



Ministry of Health

TRANSITIONS STUDY

Exploring Early HIV Risk among Adolescent Girls, Young Women and Young Female Sex Workers










Introduction

HIV remains a leading cause of death among adolescent and young people in Kenya. Half (51%) of all new adult HIV infections occur in adolescents and youth aged 15-24 years¹, and young women disproportionately bear two-thirds of this HIV burden. The Kenya AIDS Strategic Framework (KASF) 2014/15-18/19² prioritised adolescent girls and young women (AGYW) for HIV interventions. The KASF aims to ensure universal access to comprehensive HIV prevention, treatment and care. Kenya's Fast-track Plan to End HIV and AIDS Among Adolescent and Young People³ recommends evidence-informed combination prevention interventions to achieve this goal through the use of a population-location-risk approach.

Why did we do the Transitions Study?

Evidence suggests that AGYW in Kenya experience high rates of HIV and other sexually transmitted infections (STIs), face poor sexual and reproductive health outcomes, and have challenges in accessing services. Programmes for AGYW sometimes lack the best strategy to reach those at highest risk. Meanwhile, established programmes for female sex workers often do not reach young sex workers. In the Transitions Study, we aimed to better understand the risk and vulnerabilities of AGYW and young self-identified sex workers to inform the strategic design and expansion of HIV prevention programmes in Kenya.

What did we investigate?

-  Ecologies of risk in which AGYW practice casual, transactional sex and sex work; the context of sexual practice and partner dynamics, alcohol and drug use, and the experience of violence
-  Associations between risks and places where AGYW seek sex partners
-  Characteristics and length of the Transition Period (i.e. time from first sex to self-declared entry into sex work) and the Access Gap (i.e. time from sex work entry to first programme engagement)
-  Gaps in access to services during the Transition Period
-  Risks of HIV/STIs by length and characteristics of the Transition Period and Access Gap
-  Extent to which failing to prevent HIV infections during the Transition Period and Access Gap undermine the health and HIV transmission impact of prevention programmes at a population level
-  Potential benefits to population health and HIV prevention of expanding programmes to reach AGYW during the Transition Period and Access Gap



Innovative geographic mapping to locate and estimate the number of AGYW in locations traditionally considered as sex work venues ("hotspots") where AGYW seek sex partners



Immunological studies

How did we investigate?



Cross-sectional and behavioural and biological survey

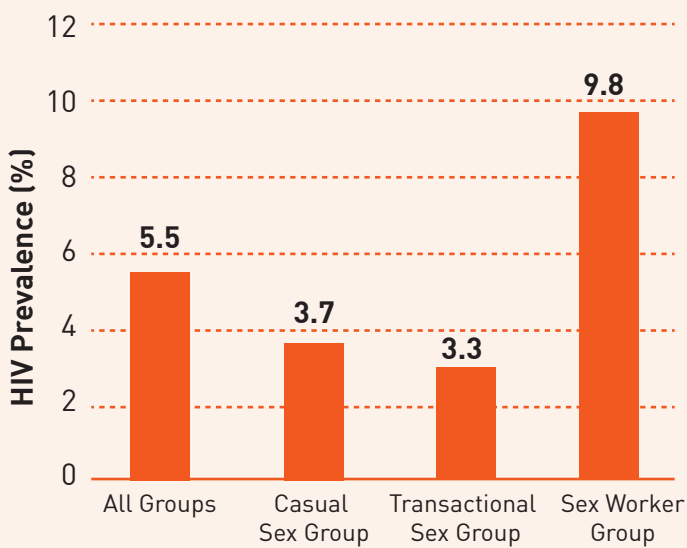


Mathematical Modeling

The study included 1299 AGYW between the ages of 14 and 24 who reside and/or work within a hotspot in Mombasa, Kenya.

1. High prevalence of HIV with most infections acquired very early

- 5.5% prevalence overall with 3.3% prevalence among 14-18 year olds



Women aged 14-24

- 1 in 10 self-identified sex workers are living with HIV; half became infected before the age of 18



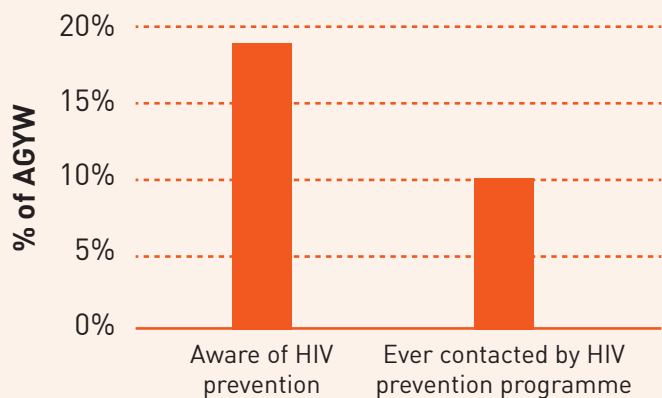
What did we find?

2. High burden of early and ongoing sexual, reproductive and structural vulnerabilities

- Only 1 in 4 had finished high school
 - Half of the girls were younger than 15 the first time they had sex
 - Condom use at first sex was rare
 - 2 in 5 also had anal sex (without a condom) at first sex
 - 11% had a first sex partner who was at least 10 years older
 - By age 18, 1 in 5 girls had been pregnant
 - Sexual and physical violence were common
 - At their first sexual encounter, 1 in 8 were forced to have sex
 - Within their first relationship, 1 in 5 were forced to have sex
- 
- In the past month, 7% experienced sexual or physical violence
 - In the past month, 1 in 4 self-identified sex workers encountered violence or police assault or arrest
 - 1 in 10 girls drank alcohol almost every day; 1 in 3 self-identified sex workers drink almost every day
 - Over 50% felt that they were at little or no risk of HIV
 - Only 1 in 10 girls had a regular source of income; 84% of self-identified sex workers could not cover their living expenses through sex work

3. High uptake of HIV testing but low access to HIV programmes

- 74% of girls had been tested for HIV in the past year
- Only 1 in 10 had been contacted by a non-governmental HIV prevention programme for girls and sex workers

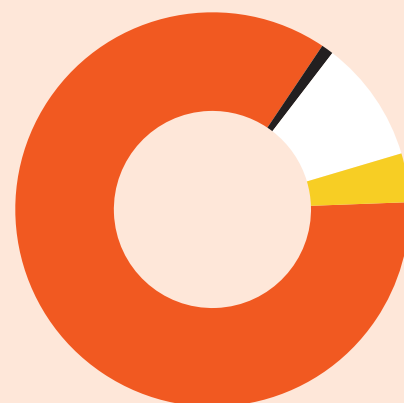


- Only 16% of self-identified sex workers had contact with an HIV prevention programme
- Only 1 in 4 girls living with HIV were linked to an HIV Treatment Programme

4. Sex partners were met in the same locations where female sex workers met clients

- 85% of places traditionally thought of as sex work hotspots are also frequented by AGYW wanting to meet casual and transactional sex partners

% of hotspots where girls meet sex work clients plus:



- casual and transactional sex partners
- transactional sex partners
- casual sex partners
- only sex work clients

Call for action

1



Strategically prioritise HIV/STI prevention programmes for girls focusing on vulnerabilities created by age, location, sub population and risk. Focus on girls who:

- Are less than 18 years of age
- Frequent hotspots to meet sex partners
- Self-identify as a sex worker
- Have high vulnerabilities (more sex partners, condomless sex, experience violence, etc.)

3



Develop policy to:

- Integrate sexual and reproductive health services with HIV services for AGYW
- Establish effective linkages within HIV testing services to HIV care and other comprehensive programmes for AGYW
- Ensure scale up of youth friendly services within existing health services

2



Deliver a comprehensive sexual, reproductive and structural package of interventions using venue-based approaches targeted to individual risk and needs. These package of services should:

- Reach more most-at-risk girls
- Enhance skills in condom negotiation and use, and in self-awareness of vulnerabilities and HIV risk
- Screen for violence and prevent and respond to violence
- Reduce the negative consequences surrounding alcohol use
- Transform spaces including but not limited to hotspots to be safer for girls
- Integrate reproductive health needs including unmet contraceptive needs, pregnancy care and post-abortion care
- Address economic empowerment issues
- Help girls stay in school
- Create positive opportunities to foster empowerment and solidarity

REFERENCES

- 1 Kenya HIV Estimates 2015. National AIDS and STI Control Programme, National AIDS Control Council, Ministry of Health, Nairobi, Kenya. October 2016.
- 2 Kenya AIDS Strategic Framework (KASF) 2014/2015-2018/2019. National AIDS Control Council, Ministry of Health, Nairobi, Kenya.
- 3 Kenya's Fast-track Plan to End HIV and AIDS Among Adolescent and Young People 2015. National AIDS Control Council, Ministry of Health, Nairobi, Kenya. September 2015.

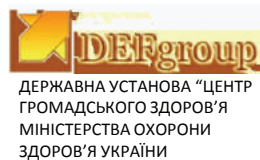


Ministry of Health

NASCOP

National AIDS/STI Control Programme
Box: 19361 - (00202) Kenyatta National Hospital (KNH) Grounds

PARTNERS



Public Health
Agency of Canada

Agence de santé
publique du Canada



This study was supported by the Canadian Institutes of Health Research
[Funding reference numbers MOP-130441 and FDN-143266]