

Danielle Esler

MBBS(Hons), BMedSci(Hons), FRACGP, MPH, is Clinical Director of Population Health, Torres Strait and Northern Peninsula Area Health Service District, Queensland.

Catriona Ooi

MBBS, BSc(Med), MM (HIV/STIs), FaCHSHM, is Director of Sexual Health, Hunter New England Area Health Service, Newcastle, and School of Medicine and Public Health, The University of Newcastle, New South Wales.

Tony Merritt

MBBS, MPH, TM, FAFPHM, FRACGP, is a public health physician, Hunter New England Population Health Unit, Newcastle, New South Wales.

Sexual health care for sex workers

Background

The Australian STI Prevention Framework identifies sex workers as a priority group. The Hunter New England Sexual Health Unit, based at the Royal Newcastle Hospital (New South Wales) provides free sexual health care to sex industry workers.

Objective

To assess current service delivery and barriers to accessing sexual health care by registered brothel based sex industry workers in the Hunter New England area.

Method

An on site survey of 36 sex industry workers was conducted.

Results

Seventy-four percent of participants sought sexual health advice from a general practitioner compared to 37% from the sexual health unit. Seventy-seven percent of participants reported having their sexual health screening carried out according to guidelines. The most frequently stated reason for not using the sexual health unit was the inconvenience of clinic opening times.

Discussion

This study highlights the important role that GPs play in providing sexual health care to sex industry workers. It provides the impetus for future research, education and strategies to improve health service delivery to this important group of patients.

■ **The Australian Sexually Transmitted Infection Prevention Framework identifies sex industry workers (SIWs) as a priority group.¹ The Hunter New England Sexual Health Unit (HNESHU) had anecdotal evidence of barriers leading to limited SIW access to the service. The unit sought to address these by conducting a needs analysis of the Newcastle (New South Wales) SIW population.**

National guidelines² suggest that SIWs should receive genital examination and screening every 3–6 months for gonorrhoea, chlamydia, syphilis, hepatitis B and human immune deficiency (HIV).

Sex industry workers also require easy access to symptomatic assessment and treatment. Important preventive health care includes hepatitis B (and possibly A) immunisation, Pap tests, contraception and safe sex promotion. Acceptability and easy access of sexual health services has implications for both SIWs and the wider public. Prompt sexually transmitted infection (STI) diagnosis, management and preventive health advice, may decrease STI rates in SIWs, their clients and the clients' sexual partners.

Studies have attempted to assess barriers to SIWs accessing sexual health care. Not surprisingly the study results are location specific. A United Kingdom study assessing use of genitourinary medicine services by 'off street' SIWs used similar quantitative methodology to this study.³ The main barriers to service use in the UK study were the length of time spent in clinic, dislike of needles, difficulty getting to the clinic, and dislike of examinations. The majority this study's participants (71%) rejected SIW only clinics. Another UK study⁴ has demonstrated significant difficulties for SIWs accessing health care.

It is estimated that there are 40 brothels in the Hunter New England area. There are 13 registered brothels listed in the Yellow Pages. Sex industry workers also operate from streets, private homes or motels.

Study aims

To survey a representative sample of SIWs working in registered brothels in Newcastle to determine:

- what sexual health care they currently receive
- the preferred site and provider of sexual health care
- existing barriers to accessing sexual health care

- current practices in accessing sexual health information
- the desire for a SIW only clinic.

Method

A questionnaire was administered to SIWs working in registered brothels in the Newcastle region. The surveys were conducted in conjunction with outreach visits by Sex Worker Outreach Project (SWOP) workers. All outreach associated questionnaires were done on week day evenings. All available workers were approached to participate at each visit. Questionnaires were self administered unless the participant requested assistance in which case the investigator administered them verbally.

Data was analysed descriptively. Unless otherwise stated proportions were determined from the total number of participants answering a question.

Ethics approval was granted by the Hunter New England Human Ethics Review Committee.

Results

All registered brothels in the region (13) were approached to participate; two brothels refused.

In total, 29 SIWs were approached on outreach; two declined. Twenty-seven questionnaires were administered in the presence of the investigator. One brothel manager did not allow either the SWOP worker or the investigator to be present with the SIWs but distributed the questionnaires herself to the SIWs. Nine questionnaires were completed in this manner giving a total sample size of 36.

Demographics

All participants were female. Ages ranged 18–55 years; mean age 28 years. Eighty-three percent of participants were born in Australia. Two participants identified as Aboriginal or Torres Strait Islander.

Place of work

Forty-one percent of participants worked in another brothel, 14% also worked privately and 45% worked in one brothel only.

Where health services were sought

Some SIWs visited both GPs and HNESHU for their sexual health care. Seventy-four percent of participants sought sexual health advice from a GP compared to 37% from HNESHU. Sixty-eight percent of participants had their screening done by a GP and 35% at HNESHU. Seventy-five percent of patients would see a GP if they were put at risk of a STI and 38% would visit HNESHU. Eighty-two percent of participants would see a GP if they had a symptom (eg. genital sore or discharge) and 38% would visit HNESHU.

Participants reported using a range of other health care services, however 61% of total participants reported visiting a GP.

Screening practices

Only 77% of participants reported having their sexual health screening done according to guidelines. In the past 12 months 80% of participants

reported being tested for chlamydia, 75% for gonorrhoea, 93% for HIV, 79% for syphilis, 86% for hepatitis B and 86% for hepatitis C.

Vaccination practices

Sixty-six percent of participants claimed they had been vaccinated against hepatitis B.

Potential barriers

A range of reasons for not attending the HNESHU for screening were given; the most frequently being inconvenient clinic opening times (*Figure 1*). The next most frequent reasons were: difficulty getting to the clinic, and fear regarding confidentiality and test results.

Suggested improvements

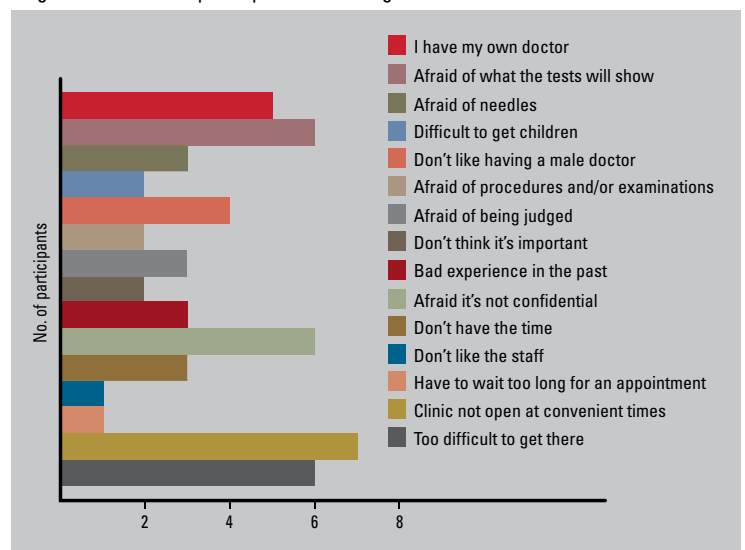
Sixty-nine percent of participants stated they would like a SIW only clinic.

Discussion

This study highlights the important role that GPs play in providing sexual health care to SIWs. The questionnaire did not address whether SIWs are telling their GP that they are in the sex industry. Anecdotal evidence obtained during the brothel visits suggests that this is not the case. Furthermore, even if identified, it remains unknown whether GPs are aware of the special needs of the SIW population. This study may provide the impetus for future education and links with the GP community to ensure the best level of sexual health care is available to this group of patients.

There appeared to be a difference in testing for both chlamydia and gonorrhoea compared with testing for HIV. This may reflect participant recall. The use of practical tools such as a SIW record book may assist clinician and patient adherence to guidelines. Given the mobility of SIWs, a health record book may also assist health professionals working out of the SIWs' usual areas.

Figure 1. Barriers to participants accessing the sexual health unit



The stated hepatitis B vaccination rate could be improved. It is not clear how accurately the stated rate reflects true completion of a full course of hepatitis B vaccination.

Barriers to attending the HNESHU may be specific to the individual unit, and certain responses by the unit may improve service access. The wide range of identified barriers suggests that it is unlikely the HNESHU will be able to meet the needs of all SIWs. The variation in barriers may reflect a heterogeneity among the SIW population. Quality sexual health care provided by GPs may partially respond to some of the barriers expressed by SIWs (eg. clinic hours). Working together there is the potential that the HNESHU and GPs could give complete coverage of sexual health care to local SIWs.

Limitations of this study

This study included a small sample size and did not capture SIWs in unregistered brothels or on the street, groups traditionally more vulnerable to risk taking and STIs.⁵ Although we did capture a small number of private SIWs in this study (who were working in brothels as well), further questionnaires, with both private SIWs and the earlier mentioned subgroups may be warranted. The reliance on SWOP outreach to access workers may have introduced selection bias. In particular the absence of weekend sampling may have excluded an important group of SIWs. The different collection methods used, face-to-face recruitment and manager distribution of questionnaires may have introduced bias. Given the difficulties in reaching this population, the benefits of including all questionnaires in the analysis were deemed to outweigh potential biases.

Conclusion

This study highlighted the barriers experienced by SIWs in accessing sexual health care from a specialised service. Despite the participants' preference for a SIW only clinic it is unlikely that a specialist service will adequately respond to all of these barriers. The findings may have broader implications beyond the Newcastle area. Recognition of this may take the form of future research addressing GP awareness of the sexual health care needs of SIWs, involvement of GPs on professional bodies addressing SIW health needs, and structured partnerships between sexual health units and local GPs.

Conflict of interest: none declared.

References

1. Australian Government Department of Health and Ageing. The National Sexually Transmissible Infections Strategy 2005–2008.
2. The Royal Australasian College of Physicians. Adult Medicine Divisions Australasian Chapter of Sexual Health Medicine. Clinical guidelines for the management of sexually transmissible infections among priority populations. 2004.
3. Bell G, Rogstad K. Off-street sex workers and their use of genitourinary medicine services. *Int J STD AIDS* 2000;11:592–3.
4. Jeal N, Salisbury C. A health needs assessment of street-based prostitutes: cross-sectional survey. *J Public Health (Oxf)* 2004;26:147–51.
5. Kurtz SP. Barriers to health and social services for street-based sex workers. *J Health Care Poor Underserved* 2005;16:345–61.