Geographic Coverage of Comprehensive Clinical Services for Female Sex Workers in Ethiopia

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BACKGROUND

- Female sex workers (FSWs) in Ethiopia are 12 times more likely to be infected with HIV compared to other Ethiopian women.1
- Knowing the FSW population size and location relative to other sexual and reproductive health (SRH) services is crucial for planning HIV prevention interventions.
- This study aimed to assess the geographic accessibility of comprehensive SRH service facilities and their friendliness to FSWs.

RESULTS

- The FSW population size across all study towns was estimated to be 41,196 FSWs. Of the total population size, 28,392 (68%) were SI FSWs and the remaining 12,804 (31%) were NSI FSWs.
- A total of 1,067 health facilities were mapped: 190 of these facilities provided a minimum comprehensive set of SRH services.
- 76% of FSWs worked within 1 km of a health facility that provides comprehensive SRH services.
- Family planning services were found to be the most geographically available to FSWs, with 83% located within 1 km of FSWs. HIV counseling and testing was the least geographically available healthcare service to FSW, with only 64.8% located with in 1km of FSWs.

CONCLUSIONS

- SRH services in Ethiopia are relatively geographically accessible to FSWs; however, the varying capacity of healthcare facilities to serve large numbers of FSWs has led to perceived and actual coverage gaps.
- The high cost of health services in private health facilities and the poor quality of services in public health facilities were found to be major barriers.
- Available mapping data should be used to advocate the addition of facilities where needed and/or build the capacity of existing facilities to serve FSWs.
- Misconceptions about freely distributed health services and products should be addressed through extensive BCC interventions.
- Population Services International Ethiopia (PSI/E), with partner organizations, has been using this evidence to analysis town level combination prevention service coverage standards and to increase FSWs access to quality combination prevention services.

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Methods

- FSWs in this study included both self identified (SI) and non-self identified (NSI) FSWs.
- SI FSWs were defined as girls or women who sold penetrative/vaginal or anal sex in exchange for money or in kind benefits at least once per week in the past one month and who identified themselves as FSWs or were identified by key informants as self identified FSWs.
- NSI FSWs were defined as girls or women who sold penetrative sex in exchange for money or in kind benefits at least once per week in the past one month but who did not identified themselves as FSWs or were identified by key informants as non-self identified FSWs.
- This study took place in 44 major towns in Ethiopia. Data were collected from June to October 2013.
- Lists of health facilities were collected from concerned government offices in each study town.
- Facilities that provided minimum comprehensive SRH services (HIV counseling and testing, family planning, sexually transmitted infection diagnosis and treatment) were identified through interviews with facility personnel in the study towns.

Figure 1: HIV Prevalence in Ethiopia

Figure 2: Geographic coverage of health facilities providing comprehensive services in a sample regional town:

The focus group discussion provided the following key findings:

- The high cost of private health services, long waiting time and unfriendly professionals in public health facilities were reported as major gaps to FSWs in study towns.
- FSW participants perceived a lower availability of screening and treatment services for sexually transmitted infections than the actual availability of these services.
- Misconceptions about the quality of freely distributed health services and products, such as free condom, was high among FSW participants.
- The capacity of comprehensive service facilities to provide quality services in big towns was reportedly limited.
- The majority of FSWs who participated in focus group discussions in small towns reported that they had previously been stigmatized by health care providers while seeking services in public health facilities.

Literature cited

- *Ethiopian Demographic and health survey (EDHS,2011)
- **Save the Children, USA, 2010, Baseline Survey among Most at Risk Populations in Ethiopia