## **FAST-TRACK CITIES** 2024

# Condom Use and Accessibility Among Female Sex Workers (FSWs) in Rwandan Cities ID:1507

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#### Background

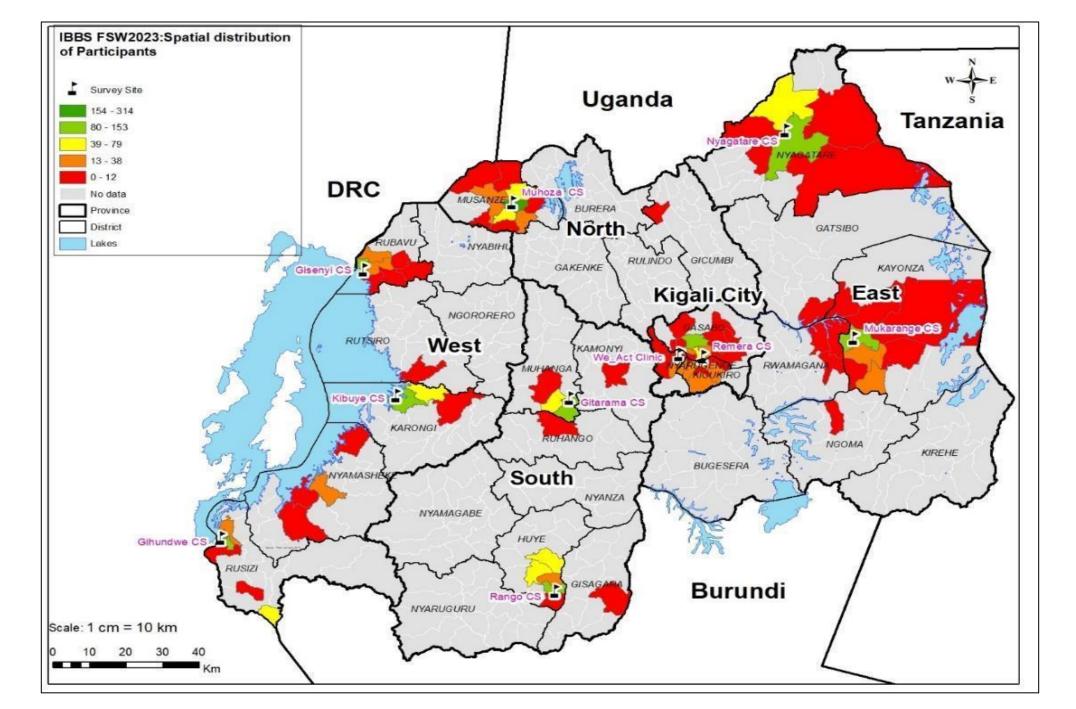
Results

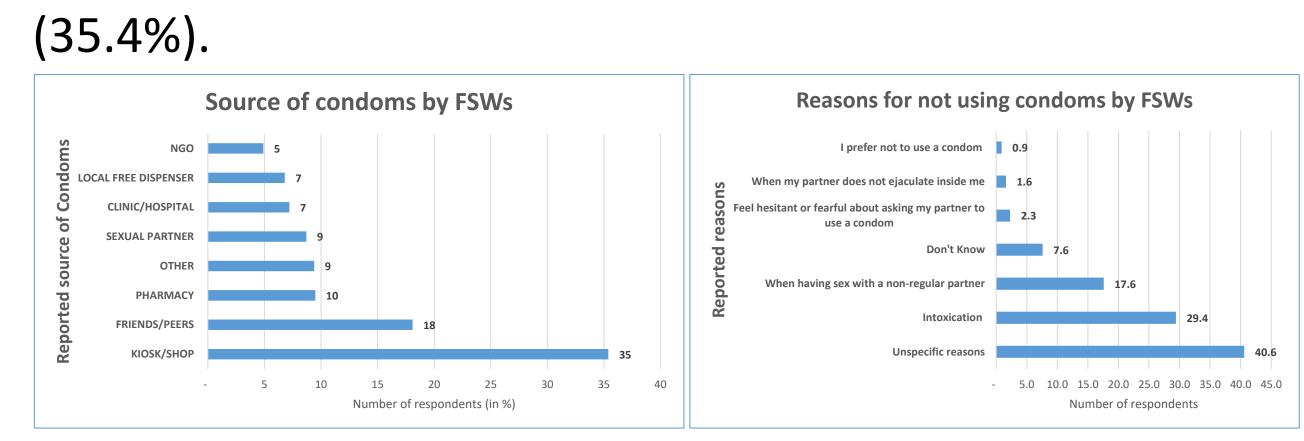
Female sex workers (FSWs) in Rwanda are one of the group at high risk of HIV infection, with prevalence at 35.5%. Rwanda Biomedical Center (RBC) and its partners conducted an Integrated Bio-Behavioral Surveillance Survey (IBBSS) from May to June 2023, to assess the use and accessibility of Condoms among FSWs.

Overall, 91.9% of FSWs reported easy access to condoms, with kiosks and shops being the most common sources

#### Method

The study used Respondent-Driven Sampling (RDS) to collect data from 2,541 FSWs aged 15 and older, who engaged in commercial sex work for at least 12 months.





Despite this, only 11.1% carried condoms. While 78.8% could request condom use with main partners, this dropped to 17.6% with non-regular partners. Among those not using condoms, 40.6% gave unspecified reasons, which may be linked to early entry into sex work. Nearly half (47.4%) began sex work between 18-24, with 29.3% starting under 18, and 6.2% under 15. Economic pressures (77.5%) and early exposure to alcohol and drug use (30.8%) likely contributed to this behavior. Condom use at first paid sex was low (57.3%), and 67.9% received free condoms in the past three months. However, 25.7% did not use condoms with regular clients, and 37.4% did not use them with regular non-paying partners.

Conducted across the City of Kigali and four Secondary Cities, the survey involved structured interviews and biological testing for HIV, syphilis, hepatitis B, and C. To ensure confidentiality and safety, the coupons distributed to participants did not specify the target population or any other identifying information. The population size was estimated using Privatized Network Sampling (PNS). Data were analyzed using descriptive statistics and 95% confidence intervals (CI).

### Conclusion

While condom accessibility among Rwandan FSWs is high, usage remains inconsistent, particularly with nonregular and regular non-paying partners. To address this, targeted interventions should enhance peer-led programs, expand condom distribution in high-risk venues and peer support groups, and provide tailored education for young FSWs. Economic empowerment initiatives can reduce reliance on sex work, improving condom negotiation.

Rwanda Biomedical Biomedical Centre









