

Risky sexual behaviors: a comparative analysis between adolescent female sex workers (AFSW) and adolescents from the general population (GP) in ten Jilinde-supported counties in Kenya.

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Background: Young people aged 10–24 years constitute one-quarter of the world's population, and are among individuals most affected by the global HIV/AIDS epidemic. Adolescent girls are more vulnerable, and those who engage in sex work experience compounded vulnerabilities. Despite this concern, many young KPs (YKPs) do not access health services to receive prevention interventions because they do not perceive their risk, experience stigma and discrimination, and due to lack of appropriate tailor-made interventions. Jilinde is a large-scale project, which provides oral PrEP to key and vulnerable populations including female sex workers (FSW) and adolescent girls and young women (AGYW) in Kenya. PrEP for AGYW is delivered in public clinics, private clinics, and drop-in-centers (DICES). We investigated the prevalence of self-reported risky sexual behaviors comparing between AFSW and adolescents from the GP.

Materials & Methods: We report demographic and reported risky behaviors of adolescent girls, ages 15 - 19 years, initiating PrEP from February 2017 to May 2019. The adolescents received either static or outreach services from 93 Jilinde-supported clinics. We used data on risk behaviors in the client encounter form as documented by providers during eligibility assessment for adolescents accessing PrEP for the first time. Retrospective analysis was conducted on de-identified client data sourced from the PrEP medical record form approved by the Ministry of Health of Kenya. Chi square and t-tests were conducted to evaluate inter-group differences and odds ratio for the risk factors between the two groups. All analyses were conducted using SPSS 25.0.

Results: Among 1851 adolescent girls initiating PrEP, 1266 (68.4%) self-identified as FSW. Those

identifying as FSWs were slightly older than those from the GP (Mean age 18.1, SD=1.0 vs 17.5, SD=1.3) ($p < 0.001$), and a majority (72.3%) of the older adolescent girls were FSW. A majority (72.4%) of the adolescent FSW were single, while a large proportion (62.1%) of the GP were married. The AFSW sought PrEP services predominantly from the DICES (92.5%), while the GP from public health facilities (80.1%). Most (77.8%) of the adolescent FSWs were linked to PrEP services through their peers. On comparison of risk behaviors, the AFSWs had higher odds of having had a sexually transmitted infection in the last 6 months (OR=6.56, CI=3.17,13.54), recurrent use of Post-exposure Prophylaxis (PEP) (OR=2.89, CI=1.29,6.46), and engaging in sex under the influence of alcohol or drugs (OR=7.66, CI=5.62,10.45). They, however, had lower odds of having a known HIV positive sexual partner (OR=0.12, CI=0.07, 0.21) and using condoms inconsistently (OR=0.25, CI=0.12, 0.56). All the differences were significant at $P < 0.05$.

Conclusions: There have been limited concerted efforts to focus on or address the health needs of adolescent girls engaging in sex work, as they are considered underage. Data from Jilinde shows that preventing HIV infection in adolescent girls need to include interventions for those engaging in sex work due to the high burden of risky behaviors, and harm reduction for those from the GP who do not use condoms consistently.