

# Contraception Choice and Access among Gender-diverse Sex Workers in South Africa: Findings from Ritshidze's Community-Led Monitoring

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## Background

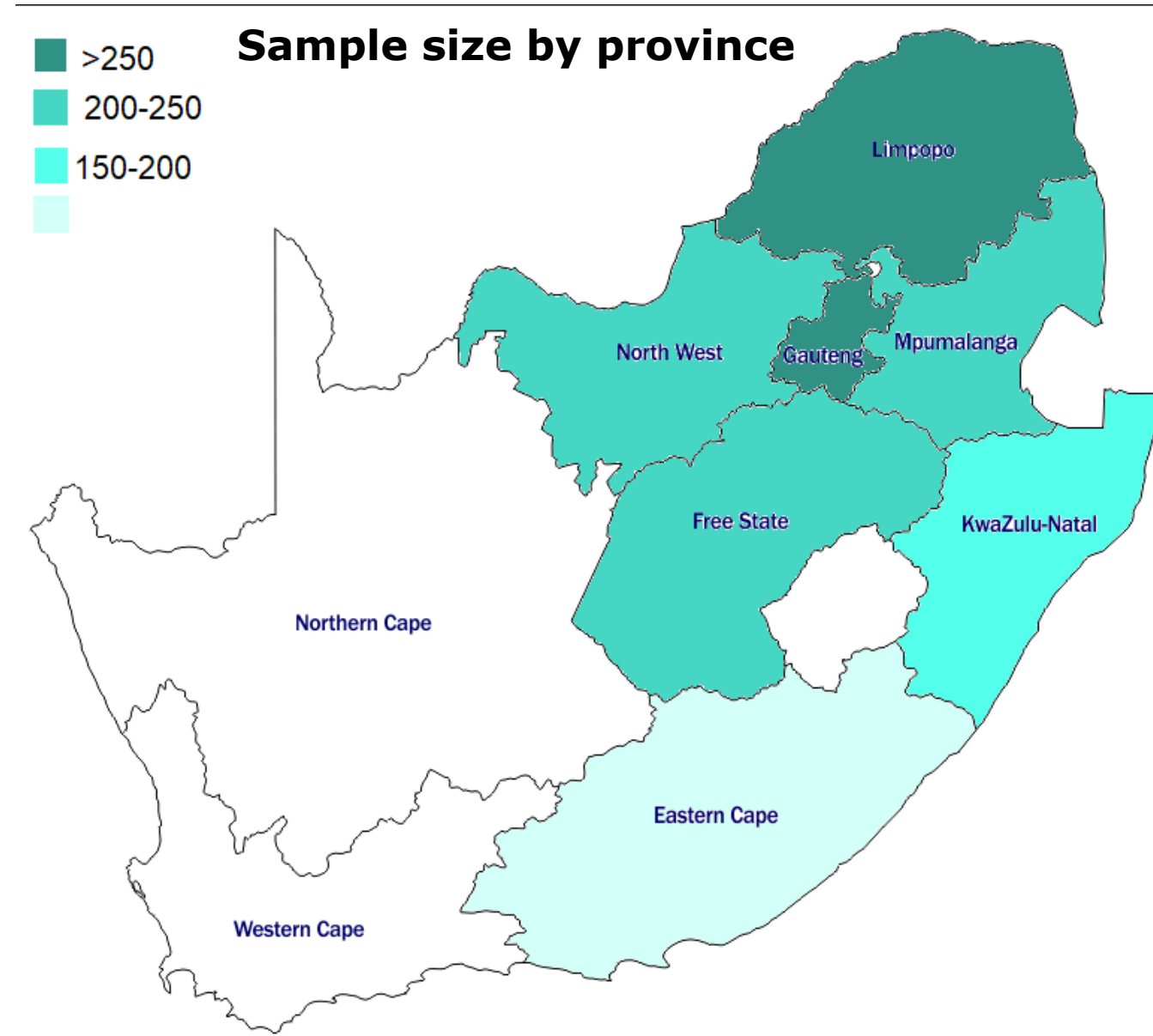
Access to one's preferred contraception is a vital component of quality sexual and reproductive health care and improves overall contraceptive use. Barriers to accessing contraception are common for marginalised groups at high risk of HIV such as sex workers and gender-diverse individuals, however, few studies have examined the effect of these overlapping identities.

## Objective

❖ **To assess contraceptive preference, access, and barriers for South African sex workers by gender. Results have implications for understanding disparities and improving gender equity in contraceptive access for gender-diverse sex workers.**

## Methods

Through the Ritshidze Community-Led Monitoring Programme, sex workers were recruited for a cross-sectional survey via community-based snowball sampling at sex work hotspots in 21 districts across 7 provinces in South Africa from August 2021- September 2022. Sex workers who reported ever having tried to access contraception at a public health facility (n=1,330) were included.



Multivariable logistic regression models, adjusted for age and location, were built to assess differences in sex workers' ability to access their preferred contraception method by gender category (cisgender n=897, transgender n=208, and non-binary n=225). Differences in reasons for contraception non-access are described and assessed by gender groups using multivariable logistic regression.

## Results: Contraception Access

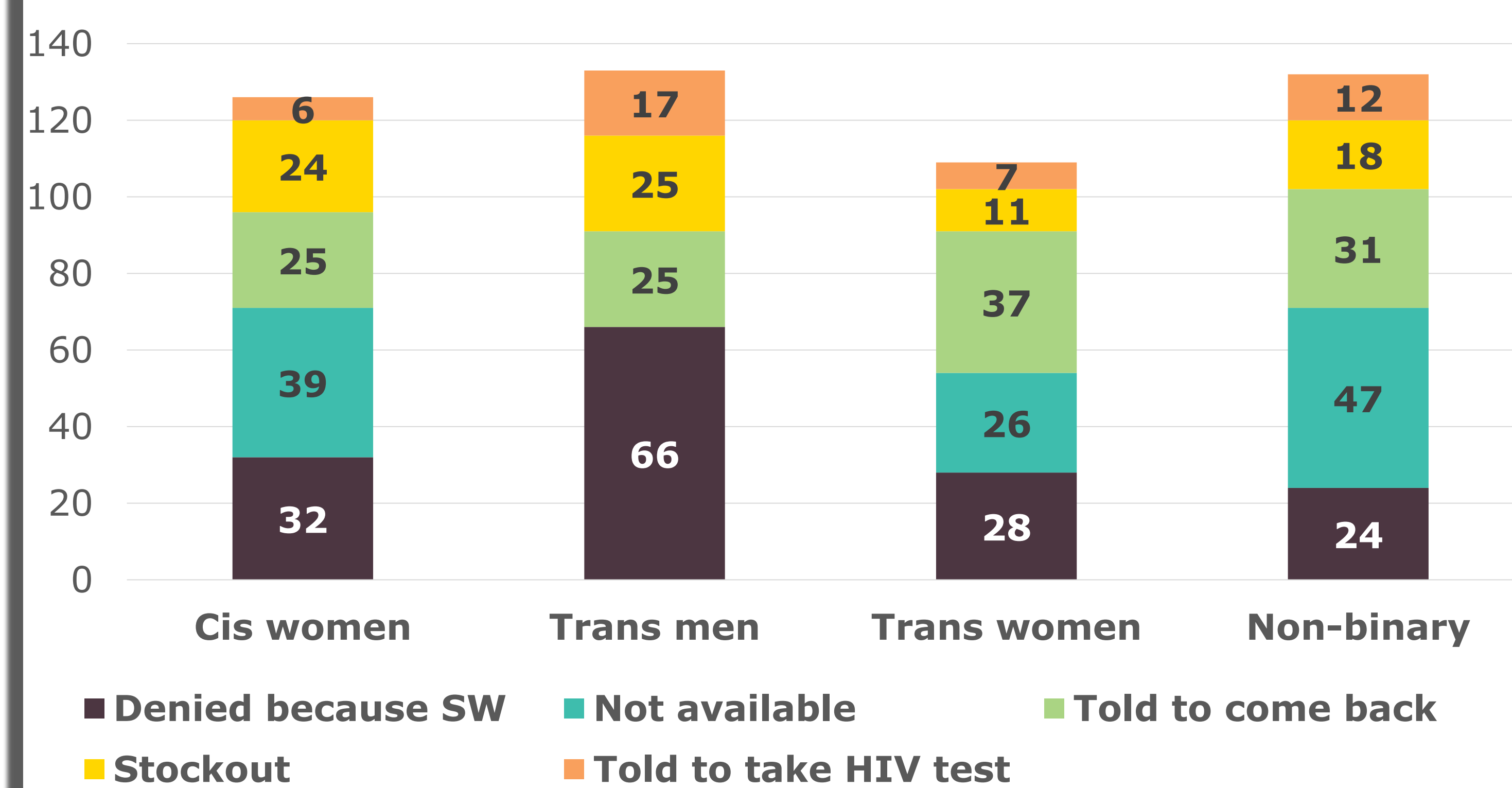
• **Both non-binary and transgender sex workers were significantly less likely to access their preferred contraception compared to cisgender sex workers:**

Table 1. Multivariate Logistic Regression Model

|                                  | Adjusted Odds Ratio <sup>§</sup> (95% CI) |                    |                   |
|----------------------------------|---|--------------------|-------------------|
|                                  | Able to access contraception              | OR                 | aOR               |
| <b>Gender</b>                    |   |                    |                   |
| <b>Cisgender (ref.)</b><br>n=856 | 79% (679)                                 | 1.00 REF           | 1.00 REF          |
| <b>Non-binary</b><br>n=205       | 76% (156)                                 | 0.83 (0.58 – 1.19) | 0.65 (0.44-0.96)* |
| <b>Transgender</b><br>n=183      | 64% (117)                                 | 0.46 (0.33-0.65)*  | 0.61 (0.42-0.89)* |

<sup>§</sup>All regression models are adjusted for age and province.  
\*p<0.05, \*\*p<0.01, \*\*\*p<0.001

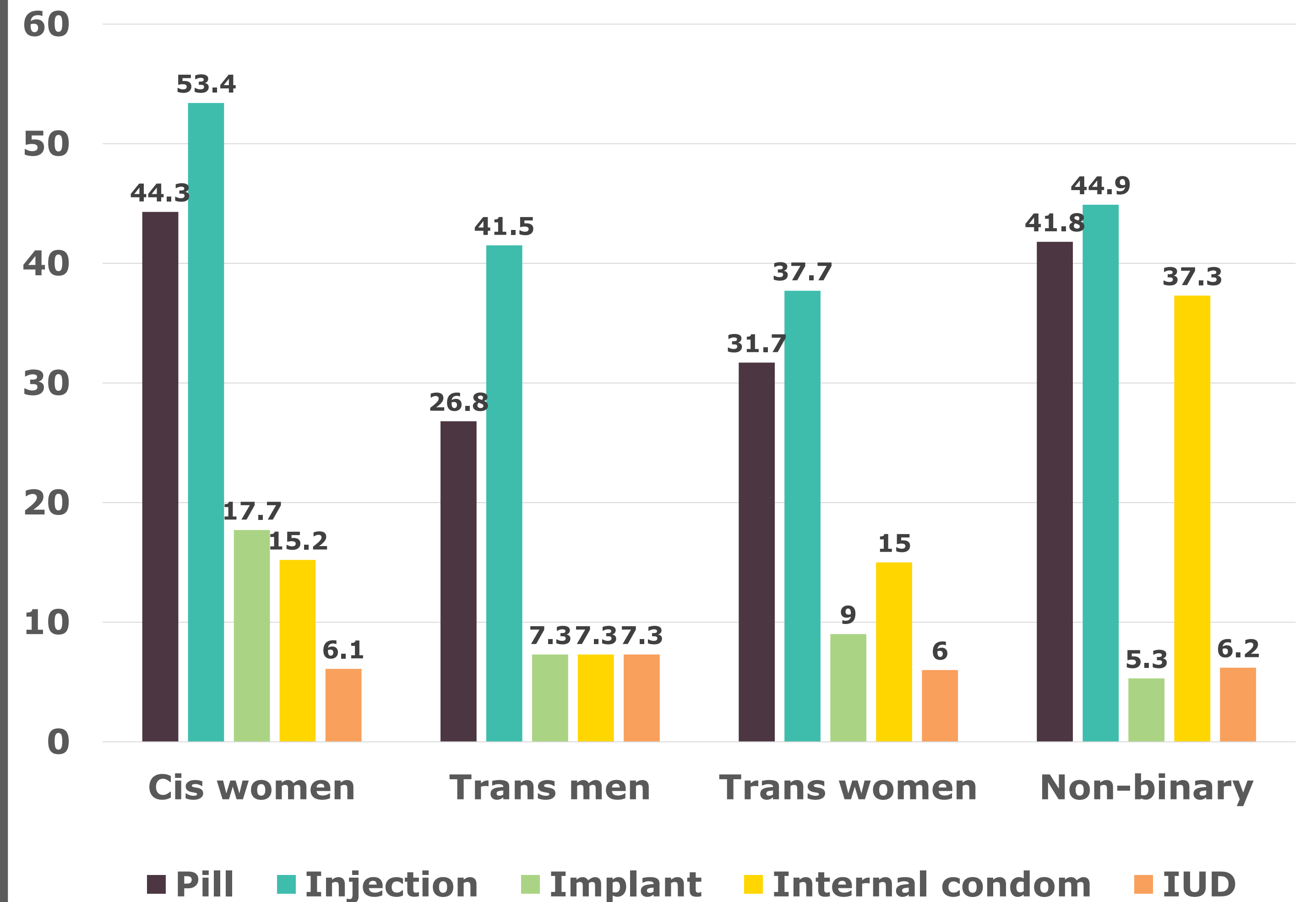
## Percent of participants unable to access contraception by reason and gender



## Results: Contraception Preference

- The most requested methods were the injection (50% n=660), pill (42% n=555) and internal condom (19% n=248).
- **Significant differences by gender group:**

## Percent of sex workers who tried to access contraception by type and gender



## Conclusions

### Key Takeaways

- Overall 24% of sex workers could not access their preferred contraception at public health facilities, with the primary reasons for non-access being stockouts and service denial based on sex work status.
- Barriers to contraception are higher for transgender and non-binary sex workers who report significantly higher levels of service denial than cis women (36% vs. 24% vs. 21% respectively).
- Gender is significantly related to preferred contraception method, with higher proportions of cis women requested the pill and injection and higher proportions of trans and non-binary people requesting the internal condom.



### Key limitations:

- The Ritshidze Programme uses snowball sampling to collect community key populations data, which is non-random and may limit generalisability. The data used for this analysis focus on experiences among public health facility users only and do not include data from every province in the country.

### Moving forward:

- Contraceptive stockouts and discrimination against both sex workers and gender-diverse individuals are major barriers to service access in South Africa. The National and Provincial Departments of Health must make improving contraceptive supply chains a priority as well as actively fighting discrimination at its facilities by sensitising staff and addressing violations of anti-discrimination policies.

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