

A Systematic Literature Review–Sex Workers’ Experience on Contraceptive Access

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Abstract— Sex workers need access to sexual and reproductive health services because they are at high risk of HIV and STIs (Sexually Transmitted Infections). Moreover, many clients are inconsistent in condom use thus increasing the risk of unwanted pregnancy and abortion. Almost all sex workers experience marginalization, discrimination, and human rights violations. Services that provide security, comfort, and trust between providers and the community served can improve the quality and positive views of health services, especially contraceptive services that contribute to reducing the rate of transmission of STIs and HIV. Eight stages for scoping review were used in this review including identifying midwifery problems, prioritizing problems and research questions, determining frameworks, searching literature, selecting articles, making critical appraisal, extracting data, and mapping. 9 articles were extracted and arranged into several themes. The themes compiled in the review of this article include: stigma and discrimination, financial reasons, access to services that do not support, refusal to contraception access, and disturbing side effects. There are still many unsatisfactory services and inequalities in contraceptive services especially for marginalized groups and sex workers. In addition, underdeveloped infrastructure, financial reasons, and side effects are among the barriers that prevent sex workers from accessing contraception.

Keywords: *sex workers, contraceptive, access*

I. INTRODUCTION

Contraceptive is a tool or drug that is useful in preventing pregnancy. Every person has the right to receive contraceptive services to live a quality life [1]. According to Republic of Indonesia Law Number 36 of 2009 concerning Health Article 78, the Government is responsible to guarantee the availability of personnel, service facilities, tools and medicines in providing family planning services that are safe, quality, and affordable to public including sex workers.

Sexual and reproductive health services including the provision of information and family planning services are not only seen as major interventions to improve the health of women and children but also as human rights. Every individual has the right to access, choose, and benefit from scientific developments in determining the method of family planning. This approach in providing rights-based contraception views clients holistically including thinking about client needs for sexual and reproductive health

services and considering all eligibility criteria and various recommendations for appropriate practices to assist clients in choosing and using a family planning method [2].

Unmet needs for contraception make it difficult for women to fulfill their reproductive rights. The barriers to access contraception impact the well-being of marginalized population including adolescents, minorities, indigenous people, and people with disabilities. The lack of access to contraceptive, especially on condom, makes a person unable to protect themselves from sexually transmitted infections such as HIV [3].

Globally, 36.9 million people are infected with HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome) with 1.8 million new cases and 940 death cases. There are 5000 new cases every day of which 66% occurs in Sub-Saharan Africa. Sex workers are particularly vulnerable to HIV / AIDS transmission as they are 13.5 times more likely to be infected [4].

Sex workers need access to reproductive and sexual health services because they are at high risk of HIV and STIs (Sexually Transmitted Infections). Furthermore, many clients are inconsistent in using condom which increases the risk for unwanted pregnancy and abortion [5]. Almost all sex workers in every continents experience marginalization, discrimination, and human rights violations [6]. Immigrant sex workers, especially, are synonymous with stigma and marginalization that prevent them to access social and health services because of culture, language barriers, and lack of information [7].

Health workers need to use a rights-based approach based on morality. In this case, groups of sex workers must support each other and play an active role in outreaching the available programs to reduce stigma and be able to access health services such as those enjoyed by other citizens [6].

Given the importance of human rights-based contraceptive services, all community groups must be able to access the same services as others without stigma and discrimination. Services that provide security, comfort, and trust between service providers and the community served can improve the quality and positive views of health services especially contraceptive services that contribute to reducing the rate of transmission of STIs and HIV.

II. METHOD

552 literature reviews were screened from three databases (Pubmed, Sciencedirect, and Proquest) to be reviewed. All selected articles used qualitative research methodologies that were Scopus indexed with standard Q1 and Q2. The populations in this review are female sex workers and male sex workers.

This Systematic Literature Review was adjusted to the Systematic Literature Review steps, namely 1) Determining problems, 2) Prioritizing problems and questions, 3) Creating Frameworks, 4) Searching Literature, 5) Selecting articles, 6) Making critical appraisal, 7) Extracting selected paper data, and 8) Collecting data and making maps to answer questions.

A. Problem Identification

Based on the background of the study, the identification of the problem is "Sex workers have a bad stigma in the community and health workers that they have difficulty accessing contraception".

B. Research Question

What are barriers experienced by sex workers in accessing contraception?

C. Framework

The framework was created using PEOs strategy namely Population, Exposure, Outcome, and Study design.

The literature searching was carried out using a Comprehensive literature search system that consists of the following steps: making a framework to determine inclusion and exclusion criteria, determining keywords that are in accordance with the specified framework, and performing a search using keywords into the Pubmed, Science Direct, and Proquest databases. Keywords were combined with filters to get the most accurate and focused results in accordance with the specified framework. The filter that is applied is the base using keyword (((((((("contraceptive service) (" Title / Abstract)) OR "contraceptive access" [Title / Abstract]) OR "family planning" [Title / Abstract]) AND barrier [Title / Abstract] OR "sex workers" [Title / Abstract] OR "female sex workers" [Title / Abstract] OR "male sex workers" [Title / Abstract]))))). The results were saved in the Zotero bibliography storage engine. The data that have been stored were then filtered according to the framework, and inappropriate articles were issued. The articles found were recorded and compiled into prism of flow diagrams.

552 articles were obtained from 3 databases. 153 articles were from Pubmed, 326 articles were from Science direct, and 73 articles were from Proquest. These articles were filtered based on the title, abstract, and research method of which 40 articles were chosen and reviewed independently based on inclusion and exclusion criteria. Further screening was carried out to find the right and complete reference regarding access to contraceptive services for sex workers. In this stage, 19 articles were chosen for critical appraisal where only 9 articles remained for final review. 552 articles were obtained from 3 databases. 153 articles were from Pubmed, 326 articles were from Science direct, and 73 articles were from Proquest. These articles were filtered

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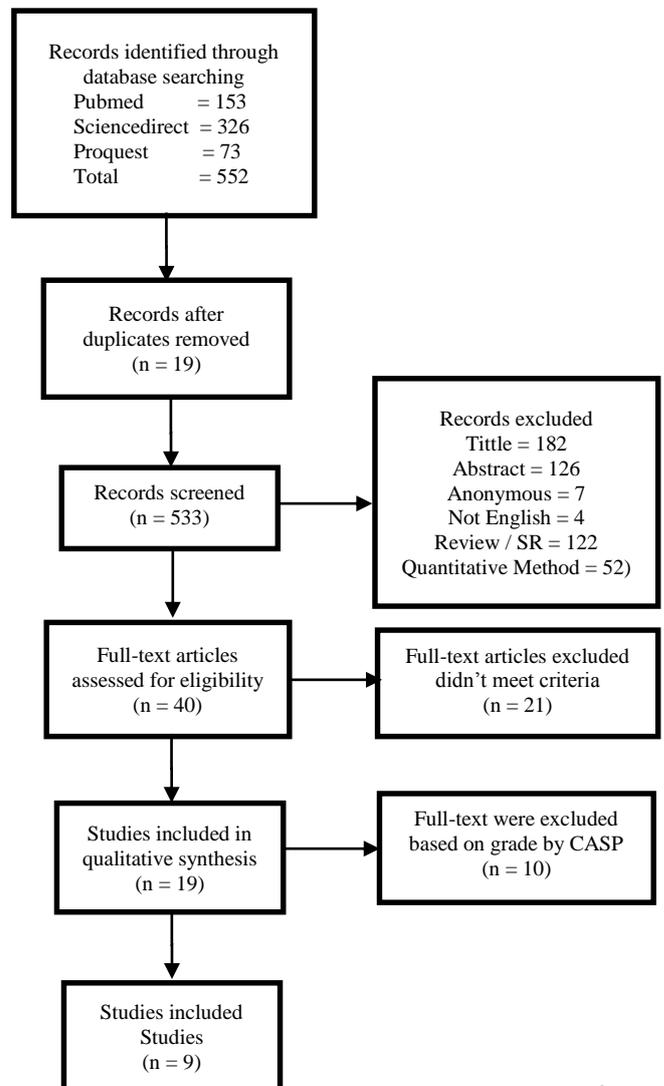


Fig. 1. Flow Chart of Systematic Literature Review

D. Critical Appraisal

Critical appraisal was used to assess the quality of articles. The tool chosen to assess the quality of articles was CASP. At this stage, the 9 articles were assessed to determine whether the literature can be used to answer clinical questions or not. Critical appraisal is also important to assess the research methodology used in certain studies to determine whether the results of the study are acceptable or not. In this case, critical appraisal was performed using the checklist from CASP and the 9 articles were selected based on the consideration that they have good quality and are in accordance with the topic.

E. Data Extraction

The data from the articles were extracted based on the key criteria such as research location, research population, research objectives, methodology, and significant findings or recommendations. The information was independently recorded and compared with the data extracted.

F. Mapping

The findings consist of articles published between 2008 - 2018. The authors in the data source are from Kenya (n = 2), Canada (n = 1), Spain (n = 1), Africa (n = 1), England (n = 1), China (n = 2), Madagascar (n = 1), and Iran (n = 1). 8 articles taken in this systematic literature review were quality (Q1) while 2 others were quality (Q2). One article is a mix method research and the other nine are qualitative research. Eight Q1 projects were conducted in several countries including Kenya, Canada, Spain, Africa, Britain, China and two Q2 projects were conducted in Madagascar and Iran. The data from the extracted articles were organized into several themes. The themes compiled in the review of this article comprise: stigma and discrimination, financial reasons, access to services that do not support, refusal to access contraception, and disturbing side effects.

III. RESULT

A. Stigma and discrimination

There are 4 articles that discussed the stigma and discrimination experienced by sex workers in obtaining contraceptive and reproductive health services. Asadi-Aliabadi, et, al (2018) mentioned that the main reason why sex workers, especially those who have been infected with sexually transmitted diseases, did not visit health facilities were because they thought that health workers could not be trusted in keeping their secrets and even would report them. Such group that have been stigmatized and discriminated can suffer from depression and despair [8].

Sex workers often experience humiliation and unpleasant treatment when receiving services such as not given referrals or health workers and instead blamed for the diseases [6].

"When I was sick and went to the health center, they realized that I was a sex worker. They treated me like I am not a human. When health workers came to me, he said that I had to go to another health worker and when I arrived at another health worker, I was told that he did not have time for me. So, I went home without getting treatment" (WPS # 19)

"We hate hospitals. They (health workers) said "we don't have time for sex workers" and they also said that if one sex worker died it would reduce the number of sex workers "(WPS # 27)

Anderson, et, al (2016) also mentioned that it was difficult for sex workers to access contraception especially condoms because they were rendered by social stigma which regarded them as taboo [9].

B. Financial Reasons

The findings suggest that one of the barriers affecting sex workers in using contraceptive, especially condoms, is

related to financial problems. Based on the findings in Jie, et al (2012), sex workers revealed that clients often offered more fees if they had sex without using condom [10].

"Some clients don't like using condoms so they usually pay 2x for me not to use condoms. You know the reason why I entered this industry is only for money, so I have no reason to refuse to do it "(WPS).

Similarly, the findings in Hao, et al (2015) revealed that to generate enough money to support their families, sex workers often receive requests from clients to have sex without using condoms. The findings also showed that they were reluctant to use contraception because the cost of buying a large number of condoms is relatively high. Likewise, they have to spend some money to get other contraceptives such as injections or pills. They assumed that the costs for contraception are not comparable with their erratic income [11].

C. Service Access

There is 1 article that discusses the barriers to sex workers' access to contraception and reproductive health services namely in article [5]. The findings showed that the majority of sex workers have obstacles in accessing health and contraceptive services such as expensive fees and long queues. Sex workers revealed that the time spent waiting in line at government-owned health facilities was a significant obstacle in getting contraception.

"(...) When you go to a regional hospital in the morning, you will go home from that place at 6 pm, (...) maybe for the last two days you have no clients and you really need your money (...) will say to yourself 'let me go home so that I can make money' "(WPS).

D. Refusing Contraceptive Access

One finding in Mastrocola, et al (2015) revealed sex workers are reluctant to go to government-owned health facilities for health services or contraception because they have to undergo a compulsory HIV / STI testing [12].

"That's why most women go to pharmacies and private hospitals because they know that if they go to a government-owned hospital, they (sex workers) start with a test for HIV" (WPS).

E. Disturbing Side Effects

The findings in the Ochako, et al (2018) showed that the side effects of contraception were bad for business as it interferes with their activities. For example, injection contraception adversely affects their work because it causes bleeding outside menstruation cycle and obesity. Likewise, contraception pills were not favorable. They complained that they got dizzy, nauseous, and often forget to drink it [13].

"(...) When using injectable contraception, so much bleeding or even during sex, you find that you have bleeding, it will make the client leave you" (WPS).

Other findings suggest that contraceptive use can lead to obesity. This pose a problem as it will make them look less attractive to the clients which is bad for their work [14].

IV. DISCUSSION

A. *Stigma and discrimination*

Sex workers experience unpleasant treatment, humiliation, and bad views from health workers and different treatments when visiting health facilities. These poor experiences represent the barriers for sex workers accessing contraception and reproductive health. Based on the results of the study of Scorgie et al (2013), sex workers experienced human rights violations and marginalization [6]. This impedes the access of sex workers in health services. These violations hamper government programs in efforts to prevent HIV and STI transmission (Sexually Transmitted Infections). Research by Asadi-Aliabadi et al (2018) and Folch et al (2013) showed that stigma and discrimination experienced by sex workers lowered their self-esteem and privacy thus preventing them to access contraception and other reproductive health services [8][7].

Health care workers and public services are obliged to provide services or facilitate each individual who accesses these services based on human rights and views each client as a whole without discriminating based on certain groups. The Law No. 44 of 2009 article 32 concerning Hospital states that patients have the rights to get services that are humane, fair, honest, effective, and efficient so that patients do not experience physical or material losses. The adverse effects of receiving stigmatization and discrimination in health services can lead to self-distrust to social environment and even depression and despair.

B. *Financial Reasons*

Based on the research by Jie et al (2012), all sex workers choose their jobs for financial reasons or to meet financial needs. This makes them ignore contraceptive use and do not access contraceptive services in order to earn more income or fees [10]. A similar statement was also expressed by Hao et al (2015) who stated that sex workers prefer to not use contraception for reasons of their income [11]. Another study stated that sex workers chose to not access contraception because they did not want to lose clients as that would reduce their income [13]. Finance problems are indeed quite strong reason for sex workers to not access contraception. In most cases, sex workers aim to earn as much income as possible for family purposes or just to fulfil lifestyle needs. They argued that using contraceptive, especially condoms, makes their clients feel dissatisfied.

C. *Service Access*

In terms of service facilities, research by Corneli et al (2016) suggests that sex workers often find unsatisfactory services [5]. They often have to spend a long time just waiting to get into the line. This long wait time makes them lose a lot of time for their customers and finally impact on their income and their relationships with clients. In addition, the high cost of government-owned service facilities also prevents sex workers from accessing contraception and other reproductive health services. Thus, it is not uncommon for sex workers to get contraception or drugs from parties who are not competent in their fields or illegal.

D. *Refusing Contraceptive Access*

Another obstacle for sex workers in terms of services is the presence of sexually transmitted infection detection

program for each visitor who want to get contraceptive services. Sex workers are reluctant to access health care facilities because the fear of being detected on sexually transmitted diseases. Research by Mastrocola et al (2015) showed that sex workers are very disturbed by HIV screening when accessing contraception especially in government-owned health care facilities [12].

The government has provided VCT (Voluntary Counselling and Testing) facilities or voluntary HIV counselling and testing, but there are some sex workers who are still shy and afraid to try. If they are declared negative from sexually transmitted infections, it will be easier for them to access contraceptive services at government-owned health facilities.

E. *Disturbing Side Effects*

With regard to finance, the side effects of contraception are inseparable from the barriers of sex workers in using contraceptive because it will disrupt their works and hinder their relationship with clients [13]. Side effects that are very disturbing include bleeding at times that cannot be determined, obesity, and discomfort during sexual intercourse [14]. The myths surrounding contraception such as losing clients are also one of the obstacles that prevent sex workers from using contraceptive. Disorders of side effects from using contraceptive are not only felt by sex workers, but also by a number of other acceptors. Hormonal contraceptives such as injections, pills, and implants have the most common and most complained side effects such as changes in the menstrual cycle. Besides that, the side effects of contraception include low sex drive, weight gain, headache, breast pain, mood changes, and the onset of acne. Non-hormonal contraceptives such as condoms and IUDs have the most common side effects, namely discomfort during intercourse. These side effects definitely hinder contraceptive users especially if it is related to irregular menstrual cycles and discomfort during intercourse.

V. CONCLUSION

There are still many unsatisfactory services and inequalities in contraceptive services especially for marginalized groups and sex workers. Inadequate infrastructure is proved to be an obstacle for sex workers in accessing contraception services. Financial problem is also one of the barriers that prevent sex workers from using contraception as they get higher income from accepting clients' request to not use contraception.

Side effects also constitute barriers for sex workers to use contraception because they interfere with their work patterns. Another barrier from the side effects of contraception is the concern of sex workers for the loss of their clients or damaging the relationship between sex workers and clients.

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