

# Complexities of Short-term Mobility and Migration: Enhanced Opportunities, Sexual and Safety Risks, and Barriers To Care among Sex Workers in a Canadian Setting

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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

### 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

#### Individual

- Socio-demographics
- HIV/STI infection
- Injection & non-injection drug use\*

#### Interpersonal

- Partner types\*
- Condom negotiation with different partners\*
- Average monthly client volume\*

#### Structural

- Primary place of solicitation & service\*
- Physical & sexual violence\* by different partners
- Police harassment, arrest and displacement\*
- Paid a third party a portion of sex work earnings\*

### Dependent variables

- 1) Short-term mobility/migration (did sex work or lived in another city, province or country)\*
- 2) Short-term work-related mobility (did sex work in another city, province or country)\*

## Results

- Of 646 FSWs, 10.84% (n=70) engaged in sex work or lived in another city, province or country during the study

**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
<b>Individual factors</b>			
Age, in years (med, IQR)	29.5 (25-36)	34.5 (28-42)	<b>0.002</b>
Monthly income (med, IQR)*	\$3720.00 CAD	\$2500.00 CAD	<b>0.012</b>
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
<b>Interpersonal factors</b>			
Condom refusal by*			
Clients	12 (28.57%)	131 (21.69%)	0.299
Intimate partners	3 (7.14%)	8 (1.32%)	<b>0.029</b>
Monthly client volume (med, IQR)	48 (31-82)	48 (20-84)	0.395
<b>Structural factors</b>			
Place of solicitation*			
Street/public (ref)	21 (50.00%)	344 (56.95%)	
Indoor establishment	9 (21.43%)	167 (27.65%)	0.761
Independent	12 (28.57%)	93 (15.40%)	<b>0.049</b>
Homelessness*	25 (59.52%)	174 (28.81%)	<b>&lt;0.001</b>
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%)	<b>0.017</b>

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

Variable	Adjusted Odds Ratio	95% Confidence Interval
Age	<b>0.95</b>	<b>0.92-0.98</b>
Place of solicitation*		
Indoors	<b>2.25</b>	<b>1.27-3.96</b>
Independent	1.34	0.73-2.45
Condom refusal by non-commercial partner*	<b>3.00</b>	<b>1.02-8.84</b>
Physical/sexual violence by client*	1.55	0.88-2.72
Experienced any barrier to health care	<b>1.77</b>	<b>1.08-2.89</b>

- 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

\*Time-updated covariates of occurrences in the past 6 months; all other variables treated as fixed covariates

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