“We have Family Planning needs too!!”
Contraceptive needs and choices of female sex workers from Mumbai, India.

Dr. Sharmila Jadhav, Senior Program Officer FHI 360
Story of a SW

• 30 year old sex worker from a Mumbai brothel
• Married in her 20’s
• Abusive husband led to break up of marriage
• Duped by friend
• Lack of knowledge led to unwanted pregnancy
• Use of MMA Pills for abortion
The context

• Since 2004, the Aastha Project (funded by the Bill & Melinda Gates Foundation and implemented by FHI360) has been providing STI and HIV prevention and management services to FSWs in Mumbai and Thane districts in Maharashtra, India, via project supported clinics and outreach activities.

• Focus on reducing incidence of HIV and STIs among sex workers and their partners

• Services include Strategic Behaviour Communication, Condom provision, STI screening & management, HIV counseling & testing and Community mobilization
Rationale for FP-HIV Integration

- HIV prevention projects for female sex workers (FSWs) are vertically-oriented and focus only on HIV-related activities such as STI screening and condom promotion.
- Knowledge about the contraceptive needs and choices is needed in order to address the felt needs of FSWs.
- In order to increase the uptake of STI screening & increase footfalls to the clinics, FP needs were addressed.
- Improving the prevention of unintended pregnancies in FSWs who are living with or at risk for HIV will also reduce new infant infections.
- Reported incidence of abortions in last one year among FSWs was 3% which is higher than the general population.
- In 2005, Aastha commenced client-initiated FP counseling services as part of the HIV counseling and STI management. This included need based referrals, conducting pregnancy tests and providing advice on contraceptives.
Aastha Model of client initiated FP-HIV integration

**Family Planning services**
- FP counseling for sex workers
  - Sexual history
  - Menstrual hygiene
  - Promote FP methods
  - Assess need and counsel on basket of FP choices
- Pregnancy test
- Treatment of RTI
- Referral for various FP methods in Govt./private facilities

**Clinic Operational Guidelines and Standards**
- Primary HIV care and support guidelines
- HIV/STI Counseling guidelines

**HIV Prevention and Link to Care and Treatment**
- STI Services
  - Syndromic Case Mgt.
  - Routine STI screening including Syphilis Screening
  - Presumptive treatment for STIs
- STI/HIV counseling & Psychosocial support
- Condom promotion
- HIV Counseling and Testing Services
- Link to Continuum of Care
  - Management of OI
  - Referral to ART centers
  - Referral for TB DOTS t/t
  - Ensure t/t adherence
- Coordination with outreach
- Community involvement

**Standard STI services**
- Training of clinic staff and supervisors
- Monitoring and Supervision
In 2010, the project strengthened the integrated model by offering **provider-initiated FP screening, counseling, and referrals** to all eligible FSWs.

The project provided **training to health care providers and managers** with USAID/FHI360/Prevention Technologies Agreement (PTA) support to enhance the identification and referral of eligible FSWs for FP services.

Customized **communication materials and job aids** were developed for the outreach team.

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**Basket of FP choices**

**Jewellery Box SBC material**

**Job Aid on FP methods**
Provider-initiated model

- **Introduction of FP screening tool** to assess the unmet need of FSWs in the 18-49 year age group
- **Proactive screening** of all FSWs for their FP needs using the screening form
- ** Provision of counseling to EFPC SWs on the contraceptive choices**
- **Needs-based accompanied referrals and follow-up**
FSWs aged 18-49 years coming to the Aastha clinic

History taking using the FP Screening Form

Unintended pregnancy

Eligible but not using any FP method

Not eligible for FP method/ using a method

Doctor

PLHIV

Non-PLHIV

FP Counseling

Condoms for FP

Any other FP method

Aastha Clinic

Referred

Follow up

Outreach team

OCPs, Injectables, Female Sterilization, IUCD and condoms

* This tool includes details of personal information, menstrual history, obstetric history, past history of abortions, unintended pregnancies and contraceptive usage.
Key results

- During January-June 2011, 4,124 FSWs, aged 18-49 years were screened for unmet contraceptive needs using the FP screening tool.

51% of all FSWs have unmet FP needs.
Characteristics of eligible sex workers

- Mean age: 27.96 years

- Age distribution:
  - 18-19 years: 3% (N=62)
  - 20-24 years: 23% (N=477)
  - 25-29 years: 35% (N=714)
  - 30-34 years: 21% (N=438)
  - 35-39 years: 14% (N=286)
  - 40-44 years: 4% (N=84)
  - 45-49 years: 2% (N=41)

- Marital status:
  - Married and living with husband: 62.5% (N=1,205)
  - Relationship with regular partner/lover: 21% (N=405)
  - Married and living with husband & relationship with RP/lover: 3.6% (N=69)
“Thanks to the ORWs and clinic team of Aastha who educated me on both; protection against STIs and HIV transmission and prevention of unwanted pregnancy. I visit the clinic regularly for STI and HIV testing and use a condom with all my clients. I have also opted for quarterly contraceptive injectables to avoid getting pregnant. Taking the injection every three months is easy, convenient and has no side effects. I have been taking the injections regularly since March 2011. Just one dose and I am tension free for three months.”

- Mala, SW from AMS
Lessons Learnt

- FSWs in the Aastha program have very significant unmet needs for FP, which can lead to unintended pregnancies with associated consequences resulting in morbidity and mortality.

- Family planning information and services can be addressed by HIV prevention projects directly through screening and counseling, with referrals as appropriate with minimum additional inputs.
Recommendations

• Based on the Aastha experience, it is strongly recommended that HIV prevention and care projects operating in concentrated epidemics and serving at-risk populations introduce routine screening, counseling, and referrals for FP

• Given the strong preference for relying only on condoms for protection against unintended pregnancy, however, the importance of dual protection using a modern FP method should be appropriately emphasized in these settings
Thank you