

The Importance of Measuring and Addressing Anticipated Stigma and Discrimination: Associations with Seeking General and HIV-specific Health Services Among Male and Female Sex Workers in Kenya

PRESENTED BY:

L. Nyblade¹
D.K. Mbote²
C. Barker³
D. Mwai²
T. Oneko²
A. Dutta³
J. Kimani⁴
J. Morla¹
H. Musyoki⁵
S. Njuguna⁶
M. Sirengo⁵

C. Kemunto⁷
J. Mathenge⁸
P. Mwangi⁹
T.O. Abol¹⁰
M. Stockton¹
Institution(s):

¹RTI International, Global Health, Washington, United States
²The Palladium Group, Nairobi, Kenya
³The Palladium Group, Washington, United States
⁴University of Nairobi, Nairobi, Kenya

⁵National AIDS and STI Control Programme (NASCO), Nairobi, Kenya

⁶KEMRI, Nairobi, Kenya

⁷Survivors, Kisumu, Kenya

⁸Health Options for Young Men on HIV, AIDS and STIs, Nairobi, Kenya
⁹The Bar Hostess Empowerment and Support Programme, Nairobi, Kenya

¹⁰Keeping Alive Societies Hope Kisumu, Kenya

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Health Policy Plus
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

INTRODUCTION/BACKGROUND

HIV-related stigma and discrimination (S&D) is an established barrier to HIV prevention and testing, linkage to care, and adherence to treatment. Less is known about how S&D specific to sex work—particularly anticipated (fear of) stigma—relates to general and HIV-specific healthcare-seeking behavior. Despite significant decreases in HIV prevalence for the general population, key populations account for approximately 30 percent of all new infections in Kenya.¹ While the prevalence of HIV stigma is well-documented in Kenya as a barrier to health services,² less is known about sex worker stigma. To address this gap, the authors conducted a cross-sectional survey to understand the prevalence of different forms of stigma, as well as their relationship to health-seeking behavior among female and male sex workers (FSWs and MSWs).

Stigma is a complex social process that leads to social and economic exclusion of individuals or groups; impedes access to health and other services; and, ultimately, fuels the HIV epidemic.

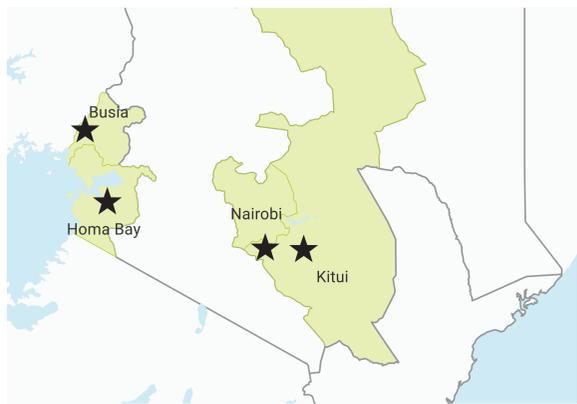
Discrimination is the end point of the process of stigma.

Anticipated stigma is fear of stigma or discrimination, whether or not it is actually experienced.

METHODS

- A cross-sectional survey using a modified respondent-driven sampling process resulted in a snowball sample of 497 FSWs and 232 MSWs across four sites: Nairobi, Kitui, Busia, and Homa Bay in Kenya.

Figure 1: Study Sites in Kenya



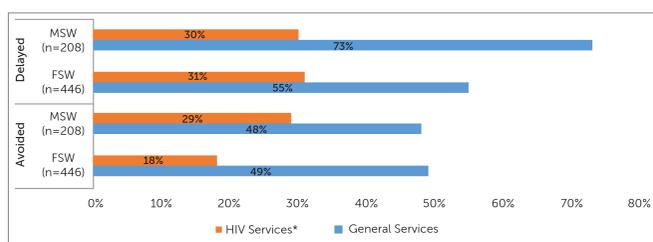
- Eligible participants were 18 years and older, earned a significant part of their income from sex work, and had resided in the study area for at least six months.
- Anticipated stigma and its relationship to health-seeking behavior were assessed through direct questions, as well as through unweighted multivariate logistic regressions. The assessment aimed to determine whether MSWs and FSWs who anticipated different types of stigma (from different sources) at least once in the past 12 months were more likely to delay or avoid seeking HIV-related services.

RESULTS

Utilization of healthcare services: general and HIV-specific

- 81 percent of MSWs and 72 percent of FSWs in need of health services self-reported that they either delayed or avoided seeking any type of health service.
- Close to half of MSWs (44%) and FSWs (47%) reported delaying or avoiding any health services three or more times in the past 12 months.

Figure 2: Avoided or Delayed Health Services at Least Once in the Last 12 Months



Forms of anticipated stigma

- MSWs and FSWs anticipated many different manifestations of stigma, including verbal, physical, and sexual violence (not shown, see poster A-792-0380-04814). Anticipated stigma was uniformly high across manifestations.

Figure 3: Anticipated Stigma in the Last 12 Months, by Type



Healthcare providers: Being gossiped about or verbally assaulted by healthcare workers

Family: Being gossiped about, verbally assaulted, physically hurt, or excluded by family members

Friends: Being gossiped about, verbally assaulted, or physically hurt by friends

Community: Being gossiped about, verbally assaulted, physically hurt, or excluded by the general community

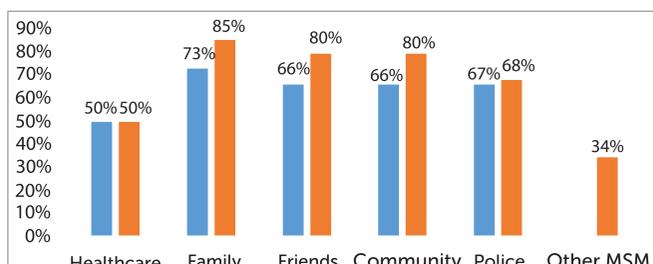
Police: Being verbally assaulted or physically hurt by police; afraid to carry or take condoms due to fear of getting in trouble with police or askaris

Other MSM: Being gossiped about, verbally assaulted, physically hurt, or excluded by other MSM

Sources of anticipated stigma

- MSWs and FSWs also anticipated high levels of stigma from many sources.

Figure 4: Anticipated Stigma in the Last 12 Months, by Source



Anticipated forms of stigma and delay or avoidance of health services

- Significant percentages of MSWs and FSWs reported avoidance or delay of needed health services in the past 12 months due to anticipated stigma.

Figure 5: FSW (n=497) Responses to the Question "Have you avoided or delayed going to any type of facility in the past 12 months because of ...?"

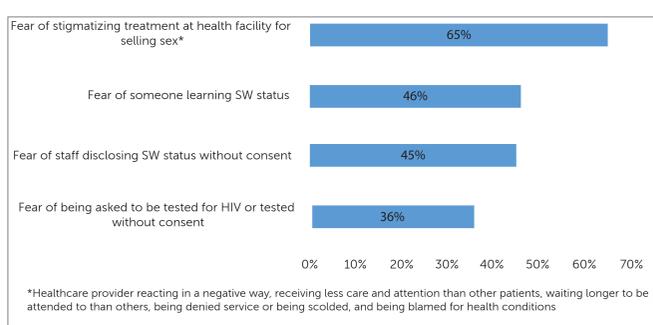
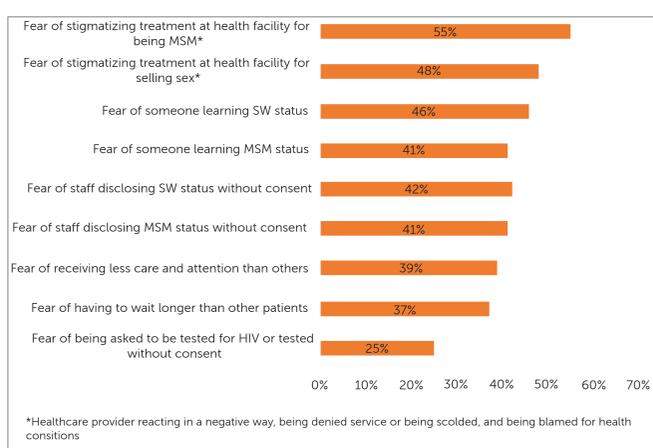


Figure 6: MSW (n=232) Responses to the Question: "Have you avoided or delayed going to any type of facility in the past 12 months because of ...?"



Multivariate results: Anticipated stigma and avoidance or delay of HIV services

- Several forms or sources of anticipated stigma were significantly associated with avoidance or delay of HIV services:
 - For FSWs: gossip, verbal stigma, exclusion, stigma from health workers or police
 - For MSWs: exclusion, being forced to move, stigma from healthcare workers or other MSM
- FSWs (OR, 2.65) and MSWs (OR, 2.85) who anticipated stigma from health workers were significantly more likely to avoid HIV services than those who did not.

	Avoided or Delayed HIV Services		Avoided HIV Services		Delayed HIV Services	
	OR	P value	OR	P value	OR	P value
FSWs						
Anticipated gossip	1.54	0.181	1.48	0.424	1.91	0.083
Anticipated verbal stigma	1.95	0.052	1.61	0.365	2.43	0.027
Anticipated exclusion	1.69	0.077	2.28	0.086	1.77	0.085
Anticipated being forced to move	1.32	0.289	0.91	0.800	1.56	0.130
Anticipated stigma from health workers	1.16	0.560	2.62	0.019	1.17	0.592
Anticipated stigma from family	1.10	0.766	1.15	0.765	1.39	0.351
Anticipated stigma from friends	1.12	0.697	1.05	0.917	1.19	0.595
Anticipated stigma from community	0.88	0.635	0.71	0.398	1.06	0.843
Anticipated stigma from police	1.46	0.226	1.11	0.824	2.12	0.042
MSWs						
Anticipated gossip	1.70	0.373	1.88	0.462	1.46	0.566
Anticipated verbal stigma	1.81	0.256	2.40	0.288	1.41	0.555
Anticipated exclusion	1.36	0.420	3	0.064	0.86	0.728
Anticipated being forced to move	2.21	0.05	3.27	0.045	1.40	0.453
Anticipated stigma from health workers	1.46	0.290	2.85	0.039	0.95	0.890
Anticipated stigma from family	1.65	0.367	2.57	0.272	1.24	0.723
Anticipated stigma from friends	1.29	0.591	1.51	0.526	0.86	0.773
Anticipated stigma from community	2.07	0.154	2.37	0.228	1.47	0.490
Anticipated stigma from police	1.68	0.182	1.40	0.517	1.73	0.224
Anticipated stigma from other MSM	1.79	0.108	2.5	0.056	1.20	0.659

Model includes control variables for age, level of education, marital status, time (in years) spent doing sex work, reported annual income, wave recruited, site, self-reported HIV status, disclosure of sex worker status, and social capital.
Orange shading indicates relationship is significant at 5% or 10% level.

DISCUSSION & CONCLUSION

Both delay and avoidance of necessary health services were prevalent for both FSWs and MSWs. Of those who reported avoidance or delay, a large proportion reported delay of HIV services. Prevalence of anticipated stigma was high, as was self-reported delay or avoidance of health services in the past 12 months because of anticipation of specific forms of stigma at health facilities. Multivariate analysis further confirmed the potential negative effect of anticipated stigma on utilization of general health services (results not shown), as well as HIV services. Measuring the prevalence of different types of stigma, along with their effects, is important for the design of targeted stigma-reduction programs.

¹ National AIDS Control Council (NACC), 2009. Kenya HIV prevention Response and Modes of Transmission Analysis. Nairobi: NACC.

² NACC 2011. The National HIV and AIDS Stigma and Discrimination Index Study. Nairobi: NACC.