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Inclusion of the female condom in a male condom-only intervention in the sex industry in China: A cross-sectional analysis of pre- and post-intervention surveys in three study sites

S. Liao^{a,*}, M.R. Weeks^b, Y. Wang^a, L. Nie^a, F. Li^a, Y. Zhou^c, X. Zeng^d, J. Jiang^a, B. He^d, J. Li^b, J. Dunn^b, Q. Zhang^a

^a Department of Epidemiology and Biostatistics, Institute of Basic Medical Sciences, Peking Union Medical College, China Academy of Medical Sciences, 5 Dong Dan San Tiao, Beijing, China

^b Institute for Community Research, Hartford, CT, USA

^c Guangxi Centre for Disease Prevention and Control, HIV/AIDS Division, Nanning, Guangxi, China

^d Hainan Centre for Disease Prevention and Control, HIV/AIDS Division, Haikou, Hainan, China

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SUMMARY

Objectives: To describe female condom (FC) use, male condom (MC) use and overall levels of protected sex before, during and after FC education and promotion (using the original prototype FC) combined with MC promotion among female sex workers in three rural or small urban settings in southern China.

Study design: The 1-year FC intervention was conducted by local health workers through outreach to establishments where sex work is conducted. Three serial cross-sectional surveys were conducted in each study town before, during and after the intervention along with process documentation throughout the intervention period.

Methods: Cross-sectional data from pre-intervention (baseline) and 6-month and 12-month post-intervention surveys from three study sites are used in a descriptive comparison of the context of the sex industry, outreach in two phases of intervention, and FC adoption after the intensive intervention phase in each site.

Results: Approximately 75–80% of eligible women working in sex establishments, varying from 74 to 155 participants for each survey, were recruited from three study sites. After introduction and promotion of the FC along with the MC during the community public health intervention, between one-fifth and one-half of the study participants had tried the FC in the three study sites by the time of the 6-month and 12-month cross-sectional surveys. Among them, 10–30% had used the FC more than once. FC awareness increased following the intervention with much less variation across the three study sites. At baseline, 31–54% of participants across the three sites reported 100% protected sex in the last 30 days with all types of partners. At one of the sites with relatively low MC use before the intervention, the proportion of women reporting 100% protected sex in the last 30 days increased by 15%, and the proportion reporting nil protected sex in the last 30 days

* Corresponding author. Tel.: +86 10 65296971; fax: +86 10 65225752.

E-mail address: susuliao@mx.cei.gov.cn (S. Liao).

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decreased by 13% between baseline and 12-month post-intervention surveys. More complex profiles of FC and MC use and protected sex were shown at the other two study sites, where a higher level of protection had been reached before the project started.

Conclusions: Different levels of FC adoption were identified after the 1-year FC promotion intervention through outreach to sex establishments. The input, output and outcomes of the intervention may be associated with women's demographic and risk characteristics, the local capacities of intervention staff, and other contextual factors. Further analysis of these factors will help establish the role of the FC in increasing protected sex, and provide insight into how to achieve greater FC use.

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Introduction

As the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic has entered its third decade in China, recent changes in sexual culture, including attitudes and practice, and a resurgence of the sex industry^{1–3} have spawned a rapid increase in sexually transmitted infections (STIs), including HIV/AIDS.^{4,5} The ever-expanding sex industry is deeply integrated into China's developing economy, fed by these changing sexual norms. This is combined with population migration and continuing economic need, particularly in rural areas and among mobile women and men. These forces exacerbate the potential for a major upsurge of HIV through heterosexual contact. It is estimated that 740,000 people are living with HIV/AIDS in China; 48,000 were newly infected in 2009, of whom 42.2% acquired the infection through heterosexual transmission.⁶

Public health efforts that involve significant collaboration with local health workers to reach populations at the greatest risk are increasingly called for to reduce the rising spread of HIV.⁷ In particular, the expansion of prevention options through public health education, outreach and promotion has great potential in the fight to prevent a growing epidemic by reducing STIs that facilitate HIV transmission and the rising epidemic in China and other countries.⁸

Although many recent efforts to curtail the HIV/AIDS epidemic have been made through the Chinese Government and other international organizations, promotion of male condom (MC) use is generally the only tool used for prevention of sexual HIV transmission. Current MC use has increased since the early years of the epidemic. However, different studies have reported huge variation in usage rates, which suggests that so-called '100% condom use' is still far away.^{9–13} Much less effort has been invested in prevention in the rapidly growing sex industry in rural and small urban areas of China,^{14–17} although this has significant potential to accelerate the national epidemics of STIs and HIV.^{1,18,19} Many migrant sex workers, especially from rural areas, have very low levels of education, are unskilled and have extremely limited knowledge of basic health. Furthermore, the new rural or small urban contexts in which they often find themselves offer few local resources for health and life necessities. Thus, there is increasing need to understand the multiple, complex situations of rural sex workers in different circumstances, and to develop multilevel prevention programmes to target sex work in rural and small urban contexts.^{14,20}

In general, prevention of STIs and HIV embraces comprehensive strategies. However, only barrier methods (exclusively MCs in the past) are effective for the prevention of multiple diseases and pregnancy. To compensate for the disadvantages of MCs, the female condom (FC) which can be worn by women, has been developed and marketed since the late 1980s.²¹ Use of the FC still requires negotiation with male sex partners, but gives women more autonomy in its application when MC use is less than 100%. Along with MC promotion, the FC has become increasingly popular and promoted in several countries with high HIV incidence, including in rural contexts, and has been shown to decrease STI incidence and increase protected sex.^{22–25}

Very limited research on acceptability of the FC has been conducted in China. An early study assessed short-term satisfaction of FC use among married couples in a clinical setting.²⁶ A more recent study tested improvement in FC knowledge and attitudes among female sex workers after introducing the FC for a period of 2 months; however, the study provided few details on how many of the FCs delivered were actually used or the context of FC adoption.²⁷ A very recent publication compared the clinical features of the original prototype FC produced by the Female Health Company and a similar FC produced in China.²⁸ None of these studies have assessed FC use in the context of MC use among sex workers in China.

The China/US Women's Health Project was designed to develop, implement and test a public health intervention programme to expand HIV prevention with commercial sex workers in four typical southern Chinese towns, including two rural towns and two small cities, by promoting the original prototype FC along with the MC. The study assessed acceptability and adoption of the FC in the context of different levels of MC use after exposure to a community-based educational, skills-enhancement and support intervention conducted in sex work establishments by local health educators and healthcare workers. The international research team worked in partnership with the provincial-level Centres for Disease Prevention and Control (CDCs) in Hainan and Guangxi Provinces, and with county-level and town-level public health educators and healthcare providers to develop and implement the programme and test the intervention model in the study communities.^{19,29}

This paper reports MC and FC use among sex workers who participated in three cross-sectional surveys: pre-intervention (baseline) and 6-months and 12-months post-intervention.

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