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**TROP 934 Research Methods in International Health**

**Assignment: A Literature Review Project proposal**

**Word Count:**

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**Abbreviation**

FSW

UNAIDS

HIV

WHO

BMJ

NSWP

STI

**Title**

Stigma and discrimination - a narrative review study of the detrimental influences of stigma and discrimination on mental health, and as predictors of sexual health help-seeking among sex-workers In Sub-Sahara Africa

**Lay summary**

Globally, sex workers continue to be the most vulnerable and understudied population, frequently misunderstood by society, and endure severe stigma, discrimination and abuse in health and community settings (UNICEF, 2021), compared to any other service professional group, (Rayson and Alba, 2019). Despite sex-workers internationally lobbying for decriminalisation, “sex-worker laws continue to be controversial”, (Maggin and Cooper, 2017). They are viewed as unclean, a danger to public health, unable to take care of themselves or make good decisions, (network of sex work project, 2021). They are simplified by stereotypes such as deviant, disordered, or vulnerable, stereotypes that conceal their true realities, simplifies, and misrepresents them, (Putnis and Burr, 2020). Popular cultural and media representation of sex-workers and red-light districts have contributed to these stereotypical images. Religious organisations, socially conservative politicians and some radical feminism also plays a part in perpetuating these perceptions and strengthening the stigma and discrimination that sex-workers face”, (Maggin and Cooper, 2017).

Evidence or Stereotype? Health Inequalities of Sex Workers in Health Publication in England” an article by Putnis and Burr, (2019) “confirm there is stigma and discrimination across the world. This article shows how and when sex workers are " represented in policies and publications by English national health organisations: National Health Service (NHS), Public Health England and the National institute for Health and Care Excellence as well as the UK Department of Health. Health organisations and policies play an important role in highlighting inequalities and guiding health systems to reducing inequality however, these organisations are instead harming the health and well-being of sex-workers. They are doing the opposite of what they purport to do, excluding sex-workers from their publications and documents and, when present, are depicted not using evidence, but simplistically with moralistic undertones (Putnis and Burr, 2019).

**Barriers**

The health of sex-workers is influenced by their positions in society and by the marginalisation and stigmatisation they endure world-wide, (Putnis and Burr, 2020) for example: a study from Sub-Sahara Africa shows, HIV prevalence among sex-workers was 39% in countries that criminalised the practice, compared to 12% in countries where it was partially legalised, (UNAIDS, 2021). this could be because, for those facing stigma within society, they tend to face discrimination from individuals, within institutions, policy, and laws. this experience can result in the creation of laws and policies that harm sex workers and creates a barrier to HIV prevention and treatments services

Many researchers have highlighted the effects of stigma and discrimination in their research on numerous occasions, mainly in the context of HIV vulnerability, mental and sexual health but nothing on general health. There’s still lack and a scarcity of research into the impact of sex-workers on general health, (Balfour and Allen, 2014). For example

The United Nations AIDS, (2014) states, stigma and discrimination, violence and punitive legal and social environmental are the key factors of increased HIV vulnerability. Punitive environmental have been shown to prevent and delay sex workers and their client’s access to HIV prevention, treatment, care, and support.

A survey conducted by Rayson and Allba, (2019), in the article: “Experiences of Stigma and discrimination as predictors of mental health help-seeking among sex workers”, in which he surveyed 189 sex workers internationally”, a substantial number of participants reported they have been stigmatised and discrimination against by mental health professionals and in mental health setting. The finding suggests that when sex-workers seek mental health care, they’re confronted with high level of stigma and discrimination hence, creating a potential barrier and negatively impacting their mental health further.

Rossler et al., (2010) article “the mental health of female sex workers”, assessed, 193 on and off-street sex-workers In Zurich, (5% of all registered) to identify potential patterns of mental health issues. The study found a high level of anxiety, stress, post-traumatic stress disorder, due to the high level of violence these women encounter. Psychosis and schizophrenia were among the other identified mentor disorders.

The “Stigma, Denial of Health Services, and Other Human Rights Violations Faced by Sex Workers in Africa: “My Eyes Were Full of Tears Throughout Walking Towards the Clinic that I Was Referred to” is an intriguing journal by Richter and Buthelezi, 2021 explaining how clinical settings the site of human rights violation are often where many sex workers experience ill treatment and abuse by healthcare providers, negative experiences that acts as a powerful barrier for sex workers

“Sex work stigma and non-disclosure to health care providers: data from a large RDS study among FSW in Brazil”, a journal article by Dourado et al., 2019, examines stigma in healthcare services and how it can harm health-seeking attitudes and practises as well as, how it can be one of the main barriers to STI control and HIV response among sex workers. Despite the fact this study was not conducted in Sub-Sahara Africa, it confirms and verifies the issue at hand, and it conforms to conventions by demonstrating the severity and reality of stigma and discrimination across the globe.

Lives on the line: sex work in sub-Saharan Africa by Baleta, 2014 reports how sex workers in sub-Sahara Africa face physical abuse and a high burden of disease due to stigmatisation, criminalisation, and poverty

**Intervention**

A study by Dourado et al., (2019) indicate that since sex work stigmatization within health services may be one of the key hurdles to STI control and HIV response among FSW. It is essential to combat stigmatization and discrimination against FSW in health services to ensure the appropriate uptake of preventive intervention available in the public health system in Brazil, a solution that can also be applied anyway in the world.

“Data on the vulnerability of sex worker”, by Adetokunboh, Shumba and Nyasulu, (2021) provide data on the vulnerability of sex workers, claiming that sex workers are extremely vulnerable and highly susceptible to HIV. As a result, community-based targeted interventions have been recommended as one of the models of care to improve HIV services access and retention. Although data on long-term treatment outcome and the extent to which FSWs remain engaged in care is scarce. These authors recommend a broad package of interventions that includes a combination of behavioural, biomedical, and structural intervention, designed with specific strategies, unique to each cascade. More studies are needed to improve the assessment of the effectiveness of community-based interventions on the HIV care cascade. This aids in the selection of evidence-based optimal intervention that will guid the efficient use of limited resources for methods that will have a major impact on HIV service delivery.

Awungafac, Delvaux and Vuylsteke, (2017) states; the health sector should consider interventions to reduce binge alcohol intake and intravenous drug use among sex workers. Programmes should staunchly consider multicomponent approaches that explore community-based structural approaches

Due to limited information about the mental health of sex-workers, Rössler et al., (2010) suggests, conducting a comprehensive assessment of the mental health status of female sex workers in a variety of outdoors and indoors work settings and across nationalities, (Rössler et al., 2010). furthermore, there are few studies that monitors and evaluate outreach and intervention programmes for sex-workers, (Balfour and Allen, 2014).

**policies and Laws**

**Factors driving entrance into sex work**

The prevalence of Femalesex workers in sub-Sahara Africa in 1995 to 2005 was estimated between 0.7% to 4.3% in the capital cities and 0.4% to 4.3 percent in other urban areas, the actual figures of this hard to reach group in unknown in most countries around the world, (Fearon et al., 2020 and Vandepitte et al., 2006) and there is still numerous gaps in the existing literature and the current figures being used to estimate the sex-worker population are outdated, (Balfour and Allen, 2014).

Sex work is a term used to describe a variety of activities involving the exchange of money or its equivalent for the provision of a sexual service. Sex workers come from a wide range of socio-economic context hence, this contradicts popular beliefs that sex-workers come from poorer or lower socioeconomic backgrounds, (Balfour and Allen, 2014).

The major driving force or social exclusion which drives people into sex work are; housing, addiction (drug), violence, power, and Economic necessity or expediency Including, mental health, low education, money, debt and, low level welfare benefits, family breakdown, cut off care, social exclusion, a means to survival, experimental and/or lifestyle reasons, and economic opportunities. For example:

In a 2015 study in the United Kingdom, one in every 20 students reported participating in sex work. As student's debt burden grow by the time they graduate, sex work has become a means of mitigating this problem and a means funding their studies and covering costs whilst living away from home and attending university. The Sydney Morning Herald reported in 2013 that, an increasing number of single Mums were turning to sex work and lap-dancing to make ends meet, due to changes in their parenting welfare benefits, (Maginn and Cooper, 2017).

**Recommendation**

* Acceptability and social accessibility of health services
* Increase responsiveness of system to the needs and priorities of the sex workers
* Awareness-raising training, addressing staff attitudes and discrimination including Introduction of sanctions however, this will require regulatory power and capacity
* Improving ‘cultural competence’ of care (“ongoing process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community” Campinha-Bacote, 2002).
* Developing integrated or stand-alone services that are ‘friendly’ to different marginalised groups for example: improving ‘friendliness’ of access to STI, VCT and ART services for young women and men, men who have sex with men, sex workers
* There’s need for structure approaches, structural actions implemented as single policies or programmes that aim to change the conditions faced by sex-workers, approaches applied in combination with behavioural interventions targeted at individuals, (Rao-Gupta et al, 2008: 766). The process of implementing structural approaches must, therefore, begin with analyses of how social, political, economic, and environmental factors are operating and the pathways leading to risk in each community, (Rao-Gupta et al, 2008: 767).

**Legal approaches**

* •Legislation, policies, and services to protect sex-workers from abuse – e.g., violence
* Addressing discriminatory laws, policies, and practices on policing of sex work
* Laws to prevent discrimination laws that are fully enforced
* Social - building movements for social change – e.g., Participatory approaches encouraging and supporting people to reflect on social norms, power and discrimination affecting them and develop collective action
* Advocacy to raise awareness of negative social norms, power relations and discriminatory perceptions – e.g., of people with disabilities, LBTQ+ people, ‘slum dwellers’ – to collectively change and challenge behaviour – best led by affected people - peer education and social mobilisation
* Improving meaningful representation and participation of marginalised people in planning and decision-making bodies

**Conclusion**

**Setting:** The sub-Saharan Africa

**Target group:** Female sex workers

**Research questions**

1. What services and interventions are available and how effective are the various types of integrated health intervention for sex workers in sub-Sahara Africa?
2. How are laws and policies implemented to address stigma and discrimination and how do they contribute to the health of the population group.
3. What are the impact of stigma and discrimination on marginalised vulnerable group and how it can be detrimental to health seeking attitudes and practices

**Research aim and objectives**

**Aim**

To examine and understand the effects of stigma and discrimination and it’s detrimental

among female sex-workers in Sub-Sahara Africa

**Objectives**

1. To meet the above aim, the objectives are to understand through a review of secondary data the effects of stigma and discrimination portrayed on female sex workers.
2. To review evaluation studies on stigma and discrimination among sex workers in Sub-Sahara Africa through literature review
3. To provide an overview of stigma and discrimination and its effect on mental health of sex workers
4. To explore the detrimental behaviour of healthcare professionals towards sex workers and the impact of stigma on mental health among sex workers
5. To examine and understand thoroughly, the challenges faced by female sex workers when accessing healthcare access
6. To explore health workers attitudes towards sex workers and experience of this population group in the use of healthcare services
7. To review and evaluate the different laws and interventions available in Sub-Saharan Africa
8. To review studies to examine the experiences of stigmatised and discriminated female sex worker in sub-Sahara Africa.
9. To present recommendation research, policies, laws and governmental action/intervention that can advance the efforts to end stigma and discrimination among female sex worker in the Sub-Sahara Africa.

**research methods**

**Justification**

This is a literature review project based on the module TROP934, based upon female sex workers in sub-Sahara Africa.

Because the literature on male and transgender sex-workers is relatively small and scarce, this research will focus on the effects of stigma and discrimination on female sex workers only, (Balfour and Allen, 2014).

Because there are numerous gaps and insufficient information in contemporary literature, outdated literature will be used, (Balfour and Allen, 2014). A total of 20 eligible accredited articles, both outdated and updated literature, published between 2010 and 2021, will be included. The search will be limited to articles published in English but will not be limited to one country only. It will look at worldwide data to see how findings from Sub-Saharan Africa compare to those from other countries.

All evidence relating to the research questions and topic will be picked. Data will be extracted on inequality, healthcare access, stigma and discrimination, punitive, mental health, intervention content and outcomes. Eligible articles describing stigma and discrimination in sub-Sahara Africa among sex workers will be identified.

Once data has been extracted and filtered, the rich information and evidence that's left will be saved. The information that will help answer the topic questions will then be thoroughly combined with the other data and analysed into one piece of research of what I have found.

**Search Strategy**

1. This study will include electronic search of databases such as PubMed, EBASCO, Lancet, Cinahl, Google Scholar, MesH, Cochrane, Knowledge Library, Medline, BMJ
2. Web search on international organisation: UNAIDS, WHO, The Global Funds, Kaiser Family Foundation, and International AIDS Society,
3. A review of reference and cited lists from every searched material and journal articles
4. Search into unconventional places such as “unpublished research, academic conferences and Grey literature”.

To prepare the topic: I took a quick look at available evidence to make sure there is enough research to address the question.;

Whilst I continue on this project, I plan to screen 15 to 20 articles, and decide what kind of studies should and shouldn't be included in this study. I will take a thorough look at 10 sources from those I’ve gathered, removing evidence that doesn’t answer my question or research methods that I need to avoid

Analyse and synthesise evidence: if conducting meta-analysis, I will need statistical tools to combine data and look at my studies to evaluate the quality of the research and check for bias. After everything is prepared, I will combine all my evidence together to summarise the research that addresses my question.

I will report findings: once I’ve decided what the evidence found has to say about my question, I will turn my conclusion into a report.

**Ethics**

No ethical approval will be needed to carry out this research because it is a literature review. Data will be taken from secondary sources, from previous published studies in which informed consent was obtained by primary researchers will be retrieved and analysed

**Acknowledgement:** a big thank you go to my lecturers and supervisor for helping me through this journey

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**draft**

Most studies illustrates the existence, the effects and the impacts off stigma and discrimination among sex workers in the Sub-Sahara Africa and its effects on Sex-Workers physical, mental and sexual health. Most studies and authors showed how HIV situation is closely related to stigma, discrimination and lack of access to prevention and care services.

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