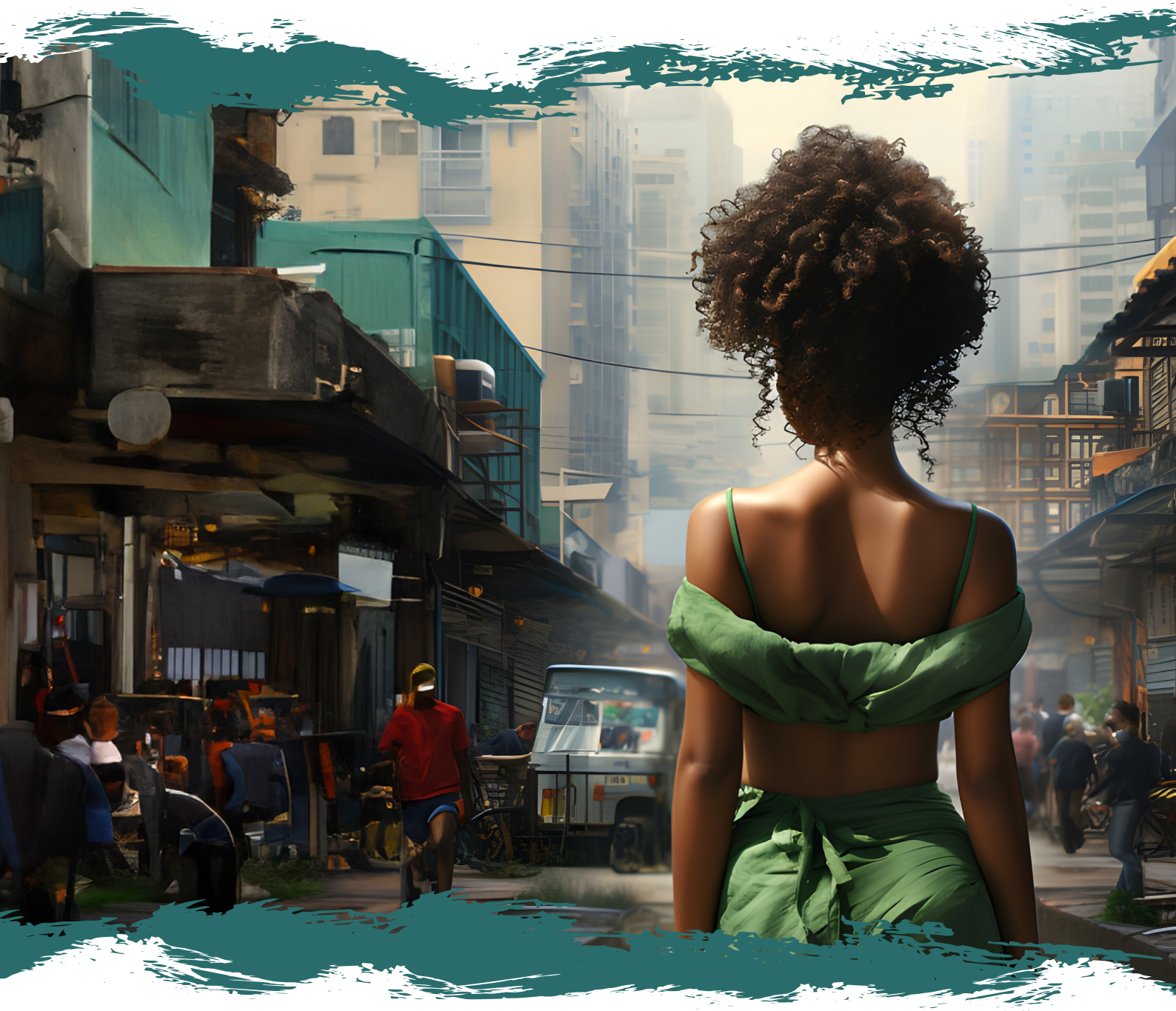
How can we reach and provide HIV prevention programming for young women who sell sex?

A summary of evidence and experience



Developed by

Insight 2 Implementation

Tobi, your i2i ambassador

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LEARNING NETWORK

The HIV Prevention Interchange

Why was this brief written?

HIV prevention stakeholders for Adolescent Girls and Young Women (AGYW) identified a need for evidence on strategies to reach the most vulnerable young women, particularly young women who sell sex (YWSS), with HIV prevention programming. The purpose of this brief is to synthesise information on what works to identify and reach YWSS with HIV programming. It is based on existing strategies that have been used and evaluated for reaching YWSS and other hard-to-reach populations.

Who is this brief for?

Anticipated users of this brief are implementers and national progamme managers of AGYW programmes.

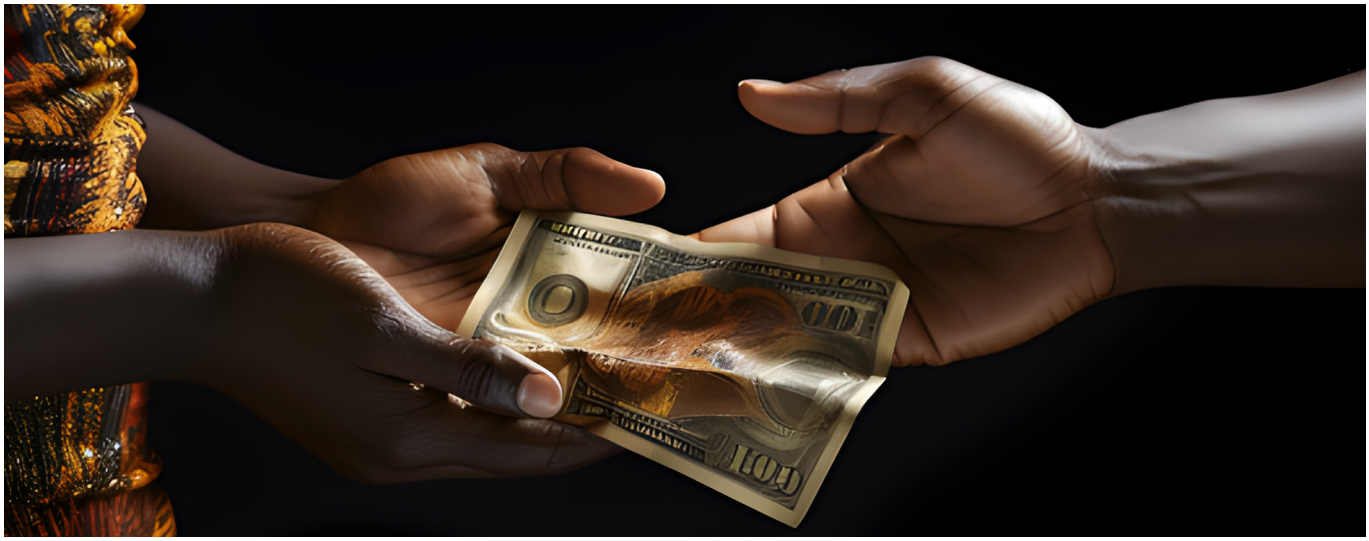
What do we mean by young women who sell sex?

Defining the term YWSS is complicated, with different definitions used in different settings and by different stakeholders. What makes defining YWSS complex is that it comprises several overlapping, fluid groups including:

- AGYW, defined as females aged 15-24 years;[1]
- Those engaging in transactional sex, which refers to a non-commercial, non-marital sexual relationship motivated by the implicit assumption that sex will be exchanged for material support or other benefits';[2] and
- Female sex workers (FSW), defined as females over the age of 18 who receive money or goods in exchange for consensual sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is "formal" or organised.[3]

There does not seem to be a consistent definition of YWSS, with the main differences relating to the inclusion of young people under 18 years given they are minors. For example:

- The World Health Organization (WHO) refers to YWSS as those aged *"10-24 years of age, including children 10-17 years who are sexually exploited and adults 18-24 years who are sex workers"*.[4] However, this brief acknowledges that the rate of physical and emotional maturation of young people varies widely within each category and recognises the concept of the evolving capacities of the child.[4]
- Researchers often exclude adolescent girls younger than 18 years from the definition of YWSS given the ethical considerations associated with conducting research with participants considered to be minors. Recent studies on YWSS defined this group as *AGYW aged 18 to 24 who report exchanging sex with someone because they gave them money, and/or material support* and that sex would not have happened without that exchange'.[5,6] Other studies have considered cis gender females, aged 14-24 years who ever had vaginal or anal sex and considered themselves as sex workers.[7]
- In Kenya, the National AIDS and sexually transmitted infection (STI) Control Programme (NASCOP) developed a national guideline for key populations and YWSS are defined as AGYW 15-24 years who sell sex.[8]



Why focus on YWSS?

Across Sub-Saharan Africa, AGYW carry a high burden of HIV infection. This heightened vulnerability is driven by a combination of biological, socio-behavioural and structural factors.[1,9,10] FSW are also at high risk of exposure to HIV due, in part, to a high number of sexual partners, an environment which is unfavourable to safer sexual behaviour, widespread criminalisation of sex work, violence and high levels of stigma and discrimination.[4] Studies among YWSS suggest that they are even more vulnerable to HIV acquisition than their older counterparts for reasons including lower self-efficacy to negotiate condom use and greater susceptibility to violence.[4,11,12]

Globally there is an increased focus on the most at risk AGYW for HIV programming. The UNAIDS Decision Making Aide for Investments into HIV prevention programmes amongst AGYW proposes prioritising an expanded package of services to be used in high-risk settings such as locations where young women sell sex.[13] Despite this, YWSS are often not reached by either AGYW or KP programmes with HIV services.[8,14]

YWSS may choose to remain hidden and hence not access HIV prevention services. Evidence and programme experience have identified stigmatising attitudes including from health care workers as a key driver of low service utilisation.[4,15] Also, programmes may not be attractive enough or designed to address their needs. Some YWSS do not want to be identified as sex workers and may not consider themselves at high risk for HIV or needing health services.[16] A study in Kenya confirmed this - only 13,7% of YWSS had ever been contacted by an HIV programme for FSW.[7] Therefore, it is imperative for AGYW programmes to strategically plan for both reaching out to and retaining YWSS.

The key conundrum is that these young women are at extremely high risk, and need to be reached through programming, but are often hard to reach since they either do not self-identify as selling sex, may wish to remain anonymous and/or do not want to be labelled as a FSW.

Key Insights

- YWSS, however they are classified, are at higher risk of HIV acquisition than their AGYW counterparts who do not sell sex.
- Each country needs to decide on the definition for YWSS best suited to their context, also taking into consideration the policy and funding environment for YWSS programme implementation.
- Country guidelines should enable screening and identification of instances of sexual exploitation or coercion among YWSS. National guidelines, such as those from Kenya,[17] can serve as a blueprint for linking these individuals to social protection or legal protection mechanisms.
- A broader, more inclusive definition of YWSS to include AGYW who are at high risk but may not self-identify as selling sex, will help ensure that the most vulnerable are not missed through screening and referral to services.

How to identify, reach and retain YWSS in HIV prevention services?

What strategies can be used to identify YWSS?

Identifying YWSS is challenging particularly if they choose to stay away from HIV prevention programmes and do not openly identify as selling sex. There are two broad methods which can be used to identify and reach YWSS: location mapping and social mapping.

Location mapping[1]

In Mombasa, Kenya, standard programmatic mapping approach was modified to estimate the population of young women aged 14 to 24 years who visit sex work locations to meet partners for sex. Common locations included: (1) public place (e.g., beach, park); (2) street; (3) bar, nightclub, casino, and hotel (i.e., venues with rooms); (4) bar, restaurant, and café (i.e., venues without rooms); (5) guest house and lodge (i.e., venues without bars); (6) sex den/brothel; (7) local brew den (i.e., street kiosks selling mnazi, (palm wine made from naturally fermented coconut tree sap); and (8) other (e.g., home, massage parlours, saunas, video dens, and truck stops).[19] This study found that a significant proportion of sex work locations (85%), were frequented by young women seeking sexual partners, although not all of them identified as sex workers. Approximately 52% of the women who sell sex in the identified locations were aged 14-24 years.

1 Previously termed as “hotspot” mapping, UNAIDS terminology guidance[18] now advocates for the use of the preferred term “location” mapping.

Social mapping

In Zimbabwe, the team used a rapid social mapping approach to add additional data on to location mapping. This provided learnings about the YWSS in the locations identified as well as the social context in which sex is exchanged.[16] Initial discussions with local peer educators from a FSW programme helped to understand the geographical spread of YWSS and venues where they could be located. Venues located were bars, hotels, guest houses, nightclubs, markets, streets, bus/truck stops and taxi ranks. These were visited on the busiest days (Thursday, Friday, Saturday) over two weeks.

Young women tended to work outside bars so as not to compete with older sex workers. The social mapping exercise identified locations where YWSS were found, which were different from those frequented by older sex workers. For instance, in university towns, it was common for female students who did not associate with formal sex work to attend parties arranged for the purpose of meeting older men for sex. The data collection process involved direct observation, focus group discussions, and informal interviews to gather information about where YWSS work, their social interactions, and other locations where they could be reached.[16]

Key Insights

- Location mapping is likely to reach a large proportion of YWSS, as research has demonstrated that YWSS are present at the vast majority of sex work locations. AGYW programmes may need to work with KP programmes working in the identified locations.
- For social networking to be most effective in identifying YWSS, YWSS themselves should be part of the AGYW peer educator cadre.
- It is not necessary for programmes to use one or the other approach. A combination of the two approaches may be most effective in identifying YWSS.

What strategies can be used to reach YWSS?

Once YWSS have been identified, there are several approaches which can be used to reach them with services:

Peer outreach

Peer outreach is commonly used by both AGYW and FSW programmes. It is initiated through recruitment of trained and age-matched peer educators. For YWSS programmes, peer educators (or supporters) can include those who self-identify as YWSS themselves as well as those that do not. Using a range of community mobilisation activities and materials designed with YWSS, peer educators meet with YWSS, tell them about the HIV services, where these can be accessed and give them a referral slip.[20] Peers educators receive training and support to fulfil this role, have ongoing engagement with the YWSS recruited and receive a stipend.[20]

Enhanced peer outreach

Enhanced peer outreach (EPO) is an incentivised approach to recruitment which has been documented for FSW, and may have potential benefit for reaching YWSS. Peer supporters receive cash incentives for newly enrolled FSW eligible for HIV testing, and both peer supporters and FSW receive a cash incentive if a FSW is newly diagnosed with HIV. Research from Côte d'Ivoire has demonstrated that this approach is more successful in reaching FSWs and linking them to care than standard peer outreach.[21] However, incentivising peer outreach has several limitations. These include concerns about sustainability of incentives over time, insufficient focus on building community and lack of information on whether those referred are retained in services. This approach has not, to our knowledge, been used with YWSS specifically but is one worth exploring. Further information on this approach can be found here.

Respondent driven sampling and social networking approach

Respondent driven sampling (RDS) is typically used to recruit KP for research purposes. This approach has also been successfully adopted to recruit hard-to-reach populations and for programme purposes.[22] This is a peer-to-peer referral mechanism to recruit individuals in a particular network directly. When used in programmes, RDS is commonly termed social networking or snowballing. Using this approach for YWSS is premised on the assumption that YWSS are well networked.

Research conducted by the Centre for Sexual Health and HIV AIDS Research (CeSHHAR) in Zimbabwe compared the effectiveness of different approaches to reaching YWSS. Findings suggest that using a RDS/social networking approach reached a higher proportion of YWSS <20 years compared with peer outreach.[20]

Key Insights

- There are several different approaches to reaching hard-to-reach populations which could be adapted and trialled as ways to reach YWSS.
- Peer referral, regardless of the strategy, remains a key approach in identifying and reaching YWSS for referral to AGYW or KP services.
- Choosing an approach may depend on the ability to provide training to peer supporters, budget for incentivisation and the likelihood that YWSS are networked in a particular context.
- YWSS need to be understood holistically, including where they work and network, what their needs are, what their risk and vulnerability is, when they are available for outreach, and the type of environment in which they operate. Microplanning, which is often used for KP programmes,[23] helps prioritise outreach to those at the highest risk for exposure to HIV and at locations that may have conditions for the highest risk.

What HIV services should be provided to YWSS?

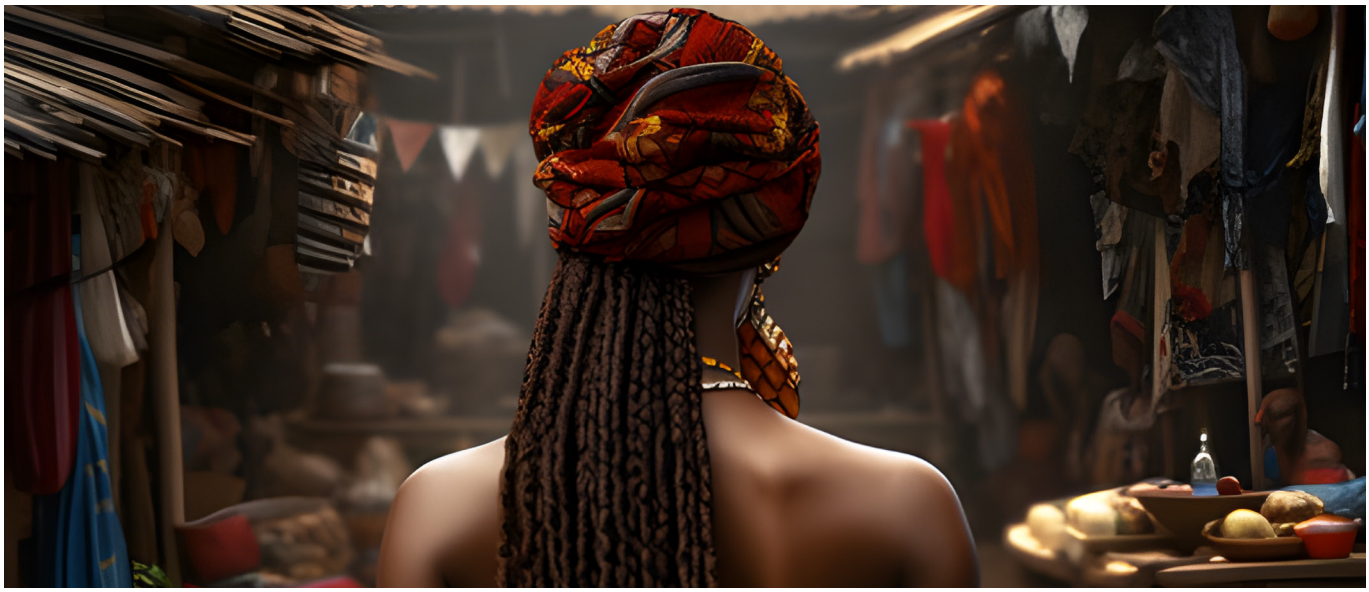
The UNAIDS Decision Making Aide for Investments into HIV prevention programmes amongst AGYW (2023 provides a matrix to guide decision making and proposes the following individual level services for those in high-risk groups (incidence >3%), which includes YWSS:[13]

- HIV testing services (HTS) and condoms
- Partner services for all AGYW with HIV
- Antiretroviral therapy (ART) for AGYW with HIV
- Demand generation for essential combination prevention
- Interpersonal (face-to-face) outreach
- Pre-exposure prophylaxis (PrEP)

Integral to individual level services are community packages. The recommended community packages for AGYW at highest risk include:

- Community outreach (interpersonal and virtual) addressing HIV prevention knowledge, risk perception and related social norms
- Demand generation and outreach services including condoms, self-testing, referrals
- Keeping girls in-school / education assistance
- Social support and asset-building - e.g. safe spaces, mentoring and economic empowerment

Other important services for YWSS include: interventions to address stigma and discrimination, mental health services, violence prevention and response and referral to family planning services.[4]



Case Study 1

Reaching YWSS with combination prevention through the DREAMS partnership in Zimbabwe

In Zimbabwe a package of clinical and social services was provided to YWSS through the DREAMS partnership. The package included social protection, life skills, education and vocational training, and provision of PreP. To assess the impact of these interventions, a comparison was made between YWSS in cities where DREAMS was implemented and those in cities without DREAMS interventions. The results revealed several desirable outcomes, including increased uptake of services, less condomless sex, fewer sexual partners, higher PreP use and less interpersonal violence (IPV).[6] Notably, the study revealed a lower HIV incidence rate among YWSS residing in DREAMS cities (3.1 per 100 person-years) when compared to their counterparts in non-DREAMS towns (5.3 per 100 person-years). While the statistical evidence supporting this difference in HIV incidence may be considered weak, the findings do suggest the potential impact of the DREAMS partnership in mitigating HIV transmission among this vulnerable population.[6]

Case Study 2

Effective package of combination prevention services for YWSS in Kenya

A before-after mixed methods evaluation of a comprehensive peer-led YWSS intervention in Kenya showed that delivering a combination package of services to YWSS within a FSW programme was effective in increasing HIV knowledge, usage of PreP, HIV testing and clinic visits. Qualitative data revealed that since the intervention was located at a FSW clinic, some YWSS feared accessing services and wanted their sex work to remain anonymous.[8]

How can programmes engage and retain YWSS in services?

Once AGYW and KP programmes have identified and reached YWSS with HIV services, a key challenge is retention and ongoing engagement. Ensuring that services are non-judgemental, youth friendly and provide a safe space are strategies to improve retention.[4,24] Working closely with YWSS community-led organisations is also likely to ensure greater retention.[4] Strategies to address the cost of travelling to health services such as outreach services, mobile clinics and/or peer accompaniment are also established methods to increase retention.[4] Combination prevention, which includes skills development and economic empowerment opportunities, primarily aimed at reducing the need to engage in sex for basic needs, may further facilitate retention. A qualitative study in Zimbabwe revealed that YWSS who participated in the DREAMS programme reported gaining the most benefit through acquiring new skills which they viewed as beneficial to enhancing their livelihoods and chances of escaping poverty.[14]

Moreover, peer educators assume a pivotal role in supporting young FSWs, wherein microplanning strategies can be employed to provide continuous support to peers within their cohort, actively monitoring their engagement, and facilitating re-engagement for those who may experience interruptions in service utilisation.[25]

Key Insights

- Ongoing and regular engagement with multi-sectoral stakeholders at national and sub-national levels to advocate for the need and importance of focusing on YWSS are needed.
- National guidelines that consider country contexts provide a framework for service provision to YWSS and support and protect implementers[2] of programmes and services.
- Safe spaces for YWSS who can share their concerns without fear can improve engagement.
- Partnerships with community-YWSS led organisations are likely to be more successful.[21]
- Increased uptake of HIV services has been demonstrated by peer accompanied referrals,[4] social networking and incentives.[20,21]
- Social and structural interventions such as creating and sustaining livelihoods, addressing stigma and social protection, improve engagement.

2 It is essential to safeguard implementers, as distributing contraceptives or condoms to minors can constitute a criminal offence in numerous countries. Additionally, providing services to minors may be misconstrued as a form of trafficking.

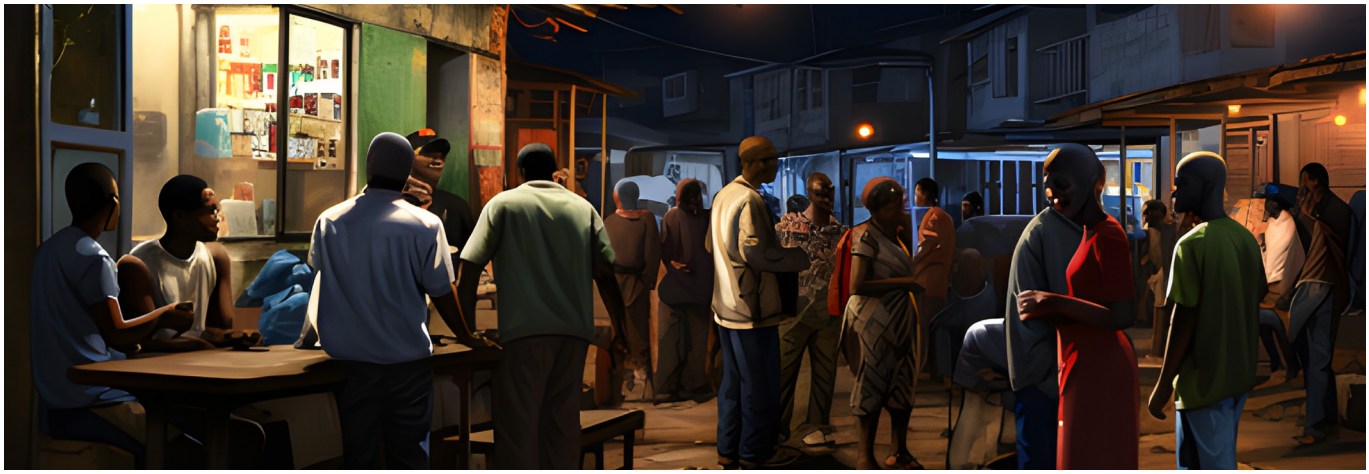
What does this all mean for identifying and reaching YWSS with HIV prevention services?

Since health service utilisation by YWSS is low AGYW programmes need to consider ways of reaching this sub-population. **Key implications include:**

- Dedicated funding and commensurate effort needs to be allocated for YWSS within AGYW programming to reach the most vulnerable young women. Resources that are allocated to KP programmes intended for young female sex workers, need to consider how to work with AGYW programmes to optimise reach.
- Young women, including those that are most vulnerable need to be meaningfully involved[3] in designing and implementing approaches to reach and refer YWSS.
- Peer outreach remains a key and sustainable strategy for reaching YWSS. EPO and/or social networking are additional options to consider.
- Partnering with community-led youth organisations can improve the likelihood of reaching YWSS.
- Reaching YWSS could be strengthened through community based, decentralised services for example through outreach and mobile services.
- Services for AGYW need to be non-stigmatising. This could be achieved by conducting tailored sensitisation training for outreach and other programme staff. Such training should include YWSS who can share their experiences.
- If YWSS desire, youth friendly YWSS services could be strengthened by integration with other youth health services such as youth drop -in centres and safe spaces.

Key Resources

- Working With Young Women Who Sell Sex: Facilitators' Activity Pack
- Sisters with a Voice: Young Women Who Sell Sex Training Guide
- HIV and young people who sell sex: a technical briefing
- SSLN Virtual Tour of Kenya's HIV Prevention Programme for Young Key Populations 2022
- Establishing and implementing a youth network for HIV prevention: A case study of meaningful youth engagement in Zimbabwe
- Centre for Sexual Health, HIV and AIDS Research (CeSHHAR) Zimbabwe | GiRLS Club Manual



3 Aligned with the principles of greater involvement of individuals living with HIV, it is imperative to engage youth as both recipients and collaborators while also enhancing their capacity to conceive and execute youth-led initiatives.[25]

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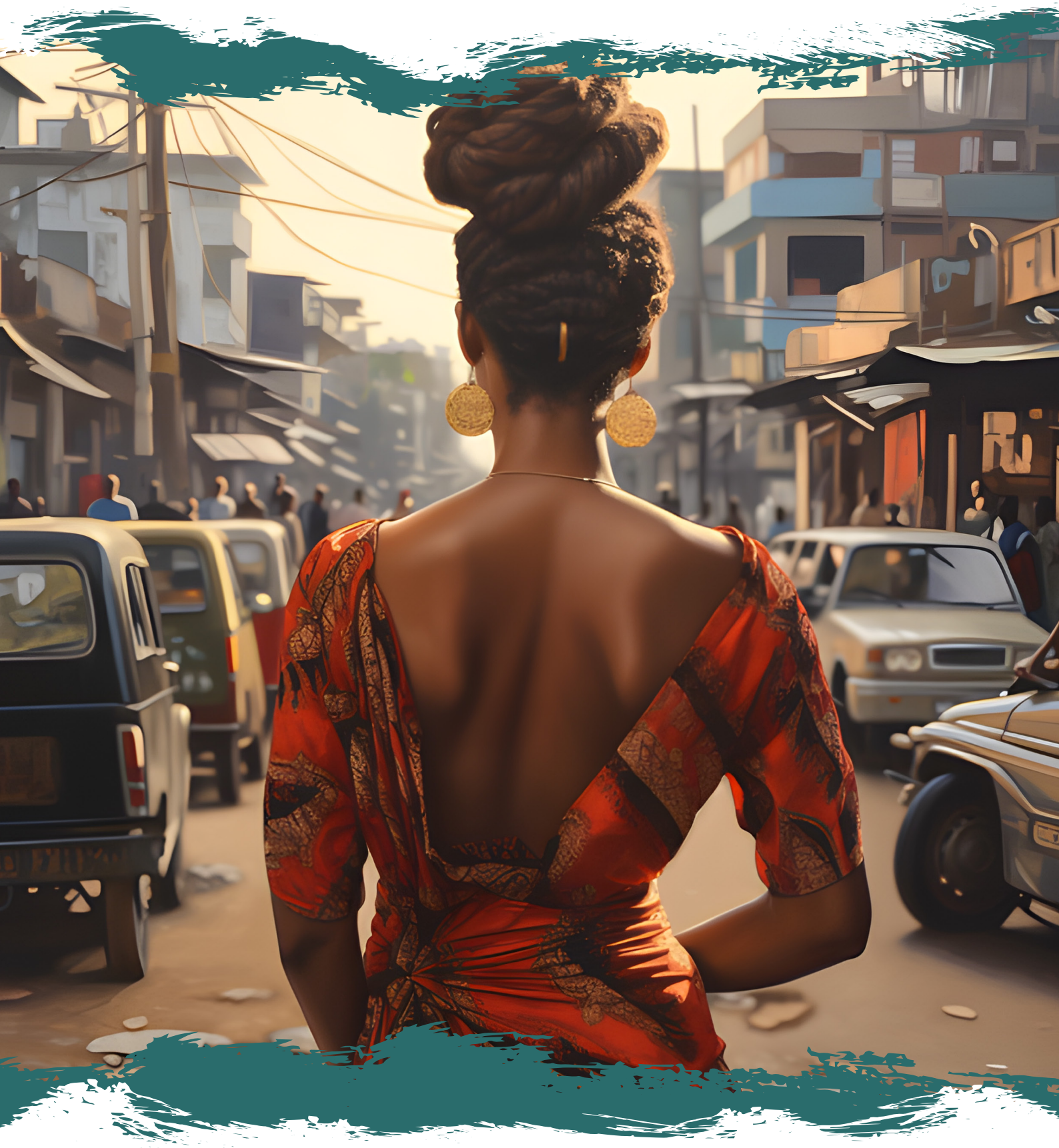

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