used by FSWs or other women at high risk of HIV
 - Least effective method of pregnancy prevention, with contraceptive failure rate over 20%

Approaches to Improve Level of Protection

More protection

Effective FP method + PrEP +  = **BEST** protection from pregnancy, HIV, and other STIs

Effective FP method +  =

Good protection from pregnancy; and, if partner cooperates, HIV and other STIs

Effective FP method + PrEP =

Good protection from pregnancy and HIV; but, no protection from other STIs

 = Protection from pregnancy, HIV, and other STIs; but relies heavily on partner cooperation

Less protection

ACTIVITY

Role Plays—Counseling FSWs

- Review observation checklist
- Divide into groups of three
- Roles: FSW client, provider, observer
- Scenarios x3
 - 20 minutes for counseling session
 - 10 minutes for observer feedback and discussion



ACTIVITY

Role Play—Discussion Questions



- What did the provider do in this situation that was effective?
- What might the provider consider doing differently?
- How well did the provider attend to the items on the Observation Checklist and the case-specific observations included in the role play description?
- What was the client's perspective of the interaction —was the client comfortable and were her concerns addressed?

Summary

- FSWs have a right to high-quality, voluntary sexual and reproductive health services
- Contraception/FP are integral to SRH; however, many FSWs have unmet needs and are at risk of pregnancy
- Providers can increase FSWs' access by offering unbiased, sensitive counseling and method provision:
 - in settings where FP services are traditionally offered
 - through integrated HIV prevention, treatment, and care programs specifically designed for sex workers
- Providers should support FSWs in making informed and voluntary decisions about multiple approaches to preventing pregnancy, HIV, and other STIs

Acknowledgments



USAID
FROM THE AMERICAN PEOPLE



 **LINKAGES**
*Across the Continuum of HIV
Services for Key Populations*

fhi360
THE SCIENCE OF IMPROVING LIVES

 **pact** building
local
promise.


IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.



UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

This training resource is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. The project is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.