

ABSTRACT

Background: Hepatitis B is an important public health problem; although it is often asymptomatic initially, the long-term complications include cirrhosis and hepatic cancer, diseases that kill about a million people worldwide each year. Sexually Transmitted Infections (STIs) like hepatitis B are usually concentrated in core groups, such as female sex workers (FSWs). who have a high number of partners and receive poor health care. Hepatitis B is a common infection that is often asymptomatic and can have chronic and serious outcomes, including chronic hepatitis, fulminant liver failure and hepatocellular carcinoma (NICE, 2016). This study is about assessing the uptake of Hepatitis B services among female sex workers in Masaka

Overall Objective: To assess the uptake of hepatitis b services among female sex workers in Masaka Municipality.

Specific Objectives were: To determine the proportion of female sex workers accessing Hepatitis B services; To establish the individual attributes of the female sex workers seeking Hepatitis B services; To determine the level of susceptibility on Hepatitis B virus among female sex workers and to determine the health services factors influencing uptake of Hepatitis B services in Masaka Municipality

Methodology: A quantitative, descriptive cross sectional study design was used to investigate uptake of the Hepatitis B services among female sex workers in Masaka Municipality. The design sought to describe the current status of an identified variable or phenomenon. The sampling procedure that was used consisted of mapping of the hot spots for female sex workers and This was followed by Snow balling where the first participant interviewed was asked to identify other potential respondents. The total sample size was 138 Participants was recruited using the respondent- driven sampling technique, which has been shown to be reliable for conducting studies in hard to reach groups and samples (Wejnert, 2009). Mapping was done to identify FSW sites and the hangouts were clearly marked out. Data was collected using structured researcher-administered questionnaire was used to obtain information on respondent's socio-demographic characteristics, knowledge of HVB infection, risk perception and Hepatitis B vaccination status. It was analysed using univariate, bivariate and multivariate levels.

Results: The results in this study showed that uptake of Hepatitis B services was low at only a paltry 27% (29.7) among the respondents in in the study area had ever been screened and received a test result (negative or positive). Amongst these, 23.6% (25.9) had tested negative while 3.6% (3.9) had tested positive whereas only one did not know here results. All individual attributes of the female sex workers did not have a significant relationship with the uptake of Hepatitis B services. The Bivariate analysis for the relationships between baseline characteristics and uptake of hepatitis screening services showed that age ($p = 0.118$), education status ($p = 0.184$), marital status ($p = 0.699$), religious affiliation ($p = 0.738$), and income level ($p = 0.438$) did not have a xsignificant relationship with the uptake of Hepatitis B services uptake among female sex workers. This study found significant relationships between level of susceptibility on Hepatitis B virus among female sex workers in Masaka Municipality. These were: HCW having ever heard about Hepatitis B infection ($\chi^2 = 10.905$, P value = 0.001*) at 0.05 confidence level. There was also a significant association with the modes of transmission noted such as shaking hands ($\chi^2 = 4.551$, P value = 0.033*); sexual contact with infected person ($\chi^2 = 19.606$; P value = 0.000) and other factors ($\chi^2 = 8.142$ and P value = 0.004*) at 0.05 confidence level.

Conclusions: the uptake of Hepatitis B services among female sex workers is low at 27%. All individual attributes of the female sex workers did not have a significant relationship with the uptake of Hepatitis B services. This study established a significant relationship between level of susceptibility on Hepatitis B virus among female sex workers. Finally, there was a significant association between uptake of Hepatitis B among the female sex workers and location of these services, privacy and

confidentiality, transport costs and presence of outreach clinics