

# Female Sex Workers Living with HIV in Malawi: Major gaps in condom use, STI screening, and ART initiation and retention

In Malawi, the HIV prevalence among female sex workers (FSWs) is estimated at 62 percent compared to 12 percent in the general female adult population.<sup>1</sup> FSWs living with HIV face significant challenges in accessing HIV care and treatment services, including difficulty attending routine care, experienced and internalized stigma, and poor service quality.<sup>2</sup>

Several studies from sub-Saharan Africa have shown improved HIV treatment outcomes, such as uptake of HIV services, retention in care, and increased dignity and quality of life, by using community health platforms. Project SOAR, in collaboration with the USAID-funded LINKAGES Project, is conducting an implementation science study to investigate the feasibility, acceptability and effects of a community-based antiretroviral treatment (ART) service delivery model using drop-in centers for FSWs in Blantyre and Mangochi, Malawi. Pakachere Institute of Health and Development Communication, a local health-focused nongovernmental organization, runs the key population-focused, HIV prevention and treatment services drop-in center through the LINKAGES Project.

This brief presents key findings from the baseline survey administered to a cohort of HIV-positive FSWs enrolled in the study.

## METHODS

Drop-in center staff and peer outreach workers identified eligible (see Box 1 for eligibility criteria) HIV-positive FSWs through the following channels: (a) HIV testing and counseling services provided through community outreach activities (e.g., “moonlight” and “daylight” testing events); (b) drop-in center walk-ins; and (c) referrals of HIV-positive FSWs who had either never initiated ART,

## KEY MESSAGES

- As many as a fourth to one-half of the women had not started treatment or had been in default for three or more months.
- Only a third of women were screened for STIs in the last three months, yet nearly all were diagnosed with at least one infection.
- Condom use was low with paying clients and more so with non-paying partners whose HIV status was not known to most women.

or had defaulted on their treatment for over three months.

Eligible FSWs were linked to research assistants at one of five Pakachere-operated drop-in centers in Blantyre and Mangochi districts. Between June and August 2018, we completed baseline surveys with a total of 190 eligible FSWs—59 percent from Blantyre and 41 percent from Mangochi.

### Box 1 Eligibility criteria

- Female, aged 18 years and older;
- Sold sex for money or goods at least once in the past 6 months;
- HIV positive;
- Never initiated ART, or in treatment default for 3+ months; and
- Intends to reside in the respective region (Blantyre and Mangochi) for the next 12 months.



## WHO WERE THE STUDY PARTICIPANTS?

	Blantyre	Mangochi
 <b>Number of FSWs</b>	<b>112</b>	<b>78</b>
 <b>Mean age (years, range)**</b>	<b>24.6, 18–38</b>	<b>27.5, 18–48</b>
 <b>Education (%)***</b>		
None	0	15
Some primary	71	68
Some secondary	29	19
 <b>Number of living children (%)</b>		
0	12	14
1	23	17
2+	65	69

\*\*p<.001 \*\*\*p<.0001

- Women in Mangochi were older and less educated than FSWs in Blantyre.
- Vast majority had children.

## RESULTS

### HIV diagnosis and treatment

Diagnosis and treatment	Blantyre N=112 %	Mangochi N=78 %
Diagnosed within past 7 days*	76	56
Diagnosed >7 days, but not on treatment*	13	23
Treatment defaulter*	12	21

\*p<.05

- Women in Blantyre were more likely to be diagnosed in the past week.
- More women in Mangochi had been in default for three or more months.

### Selling sex

Age started selling sex	All sites N=190 %
< 15 years	4
15–17 years	20
18–19 years	22
20+ years	54

- About a quarter of FSWs in each location began selling sex before age 18.

### Sexual encounters

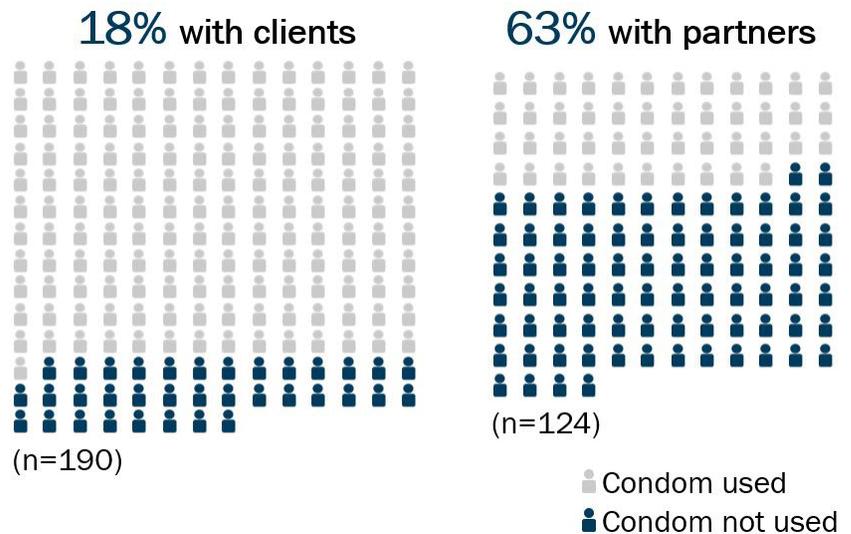
- Participants reported working an average of 5 days in a normal week, and typically had 6 clients per day, resulting in an estimated average of 30 clients per week.
- Blantyre-based participants were significantly more likely to have one or more non-paying partners than those based in Mangochi (79 percent vs. 45 percent, p<0.0001). However, among participants who had non-paying partners, those in Mangochi had significantly more partners on average than those in Blantyre (mean 2.1 vs 1.4; p<.01).
- Nearly two-thirds (64 percent) of women with non-paying partners in either region described them as “steady” partners.

## Condom use...

### ...with clients

- About a fifth of women reported not using a condom during their last sexual encounter with a paying client (Figure 1).
- The most frequently stated reason for not using a condom was that the client did not want to use it followed by being offered more money.
- Consistent condom use with paying clients is uncommon: only 8 percent of the women reported always using condoms in the month prior to the interview while 7 percent said they rarely or never used a condom in the same period.

Figure 1 Many did not use a condom at last sex



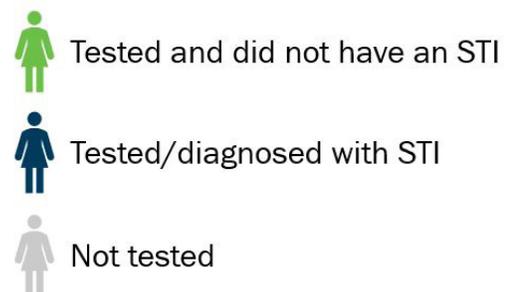
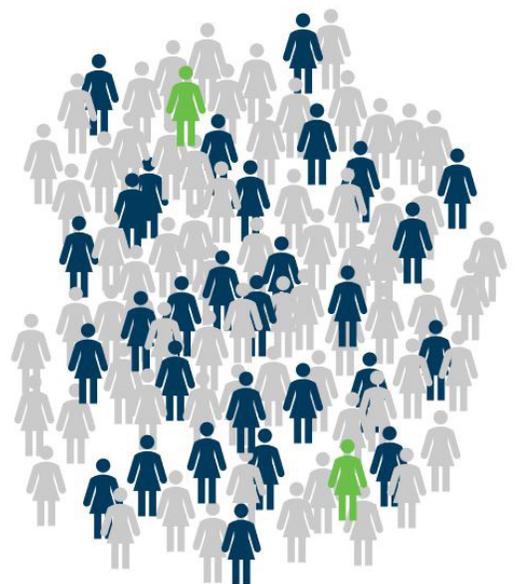
### ...with non-paying partners

- Reported condom use at last sex was uncommon with nonpaying partners (Figure 1).
- Despite suboptimal condom use, only 17 percent of the women with a non-paying partner reported knowing their partner's HIV status.

## Self-reported STI screening and diagnosis

- Only 35 percent of women in Blantyre, compared to a quarter in Mangochi, reported being screened for STIs in the past three months.
- Of those screened, almost all (93 percent) were diagnosed at their last visit with an STI, with herpes being the most frequently reported condition followed by gonorrhea.
- Figure 2 highlights the large proportion of women whose STI status was unknown because of a lack of screening.

Figure 2 Most have not been screened for STIs in the last 3 months



## CONCLUSIONS AND IMPLICATIONS

- As many as a fourth to one-half of the women (depending on the site) had not started treatment or had initiated treatment, but had been in default for three or more months. This suggests a considerable gap in linkage to, and retention in, ART services.
- Although only a third of women were screened for STIs in the last three months, nearly all were diagnosed with one or more infections. As STIs can exacerbate the risk of HIV transmission to non-infected clients, targeted efforts are needed to expand STI testing and treatment
- Consistent condom use was low with paying clients and more so with non-paying clients whose HIV status was not known to the vast majority of women. These risk behaviors can potentially result in high levels of HIV transmission. This further substantiates the importance of timely HIV diagnosis and treatment.

## REFERENCES

<sup>1</sup>National Statistical Office of Malawi. 2014. *Malawi Biological and Behavioural Surveillance Survey Report*. Zomba, Malawi: National Statistical Office.

<sup>2</sup>Scambler, G. and F. Paoli. 2008. "Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions," *Social Science & Medicine* 66(8): 1848–1862.

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Suggested citation: Project SOAR. 2019. "Female sex workers living with HIV in Malawi: major gaps in condom use, STI screening, and ART initiation and retention," *Project SOAR Results Brief*. Washington, DC: Population Council.