RESEARCH BRIEF

SOMALI HIV HOT-SPOT MAPPING: EXPLORING HIV VULNERABILITY AMONG POPULATIONS AT INCREASED RISK OF INFECTION (2008)

IOM International Organization for Migration

SOMALIA

THE OBJECTIVE WAS TO ESTABLISH INFORMATION THAT CONTRIBUTES TOWARDS DEVELOPING AN EVIDENCE-INFORMED RESPONSE TO HIV AND AIDS AMONG VULNERABLE POPULATIONS.

BACKGROUND

Somalia lacks strategic information for an effective and evidence-based response to the HIV epidemic. Since no epidemiological study has been conducted in Somalia on HIV risk behaviours and populations at risk, little is known about the dynamics of transactional sex, and its implications on HIV vulnerability and infection status of populations at increased risk. This hot-spot mapping is the first study targeting at-risk populations across Somalia, and was conducted from 2007-2008 in partnership with the Somali AIDS Commissions.

OBJECTIVES

- **Explore** HIV vulnerability among populations at increased risk in relation to transactional sex;
- **Identify** effective, culturally appropriate methods of collecting HIV and sexual behavior data;
- **Establish** an evidence base for development of the first Somali HIV Integrated Biological and Behavioural Surveillance (IBBS) survey among populations at increased risk in 2008.

METHODOLOGY

This was the first study to explore HIV vulnerability among key populations at risk of HIV infection in the Somali context. Three hundred and fifty (350) participants (143 females and 207 males) were recruited through snowball sampling among Female Sex Workers (FSW), and key informant interviews with civil society and non-governmental organizations, as well as with uniformed services, khat sellers, tea sellers, truck drivers and pharmacists.

RESULTS

29 people living with HIV and AIDS were interviewed

- Reports of assault, ill treatment, rape and refusal to pay were common and Female Sex Workers (FSW) **suffered from threats and violations** by their attackers. This often resulted in injury to their person and damage to property, reducing their ability to work, leading to a loss of income, while also needing to cover medical costs and loss of property;

- FSW reported high levels of mobility before and after their regular engagement in transactional sex. Many left home at a young age after becoming a single/double orphan, or experiencing conflict and domestic violence. Entry into sex work was often referred to as a means of survival;

- The majority of FSW had never been tested for HIV and did not know their status. The main barrier to testing was a lack of risk perception. Many FSW did not know where they could get tested and many doubted the confidentiality of the VCT services. The minority who sought to know their status were motivated by illness amongst friend FSW;

QUOTE from focus group discussion:

"[The first time I traded sex] I was 12 years old ... my father and mother had died ... I didn't have anyone to take care of me, and [didn't] have anything to eat or dress in. Being a sex worker was the only choice."

- FSW aged 25

RESULTS (cont.)

- FSW were more likely to report exchanging sex for gifts or favors rather than money, as was the case for Somaliland and South-Central. Survival sex was more prominent due to population movements;
- Though almost all migrant FSW had heard of HIV, knowledge around prevention and transmission is mixed, with many misconceptions still present;
- 78 sex clients aged 17-54 were interviewed. The most common sex clients were truck drivers, seafarers, port workers, uniformed services, businessmen, traders and unemployed men.

The most commonly reported mode of HIV transmission was

sexually acquired from husband to wife

78
sex clients

aged 17-54 were interviewed. The **most common clients** were truck drivers, seafarers, port workers, uniformed services, businessmen, traders and unemployed men.

RECOMMENDATIONS

1. An effective national response to HIV in Somalia needs to **address both individual and structural vulnerability** to HIV among sex workers and their clients;
2. **Integrated prevention, treatment and care** specifically targeting populations at increased risk ought to be a priority;
3. Interventions ought to include peer education, condom distribution, VCT, access to ART and should address **sexual and gender-based violence**;
4. **Targeted and evidence-informed responses** are required to meet the special needs of street children;
5. Ensure that FSWs have **access to comprehensive HIV services** that emphasize Sexual and Reproductive Health (SRH) and rights.

CONCLUSION

This study makes clear that the **general population approach to HIV prevention in Somalia has fallen short of reaching sex workers and their clients**.

It also demonstrates that HIV research among sex workers and their clients **can be conducted in a challenging environment** characterized by significant cultural and religious sensitivities, in addition to considerable population movement.

Mobility in Somalia includes porous borders with countries that have higher HIV prevalence (Djibouti, Ethiopia, Kenya), and the presence of high-risk mobile populations associated with other HIV epidemics in the region (truck drivers and the military).

HEALTHY MIGRANTS IN HEALTHY COMMUNITIES

International Organization for Migration
IOM Somalia Office

Tel: +254 20 444 4174
Email: MHDSomalia@iom.int

www.nairobi.iom.int

APRIL 2012

WITH THANKS TO OUR PARTNERS: