



## CLINICAL ARTICLE

## Induced abortion, contraceptive use, and dual protection among female sex workers in Moscow, Russia

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## ABSTRACT

**Objective:** To describe abortion history and current contraceptive use among female sex workers (FSWs) in Moscow, Russia. **Methods:** A clinic-based survey was conducted among 147 FSWs in Moscow during an 8-month period in 2005. **Results:** In total, 83 of 143 (58.0%) FSWs reported a history of abortion, with 45 of 143 (31.5%) indicating multiple abortions. Condoms were the primary form of contraception (145/146 [99.3%]); just 17 of 142 (12.0%) FSWs reported using non-barrier modern contraception. All women who reported using a non-barrier modern method also indicated condom use (i.e. dual protection). Non-barrier contraceptive use was associated with inconsistent condom use (odds ratio [OR] 3.10; 95% confidence interval [CI], 1.07–9.02) and multiple abortions (OR 4.71; 95% CI, 1.19–18.62). **Conclusion:** The results illustrate a substantial risk for unintended pregnancy among FSWs. Further research is needed regarding the dynamics of non-barrier contraception and condom use. Efforts to improve the health and wellbeing of FSWs should include access to safe and effective contraception, in addition to HIV prevention.

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## 1. Introduction

Historically, health-related interventions for female sex workers (FSWs) have focused on reducing the risk of infectious disease. There has been a surprisingly little amount of research and programmatic attention regarding the reproductive health of FSWs, despite the risk for unintended pregnancy that may similarly result from frequent—and often unprotected—sex. A small but growing body of research illustrates significant risk for unintended pregnancy among FSWs, including low levels of contraceptive use [1–5], in addition to prevalent unintended pregnancy and abortion [1–6]. These data are particularly concerning in light of the recent UNAIDS guidance note emphasizing reliable and affordable access to health-related commodities, including contraceptives, within its call for comprehensive and sustainable HIV prevention programming [7]. There exists an urgent need to identify and resolve unmet contraception needs among FSWs, particularly in high-risk settings.

Russia is one such high-risk setting. Nationally, an estimated 15.6% of FSWs are HIV seropositive [8]. Moscow is home to an estimated

120 000 FSWs [9], many of whom are found in street-based “tochkas” (roadside locations that clients can drive up to) [10] or more elite venues such as saunas, salons, clubs, and hotels. Although contraception and abortion data for the nation and its major cities remain sparse, Russia has the highest rate of induced abortion in the Eastern Europe/Central Asia region at 950.94 per 1000 live births [11]—illustrative of chronic unmet contraception needs. In 2003, 53% of sexually active women in the general population used a modern method of contraception (i.e. barrier, hormonal, intrauterine device [IUD], or sterilization), with contraceptive use slightly higher (57%) in the urban centers of Moscow and St Petersburg [12]. Unintended pregnancy is common [13]; the widespread use of induced abortion as a birth control method [14] dates back to the Soviet era, when contraceptives were not readily available. Despite the legality and high prevalence of induced abortion, complications are common—occurring in 13.7% of patients within 6 months, compared with a range of 0.9%–6.1% among first-trimester abortion patients in France, Denmark, and the USA [13]. Although induced abortion-related morbidity is not systematically documented in Russia, it is widely assumed to be high [11]. These data clearly render unintended pregnancy and resultant abortion a significant threat to women's health and wellbeing in this context.

There is a clear need to understand patterns of non-barrier contraceptive use among FSWs. Non-barrier methods such as oral

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contraceptives and IUDs provide a higher pregnancy prevention efficacy relative to condoms [15] and enable greater control. These methods hold particular relevance for FSWs, given the significant challenges they face in ensuring successful condom use (e.g. client resistance and refusal, often enforced through physical threats and abuse) [16,17], as well as condom failures [18]. The longstanding concern that non-barrier contraception could prompt women to abandon condoms and, thus, incur risk for HIV/sexually transmitted infection (STI) has generated recommendations for dual prevention (i.e. condom use for HIV/STI prevention, coupled with non-barrier modern contraceptive methods) [19].

To date, patterns of non-barrier method use among FSWs, and the extent to which users simultaneously use condoms, are poorly understood. The aim of the present study was to examine reproductive health history, including induced abortion as a proxy for unintended pregnancy, and current contraceptive use among FSWs in Moscow.

## 2. Materials and methods

A survey was conducted from February 15 to September 25, 2005, at the SANAM clinic in Moscow, which provides services to marginalized populations. The study was conducted in collaboration with AIDS Infoshare, which is a Moscow-based HIV education and prevention organization. Female sex workers were recruited at the clinic; the study was also publicized through a combination of outreach activities and word of mouth, with “mammachkas” (madams) and FSWs inviting other FSWs to participate. Eligibility criteria included being women aged between 17 and 40 years, intending to remain in Moscow for at least 12 months, and engaging in sex work. Sex work was defined as receiving money, drugs, or other valuables in exchange for sex. All participants gave informed consent before responding to a behavioral survey administered in Russian. Participants received a cash incentive equivalent to US \$20 for participation in the 2.5-hour study visit. The study protocol was approved by Institutional Review Boards at the Johns Hopkins Bloomberg School of Public Health, Baltimore, USA, and the Third Medical and Stomatological Institute, Moscow, Russia. Further details have been published elsewhere [20].

The survey included questions assessing pregnancy history, abortion history, and number of abortions experienced. Contraceptive use was assessed via the question “what do you do to prevent pregnancy when having sex with clients?” This question was followed by a list of methods (condoms; creams or gel for topical use before sex; creams or gel for topical use after sex; douching; withdrawal; “don’t have sex during certain times of month” [i.e. periodic abstinence]; IUD; sterilization; birth control pills; or other). Participants could indicate more than 1 method, and had the option of “nothing” to reflect no contraceptive use with clients. Those reporting the use of oral contraceptives, IUD, or sterilization were classified as using non-barrier modern contraception. Participants were classified as dual protection users if they reported using condoms in conjunction with any of the 3 highly effective non-barrier modern methods. A subsequent question asked women how often they used condoms with clients; those responding “always” were considered consistent condom users. Participants also provided data on demographic characteristics, working conditions, injection drug use, and experience of violence by clients. Women were considered to have experienced violence by clients if they responded affirmatively to the question “has a client ever done things to you that have hurt you physically?” and reported that at least 1 such instance took place in the past 12 months.

Descriptive statistics were calculated for pregnancy history, abortion history, contraceptive use with clients, dual protection, and consistent condom use for vaginal sex with clients. Descriptive statistics on abortion history based on demographic characteristics, working conditions, consistency of condom use, injection drug use, and client violence were calculated and evaluated via  $\chi^2$  analyses and odds ratios (ORs) constructed via logistic regression.  $P < 0.05$  was considered

to be statistically significant. Similar analyses were conducted to describe non-barrier contraceptive methods. A floating sample size was used to accommodate small amounts of missing data; no variable was missing more than 5% of its values. All analyses were conducted using Stata version 11 (StataCorp, College Station, TX, USA).

## 3. Results

In total, 101 of 145 (69.7%) FSWs reported ever having been pregnant (Table 1). Eighty-three of 143 (58.0%) participants had ever had an abortion, and 45 of 143 (31.5%) reported having had 2 or more abortions. Overall, 145 of 146 (99.3%) FSWs indicated that they used condoms as a contraceptive method with clients. The second most frequently reported pregnancy prevention method was douching (109/146 [74.7%]). A substantial proportion reported using traditional methods such as periodic abstinence (14/146 [9.6%]) and withdrawal (26/146 [17.8%]), while a smaller proportion reported using non-barrier modern methods (17/142 [12.0%]), including oral contraceptive pills (15/145 [10.3%]) and IUD (2/146 [1.4%]). Dual protection (condoms coupled with non-barrier contraceptive methods) was reported by 17 of 143 (11.9%) FSWs—that is, all participants who

**Table 1**  
Participant characteristics and reproductive history (n = 147).<sup>a</sup>

Characteristic	Value
Age, y	22.6 ± 3.9
Nationality	
Native Russian	69 (46.9)
Immigrant	78 (53.1)
Highest education level	
Below secondary	39 (26.5)
Secondary or higher	108 (73.5)
Has boyfriend/spouse	68/145 (46.9)
Has children	39/143 (27.3)
Work venue	
Street tochka	84 (57.1)
Non-street venue	63 (42.9)
Duration as sex worker	
≤6 months	39/146 (26.7)
7–12 months	25/146 (17.1)
13–24 months	33/146 (22.6)
>24 months	49/146 (33.6)
Inconsistent condom use for vaginal sex with clients	31 (21.1)
Ever used injection drugs	26 (17.7)
Client physical violence	107/141 (75.9)
Reproductive history	
Ever pregnant	101/145 (69.7)
Abortion history	
Ever had abortion	83/143 (58.0)
Had 1 abortion	38/143 (26.6)
Had ≥2 abortions	45/143 (31.5)
Contraceptive use with clients <sup>b</sup>	
Condom	145/146 (99.3)
Non-barrier modern methods	
Oral contraceptive pills	15/145 (10.3)
Intrauterine device	2/146 (1.4)
Sterilization	0 (0.0)
Any non-barrier modern method	17/142 (12.0)
Other methods	
Douche	109/146 (74.7)
Withdrawal	26/146 (17.8)
Topical substance after sex	23/146 (15.8)
Topical substance before sex	21/146 (14.4)
Periodic abstinence or calendar method	14/146 (9.6)
Other	8/146 (5.5)
Nothing	3/146 (2.1)
Dual protection with clients <sup>c</sup>	17/143 (11.9)
Consistent condom use for vaginal sex with clients	116 (78.9)

<sup>a</sup> Values are given as mean ± SD or number (percentage).

<sup>b</sup> Not mutually exclusive.

<sup>c</sup> Dual protection defined as reporting both non-barrier modern method and condom use.

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