

Your Demand Creation Campaign Strategy: Female Sex Workers, Community

Situation



Audience

This is the target population that you are looking to target, or speak to, with your PrEP communications campaign.

This segment of female sex workers (FSW) may have entered into sex work as a way to support themselves and their family after being faced with limited opportunities for jobs. Others may have entered into sex work voluntarily as a career opportunity. In both cases, many FSW face criminalization, stigma, discrimination, abuse, and, for some, even life-threatening violence. Not complying with a client's request, such as having sex without a condom, usually means making the very difficult decision of turning down extra money, but in some cases, such a stance could also result in abuse and violence. Though the ability to provide for herself and her family may give her a sense of liberation, it also comes at a cost; she's faced with choices that are either incredibly difficult to make given the circumstances or that don't end up being choices at all.

FSW are facing different degrees of agency loss.



Problem

The core problem you are trying to address.

Some FSW are so accustomed to surrendering their control in situations regarding their sexual health and safety that they may approach HIV prevention with resignation, seeing it as a choice they don't have any say in. There are others that strive (and succeed) to maintain control by insisting on using condoms, but the offer of more money to forgo them makes it an incredibly difficult choice and some choose, or feel compelled, to take the extra money.

HIV prevention is a difficult choice (if a choice at all).

Strategy



Strategic Idea

The most powerful idea that can address the problem.

PrEP helps you choose yourself.



Support

Reasons that support the audiences' belief in the strategic idea.

PrEP puts you completely in control of your health:

- You may not be able to insist on condoms, but the choice to protect yourself from HIV with PrEP is entirely yours.
- Taken orally and on your schedule, the only person that needs to know about taking PrEP is you.

PrEP is taken by you, for you (and your family):

- When you take PrEP, you're ensuring that you stay healthy and strong, and able to support your children.



Considerations

- When used correctly and consistently, PrEP is proven to be highly effective in reducing one's risk of acquiring HIV.
- Because PrEP doesn't protect against STI's, it should be used together with condoms.
- PrEP does not protect against pregnancy.

Engagement



Channel Recommendations: Community



Printed materials:

Leaflets, posters, bookmarks, postcards, stickers, and other innovative materials may be used to reach FSW at work hotspots, which include: bars, clubs, beaches, bus stops, and on the street. Condom dispensaries may also be effective hotspots for reaching FSW with materials; dispensaries include public health facilities, pharmacies, shops, supermarkets, and clubs.¹



IPC:

Fellow sex workers, peer educators, and female community healthcare workers of greater or matched age (when possible). Can reach FSW at community-based organizations, social groups, health centers, drop-in centers, work hotspots and condom dispensary locations, and mobile testing and clinics.²



Mobile and social media:

In the 2017 research conducted by OPTIONS in Kenya, the majority of FSW respondents did not have a computer, but two-thirds had access to a smart phone. This means mobile, internet, and social media channels may be viable ways for clinics to communicate to FSW about prevention and implementation messages. These channels can also communicate clinic information, such as hours of availability and appointments.³ Materials created for print can be excerpted and repurposed as online content to be shared through social media for greater time-and-cost-effectiveness. Mobile and social media outreach also may be used to preface and facilitate face-to-face interaction.



Digital:

A number of FSW may be moving online for work purposes, finding clients on sites like nairobiiraha.com or nairobiescort.com.²



Tips for Connecting with Your Audience

Common Interests:

Many FSW spend their time going to clubs, watching TV, dancing, socializing with friends, and singing.

Where they go for care and information:

Most FSW receive healthcare at government hospitals; they most often go alone.³

Currently, their main sources of information about sexual and reproductive health are radio, television, and health centers and hospitals. Community health workers and drop-in centers are also preferred information centers.³

Of the many FSW that reported awareness of PrEP, they had most commonly heard of it via word-of-mouth or from a medical professional.³ When asked how they think PrEP should be communicated to people like themselves, FSW primarily answered radio, television, and health centers.³

Peers are a trusted, existing network:

Because FSW face stigma and discrimination from all parts of society, including those (like police and healthcare workers) that should be sources of protection, FSW rely heavily on each other. Many have a strong social/peer network and turn to each other for advice, information, discussion, and support.⁴ Because of the importance of this peer network and the resulting power of peer education, it is important to keep FSW involved in programs and planning.⁵ Also, tapping into the community may be an effective way to reach FSW.⁴

High mobility is common:

Many FSW may migrate in search of work opportunities. They may also work mostly at night. This mobility and irregular schedule may make it difficult for FSW to access healthcare. They may not consistently visit the same clinic or service provider, and may find it difficult to attend clinic services during regular office hours.⁶

Meet where they are:

Work and hangout hotspots are critical to planning outreach. Developing a map of hotspots may serve as a helpful guide for planning in-person outreach and mobile clinic interventions. As hotspots shift, make sure to update the map accordingly.

Educate about the benefits of PrEP while still encouraging condoms:

In one study, FSW respondents initially believed PrEP would be a useful replacement for condoms; they were disappointed to learn that they would still need to use condoms to prevent other STIs.⁷ Providers should address the rationale for using PrEP in addition to condoms, for example, explaining that PrEP can protect in case a condom is forgotten, burst, or a FSW is unable to use one. PrEP is also theoretically a person-controlled prevention method, in the sense that a person can use it covertly. Being able to protect yourself without the influence or permission of others is a powerful motivator.



Recommended Tactics

Make it as accessible and convenient as possible:

In addition to provider discrimination, FSW face a variety of barriers to healthcare access, discouraging them from testing and seeking care. Overcome these barriers by offering flexible hours that cater to irregular schedules, and providing information on how to stay consistent with prevention care even if she is unable to return to a particular provider. For example, provide health service referrals to other accessible locations.

Train providers in sensitivity and confidentiality:

Discrimination by healthcare workers is by far the greatest barrier inhibiting FSW from seeking and receiving care^{6,4} Providers at all levels should be adequately trained in engaging with FSW with sensitivity, confidentiality, and without judgment.

Contextualize the risks:

To effectively educate on the risks of certain behaviors and practices, talk openly with FSW about the circumstances and context of recent risky behaviors without judgment.

Emphasize benefits:

FSW may be aware of PrEP, but that doesn't necessarily translate into consideration of using PrEP. FSW may need to hear benefits (aside from the purely functional) to drive their interest.³

Deliver through peers and influencers:

FSW trust and rely on each other for support. Peers and peer educators can give advice on safe sex and condoms, and can provide information related to HIV testing. Prevention initiatives that involve sex workers educating their peers has led to increased protected sex and reduced HIV prevalence (KLA). Research has indicated that the most appropriate person to deliver information about STI/HIV is an older female; the second most-appropriate is a female of the same age.⁸

Engage about needs:

Distribution of condoms and lube, distribution of information, trainings, empowerment activities, wellness support, supportive social events, and parties are things a FSW needs, and may engage her interest. Information and support can be offered one-on-one or in a group setting, in person, or online.

Compare to contraceptives:

Normalize and encourage daily adherence to PrEP by comparing it to contraceptive pills. Some FSW took to the idea of a daily pill because it is something they control, like contraceptive pills. Drawing the comparison may help normalize PrEP and encourage FSW in the belief that they are capable of daily adherence.⁷



References

1. Informational Interviews conducted by Transcend Media Group, Kenya. 2017
2. Wakoba S. Inside Kenya's Online Brothels. TechMoran. January 22, 2014. <https://techmoran.com/the-internet-of-things-inside-kenyas-online-brothels>. Accessed January 3, 2018.
3. OPTIONS. OPTIONS Market Intelligence Report: Kenya. https://www.prepwatch.org/wp-content/uploads/2018/08/OPTIONS_FSW_Kenya_July2018.pdf Published July 31, 2018. Accessed December 23, 2018.
4. Africa Sex Worker Alliance. "I expect to be abused and I have fear": Sex workers' experiences of human rights violations and barriers to accessing healthcare in four African countries. https://www.researchgate.net/publication/267265257_FINAL_REPORT_I_expect_to_be_abused_and_I_have_fear_Sex_workers_experiences_of_human_rights_violations_and_barriers_to_accessing_healthcare_in_four_African_countries_Study_team_Acknowledgement. Published April 2011. Accessed December 26, 2018.
5. Wits Reproductive Health and HIV Institute. Sex workers' hopes and fears for HIV pre-exposure prophylaxis: recommendations from a UNAIDS consultation meeting. Published October 2014. https://www.avac.org/sites/default/files/resource-files/UNAIDS_Report.pdf Accessed January 3, 2018.
6. South African National AIDS Council. National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers. <http://www.sahivsoc.org/Files/national%20sex%20Work%20Strategy%202013.pdf> Published 2013. Accessed January 3, 2018.
7. Mack N, Evens E, Tolley E, et al. The importance of choice in the rollout of ARV-based prevention to user groups in Kenya and South Africa: a qualitative study. *J Int AIDS Soc.* 2014;17(3 suppl2):19157. doi:10.7448/IAS.17.3.19157.
8. Kritmaa K for the International Organization for Migration. Integrated Biological and Behavioural Survey Among Migrant Female Sex Workers in Nairobi, Kenya. http://kenya.iom.int/sites/default/files/2010_Integrated_Biological_and_Behavioural_Surveillance_IBBS_Survey_among_Migrant_Female_Sex_Workers_in_Nairobi_Kenya.pdf. Published 2010. Accessed on January 3, 2018