

Cervical Cancer & Female Sex Workers

Experiences and Insights from Bangladesh



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Sex Workers as a Key Population



HIV prevalence
amongst sex workers
at 2.5%, compared to
the general adult
population at 0.7%
UNAIDS estimates



HIV incidence
amongst female sex
workers was 8.6 times
higher than all women
aged 15-39*
a recent meta-analysis



HPV prevalence
amongst sex workers
worldwide around 40%-
with HPV type 16,
which causes **cervical
cancer**, the most
common type identified
Recent meta-analyses

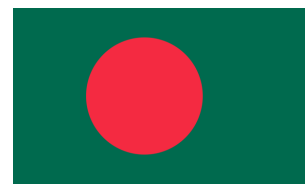
Sex workers are at heightened risk of both
Cervical Cancer & HIV

Sex Workers

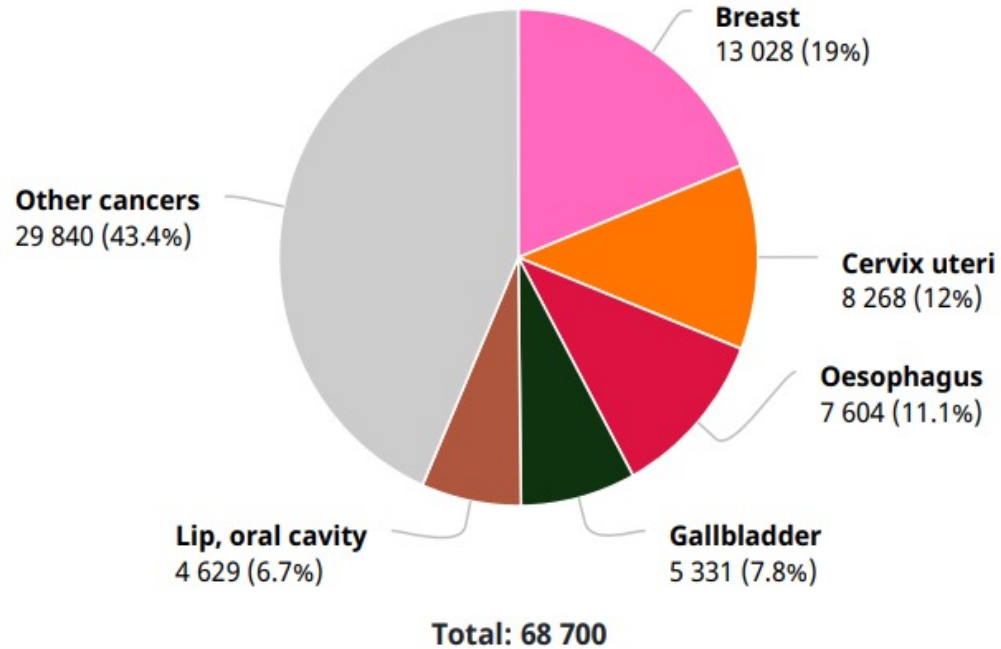
- **Around- 100k- 200k sex workers** in Bangladesh (majority from hotels or in street)
- **Sex work in private is legal** which are monitored by local authorities
(14 official brothel complexes housing at least 4k sex workers)
- It is understood that **bonded labour and exploitation are prevalent within brothels**
(sex workers often face barriers to accessing healthcare services)



Bangladesh Context



Number of new cases in 2020, females, all ages



Summary statistic 2020

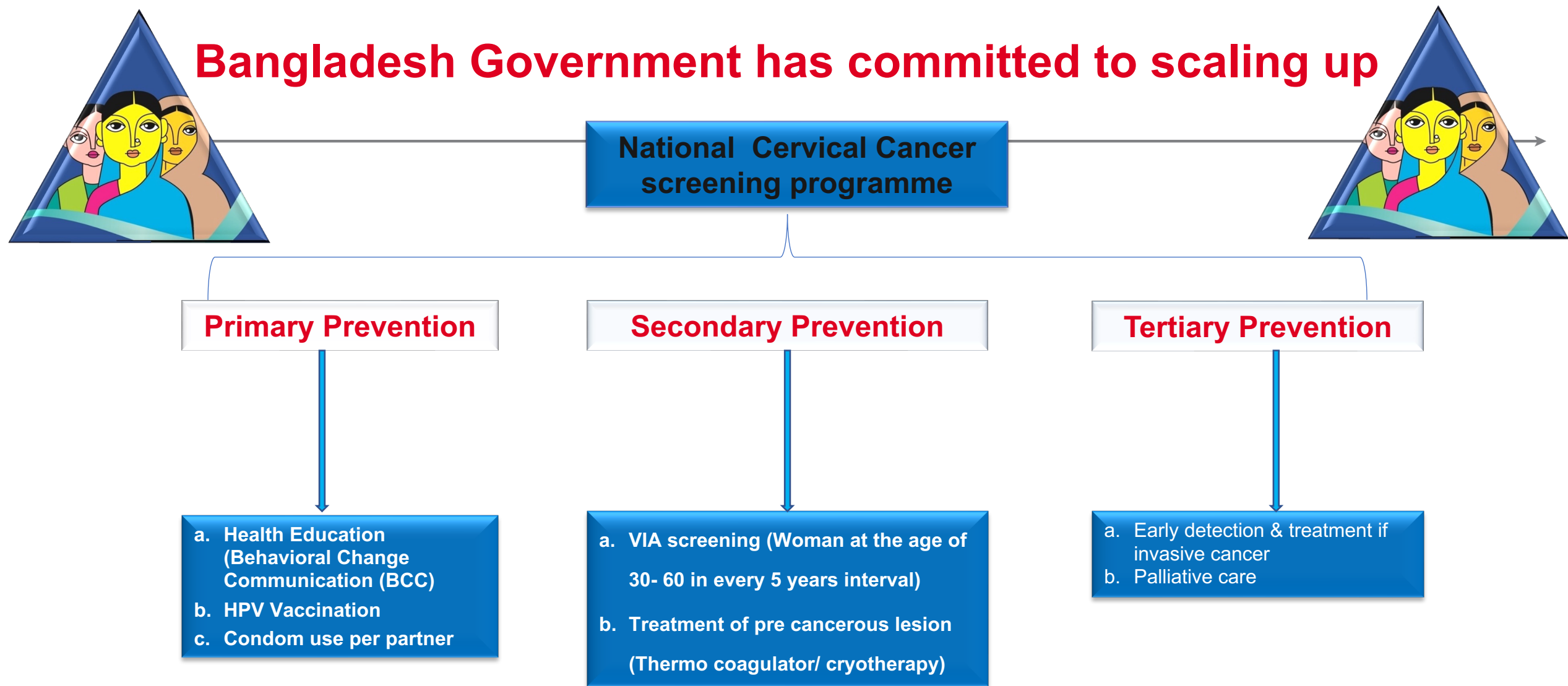
- Over **8k** women are **Diagnosed** with Cervical Cancer in Bangladesh

Almost **5k** women **Die** due to Cervical Cancer in Bangladesh in 2020

Cervical Cancer is now the 2nd most common cancer among women in Bangladesh,

[cervical cancer is the second most commonly diagnosed cancer amongst women](#)

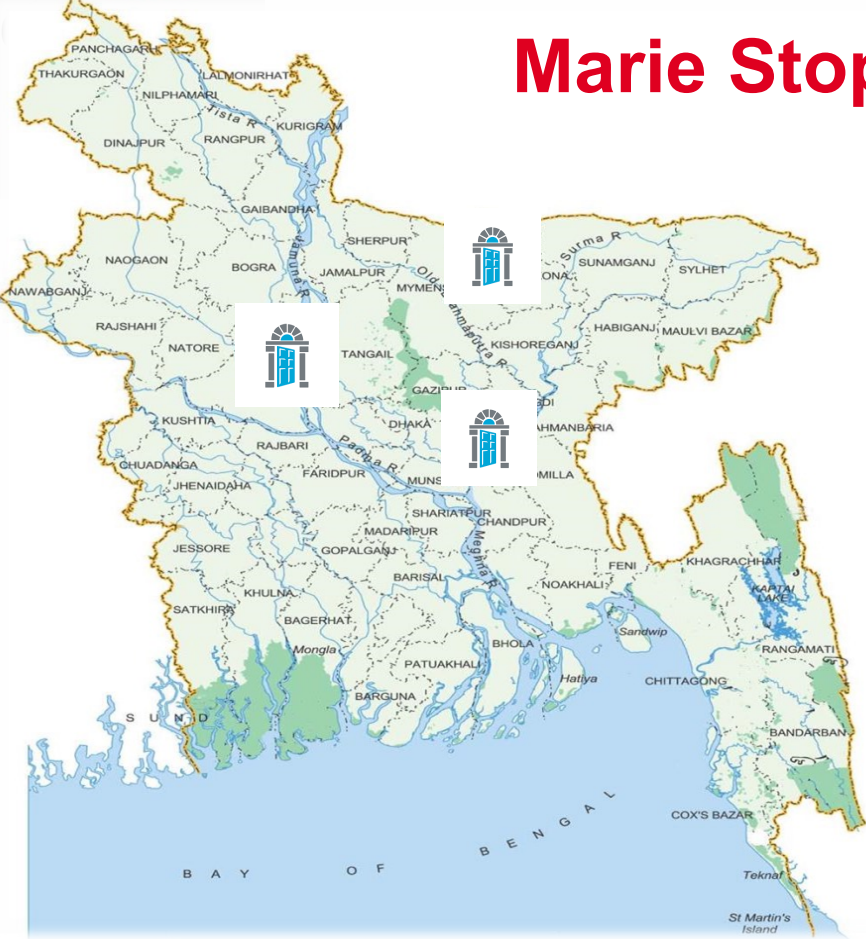
Bangladesh Government has committed to scaling up



However, coverage of VIA screening remains persistently low (Only 7.5% women aged between 30 and 49 years age group had gone under cervical screening in their lifetime according to Health Bulletin 2019)

Compounded by challenges (low retention of trained staff, poor linkage to onward care and treatment, and inconsistent quality standards)

Marie Stopes Bangladesh CCS&PT Project



From 2015-2018, **Marie Stopes Bangladesh (MSB)** implemented the GSK-funded Cervical Cancer Screening and Preventative Treatment (CCS&PT) project, providing **VIA screening and cryotherapy treatment** for precancerous lesions

Screening Population	Total Screened	Tested Positive
Sex workers (Brothel Based)	202	100/202 (50%)
Women in urban slum areas (who did not identify as sex workers)	508	156/508 (31%)
Women in other urban areas (who could be considered representative of the general population)	265	13/265 (5%)
Total	975	269/975 (28%)

- **Sex workers had the highest positivity rate** for precancerous lesions (**50%** of women screened), compared to 5% for women in non-slum urban areas
- **Women in urban slum areas** also had a high positivity rate of **31%**- polygamous practices of slum-dwelling households may be linked to heightened transmission rate of STIs such as HPV

One Stop VIA and Cryo Therapy Service

- All women identified as **VIA positive**- were immediately treated with **cryotherapy**
- Women should observe **four weeks of abstinence** following cryotherapy to enable the cervix to **heal** and **reduce the risk** of transmitting **HIV** and other **STIs**
- As brothel-based sex workers are reliant on sex work for their income, MSB wanted to find out **if following these guidelines was feasible for them**, and **learn more about sex workers' experiences with CCS&PT**, to improve services to this population in future
- MSB undertook qualitative research, interviewing **16 sex workers** who had received cryotherapy and **6 brothel leaders** at a brothel in the Dhaka area in October-November 2018



Credit: Jacob, M., Broekhuizen, F.F., Castro, W. and Sellors, J. (2005), Experience using cryotherapy for treatment of cervical precancerous lesions in low-resource settings. International Journal of Gynecology & Obstetrics, 89: S13-S20. <https://doi.org/10.1016/j.ijgo.2005.01.026>

Sex Workers' Experiences with Cryotherapy

Appreciative of services, but abstinence period is a challenge

- **Participants valued the screening programme-**
(services were free, immediate treatment, and the respectful attitude of the provider)
- Some felt the **services were crowded, rushed and were fearful** of the procedures
- **Post-treatment abstinence period was simply not feasible** due to dependence on sex work for day-to-day survival
- **No major adverse events** were reported by participants in not following the abstinence guidelines
- Consistent **condom use** emerged as **an ongoing challenge** for many as sex workers can charge more for condomless sex and are often coerced into not using condoms



Dr Samiya Mahmood arrives at a brothel outside Dhaka to deliver CCS&PT services

Sex Workers' Experiences with SRH Services

Discontinuation of Short-term family planning methods

- Due to side effects and other perceived health concerns. Therefore, **unintended pregnancy and MR** is common practice.

Barriers accessing MR services

- Due to **discriminatory attitudes of healthcare workers**, and descriptions of incomplete or failed MR procedures suggested that sex workers may be resorting to accessing **unsafe services**

Bonded sex workers are subject to extreme exploitation

- **Limited agency to negotiate safe sexual practices**
- **Lack of timely access to health services**
- making them **vulnerable to a range of SRH concerns**, (including STIs, unwanted pregnancy and unsafe abortions)

Improving CCS&PT Service Delivery

Recommendations for Implementers

■ Awareness creation activities for CCS&PT services:

- have **clear messaging** and provide clients
- with a **strong understanding** of what the procedures involve
- Ensure **greater involvement of men** in screening activities- this could include awareness-raising sessions to sensitise men on the importance of cervical cancer screening, as well as tailored counselling for men on the post-treatment guidelines



Male engagement Awareness building program on cervical cancer

Cont...

- **Counselling**: (Extend the length of)
 - Pre-treatment counselling to **allay clients' fears of the procedure**
 - Post-treatment counselling to **improve understanding of the post-treatment guidelines**,
(with emphasis on HIV/STI prevention strategies, particularly in high HIV prevalence contexts)
 - Conduct follow up visits with sex workers, as well as their regular clients (in Bangladesh, called babus), during the healing period to **reinforce post-counselling messages** around abstinence and HIV/STI prevention



Post-treatment counselling on going after receiving the cryo therapy treatment

Cont...

- **Ensure accessibility of SRHR services by**
 - Provide **incentives** to sex workers and brothel leaders to **cover loss of sex worker income** during abstinence periods
 - Consider opportunities to **adapt SRH programmes** and strategies to serve sex workers and **overcome persistent barriers to service use**,
 - Integrate a component on service provision to sex workers into **provider Values Clarification training** to address **provider stigma**
 - Link with other agencies to ensure sex workers have access to a **range of health, social support, and legal services**



Story of Moly*

Mrs. Moly lived in a brothel of Tangail district. She is 32 years old, Sex workers for 14 years and she is a mother of one daughter.

For last 4 years she took OCP every day only the white medicine without any interruption and did not take the iron tablet. She was suffering from mild Lower abdominal pain, excessive vaginal discharge. No one could offer her proper medical assistance. During the awareness session conducted by, Marie Stopes CCS&PT Programs she informed about cervical cancer and VIA screening.

At that time in the month of April'17 when a team from MSB, HO went for free VIA screening camp, Moly was found VIA positive. The lesion was more than 75%, aggressive, cauliflower like and bleeds on touch. Then she was advised to refer to DMC to do the **LEEP biopsy**. Her LEEP biopsy was done at DMC and She received treatment accordingly.

**not her real name*



Additional Resources

- [Experiences of a 'screen and treat' cervical cancer prevention programme among brothel-based female sex workers in Bangladesh: A qualitative interview study](#)
- [WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention](#)