

COVID-19 Restrictions and Sex Workers in Crisis in Nairobi, Kenya

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Description

The COVID-19 response in Kenya has profoundly affected sex workers access to health. While most studies have focused on the barriers to healthcare in Kenya, much is not known on the effects of COVID-19 on sex workers living and working in informal settlements. In this qualitative study we interviewed 117 female sex workers and 15 healthcare providers in Nairobi's informal settlements during the spring of 2020 during the first initial lockdowns and government curfews. Our findings suggest that the outbreak of COVID-19 has reinforced existing gender and health inequalities, doubling the burden of sex workers who need HIV prevention and treatment and sexual reproductive health services. Our study also underscores the effect of the restrictions imposed to curb the spread of the disease making it difficult for sex workers to access healthcare needs.

Sex workers remain among the most vulnerable social groups and have equally faced a burden in accessing healthcare over time. UNAIDS (2018) observes that sex workers and other key population groups have been disproportionately affected by the HIV burden as they experience significant barriers to accessing healthcare. These similar findings were reflected we conducted during COVID-19 in 2020 formed through a partnership between the University of Leicester and Bar Hostess Empowerment and Support Programme (BHESP) in Nairobi [1]. This study reported a deepening challenge of healthcare access among sex workers living in informal settlements in Nairobi. The qualitative study, which targeted sex workers who live and work in Nairobi's informal settlement and healthcare providers, revealed the specific effects of COVID-19 and the impact of government's restrictions to curb the spread of the disease. Restriction of movement and social distancing measures in entertainment spots affected sex workers ability to earn money which ultimately affected their access to healthcare.

Lack of basic commodities has been reported before COVID 19 in Kenya [2]. During the COVID 19 period, shortage of basic health care services and sexual reproductive health commodities was a major problem. Some studies have pointed to the focus of governments on COVID 19 response and the breakdown of the global production chain [3,4]. Sex workers in this study reported that they had tried to access condoms, contraception and pregnancy test kits and missed them as they

were unavailable. Restriction of movement meant that sex workers were blocked from accessing the clinics where they would receive condoms and anti-viral drugs which are crucial commodities for their wellbeing and that of their family [5].

Conclusion

Our study reported for instance that sex workers were forced to change their night time operations to the day forcing them to forego their scheduled clinic hours during the day as they would be working at that time. In these dire times, there was a call for innovative and speedy changes to practices for delivering support, welfare and access to medical provisions. BHESP were at the forefront of making significant adjustments to their service delivery in 2020 to provide emergency support to thousands of sex workers across the city. Most notably, a digital App was developed which enables sex workers to request assistance and provisions more directly through mobile phone technologies. There was also a revolutionary new service which involved motorcycle deliveries of medication and key provisions, driven by peers, who could more effectively reach women all over the city.

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