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Facilitators and barriers to sex workers' enrolment and retention in a sexual health cohort in San-Pedro, Côte d'Ivoire

Evelyne Kissi¹, Rose-Marcelle Dedocoton¹, Marcellin Nouaman², Mélanie Plazy³, Patrick A. Coffie⁴, Aline Agoua⁵, Joseph Larmarange⁶, Valentine Becquet⁷

1. Programme PAC-CI, site ANRS Côte d'Ivoire, Abidjan, Côte d'Ivoire, 2. Université Félix Houphouët-Boigny, Département de Santé Publique et d'Odontologie Légale, UFR d'Odonto-Stomatologie, Abidjan, Côte d'Ivoire, 3. Bordeaux Population Health Research Center, Université de Bordeaux, Inserm, IRD, France, 4. Université Félix Houphouët Boigny, Département de Dermatologie et Infectiologie, UFR des Sciences Médicales, Abidjan, Côte d'Ivoire, 5. Aposam NGO, San Pedro, Côte d'Ivoire, 6. Ceped, Université Paris Cité, IRD, Inserm, Paris, France, 7. Ined, Aubervilliers, France.

Background

The ANRS 12381 PRINCESSE project (November 2019 - June 2023) implemented chronic, community-based sexual and reproductive health care for female sex workers (FSWs) in the San Pedro region of Côte d'Ivoire. This care was provided directly at the sites of prostitution through a mobile clinic. A total of 489 women were enrolled. Retention was low, with less than a third of participants attending the six-month visit.

Objective

This analysis examines the factors that influence the adherence and retention of female sex workers (FSWs) in the project, based on their perceptions of the benefits and constraints associated with their participation.

Methods



A qualitative study was conducted in three phases between May 2022 and November 2023. The study included:

- 16 interviews with female sex workers (FSWs) who were included in the project
- 3 interviews and 3 focus groups with FSWs who were not included in the project
- 10 interviews with FSWs who were lost to follow-up.

Results

The mobile clinic's physical proximity to the project site was instrumental in encouraging women to participate.



"The first day I was at the banguidrome [bistro] when the car drove by, I saw that they'd turned the thing on, and I said, 'What a big truck, it looks like a fridge! I saw the lady get out (...) to come and tell us we're here, come on, we're going to recruit you.'"

V, FSW included, Mai 2023

In cities, schedules get in the way of their activities.

"They come from 8pm; at night when they come the customers don't want to come, the customers are ashamed."

M, FSW included, Mai 2022

Results (continued)

The project was successful because the caregivers and peer educators were welcoming and friendly. It helped sex workers to join and stay in the program.



"Once I get in the truck, they take me well as their mommy who is at home (...) the children there are too nice."

EM, FSW included, May 2023

Free care was important.



"It's something you don't pay for (...) there's profit in it because I see they're treating me for free."

J, FSW included, May 2023

However, some difficulties limited adherence to the program

Visits were too long and benefits were considered insufficient.



"Their questions are too long. Let them do our tests, give us what they need to give us and then we'll go down."

S, FSW lost to follow-up Mai 2023

Not having the right tools or receiving tests late has made women less confident and has prevented them from getting into the truck.



"They told us they had medicine, in case you explained your problem they could give you. But at one point they had nothing (...) Even if they can't have everything, at least the minimum. (...) That's why I stopped riding it."

A, FSWs lost to follow-up Mai 2023



"To take simple blood like that and then after there, result-there doesn't come."

Y, FSWs, lost to follow-up Mai 2022

Conclusion

We observed a peculiar trend in how FSWs perceived healthcare services. The healthcare offer was viewed as inadequate because it did not meet their needs and was considered too time-consuming. Rumors about blood management, FSWs' mobility, and insufficient material benefits affected their willingness to participate. Additionally, delays and stock shortages eroded women's confidence in the project. Nevertheless, the project team managed to keep FSWs engaged by building trust, which helped maintain their participation in the project.