

Full Length Research Paper

# Social experience of HIV infected Female Sex Workers in Abidjan

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HIV infection is a major Health issue in Africa and Sex Workers (SW) are part of its spreading agents. The aim of this study is to describe the Social experience of HIV infected Female Sex workers (SW) followed up at “*Clinique Confiance*” in Abidjan in view of improving the prevention strategies of this disease. We conducted a prospective cross-sectional study conducted from November 01, through December 31, 2010. The study included 100 HIV infected SW. Their mean age was 34±4.5 years [16 years- 52 years]. HIV screening was conducted on a voluntary basis in 76% of the cases. Upon announcement of their HIV screening results, 40% of SW presented psychological trauma, 30% burst into tear and 3% evoked suicide. 92% of SW were not feeling different from people in their neighbourhood. The desire of giving birth to a child was manifested by 70% of SW but the sexual partner was only informed in 14% of the cases. 87% continued their activity with the systematic use of condoms in 90% of the cases. HIV infected female SW live with their seropositivity without embarrassment but in precarious conditions. Their desire for maternity exposes their regular sexual partners to HIV infection.

**Key words:** Abidjan, female, HIV infection, Social experience, Sex Workers.

## INTRODUCTION

Worse than a Public Health Issue, HIV/AIDS is currently a serious problem of society and security. Sub-Saharan Africa bears the heaviest toll with one of the highest infection rates in the world (Unaid, 2013). In this geographical area, the transmission of HIV infection is essentially heterosexual (Hunter, 1993) and sex workers represent high-risk populations (Papworth et al., 2013). Those sex workers (SW) are highly stigmatized (Muñoz et al. 2010; Getnet et al., 2011) and live in a highly acute social precariousness (Mbonye et al., 2012). This economic and social dependency limits most often their possibility of negotiating the use of condoms during sexual intercourses (Chipamaunga et al., 2010). As a result, the epidemic spreads first among Sex Workers and their clients before reaching the general population (Papworth et al. 2013; Cote et al., 2004). In this regards, what is the social experience of HIV infected SW? In view of answering this question, this study which aimed at

describing the social experience of SW was initiated in order to improve their psychosocial treatment and put forth a strategy of prevention of HIV transmission between SW and their clients.

## MATERIALS AND METHODS

### Material

### Place of the study

This work was conducted at “*Clinique de Confiance*” located somewhere in Abidjan. This clinic was created and funded in 1992 by a Non-Governmental Organization (NGO) operating in the field of Health and Development whose work is focussed on the treatment of HIV infected SW in Côte d'Ivoire.

## STUDY POPULATION

Our study related to HIV infected SW followed up at “*Clinique Confiance*” who were already informed of their

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HIV serologic status prior to our survey. We included Sex Workers of more than 15 years who expressly gave an informed written consent to take part in the study.

## METHODS

### Type and period of study

It was a cross-sectional descriptive study conducted from November 1, to December 31, 2010.

### DATA COLLECTION

The collection of data was first conducted by a female Counselor of “*Clinique Confiance*.” Information was collected by means of an anonymous and standardized survey form drafted to this end and approved by 10 SW met on their place of work. Data collected related to socio-demographic information (age, place of residence, level of study, marital status, number of children), HIV carriage and the economic survival of HIV infected female Sex Workers.

### DATA ANALYSIS

Data were analysed by means of the software Epi-Info 7. Qualitative data were expressed as proportion and quantitative variables as average with the standard deviation and extreme values.

## RESULTS

Over the period of study we included 100 (23%) sex workers (SW) out of a total of 439 followed up at “*Clinique Confiance*”. Among the sex workers included in the study, 48 (48%) were using Antiretroviral Therapy and 78 (78%) were under Primary Prophylaxis with Cotrimaxole.

### Socio-demographic Characteristics

SW had a mean age of 34  $\pm$ 4.5 years, with age limits of 16 years and 52 years and mostly single (98%). They were illiterate and of high school level in the respective proportion of 33% and 57% of the cases. SW were mainly Ivorian nationals (67.7%) and at least 66% of them had a child as provided in table I.

### Social Experience of HIV Carriage by Sex Workers

Of the SW, 27 (27%) reported that they knew some HIV infected people in their neighbourhood. They were friends

(85%), sexual partners (11%), and colleagues (4%).

### Reaction at the Screening

The HIV screening of sex workers was mainly (94%) conducted at “*Clinique Confiance*” by Counsellors at the Centre for 99% of sex workers.

The motives for screening were voluntary (76%), diseases (22%) and the infection of the regular sexual partners (2%). The announcement of the HIV infection triggered various reactions from SW of which trauma (40%) and weeping (30%) (Figure 1). Only 12% of sex workers did not react when they were informed of their HIV status.

### Sharing of Information Related to their HIV Infection

31% of SW informed their relatives of their HIV status. They were namely siblings, children and relatives in respective order 58.1%, 22% and 19.3% of the cases.

### Sexual Behavior Since the Announcement of their HIV Infection

Since the announcement of their HIV infection, 13 (13%) of SW have abandoned prostitution owing to embarrassment caused by the symptoms of AIDS and 87 (87%) of SW continued their activity but with the systematic use of condoms for 84 (96%) of SW. Those who abandoned prostitution undertook some activities of substitution namely small business (n=9), catering (n=3) and peer educator (n=1).

### Participation to Support Groups

At “*Clinique Confiance*”, there are support groups who provide assistance to people living with HIV (PLHIV). The rate of participation at the session of the Listening and Support Group was 3% and to the auto-support group was 12% by the SW included in the study. The main reasons put forward were the lack of information (68.2%), negligence (12.5%) and the lack of time (19.3%).

### Financial Assistance

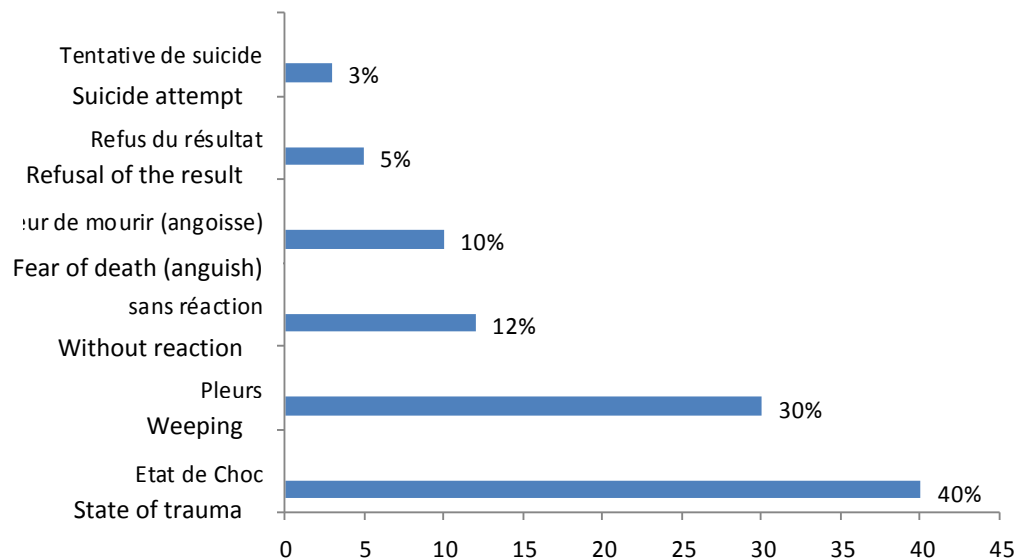
Of the SW, 74% received financial assistance. This financial assistance came from the “*Espace Confiance*” (36.8%), family members (32%), sexual partners (28%) and friends (3.2%).

### Perception of HIV infection by SW

Regarding the perception of HIV infection, 95% of SW said

**Table 1.** Socio-demographic Characteristics of the 100 Sex Workers.

Socio-demographic Characteristics	Number	Percentage
<b>Age bracket (years)</b>		
16 – 26	20	20
27 - 36	39	39
37 - 46	34	34
> 46	07	07
<b>Time spent in the profession</b>		
< 1 year	25	25
1- 5 years	44	44
> 5 years	31	31
<b>Place of residence</b>		
Abidjan	98	98
Outside Abidjan	02	02
<b>Nationality</b>		
Ivoirian	68	68
Non ivoirian	32	32
<b>Marital status</b>		
Married	03	03
Concubine	08	08
Single	89	89
<b>Number of children</b>		
None	34	34
One	24	24
Two or more	42	42

**Figure 1.** Reactions of the 100 sex workers at the announcement of their HIV infection.

they live with their HIV infection without any embarrassment because it is a disease just like any other disease and were not feeling different from other people in 92% of the cases. However 5% of SW was living in the fear of being discovered as HIV positive in their neighbourhood.

### **Desire of Maternity**

The desire of maternity was expressed by 70% of SW. Of them, 14% shared this desire of giving birth with their regular partner.

## **DISCUSSION**

This prospective study enabled us to describe the Social experience of HIV infected female SW. The announcement of the HIV test result which was voluntary was emotionally difficult for them with psychological traumas and weeping. The sharing of information on their HIV infection was low in SW who continued their activity in most of the cases with this time the systematic use of condoms with their clients. They had a positive perception of themselves and most of them had a desire to give birth. This desire maternity exposed their regular partners to HIV infection. Those SW were living in precariousness and had a need of financial assistance from a third party. The limit of the study conducted with a questionnaire could be related to a bias of information. However it is worth documenting for the first time the Social experience of HIV infected SW in Côte d'Ivoire.

The activity of prostitution is recognized as a highly risky profession owing to HIV transmission (Fernandes et al., 2014) and the perception of that risk lead SW to easily accept the screening in order to know their serologic status (Aho et al. 2011). However sex workers did not accept at first their HIV infection when the results of the screening were announced to them. Hence the emotional reactions surely related to the lost hope of a HIV negative result and the perception of AIDS in the community. As a matter of fact, since the beginning of the AIDS epidemic, the disease means an obvious death in the collective memory of Ivorians. As a matter of fact, AIDS is the first cause of death in adults in countries with limited resources like our country (Ortblad et al., 2013) and reduces the life expectancy even in developed countries (Ilett et al., 2014).

The information related to their HIV infection was shared with their neighbourhood, especially with their brothers and sisters in order to avoid stigmatization [Kizerbo et al., 2013 ; Hardon et al., 2013] of those women who were already HIV positive owing to their activity and also in order to get moral and material assistance (Mamana et al., 2014). The data confirmed that SW was not considering AIDS as a disease like other diseases. It

is worth mentioning that those SW were part of a group involved in a program of reduction of HIV transmission and were provided with counseling, so they were prepared for the screening. However, the information about their HIV infection changed drastically their behaviour. Out of those SW, 13% left prostitution owing to the embarrassment caused by the symptoms of AIDS. However 87% of SW continued their activity as prostitute with the systematic use of condoms according to what they said. The perception of the importance of condoms further to the discovery of their HIV infection status was reported by Arthur (Arthur et al., 2007) in Kenya. This contributes to protect them from HIV super-infections and other STDs and reduce the propagation of the infection as AIDS is not transmitted to their clients (Siddiqui et al., 2011).

Those SW continued their activity because of the severe precarious conditions in which they were living. As a matter of fact, 74% of SW were financially assisted by third parties.

Most of the SW (70%) expressed the desire of giving birth regardless of their disease. This attitude could be explained by African Women's perception of maternity and also by the perception of the disease. As a matter of fact, those « sentenced to death » would like to have children before leaving the earth so that those children could carry on their dreams so brutally interrupted given that with the triple therapy the hope of giving birth to a safe child is almost sure (Buchanan et al., 2014). However, our study reveals that 14% of them informed their regular sexual partner of their desire to have a child. The risk of contamination of those partners in this situation is worrisome. As a matter of fact HIV transmission to regular sexual partners of SW is high according to some authors (Robertson et al., 2014; Travasso et al., 2014).

## **CONCLUSION**

Despite the double stigmatization of HIV infected female SW in our society, their HIV status does not cause them any embarrassment though they live in highly precarious conditions.

Their desire of procreation which is not expressed to their regular sexual partners exposes them to HIV contamination.

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