

OPINION EDITORIAL

Addressing the Maternal Health of Female Sex Workers and the Health of their Children: A Call for a Family-Centered Approach to Vulnerable Families

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INTRODUCTION

Awareness of the unmet health needs of marginalized populations is increasing: even prominent journals such as the Canadian Medical Association Journal and Lancet have focused recently on vulnerable populations. However, while many marginalized groups have been receiving attention from the global health community, two significant populations remain largely neglected: female sex workers (FSW) who become pregnant, and children of FSW. These two groups are also among the most stigmatized people globally, which contributes to their ongoing neglect in research, funding, and programming.

FSW are a heterogeneous population including women who are trafficked and women who turn to sex work for economic reasons, which is often to earn money to feed and raise their children [1]. FSW and their children live in every country, and even those in the richest countries are marginalized and suffer greatly [2]. Most FSW share similar challenges including poverty, stigma, and discrimination, all of which contribute to significant barriers to health services [3]. This includes barriers to quality antenatal care and safe delivery.

Currently, most of the focus on FSW is on HIV and there is little awareness of their health needs when they are pregnant, or their needs as mothers. There is even less awareness about the health and social needs (including school) of tens of millions of

children whose mothers support them through sex work. The lack of research and data on the maternal health of FSW reflects the fact that these women are rarely viewed as mothers in either research or policy decisions. Many FSW experience severe stigma in their communities, often avoiding services and thus leading to adverse health outcomes for themselves and their newborns.

Regardless of how societies, international NGOs, global funders, and governments, view FSW and their children, we must recognize that they are families too. This perspective is critical to providing comprehensive care to FSW and their children. In this Opinion Editorial, we call for family-centric care for FSW their children and for all services they require to be healthy, and to enjoy the same rights as all other women, children, and families.

During the novel coronavirus pandemic, this approach to providing support to very marginalized women and their children is now of even greater need. Many of these families were already experiencing high levels of food insecurity, serious health problems, and barriers to healthcare, and the pandemic will only intensify this crisis. NGOs, government agencies, and UN organizations must take collective action to ensure that during the pandemic these families are protected, and are able to access and receive the services that they need.

LACK OF DATA ON FSW WHO ARE PREGNANT OR MOTHERS, AND THEIR CHILDREN, IMPACTS POLICIES AND PROGRAMS

Globally, most female sex workers (FSW) are mothers. For example, studies report: 74.8% of FSW in South Africa had at least one child; 82% of FSW in Kenya are mothers; 51% of FSW in Russia have children; and 68% of FSW in Canada have children [4-7].

However, there is little recognition of FSW as mothers. Although most FSW are mothers, many studies of FSW do not even mention which of the participants in the studies are mothers, while other studies that do include data on FSW with children, often will only focus on one isolated health issue, (e.g., HIV), ignoring potential differences between FSW in the study who are mothers and those who are not [8,9].

The failure to disaggregate the results between FSW who are mothers (some of whom may have five or more children) with study participants who do not have any children, may influence their interpretation. We don't know if, or how, motherhood affects other health outcomes in these women, and overall many studies disregard the potential impact of motherhood on these women's health. This lack of data compromises our ability to understand if the risk to FSW from health issues, such as violence, HIV, or mental health issues, could be related to the number of children that they raise.

Why is this a problem? We rely on studies to guide policies and programs. This is especially critical for policies and programs for very vulnerable and marginalized populations, such as FSW, who are at high risk for many serious health problems, such as HIV or mental illness.

MATERNAL HEALTH OF FSW: A RESEARCH, PROGRAM, AND POLICY BLIND-SPOT

Currently, care and research of FSW globally is often viewed through an HIV-focused lens. Maternal health of FSW and the health of their children is

often ignored. A holistic, family-centered approach addressing the concerns of these vulnerable mothers for their families is critical to improving their health.

Although the majority of FSW become pregnant and are mothers, there are few studies on pregnancy among FSW [10]. Equally important, there are few studies on their pregnancy outcomes, including maternal morbidity and mortality [11]. There has been a great global effort to reduce maternal mortality, which has been effective in many countries. However, there is still a lack of data and understanding on the toll of maternal mortality among FSW.

During our discussions with FSW at Global Health Promise, we often hear many reports of pregnant FSW who work until they go into labour and then return to work within hours or days of giving birth. Many also report delivering at home without a skilled attendant. Moreover, the death toll we observe from unsafe abortion is shocking. Many of the NGOs we work with have been appalled by our programmatic data, as no one has previously addressed maternal health issues specifically in this population to realize the high rates of mortality that occur. FSW who become pregnant and their children are among the most vulnerable populations in the world, yet there is little focus on their maternal health and the health of their children. Globally, the funding targeted to FSW is generally focused on HIV and while prevention and treatment of HIV among FSW is clearly important, so too is quality antenatal and intrapartum care for pregnant FSW, as is health care for their children.

Based on our work with FSW and their children, we strongly suspect that their all-cause and maternal death rates are much higher than other mothers and children in developing countries. However there is such a lack of research and focus on this extremely marginalized group that it's difficult to know the true scale of the problem. Although these issues are not well known among researchers, funders, or service providers, they are obvious to FSW and their children.

There is even greater lack of data and awareness about the health and social well-being of tens of millions of children of FSW. In a literature review we conducted on studies of FSW and their children over the past three years, only 1.9% of all the studies specifically focused on the children. [Willis; unpublished].

Maternal health of FSW and health of their children falls in a gap for research and services: there is funding for research and services related to HIV among FSW, but this does not include research on maternal health of FSW or services for pregnant FSW. Based on our experience, most maternal health programs do not specifically target services to FSW as do HIV programs. Two factors for this lack of targeted services to FSW by maternal health programs include an assumption that FSW are cared for by HIV programs, and a lack of data that provides the evidence about the unmet maternal health needs of FSW. This must change: maternal healthcare for FSW, healthcare for children of FSW, and protection from abuse and sexual exploitation are all critical human rights and must be prioritized. A holistic, family-centered approach would help prevent this siloed approach.

The lack of data on maternal health of FSW means that sex worker led NGOs do not have the information they need to advocate for maternal health of FSW and provide services. These services could include accompanying pregnant FSW to the hospital for clinic visits or during childbirth. Just as donors support sex worker NGOs to address HIV prevention and treatment, they must also fund them to address maternal health of FSW. We must also ensure that sex worker organizations are fully engaged in the research on maternal health of FSW and on children of FSW.

BARRIERS TO CARE: STIGMA AND SILOES

Because many FSW are stigmatized and rarely viewed as mothers, there is a risk that they will not receive the maternal health services they require as well as be ignored in research on maternal health.

Our nonprofit, Global Health Promise focuses on the maternal health of FSW and the health of their children. Over the course of our work we have talked to hundreds of FSW in numerous countries about their maternal health and the health of their children. Many women report stigma, discrimination, and other barriers when seeking antenatal care. These mothers also report programs that do provide care to them, primarily for HIV, do not provide antenatal care nor have any funding for services for their children. A handful of women even expressed that they wished they had HIV, in order to access better services for themselves and their children.

Many pregnant FSW are stigmatized in all aspects of their daily lives, including in healthcare facilities. FSW report that healthcare providers often humiliate them when they seek prenatal care and during labour and childbirth. This treatment violates WHO recommendations on respectful maternity care, which state that all women should be entitled to care during pregnancy and childbirth that maintains their dignity, privacy and confidentiality [12]. This treatment is not only a violation of the human rights of FSW according to the WHO, but also increases their risk of maternal morbidity and mortality when they choose to give birth alone or with an unqualified traditional birth attendant, rather than endure the disrespect or even refusal of care they all too often experience in medical facilities.

Many children of FSW experience marginalization due to the situation of their mothers. As with their mothers, this treatment not only violates their rights to receive care, but also increases their risk of death when their mothers wait too long to seek medical care, or seek treatment from an unqualified health provider in order to avoid healthcare facilities where they and their children are often mistreated. Although these issues are not well known among researchers, funders, or service providers, they are obvious to FSW and their children. By talking to FSW about their families' needs, the importance of often-ignored issues is clearly illuminated.

PROGRAMMING AND SERVICE NEEDS OF FSW AND THEIR CHILDREN

We propose that the health of FSW and their children must be viewed in a family-centered context. Rather than viewing FSW primarily from an HIV perspective, we must recognize FSW as mothers with maternal health needs, and that their children need care too. We should provide comprehensive health to these families.

This family-centered care for FSW and their children should be provided in a location and time that is convenient for mothers and be staffed by providers who treat the FSW with respect and dignity.

Moreover, in our discussions with FSW, barriers to antenatal care include the time it takes to wait for an appointment. For pregnant women who are married and have a husband who will provide meals, waiting for hours in an antenatal clinic may not be a barrier to care. For many FSW who are single mothers and must earn money to feed their children everyday, waiting for hours in a clinic may not be an option.

We recognize the need to locate clinics for HIV testing and treatment where they are convenient to the population that must access them and the staff treat clients with respect. The same approach is needed for clinics for FSW where they can receive reproductive health care, antenatal care, support during labor and delivery, postpartum care, and well- and sick-child care.

The need for clinics to care for the children of FSW was underscored by visits to HIV testing centers in a country in Africa during 2019. While asked about the care of the children of the FSW who received HIV testing in the clinic, the staff reported that the mothers often ask the staff for care for their children. The funding for this clinic, we learned was limited to HIV testing and treatment for adult FSW, not for their children. So the staff have to tell the mothers with sick children to take the children to another clinic but, they report, most mothers cannot afford

to take the children to another clinic so just go to a local pharmacy to have the children diagnosed and treated.

CONCLUSION

Female sex workers, especially those who are pregnant, and their children, are among the most marginalized populations in the world. They are marginalized by donors, funders, and service providers. The funding and service priority is on HIV for FSW and there is virtually no funding to research for the unmet needs of pregnant FSW or their children, or funding to provide prenatal care to pregnant FSW in a targeted fashion, as there is with HIV prevention and treatment.

Societies, researchers, and funders focus on FSW only as sex workers. This must change. We must recognize that there are millions of mothers and mothers-to-be who support themselves and their children through selling sex. These mothers know that they are mothers: the world needs to know that too.

We propose that the health of FSW and their children must be viewed in a family-centered context. Rather than viewing FSW primarily from an HIV perspective, we must recognize FSW as mothers with maternal health needs, and that their children need care too. We need to provide comprehensive health to these families.

FSW and their children are families. They are further marginalized when the focus of funders and government is only HIV among FSW, ignoring other aspects of these women's lives, including pregnancy, childbirth, breastfeeding, childcare, and the education of their children. To truly help mothers who support their children through sex work and their children, we need to address their situations through a family-centric perspective and listen to these mothers about the needs of their families.

The need to address the unmet needs of these families has never been greater. The COVID-19 pandemic will result in more food insecurity for FSW

and their children, leading to many FSW to engage in high risk behavior in order to secure food for their children. The stress of the pandemic will likely also increase depression among many FSW, including those who are pregnant and have recently given birth. During a study we conducted in eight countries during 2019, there were many reports of FSW who committed suicide, including during pregnancy and in the postpartum period. We must act quickly to protect these families not only from the direct impact of the novel coronavirus, but also from the indirect impacts of the pandemic.

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