



# Health care utilisation and health behaviour among female sex workers in Nepal: A mixed method approach with applying health belief model

Ghimire, L. PhD Student,<sup>1</sup> Prof. Smith, W.C.S. PhD,<sup>1</sup> Prof. van Teijlingen., E.R. PhD,<sup>2</sup>

1. University of Aberdeen, Scotland, United Kingdom.

2. Bournemouth University England, United Kingdom.



## Background

Sexual health services are relatively rare in Nepal, and their quality poor. Female sex workers (FSWs) do not use health services as much as would be desirable, and little is known about barriers to accessing sexual health services.

## Aim

To identify the factors underlying the use of available health services in Kathmandu, Nepal.

## Study Design

Mixed methods approach with health belief model (HBM) as study framework.

## Methods

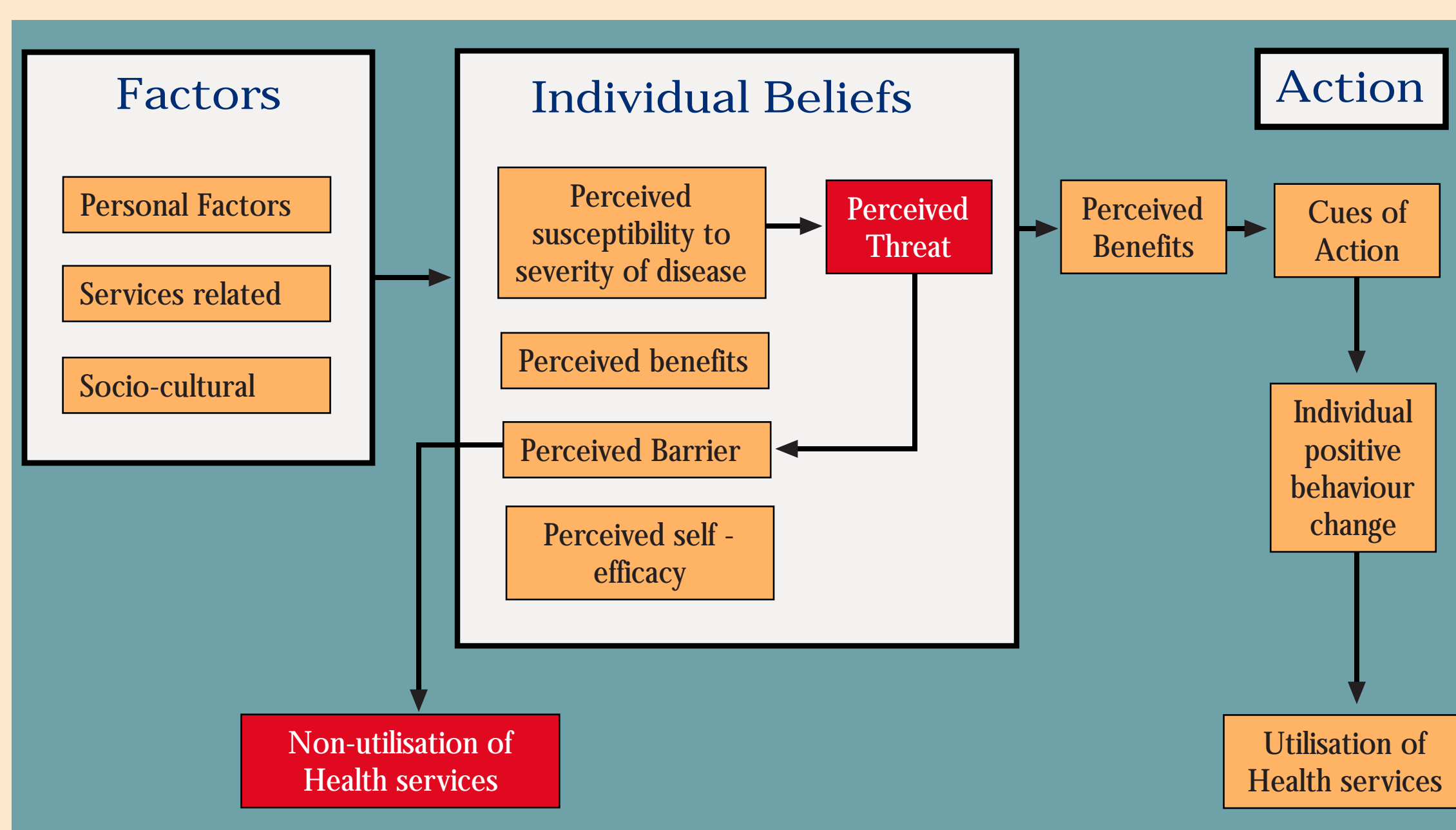
A survey of questionnaire-based interviews (N=425) and in-depth interviews (N=15) were conducted in 2006 in Nepal

## Results

The age range of the FSWs was 17-46 years. One fourth (25%) had never visited health facilities. FSWs turned to private clinics (50.3%), clinics belonging to non-governmental organisations clinic 181 (61.1%) government hospital (26.6 %) and only self treatment (10.1 %) for treatment. Majority of the clients were army or police personnel (77.6%), followed by transport workers (66%), government/private company officials (49.9%) and students (37.2%). The survey results indicate that FSWs are not using condoms consistently with their clients only (56%) with last client in last seven days. A higher percentages of FSWs in their twenties used condoms more consistently (63.4%). However, education was a contributing factor in condom use with all clients which was statistically significant ( $p=.004$ ). A combination of personal, service-related and socio-cultural factors acted as critical barriers for using a sexual health services.

FSWs perceived lack of confidentiality created distrust among FSWs, and prevented health services uptake. Stigma, discrimination, held by health care providers, and fear of exposure as a sex worker were the major barrier to seeking health services. They perceived discrimination by health workers, women's subordinate position in the society.

## Model of utilisation and non-utilisation of sexual health services



Many FSWs travelled to health facilities far outside their neighbourhoods in the hopes that they would not be recognised by anyone.

One unmarried FSW shared her experience in this way:

*"...I do not like to go to health facilities close by, and go to those far away because they will not recognise me and my work. I also like to change and go to different health facilities for treatment. I do this even when I buy condoms because they (pharmacist) ask me my marital status for condom use (FSW, 39 years)".*

## Conclusion:

FSWs perceived poor communication with care providers; discrimination, confidentiality and fear of public exposure were the expressed barriers in utilising health services. FSWs have limited access to health services, and operate under cultural and socio-economic constraints; education for behaviour change, economic opportunities and relevant policy revise can bring solutions. In order to plan more appropriate sexual health services for FSWs planners need to be aware of these barriers.

Key words: Service usage, FSWs, HBM, health seeking behaviour, Nepal.