

# ProSanté - Study on Health Status, Access to Healthcare and Rights of Prostitutes Encountered by Social and Medical Facilities

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## General

### Identification

Detailed name Study on Health Status, Access to Healthcare and Rights of Prostitutes Encountered by Social and Medical Facilities

Sign or acronym ProSanté

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CNIL: 1375106; CPP: 30/06/2008

### General Aspects

Medical area Biology  
Infectious diseases

Health determinants Addictions  
Lifestyle and behavior  
Social and psychosocial factors

Keywords social and medical facilities, situation, prostitution, rights

### Scientific investigator(s) (Contact)

Name of the director Lot

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Organization Institut de veille

Name of the director	Hajman
Surname	Elsa
Organization	Fédération nationale des associations d'accueil et de réinsertion

## Collaborations

## Funding

Funding status	Public
Details	FNARS [National Federation of Social Reintegration Associations] (DGS agreement) and InVS.

## Governance of the database

Sponsor(s) or organisation(s) responsible	INVS
Organisation status	Public
Sponsor(s) or organisation(s) responsible	Fédération nationale des associations d'accueil et de réinsertion sociale
Organisation status	Private

## Additional contact

## Main features

### Type of database

Type of database	Study databases
Study databases (details)	Not-repeated cross-sectional studies (except case control studies)
Database recruitment is carried out by an intermediary	A selection of health institutions and services
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	No sampling as there is no available sampling frame. Voluntary participation from social and medical facilities and voluntary participation from prostitutes. The study was provided to all individuals interviewed by a social worker from the facility (specifically trained to conduct the study).

Individuals were also given an information booklet (available in 6 languages). Social workers asked the interviewed individuals to participate in the medical component of the study following these interviews, by directing them to a nearby medical facility that was previously identified and notified by the InVS. These facilities were either information, screening and diagnosis centres for sexually transmitted diseases (Ciddist), or family planning or education centres (CPEF). Social workers could also accompany individuals wanting to avail of this medical consultation.

## Database objective

### Main objective

#### Main objectives:

- To improve knowledge on health status, access to healthcare and rights for prostitutes.
- To identify constraints that impede actual access to rights and healthcare.
- To provide medical treatment to prostitutes within a free and anonymous setting: medical consultation, STI screening (including HIV and hepatitis B), screening for hepatitis C, treatment for acute STIs, provision of vaccinations (particularly against hepatitis B).
- To reveal the health status of prostitutes against perceived health data.
- To know the prevalence of STIs (HIV, HBV, syphilis, chlamydia, gonorrhoea, trichomoniasis) and hepatitis C within the study sample.

#### Secondary objectives:

- To improve the integration of health issues in social facilities and to train social workers regarding these issues when working with prostitutes.
- To increase medical staff's awareness of specific traits regarding this population.
- To develop local networks between key social and social medicine or medical players and to promote partnerships.

### Inclusion criteria

Male, female or transgender; aged 18 and over; declared as prostitutes; interviewed by refuge/support facilities and referred for medical consultation.

## Population type

### Age

Adulthood (19 to 24 years)  
Adulthood (25 to 44 years)  
Adulthood (45 to 64 years)

### Population covered

General population

Gender	Male Woman
Geography area	National
Detail of the geography area	Across 11 départements.
<b>Data collection</b>	
<b>Dates</b>	
Date of first collection (YYYY or MM/YYYY)	06/2010
Date of last collection (YYYY or MM/YYYY)	03/2011
<b>Size of the database</b>	
Size of the database (number of individuals)	< 500 individuals
Details of the number of individuals	Perceived health component: 250; objective health component: 78.
<b>Data</b>	
Database activity	Data collection completed
Type of data collected	Clinical data Declarative data Biological data Administrative data
Clinical data (detail)	Medical registration
Declarative data (detail)	Face to face interview
Details of collected declarative data	Prostitution activity, perception of health, health status (consumption of psychoactive drugs, mental health, violence, sexuality and contraception, screening), access to healthcare and rights (healthcare cover, medical follow-up).
Biological data (detail)	--
Administrative data (detail)	Age, gender, country of birth, education, family situation, accommodation, income, social relationships.
Presence of a biobank	No

Health parameters studied

Health event/morbidity  
Health care consumption and services  
Quality of life/health perception  
Others

Care consumption (detail)

Medical/paramedical consultation

Other (detail)

Objective health: measurement of weight, height, blood pressure, screening for HIV, hepatitis B and C, as well as syphilis, other STI research (chlamydia, gonorrhoea, etc.).

## Procedures

Data collection method

The study included 2 components: a Social-Health component coordinated by FNARS, and a medical component coordinated by the InVS. Questionnaire: The social-health component took place in facilities that mainly specialised in receiving and providing support to prostitutes, and was requested by FNARS. Data was collected in person, following the individual's consent, inside or outside of these facilities, and based on 2 anonymous questionnaires (long or short) available in 4 languages. Medical component: the aim of the consultation was to (i) review subjects' history (medical, sexually-transmitted infections-STI-gynaecological and obstetrics, vaccinations and screenings), the use of contraception/condoms, consumption of psychoactive substances; (ii) to conduct a complete clinical examination (including the collection of weight, height and blood pressure data) and genito-urinary samples for STI research; and (iii) to provide certain screenings (HIV, hepatitis B and C, syphilis). All information was collected by anonymous questionnaire, which was supplemented by biological results. The questionnaire also clarified immediate care (treatment for an acute STI, vaccination against hepatitis B, etc.) and possible need for medical referral. Individuals not wishing to participate in the medical component should be interviewed on the reasons for refusal. If refusal was linked to the presence of an already monitored chronic viral condition (HIV, hepatitis, etc.), the interviewer recommended the individual to consult recent biological tests or to have their regular physician complete the medical questionnaire.

Participant monitoring

No

Links to administrative sources

No

## Promotion and access

### Promotion

Link to the document

? <http://www.invs.sante.fr/Dossiers-thematiques/Populations-et-sante/Etude-sur-l-etat-de-sante-l-acces-aux-soins-et-l-acces-aux-droits-des-personnes-en-situation-de-prostitution-rencontrees-dans-des-structures-sociales-et-medicales>

### Access

Terms of data access (charter for data provision, format of data, availability delay)

Contact the scientist in charge/send data request form to InVS.