

PrEP Acceptability Among Female Sex Workers in Thailand: *Key Research Findings*

Key Messages

- HIV prevalence among Thai female sex workers (FSW) is significantly higher than in the general population, with some estimates of up to 20–45% among street-based FSW.^{1,2}
- Awareness of pre-exposure prophylaxis (PrEP) is relatively low among FSW (10%), yet interest in PrEP is high, with 80% of FSW reporting in a survey that they would be willing to take a pill every day to prevent HIV.
- Results suggest high demand for PrEP in this high-risk population.
- Because stigma and discrimination are common among FSW, PrEP awareness and implementation should occur in places where FSW are comfortable accessing care, and in conjunction with community-based services.
- Coverage of PrEP through Thailand's Universal Coverage Scheme would increase access. However, as a substantial number of FSW are not insured by this system, alternative methods of financing should be considered to ensure low-cost or free options for the uninsured.
- Further research is needed to identify appropriate implementation strategies for delivering PrEP to FSW.

BACKGROUND ON PrEP

- Pre-exposure prophylaxis (PrEP) is a once-daily dose of antiretrovirals used by people who are HIV negative to reduce their risk of HIV infection.
- If women adhere to PrEP (use it as directed), it can reduce their risk of HIV infection by 61–85%.^{3,4}
- As of 2015, the World Health Organization (WHO) recommends PrEP for HIV prevention in all key population groups at substantial risk, including FSW.

- The WHO recommends that, for maximum effectiveness, PrEP should be delivered as part of a combination prevention package that includes condoms, behavior change communication, and adherence support.⁵

WHY THIS STUDY IS IMPORTANT

- To date, little research has been conducted to actually assess FSW interest in PrEP in Thailand or in Southeast Asia. It is important to understand the potential for initial uptake of PrEP in this group.
- Due to biological differences, research suggests that women need to be more adherent to PrEP than men and not miss doses in order to receive the same level of protection. Implementation research to inform PrEP education and delivery strategies is particularly important for FSW—a high-risk population with a unique set of health priorities and barriers to accessing care.
- While Thailand’s 100% Condom Use Program, launched in 1989, was successful in dramatically increasing the use of condoms in transactional sex, HIV prevalence among FSW remains considerably higher than in the general population. Research is needed to understand the complex factors contributing to HIV risk among FSW beyond condom access, and to position biomedical, woman-controlled HIV risk reduction strategies for maximum impact.

OBJECTIVE OF THE STUDY

To assess FSW knowledge, attitudes, and considerations for PrEP as a component of combination HIV prevention in Thailand.

STUDY METHODS

The research team – an academic-practitioner partnership spanning the Institute for Population and Social Research at Mahidol University in Bangkok, Johns Hopkins Bloomberg School of Public Health, and the community-based organization Service Workers in Group (SWING) Foundation – collected data on PrEP knowledge and acceptability among FSW in Bangkok and Pattaya, Thailand, in 2016. Two primary methods were used:

Quantitative survey

- A survey was administered to 142 venue-based and freelance FSW recruited via time-location sampling in sex work venues and hotspots in Bangkok and Pattaya.
- Consenting participants were asked questions on HIV risk, health care access, PrEP knowledge and attitudes, stigma, and structural barriers to care.

Focus group discussions and in-depth interviews

- Eight focus group discussions were held with 40 FSW in Bangkok and Pattaya. Five in-depth interviews were conducted with key informants, including bar managers (“mamasans”) and service workers.
- Qualitative guides were used to explore characteristics of sex work, health concerns, HIV prevention, PrEP knowledge and acceptability, approaches for mobilization, and opportunities for engaging FSW in HIV research.

FINDINGS

Condom use among FSW

Reported condom use was far more consistent with paying partners (82%) compared to non-paying partners (30%). Client-related barriers to successful condom use were pervasive, with almost half reporting being offered more money to have sex without a condom, 40% reporting condom failure through slippage or breakage, and 25% reporting overt client condom removal.

	Total sample (n = 142)
Always use a condom with clients	82%
Always use a condom with non-paying partners	30%
Have been offered more money to have sex without a condom	47%
Have had a client agree to use a condom then remove it later	25%
Have had a condom slip off or break during sex with a client	40%

Violence against FSW

In this study, 39% of venue-based FSW and 37% of freelance FSW reported ever having experienced violence while working, and 27% of participants reported being forced to have sex by a client. Only 30% of venue-based FSW and 27% of freelance FSW feel adequately protected.

FSW interest in PrEP

Although only 10% of FSW had heard of PrEP before taking the survey, 89% wanted to learn more about it, and 80% indicated that they would be willing to take a pill every day to prevent HIV. Two-thirds (68%) of FSW also anticipated that it would be easy to take a pill at the same time each day to prevent HIV infection. Importantly, 87% reported that they would use the pill even if it meant that they still needed to use condoms, and that they would be willing to be tested for HIV every three months while using PrEP.

	Total sample (n = 142)
Heard of HIV PrEP before taking survey	10%
Would want to learn more about PrEP	89%
Would take a pill every day to prevent HIV	80%
Believe it would be easy to take a pill at the same time each day to prevent HIV infection	68%
Would take a pill every day if still had to use condoms	87%
Would be willing to be tested for HIV every three months if on PrEP	87%

Willingness to pay and travel for PrEP

PrEP is not currently included in the Universal Coverage Scheme, so is likely to be paid for out of pocket. The Thai Governmental Pharmaceutical Organization produces a PrEP pill that retails for 705 THB (~21 USD) for one month's supply. Approximately 87% of FSW were willing to pay this price, while 11% were not willing to pay anything for PrEP. The majority of FSW (67%) were willing to travel up to one hour to access PrEP, while 8% were not willing to travel to access PrEP.

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	Total sample (n = 142)
Willing to pay for PrEP?	
<i>Unwilling to pay</i>	11%
<i>1–1,000 THB per month</i>	75%
<i>1,000+ THB per month</i>	12%
Willing to travel for PrEP access?	
<i>Unwilling to travel</i>	8%
<i>Willing to travel up to one hour</i>	68%
<i>Willing to travel more than one hour</i>	23%

Perceived barriers to accessing and using PrEP

The most commonly cited concern for FSW (25%) was that clients would not want to use condoms if they knew an FSW was using PrEP. Fear of disrespect by friends, colleagues, family, and clients was less common, and a negligible portion of FSW (<2%) feared venue managers would impede PrEP use.

	Total sample (n = 142)
Clients would likely not want to use condoms if FSW were using PrEP	25%
Likely to be disrespected by family/friends/colleagues if using PrEP	14%
Likely to be disrespected by clients if using PrEP	11%
Venue manager would likely prevent FSW from using PrEP	1.4%

KEY FINDINGS AND POLICY RECOMMENDATIONS

- 1. Thai FSW experience HIV risk sources beyond their control, making woman-controlled methods of prevention essential.** HIV prevalence among FSW remains significantly higher than in the general population. Violence and coercive sexual experiences impede consistent condom use and contribute to ongoing risk, making biomedical, woman-controlled methods of prevention particularly valuable for this population.
- 2. There is substantial HIV risk among Thai FSW, and high interest in using PrEP. The majority of FSW are willing to pay and travel short distances to access PrEP.** Despite low initial awareness of PrEP, FSW in this study expressed significant interest in PrEP as an HIV prevention method, as well as willingness to pay and travel to access it. Increased PrEP education and awareness-building for FSW are necessary to support uptake.
- 3. PrEP needs to be delivered in healthcare settings that are accessible and friendly to FSW.** As FSW are at increased risk of experiencing stigma in healthcare settings, measures should be taken to introduce PrEP at locations where FSW already access care. Both

insured and uninsured FSW report a tendency to seek healthcare outside of the government system; therefore, rollout of PrEP should include pharmacies and other private sellers.

- 4. Pricing of PrEP must be affordable to FSW, with low-cost or free options for the uninsured.** The current price of the PrEP pill produced by the Thai Governmental Pharmaceutical Organization would fall into the acceptable range for 86% of participants; however, attention must be given to those who are unable to pay, as these individuals may constitute a higher-risk group. Inclusion of PrEP in the Universal Coverage Scheme, and exploration of alternative means of financing for those FSW not covered by the Scheme, would improve affordability and access.
- 5. PrEP can be an important HIV prevention strategy for FSW in Thailand.** FSW in Thailand continue to have unmet HIV prevention needs. PrEP can provide an important, FSW-controlled option for HIV prevention that cannot be met with condoms alone. As the Thai government begins to support the implementation of PrEP among other high-risk groups, FSW should be included as a priority population for PrEP. Further research is needed to identify appropriate implementation strategies to reach FSW who would benefit from PrEP and to support their adherence.

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 **JOHNS HOPKINS**
BLOOMBERG SCHOOL
of PUBLIC HEALTH



Exchange Tower • 388 Sukhumvit Road • Suite 2104
Klongtoey, Bangkok 10110 • Thailand
T: +66 (0)2 663 7561 • F: +66 (0)2 663 7562
www.treatasia.org

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