

Role of intensive strategies to address stigma and discrimination among female sex workers

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INTRODUCTION

Stigma and discrimination against female sex workers (FSWs) diminishes their self-esteem, limits their uptake of clinical services, and often deprives them of the required medical care [1,2]. All of these factors heighten their vulnerability to HIV.

Reducing stigma among female sex workers

Karnataka Health Promotion Trust (KHPT) with its consortium partners implemented a two-year intensive stigma reduction intervention in Bagalkot and Belgaum districts, in north Karnataka, India from 2012-2013 [3,4]. The programme aimed to reduce the manifestation of stigma on female sex workers, and the nature and extent of stigma and discrimination among their families and surroundings. Individual counselling for and group sessions with female sex workers, intensive counselling with HIV positive sex workers (PLHIV), and special events at the drop-in-centres, and meetings with sex workers and their family members, constituted the strategies of the intervention. An initial assessment, conducted before the implementation, explored the forms, contexts and consequences of stigma related to sex work as a profession and to HIV status among female sex workers.

METHODS

The study explored respondents' knowledge about the incidences of stigma and discrimination against positive FSWs in general and within the healthcare settings in the 12 months preceding the survey. The baseline study was conducted in July and August 2012, and the endline study in December 2013 and January 2014 in Bagalkot and Belgaum districts in north Karnataka, India.

Sampling, data collection and analyses methods included the following:

- Systematic random sampling from a line list of FSWs to select 478 sex workers as study respondents
- Cross sectional pre and post intervention studies among 240 FSWs at the baseline and 238 FSWs at the endline
- Bivariate and multivariate analyses to examine the impact of the intervention
- Written consent to participate in the study from all respondents
- Ethical approval from the Institutional Ethics Committee, St. John's Medical College and Hospital, Bangalore, India

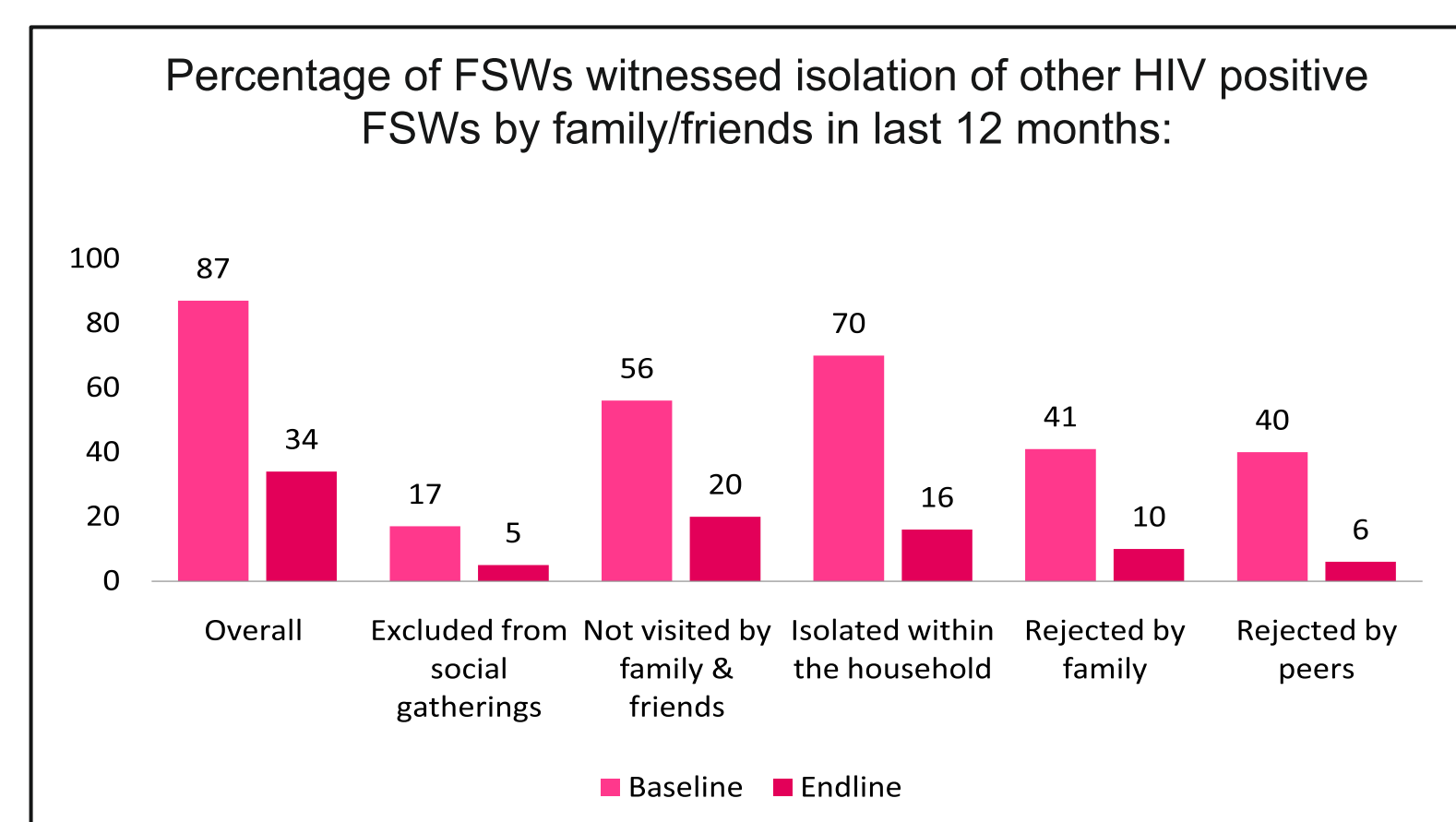
RESULTS

Respondents' Profile

- Sex workers, who participated in the baseline and endline surveys were similar in their age, marital status, average weekly client volume, and chances of having any additional source of income than from sex work
- A higher proportion of FSWs interviewed at the endline were literate, older at the time of initiation into sex work and had been in sex work for a relatively shorter duration

Reduced number of FSWs witnessed isolation of their peers by family and friends

- The study found a significant reduction, 87% to 34% from baseline to endline, in the proportion of FSWs, who faced stigma and discrimination from their friends and their family members
- A lower proportion of sex workers at the endline reported exclusion from social gatherings, fewer visits by family and friends, and isolation within the household and rejection from family and peers



Reduced number of FSWs witnessed acts of stigma & discrimination against their HIV positive peers

- Post intervention, a significant proportion of FSWs witnessed other HIV positive sex workers experiencing much less physical and verbal abuse, neglect from family members and a loss of respect within their families and community
- A significant reduction was reported at the endline on HIV positive FSWs being teased, gossiped about, being abandoned by their spouse and family members or their properties being taken away

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Anilkumar designed the poster.

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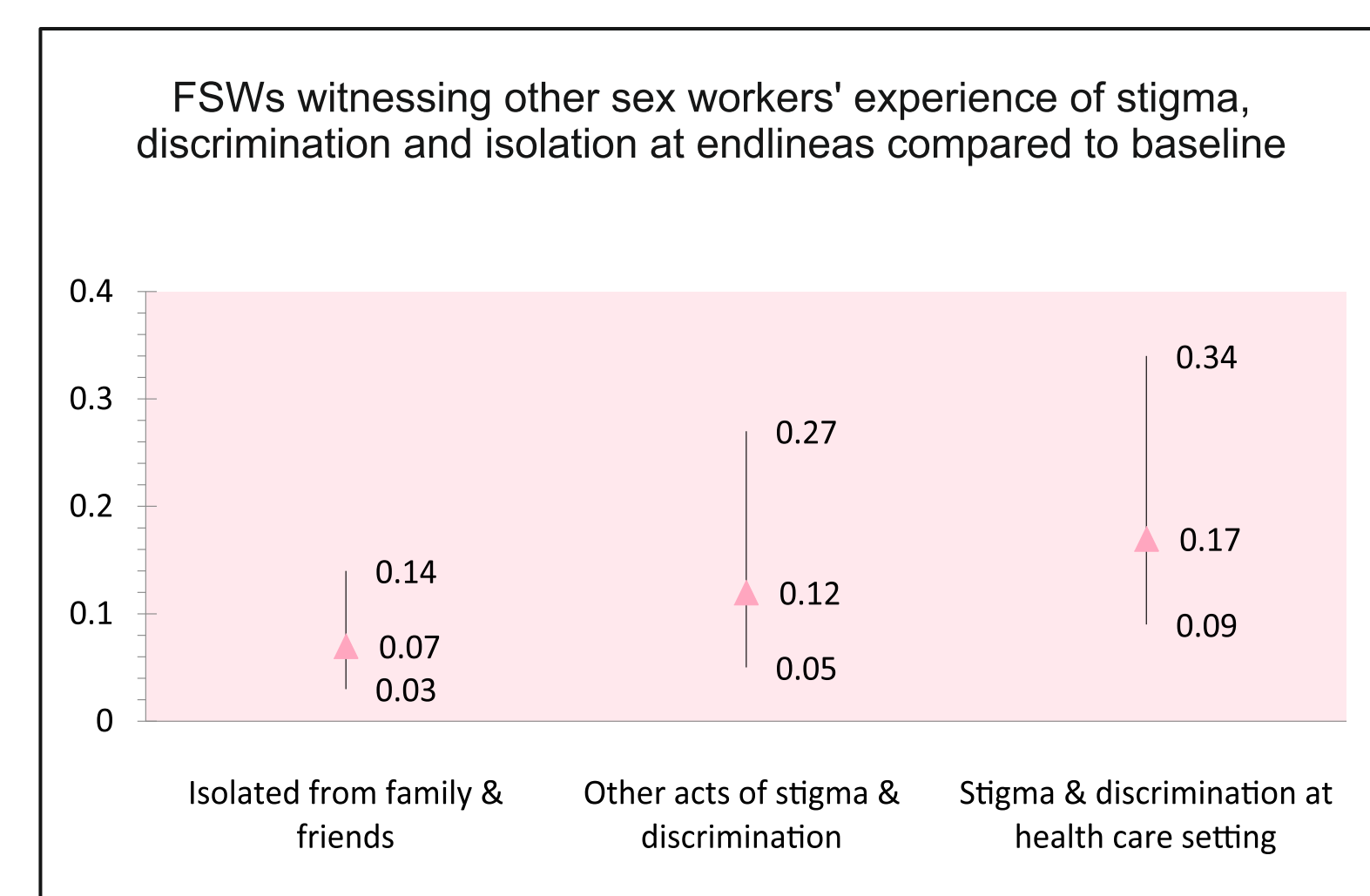
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Acts of stigma and discriminations	Baseline N=230	Endline N=234	Significance
Faced physical abuse	46.1	11.2	$p < 0.01$
Faced verbal abuse	60.2	31.0	$p < 0.01$
Faced neglect from their family	63.2	41.4	$p < 0.05$
Lost respect within the family and/or community	62.6	33.6	$p < 0.01$
Teased or sworn at	74.3	49.6	$p < 0.05$
Gossiped about	78.6	50.7	$p < 0.01$
Abandoned by spouse/partner	66.9	31.2	$p < 0.01$
Abandoned by family/relatives	45.6	10.6	$p < 0.01$
Had property taken away	22.0	6.0	$p < 0.01$

Stigma and discrimination against FSWs reduced from baseline to endline

Findings from multivariate logistic regression analysis show a lesser likelihood of FSWs:

- being isolated from family/friend [OR (95% CI): 0.07 (0.03-0.14)]
- facing stigma and discrimination individually [OR (95% CI): 0.12 (0.05-0.27)], and
- facing stigma and discrimination at the healthcare facility [OR (95% CI): 0.17 (0.09-0.34)] in past 12 months prior to endline



CONCLUSIONS

Multi-layered and multi-faceted interventions are required to achieve behavioural and attitudinal changes pertaining to stigma, and shame and blame within a short period of time. The intervention significantly changed the attitudes and behaviour of sex workers and their family members towards PLHIV. Stigma and discrimination, within the community and healthcare settings, against PLHIV had reduced. The intervention had slightly higher impact on FSWs than on their family members. However, changes such as an increase in the correct knowledge about modes of HIV transmission, a reduction in their fear of HIV-infection, in the belief that PLHIVs deserve shame and blame, and in overall stigma and discrimination, are noteworthy. Similar intervention activities, if found replicable and scalable, can be embedded in the national AIDS control and prevention programmes to increase the utilisation of HIV prevention, treatment and care services.

