

Rapid assessment of HIV risk behaviors, access to HIV prevention, care, and treatment services, and HIV and STI positivity among female sex workers and sexually exploited children in Pemba Island, Zanzibar, 2023



Among female sex workers/sexually exploited children (FSW/SEC) in Pemba, the objectives of the rapid assessment (RA) were to:

1. Estimate the positivity of HIV, hepatitis B, and syphilis.
2. Identify and characterize basic risk behaviors.
3. Understand the context in which HIV risk behaviors take place.
4. Gather data to inform future surveillance activities.
5. Estimate the number of FSW/SEC.

Methods

Qualitative interviews with stakeholders

The RA team conducted key informant interviews with 10 well-known FSW/SEC and one health care worker providing community outreach services to FSW/SEC.

Qualitative interviews, quantitative surveys, and testing with FSW/SEC in four districts of Pemba

FSW/SEC were recruited by peer educators from community organizations, key informants, and by other FSW/SEC within the social networks of key informants. Data collection methods were qualitative and quantitative. A total of 108 FSW/SEC participated in:

- a focus group discussion (n=105) or an in-depth interview (n=3) collecting data on characteristics of FSW/SEC in Pemba, common risk behaviors, knowledge of HIV prevention, and access to and utilization of health services;
- a quantitative demographic and risk behavior survey administered during an individual interview; and,
- testing for HIV, hepatitis B surface antigen, and syphilis antibodies using rapid tests.

Inclusion criteria for FSW/SEC participants

a) Exchanged sexual intercourse for money in the past month; b) female 18+ years of age or mature minor aged 15-17 years; c) lived in Pemba for the past 3 months; and d) willing and able to provide informed consent.

Population size estimation

The RA team and key stakeholders reviewed and interpreted data from several sources to generate a consensus estimate of the number of FSW/SEC in Pemba. Data sources included: wisdom of the crowds estimates from RA participants (stakeholders and FSW/SEC participants), HIV testing data from local organizations and service providers, previous rapid assessment reports, and census data.

Presentation of key findings

Findings from the quantitative survey are presented as unweighted percentages. Findings from qualitative interviews include data from both key informants and those who participated in the full assessment and are presented without percentages. Findings are representative of the RA sample and their perceptions of the FSW/SEC community in Pemba.

Key findings

Socio-demographic characteristics of RA participants

Indicator		2023
Age	Median participant age	30 yrs
Education	No formal education	11%
	Some or complete primary	32%
	Some or completed secondary	57%
Marital status	Separated, divorced, or widowed	77%
	Never married	18%
	Married or living with partner	5%

Characteristics of RA participants and perceptions of the FSW population

- Three-fourths (76%) of participants were 25 years or older; 7% were between 15 and 19 years old.
- More than half (55%) of FSW/SEC in Pemba were originally from Pemba; they reported commonly hiding their sex work.
- Participants reported financial hardship as the primary reason for women to engage in sex work. More than half (55%) reported no other source of income.
- Participants reported that the FSW/SEC population in Pemba appears to be increasing in number, in particular among younger age groups, and becoming more visible.

Key findings

Risk behaviours among FSW/SEC

- i. The median age at first selling sex was 22.5 years.
- ii. FSW/SEC reported selling sex an average of 4 days a week with an average of 3 clients per day.
- iii. Four in ten participants (40%) reported not using a condom with their most recent client.
- iv. Participants reported that FSW/SEC commonly engage in group sex and anal sex. These risk behaviors were not reported in previous rapid assessments conducted in Pemba.

FSW/SEC networking and mobility

- i. FSW/SEC from Chake Chake, Mkoani, and Wete districts were well networked, with a median network size of 10. They reported interacting often.
- ii. Participants reported that FSW/SEC are highly mobile, both within Pemba and from Pemba to other areas, driven by client availability.

**Estimated number of FSW/SEC in Pemba
Approximately 850 (700–1,000)**

Experiences of violence and stigma

- i. FSW/SEC reported that physical, psychological, and sexual violence are common but cases are under-reported. Participants cited fear of being exposed as an FSW/SEC and fear of being arrested as reasons for not reporting violence.
- ii. Participants reported that FSW/SEC who are known to be HIV positive face stigma and lose clients, leading many to access HIV treatment outside of their areas of residence or work.

HIV knowledge

- i. Participants were asked standard UNAIDS HIV knowledge questions. On individual questions, 84%–99% answered correctly. However, only 65% of participants answered all five questions correctly (had “comprehensive knowledge”).
- ii. Only half of FSW/SEC (54%) agreed that a person living with HIV who is on ART cannot pass HIV to a sexual partner once they are virally suppressed.

Access to HIV and harm reduction services

- i. Most participants (96%) had tested for HIV at least once in their lifetime; 81% of participants reported testing for HIV in the past year.
- ii. Roughly half of participants reported accessing health services through NGOs, including HIV testing, condoms, and health education.
- iii. There were no HIV services focusing on FSW/SEC in Micheweni District.
- iv. Participants qualitatively reported that young FSW/SEC seem to be less aware of NGO services compared to older FSW/SEC.
- v. FSW/SEC cited the need for increased access to PrEP (there were no participants currently on PrEP at the time of the assessment), more access to condoms, and economic empowerment opportunities.

HIV, hepatitis B, and syphilis positivity [N=108]

Indicator	2023
HIV positivity	n=9; 8.3%
Hepatitis B surface antigen positivity	n=4; 3.7%
Syphilis antibody positivity	n=2; 1.9%

Key considerations

1. Increasing access to and awareness of HIV prevention services and HIV education could increase the uptake of these services and ultimately prevent new HIV infections among FSW/SEC. Strategies to consider include:
 - Making condoms more accessible through outlets frequented by FSW/SEC
 - Ensuring that HIV education includes information about Undetectable=Untransmissible
 - Expanding HIV self-testing
 - Increasing access to high-quality PrEP services
 - Empowering FSW/SEC on negotiating safer sex
2. Increasing targeted delivery of HIV prevention services during seasons/times of year when many FSW/SEC are in one location (such as clove harvesting season), and to FSW/SEC who may currently not be fully accessing services, such as young and hidden FSW/SEC, may expand reach and coverage of prevention services.
3. Supporting economic empowerment initiatives may provide alternative means of securing income for girls and women and give them an avenue other than sex work to support themselves and their families.
4. Sensitizing police on how to handle reports of violence made by FSW/SEC and exploring alternative mechanisms for FSW/SEC to report physical and sexual violence and harassment could lead to increased reporting of violence. Increased reporting may result in perpetrators being held responsible for their actions as well as an increased likelihood that victims are linked to services they need.

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