Contraceptive need among female sex workers (FSWs) in Yunnan, China

Shanthi Noriega Minichiello ¹, Guy Morineau ¹, Ming Zhongqiang ², Rangsima Airawanwat ²

¹ FHI 360 Asia/Pacific Regional Office, ² FHI 360 China country office
Session outline

• Background and rationale
• Methodology
• Results
• Programmatic recommendations
In China, contraceptive use is almost universal but family planning services that promote these mostly focus on married women who have already had one child. Sex workers tend to be young and rely on condoms for dual protection – but we know condom use in regular partnerships is inconsistent. Sex work is illegal and can be penalized which can affect service uptake. The family planning needs of female sex workers (FSWs) is not well-understood.
Background and rationale

• Behavioral survey among FSW in 3 Chinese cities

• Primary objectives:
  – To measure exposure to a comprehensive package of HIV prevention services (CPS);
  – To evaluate the extent to which exposure to CPS services is associated with consistent condom use and other behavioral changes among FSWs

• A secondary objective was developed in order to answer the question:

> What are the reproductive health needs, particularly around modern contraception, of FSW?
Methodology

- Cross-sectional survey among street- and establishment-based (bars, clubs, karaoke, massage parlors) FSWs in Kunming, Gejiu and Mengzi
- Self weighted two-stage time-location sampling:
  - first stage: probability proportional to size
  - second stage: a fixed number of randomly selected women
- Data were collected using paper-based, face-to-face peer-led interviews
Who participated?

- Women aged between 18 and 49 years of age
- Had exchanged vaginal and/or anal sex for cash in the past 30 days
- Had worked in the selected districts for the last 30 days
- Not under the influence of drugs or alcohol at the time of the interview
- Spoke and comprehended Mandarin to a sufficient level to respond meaningfully to survey questions
Methodology

**Definitions:**

- **Unmet contraceptive need:**
  - Women who are of reproductive age (18-39), are not sterilized, who expressed a desire not to become pregnant in the next 6 months and who reported not currently using dual methods (condom + another modern form of contraception).

- **Modern contraception:**
  - “pill”, injectable, implants, IUDs, diaphragms, foams and jellies.

_Note:_ While condoms are a form of modern contraception, we know consistent use can be a problem, so we wanted to focus on women needing a back up to condoms.
Results

• 937 women were considered in our analysis (aged 18-39, are not sterilized, not pregnant, no desire to become pregnant in the next 6 months).
• 441 (47%) of these women had an unmet contraceptive need.

What are women using?

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>% of Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>1%</td>
</tr>
<tr>
<td>Diaphragm and gel</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Hormonal methods</td>
<td>51%</td>
</tr>
<tr>
<td>Male or female condoms</td>
<td>47%</td>
</tr>
</tbody>
</table>
Results

• Condom use is not consistent among regular partners
  – 55% of women with a regular partner reported inconsistent condom use in the last month

• On average women reported 1.2 abortions in their lifetime and 8% had an abortion in the last 6 months.
Results

Women with unmet contraceptive need tended to be:
• younger (mean 25 vs 27 years old; p< 0.001)
• unmarried (78% vs. 86%; p < 0.002)
• less likely to already have children (39% vs. 61%; p < 0.001)
• less educated (72% vs. 79% had elementary schooling or less; p < 0.015)
• involved in sex work less time (mean 2 vs. 3 years; p < 0.053)
Results

Contraceptive need was not associated with different types of program exposure.
Programmatic recommendations

• Family planning services should be integrated into existing FSW HIV prevention programs:
  – Need to promote dual method use, not focus on the dual protection provided by condoms

  – Additional research needs:
    • Understand barriers to accessing family planning services
    • explain why program exposure does not influence use of back up methods
    • see if program exposure can impact abortion rates
A sincere thank you to USAID who financially supported this work and to PSI for their collaboration on this survey.