Eastern African Journal of Humanities and Social Sciences
Vol. 3 No. 2 (2024): ISSN (Online): 2958-4558
DOI: https://doi.org/10.58721/eajhss.v3i2.479
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Article History
Received: 2024.01.05
Revised: 2024.04.03
Accepted: 2024.04.03
Published: 2024.04.04

Keywords
Antenatal clinic
Female sex workers
Human immune deficiency virus
Infections
Reproductive health

How to cite:
Tunya, T., Musembi, H. & Akolo, M. (2024). Determinant Factors of Antenatal Clinic on Female Sex Workers Attendance within Nairobi County, Kenya. *Eastern African Journal of Humanities and Social Sciences*, *3*(2), 11-23.

Abstract
Globally antenatal care (ANC) initiation is at 58.6% but varies in different continents. Sub-Sahara has the lowest level of ANC care where women attend at least four times during pregnancy. Recent survey in Nairobi County found out that majority of women attends only one antenatal visit during pregnancy. The aim of the study was to explore determinants of antenatal clinic attendance among female sex workers in Nairobi County. A quantitative cross-sectional descriptive study among FSWs (18-49years) was carried out. Simple random sampling and self-administered questionnaires were used for data collection. Data analysis was done using descriptive and inferential statistics. The results show that 132 (32.8%) FSWs were aged 30 to 34years, 242 (60.0%) were not married. 346 (85.9%) had unplanned pregnancy. Late ANC initiation was due to 42.4% (171) attitude of HCWs, 67.6% (215) distance to the healthcare facility and 86.1% (347) longer waiting time. On inferential analysis, there was an association between occupation of respondent vs number of ANC attendance which was significant χ^2 = 22.525, df 12, P = 0.032 at P < 0.05. Marital of respondent vs number of ANC attendance was significant χ^2 =29.058, df 15, P=0.016 at P<0.05. The income level of respondents vs number of antenatal care visits was significant χ^2 =17.557, df 6, P=0.007 at P<0.05. Thus, pregnant FSWs face discrimination during ANC visits. These research findings will form a basis for future studies as well as guide the Ministry of Health and other stakeholders to develop policies that will guide ANC services among FSWs. Outreach programs on ANC among FSWs should be implemented and there should ANC services that only target FSWs.

Introduction

FSWs in Kenya are a highly susceptible population that bears a disproportionate burden of HIV and other STIs, unplanned pregnancies, unfulfilled family planning needs, and mental and drug abuse issues. Globally, the risk of contracting HIV for FSWs is thirty times higher than that of the general population (Stockton et al., 2023). In Kenya, approximately one-third of sex workers are thought to be HIV positive; thus, we need to investigate their ANC attendance for proper risk assessment (Wanjiru et al., 2022). Due to the nature of their work, FSWs in sub-Saharan Africa face numerous obstacles when attempting to receive medical care. Little is known about FSW's experience while pregnant and

their health-seeking behaviour during the antenatal period (Moore et al., 2023). Nairobi County, which accounted for 25% of the estimated 206,000 women who sell sex on a peak day in the nation in 2017–2018, had the highest population of sex workers nationwide (Wanjiru et al., 2022).

Poor health experienced by FSWs continues to be an international concern linked to drug addiction and risky behaviour of having unprotected sex with different partners (Jeal et al., 2018). FSWs are regarded as a significant community worldwide because of their high rates of HIV and STI infection, as well as the obstacles they face while trying to access healthcare. These obstacles to receiving medical care stem from the illegality of sex labour in many nations (Makhakhe et al., 2019). FSWs contribute to the spread of HIV/AIDS in Africa and worldwide (Hodgins et al., 2022). Apart from high rates of HIV infections among FSWs, they are also at risk of unplanned pregnancy and abortion due to them having several sexual partners (Parmley et al., 2019).

Past studies among FSWs focused mostly on their high rate of HIV/STIs, and few have examined their experience while pregnant (Du Plessis et al., 2020; Moore et al., 2023; Parmley et al., 2019). Understanding pregnancy experiences among FSWs is important because it will provide a glimpse of FSWs' experiences while receiving ANC services in Kenya, and the findings will assist in changing the practice. FSWs who have had access to ANC services shared their experience of stigma and discrimination due to their nature of work. Many African nations, including Kenya, regard sex work to be a crime, and this affects FSWs health-seeking behaviour (Chanda et al., 2017; Wanjiru et al., 2022). Due to the barriers to accessing family planning services, the majority of FSWs in low-income countries experience a high rate of unintended pregnancies (Ampt et al., 2020).

Late pregnancy discovery by FSWs, as it was unplanned, has been linked to late ANC initial presentation to include some FSWs presenting in the third trimester (Parmley et al., 2019). Such occurrences can be fatal to both the mother and her unborn child due to complications associated with pregnancy, which will end up being addressed late in pregnancy. According to Lattof et al. (2019), current guidelines for ANC include eight contacts with qualified healthcare workers (HCWs); thus, FSWs who arrive late miss out on these visits. A better pregnancy outcome for the mother and the child has been linked to ANC. The prenatal period offers a platform for delivering crucial healthcare services, such as health education, screening exams, early diagnosis, and preventing prevalent diseases. It has been demonstrated that the appropriate use of ANC, based on evidence, can prevent death (Faini et al., 2020).

According to a South African study, FSWs continued work when pregnant due to financial constraints (Parmley et al., 2019). These put the unborn child at risk, especially in instances in which condomless sex is practised, getting better pay. In addition, FSWs who attend ANC fail to reveal the nature of their work, making it difficult to evaluate the potential risk effectively (Du Plessis et al., 2020). There is so much stigma surrounding sex work from the society/HCWs; pregnant FSWs are exposed to violence from both their clients and the authority, which impends on their ANC-seeking behaviour (Corneli et al., 2016).

The results of a study conducted in South Africa on FSWs who hoped to conceive and those who desired to become pregnant revealed that FSWs have the same goals for their fertility as non-FSW women (Wanyenze et al., 2017). In addition to dealing with a high rate of unintended pregnancies, FSWs also handle other aspects, such as paternity with their clients, unpaid sexual partners, and inconsistent usage of FP techniques (Beckham et al., 2015).

A similar study was conducted among FSWs in Tanzania, where the researcher found that FSWs wanted to become mothers to be respected and to strengthen their relationships with their partners

(Beckham et al., 2015). This study showed that married mothers in society received much more respect than single mothers and that FSWs without children also received the same treatment. According to the same study and comparable studies conducted among FSWs, many FSWs seeking ANC services did not disclose their occupation to HCWs out of fear of embarrassment when in a health facility (Dourado et al., 2019).

According to past studies, FSWs have poorer health outcomes because of the challenges they face in accessing medical services, including ANC services. Some institutional policies include keeping clinics open during the daytime when FSWs should rest after working all night (Braga et al., 2021). As mentioned, studies done focus more on HIV/AIDS and STIs among FSWs and rarely address their experience during ANC visits and pregnancy. There are limited studies done in Kenya and its region on pregnancy experience among FSWs; thus, this research was necessary to act as a basis for future research and change policy surrounding reproductive health among this key population. Many FSWs do not disclose the nature of their work, which can delay HIV screening. Due to the high rates of HIV infections among this key population of FSWs, there is a need to understand their health-seeking behaviour during ANC visits to address issues surrounding the prevention of mother-to-child transmission (PMTCT) so that vertical transmission can be reduced.

Challenges to ANC services by FSWs

Numerous studies have investigated some of the obstacles that FSWs face when seeking ANC, such as stigma, prejudice, marginalisation, homelessness, drug usage, and lack of identity documents (Ochako et al., 2018). Below are some of the studies on challenges to FSWs seeking ANC services.

Healthcare workers Factor

Research conducted on FSWs has revealed that healthcare providers have shown discrimination and stigma while caring for FSWs. A study conducted among nurses in Hong Kong discovered that nurses had a perceived unfavourable attitude, showing hesitation and reluctance to care for FSWs. Nurses' attitudes toward FSWs show that nurses stigmatise FSWs, a significant obstacle to their access to ANC care (Ma & Loke, 2021). Some FSW participants faced stigma from HCWs while seeking treatment for STIs. The healthcare worker barrier to receiving health services was also documented in a study done in India by Shewale & Sahay (2022), where there were high numbers of unplanned pregnancies among FSWs. A proportion of the study participants were denied permanent FP methods, and this could have contributed to the high pregnancy rate (Shewale & Sahay, 2022). A similar study among FSWs who were immigrants documented that they faced stigma as a result of their work as well as their immigration status (Rocha-Jiménez et al., 2018).

Some of the challenges to seeking ANC by FSWs in a particular study revealed that unmarried FSWs were discriminated against by HCWs and were denied care. The HCWs assumed FSWs were infected with HIV, leading to FSWs disguising themselves by dressing differently so that they could be treated as regular women. FSWs in this study were referred directly to an HIV care treatment centre rather than being offered ANC, and those in the ANC were openly separated from other mothers seeking ANC (Du Plessis et al., 2020).

Institution Factors

Unfavourable clinic operating times are some challenges FSWs encounter while seeking ANC services. In a study done in Uganda, participants shared that during the day, when the antenatal clinics are open, they rest after working the whole night (Muhindo et al., 2021). The operating hours, cost, poor infrastructure, lack of confidentiality/privacy, and distance to health facilities where most SRH is available often affect FSWs' access to ANC services (Wahed et al., 2017). Long waiting times

have also been challenging for FSWs seeking ANC services (Beckham et al., 2015). Many of the studies among FSWs have been done in other countries and have focused on other issues affecting this group of women. There was a need to carry out such a study in Kenya to understand the challenges encountered while seeking ANC services among Kenyan FSWs.

FSWs Individual Factors

According to a study in India by Shewale & Sahay (2022), fear was the reason why FSWs who were pregnant were reluctant to attend ANC and postponed scheduling visits. The study participants were instructed to bring their spouses, which they didn't have; thus, this affected ANC attendance. In a similar study done in Uganda among FSWs, one of the individual challenges to seeking health care is the fear the FSWs had of finding someone they know at the health facility who ended up knowing the kind of work they do.

In Kenya, FSWs face stigma and are marginalised by people in the community. It has also been documented that FSWs in Kenya have a high HIV prevalence of 29.3% compared to women in the general population. Nairobi county has the highest number of FSWs compared to other counties, accounting for 25% of the estimated women who sell sex in Kenya (Wanjiru et al., 2022). In Kenya, limited studies have been conducted on pregnancy experience among FSWs; thus, there is a need for this kind of study. This study will enable an understanding of the challenges pregnant FSWs face while seeking ANC services in Nairobi County. The study aimed to explore determinants of antenatal clinic attendance among female sex workers in Nairobi County in Nairobi County**.** FSWs have high rates of HIV at 29.3% compared to other women of reproductive age, and abortion is common among them. There is a need to understand their experience during ANC visits so that any challenges encountered can be addressed.

Methodology

This study used a cross-sectional descriptive study design, utilising quantitative data collection approaches. This research design was used as the researcher wanted to obtain information at a particular time and to understand the prevailing characteristics of FSWs in Nairobi County, which has the highest population of FSWs. The independent variables were socio-economic characteristics, individual perceptions, social-cultural factors, and facility factors that influence attendance of ANC services among FSWs. The dependent variable is ANC attendance among female sex workers. The research was conducted in the Starehe sub-county at a SWOP facility, which is a drop-in centre serving a key population of sex workers in Nairobi County. This centre was selected purposively because it serves the majority of sex workers in Nairobi County and its environs. The target population was FSW aged 18-49 at the drop-in centres; this age group was selected as the age recognised in Kenya as sex workers, as those below 18 years are regarded as abused minors. The study aimed to explore determinants of antenatal clinic attendance among female sex workers in Nairobi County.

Data collection process and analysis

The study participants were randomly selected from the daily register at the drop-in Centre using a simple random sampling method. The Fishers method was used to calculate the sample size of 403 FSWs. Self-administered questionnaires were used for data collection, and open-ended questions were included. Before data collection, questionnaire pre-testing was done among FSWs at the Kiambu SWOP facility. Uncertain questions were reset to ensure the participants understood them, and the experts approved the tool. FSWs who met the criteria to participate in the study were assigned numbers and then picked Randomly. Eligible participants were informed about the study, and once they agreed, they were given written consent. The selected study participants were asked to complete

a self-administered questionnaire in a private setting at the drop-in Centre. The questionnaires and consent forms were translated into Kiswahili for ease for those who did not understand Kiswahili.

Data collection was done between 20th June and 30th July 2023. Participants took 30 to 45 minutes to complete the questionnaires. The data collected was securely stored under lock and key to ensure limited access. The collected data was coded and entered SPSS version 25. Descriptive and inferential statistics were used to analyse data. Tables and graphs were used to present the univariate and multivariate data results. Statistical inference of 5% was used to analyse categorical variables using chi-square.

Research Ethics

The study ensured that the research ethics were adhered to. Ethical approval was sought from the School of Nursing and Midwifery departmental research committee (SONAM DRC) and the Aga Khan University Institutional Scientific and Ethics Review Committee. Permission for data collection was obtained from the National Commission for Science, Technology & Innovation (NACOSTI) and the Nairobi County Health Research Committee.

Written informed consent was given to all study participants, and they voluntarily agreed to participate by signing the consent. The respondents were informed that participation in the study was voluntary, and they were not subjected to any harm by participating in the study. The privacy and confidentiality of research participants were also observed. The respondents' identities remained anonymous, and the researcher respected the respondent's decision on what information to give. Before presenting the questionnaires, all the respondents declined to answer any questions. Respondents were made to understand that they could withdraw from the study at any time.

Limitation

The study had some limitations. The cross-sectional data limits the researcher's ability to follow FSWs during ANC visits and depends more on them sharing their experience. The questionnaires used as tools for data collection were limited in measuring the perception and attitude of the FSWs. Another study limitation was data collection, which took longer as some FSWs were unwilling to participate. There was also an issue with time limitations and financial constraints, thus affecting the time needed to work on this study. Pregnancy is a sensitive matter; thus, FSWs were not willing to openly discuss their pregnancy experience.

Results

Demographic data

The mean age distribution of the respondents was 32 years; the median was 32 years. The range of the respondents was 32 years, i.e. 48 years (oldest) against 19 years (youngest). The investigator sought to find out the social demographic data of the respondents and observed the following findings:

The findings describe the characteristics of the participants. It indicates that many of the respondents, 132 (32.8%), were aged between 30 to 34 years, followed by those aged between 25 to 29 (28.0%) 113, and the least number are aged between 15 to 19 years, 3 (0.7%). Regarding the occupation of the respondents, the results indicate that most were self-employed, 190 (47.7%). The study findings also indicated that some were employed 84 (20.8%), and others were students 18 (4.5%). The findings indicate that most of the respondents, 242 (60.0%), were single when asked what their Marital Status was, followed by those who separated 18 (4.5%). The findings also indicate that 359 (89.1%) majority of the respondents were Christians. Others were Muslims 37 (9.2%) and Jews 7 (1.7%).

Table 1: Demographic data

Occupation of respondents	Frequency	Percentage
Student	18	4.5%
Employed	84	20.8%
Self-employed	190	47.1%
Jobless	110	27.3%
Total	402	99.6%
Religion of respondents	**Frequency**	**Percentage**
Christian	359	89.1%
Muslim	37	9.2%
Other	7	1.7%
Total	403	100%
Level of income	**Frequency**	**Percentage n=402**
less than Ksh 100 daily	41	10.2%
Ksh 100 to Ksh 500 daily	129	32.0%
Above Ksh 500 daily	232	57.6%
Total	402	99.8%
Education status	**Frequency**	**Percentage**
Primary school level	72	17.9%
Secondary school level	203	50.4%
Post-secondary school level	118	29.3%
University school level	10	2.5%

Obstetric history of participation

The study found that most of the respondents, 98.5% (397), have had pregnancy compared with 1.2% (5) who never had pregnancy. Of those with a pregnancy, 93.5% (377) had live births. The study also revealed that 30.5% (123) had terminated their pregnancies at one time, while 69.2% (279) had not. Only 9.7% (39) had experienced any form of miscarriage. The study found that 96.3% (388) have used the family planning method.

The study revealed that the majority of the respondents, 37.5% (151), had visited the healthcare facility three to seven times after a confirmed positive pregnancy test.

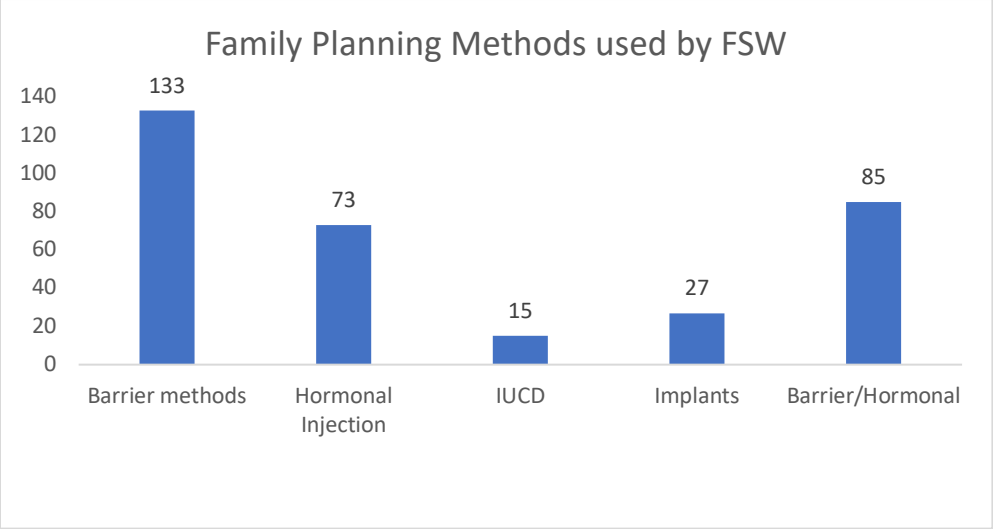

Figure 1: Method of family planning

Table 2 ANC attendance

Have you ever attended ANC clinic with a current pregnancy	Frequency	Percentage
Yes	241	59.8%
No	13	3.2%
Total	254	63.0%

The study sought to find out about ANC services during the last pregnancy and documented the following findings.

Table 3: ANC services during the last pregnancy

Have you sought ANC services during your last pregnancy	Frequency	Percentage
Yes	387	96.0%
No	12	3.0%
Total	399	99.0%

Waiting time in the health facility during ANC visits

Table 4: Waiting time in the health facility

Waiting time in the health facility	FREQUENCY	PERCENTAGE
Less than 30 minutes	52	12.9%
More than 30 minutes	347	86.1%
Total	399	99.0%

Most respondents, 86.1% (347), had waited more than 30 minutes at the facility to receive ANC care.

Attitude of HCWs during ANC visits
The study sought to inquire about the attitude of Health Care Workers and if it influenced ANC attendance.

Table 5: Friendliness of HCWs on discloser of FSWs

Were the health care friendly when you disclose you are FSWs	Frequency	Percentage
Yes	130	32.3%
NO	171	42.4%
Total	301	74.7%

42.4% (171) of the respondents shared they were displeased with the attitude of healthcare workers while seeking ANC services.

Factors on challenges to ANC attendance
Various factors were tested for significance against the barriers to ANC attendance and found the following:

Table 6: Factors on the challenges/barrier to ANC attendance

Factor on the barrier to ANC attendance	Chi-Square Tests Results at $P < 0.05$
Cost of tests, screening cost, and cost of drugs vs. Number of ANC visits	χ^2=22.166, df = 5, P = 0.000 at $P < 0.05$ CI
Were the health care friendly when you disclosed you are FSWs and number of ANC visits	χ^2=18.836, df = 4, P = 0.001 at $P < 0.05$ CI

Test of significance was done between Occupation vs Number of ANC visits and the results are Chi Square χ^2 = 22.525, df = 12, P= 0.032 at P < 0.05 and the findings are significant. The study also revealed an association between Occupation vs best time of ANC visit χ^2= 26.370 at df = 12, P= 0.010 at P < 0.05 CI. Occupation of respondent vs Distance from health facility was significant at χ^2= 38.176 at df = 4, P= 0.000 at P < 0.05 CI. The study further indicates that the Marital Status vs Number of ANC visits was significant at χ^2= 29.058 at df = 15, P= 0.016 at P < 0.05. Marital status vs intervals of your ANC visit were also significant at χ^2= 67.273 at df = 15, P= 0.000 at P < 0.05 CI. The study revealed an association between Income level and the number of ANC visits at Chi-Square value χ^2 = 17.557 at df = 6, P= 0.007 at P < 0.05 CI. Findings also indicate significance between Income level and intervals of your ANC visit at χ^2= 91.092 at df = 6, P = 0.000 at P < 0.05 CI. Education status was associated with the best time of ANC visit at χ^2= 33.690 at df = 9, P= 0.000 at P < 0.05 CI.

Table 7: Waiting time during ANC visit

Waiting time at the health facility as a barrier	Frequency	Percentage
Less than 30 minutes	52	12.9
More than 30 minutes	347	86.1
Total	399	99.0

The study indicated that most respondents, 58.3% (235), did not agree that the cost of testing, screening and drugs was affordable. Only 36.5% (147) agreed that the tests, screening, and drugs were reasonable.

Attitude of HCWs

The study sought to inquire about the attitude of Health Care Workers and if it influenced ANC attendance.

Table 8: attitude of HCWs on discloser of FSWs

Were the health care friendly when you disclose you are FSWs	Frequency	Percentage
Yes	130	32.3
NO	171	42.4
Total	301	74.7

The study indicated that there was an association between the cost of tests, screening, and drugs and the Number of ANC attendance (□= 22.166, P = 0.000).

Discussion

Demographic data

The study indicated that most participants, 32.8%, were between 30- 34 years old, with a mean age of 32. This finding is like a study done among FSWs by Bowring et al. (2020). Most participants' marital status was as follows: 60% were single, and 17.4% were separated. This finding is consistent with a study done in Uganda among the same population, where 46.2% were never married and 38% were divorced. 15.7% of the participants were married, compared to a study done in Uganda, where 14% were married (Bukenya et al., 2019). Most participants, 50.4%, had acquired secondary education, and 29.3% had post-secondary education. This finding contradicts a study done among FSWs in Tanzania, where many participants had primary education at 76%. These findings on the level of education are contrary to a study done in Uganda, where most of the participants, 53.8%, had primary or no education (Wanyenze et al., 2017). On employment status, 20.8% of participants had formal employment, while 47.1% were self-employed despite being FSWs. This finding contradicts a study done in Uganda among FSWs, which documented that 99% of participants had no formal employment other than sex work (Wanyenze et al., 2017).

The study found that 85.9% of the participants had unplanned pregnancies, whereas 68.7% conceived after entering sex work. This finding is similar to a study done among FSWs, which revealed that the majority who had unplanned pregnancies considered procuring an abortion due to a lack of support from the involved partner and financial strain (Elmi et al., 2023). A similar study in Benin among FSWs revealed that 67.6% had conceived at least one pregnancy since initiating sex work (Sullivan et al., 2023). The finding of conceiving after entering sex work is consistent with studies done among the same population of FSWs where it was reported they conceived during sex work (Beckham et al., 2015; Du Plessis et al., 2020; Moore et al., 2023; Shewale & Sahay, 2022). The findings were also consistent with a study in Brazil, which documented that most FSWs started prenatal care in the first trimester of their pregnancy, with antenatal coverage at 85.8% (Braga et al., 2022).

Challenges to ANC Attendance among FSWs in Nairobi County

The challenges encountered in accessing ANC services by FSWS include institutional/policy-based and healthcare worker factors; they include the following:

Institutional/policy-based factors

The challenges experienced during ANC attendance by FSWs were reported as follows: Most of the study participants shared they had waited for more than 30 minutes during their ANC visits. This finding is similar to a qualitative study done among FSWs who reported their experience delays while at the health facility for being sex workers (Wanyenze et al., 2017).

57.3% of the participants shared that no ANC services are specifically for FSWs. Only 43.9% of the total participants shared the nature of their work with the healthcare professionals. Cost of service was the main factor in determining ANC attendance. The majority of 91.8 perceived the quality of ANC service they offered as good, while 6.7% felt it was not good. Participants shared that there were no ANC services specifically for FSWs.

Healthcare worker-based factors

FSWs' failure to disclose the nature of their work is consistent with findings from a study conducted by Parmley et al. (2019) among a comparable group. Similar findings were also documented in a study done in Tanzania, where FSWs failed to disclose the nature of their work for fear of stigma from HCWs

(Beckham et al., 2015).Failure of FSWs to disclose their nature of work affected risk assessment by HCWs, thus delaying screening and treatment for HIV/STIs.

Several participants, 32.3%, said HCWs were not friendly. 1.7% of total participants shared that they were denied ANC care for being unmarried, 4.2% faced denial of ANC service, and 3.0% shared that HCW assumed they had HIV since they were FSW. This type of stigma has been seen in other studies done in the same population of FSWs who shared that they experienced stigma while seeking reproductive health services (Faini et al., 2020). 4.2% of participants shared that they were separated from other women during ANC visits, while 37% shared that they received full ANC when they opened up about being FSWs. A similar finding was documented in a Ugandan study among FSWs who shared they faced discrimination while seeking ANC services.

Studies among FSWs have documented the stigma and discrimination they encounter while seeking ANC services. This includes being denied services for being unmarried, separation from other ANC mothers and HCWs assuming that FSWs have HIV because of the nature of their work (Beckham et al., 2015; Moore et al., 2023; Parmley et al., 2019).

Conclusion

FSWs have the same desire for future fertility as other women. A significant percentage of female sex workers (FSWs) get pregnant and have children. Due to factors like poverty, violence, and challenges to medical care, many FSWs are more likely to experience maternal health issues. Despite this, little is known regarding maternal health and utilisation of maternal health care (ANC) by FSWs.

This study shows that FSWs need targeted SRH services, especially when pregnant. FSW mothers experience impediment ANC, which is unique to their work. FSWs in Kenya share the same challenges as other countries, especially when they are pregnant. WHO recommends that women start ANC clinic early enough once they have a positive pregnancy confirmation within eight weeks of pregnancy. From the study, it is evident that many FSWs are unfamiliar with these new ANC guidelines. The study also identified the challenges FSWs face while seeking SRH services, including stigma from HCWs.

On challenges to ANC Attendance among FSWs, the findings show that the HCW barrier was evident. This included stigma and discrimination shown to FSWs when they disclosed the nature of their work during the ANC visits. The FSWs also shared that they experienced long waiting times and policy-related barriers, such as being not attended without their spouse during ANC visits.

Acknowledgement

The author acknowledges Maureen Akolo, Horatius Musembi, Victor Mathias, AKU staff, and SWOP city clinic staff.

Conflict of interest

There was no conflict of interest. The study was not funded.

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