Social cohesion among sex workers has an independent effect on reduced client condom refusal in a Canadian setting

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I would like to acknowledge that this conference is situated on the traditional territory of the Squamish, Musqueam, and Coast Salish peoples, and we are guests of this land.

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Structural & Community-level Determinants of HIV

- Structural and community-level determinants continue to both increase and mitigate HIV risks in sex work
- Multi-pronged structural approaches to HIV prevention

➢ International guidelines (WHO,UNAIDS,NSWP) recommend scaling-up community-led structural interventions

Sex Worker Collectivization & Social Cohesion

- Examples from India: Sonagachi, Ashodaya
- Focus on improving social and economic inequalities
- **Community empowerment** recognized as Best Practice (*Kerrigan et al., Lancet 2014*)

Social cohesion:

➢mutual support, trust, and solidarity

➢key component of community empowerment process

Canadian Socio-Legal Context and Sex Work Organizing

- Bedford vs. Canada at the Supreme Court
- Implications of new legislation C-36

Study Objective

To longitudinally examine the impact of social cohesion among sex workers on risk of client condom refusal in a Canadian setting (2010-2013)

An **E**valuation of **S**ex Workers' **H**ealth **A**ccess

- Longitudinal community-based cohort initiated in 2009 with over 800 street and off-street sex workers across Metro Vancouver
- Builds on community-based research and partnerships since 2005, with over 15 community, sex work, and HIV agencies on Advisory Board
- Cohort provides ongoing monitoring of health outcomes (e.g. sexual health, HIV, violence) and access to care

➢ PI: Shannon, NIH & CIHR-funded

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Eligibility Criteria & Sample

- Eligibility = women (trans* inclusive) 14 years of age+ who have exchanged sex for money in last month
- Participants invited through street and off-street outreach to strolls, indoor sex work venues and online
- Baseline and semi-annual follow-up, including interview questionnaires and voluntary HIV/STI/HCV testing by nurse
- Experiential interviewers (current/former sex workers)

AESHA Cohort (2010-2013)

- Outcome measure: time-updated measure of client condom refusal for vaginal, anal or oral sex in the last six months
- Primary exposure variable: social cohesion among sex workers (Lippman, Kerrigan, and colleagues' *Social Cohesion Scale)*

➢ *Bivariate and confounder models using generalized estimating equations (GEE)*

Lippman, Kerrigan & colleagues' Social Cohesion Scale
You can count on other workers if you need to borrow money
You can count on your colleagues to accompany you to the doctor
You can count on your colleagues if you need to talk about your problems
In general, other workers in your area only worry about themselves
You can count on other workers if you need advice
You can count on other workers if you need somewhere to stay
You can count on other workers if you need help with violence or difficult client
You can count on other workers if you need help to find clients
You can count on other workers to support use of condoms
The people whom you work with are an integrated group
In general, the people you work with are always arguing among each other
In general, the people you work with get along well

- Cronbach alpha score >0.70 in Vancouver (*Duff et al, 2015 JECH*)
- Continuous measure for social cohesion (0 – 48)

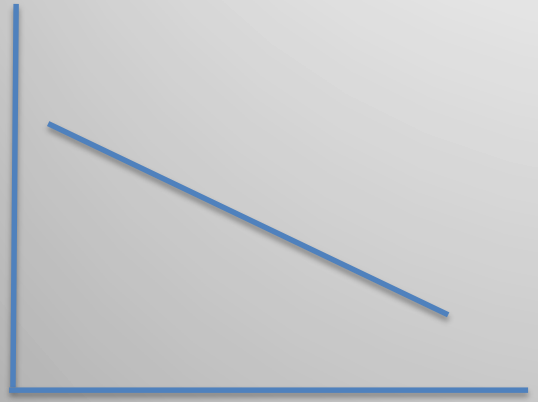
Demographics and Work Environment

- Of the 654 sex workers, **one-third** (33.8%; n=221) **reported client condom refusal** over the three-year study period
- **Median social cohesion score of 24** (IQR=20-29, range 4-45)
- Median age was 34 years (IQR=28-42)
- 36% Indigenous/Aboriginal ancestry
- 57% serviced clients indoors; 43% serviced clients outdoors
- 12% HIV seropositive; 21% HIV/STI seropositive, with no differences in client condom refusal by HIV or HIV/STI status

Bivariate and multivariable GEE analyses for the effect of social cohesion on risk of client condom refusal among a cohort of sex workers in Metro Vancouver (n=654)

	Unadjusted Odds Ratio	Adjusted Odds Ratio
Characteristic		
Social Cohesion Score	**0.97 (0.95-0.99)***	**0.97 (0.95 – 0.99)***
Age (per year older)	0.96 (0.94 – 0.97)*	0.96 (0.94 – 0.97)*
Injection drug use	1.60 (1.21 – 2.10)*	--
Aboriginal ancestry	0.80 (0.59 – 1.09)	--
Primary place to solicit:		
Indoor in-call venues (vs. street)	0.57 (0.40 – 0.81)*	0.63 (0.44 – 0.91)**
Independent/self-advertising (vs. street)	0.60 (0.44 – 0.83)*	0.62 (0.45 – 0.85)*
**p<0.01; **p<0.05; † In the last 6 months*		

Correlation of Social Cohesion & HIV Risk



With every one point increase in the social cohesion score, the average odds of client condom refusal decreased by 3%

Social cohesion mitigates HIV risk with clients

Policy and Program Implications

- Ability to work together plays a key role in mitigating HIV risk with clients
- Social cohesion inversely associated with reductions in HIV-related risk factors
- Critical need to remove legal barriers that limit sex workers' ability to organize

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