workers, but also feared insisting on condom use with clients and husbands.

Health Care Experiences and Preferences

In the previous six months, 64% of hotel-based female sex workers and 80% of street-based female sex workers had gone to a provider for at least one of the following services: STI testing and treatment, maternal and child health care, treatment for violence-related injuries, menstrual regulation and family planning (Table 4). Among women who had visited a provider, the service most often used was STI testing and treatment (77–81% of women in the two groups), followed by maternal and child health services (32–53%) and treatment for injuries related to violence (16–31%). Hotel-based sex workers who had received services were most likely to have done so at a private provider or drug shop (63%) or a drop-in center (41%), among street-based sex workers, the most commonly used venues were drop-in centers (60%) and facilities run by other NGOs (37%). The use of public facilities was relatively low in both groups. Very few women reported disclosing that they were sex workers to health care providers (other than those at drop-in centers), and more than two-thirds of women in both groups felt that they would be treated worse by providers if they disclosed their sex work.

Fewer than half of the hotel-based sex workers and about two-thirds of the street-based sex workers indicated that they knew where to go for family planning information and methods. When respondents were asked where they would like to go for future family planning services, the most commonly mentioned venues were drop-in centers, cited by 45% of hotel-based sex workers and 51% of street-based sex workers. For the latter group, drop-in centers were also the preferred site for receiving future health services in general.

The preference for drop-in centers was explained in in-depth interviews: Although respondents said they attended drop-in centers primarily for STI/HIV services, more than half had received family planning information as well. Most said that they were treated well at the drop-in centers (only one voiced a complaint); as one respondent noted:

“They provide services to us free of cost and behave very well. Besides that, I can share my problems freely with them—that is why I am satisfied.” —Hotel-based sex worker, age 26

Furthermore, half of respondents believed that drop-in centers protected their privacy; just one expressed a fear that they did not. A 24-year-old hotel-based sex worker commented, “Here, everybody knows about me. We can tell about our identity easily here. I have faith that anything about my problem will be kept confidential.”

DISCUSSION

We documented a high level of unmet need for contraception among a population of female sex workers who largely wanted to avoid pregnancy in the near future. These women had a compelling desire to avoid pregnancies that presumably would have profound effects on their emotional, physical and financial well-being. Similar to findings of other studies, our results point to a need to provide sex workers with information about, and access to, a range of contraceptive methods. Although nearly all of the sex workers in our survey sample used condoms, either alone or in combination with another modern method, their condom use was inconsistent. The high proportion of women who reported having had menstrual regulations and abortions further suggests that their use of contraceptive methods was ineffective. In addition, despite the widespread desire to avoid pregnancy and to use contraceptives, a large proportion of the women did not know where to obtain family planning information or services.