

LOW AWARENESS OF PRE-EXPOSURE PROPHYLAXIS AMONG FEMALE SEX WORKERS IN TOGO

Alexandra M BITTY-ANDERSON^{1,2}, Fifonsi A GBEASOR-KOMLANVI^{3,4}, Akila W BAKOUBAYI³, Arnold J Sadio^{3,4}, Patrick A COFFIE^{2,5}, Didier K EKOUÉVI^{1,3,4,5}

1. INSERM U1219, Bordeaux Population Health Research, ISPED, Université de Bordeaux, Bordeaux, France; 2. Programme PACCI – Site ANRS Côte d'Ivoire, CHU de Treichville, Abidjan, Côte d'Ivoire; 3. Centre Africain de Recherches en Epidémiologie et en Santé Publique (CARESP), Lomé, Togo; 4. Université de Lomé, Faculté des Sciences de la Santé, Département de Santé Publique, Lomé, Togo; 5. Université Félix Houphouët Boigny, Département de Dermatologie et d'Infectiologie, UFR des Sciences Médicales, Abidjan, Côte d'Ivoire

Background

The HIV pandemic remains a public health challenge in sub-Saharan African, particularly among key populations (KP) including Female Sex Workers (FSW). Pre-exposure prophylaxis (PrEP) is an effective HIV prevention method recommended since 2015 for high-risk groups, however still scarcely use in Togo despite a global increase in its use. The aim of this study was to explore PrEP awareness among FSW in Togo.

Method

A cross-sectional study was completed in June 2021 among FSW in two cities of Togo: Lomé, the capital city in the South and Kara in the North. A snowball sampling method was used and initial seeds were identified in collaboration with local FSW non-governmental organizations. After consent, a standardized questionnaire was administered by trained research staff.

Results

A total of 447 (300 in the capital city of Lomé) FSW participated in this study.

- Median age: 30 (interquartile range [24 – 38])
- 48.8% (n=218) had a secondary school education or higher.
- Median number of clients: 5 per week (IQR: [3-10])
- Median weekly earning range: \$17 to \$43
- 57,9% had a non-paying partner:
 - ✓ 32.0% of them indicated using a condom with their partner during their last sexual intercourse.

Table 1: Sociodemographic characteristics and sexual history of female sex workers in Togo (N=447)

	n	%
Age		
<30	221	49.4
> 30	226	50.6
Level of education		
None	88	19.7
Primary	141	31.5
Secondary	194	43.4
University	24	5.4
Marital status		
Living with a husband/partner	46	10.3
Divorced/Separated/widowed	116	25.9
Single	285	63.8
Number of clients in the previous 7 days		
≤7	300	67.1
8 to 14	95	21.3
≥ 15	52	11.6
Use of condoms during last sexual intercourse with a client		
Yes	428	95.7
No	19	4.3
Condom accident and breakage		
Yes	88	19.7
No	359	80.3
HIV test in the previous year		
Yes	313	70.0
No	134	30.0

- Only 8 (1.8%) were aware of PrEP.
- 78.1% (n=349) expressed their interest and intention in using PrEP if available (after explanation).
- If on PrEP:
 - ✓ 12.1% would be willing to engage in unprotected sex with their clients.
 - ✓ 47.7% would be willing to engage in unprotected sex with partners.
- 47.4% believed PrEP could completely fulfill their HIV prevention needs
- ✓ 24.7% (n=43) of them would absolutely not use condoms with their clients if on PrEP (p<0.001).
- 33.8% would find it difficult and very difficult to take PrEP every day without missing a dose.
- 49.9% (n=223) FSW would prefer obtaining PrEP at the pharmacy
- ✓ Only 10.3% (n=46) would prefer PrEP access through FSW community-based organizations and peer-educators.
- 52.8% (n=236) would be willing to pay for PrEP if given the option.

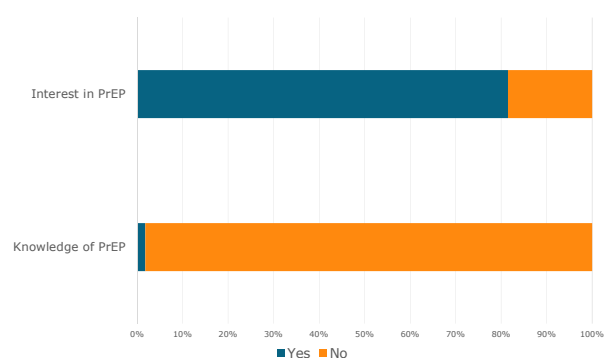


Figure 1: Knowledge and Interest in PrEP among female sex workers in Togo (N=447)

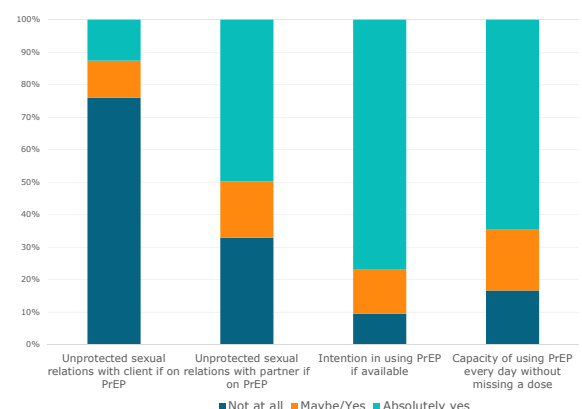


Figure 2: Attitudes toward PrEP among female sex workers in Togo (N=447)

Discussion and Conclusion

FSW in Togo face multiple challenges which heighten their vulnerability to HIV transmission. The inclusion of PrEP in combination prevention strategies could have an impact in the reduction of HIV transmission in this population. Despite almost all FSW being unaware of the existence of PrEP, they presented an interest and intention in using PrEP if available. However, for a successful implementation of PrEP, attitudes toward PrEP indicate that long-acting PrEP, a non-stigmatizing access to PrEP and steady behavioral prevention that would also target partners should imperatively be considered.

Acknowledgements

