

SUMMARY OF RESEARCH FINDINGS

ASSESSMENT OF KNOWLEDGE, ATTITUDES, AND BEHAVIORAL PRACTICES REGARDING HIV/AIDS/STI AMONG FSWS

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LIST OF ABBREVIATIONS AND ACRONYMS

HIV — Human Immunodeficiency Virus;

FSWs — Female Sex Workers (Women Providing Sexual Services for Money);

STI (STD) — Sexually Transmitted Infections (Diseases);

NGO — Non-Governmental Organization;

IDU — Injection Drug User;

AIDS — Acquired Immunodeficiency Syndrome.

INTRODUCTION

Research Background

According to the Ukrainian Center for AIDS Prevention and Control¹, the HIV/AIDS epidemic in Ukraine is predominantly concentrated among recognized at-risk populations, such as women who provide sexual services in exchange for payment, injection drug users, and men who have sex with men. There has been a shift in the patterns of HIV transmission in Ukraine since 2008. By the beginning of 2013, the incidence of sexually transmitted HIV had risen to 51%, while the incidence of HIV infection due to parenteral transmission had declined to 29%. Based on the trends observed, the need for prevention efforts that target risk behaviors associated with sexual transmission of HIV, including programs that aim to engage the sexual partners of individuals belonging to high-risk groups, such as clients of FSWs, is becoming increasingly urgent.

However, previous studies do not provide a sufficient evidence base to enable ongoing programs and projects to identify the most effective prevention approaches and access hard-to-reach populations, such as clients of FSWs.

Research Purpose and Objectives

Research Purpose — the research was conducted to assess knowledge, attitudes, and behavioral practices regarding HIV/AIDS/STI among sex workers' clients, and to inform programming efforts to develop effective HIV prevention interventions and strategies [in terms of forms and methods] that target this particular population group.

Research Objectives:

1. Assess:

- Knowledge of FSWs and their clients about HIV/STI.
- Attitudes of FSWs and their clients toward HIV and STI infection risks, including client attitudes regarding the use of condoms during sex.
- Prevalence of risky sexual practices among FSWs and their clients, including group sex, use of sex toys, provision of sexual services under the influence of alcohol, drugs, etc.
- Attitudes of FSWs and their clients toward their own sexual and reproductive health, including seeking the assistance of professional healthcare specialists.
- Use of condoms by clients during sexual contact with FSWs and regular partners:

¹ HIV infection in Ukraine: Information Bulletin/ Ministry of Health of Ukraine, Ukrainian Center for AIDS Prevention and Control, L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases, National Academy of Medical Sciences of Ukraine, CSES of the Ministry of Health of Ukraine. — 2013. — #39. P. 6.

- ◆ Prevalence of condom use during vaginal, oral, and anal sex;
- ◆ Reasons for non-use of condoms;
- ◆ Patterns of condom use during transactional sex; post-exposure prevention.
- Client needs for prevention services and preferred service delivery models, including consultations with healthcare professionals from STD facilities, VCT, etc.

2. Analyze:

- Socio-demographic [client profiling] data broken down by setting or location — in which commercial sex services are offered (truck stop areas, hotels/bars/cafes located near truck stop areas, ring roads; apartments; services sought on an on-call basis [online or call services]);
- Models of prevention and education service delivery preferred by clients:
 - ◆ Information communication channels;
 - ◆ Sites and areas of visual information presentation.

Subjects of Research — clients of FSWs who receive sexual services in return for payment on a regular basis.

Geographic Scope: City of Kyiv, Obukhov (Kyiv Oblast), Odesa, Yuzhniy (Odesa Oblast), Donetsk, Mariupol (Donetsk Oblast), Lviv, Rivne, Kirovograd, Vinnytsa.

Research Strategy and Methodology

Survey Methods:

- semi-structured interviews with clients of FSWs;
- semi-structured interviews with FSWs;
- in-depth interviews with ‘employers’ of FSWs (procurers [pimps], brothel keepers [madams]);
- online surveys targeting website visitors who post advertisements offering commercial sex services (dating websites, etc.)

Clients of FSWs, i.e. men who purchase sexual services on a regular (ongoing) basis served as the key source of information for this research project. The survey targeting sex workers’ clients was based on semi-structured interviews. Survey questions sought to assess respondents' knowledge of HIV/AIDS/STI, their needs for information relevant to sexual and reproductive health issues; to review information sources that the target groups consider accurate and reliable, as well as information provision models that respondents find appropriate and acceptable. The survey findings have assisted us in developing a social profile of FSWs’ clients, including collecting data on the length of their experience with the purchase of sex workers’ services, places where such services are provided, risky practices (such as unprotected sex with FSWs, sex under the influence of alcohol, drugs) etc. In addition to closed-ended questions, the questionnaire contained a series of open-ended questions and fields [blocks] for comments, in which interviewers recorded respondents’ original ideas and observations viewed in the context of the research objectives.

Client survey data were compared with results obtained from the survey targeting FSWs. To facilitate this process, both questionnaire forms (for FSWs and their clients) were similarly structured and contained the same questions. The survey methodology for FSWs was identical, i.e. semi-structured interviewing.

The questions for 'employers' of FSWs contained in the in-depth interview guide were primarily focused on establishing effective ways to inform sex workers' clients about safer behaviors and practices during commercial sex, and sought to identify the models of information provision that the clients of FSWs find most appropriate and acceptable; to assess employers' attitudes regarding health information and education among sex workers' clients, as well as work in this area in collaboration with NGO representatives.

The survey was conducted from May 20, 2013 through June 21, 2013 in 10 cities that represent Ukraine's major regions, as well as different types of cities.

Survey Sample

Region	City	FSWs	Clients	Employers
North	Kyiv	30	30	2
	Obukhov	10	10	1
South	Odesa	25	25	1
	Yuzhniy	10	10	1
East	Donetsk	25	25	1
	Mariupol	10	10	1
West	Lviv	20	20	2
	Rivne	15	15	0
Central Area	Kirovograd	20	20	3
	Vinnytsa	15	15	1
Total		180	180	12

Online Survey Targeting FSWs' Clients

This method for collecting data among target group members was applied for the first time in research practice, while the survey sought to gauge opinions offered by the clients of FSWs — who, being active users of the Internet, represent an under-researched but rapidly growing community. Based on the Internet survey, the research attempted to evaluate respondents' levels of interest in obtaining information about sexual health issues, HIV/AIDS/STI. Also, it sought to identify acceptable models of information provision that best suit the needs of men who engage sex workers' services via the Internet.

The online survey questionnaire contained 15 questions, including two content filters based on sex workers' clients' age and experience with commercial sex in the past six months, and was posted on the website of NGO Convictus (<http://convictus.org.ua/>), which is working with the target group under study. The information about the survey project was disseminated and updated by the NGO staff at regular intervals via the online resources that sex workers' clients tend to extensively use, including:

- classifieds website: <http://www.ukrgo.com/>, section 'Intimate [Adult] Services';
- discussion board [forum]: <http://ebiteua.com/>;
- via social networking sites [NGO Convictus on Facebook, Vkontakte).

Duration of online access to the survey questionnaire: from July, 18 to July 26, 2013.

Total interviewing forms received: **144 survey questionnaires completed by sex workers' clients.**

Research Limitations

Key research limitations included the inability to select representative samples (since no exact data about target groups are available, for instance, regarding in-group distribution by age, social status and educational background; no verified data are available on client segmentation [proportional distribution] by different types of commercial sex venues or settings). Therefore, the survey samples used must be regarded as directional [purposive] ones. However, based on the type of research design, which represents a classic case of exploratory research, sociological research requirements placed upon the selection of sampling units were less stringent: it was important that various representatives from target group populations be involved in the survey, and diverse research data be obtained to be systematically organized and analyzed at a later date. This objective was successfully achieved, as the survey had been conducted in 10 cities that represent Ukraine's major regions. Both participant recruitment channels were engaged in each region to retain FSWs and their clients in the survey: NGOs and direct recruitment through procurers. The survey samples included respondents from both target audiences across different ages, educational backgrounds, employment statuses, widely varying lengths of commercial sex experience: for women — involvement in commercial sex work, for men — being involved in the purchase of sexual

services from FSWs. Venues [or settings] in which commercial sex services are offered (by respondents — FSWs) or obtained (by their clients) cover a sufficiently diverse range. These factors contributed to ensure that the sets of collected data reflect views, judgments, and behavior patterns of target group members in a sufficiently accurate and objective manner.

A relatively small sample size, — 180 FSWs and their clients, was another research limitation. The said quantitative indicator placed major constraints on the possibility of meaningful statistical analysis, specifically, evaluation of the impact of certain criteria, such as age, social and family status, etc., on respondents' knowledge levels, opinions, and behaviors. According to the law of large numbers, the smaller the sample size, the greater the margin of statistical error. However, given the limited access to hard-to-reach target audiences, such as FSWs and their clients, the research sample sizes used should be considered reasonably acceptable and suitable for the application of a variety of statistical analysis procedures. When interpreting and comparing research findings, the authors of the report pointed out the significance of variations considered with due allowance for the margin of statistical error.

Lack of candor by respondents also remains a concern. Interviewers reported FSWs' [NGO clients'] attempts to present

an embellished version of the story. When asked questions regarding risky sexual practices, the said respondents substantially reported condom use at all times and with all clients, while significantly underreporting the frequency and amount of alcohol and drug use. Interviewers who interviewed FSWs, recruited directly through their 'madams', reversely, claimed to have largely trust-based relationships with respondents, and emphasized their openness and positive attitudes during the interview, — the respondents answered questions without thinking too long or trying to edit their choices and determine a 'correct' answer.

As regards the clients of FSWs, it should be pointed out that some of them (with ages normally ranging between 30 and 40) tended to overly flaunt their experience and extensive

use of commercial sex services and, possibly, somewhat exaggerated their cases. In contrast, a portion of clients (primarily, men over 50 years of age, who began to seek commercial sex in a relatively recent past) seemed reticent, embarrassed, and tense, while giving away only well-considered chunks of information in limited detail. It was evident that they found it embarrassing to discuss some of the topics presented (sexual behaviors and practices, options and methods of prevention, etc.) Many respondents found it challenging to deal with open-ended questions, where they were expected to present their own vision of effective models of information provision among FSWs regarding HIV-related issues. As a result, not all male respondents answered questions focusing on this range of problems.

KEY RESEARCH FINDINGS

1. SOCIO-DEMOGRAPHIC PROFILING OF SEX WORKERS' CLIENTS

The socio-demographic analysis of sex workers' clients revealed fairly varied backgrounds. The target group primarily comprised middle-aged men (age range — 26-50). Nearly half (49%) of the respondents from this target group were married or living together with a partner [common law marriage], while 56% of those interviewed had children.

The clients of FSWs interviewed via the Internet were much younger than the rest of the participant pool. Most of them were below 35 years of age (72%), while participants who were asked to complete the survey through an in-person interview accounted for 43% of all those interviewed. At the same time, the latter segment of respondents included more men who were married (61% — formally married or living together with a partner) than those who were surveyed through an in-person interview (49%).

FSWs' clients were predominantly males working for a wage or salary (59%), while another 12% were entrepreneurs or businessmen. A majority of respondents (88%) rated their financial status as average or above average, which is significantly higher than the typically prevalent rating across the country (57%).

Men who purchase commercial sex services provided by FSWs represent a fairly mobile group. The survey revealed that every one in five respondents from the target group interviewed (21%) was not originally native to the area in which they currently reside. In addition, it was found that

the members of this target group fairly often traveled outside their residential areas: 14% of respondents travel every month or more often, while another 24% — travel one time in every 2-3 months.

Based on overall patterns observed, a majority of clients were men earning an average or above-average income. Even though clients' social and financial status was also a determinant of their preferred choice of sex work site, wealthier clients preferred apartment-based services or commercial sex made available in sauna-based settings over services offered by truck-stop sex workers or FSWs working out of motels.

“Most of the clients of my girls are affluent people ... they come visiting 2-3 times a week. Always driving or riding in a car” (employer of FSWs, city of Odesa).

“People who seek the services that we provide can afford the fee as well as the sauna costs and taxi fare” (employer of FSWs, city of Kirovograd).

Some male clients of FSWs may have a jail record. However, most of sex workers would feel reluctant to deal with this type of clientele.

“Now and then, you happen to come across this type of clients (i.e. ex-convicts — authors' note) who just came out of jail. Sometimes, their friends want to give them a treat and hire a sex worker as a surprise present” (employer of FSWs, city of Kirovograd).

Overall, the basic client characteristics obtained during the survey interviews with the clients, FSWs and their employers were consistently similar.

2. KNOWLEDGE LEVELS OF FSWs AND THEIR CLIENTS REGARDING HIV/AIDS/STI

Target group participants showed a fairly high level of knowledge about some aspects of HIV/STI: more than 70% of respondents were able to give correct answers to most of

the survey questions (see table 1). The sole exception was associated with the false statement that condoms do not provide reliable protection against HIV infection as they allow virus penetration. Thus, 22% of FSWs and 21% of their clients agreed with this false statement, while 65% and 66% of participants from the respective groups disagreed with it.

Table 1

Percentage of FSWs and their clients who correctly answered questions relating to HIV/AIDS/STI, %

	Clients of FSWs (n=180)	FSWs (n=180)
1. Sexual contact with one faithful partner who does not have HIV reduces the risk of HIV transmission	87	71
2. Consistent and correct use of condoms during each sexual contact reduces the risk of HIV transmission	97	94
3. A healthy looking person can be HIV-positive	92	90
4. HIV can be contracted from sharing a glass with an infected person	73	71
5. HIV can be contracted from using the same toilet seat as someone who is infected, or it can be transmitted through swimming pools or saunas	74	68
6. HIV can be contracted from sharing injecting equipment [syringes or needles] with an HIV-positive person	97	96
7. Condoms do not provide protection against HIV because they allow virus penetration	66	65
8. Infected pregnant women may pass HIV to their baby	69	80
9. HIV cannot be transmitted by having oral sex	81	63
10. During anal sex with an HIV-infected person without a condom, the risk of HIV transmission is low	85	77
11. A person can be infected with STD without showing any outward signs	93	88
National Knowledge Indicator	53	42
Integrated Knowledge Indicator	23	14

Taking into account the margin of statistical error for the survey (7%), there were no significant variations in the levels [distributions] of most measured parameters among respondents from the target groups. In a more correct fashion clients tended to answer questions concerning the following two risks. First: sex workers' clients were better informed that oral sex without a condom was a risky practice in the context of HIV transmission and infection. Second: HIV transmission can be prevented if you have sexual contact only with one faithful partner who does not have HIV. In contrast, FSWs were better informed about mother-to-child transmission of HIV. Broadly speaking, both target groups demonstrated similar levels of knowledge.

The same trend was observed when knowledge levels of FSWs and their clients regarding HIV/AIDS/STI were evaluated in terms of Integrated Knowledge Indicators, including several questions. Specifically, the National Knowledge Indicator that measures the percentages of respondents who correctly answered the questions about sexual transmission of HIV, who were aware that a healthy looking person may be infected with HIV, and who disagreed with the false statement that HIV can be spread by casual contact (the first five questions in table 1) was 42% for FSWs and 53% for their clients. The Integrated Knowledge Indicator calculated as a percentage of respondents who correctly answer all 11 questions (table 1),

was 14% for FSWs and 23% for their clients. However, taking into account the margin of error for the survey the variation between the target groups totaled 4% for the National Knowledge Indicator, and 2% — for the Integrated Knowledge Indicator.

At least half of FSWs tended to overestimate their HIV/AIDS knowledge, particularly when such knowledge was assessed through the use of eleven survey questions (Integrated Knowledge Indicator). Only 20% of FSWs interviewed, who perceived their knowledge as adequate, gave correct answers to the survey questions. In terms of the National Knowledge Indicator, which was based on the assessment of respondents' answers to five survey questions, this figure was 58%.

A significant percentage of sex workers' clients (more than 40%) also tended to overestimate their self-assessed HIV/AIDS knowledge levels. Thus, only 30% of the survey participants, who rated their knowledge levels as sufficient, gave correct answers to all 11 survey questions about HIV/AIDS. In terms of the National Knowledge Indicator, which was based on the assessment of respondents' answers to five survey questions, this figure was 67%.

In other terms, a third of sex workers' clients (33%) who felt sufficiently informed about HIV lacked even basic knowledge about HIV prevention and transmission.

3. HIV AND STI INFECTION RISK ASSESSMENT BY FSWs AND THEIR CLIENTS

As commercial sex workers, the women normally realize that they are facing the risk of infection with STI (92%) and HIV (88%). This risk is primarily attributable to clients'

unwillingness or unpreparedness to practice protected sex: 58% of FSWs have encountered clients who were annoyed by suggestions that condoms be used for oral sex, 34% — for vaginal sex, 59% — when sex workers refused to engage in certain types of sexual activity, for example, anal sex (table 2).

Table 2

Distribution of FSWs' responses to the question, "What is the most common reaction of your clients you encounter when ...", % of those who answered every survey question in this section and sought specified sexual activities

	Accept it with understanding	Become slightly annoyed	Become extremely annoyed
You suggest condom use during vaginal sex, <i>n=172</i>	66	31	3
		34	
You suggest condom use during oral sex, <i>n=172</i>	42	47	11
		58	
You say that you don't provide certain types of services, <i>n=137</i>	41	46	13
		59	
You ask to pay extra for unprotected sex, <i>n=99</i>	46	49	6
		54	

However, most FSWs tended to rate their infection risks as low. Female respondents thought there was only a low risk of their STI infection (56%), and HIV infection (52%); while a significantly smaller percentage of them (36%) thought that the infection risk was very high. The rest of the respondents refused to recognize any such risks: STI — 8%, HIV — 12%.

Younger women (below 30 years of age) showed somewhat higher awareness levels regarding STI and HIV infection risks. They tended to more frequently pick the response “high risk of infection”) than the older age group. The same risks were rated much lower by FSWs of ages ranging between 30 and 53 (“no risk” — 13-19%), with six or more years’ experience in the commercial sex industry (“no risk” — 11-19%). Infection risks were rated as relatively low by FSWs who reported not

more than five clients per week (“no risk” of STI infection — 17%). In regards to HIV infection, the same trend was identified among women who reported up to ten clients per week (1-5 clients — “no risk” for 24%, 6-10 clients — “no risk” for 17%).

The clients of FSWs perceived their STI risk to be relatively lower. The possibility of infection was not denied by 77% of male respondents interviewed, which is fifteen percent lower than in the case of the female participants. However, a majority of clients (59%) rated this personal risk as low (“some risk”), while a significantly lower percentage of the participants (18%) picked the response “high risk”. The rest of the respondents either denied the risk of infection (16%) or found it difficult to assign it a rating (7%) (see table 1).

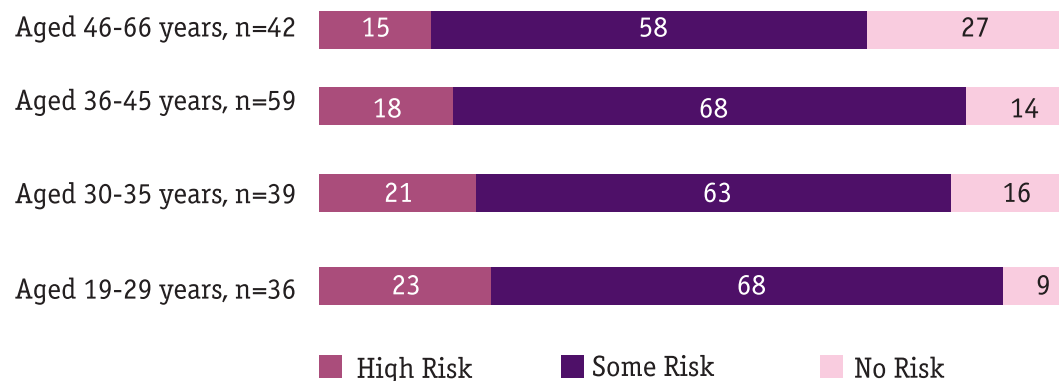


Figure 1. **Assessment of STI Infection Risk During Commercial Sex by FSWs’ Clients***, disaggregated by age group, % (n=168)

* These estimates exclude respondents who checked ‘Unsure’ [No Answer] on the survey form, and were not able to assess their risk for infection (nearly — 7% of those interviewed)

Based on the answers to the survey questions, younger clients demonstrated a higher level of awareness of HIV infection risks, in contrast to lower assessment ratings scored by clients over 45 years of age with strong educational backgrounds.

4. SEXUAL BEHAVIORS AND RISKY PRACTICES

In terms of STI and HIV risks, the most commonly recognized factors that lead to risky behaviors associated with commercial sex workers include injection drug use and/or unprotected sex practices, including those engaged in under the influence of alcohol or drugs. Quite often, there is a cause and effect relationship between the said factors and practices.

4.1. Use of Alcohol and Narcotic Substances

Alcohol and drug use is a widespread phenomenon in the sex industry. At least three-quarters of FSWs and their clients reported alcohol use with varying frequency and intensity, whereas — 19% of the respondents claimed to never use alcohol [checking ‘never’ on the survey form].

The excessive use of alcohol by clients remains a major issue as alcohol significantly escalates aggressive behavior and intensifies a tendency to violence. In the course of the past year, 42% of FSWs have had to accommodate/ service extremely drunk persons (table 3).

Table 3

Distribution of FSWs’ responses to the question, “**In the past twelve months, how often did you have to service clients ...?**”, % (n=180)

	Rating	Always	Often	Sometimes	Never before	I don’t provide service to any such clients
Who are sober	1	12	59	26	2	1
		97				
Who are [mildly or moderately] intoxicated by alcohol	1	2	41	54	2	1
		97				
Who are in a bad mood	2	0	19	48	25	8
		67				
Who are on a drug-induced high	3	0	9	47	28	16
		58				
Who are extremely quiet and uncommunicative	4	0	14	37	39	10
		51				
Who are severely drunk	5	0	3	39	41	17
		42				
Who are acting aggressive	6	0	2	35	47	16
		37				

A significantly lower percentage of FSWs (7 respondents) reported providing commercial sex services while in a state of severe alcohol intoxication (“I only have a vague recollection of what was going on and the situation was out of my control”). Based on the opinions expressed by the procurers, it can be concluded that this risky practice is a much more common occurrence among FSWs than admitted.

In the last year, more than half of FSWs (56%) have provided commercial sex services to drug using clients. In the past six months, among the FSWs interviewed, as a minimum, every fourth respondent (27%) has also taken drugs. Instances of drug use are more frequently reported by IDU-FSWs (33 out of 48 respondents). Consistent drug use is prevalent among IDUs: 24 out of 33 IDU-FSWs reported instances of drug use with a frequency ranging from several times a month to several times a week. A majority of the drug using respondents reported experiences when they were engaged in commercial sex acts with clients while under the influence of drugs. Seven sex workers out of 33 IDU-FSWs made a regular practice of taking drugs before each client, 20 FSWs did that from time to time [“sometimes”], while the rest of the respondents refused to answer the question.

To a certain extent, this research project challenges the common stereotype that IDU-FSWs are primarily hired and engaged as truck stop prostitutes. Based on the answers to the survey questions given by the respondents, the said category of sex workers are well able to find clients above and beyond soliciting in a truck stop setting (21 out of 33) or in certain city venues, such as a bar or café (12); also, they can be directly contacted by clients for sex work over the telephone (22), or their services can be secured through a procurer (11), or via the Internet (4).

4.2. Sexual Practices

The analysis of sexual practices reveals fairly high levels of sexual activity among respondents. A majority of FSWs’ clients interviewed (65%) have regular female partners (65%). In addition, in the last six months, more than half of clients (56%) have had sexual contact with casual [female] sex partners. Over the same period of time, most clients have purchased commercial sex acts at least once a month (67%). Typically, for the said services they engaged two or more different sex workers (80%).

Based on the findings of the in-person interviews, the clients typically relied on the usual avenue for seeking out commercial sex (75% made direct phone calls to FSWs or procurers/ agents), while the younger, Internet-savvy client group preferred to make their commercial sex arrangements through online services (85% of the respondents made use of specialist websites, dating websites, etc.)

The regular sexual partners of sex workers’ clients belong to high-risk groups for HIV/STI infection, as half of them (48%) generally do not use condoms.

Even though most of the FSWs and their clients declare the need for condom use when engaging in any type of commercial sex activity, 80% of the clients (69% — FSWs) claim to always use condoms during vaginal sex, 84% (60% — FSWs) — during anal sex, and least frequently — during oral sex (54% of the clients and 48% — of FSWs) (table 4).

Distribution of responses by FSWs and their clients to the question,
“In the past six months, how often did you use condoms ...?”, %

	Always		In Most Cases		In Half Cases		In Less Than Half Cases		Never	
	<i>Clients</i>	<i>FSWs</i>	<i>Clients</i>	<i>FSWs</i>	<i>Clients</i>	<i>FSWs</i>	<i>Clients</i>	<i>FSWs</i>	<i>Clients</i>	<i>FSWs</i>
During oral sex* (for clients, n=173; for FSWs, n=178)	54	48	17	25	10	9	6	10	13	8
During traditional [vaginal] sex* (for clients, n=176; for FSWs, n=178)	80	69	14	20	3	5	2	6	1	0
During anal sex ** (for clients, n=93; for FSWs, n=93)	84	60	10	23	3	8	1	9	2	0

*Variations in responses given by FSWs and their clients are considered significant if greater than 7%.

** Variations in responses given by FSWs and their clients are considered significant if greater than 10%.

Not more than half of the clients (55%) and FSWs (48%) adhere to safe practices during commercial sex. These estimates were calculated with the inclusion of respondents who claimed to always use condoms while engaged in any type of commercial sex activity (oral, vaginal or anal sex) [on the receiving or delivering end of service] or never engage in certain specific activities. In view of the fact that condoms are least frequently used during oral sex, we re-evaluated risk behaviors and safety practices [indicators] only for vaginal and anal sex. Based on that, the specific percentages

of respondents who claim to always use condoms during commercial sex increased to 80% in the case of clients and 68% in the case of FSWs.

Indicators that measure risk behaviors and safety practices during commercial sex are much higher in the group of clients recruited through NGOs: 91% claimed to use condoms during vaginal or anal sex, and 63% — if oral sex is included. For clients who had no previous experience receiving services from NGOs, these indicators were 58% and 38%, respectively.

On the one hand, such findings can result from NGO prevention programs targeting FSWs' clients, on the other hand — they can reflect the desire to bring their responses into agreement with social expectations.

Based on the research findings, the highest demand in the sex industry is for vaginal and oral sex. Anal sex is half as popular. However, many employers pointed out a growing trend and increasing requests for this type of sexual activity, as well as group sex and "kinky" sex, including physical abuse and violence. Every third client and nearly half of FSWs reported group sex experience, which can be categorized as a risky sexual practice. Thus, 68% of the clients who reported previous experience with this service claimed to have regularly changed condoms when switching partners or sex activities in the process (from vaginal to anal, or conversely) [51% — for FSWs].

Regardless of the type of sex partner (regular, casual or commercial), the clients' insufficient sensitivity (relating to sexual potency problems) and thinking that the sex partner is safe remain the major reasons for non-use of condoms that

the respondents cite. The research findings indicate that issues with sexual sensitivity are just as unwelcome to FSWs, since the latter need to exert more effort to service a client with this problem. This factor is of particular significance for truck stop sex workers, and somewhat less so — for women who charge an hourly fee for services rendered (in an apartment-based setting, as a rule).

Practice shows that clients normally try to negotiate with FSWs for sex without condoms: only 1% of FSWs claimed to not have received such requests from her clients. In most cases, according to the clients (73%), to get unprotected sex you only have to pay an extra fee. However, half of FSWs (46%) claim to refuse to engage in unprotected sex under any circumstances whatsoever, even when offered additional remuneration. This view was shared by much fewer clients: only 6% pointed out the inability to get unprotected sex because of sex workers' reluctance to perform without condoms. FSWs' employers tended to agree with this opinion (see figure 2).

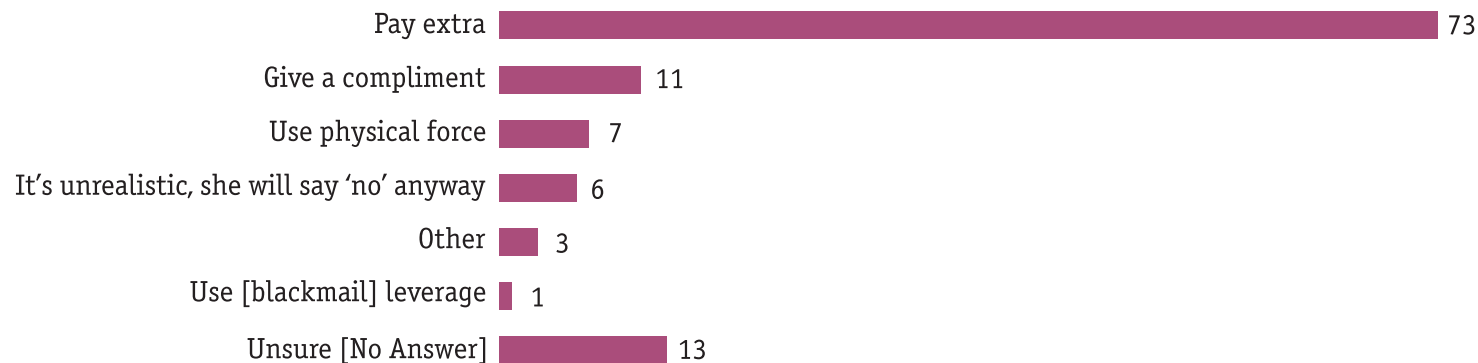


Figure 2. Distribution of responses by FSWs to the question, "What needs to be done to make a sex worker agree to have sex without a condom ...?", % (n=180)

The FSWs who eventually agreed to engage in sex without a condom (54%) did that for an extra fee (68%), for regular clients (50%), and less frequently — if a client could not have an orgasm (21%). Employers confirm that the offer of money plays a decisive role here, particularly, given the poor financial situation of most sex workers.

In the majority of cases, clients pay the extra fee for sex without a condom as agreed (64%) and do not force sex workers into unprotected sex (67%). Nonetheless, over the course of the last year, two out of three female respondents have found themselves in similar situations at least once.

Many FSWs (63%) found themselves pushed into a situation where they refused to service clients who would not use a condom.

Based on the research findings, FSWs tend to pay more attention to health issues than their clients. Thus, in the past six months, 83% of FSWs have made at least one medical appointment with a specialist healthcare professional, whereas for their clients this figure is only 48%. Over the course of the last six months, 12% of FSWs and 6% of their clients have received some treatment for STIs. Every other FSW and a third of their clients (36%) were tested for HIV (52%). High VCT levels reported among sex workers' clients raise doubts and require further validation.

In terms of post-exposure prevention, only 17% of FSWs sought professional medical attention and underwent necessary tests after such exposures. In most cases, following unprotected sex FSWs limited their prevention efforts to applying soap and disinfectants [antiseptics] or rinsing the mouth in case of oral sex.

RECOMMENDATIONS FOR HIV PROGRAMS AIMING AT IMPROVING PREVENTION SERVICES THAT TARGET FSWs' CLIENTS

In order to strengthen the efficacy of programs that focus on sex workers' clients, prevention interventions must be concurrently targeted at all the participants involved in the sex industry: FSWs, their clients and employers.

In organizing program activities among FSWs' clients the following specific considerations relevant to the target group must be addressed:

1. Sex workers' clients are comfortable with traditional communication **channels** and **media** [as a form of information delivery]: television, FM-radio, men's magazines and business journals (39% of the respondents indicated at least one of these communication channels as a preferred choice), as well as *the Internet* (38%), and distribution of free *fliers [leaflets]* focusing on designated subjects, or *booklets* (38%). However, it should be borne in mind that concerning sexual health issues sex workers' clients are somewhat more likely to regard the Internet as a preferred source of reliable information (32%), which is followed by specialist medical literature (27%) and personal life experience (25%). Traditional mass media are lagging somewhat behind (19% of the respondents claimed to trust information provided on theme-based TV shows and programs, radio, as well as newspaper and magazine articles).

2. Particular attention should be paid to **Internet**-based resources, specifically, posting prevention-oriented content on websites most popular with the clients: porn websites (frequented by 74% of Internet users), online dating sites (64%), online social networking services (68%), car review and similar websites focusing on auto industry products and services (61%). Overall, the vast majority of sex workers' clients interviewed are Internet users (79%). Furthermore, based on the survey results, the younger the clients, the more likely they are to prefer and rely on online resources for their information needs.

3. Mass texting with messages focusing on sexual health issues may prove to be less effective. Only a third of sex workers' clients interviewed (29%) held positive views regarding this method for provision of sexual health information.

4. Distribution of leaflets and posters with sexual health messages in apartments and hotel rooms rented for commercial sex purposes is not an effective strategy either. Only half of the male respondents (53%) would take such materials away with them to read later.

5. Despite fairly high credibility ratings scored by medical specialists (83%) and a high percentage of men who would like to obtain relevant STI information during consultations with the doctor (62%), *the effectiveness of this communication channel must not be overestimated*. Based on the survey results, only half of the respondents (52%), who would like to obtain such information directly from the doctors, made at least one appointment with the STI and skin disease specialist or urologist in the time frame covered by the survey (past six months). However, taking into account high credibility ratings assigned by sex workers' clients to medical specialists,

this target audience might be likely to positively respond to the use of *images associated with male medical specialists* in health communication campaigns (urologists, STI and skin disease specialists, etc.)

6. Based on sex workers' independent information seeking skills and propensities, in-person, telephone or online consultation sessions via various media represent the most trusted and effective way to present health information:

a. Programs [interviews] hosting medical specialists broadcast on TV and FM-radio stations where viewers or listeners can call in and ask a question, publications in print (men's magazines) and electronic media. Based on the responses by most of the Internet-using clients of the FSWs (62%), they might be interested to read an article on male sexual and reproductive health issues.

7. Such information must be structured and presented in the most easy-to-digest, visually pleasing format spiced with humor. Preferably, it should be provided in the form of pictures, comic strips, cartoon images, and videos.

8. Information materials must cover the following concerns: sexual performance enhancement and male sexual longevity, as well as warnings about sexually transmitted diseases that threaten sexual health. The clients would be quicker to notice article titles or announcements, containing phrases such as: *"how to preserve men's sexual health"*, *"how to enhance sexual performance"*, *"how to last longer in bed"*, *"hazards and effects of sexually transmitted diseases for male health"*, *"emergency post-exposure prophylaxis after unprotected sex"*. The target group would feel less interested in content that focuses on information about STD, HIV, and hepatitis testing and treatment services, site locations and procedures. However, fairly low levels of knowledge revealed by sex workers' clients should not be left out of the equation (National Knowledge Indicator — 53%, Integrated Knowledge

Indicator — 23%). The clients gave the least number of correct answers to the survey question regarding the effectiveness of condoms to prevent HIV infection. For this reason, whenever possible, explanations and clarifications aiming to break the stereotype that condoms are "ineffective" because they "allow virus penetration and do not prevent HIV transmission", as well as dispel other prevalent myths, must be presented (not in the title or the summary but) in the body of the article or the information item.

9. In developing condom programming strategies efforts must be focused on bringing clients' awareness to the central fact that condoms do not only serve as a barrier method of contraception but are primarily used to prevent sexually transmitted diseases and HIV (!). At the same time, greater emphasis should be placed on the need for condom use during oral and anal sex. Existing evidence indicates that oral sex is currently a high-demand service, while there is a clear trend toward increasing demand [by clients] for anal sex. However, compared to vaginal sex, a much lower level of condom use is reported during these sexual activities.

Clients who are seeking commercial sex via the Internet must be categorized as a separate group. The following points must be taken into consideration when developing information materials that target this group of sex workers' clients:

- Direct email campaigning and web-based content posting represent the easiest way in which sexual health advice and information can be delivered to these group members: 42% and 40% of the respondents selected these options on the survey, respectively.
- Key messages must be summarized in titles and captions to be kept as brief and informative as practical. The rationale behind this strategy is that only 7% tend to closely read the articles on male sexual and reproductive health using the links and banners

provided. The rest either completely ignore the content (31%) or read only the article titles [captions] and summary outlines, without following the link to the article (36%).

- In addition to attempts to locate and hire sex workers, Internet-savvy clients reported that they use the Internet most often to find information on STI symptoms (71%), and much less frequently for treatment advice and information (35%). The respondents seemed to have the least interest in finding the locations of sites and facilities that offer STI treatment services (11%), anonymous testing for HIV (13%), and anonymous testing for STI (19%).
- Only half of the respondents (49%) were to a greater or lesser degree satisfied with the sexual health information they found on the Internet. Based on this finding, particular attention must be paid to the content and substance of materials to be developed and offered, taking due account of information already available online.
- A dedicated website offering sexual health information will most likely be of interest to FSWs' clients seeking commercial sex via the Internet. 76% of the respondents thought they would visit a site like this. However, in most cases (87%), the respondents would be ready to act only as passive website visitors, reading the content posted (75%), viewing the pictures (36%) or videos (34%). At the same time, it should be pointed out that every other participant (45%) declared themselves ready to actively participate in the website-related activities, sending in their questions (40%) and leaving comments regarding the content posted there (21%).

As part of ongoing efforts to implement prevention programs, dire *economic* consequences associated with unprotected sex must be pointed out to FSWs as a critical consideration. Specifically, the fact that an extra fee for unprotected sex cannot cover the costs of treatment for STI/ HIV, if contracted. Even though antiretroviral therapy is prescribed for PLHA on a free-of-charge basis, additional time should be allowed for application and processing purposes. In addition, supply disruptions are possible where necessary medications are not available to healthcare institutions and facilities located in the patient's area of residence in due time and manner, as well as side effects and further implications. The need for the long-term treatment of STD cases and HIV imposes severe constraints on FSWs' career and income generating opportunities, thus contributing to their financial difficulties and losses. Potential adverse effects of treatment are also a factor for concern. NGO staff working with this target group should also make it a regular practice to remind their clients that intentional or reckless sexual transmission of infection during commercial sex is a punishable criminal offense.

In addition, HIV and STI prevention work with employers of FSWs is a focus area to be properly addressed, which must also cover client managers who process requests for commercial sex over the telephone. Since, based on the survey findings, half of FSWs interviewed (45%) find clients through the assistance of such persons [agents]. Furthermore, it would be advisable that drivers and security guards who drive or accompany sex workers home as well as to or from designated drop-off and pick-up locations should also be engaged in prevention program activities. First and foremost, this arrangement implies that they should be provided with condoms.

