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Background

- Mobility and migration are well-recognized determinants of HIV and sexually transmitted infections (STIs)
- · Yet, little is known about the role of recent, short-term mobility patterns in promoting or constraining sexual risks and health access among sex workers (SWs)
- Migrant SWs have been shown to face increased HIV risk in LMIC, but not in HIC (Platt et al. 2013)
- Likely due to differences in individual and structural determinants (e.g., organization of SW)
- No studies among migrant SWs in North America
- · Limited information regarding working conditions, health, and safety of SWs who engage in short-term mobility
- The objectives of this study were to identify factors linked to:
- 1. Short-term mobility or migration (engaged in sex work or lived in another city, province or country during the past 6 months) and
- 2. Short-term work-related mobility (engaged in sex work in another city, province or country during the past 6 months)

among female sex workers (FSWs) in Vancouver, British Columbia (BC), Canada over time

Methods

treated as fixed covariates

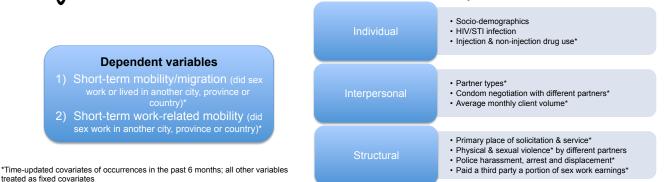
Data collection: An Evaluation of Sex Workers' Health Access (AESHA)

- Longitudinal cohort initiated in 2005; Expanded in 2010 with >800 street and off-street FSWs across Metro Vancouver BC
- Collaboration with >15 community partners
- Eligibility: Female or transgender woman; 14 years of age+; exchanged sex for money in last month
- Time-location sampling and outreach to street/off-street venues
- Biannual interview questionnaires and HIV/STI/HCV testing
- · Ongoing monitoring of health outcomes and access to care

Data analysis

· Separate bivariate and multivariate logistic regression with Generalized Estimating Equations (GEE) models to examine longitudinal correlates of short-term mobility/migration among 646 street and off-street sex workers

Independent variables



Results

Of 646 FSWs. 10.84% (n=70) engaged in sex work or lived in anothe

Table 1: Characteristics of				
female sex workers at				
baseline, stratified by				
mobility and migration				
(n=646, 2010-2012)				

Variable	Short-term mobility/ migration (n=42) n (%)	No mobility/migration (n=604) n (%)	P-value
Individual factors			
Age, in years (med, IQR)	29.5 (25-36)	34.5 (28-42)	0.002
Monthly income (med, IQR)*	\$3720.00 CAD	\$2500.00 CAD	0.012
Aboriginal ethnicity	19 (45.24%)	217 (35.93%)	0.226
HIV/STI positive*	7 (16.67%)	129 (21.36%)	0.471
Injection drug use*	19 (45.24%)	243 (40.23%)	0.523
Interpersonal factors			
Condom refusal by*			
Clients	12 (28.57%)	131 (21.69%)	0.299
Intimate partners	3 (7.14%)	8 (1.32%)	0.029
Monthly client volume (med, IQR)	48 (31-82)	48 (20-84)	0.395
Structural factors Place of solicitation*			
	21 (50 009/)	244 (56 05%)	
Street/public (ref)	21 (50.00%)	344 (56.95%)	0 704
Indoor establishment	9 (21.43%)	167 (27.65%)	0.761
Independent	12 (28.57%)	93 (15.40%)	0.049
Homelessness*	25 (59.52%)	174 (28.81%)	<0.001
Physical/sexual violence by*			
Clients	13 (30.95%)	141 (23.34%)	0.263
Intimate partners	12 (28.57%)	127 (21.03%)	0.250
Experienced any barrier to health care	34 (80.95%)	378 (62.58%)	0.017

Table 2: Factors independently correlated with short-term migration and mobility outside Vancouver over time (N=646, 2010-2012)

Variable Aae Place of solicitation' Indoors Independent Condom refusal by non-commercial partner Physical/sexual violence by client* Experienced any barrier to health care

• In a second GEE model, short-term work-related also correlated with client physical/sexual violence (AOR: 1.92)

Discussion

- During this 2.5 year study. ~11% of SWs engaged in short-term mobility/migration, which was linked to: Younger age, working in indoor establishments, higher income - ★social and economic opportunities
- ↓control over sexual negotiation, ↓health care access, ↑client violence less control over working conditions, isolation
- Interventions needed to enhance health and social supports for mobile/migrant SWs
- · Linkage to health & social supports in mobility settings
- Access to mobile, SW-led outreach, community organizing, sharing information
- Rights-based policies/programs to ensure access of migrant/mobile SWs to safe work environments



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Oral Poster #TUPDC0204

er	city,	province	or	country	during	the study

Adjusted Odds Ratio	95% Confidence Interval
0.95	0.92-0.98
2.25	1.27-3.96
1.34	0.73-2.45
3.00	1.02-8.84
1.55	0.88-2.72
1.77	1.08-2.89

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