P715 VIOLENCE AND ASSOCIATED FACTORS AMONG FEMALE SEX WORKERS: ANALYSIS FROM A CROSS-SECTIONAL STUDY IN GUANGDONG, CHINA

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Background Female sex workers (FSWs) are vulnerable to sexual, physical or verbal violence in and outside their workplaces. This study aimed to assess the violence that FSWs experienced and its associated factors from a cross-sectional study in Guangdong Province, China.

Methods A cross-sectional study was conducted in seven cities in Guangdong province in 2017. Venue-based sampling method was used to recruit FSWs who were ≥ 16 years old and worked in mid- and low-end entertainment venues. Data were collected on socio-demographics, sexual behavioral characteristics, as well as types and sources of violence that FSWs had experienced through face-to-face survey. Descriptive analyses and multivariate logistic regression were conducted to assess the prevalence of different types and sources of violence and their associated factors.

Results In total, 1207 FSWs participated in the study with a mean age of 30.7 ± 6.7 years old. 108/1207 (8.9%) women reported having experienced violence by clients or regular partners. Clients were most commonly reported as perpetrators of physical violence (94.4%, 34/36) and sexual abuse (100%, 2/2). FSWs who reported sexually transmitted infection (STI) symptoms in the past 12 months (aOR = 36.8, 95%CI: 14.2–95.9), having regular partners (aOR=27.1, 95%CI: 8.8–83.1), having oral sex (aOR=16.7, 95%CI: 8.9–31.3) and having anal sex with clients (aOR=78.7, 95%CI: 37.8–163.9) were more likely to experience any type of violence from clients during sex work. Having STI symptoms in the past 12 months (aOR=70.0, 95%CI: 14.9–328.5), oral sex (aOR=18.5, 95%CI: 8.3–41.5) and anal sex (aOR=74.7, 95%CI: 30.6–182.3) with clients were also associated with experiencing violence from regular partners.

Conclusion FSWs suffered violence mostly from clients. FSWs who had STI symptoms in the past 12 months, oral or/and anal sex with clients are the most vulnerable to violence. Interventions should address FSWs' sexual health risks and human rights violation at the same time to ensure a safe work environment.

Disclosure No significant relationships.

P716 HIV PREVALENCE IN AT-RISK ADOLESCENT GIRLS AND YOUNG WOMEN IN KENYA ACROSS LOCATIONS ASSOCIATED WITH SEX WORK

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Background HIV prevalence is influenced by biological, behavioural and structural factors. We sought to understand HIV prevalence among at-risk adolescent girls and young women (AGYW) in Kenya and the relative importance of location and subgroup.

Methods We conducted a cross-sectional survey among AGYW aged 14–24 years in Mombasa, Kenya in 2015/16. Using probabilistic sampling we recruited participants from hotspots where female sex workers (FSWs) solicit clients, divided into venue-based (bars/brothels/hotels/brew dens) and non-venue-based (streets/public places) hotspots. We measured HIV prevalence using dried blood spot serology testing and examined predictors of risk including subgroup: engagement in formal sex work; transactional sex (TS) (exchange of sex for goods/money without pre-negotiation of price); and casual sex (CS) (did not self-identify as FSW or engaging in TS). We compared determinants of risk in venue-based and non-venue-based participants after adjusting for age.

Results Overall HIV prevalence was 5.6%, with highest prevalence among FSWs (10.1%), compared to those engaged in TS (3.6%) or CS (3.6%) ($p < 0.001$). Daily/almost daily alcohol use was associated with higher prevalence in both venue-based (AOR 2.8 (1.3–6.1)) and non-venue-based (AOR 5.3 (1.3–21.1)) hotspots. Venue-based participants were also more likely to test positive if they had ever been pregnant [AOR 1.9 (1.0–3.5)], had their first sexual experience aged < 15 years [AOR 2.2 (1.2–4.1)] or had ever experienced sexual [AOR 3.2 (1.8–5.7)] or physical violence [AOR 2.4 (1.3–4.3)]. Compared to CS and TS, HIV prevalence was higher among FSWs in venue-based hotspots [AOR 3.4 (1.8–6.3)], but not non-venues [AOR 1.1 (0.3–3.8)].

Conclusion We identified a high prevalence of HIV among AGYW congregating in hotspots for FSW, with heterogeneity across subgroups. Determinants of HIV varied by location suggesting that one's environment is an important contributor to risk, and HIV programmes should take this into consideration for designing delivery of interventions.

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