

# Anticipated and Experienced Violence Among Male and Female Sex Workers in Kenya and Their Relationship to Utilization of General and HIV-specific Health Services

## PRESENTED BY:

L. Nyblade<sup>1</sup>  
D.K. Mbote<sup>2</sup>  
C. Barker<sup>3</sup>  
M. Stockton<sup>1</sup>  
D. Mwai<sup>2</sup>  
T. Oneko<sup>2</sup>  
A. Dutta<sup>3</sup>  
J. Kimani<sup>4</sup>  
J. Morla<sup>1</sup>  
H. Musyoki<sup>5</sup>  
S. Njuguna<sup>6</sup>

M. Sirengo<sup>5</sup>  
C. Kemunto<sup>7</sup>  
J. Mathenge<sup>8</sup>  
P. Mwangi<sup>9</sup>  
T.O. Abol<sup>10</sup>

Institution(s):  
<sup>1</sup>RTI International, Global Health, Washington, United States  
<sup>2</sup>The Palladium Group, Nairobi, Kenya  
<sup>3</sup>The Palladium Group, Washington, United States  
<sup>4</sup>University of Nairobi, Nairobi, Kenya

<sup>5</sup>National AIDS and STI Control Programme (NASCO), Nairobi, Kenya

<sup>6</sup>KEMRI, Nairobi, Kenya

<sup>7</sup>Survivors, Kisumu, Kenya

<sup>8</sup>Health Options for Young Men on HIV, AIDS and STIs, Nairobi, Kenya

<sup>9</sup>The Bar Hostess Empowerment and Support Programme, Nairobi, Kenya

<sup>10</sup>Keeping Alive Societies Hope, Kisumu, Kenya

**21st International AIDS Conference**

Durban, South Africa

July 18-22, 2016

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

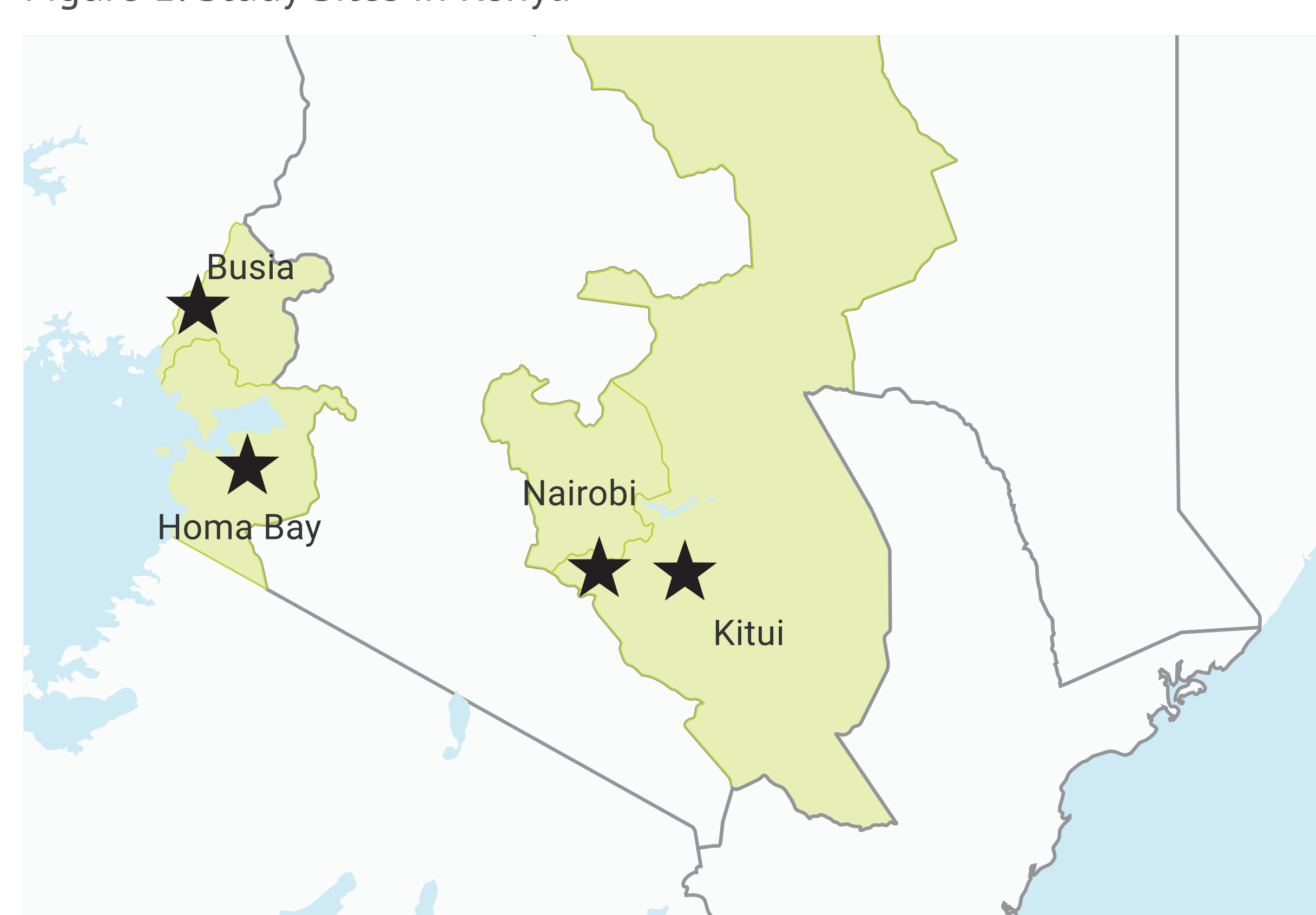
## INTRODUCTION

The high level of violence faced by sex workers is a human rights issue in urgent need of attention. Data on the level and sources of this violence, and its effect on health, is needed to document and respond to the contextual factors that shape it.<sup>1</sup> The prevalence of physical and sexual violence was captured as part of a cross-sectional survey exploring different forms and sources of stigma, as well as their relationship to healthcare-seeking behavior among female and male sex workers (FSWs and MSWs).

## 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.
- 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.

Figure 1: Study Sites in Kenya



- The survey instrument measured the prevalence of anticipated and experienced physical and sexual violence as a manifestation of stigma, as well as avoidance or delay of needed health services in the past 12 months.
- The survey utilized descriptive statistics, and bivariate and multivariate unweighted analysis.

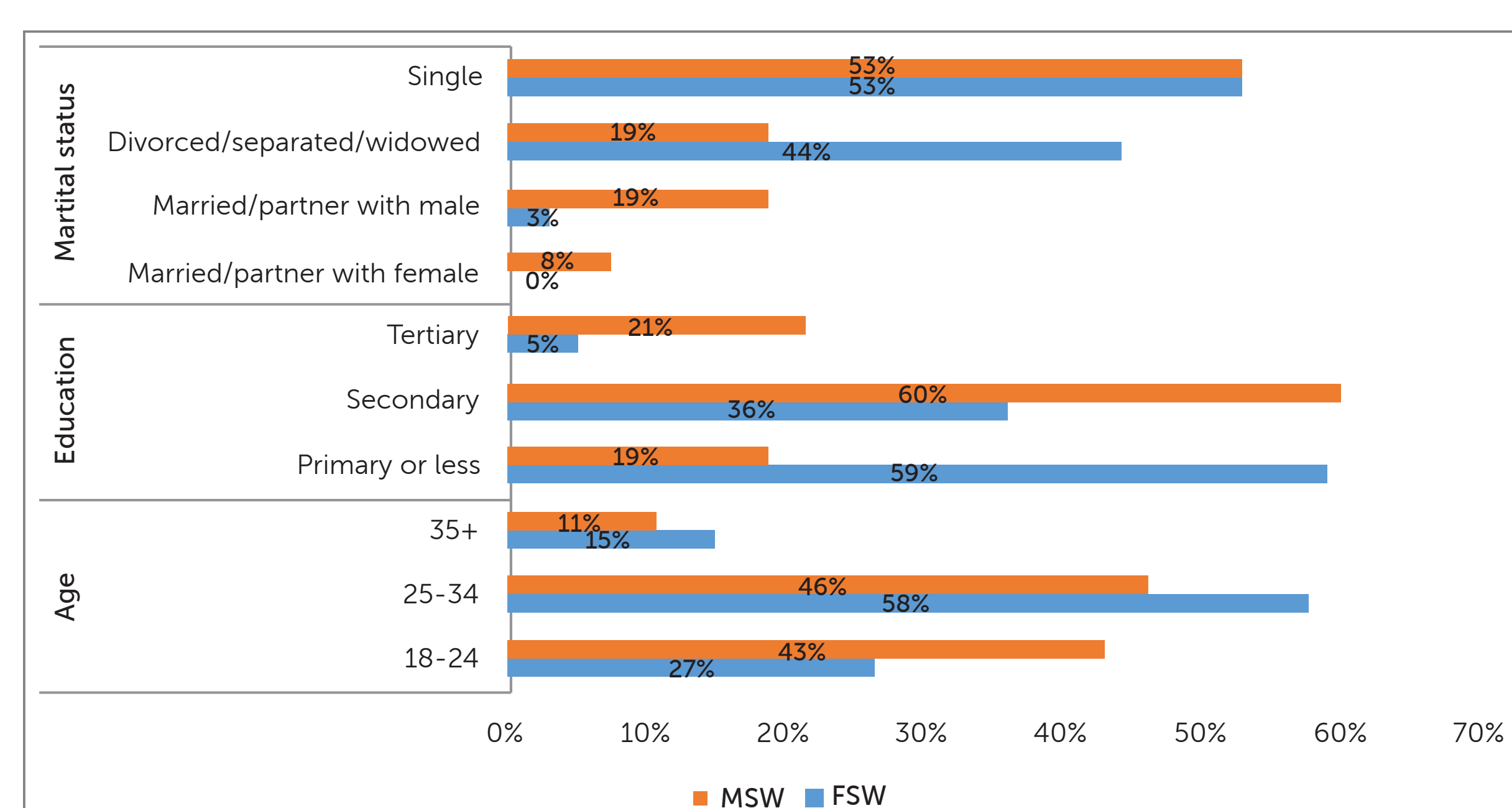
Table 1: Specific Survey Questions: Anticipated Violence and/or Experienced Violence

Violence Type	Question 1	Question 2
Physical Violence	Have you ever been fearful of being physically hurt (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) by your family, your community, or the police? If yes, has this happened in the past 12 months? If yes, did it happen once, a few times, or often?	Have the following ever happened to you? • You were physically hurt (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) • You were physically hurt (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) by family • You were physically hurt (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) by police If yes, was it in the past 12 months? If yes in the past 12 months, How often did it happen once, a few times, or often?
Rape (Sexual Violence)	Have you ever been fearful of being forced to have sex when you did not want to? If yes, has this happened in the past 12 months? If yes in the past 12 months, did it happen once, a few times, or often?	Have the following ever happened to you? • You were raped (forced to have sex when you did not want to) If yes, was it in the past 12 months? If yes in the past 12 months, How often did it happen once, a few times, or often?

## RESULTS

### Respondent characteristics

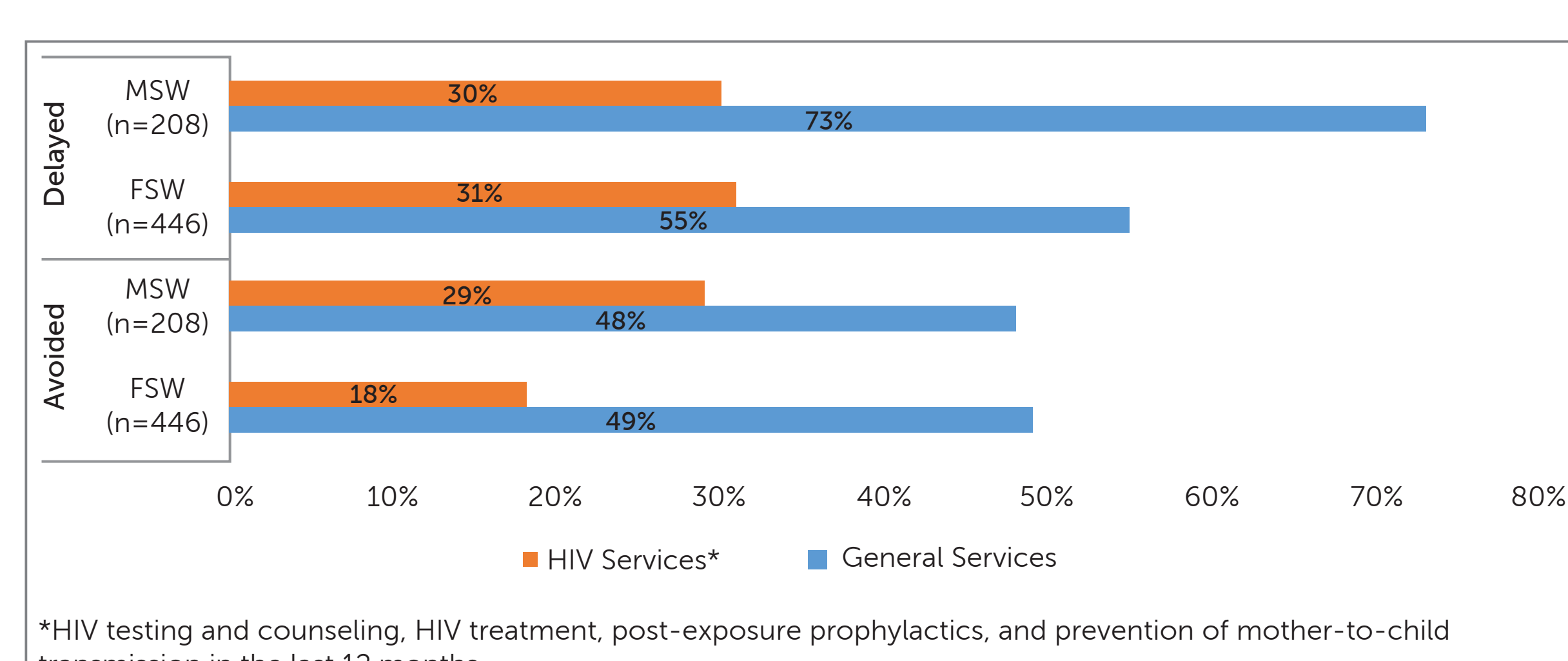
Figure 2: Demographic Characteristics



## UTILIZATION OF HEALTHCARE SERVICES

- 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 3: Avoided or Delayed Health Services At Least Once in the Last 12 Months



\*HIV testing and counseling, HIV treatment, post-exposure prophylactics, and prevention of mother-to-child transmission in the last 12 months

<sup>1</sup>Deering, K. N., A. Amin, J. Shoveller, A. Nesbitt, C. Garcia-Moreno, et al. 2014. "A Systematic Review of the Correlates of Violence Against Sex Workers." *American Journal of Public Health* 104(5): e42–e54.

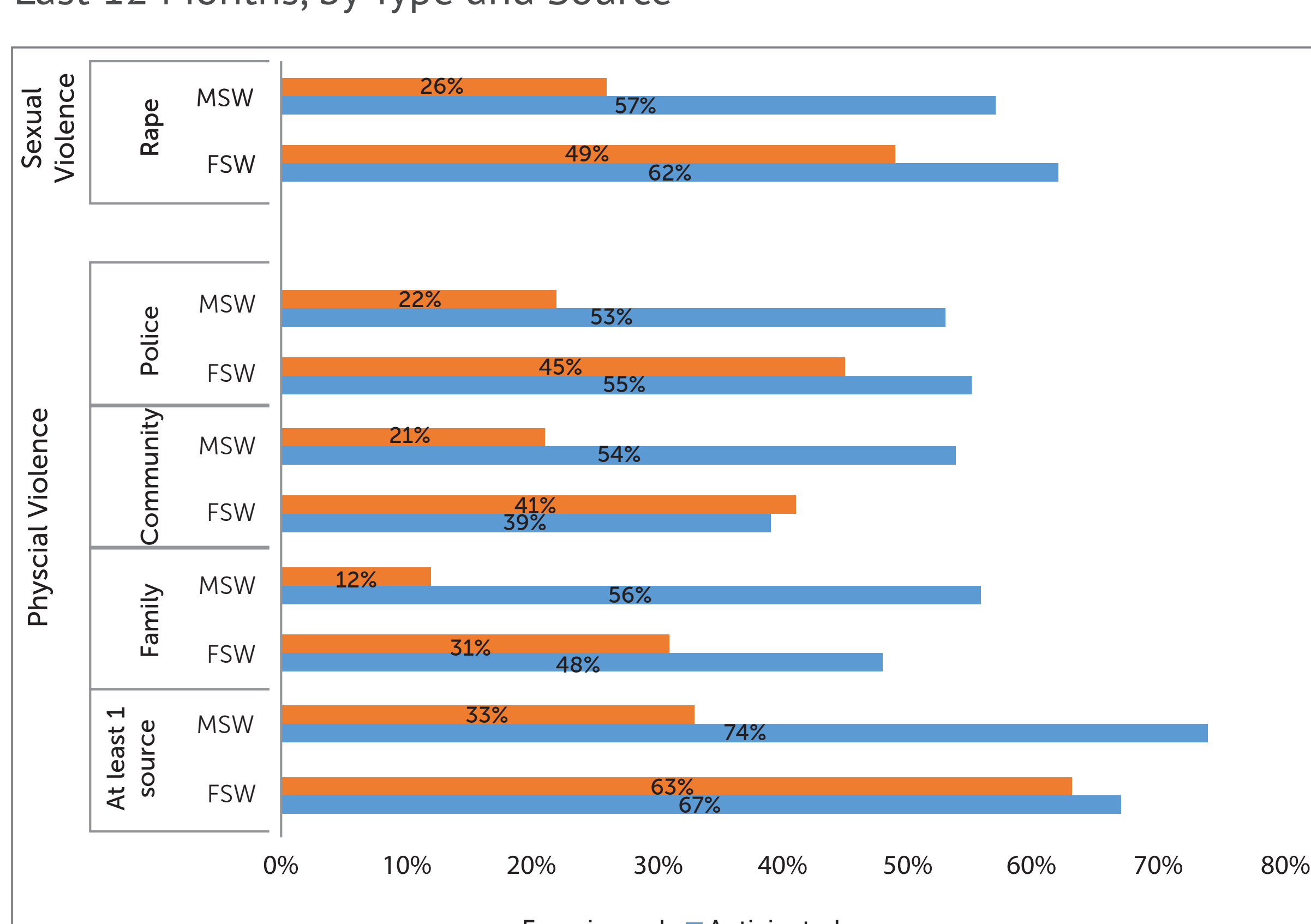
<sup>2</sup>Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, The DHS Program, ICF International. 2015. *Kenya Demographic and Health Survey 2014*. Rockville, Maryland: ICF International.



## Experienced and anticipated physical and sexual violence

- MSWs and FSWs both anticipated and experienced extremely high rates of sexual and physical violence over the last 12 months.
- FSWs were nearly twice as likely as MSWs to report experience of physical or sexual violence; however, majorities of both FSWs and MSWs anticipated physical or sexual violence.
- MSWs and FSWs were both more likely to report experience of physical violence from police and the community than from family.

Figure 4: Anticipated and Experienced Violence At Least Once in the Last 12 Months, by Type and Source



## Multivariate results: Violence and avoidance or delay of general and HIV-specific services

- For FSWs, anticipation or experience of violence were almost uniformly significantly associated with avoidance or delay of both general health services and HIV-specific services. For example, FSWs who experienced sexual violence had odds of avoiding HIV services more than two times higher than FSWs who had not experienced sexual violence.
- For MSWs, anticipation of violence and experience of sexual violence were less consistently significantly associated with avoidance or delay of general health services or HIV-specific services. However, anticipation of sexual violence was significantly related to both avoidance of HIV-specific services and general health services, while experience of sexual violence was associated with delay.

Table 2: Association of Violence with Delay and Avoidance of Needed Health Services

	HIV Services				All Health Services			
	OR	P value	OR	P value	OR	P value	OR	P value
FSWs								
Anticipated sexual violence	3.66	0.01	2.56	0.01	2.14	0.00	1.56	0.06
Experienced sexual violence	2.11	0.06	1.06	0.84	1.56	0.03	1.51	0.05
Anticipated physical violence	0.93	0.87	2.05	0.05	2.06	0.00	1.93	0.01
Experienced physical violence	2.11	0.09	1.84	0.07	1.33	0.21	1.68	0.02
MSWs								
Anticipated sexual violence	3.55	0.03	1.36	0.46	2.60	0.01	1.05	0.91
Experienced sexual violence	1.44	0.47	2.87	0.02	1.09	0.82	1.14	0.78
Anticipated physical violence	2.40	0.16	1.81	0.23	2.00	0.09	2.19	0.08
Experienced physical violence	1.68	0.30	1.81	0.15	1.73	0.13	1.15	0.75

Model includes control variables for age, level of education, marital status, time (in years) spent doing sex work, reported annual income, wave recruited in current study, site of interview, HIV status, disclosure of sex worker status, and social capital.

Orange shading indicates relationship is significant at 5% or 10% level.

## DISCUSSION & CONCLUSION

The rates of anticipated and experienced physical and sexual violence reported in this study were alarmingly high—and much higher than among the general population in 2014. For example, in 2014, 20 percent of Kenyan women ages 15–49 experienced physical violence, compared to 63 percent of FSW respondents; similarly, 2.3 percent of Kenyan men ages 15–49 experienced sexual violence, compared to 26 percent of MSW respondents. Anticipated and experienced violence were negatively associated with both general and HIV-specific healthcare-seeking behavior. In addition to the physical and psychological harm and human rights violations associated with physical and sexual violence, the rates of violence documented in this study have important implications for controlling the HIV epidemic in Kenya. Programming and policies to prevent and mitigate violence toward sex workers should also aim to improve links and access to essential health services, thereby improving the well-being of sex workers and the communities in which they live and work.