

Engagement of private sex workers with sexual health services: Results of an online survey



Health
South Eastern Sydney
Local Health District

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Background

Outreach at brothels is a longstanding health promotion strategy that engages with sex workers at their place of work in order to promote safer sex, distribute condoms and encourage regular sexual health screening. Private sex workers (PSWs) provide services in private and off-site premises and are less accessible by conventional outreach methods. Little is known about their access to sexual health care.

Aim

To examine where PSWs present for sexual health services, whether they disclose sex work to their provider, the type of sexual health services they receive and their satisfaction with these services.

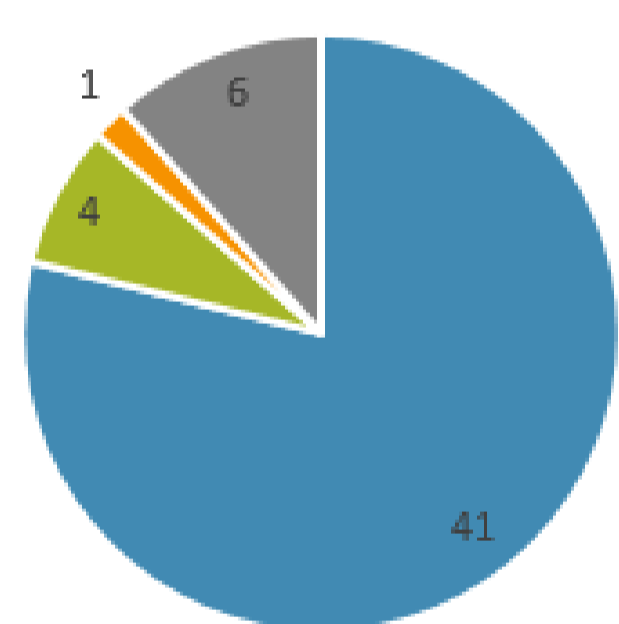
Methods

We identified Sydney-based PSWs through online public advertisements and emailed them an invitation to participate in an anonymous online survey. We recorded information about their demographics and sexual health care on an excel spreadsheet.

Results

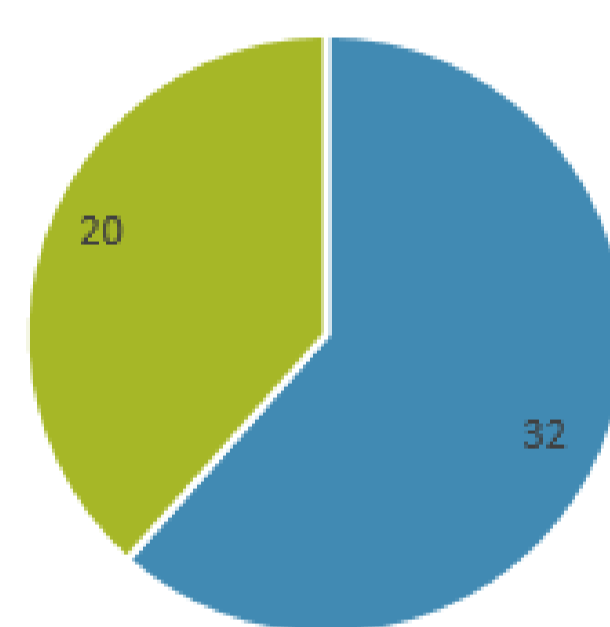
- 266 surveys were delivered and 52 were completed (response rate 19.5%)
- The median age was 31 years

Gender of PSW (n)



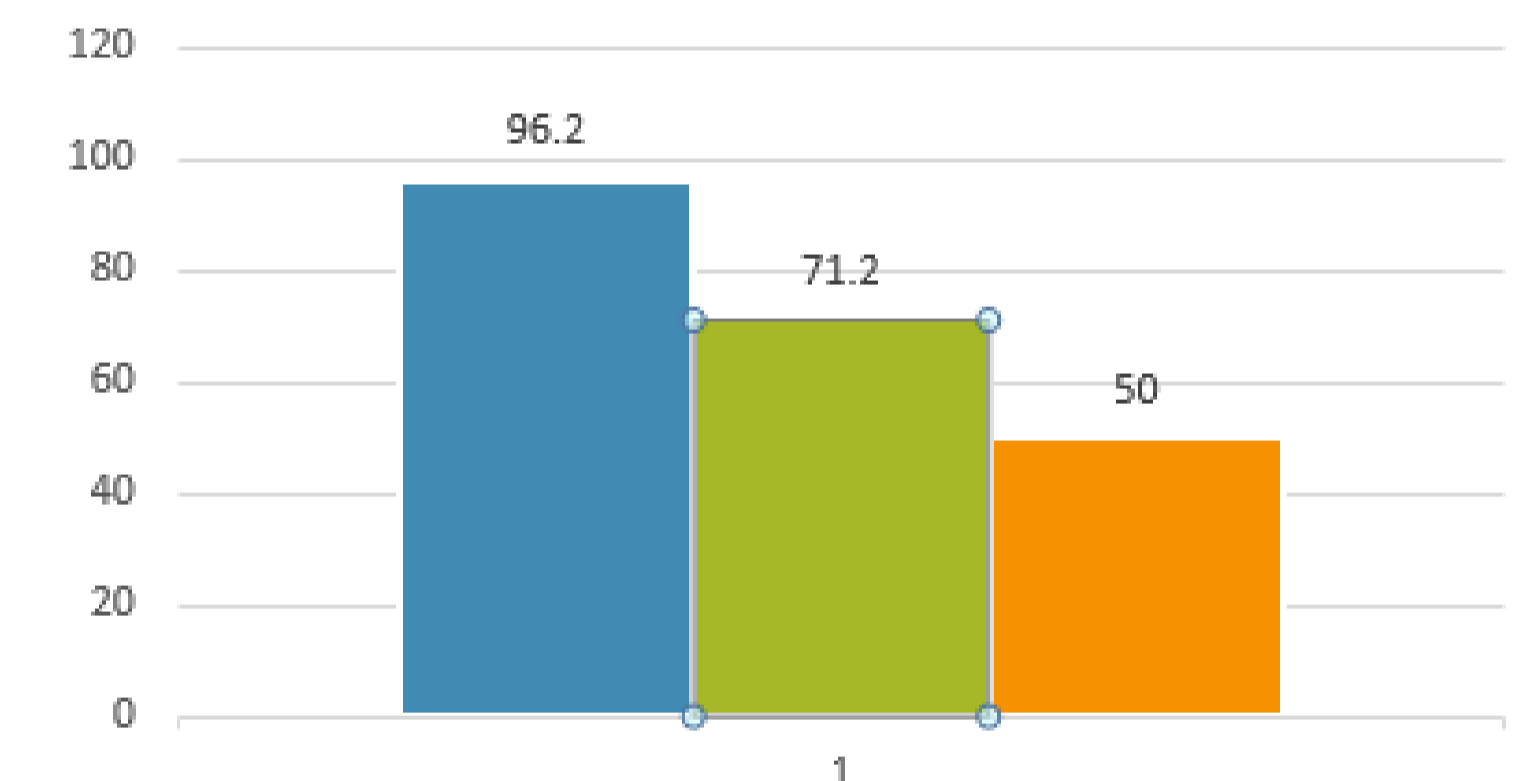
■ Female ■ Male ■ Transgender (FTM) ■ Transgender (MtF)

Place of sex work (n)



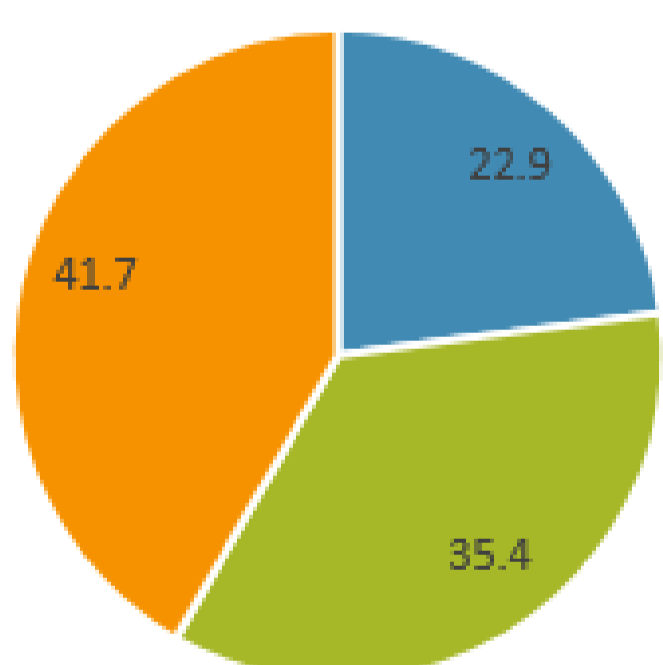
■ Private only ■ Private + brothel or massage parlour

Type of services offered (%)



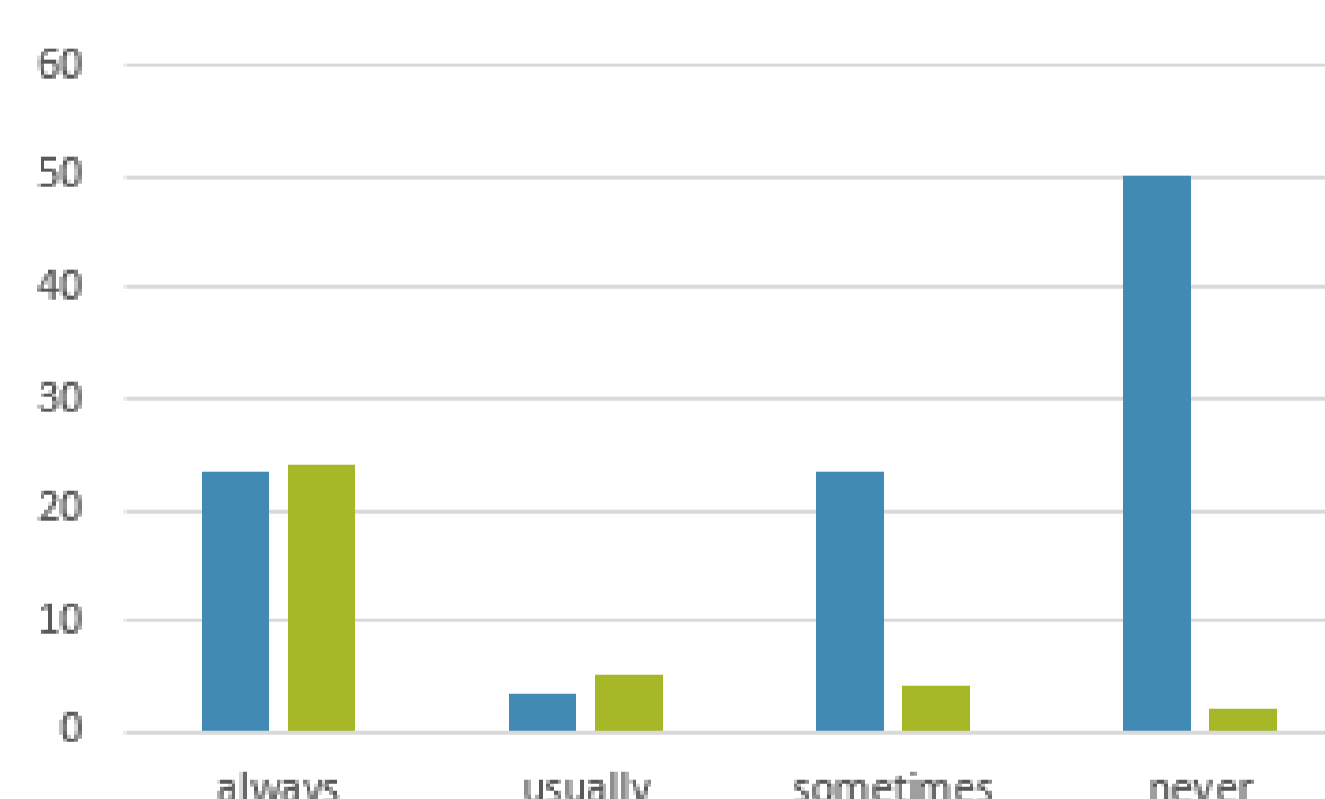
■ Oral sex ■ Vaginal sex ■ Anal sex

Previously accessed sexual health services (%)



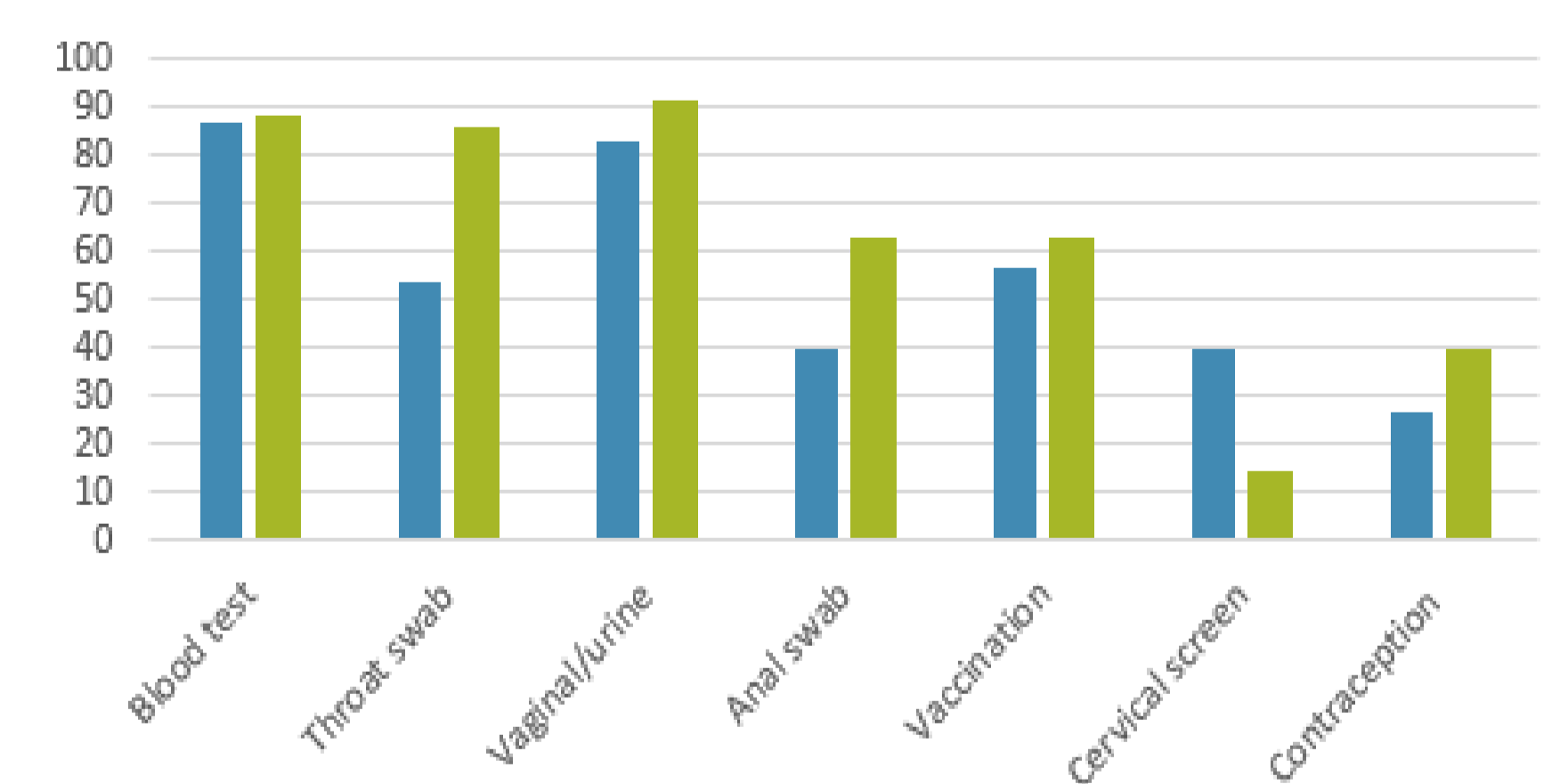
■ General Practice ■ Sexual Health Clinic ■ Both

Disclosure of sex worker status (%)



■ General Practice ■ Sexual Health Clinic

Services offered (%) by service type



■ General Practice ■ Sexual Health Clinic

- 100% had a previous sexual health screen at a general practice (GP) or Sexual Health Clinic (SHC)
- 26.7% (GP) and 44.1% (SHC) were very satisfied with the sexual health services they received
- 42% ($p < 0.001$) preferred a dedicated sex worker clinic and 40% ($p < 0.001$) preferred to attend their GP

Discussion

PSWs are likely to present to both GPs and SHCs for sexual health services but disclosure of PSW status and the sexual health services offered vary by service type. Health care provider training may help to ensure that appropriate sexual health services are provided to this priority population. Innovative methods of accessing PSW for sexual health promotion should also be explored.