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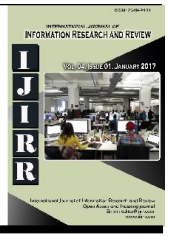

Research Article

ACHIEVEMENTS AND IMPLICATIONS OF HIV PREVENTION PROGRAMME AMONG FEMALE SEX WORKERS: A SYSTEMATIC EVALUATION OF HAF II PROJECT IN BAYELSA STATE, NIGERIA

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ABSTRACT

Heavy presence of Female Sex Workers (FSWs) in Bayelsa State due to economic hardship, alongside the high prevalence rate made it a priority state for HIV prevention. Intervention to curb the spread of HIV among sex workers is therefore needed to ameliorate this problem. This paper presents the achievements and implications of HIV and AIDS fund (HAF) II project among FSWs in Bayelsa State, Nigeria. This intervention was carried out among FSWs in Bayelsa State. The estimated sample size was 3000 FSWs and quota-sampling technique was used for their selection. Three civil society organizations were engaged and funded under the HAF II II project. The minimum prevention package intervention (MPPI) was used for the implementation of this project and data collected were entered into DHIS2 and analyzed using Microsoft Excel. A total of 113 community dialogues were held in this intervention and 326 influencers participated. The number of peers registered during the intervention were 5,564 and out of a total of 336,478 condoms required for this intervention only 158,654 (47.2%) were distributed. A total of 2768 (49.7%) of the registered peers were reached with all the three stages of MPPI and 3069 (55.2%) were reached with HIV counseling and testing (HCT). Among these, 123 (4.0%) were tested positive to HIV. Many of the registered peers were missing out in HCT and condoms distributed were grossly inadequate. The health of FSWs must be seen as important to the overall process of HIV prevention. Income generating activities should also be included in future similar programmes.

INTRODUCTION

The spread of HIV and AIDS epidemics has increased significantly in Nigeria since the official report of its first case in 1986, so much so that an estimated 3.7% of Nigerians representing between 3.2 and 3.8 million persons are living with HIV, and the country is second only to South Africa among the countries with the highest burden of HIV (NACA, 2012). The roles of Female Sex Workers (FSWs) as major drivers of the HIV epidemic cannot be over-emphasized, particularly in Nigeria and other countries around the world where the epidemic has reached "maturity" (Alary, 2004; Hesketh *et al*., 2005). Ogbe *et al*. (2014) described the FSWs population as reservoirs of sexually transmitted infections (STIs) particularly HIV.

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Sex workers are biological females aged 15 years and older who receive money or other gifts as incentives in exchange for sex in areas such as brothels, bars, restaurants, nightclubs, hotels, or on the street (Federal Ministry of Health, 2010). Sex workers thrive particularly in states such as Bayelsa where the level of poverty as well as alcohol consumption and sexual exchange for financial gratification are high (Omorodion, 2011). The Global AIDS response country progress report of 2015 highlights that nationwide comparisons between Integrated Biological Behavioural Surveillance Survey (IBBSS), 2010 data for high risk groups and National Reproductive and Health Survey Plus (NARHS), 2012 data for the general population pointed out that key target populations such as FSWs have a significantly higher prevalence than the general population across the country (NACA, 2015).

Bayelsa state was at the time considered one of the 12+1 states contributing the highest HIV prevalence in Nigeria described as 'hot zones'. The main factors that contributed to the epidemic in the state were poverty, lack of economic and financial empowerment of women with resultant increase in the number of Female Sex Workers (FSWs) who engage in transactional and high risk sex, and low condom use (8). The Multiple Indicator Cluster Survey of 2011 showed that women particularly FSWs in Bayelsa state were further vulnerable to the HIV scourge as a result of numerous other factors such as poor comprehensive knowledge of HIV, low uptake of HIV counselling and testing (HCT) among others (Bayelsa State Ministry of Health and FHI 360, 2013). It was also documented that there are high rates of multiple partners, partner-sharing, as well as high rates of young women having sex with older partners in exchange for money to feed their families (Gungul, 2014). These risks are further compounded by the previously mentioned low rates of condom use (Omorodion, 2011). Intervention to curb the spread of HIV among sex workers is therefore needed to ameliorate this problem. This intervention therefore focused on factors that drive the spread of the epidemic, thus attempting to reduce the incidence of new infections, while ensuring a reduction in risky sexual behaviour among sex workers within the state using HIV minimum package prevention intervention (MPPI). This paper presents the achievements and implications of this intervention among female sex workers in Bayelsa State, Nigeria.

METHODOLOGY

Study Design

This intervention was carried out among FSWs in Bayelsa State. The State was one of the recipients of the HIV Programme Development Project (HPDP) across the country, which focused on factors that drive the spread of the epidemic, in an attempt to reduce the incidence of new infections and ensure a reduction in risky sexual behaviour in the state.

Study Area

The study area was Bayelsa State. The state was carved out of Rivers State in 1996 and it was one of the six states in Nigeria's South-south geopolitical region. It is bordered by Rivers and Delta States and to the south by the Gulf of Guinea. The state covers an area of 9,415.8 km^2. More than three quarters of this (8453 square kilometers) area is occupied by waters and is predominately riverine, full of lakes, creeks, swamps and marshy land, with moderately low land stretching from Ekeremor to Brass Local Government Areas. The state was divided into 8 Local Government Areas (LGAs), with the capital located in Yenegoa. The total population from the 2006 census was 1,704,515 (874,083 males and 830,432 females). The four main languages spoken are Izon, Nembe, Epie-Atissa and Ogbia (Bayelsa State Ministry of Health and FHI 360, 2013).

Study Population

The study population are female sex workers with a minimum age of 15 years who are brothel and non-brothel based.

Sample Size and Sampling Technique

The estimated sample size for this intervention was 3000 sex workers and quota sampling technique was used for their selection. The sample size in each of the eight local governments in Bayelsa state were Yenagoa (650), Brass (500), Nembe (400), Ogbia (500), Sagbama (350), Kolokuma/Opokuma (150), Ekeremor (150), and Southern Ijaw (300).

Intervention Process

Three civil society organizations (CSOs) namely Centre for Development and Empowerment of Commercial Motorcyclists (CEDECOM), I Care Save a Soul and Civil Society for HIV and AIDS, Nigeria (CISHAN) implemented this intervention. They were engaged and provided with funding by the Bayelsa State Agency for the Control of AIDS under the HIV and AIDS Fund (HAF) II project of the World Bank. The minimum prevention package intervention (MPPI) was used for the implementation of this project and participants were reached with all the three stages of MPPI which are structural, behavioural and biomedical interventions. The intervention was carried out between April to November, 2016.

Structural Intervention

The structural intervention included promotion of community-based interventions with the purpose of creating adequate access to information and services among FSWs. This level of intervention focused mainly on advocacy, community dialogues and income generation activities.

Advocacy

Advocacy visits were made to stakeholders particularly the gate-keepers and the brothel/hotel owners/manager to seek their support and cooperation for this intervention.

Community Dialogues

Efforts were made to address the structural barriers hindering FSWs and their clients from accessing and utilizing appropriate HIV prevention, treatment and care services. This was achieved by bringing together the key actors, and gate-keepers within the communities, and FSW communities to discuss critical issues.

Behavioural Intervention

Priority for Local AIDS Control Efforts (PLACE) Approach was used for behavioural intervention to influence the beneficiaries to adopt healthy behaviours, whilst reducing their

risk for HIV infection. The behavioural intervention was carried out by Peer Educators (PEs) selected among sex workers in the state. The PEs were trained on HIV prevention and related issues. Their capacities were also built on how to select and reach out to their peers. The PEs each recruited at least 10 of their peers whom they reached out to during PLACE cohort sessions using the MPPI. Issues discussed during cohort sessions included partner reduction, condom use, good health seeking behaviour for prompt treatment of STIs, and HIV counselling and testing (HCT). Other areas of focus during the peer-to-peer education included; issues revolving around stigma and discrimination, the human anatomy, the reproductive system, stages of human development, self-esteem and other life skills, value system, and getting treatment for STIs. A maximum of 3 and minimum of 2 PLACE sessions were held monthly in 10 or 15 days' interval respectively. The intervention was conducted in a period of 3 months with 6 to 9 contacts after which the participants were graduated.

Biomedical Interventions

The biomedical interventions were with the aim of increasing access to HIV services among sex workers while ensuring an enabling environment for them to gain acceptance within the communities they belong and have access to HIV prevention, treatment and care services. Issues pertaining to the strengthening of the referral system to provide quality STIs treatment and increase the uptake of HCT services were also ensued. HIV counseling and testing was conducted by trained counsellor testers, condoms were distributed, referral for antiretroviral and STI services.

Data Collection

Data collection was done using various instruments and reporting tools developed by the National Agency for the Control of AIDS and used during peer education/PLACE sessions by the PEs. HIV counseling and testing was documented using the client intake form while data on behavioural intervention

Data Analysis

Data were entered into District Health Information Software (DHIS2) and checked for errors and other inconsistencies before being exported and analyzed using Microsoft Excel.

Ethical Issues

Prior to the commencement of the intervention, the proposal was subjected to a two-stage review and ethical approval to conduct the research was obtained from the National and the State Ethical Review Committee, and Federal Ministry of Health, Nigeria. Also, permission was obtained from the hotel owners and "Chairladies" of sex workers association in the State. The criteria for selection of samples included voluntary declaration of participation in the project and the ability for transmission of information. The HIV tests were done under HCT tents within the community, with only one client being attended to at a time to ensure privacy of the client. The HIV client intake forms were kept in a safe place to ensure confidentiality. Those that tested positive were referred for appropriate treatment without breach of confidentiality.

RESULTS

The findings are presented based on the levels of intervention: structural, behavioural and biomedical interventions. The overall target population reached during this intervention was 5564 given a target reached of 185.5%.

Structural Intervention

A total of 113 community dialogues were held within the duration of the intervention. Out of this, 109 (96.5%) were held in the first Quarter (1st Q) of the intervention while the remaining 4 (3.5%) were held in the second quarter. Of the total 326 influencers that participated in the community dialogue, majority (92%) took part in the 1st Q (Table 1).

Table 1. Structural Intervention

Period	Number of community dialogues held	Influencers participating in community dialogue
1st Q	109 (96.5%)	300 (92%)
2nd Q	4 (3.5%)	26 (8%)
Total	113	326

Behavioural Intervention

The number of peers registered during the intervention were 5,564 FSWs out of which 3,167 (56.9%) were registered in the first quarter. Out of the total of 336,478 condoms required, 158,654 condoms representing 47.2% of the amount required were distributed, with 82,850 and 75,804 condoms distributed in the first and second quarters respectively. With respect to on lubricant distribution, a total of 42609 lubricants were required for this intervention but only 10428 (24.5%) were distributed (Table 2).

Biomedical Intervention

A total of 3069 persons were counseled, tested, and received results. Among these, a total of 123 participants were tested positive for HIV. Majority 1947 (63.4%) of the persons reached with HCT were tested in the first Q of the intervention. A total of 121 persons were refereed for STI while 16 persons received STI service and only 11 persons returned subsequently for follow-up (Table 3).

Coverage of MPPI, HCT and Prevalence of HIV

A total of 2768 (49.7%) of the registered peers were reached with all the three stages of MPPI and 3069 (55.2%) were reached with HCT. Among these, 123 (4.0%) were tested positive to HIV (Fig. 1).

Figure 1. Coverage of MPPI, HCT and prevalence of HIV

Table 2. Behavioural Intervention

Period	No of Peers registered	No of condoms required	No of condoms distributed	No of female condoms distributed	No of male condoms distributed	No of lubricants required	No of lubricants distributed
1st Q	3167 (56.9%)	200625 (59.6%)	82850 (52.2%)	4172 (57.4%)	78678 (52.0%)	24858 (58.3%)	7248 (69.5%)
2nd Q	2397 (43.1%)	135853 (40.4%)	75804 (47.8%)	3091 (42.6%)	72713 (48.0%)	17751 (41.7%)	3180 (30.5%)
Total	5564	336478	158654	7,263	151391	42609	10428

Table 3. Biomedical Intervention

Period	No CTR*	No of persons who tested positive	No of persons referred for STI	No of persons receiving STI services	No of persons going for STI follow-up
1st Q	1947 (63.4%)	102 (100.0%)	66 (54.5%)	13 (81.3%)	11 (100.0%)
2nd Q	1122 (36.6%)	21 (0.0%)	55 (45.5%)	3 (18.7%)	0 (0.0%)
Total	3069	123	121	16	11

* Counselled, tested and received result

DISCUSSION

Gungul and Audu (Gungul *et al*., 2014) on the subject of HIV prevalence in Nigeria noted that its spread among FSWs is driven by the low risk perception, high risk behavior and sexual networks as well as poor STIs management and vulnerability. This was further attributed to the hard economic situation of the country., This can be deemed responsible for the large number of sex workers found in many parts of the country, and particularly in Bayelsa state as noted by Omorodion (Omorodion, 2011). Omorodion (Omorodion, 2011) further points out that many young girls in Bayelsa state are driven into becoming temporal sex workers as a result of the need to in one way or the other fend for their families, thereby losing the moral fabric of society and their families. Above 50.0% of all new HIV infections occur among young people aged 15–24 years, with girls and young women who work as sex workers being hugely affected in this regard, making them a top priority for HIV prevention interventions (Federal Ministry of Health. National Reproductive and Health Survey Plus, 2007).

The need to effectively prevent the general population including sex workers from the scourge of HIV had led to several intervention efforts in previous years. This project utilized community as a medium of reaching out to sex workers to ensure stigmatization and discrimination is brought to an end, with peer registration and PLACE session activities being used to educate the participants on several issues that pertain to HIV prevention. They are highly active sexually on a daily basis with a regular stream of clients flocking the brothels where they operate, and are paid to engage in all manner of high risk sex, often times casual unprotected sex, at other times, with multiple sexual partners (2 or more) at a single point in time. Their clients who usually fall within the same age bracket as these service providers, and at other times may be younger or much older part ways with some amount of money to engage in whatever sexual pleasures tickle their fancies, thus the importance of PLACE sessions and MPPI package cannot be over-stated. However, income generating activities (IGAs) which should ordinarily provide alternative financial resources for FSWs were not conducted during the intervention, and as such no sex workers benefited from it. It must be noted that for FSWs to contribute to the process of HIV reduction, their own well-being, not just health and HIV status but also finances must be taking into consideration. This would help in improving their condom negotiation and eventual withdrawal from sex work thus leading to a reduction in high-risk sexual practices and prevalence of HIV. Despite the high number of sex workers as observed in this project, there is indeed a low prevalence rate of HIV among FSWs in the state when compared to the state prevalence. The finding of the study when compared with the 2012 NARHS report (Federal Ministry of Health, 2012) negates the assertion of the Global AIDS response country progress report of 2015 (NACA, 2015) which asserts that key target populations such as FSWs have a significantly higher prevalence than the general population across the country. It is succinct to point out that the low knowledge of HIV-related issues as well as the socio-economic context limited the bargaining power and condom negotiation among FSWs according to the 2008 NDHS report (NPC and ICF Macro, 2009). Furthermore, it must also be pointed out that a large number of registered peers did not partake in the counseling and testing, and as such their HIV status could not be determined. The failure to partake in the counseling and testing session could be as a result of fear of being positive or the knowledge of a positive state, which could further affect the outcome of the study in terms of HIV prevalence. Moreover, while condoms and lubricants were distributed, the numbers fell way below the required numbers and could in the future affect the condom negotiation and condom bargaining attitudes of sex workers.

Implications for Programming

HIV counselling and testing is an important link in the continuum of HIV prevention and treatment services. This intervention has allowed for increased access to HCT services for FSWs. However, in future programming efforts, sex workers should be encouraged even further to avail themselves of the services provided. Also future programming interventions should seek to provide alternative means of livelihoods for sex workers through capacity building and IGAs in a bid to ensure that these women do not revert to high-risk sex for sources of livelihood. Furthermore, it is more important to provide more condoms and lubricants for FSWs in future interventions to dissuade the re-use, abuse or non-use of condoms and lubricants, and to ensure that proper condom programming can be adhered to even after the end of the intervention. Also, future programmes can help provide support services wherein the positive sex workers clients can

get easy access to services such as setting up appointments, as well as financial support or means of income provision.

Conclusion

This project showed an HIV prevalence of 4.0% among participants at the time of the intervention. However, many of the registered peers were missing out of the test sessions, and condoms distributed were grossly inadequate. However, while FSWs may serve as conduits or drivers of the epidemic, it is important to point out their roles in curbing its spread by acting as peer educators, and working on the condom negotiation and programming skills. To help them in their roles in preventing the further spread of HIV however, the health of sex workers must be seen as important to the overall process of HIV prevention, and more programming efforts such as capacity building and condom distribution, in order to ensure that sex workers are not arm-twisted into putting themselves at the risk of being infected in the bid to make ends meet. Income generating activities should also be included in future similar programmes.

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