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Monitoring behavior of female commercial sex workers

ANALYTICAL REPORT

on results of the research

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Results of the survey conducted among female commercial sex workers (CSWs) is presented in this report, particularly socio-demographic characteristics, awareness of CSWs about HIV/AIDS and prevention methods, information about sexual behavior and including sources of risky behavior are analyzed. Particular attention is paid to patterns of alcohol and drugs abuse as well as accessibility to condoms. Current situation and practices of HIV testing among CSWs are discussed as well as factors for lack of accessibility to testing are described. Coverage level by prevention programs is explored.

Results of the research will be useful to representatives of national government and local authorities, professionals (social workers, medical personnel, psychologists, etc.), volunteers of non-governmental organizations, who conduct prevention programs among CSWs and for personnel of HIV/AIDS prevention and treatment centers as well as others involved in implementation of projects for representatives of this target group.

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Introduction

HIV/AIDS epidemic has become one of the most influential factors, which negatively impacts development of individuals and society and has led to reduction of life expectancy, increase of demand for medical services, problems of poverty, and social inequality.

Spread of HIV in Ukraine continues to be intensive: highest HIV morbidity rates among citizens of Ukraine for all periods of epidemiological surveillance were registered in 2006 (34,4 for 100,000 of the population-16 078 individuals). Morbidity levels from HIV has increased in 2006 by 16,8%.

Injecting drugs remain one of the major source of HIV (44,3% new cases in 2006) in Ukraine. However, lately there is an increase in the transmission of HIV through heterosexual relations, particularly during provision of commercial sex services.

According to official statistics (Ukrainian center for HIV/AIDS prevention and treatment of the Ministry of Health in Ukraine), among 16 078 registered citizens of Ukraine with newly diagnosed HIV cases, 5681 persons have been infected thorough heterosexual relations in 2006¹.

According to results of the sentinel surveillance conducted in 2006, new cases of HIV among those who tested varies from 4% to 31% (4,0 ($\pm 2,8$) in Kyiv; 12,0 ($\pm 3,2$) in Kherson; 13,0 ($\pm 3,4$) in Symferopol; 14,0 ($\pm 4,9$) in Luzk; 14,3 ($\pm 7,6$) in Vinnytsya; 21,0 ($\pm 4,1$) in Odessa; 24,0 ($\pm 4,4$) in Donezk; 27,0 ($\pm 4,4$) in Mykolayv and 31,0 ($\pm 4,6$) in Poltava.

“Monitoring behavior of female commercial sex workers” research has been conducted by Ukrainian Institute for Social Research after O. Yaremenko (UISR after O. Yaremenko) in 2007 with financial support of ICF “International HIV/AIDS Alliance in Ukraine” (Alliance-Ukraine) in the frames of “Overcoming HIV/AIDS epidemic” program financed by the Global Fund to fight AIDS, tuberculosis and malaria and the Futures Group International, USAID project|Defining health care policy, and with significant support from governmental and non-governmental organizations (NGOs) in oblasts (regions) of Ukraine, which work with risk groups.

¹ HIV-infection in Ukraine: Info. bullet. / MoH of Ukraine, Ukrainian center for HIV/AIDS prevention and treatment, the Institute of Epidemiology and infectious Diseases named after L.V. Gromashevskiy, Central Sanitary-Epidemiological service of Ministry of Health of Ukraine. – 2007. – № 27. – 36 p.

Goal of the survey: To research potential behavioral factors, particularly of commercial sex workers (CSWs), which cause spread of HIV in society. This aim can be achieved through implementation of the following **tasks:**

1. To study risk factors of HIV infection among target group.
2. To define tendencies on the change of knowledge, attitudes and practices as well as models of sexual behavior by comparing results of current research with the results of previous studies.
3. To study patterns of alcohol and drugs abuse among CSWs.
4. To define factors of inaccessibility to HIV testing and counseling among CSWs.
5. To evaluate coverage of CSWs by prevention programs and influence of these programs on behavior of CSWs.
6. To provide recommendations for further research on CSWs based on results of the research.

Survey target group: Female CSWs.

Organization of the research. Coordination work has been conducted by specialists of UISR after O. Yaremenko.

Scientific support has been provided by consultants of Alliance-Ukraine, the Futures Group International, USAID project |Defining health care policy, Ukrainian Center for HIV/AIDS prevention and treatment, Ministry of family, youth and sport of Ukraine.

A working group has been formed in each city and consisted of chief interviewers of stable interviewers' network of UISR after O. Yaremenko, representatives of NGOs and service providers (AIDS centers, dermato-venerological dispensaries, female consultations and family planning centers), which work directly with the target group.

Training has been conducted for all participants of the research about conducting surveys among CSWs, technologies for calculating sampled populations of CSWs on city levels, instruction on appropriate recruitment of respondents according to "snow ball" method.

Locations of surveys conducted. 12 oblast centers of Ukraine: Simferopol, Luzk, Dnipropetrovsk, Donezk, Kyiv, Mykolayv, Odesa, Poltava, Sumy, Kharkiv, Kherson, Cherkasy.

Sampling. A sample for each city has been identified based on experts' (representatives of NGOs) opinions on openness and accessibility of the target group. Planned sample for Luzk,

Poltava, Sumy and Kharkiv consisted of 100 respondents, for Simferopol, Dnipropetrovsk, Donezk, Kyiv, Mykolaiv, Odesa and, Kherson and Cherkasy the sample has consisted of 150 respondents.

Recruitment of respondents has been conducted by “snow ball” method, because members of the target group know each other and closely communicate with each other. To start the “snow ball” circle, with the help of key informants, mapping has been conducted as well as districts (micro-districts) with the biggest population of target group representatives have been identified to ensure representation of different groups of CSWs.

Method of conducting survey: individual “one-to-one”.

Data characteristics: survey has been conducted among 1602 CSWs from 13 years old and up. Standard deviation with valid 95% and ratio of variable from 0,1 : 0,9 to 0,5 : 0,5 makes up to 1,50% – 2,50%.

When comparing results on level of different cities, it is important to take into consideration confidence interval, which is defined by standard square deviations (see table A).

Table A.

Standard square deviations of sample with 95% valid depending on number of respondents and percentage indicators.

Num. of respondents	For elements, close to				
	10%/90%	20%/80%	30%/70%	40%/60%	50%
100	6,0%	8,0%	9,2%	9,8%	10,0%
150	4,9%	6,5%	7,5%	8,0%	8,2%
200	4,2%	5,7%	6,5%	6,9%	7,1%

Duration of research in the field: 8 July – 15 August 2007.

Instruments of the research: Based on monitoring report of the Declaration of Commitment to HIV/AIDS (guidelines for calculation of core indicators: 2008 reporting) and Methodological recommendations on monitoring behavior of female CSWs as a component of second generation HIV epidemiological surveillance (prepared by the expert group of Alliance-Ukraine) questionnaires for female CSWs have been reviewed; instructive, methodological and field documents on research have been prepared (including recommendations on collecting information on the target group, recommendations on sample calculations, instructions for administration of survey research in oblasts and for interviewers, reporting forms of interviewers and recruiters as well as reporting forms for organizers in oblasts).

Structure of the report. The analytical report starts with the description of socio-demographic characteristics of the research and target group: age, regional particularities, family status, income distribution etc (Chapter 1). Awareness of CSWs about HIV/AIDS and prevention methods are reviewed (Chapter 2). Information about sexual behavior of CSWs, particularly analysis on lack of adherence to safe behavior is presented in Chapter 3. The patterns of alcohol and drug abuse are described in Chapter 4. Analysis of the accessibility to bought and donated free condoms is presented in Chapter 5. Information on state and practice of HIV testing among CSWs, factors on unavailability of such testing is as well included in the report (Chapter 6). Coverage of CSWs by prevention programs is described in the framework of awareness evaluation about such programs, as well as influence of such programs on notions and behavior of representatives of the target group (Chapter 7). Conclusions and methodological recommendations are mostly oriented on defining the aspects which will guide improvement of HIV prevention strategies among CSWs and are addressed to structures and organizations, which work and are responsible for work with this target group.

Results of the monitoring will be useful to representatives of national government and local authorities, professionals (social workers, medical personnel, psychologists, etc.), volunteers of NGOs, who conduct prevention programs among CSWs, for personnel of Centers for HIV/AIDS prevention and treatment as well as all others involved in implementation of the projects for representatives of this target group.

Authors express gratitude to Alliance-Ukraine (Saluk T.O, Shvab I.A.), the Futures Group International, USAID project|Defining health care policy (Semeryk O.U., Yaremenko O.O., Nikolko M.V.), consultants of the Ministry of family, youth and sport of Ukraine (Pinchuk I.M., Sanovska V.A), specialists of UISR after O. Yaremenko (Dmytruk D.A., Romanovska L.S., Sosiko T.I., Bondar O.V., Kolomydra E.O.), who helped to implement the research. This research became possible thanks to cooperation of a great number of people, among them regional coordinators of stable interviewers' network of UISR after O. Yaremenko, state organizations and NGOs which work with the target group, particularly: CF "Nadia i Poryatynok" (Simferopol), CF "Chance" (Luzk), RC "Virtus" (Dnipropetrovsk), NMCF "Unitus" (Mykolayv), NGO "Faith, Hope, Love" (Odesa), CF "Gromadske Zdorovya" (Poltava), CF "Mangust" (Kherson), CF "Insight" (Cherkasy).

SHORT OVERVIEW OF MAIN RESULTS

Methodology of the research

To research potential behavioral factors, particular for commercial sex workers, which cause spread of HIV in the population, 1 602 respondents from 13 years old and up have completed questionnaires in 12 oblast centers of Ukraine: Simferopol, Luzk, Dnipropetrovsk, Donezk, Kyiv, Mykolayv, Odesa, Poltava, Sumy, Kharkiv, Kherson, Cherkasy. Recruitment of respondents has been conducted by the “snow ball” method. The survey has been conducted by means of individual one-to-one interviews.

Socio-demographic portrait of the target group

Majority of female CSWs involved in the research are from 20 to 29 years old. There is a group of underage CSWs (13–17 years old) in the group (6% of the whole group). Maximum age among responders is 52 years. Majority of women involved in the research (53%) are not married and do not live with stable sexual partner. However, CSWs of older age tend to have one or two stable sexual partners. Moreover, half of them support one or more persons on income from commercial sex. In terms of education level, 51% of women have completed secondary education (or professional vocational education) or have not completed higher education. A majority of women amongst the respondents included in the sample are native residents of the cities (59% of all respondents) where they have been interviewed. However, a significant number of CSWs come from other cities to Kyiv and Odesa (82% and 62% respectively).

Sexual debut and first commercial sex

According to results of the research, there is decrease in the age of sexual debut, particularly in commercial sex. 80% of general population involved in the research started to be sexually active before the legal age. The average age for start of sexual contact is 16 years old, and the average age of the first commercial sex services provision is 19 years old. Overall it is possible to observe the following trend: the earlier women had first sexual contact, the earlier they tend to start providing commercial sex services.

Models of sexual behavior: safe sex

On average, during one working week, a CSW has 1 sexual partner from whom payment is not received (stable or occasional partners), as well as 14 sexual partners from whom payment is received (client). A CSW on average has 3 sexual partners per day. Category of the sexual partner significantly influences the choice of protected or risky sexual practices: with commercial clients, a CSW uses condoms more often than with occasional or stable partners; with occasional partners condom is used more often than with stable partners. Significant influence on stability of protected sex practices have such factors as availability of financial reward (additional payment for sex without condom), alcohol or drug abuse as well as the lack of assurance in the need to use condom. Overall, national indicator “Percentage of CSWs, who informed about condom use during last sexual contact with the client” is 86% among all CSWs. Moreover, during last year 71% of respondents have been receiving condoms for free. However, despite this high indicator and quite high level of condoms accessibility, around a third of CSWs (31%) are in high risk group, practicing unprotected sex.

Alcohol and drug abuse

Systematic abuse of alcohol and narcotic substances is quite widespread among the target group. Two third of all respondents (69%) regularly abuse alcohol, a third (30%) abuses drugs (among them 22% are injecting drug users (IDUs). Because of such behaviors the risk in this target group is even more increased. Overall, the percentage of women who use injecting drugs, has decreased, in 2006 it was 29%, in 2004 – 24%. In general CSWs population among 22% of IDUs, a half or 11% of general population, are “*rather CSW-IDUs*” (weekly use of injecting drugs, and 9% of general population – “*rather IDUs-CSW*” (daily use of injecting drugs). Only 2% of all respondents are “*episode CSWs-IDUs*”.

HIV/AIDS awareness and evaluation of personal HIV infection risk

CSWs in Ukraine are characterized by high level of knowledge about HIV/AIDS and STI prevention. According to results of monitoring in 2006, national indicator “Percentage of CSWs, who correctly define ways to prevent heterosexual transmission of HIV and know how HIV is not transmitted” is 48%. Evaluation of personal risk is rather high: 47% of all respondents agree about presence of high risk. However, such evaluation is declarative and does not indicate sufficient level of understanding of personal risk by CSWs, because it rarely influences the level of safety in behavior. CSWs-IDUs and CSWs, who practice protected sex, tend to estimate higher personal HIV infection

risk: 36% among CSWs-IDUs and 28% among CSWs, who practice safe sex, estimate the risk as quite realistic. Among CSWs, who performed unprotected sex, only 16% of respondents consider personal HIV infection risk as quite realistic. Prevalence of high evaluations of risk in answers of CSWs-IDUs, who practice protected sex, is explained by higher percentage of coverage by prevention programs.

STI diagnostics and HIV testing

High majority of respondents consider HIV testing accessible: 90% of all respondents interviewed know, where HIV testing is available and 88% have the opportunity to do it anonymously. National indicator “Percentage of CSWs, who during last 12 months addressed for HIV test and have received it” is 46%. 68% of all respondents have done STI diagnostics. There are certain changes in the character of reasons of unavailability of testing. During previous monitoring in 2004 and 2006, unavailability of HIV testing has been caused by the lack of information about organizations which deliver testing services, their location and lack of funding. In 2007 major reasons are organizational (not convenient location) as well as reasons, caused by stigmatization of CSWs status: “I am not comfortable with attitude of personnel” and «I am afraid of dissemination of information about status without the consent”. Most of CSWs, who have done tests are in Kyiv, Odesa and Simferopol. Lowest indicators of testing among other regions are in Symy and Kharkiv.

Coverage by prevention programs

69% of all CSWs has been covered by HIV/AIDS prevention programs in 2007. It is significantly higher than according to results of monitoring in 2004 (34%), however, is less than in 2006 (88%). Overall cooperation with NGOs has a positive impact on level of CSWs knowledge about ways of transmission and prevention of HIV. This has a positive impact on safer behavior practices by CSWs. Lowest indicators of coverage levels by prevention programs of the target groups are in Sumy and Luzk (16% and 19% of respondents in these regions). Overall high majority of CSWs (74%) have been receiving information materials on prevention of HIV, STI as well as drug use issues during last year, however, in 2007 indicators on receipt of such information from mass media has decreased. Besides, there is a slight increase in peer education programs delivery (10% increase compared to the last year): 39% of all CSWs involved in the research have used these services during the last 12 months.

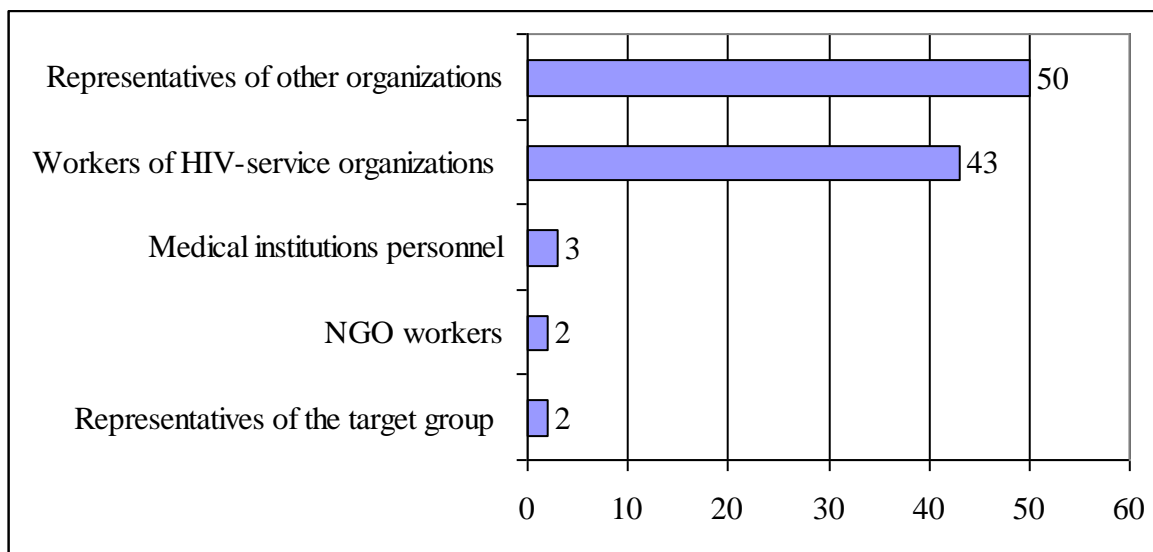
Main conclusions and recommendations

Among positive outcomes, it is necessary to emphasize sustainable increase of HIV and STI prevention programs, high level of coverage by prevention services and relatively high evaluation of personal HIV infection risk by CSWs. There is as well a significant increase of HIV testing and consulting accessibility indicator. However, it is crucial to indicate increase trend of underage CSWs, reduction of average age indicator for the first sexual contact and first commercial sex contact compared to last years. Separate attention for prevention interventions and further research should be paid to groups of double risk among CSWs-IDUs as well as other groups. During development of prevention programs for CSWs, it is important to take into consideration influential factors for unprotected sex among CSWs: influence of client, availability of additional payment or state of alcohol or drug intoxication. It is also important to pay attention to the reduction of CSWs status stigmatization in society as well improvement of comfort of services provided, particularly for testing and consulting CSWs. Overall, optimization and harmonization of prevention work with this target group requires involvement of organizations on all levels: from national authorities to mass media as well as all others involved in services provision for CSWs (NGOs, AIDS centers, etc.).

Chapter 1. Characteristics of the target group

Survey has been conducted in 12 cities of Ukraine – Simferopol, Luzk, Dnipropetrovsk, Donezk, Kyiv, Mykolaiv, Odesa, Poltava, Sumy, Kharkiv, Kherson and Cherkasy. Overall 1602 female CSWs have participated in the survey.

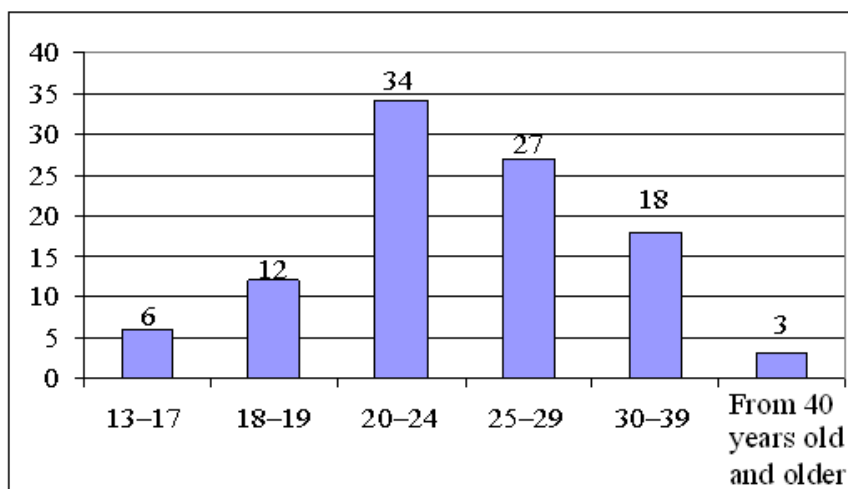
As a rule, recruiters of primary respondents are representatives of the target group and NGOs workers, who work with CSWs (50% and 44% respectively) (see pic. 1.1). 3% of all recruiters of primary respondents are workers of medical institutions, 2% are workers of HIV-service and other organizations (workers of sanitary-epidemiological State Service, Department of Ministry of Internal Affairs, hotels, etc.).



Pic. 1.1. Distribution of recruiters of CSWs, according to affiliation, %

Age structure

Majority of CSWs involved in the research are young women from 20 to 29 years old (20–24 years old make up 34%, 25–29 years old make up to 27%). General distribution of respondents according to the age is presented on the picture 1.2.



Pic. 1.2. Distribution of the interviewed CSWs according to the age, %

It is important to indicate that among CSWs interviewed there are 6% of underage girls, who at the moment of interview have been from 13 to 17 years old, and 3% of respondents are 40 years old and up. Maximum age of the interviewed CSW is 52 years old. Thus, majority of female CSWs are from 20 to 39 years old.

In terms of age groups distribution of CSWs according to the regions, there is biggest number of underage girls (13–17 years old) in Kherson (24% of general population interviewed) (see table 1.1). There are no underage respondents in Dnipropetrovsk, Mykolaiv and Odesa. More often 18–19 CSWs have been met in Kyiv and Kharkiv (16% respectively), more rarely there were observed in Mykolaiv (3%), Dnipropetrovsk and Poltava (5% respectively). 20–24 years old CSWs prevail in Kyiv (60%), Donezk and Odesa (46% respectively), 25–29 years old CSWs are most often observed in Luzk (36%). 30–39 years old CSWs prevail among respondents in Mykolaiv and Poltava (37% respectively). There is biggest number of CSWs older than 40 years old in Poltava (10%) and Mykolaiv (7%), whereas there are no women of this age in Kyiv and Sumy.

Table 1.1

Distribution of CSWs according to the age in geographical dimension, %

	Kyiv	Symferopol	Luzk	Dnipropetrovsk	Donezk	Mykolayv	Odesa	Poltava	Sumy	Kharkiv	Kherson	Cherkasy
13–17 years old	5	7	1	0	1	0	0	2	10	9	24	6
18–19 years old	16	12	15	5	11	3	12	5	12	16	12	12
20–24 years old	60	28	27	32	46	23	46	23	35	30	28	34
25–29 years old	18	28	36	34	26	30	27	23	29	27	20	27
30–39 years old	1	23	19	26	15	37	14	37	14	14	14	18
40 years old and up	0	2	1	3	1	7	1	10	0	4	2	3

Marriage status

More than a half of interviewed women (53%) are not married; they do not have husbands and do not live together with stable sexual partners. Almost a quarter of respondents (22%) are officially not married, however, live with stable sexual partner. 13% are officially married, however, they neither live with a husband nor have stable sexual partners. 5% of women are married and live with other sexual partners. Only 4% of all women interviewed are officially married and live together with their husbands. 3% of interviewed CSWs have not indicated their marital status.

Women who do not have stable sexual partners prevail in all age groups. In younger age groups of CSWs (13–17 and 18–19 years old), 9% and 16% of respondents respectively have stable sexual partners. Among 25–29 and 30–39 years old there are 33% and 38% respectively of such CSWs, 32% are among CSWs of 40 years old and older. The biggest number of CSWs who have two stable sexual partners are among respondents of 40 years old and older (10%), whereas among 13–17 and 18–19 years old there is 1% of such women. General distribution of respondents according to the age depending on a marriage status is presented in the table 1.2.

Table 1.2

Distribution of CSWs according to the age depending on the marital status, %

		Marriage state		
		Have one stable sexual partner	Have two stable sexual partners	Do not have stable sexual partners
Age, years old	13–17*	9	1	90
	18–19	16	1	83
	20–24	22	2	76
	25–29	33	9	58
	30–39	38	7	55
	From 40 and older	32	10	58

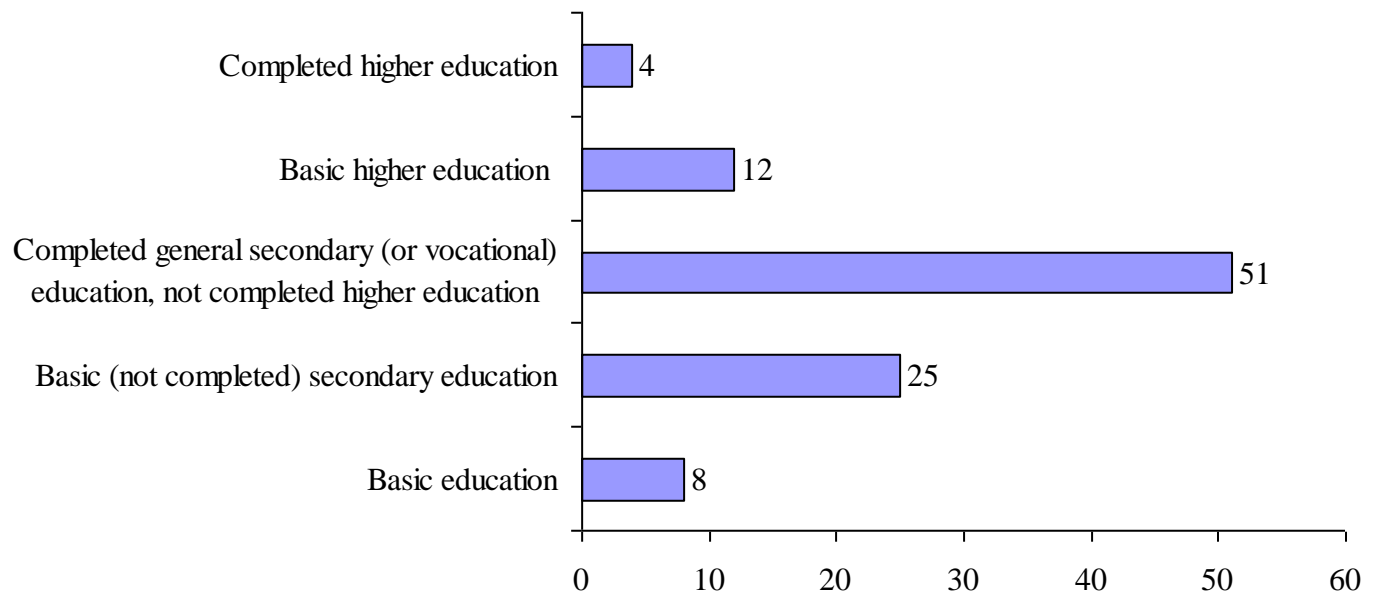
* According to the Family code of Ukraine, right for marriage have individuals, who at the time of the marriage registration have reached the marriage legal age (17 years for women). However, according to petition of the individual, who has reached 14 years, right to marriage can be granted according to court’s decision, in case if it is identified that this corresponds to the best of individual’s interests (Article 23 of the Constitution). Moreover, according to Article 4 of the Constitution, family can be created by individual who has given a birth to the child, regardless of the age.

To conclude, CSWs from older groups tend to have one or two stable sexual partners, whereas younger CSWs more often do not have stable sexual partners at all.

Level of education

51% of interviewed women have completed secondary (or professional vocational) or not completed higher education; 25% have basic (not completed) secondary education. There is significantly smaller percentage of CSWs with basic higher education and completed higher education among respondents (12% and 4% respectively). There is 8% of CSWs with not-completed basic high school education (not completed 9th grade) among all respondents (see pic. 1.3).

Among 13–17 years old CSWs majority (41%) have basic education (9 completed grades), 50% of 18–19 years old women have full secondary and professional vocational education. In the age groups of 20–24 and 25–29 years old majority of the interviewed had as well completed secondary or professional vocational education (50% and 54% respectively). Majority of women who during time of the interview have been from 30 to 39 years old and from 40 years old and up (56% and 63% respectively) have the same level of education. A little less than a half (44%) of women, who have received full higher education were in the age group of 25–29 years old.



Pic. 1.3. Distribution of CSWs according to the level of education, %

CSWs with basic education have been more often identified among respondents in Poltava (19% of general population interviewed) (see table 1.3). Basic secondary education has been received by a half of inhabitants in Odesa (42%), a third (33%) in Mykolayv, almost a third in Simferepol (30%), a little less in Luzk (27%). CSWs with completed secondary education prevail in all regions, majority of such individuals are in Dnipropetrovsk (62%) and Kharkiv (63%). Women who have basic higher education amount to more than a third (35%) of general population of CSWs in Cherkassy and a quarter (25%) in Sumy. There is biggest number of respondents with completed higher education in Sumy (16%).

Table 1.3

Distribution of CSWs according the level of education in geographical dimension, %

	Kyiv	Simferopol	Luzk	Dnipropetrovsk	Donezk	Mykolaiv	Odesa	Poltava	Sumy	Kharkiv	Kherson	Cherkasy
Basic education	5	13	7	6	6	12	9	19	2	1	11	0
Basic secondary education	45	30	27	15	14	33	42	18	15	22	22	12
Completed secondary education	48	51	53	62	57	49	43	48	42	63	49	52
Basic higher education (Higher educational institutions of I–II accreditation levels)	2	6	11	12	15	3	5	12	25	6	12	35
Completed higher education (Higher educational institutions of III–IV accreditation levels)	0	0	2	5	8	3	1	3	16	8	6	1

Social status and financial situation

According results of the research, 18% of CSWs go to school (3% among them are students of high schools, vocational schools, students of higher educational institutions of I–II accreditation levels, 9% are students of higher educational institutions of III–IV accreditation levels); 26% work (9% have full time work, 18% have occasional work); significant percent of interviewed (56%) neither study nor work (41% of interviewed defined themselves as unemployed, 14% reported that they are involved in household tasks, and 1% are not able to work) (see table 1.4).

Table 1.4

Distribution of CSWs according to the employment status, %

Student of high-school	3	18% study
Student of vocational school	3	
Student of higher educational institutions of I–II accreditation levels	3	
Student of higher educational institutions of III–IV accreditation levels	9	
Have full-time work	8	26% work
Have occasional income	18	
Unemployed	41	56% neither study nor work
Take care of household tasks	14	
Disabled	1	

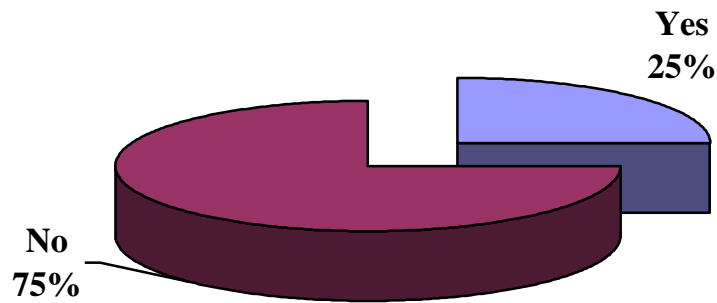
Individuals who except for providing commercial sex services also work can be more often observed in Cherkasy (40%), Kyiv and Sumy (27% respectively), Kherson (26%) (see table 1.5) than in other regions. Majority of CSWs who study are in Cherkasy (48%), Kherson (38%), Dnipropetrovsk and Sumy (37% respectively). Biggest number of CSWs who neither work nor study are in Mykolaiv (77%). High percentage of such CSWs is in Simferopol and Odesa (75% respectively).

Table 1.5

Distribution of CSWs according to the social status in geographical dimension, %

	Kyiv	Simferopol	Luzk	Dnipropetrovsk	Donezk	Mykoayv	Odesa	Poltava	Sumy	Kharkiv	Kherson	Cherkasy
1. Work	27	16	5	8	11	7	10	11	27	21	26	40
2. Study	6	9	28	37	20	16	15	27	37	32	38	48
3. Neither work nor study	67	75	67	55	69	77	75	62	36	47	36	12

A quarter of interviewed CSWs (25%) have other sources of income, except for commercial sex services (see pic. 1.4).



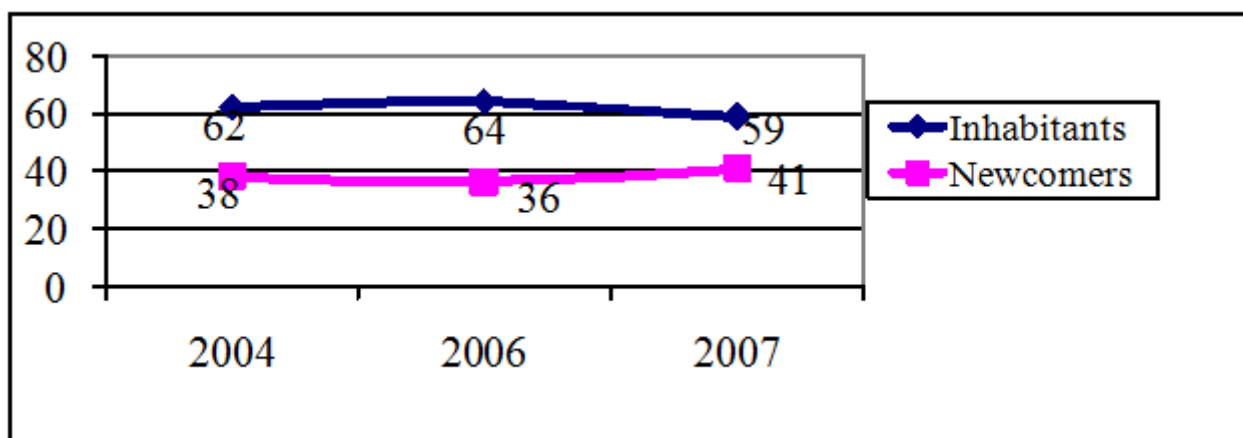
Pic. 1.4. Distribution of answers on the question: **“Do you have any other income except from commercial sex services provision?”**, %

Part of CSWs work as distributors, yard-keepers or cleaners, strippers, vendors, waiters, seamstresses or secretaries. However, majority of respondents (75%) do not have other source of income except for commercial sex services.

Almost a half of interviewed CSWs (45%) support other individuals on income gained from commercial sex work among whom are children, parents and friends. Among them a half (50%) support one person; a third (33%) support two; three individuals are supported by 13% of CSWs and 3% of interviewed support four and more individuals.

Composition of CSWs depending on origin and mode of living

All respondents of the research have been classified into inhabitants of cities and new-comers. 64% of respondents have been born and have lived in the cities (inhabitants) where they have been interviewed and 36% are new-comers. In comparison with results of the research conducted in 2004 and 2006, ratio among indicated categories has not changed significantly, however, increase in the number of newly arrived CSWs can be observed and, consequently, there is a decrease in the number of inhabitants (see pic. 1.5).



Pic. 1.5. Distribution of CSWs on new-comers and inhabitants status, %
(according to results of the research in 2004, 2006 and 2007)

Portion of new-comers CSWs prevails in Kyiv (82%) and Odesa (62%) (see table 1.6). Inhabitants and new-comers are distributed approximately in half in Luzk, Dnipropetrovsk, and Cherkasy. CSWs are inhabitants in Mykolaiv (91%), Donezk (82%), Sumy (72%), Kharkiv (66%), Kherson (65%), Poltava (64%) and Simferopol (61%).

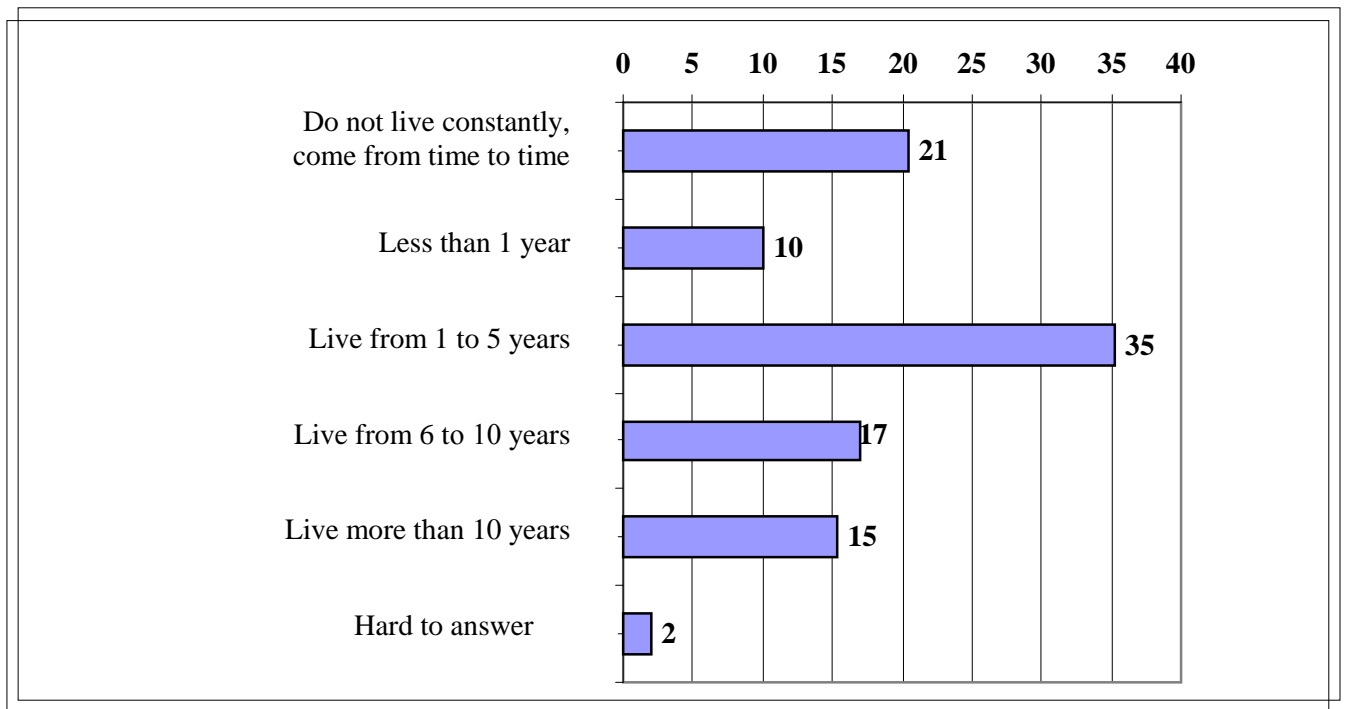
Table 1.6

Distribution of CSWs based on socio-demographic characteristics in geographical dimension, %

	Kyiv	Simferopol	Luzk	Dnipropetrovsk	Donezk	Mykolayv	Odesa	Poltava	Sumy	Kharkiv	Kherson	Cherkasy
1. Inhabitants	18	61	48	48	82	91	38	64	72	66	65	57
2. New-comers	82	39	52	52	18	9	62	36	28	34	35	43

It is worth indicating that new-comers differ according to the nature of migration. Majority of CSWs live from one to five years (35%) in places where they have been interviewed; a fifth has been coming from time to time to cities where they have been interviewed (21%); other live in the city where they have been interviewed from six to ten and more than 10 years (17% and 15%

respectively) (see pic. 1.6).



Pic. 1.6. Distribution of answers on the question: **“How long have you been living in this city?”**, % (among CSWs who are new-comers, N=660)

Mobility is the particular feature of commercial sex work. Results of the research confirm this: 21% of women among all interviewed informed that during last year they have moved from their place of living to another cities or oblasts with the aim of commercial sex services provision. Significant majority (79%) of interviewed did not have such practice.

During last month 11% of CSWs moved to other countries with the aim to provide commercial sex services. Turkey (38% of CSWs who moved), Russia (17%), Poland (13%) and Portugal (4%) are countries to which women move most often.

Most often CSWs have moved “for work” from Cherkasy (33% among all interviewed here), Dnipropetrovsk (15%) and Mykolaiv (12%).

Years involved in commercial sex work

According to results of the survey, the average age for becoming sexually active for all

interviewed CSWs is 16 years old, this is similar to results of the research in 2004 and 2006 (see table 1.7).

Table 1.7

Distribution of answers on the question:
„At what age have you become sexually active?“, %

From 7 to 13 years old	8	Before being of age – 80%
From 14 to 15 years old	33	
From 16 to 17 years old	39	
From 18 and up	11	After coming of age – 11%
<i>Hard to answer</i>	4	No answer – 9%
<i>Don't remember</i>	5	
Average	16	

As we can see, quite a significant number of CSWs (8%) have started before 13 years old, at 14 or 15 years 33% of girls had first sexual experience, at the age of 16 or 17 years old 39% had first sexual experience; 11% of CSWs started to have sexual relations after coming of age.

According to the distribution of respondents based on number of years involved in commercial sex work, there is almost a third (28% of all respondents) with 3–5 year record of work, a fourth (25%) has from 6–10 years of experience, 22% has 1–2 year record, 13% have experience of more than 11 years. 2% of respondents have experience of less than 1 year. Additionally, 9% of CSWs hesitated with the answer on this question.

Conclusions to Chapter 1

It is possible to state that CSWs can be described by the following socio-demographic characteristics according to survey results conducted in 12 cities, capital and oblast centers:

- Women between 20–29 years old prevail (61% of all the interviewed). Underage girls amount to 6% of all CSWs interviewed.
- Majority of CSWs (53%) are not married and do not have stable sexual partners.
- Women with completed secondary or not completed higher education prevail (51%).
- 56% of CSWs neither study nor work. Moreover, majority of all interviewed (75%) do not have other sources of income, except for commercial sex work.
- Approximately a half of the interviewed CSWs (45%) support other individuals on their income.
- 59% of CSWs are inhabitants (have been born and always lived in the place where they have been interviewed), whereas 41% are new-comers.
- Almost four fifth of all interviewed CSWs (80%) had first sexual experience as teenagers (before 17 years old).
- 66% of CSWs at the moment of interview have been in sex business for more than 3 years.

To conclude, women from 20 to 29 years old prevail in commercial sex. Their sexual debut has started before coming of age. They are not married and do not have stable sexual partners. They have general secondary education and neither work nor study as well as do not have other income except for sex business. Additionally, half of them support one and more individuals on their income.

Chapter 2. Awareness about HIV/AIDS and STIs as well as prevention methods

Awareness about HIV/AIDS and prevention methods

Overall it is possible to observe high level of knowledge among CSWs about HIV/AIDS and prevention methods. Majority of women interviewed have correctly identified correct and false statements (see table 2.1 on ways of getting infected). However, for some part of women this task appeared to be challenging. 15% of interviewed CSWs consider “yes” to the statement “Getting HIV can be avoided when having sex only with one faithful non-infected partner” as false; on the statement “Person who looks healthy can have HIV”, 14% of women have chosen a wrong answer of “no”, and 11% did not have the answer. Biggest difficulties have caused questions on possibility of transmission of HIV/AIDS during pregnancy and breast feeding: 10% and 14% respectively have given wrong answer, 14% and 20% have chosen the answer “don’t know”. Relatively high lack of knowledge has been identified on the statement about the risk of getting infected through mosquito bite: 16% of interviewed have chosen the answer “don’t know”, 7% gave positive answer, and 6% could not find the answer to the question.

Relatively high lack of knowledge have been identified among *underage CSWs* (13–17 years old) in answers to the question: “Is it possible to avoid HIV when having sex only with one faithful non-infected partner?” 27% women of this age category answered negatively, and 18% did not know the answer on this question.

Almost a third of *13–17 years old CSWs* (28%) do not know whether the statement on possibility of being infected with HIV through mosquito bite is correct or wrong. Among *18–19 years old* there is a quarter of interviewed individuals (25%). Among *20 years old and older* this indicator significantly decreases and amounts to 10%.

All age groups had difficulties with identification of correctness of fallacy of statements connected with HIV transmission during pregnancy: almost every fifth (19%) among *13–17 years old CSWs* does not know whether HIV is transmitted in this case. Among *18–19 years old CSWs* this indicators is 18%, among *20–24 years old CSWs* it is 15 %, among *CSWs, older than 25 years old* it is 16%.

Table 2.1

Distribution of answers on the question:
“How much do you agree with the following statements about HIV/AIDS?”, %

	Yes	No	Don't know/ Hard to answer
<i>Correct statements</i>			
Getting HIV can be avoided when having sex only with one faithful non-infected partner	80	15	5
Risk of getting HIV can be reduced, when using condom correctly during each sexual intercourse	99	1	0
Person looking healthy can have HIV	71	14	15
It is possible to get infected with HIV, from the needle which have been used by another person	96	2	2
HIV can be transferred from HIV positive mother to child during pregnancy	67	10	21
HIV can be transferred from HIV positive mother to child during labor	75	5	20
HIV can be transferred from HIV positive mother to child during breastfeeding	58	14	28
<i>False statements</i>			
It is possible to get infected with HIV through mosquito bite	7	71	22
Person can get HIV when drinking from the same glass with the person who is HIV positive	4	86	10
Person can get HIV during common use of toilet, swimming pool and sauna with HIV positive person	6	83	11

Comparing answers on all wrong statements in 2007 with similar data of 2004 and 2006, we will see that for presented statements percentages of correct answers have increased, percentages of wrong answers and difficult to answer questions have decreased (see table 2.2). This makes it possible to conclude that there is increase of knowledge among CSWs about ways of getting and preventing HIV/AIDS.

Table 2.2

Distribution of answers on the question:
“How much do you agree with the following statements on HIV/AIDS?”, %
(according to results of the research in 2004 and 2006)

Wrong statements	2004 (year)			2006 (year)			2007 (year)		
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
It is possible to get HIV through mosquito bite	21	60	19	11	76	13	7	77	16
Person can get HIV during use of common dishes with HIV positive person	11	80	9	6	80	14	4	88	8
Person can be infected with HIV during use of common toilet, swimming pool, sauna	20	67	13	8	78	14	6	87	7

National indicator “Percentage of CSWs, who correctly identify HIV prevention methods and know how HIV is not transmitted”

48% of all CSWs correctly identify HIV prevention methods during heterosexual relations and know how HIV is not transmitted (same as in 2006) year. 43% of CSWs from 15 to 24 years old and 53% of CSWs older than 25 years gave correct answers. In 2004 this indicator was only 8% of all CSWs.

Calculation of this indicator is presented in the table 2.3.

Table 2.3

Calculating value of the indicator on knowledge about HIV prevention, %

<i>Numerator: number of respondents who gave correct answers on all 5 questions</i>	N=766	Among all CSWs	Among CSWs of 15–24 years old	Among CSWs older than 25 years old
<i>Denominator: number of responders to gave answers , including “don’t know” on all 5 questions</i>	N=1599*			
Value of indicator, %		48	43	53
<i>Correct answer on the question 1: Is it possible to reduce risk of HIV transmission when having sexual contacts with only one faithful non-infected partner?</i>		81	83	78
<i>Correct answer on the question 2: Is it possible to reduce risk of HIV transmission when using condoms?</i>		99	99	99
<i>Correct answer on the question 3: Can person, who looks healthy, have HIV?</i>		71	66	77
<i>Correct answer on the question 4: Can person get HIV through common use of toilet, swimming pool or sauna with HIV positive individual?</i>		93	80	85
<i>Correct answer on the question 5: Can person get HIV when drinking in turn from the same glass with HIV positive individual?</i>		86	96	99

* For calculation of national indicators, which characterize knowledge, behavior and coverage of CSWs by services, women from 15 years old and older have been separated from general number of respondents (N=1602). As a result, there have been 1599 of such individuals.

Level of knowledge about STIs

This research included a number of questions on CSWs knowledge about STIs. Most often interviewed CSWs named secretion from genitals as symptoms of STIs (68% of all interviewed), also 55% and 56% of all women interviewed indicated such symptoms as genital ulcers/wounds and itching, 47% women mentioned painful urination, 40% indicated pain in stomach, and 14% mentioned edema in the pelvic area (pic. 2.1).

Vaginal discharge		
Vaginal discharge with strong smell		
Genital ulcers/wounds		
Itching		
Painful urination		47
Stomachache		40
Edema in pelvic area	14	
Other	3	

Pic. 2.1. Distribution of answers on the question:
“Can you name any STIs symptoms among women?”, %
(Sum of answers exceeds 100%, because respondents could choose several variants of the answer)

The following symptoms of STIs among men have been mentioned most often: secretion from genitals (83% of all interviewed), genital ulcers and wounds (57%), painful urination (51%), edema in groin area (18%). General distribution of answers is presented on pic. 2.2.

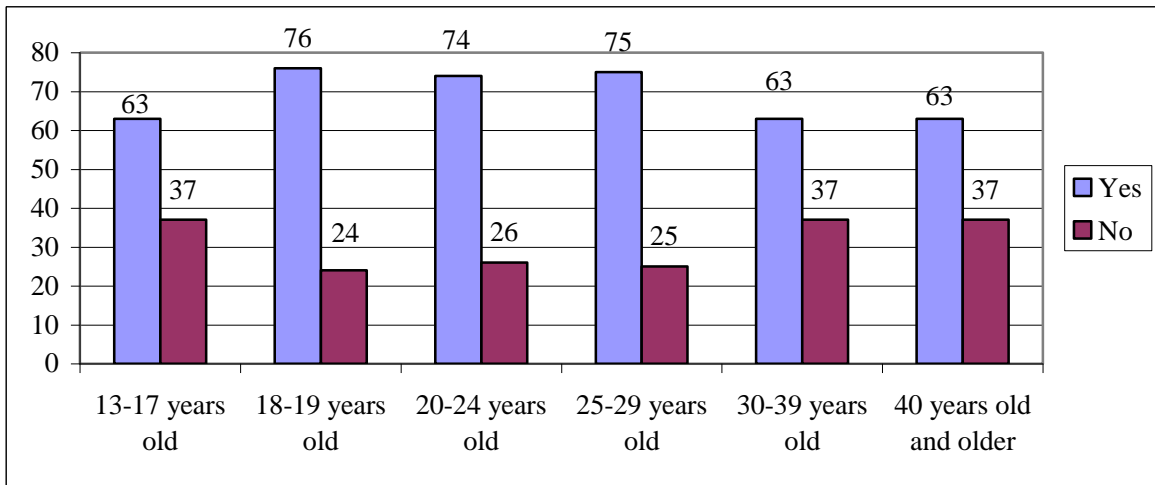
Male genital discharge		
Genital ulcers/wounds		
Painful urination		51
Edema in groin area	18	
Other	6	

Pic. 2.2. Distribution of answers on the question:
“Can you name any STIs symptoms among men?”, %

(Sum of answers exceeds 100%, because respondents could choose several variants of the answer)

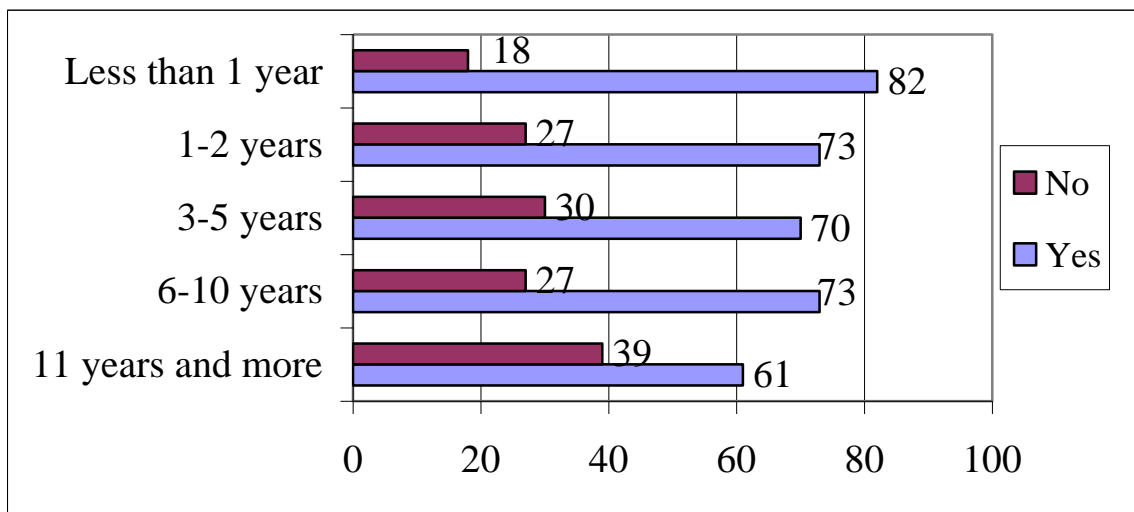
This relatively high awareness of CSWs about STIs most likely can be explained by the nature of their profession because such infections are concurrent part of commercial sex work.

This explanation can be confirmed by respondents in their answers about health checks done during last year. More than two third of the interviewed (68%) indicated that during last 12 months have done STI diagnostics. Among *underage* CSWs as well as CSWs of 30–39 years old and older than 40 percentage of women who have not done STI diagnostics is significantly higher (37% in each group respectively), unlike 18–19, 20–24 and 25–29 years old age groups (24%, 26% and 25% respectively) where diagnostics rate is lower (see pic. 2.3).



Pic. 2.3. Distribution of answers on the question: **“Have you done STI diagnostics during last 12 months?”** according to the age, %

Taking into consideration high awareness about STIs and relatively significant percentage of CSWs who have done STI diagnostics during last year, this survey has identified essential differences in terms of diagnostic practices among women depending on the number of years involved in commercial sex work (see pic. 2.4). Among CSWs who are involved in commercial sex work for less than 1 year, 82% have done diagnostics during last 12 months, whereas among CSWs with 11 years of experience or more, only 61% have done so.



Pic. 2.4. Distribution of answers on the question: **“Have you done STI diagnostics during last 12 months?”** depending on the number of years involved in sex work, %

Conclusions to Chapter 2

- CSWs in Ukraine have high level of knowledge about HIV/AIDS prevention. According to results of this research, national indicator “Percentage of CSWs, who correctly identifies HIV prevention methods during heterosexual relations and know who HIV is not transmitted” is 48%, same as results of the research in 2006.
- Questions on HIV prevention: “Can person look healthy and have HIV?” and a number of questions on HIV during pregnancy and breast-feeding have caused most difficulties with the choice of correct or wrong answer among respondents.
- CSWs have high awareness about STIs among women and men. To some extent this is explained by the fact that majority of respondents (68%) have tested for STIs during last 12 months.

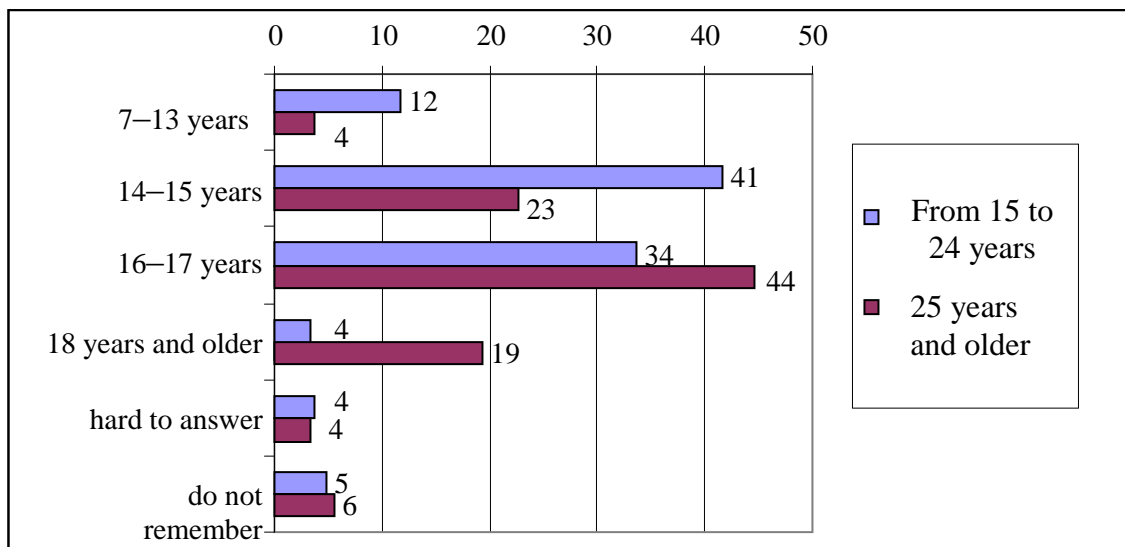
Chapter 3. Sexual behavior and HIV prevention measures during sexual contacts

3.1. Sexual practices of CSWs

Age during first sexual contact and commercial sex

Comparing to results of the research in previous years, it is possible to observe lowest age during first sexual contact among younger groups of interviewed CSWs. 80% of all interviewed became sexually active before coming of age. On average CSWs became sexually active at the age of 16 years.

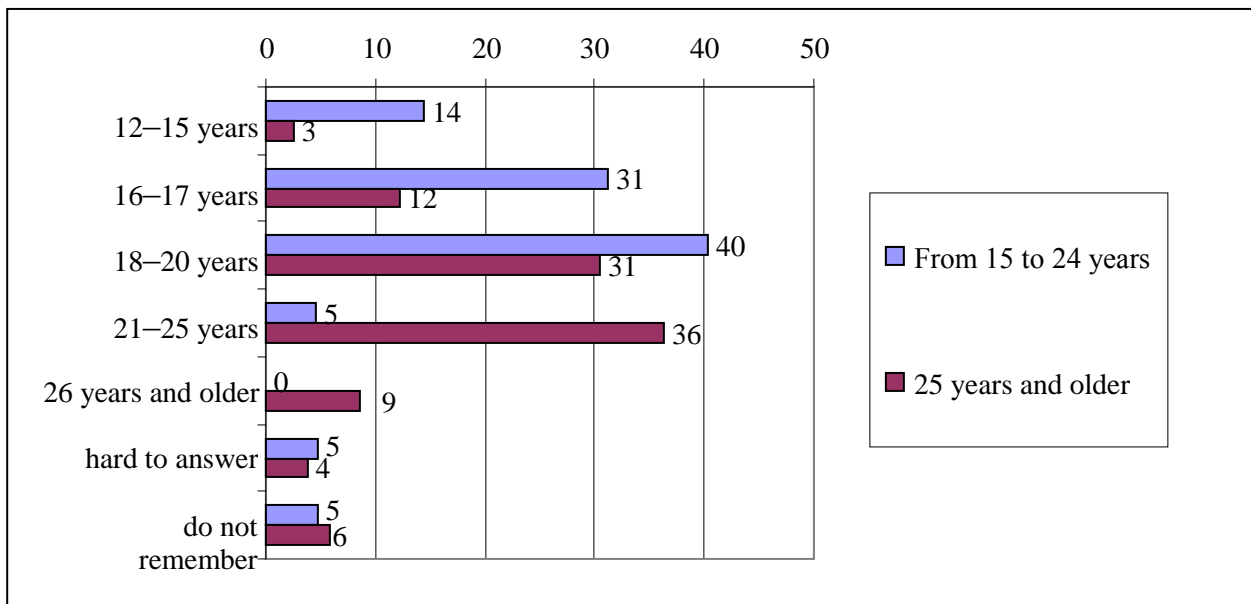
Among CSWs who at the moment of interview were above 24 years old, biggest number (44%) of women became sexually active at the age of 16–17 years, and among 15–24 years old CSWs biggest number (41%) started to have sexual contacts at the age of 14–15 years (see pic. 3.1.1). Almost every fifth woman (19%) from age group older than 25 years had first contact after 18 years, among 15–24 years old there have been only 4% of such women. Ratio of women who became sexually active *before 13 years*: 12% among 15–24 years old women and 4% among CSWs older than 25 years.



Pic. 3.1.1. Age during first sexual contact, %
(CSWs according to the age groups)

Almost two third (60%) of interviewed CSWs started to provide commercial sex services after becoming 18 years old, a third (31%) has this experience before being of age. Average age for the first occasion of commercial sex services provision is 19 years among all interviewed CSWs.

Majority (36%) of CSWs from the *older age group* (24 years and older) started to provide commercial sex services at the age of 21–25 years, almost a third of such respondents (31%) became CSWs at the age of 18–20 years. Among CSWs of *younger group* relative majority (40%) are respondents who started to provide commercial sex services at the age of 18–20 years, and another third (31%) of respondents started to provide services at the age of 16–17 years. 14% of 15–24 years old women indicated interval of 12–15 years as a start of sex for remuneration, whereas among older than 24 years old females there is only 3% of such women (see pic. 3.1.2).



Pic. 3.1.2. Age during provision of commercial sex services for the first time, according to the age groups, %

This indicator confirms the trend of decrease of CSWs age and encourages conclusion about necessity of HIV/AIDS and STI prevention programs implementation among youth through mass media, education institutions and NGOs which work with youth in different spheres.

The following trend can be observed: the earlier women had first sexual contact, the earlier they started to provide commercial sex services, this is confirmed by positive medium correlation of variables “age during first sexual contact” and “age during first commercial sex contact” (see table. 3.1.1).

Table 3.1.1

Average age for becoming sexually active and start of commercial sex services provision according to the age groups of CSWs, years

Age of CSWs	Average age during first sexual contact	Average age during first commercial sex contact	Correlations (Spirman coefficient)
13–17 years old	14	15	0,7*
18–19 years old	15	17	0,6
20–24 years old	15	18	0,6
25–29 years old	16	20	0,4
30–39 years old	17	22	0,4
40 years old and up	17	25	0,6

* In all indicated age groups correlations is significant on the level of 0,01% (two-sided correlation).

According to geographical distribution, CSWs who started to provide commercial sex services during juvenile age, prevail in Kherson (47% among interviewed here), Kyiv (44%) and Cherkassy (42%), smallest number of such groups has been found in Mykolaiv (8%) (see table 3.2.2).

Distribution of underage CSWs and CSWs who started to provide commercial sex services before being of legal age, according to regions, %

City	Percentage of underage CSWs	Percentage of CSWs, who started to provide commercial sex services before being of legal age
Kyiv	5	44
Simferopol	7	26
Luzk	1	29
Dnipropetrovsk	0	27
Donezk	1	16
Mykolaiv	0	8
Odes	0	34
Poltava	2	22
Sumy	10	42
Kharkiv	9	35
Kherson	24	47
Cherkassy	11	42

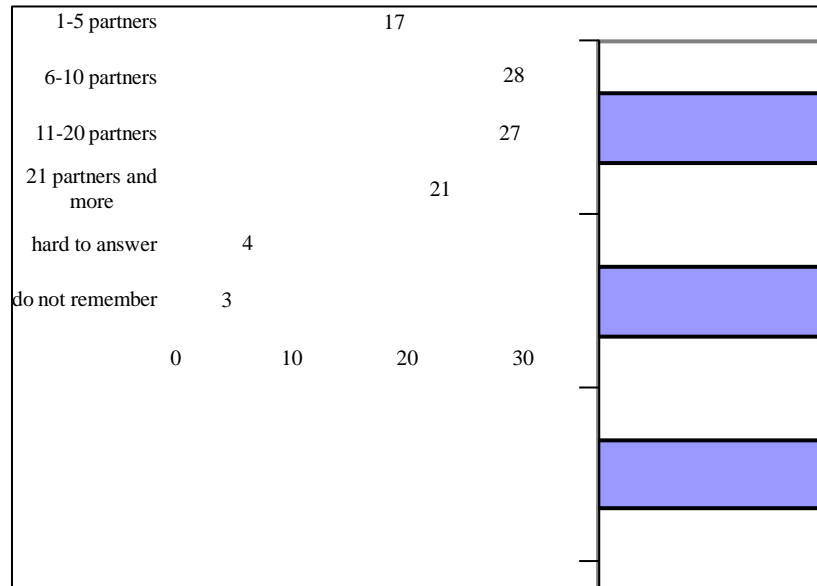
Sexual partners of CSWs

During last working week more than a third of interviewed (36%) had 1 client, a *sexual partners from whom CSWs do not receive payment*, a quarter (26%) did not have such clients at all. 12% of respondents among all interviewed had from 2 to 3 partners, and more than 5% had from 4 to 10 clients.

Almost a third (28%) of women had from 6 to 10 *sexual partners from whom they have been received remuneration* during one working week. A quarter of CSWs (25%) have indicated that had from 11 to 20 clients. Answer “0–5 partners during working week” has been chosen by 22% of CSWs. Almost every fifth woman among interviewed (17%) had more than 21 partners during the week.

Overall during last working week CSWs on average had 14 sexual partners (both commercial

and non-commercial). Around a third of respondents (28%) had from 6 to 10 sexual partners (see pic. 3.1.3). 27% of CSWs have chosen the answers “11–20 partners”. Every fifth woman (21%) has more than 21 sexual partners during last week. 17% of CSWs had from 1 to 5 partners had during last week.



Pic. 3.1.3. Distribution of answers on the question: **“How many different sexual partners did you have during last (working) week?”, %**

The number of sexual partners during one working week varies depending on the region. CSWs who have chosen answers “0–5 partners”, prevail in Sumy (51%). Having 6–10 partners during the week is most common among representatives from Luzk (39%), Donezk (43%), Mykolaiv (38%) and Kyiv (29%). CSWs on average have from 11 to 20 sexual partners during the week in Odesa (53% among all women interviewed in this region), Poltava (28%) and Kharkiv (39%). Highest percentage of CSWs who provide sexual services to more than 21 partners during the week (59%, 43% and 26% respectively) are in Cherkassy, Simferopol and Kherson, compared to other regions.

During last working day (24 hours) more than a third of all interviewed (35%) had around 3–5 clients, 23% had around 2 clients, and 22% had 1 client, 6% of interviewed indicated in their answers that had from 6 to 10 clients, another 1% had around 11 clients (see pic. 3.1.4). Only 4% of women did not have any clients during last working day, 3% and 6% respectively were hesitant with the answer or did not remember such information. On average CSWs had 3 clients during last

working day.

0 clients	4
1 client	2
2 clients	1
3-5 clients	6
6-10 clients	1
11 and more clients	3
hard to answer	6
do not remember	6

Pic. 3.1.4. Distribution of answers on the question:
“How many different clients did you have during last (working) day?”, %

Frequency of commercial sex services provision during working day almost does not differ in the regions. Almost in all regional centers during last working day majority of CSWs had from 3 to 5 clients, only in Mykolaiv, Sumy and Kyiv this interval varies from 1 to 2 clients. No dependence between level of activeness of commercial sex services provision and age during start of commercial sex work (first sexual relations overall and sexual relations for payment) or social status have been found according to results of the research.

3.2. Safe sexual behavior patterns

Stability of safe sex behavior

During last year 49% of CSWs interviewed always used condoms during any kind of sexual contacts with clients.

During last 12 months, depending on the type of the service, interviewed CSWs used condoms with very different frequency (see table 3.2.1). Almost a half of the interviewed (48%) always used condom during oral sex, whereas every fifth CSW (19%) never used it during this service. During vaginal sex there is highest use of condoms (66% of women have chosen “always” variant of the answer), and in terms of not-use, there was none CSW who has chosen the answer (“never”). During anal sex, 28% of women always used condom, and 2% never used it.

Table 3.2.1

Distribution of answers on the question:

“Think about all your sexual contacts with clients during last 12 months.

In how many cases have you used condom when providing the following sex services...”,

%

Type of sex service	Always	> 50% cases	≈ 50% cases	< 50% cases	Never	Do no provide such services
Oral sex	48	16	7	6	19	4
	77 % had such experience					
Vaginal sex	66	20	9	4	0	1
	99,1 % had such experience					
Anal sex	28	8	7	4	3	50
	48,7 % had such experience					

Oral sex during last 12 months

Condoms are always used during oral sex by 36% of 15–19 year old women, 52% of 20–24 year old and 51% of women older than 25 years. However, around 31% of 15–19 years old CSWs do not use condom during provision of this sex service. There is 17% among 20–24 years old and women older than 25 years who do not use condoms.

Vaginal sex during last 12 months

During vaginal sex majority of women of all ages use condom: 61% among 15–19 years old, 71% among 20–24 years old and 66% among women older than 25 years. Part of women who have never used condoms does not exceed 1% among all CSWs.

Anal sex during last 12 months

31% among 15–19 years old, 32% among 20–24 years old and 27% among 25 years old always use condom during anal sex. This is a third of interviewed among all age groups. Less than 1% of all CSWs never use condom during provision of this service.

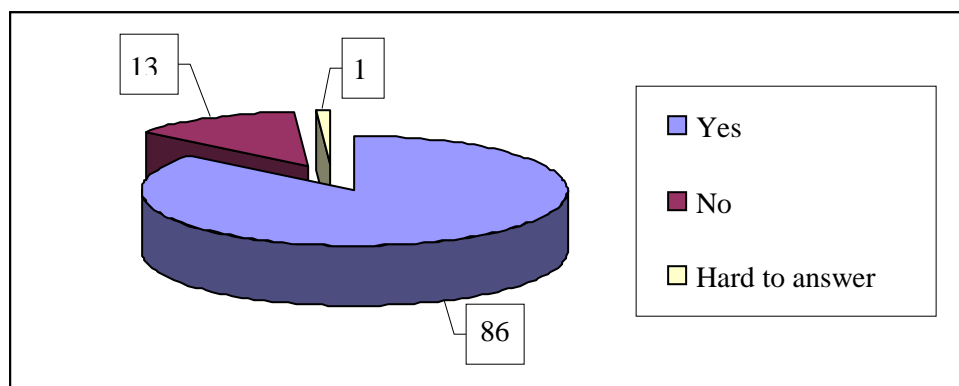
According to geographical distribution, majority of CSWs who always use condom during oral sex are among representatives of Kherson (79%) and Kyiv (74%). Women who do not use condoms are often representatives from Sumy (52%) and Cherkassy (48%). Majority of CSWs who do not use condom during vaginal sex are in Kherson (16% among all interviewed in this group). 46% of CSWs from Dnipropetrovsk and 45% from Kherson always use condom during anal sex, whereas in Luzk only 10% of CSWs have chosen this variant of the answer.

Almost all interviewed CSWs (97%) informed that had sexual contact with condom *during last month*, however, with different frequency: 59% always use condom, 28% use condoms in more than a half of the cases, 7% use it in half of the cases, 3% use it in less than a half of the cases. Only 1% of all CSWs interviewed reported that during last month have never used a condom, and 2% of respondents have been hesitant with the answer about frequency of condom use during last month.

Among CSWs who at the time of the interview have not been of legal age (13–17 years old), 49% indicated that during last month have always used condom whereas among individuals of the full legal age and older, there are 61% of such individuals.

Most often „always” variant of the answer has been chosen by CSWs in Mykolaiv (82% of all interviewed here), Poltava (76%) and Kyiv (79%). Smallest percentage of answers „always” is in Cherkasy (18%). Majority of CSWs who used condom in more than 50% cases is in Dnipropetrovsk (40%), Sumy (40%) and Luzk (36%), smallest number is in Kherson (14%). Biggest number of women who during last month used condom in less than a half of cases are from Cherkassy (36% among all interviewed here). 92,3% of all interviewed CSWs who never used condom during last month are from Cherkassy.

86% of CSWs who have participated in the research indicated that they have used condom *during their last sexual contact* with the client (see pic. 3.2.1).



Pic. 3.2.1. Distribution of answers on the question:
**“Think about your last sexual contact with the client.
 Did you use condom during sexual intercourse?”**, %

National indicator “Percentage of CSWs who informed about condom use during last sexual contact with the client”

National indicator **“Percentage of CSWs who informed about condom use during last sexual contact with the client”** amounts to 86% among all CSWs, same for 15–24 years old and 87% among 25 years old and older CSWs. This indicator in 2004 was 80%, and in 2006 it was 85% among all CSWs (see table 3.2.2).

Table 3.2.2

Calculating value of the indicator on condom use during last sexual contact with the client, %

<i>Numerator: number of respondents, who informed that have used condom during last sexual contact with the client</i>	N=1378		Among all CSW	Among CSW of 15–24 years old	Among CSWs older than 25 years old
<i>Denominator: number of respondents who reported having sexual contact during last 12 months</i>	N=1599*				
Value of the indicator, %			86	86	87

* For calculation of national indicators, which characterize knowledge, behavior and coverage of CSWs by services, women from 15 years old and older have been separated from general number of respondents (N=1602). As a result, there have been 1599 of such individuals.

Answers of CSWs varied according to the region: whereas in regions with high prevalence of HIV high percentage of answers which indicate use of condom during last sexual contact is observed (99% among interviewed CSWs in Mykolaiv, 98% and 94% respondents respectively in Kyiv and Dnipropetrovsk). Bigger number of “No” answers can be observed in regional centers with medium and low level of HIV prevalence, particularly in Cherkasy (57%).

In terms of age differences, biggest number of CSWs who have not used condoms were identified among CSWs from 13 to 17 years old (33% among interviewed of this age group) and from 18 to 19 years old (16%).

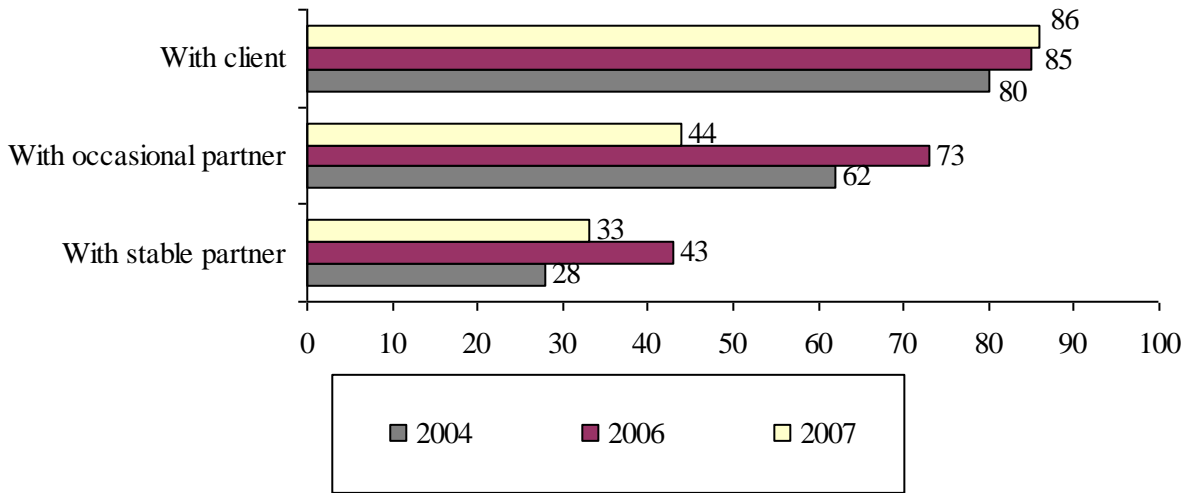
In terms of the last sexual contact of CSWs *with a client*, 86% of CSWs have used the condom and 12% have not been using it.

33% of all interviewed have been using condom *with a stable partner*, from whom CSWs have not been receiving remuneration. 25% have been using condom with a stable partner, more than a third of all interviewed (39%) at the moment of interview did not have a stable partner.

44% of interviewed women have agreed on sex without a condom with a *non-stable partner*, from whom payment have not been received, during last sexual contact. 8% have refused to have sex without a condom and another 44% of respondents did not have such partners.

Comparing answers of women about condom use with clients, non-stable and stable partners,

it is possible to conclude that with commercial clients CSWs use condom more often, than with occasional and stable partners, and with occasional partners condom is used more often than with stable partners. Same picture have been observed in the research of 2004 and 2006 (see pic. 3.2.2).



Pic. 3.2.2. CSWs used condoms with clients, stable and occasional partners during last sexual contact, %
(according to results of the research conducted in 2004, 2006 and 2007)

Reasons for non-use of condoms

52% of women who used condom during last sexual contact with clients have confirmed in their answers that normally they are initiators of condom use. Only 9% of women informed that client was the initiator, and 36% among those who have used condom said that it was a common decision.

The following major reasons for non-use of condoms during last sexual contact have been outlined: insistence of client not to use condom (65%) and the fact that “without condom sexual service is more expensive” (60%). A third (30%) of respondents has performed sex without condom during alcohol intoxication. Every sixth (16%) CSW has not been using condom because it reduces sensitivity. 10% of interviewed have been intoxicated with drugs during last sexual contact with the client without a condom (see table 3.2.3).

Table 3.2.3

Distribution of answers on the question:
“Indicate why you have not used a condom during last sexual intercourse with the client?”, %
(Sum of answers exceeds 100%, because respondent could choose several variants of the

answer)

	<i>Among CSWs who have not used condoms during the work</i>	<i>Among all interviewed</i>
Client insisted on non-use of condom	65	8
Payment is higher without the condom	60	8
I was in alcohol intoxication	30	4
Use of condom reduces sensitivity	16	2
I was under drug effects	11	1
There was no condom/nowhere nearby	5	1
I did not think that it is necessary	5	1
Condom is too expensive	1	0
Somehow have not thought about it	1	0
Sexual violence	1	0
<i>Other</i>	2	0
<i>Hard to answer</i>	3	0
<i>Question has not been asked (% of those who used condom or were hesitant with the answer)</i>		87,1

Particular pattern of condom non-use depending on age category can be observed: 60% of *underage* CSWs (among those who have not used condom in this age group) informed that have agreed to unprotected sex because have been intoxicated with drugs and alcohol. Answers “they have not been around” (30%) prevailed among CSWs of *20–24 years old*, “condom use reduces sensitivity” (55%), “partner insisted on non-use of condom” (49%) answers have been found among *25 years old and older*.

Non-use of condom during last contact with the client has the following geographical patterns: biggest numbers are CSWs who name the reason for non-use of condoms insistence of clients not to use it are in Odesa (this variant of the answer has been chosen by 25% of those who have not used condom here). Biggest number of respondents who have not used condoms as a result of alcohol and narcotic intoxication are in Simfereopol (24%). Relatively significant part of interviewed women in Cherkasy explained non-use of condom during last sexual contact by the fact that it reduces sensitivity (17%). Among representatives of Kharkiv, 40% of CSWs who have not been using condom explained that they did not have it anywhere nearby.

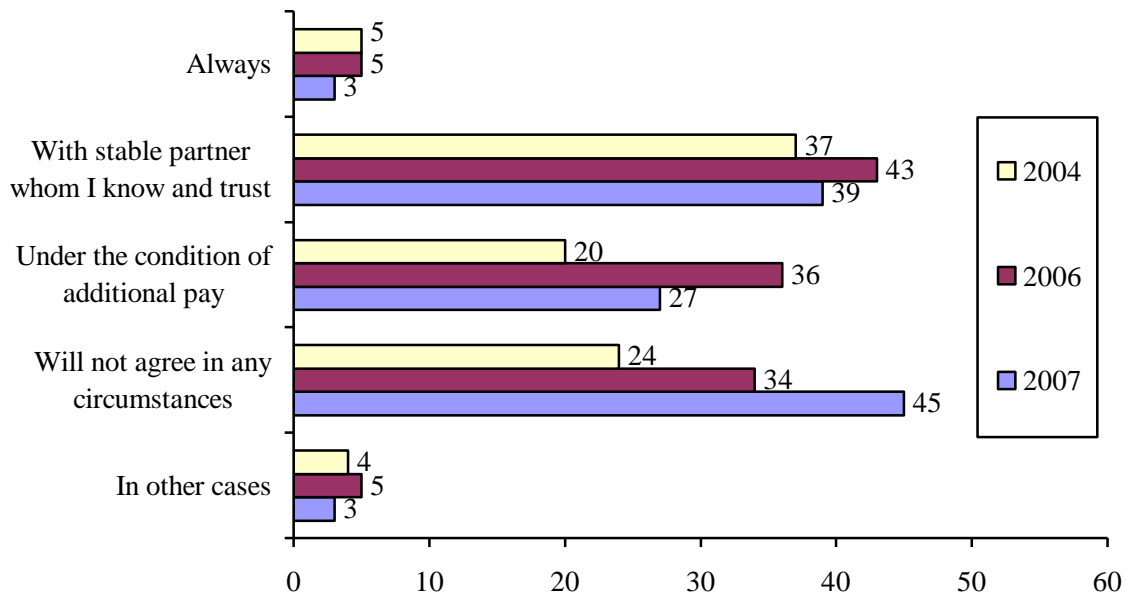
Acceptability of sex without condom

Respondents have been proposed to name circumstances under which sex without condom can be acceptable. Almost a half of women (45%) consider that such circumstances do not exist and inform and they will not agree on sex without condom under any circumstances. 39% of CSWs will agree on sex without condom with stable client, whom they know and trust. Additional pay has been named by more than a quarter (27%) of interviewed as a significant reason for non-use of condoms. There is 6% of CSWs population who always agree on sex without condom.

It is worth noting that among CSWs who agree on sex without condom *with stable partner*, women of younger age group 13–17 years old and 18–19 years old prevail (49% and 42% respectively in these age groups). However, among older CSWs, there is clear trend on the reduction of women who consider this reason as a significant one. Among CSWs of older age (from 40 and older) there is twice less interviewed (22%) who agree on sex with stable partner without a condom.

Almost a half (49%) of 13–15 years CSWs and 35% of 18–19 years old agree on sex without condom *under condition of additional pay*. Among women of older age number of CSWs ready for unprotected sex significantly decreases in such conditions. It is important to indicate that among 20–24 years old, 80% of respondents would not agree to have sex without condom for additional pay.

If to compare answers of CSWs according to results of the research conducted in 2004 and 2006 (see pic. 3.2.3), it is possible to observe the increase of percentage of answers „under no circumstances I will agree” (from 24% in 2004 to 34% in 2006 and to 45% in 2007) and the decrease among CSWs who agreed to provide commercial sex services without condom on the condition of additional pay (from 36% to 27% respectively) as well as there is an increase among those who agree on sex without condom „with a stable client” answer (from 43% to 45% respectively).



Pic. 3.2.3. Distribution of answers on the possibility of commercial sex services provision without a condom, %

(Sum of answers exceeds 100 %, because respondent could choose several variants of the answer, according results of the research conducted in 2004, 2006 and 2007)

Evaluating personal risk of HIV

According to results of the research, two third (67%) of all interviewed CSWs consider personal risk of getting HIV as realistic (see pic. 3.2.4). Summarized percentage of answers “quite realistic” and “very realistic” on the question “To which extent risk of getting HIV is realistic to you personally?” is 47% among all women interviewed (25% evaluate it as “quite realistic”, 22% estimate it as “very realistic”). Almost every fifth CSW (20%) considers risk of getting HIV as not very probable. Only 6% of CSWs have chosen the answer “it is absolutely not a danger for me”. 20% of respondents evaluate risk of getting HIV as fifty fifty. So majority of women interviewed to smaller or bigger extent realize risk of HIV for themselves.

Quite realistic		25	47
Very realistic		22	
Fifty fifty		20	20
Unlikely		20	26
Does not threaten me at all	6		
Other	1		
Hard to answer	6		

Pic. 3.2.4. Distribution of answers on the question:
“How realistic for you personally is the risk of getting HIV?”, %

It is important to indicate that CSWs of younger age tend to underestimate probability of getting HIV. Whereas 30% among *13–17 years old* and 25% among *18–19 years old* women evaluate risk of HIV only as fifty fifty, significant number of women *20 years old and older*, evaluate this risk as completely realistic (25% among 20–24 years old, 28% among 25–29 years old, 32% among 30–39 years old and 39% among women older than 40 years old).

62% of CSWs in Mykolaiv and 47% of CSWs in Poltava have evaluated risk of HIV as quite realistic. In these regions the risk of HIV is most profoundly realized. Significant number of women regards this risk as completely realistic in Cherkasy, Kyiv and Simferopol (27%, 57% and 27% respectively). Answer “fifty fifty” during evaluation of risk prevails among representatives of Donezk (28%) and Kherson (28%). Risk of getting HIV is considered unlikely by CSWs from Odesa (41%), Sumy (29%), Dnipropetrovsk (28%) and Luzk (22%).

Comparing these results with results of the research conducted in 2004 and 2006, it is possible to observe increasing trend of CSWs assurance that HIV does not threaten them. Whereas in 2004, 41% of CSWs have answered that the risk of getting HIV is completely and absolutely realistic for them personally, and in 2006, 39% of respondents have agreed with this answer, in 2007 this indicator is 26%. Whereas in 2004 answer „fifty fifty” has been chosen by 28% of respondents, and in two years by 25% of CSWs, 20% of CSWs have evaluated the risk of getting HIV in such way in 2007. There have been almost no change among CSWs who consider risk of getting HIV as not

probable for themselves (20% in 2007 against 21% in 2004 and 2006). The number of those, who think that it does not threaten them at all is almost the same (5% in 2004, 7% in 2006 and 6% in 2007).

Evaluation of personal risk of getting HIV by CSWs from different risk groups

Group of CSWs in greatest risk (those who practice risky sexual behavior)

CSWs who do not always use condom with clients is the group which exposes itself to the risk of getting HIV. This group amounts to 39% of all interviewed (CSWs who not always use condom with the client during last working month).

30% of this risk group are women who do not always use condom with clients and at the same time do not have stable or occasional partners, 29% of women do not always use condom with clients and at the same time *have stable and occasional partners*, 21% of women do not always use condom with clients and *have occasional partners*, and 20% are women who *not always use condom with clients* and at the same time *have only stable partners*.

According to geographical distribution, CSWs who belong to the risk group prevail in Cherkasy (82% among all interviewed here), Sumy (62%), Kharkiv and Luzk (around 52% respectively). Smallest number of such CSWs is in Mykolaiv and Poltava (around 18%).

Significant number of CSWs of risk group is present *among underage* girls (56% of all interviewed in this age group). However, with the age number of such women gradually decreases, for example, among *30-39 years old* CSWs there is 36%, and *among older than 40 years* CSWs it is 27%.

CSWs from risk group have been using condom during last sexual contact to a smaller extent. Whereas respondents who do not belong to the risk group and use condom amount to 70% among all CSWs, CSWs from risk groups amount to 30% of such respondents.

CSWs-IDUs as a group of greatest risk

CSWs who use drugs belong to group of double risk, because of exposure not only to unprotected sex but also to risky drug use. Overall this group amounts to 22% of all women involved in the research.

According to geographical distribution CSWs-IDUs prevail in Cherkasy (52% among CSWs

who use drugs here) and Simferopol (34%). Smallest number of them is in Sumy (3%) and Kherson (8%).

In terms of age groups, CSWs-IDUs who use narcotic substances most often are *among 30–39 years old* (31%) and *25–29 years old* (24%) CSWs.

It is important to outline that almost four fifth of respondents (77%) among all CSWs-IDUs have not used condom during last sexual contact with a client.

It is interesting: both CSWs from risk groups and CSWs who do not belong to such groups (practice safe sex and do not use drugs), evaluate personal risk of getting HIV as high (see table 3.2.4).

However, whereas more than a third of CSWs-IDUs (36%) and almost a third among CSWs who practice safe sex (28%), evaluate risk as quite realistic, there is 16% of CSWs, who perform unprotected sex. Risk of getting infected is evaluated as very realistic by 33% of CSWs-IDUs, 17% among CSWs, who practice unprotected sex, and 20% of CSWs who perform protected sex.

14% of CSWs-IDUs and 15% of CSWs, who practice safe sex, evaluate risk of getting infected as fifty fifty and among CSWs who perform unprotected sex, there is a third of them (31%).

Risk of getting HIV is evaluated as not very probable by more than a fifth of CSWs who practice unprotected sex and perform protected sex (23% in each group respectively), whereas among CSWs-IDUs there is 8% of such women.

Thus, CSWs-IDUs and CSWs who practice protected sex evaluate personal risk of getting HIV as higher compared to CSWs who perform unprotected sex.

Whereas high evaluation of risk by CSWs who practice unprotected sex can be explained by behavior, CSWs-IDUs evaluate risk as high, however, are not characterized by such behavior. Thus, how can high estimation of risk be explained among CSWs-IDUs?

CSWs-IDUs and CSWs who perform protected sex are more extensively covered by prevention programs (83% and 72% respectively), than CSWs who perform unprotected sex (56%), and as a result to bigger extent are aware about risk of getting HIV.

It is worth noting that almost all CSWs in all risk groups (99% in each group respectively) have correct answer on the question “Can the risk of getting HIV be reduced during condom use?” Thus, level of risk evaluation does not depend on the level of knowledge about HIV/AIDS

prevention among different risk groups (correlation coefficient approaches 0, significance level 0,01%).

Table 3.2.4

Evaluation of personal risk of being infected in different CSWs risk groups, %

		CSWs- IDUs	CSWs who practice unprotected sex	CSWs who perform safe sex
Evaluation of personal risk of being infected	Quite realistic	36	16	28
	Very realistic	33	17	20
	Fifty fifty	14	31	15
	Low probability	8	23	23
	It does not threaten me at all	1	4	10
	Hard to answer	8	9	4
	<i>Percentage of individuals who gave correct answer on the question "Is it possible to reduce risk of getting infected when using condom?"</i>	99	99	99
	<i>Percentage of women who provide commercial sex services and are covered by prevention programs</i>	83	56	72

Conclusions to Part 3

- Rejuvenation of women in commercial sex services can be noticed compared to results in 2004 and 2006. Moreover, the following trend can be observed: the earlier CSWs had sexual debut, the earlier they start to provide commercial sex services.
Average age for start of sexual relations among CSWs interviewed in 2007 is 16 years and average age of first commercial sexual services provision is 19 years.
- The following structure of sexual partners can be observed: during working week CSWs on average have 1 sexual partner from whom payment is not received (stable or occasional partners), as well as 14 sexual partners from whom payment is received (clients). On average CSWs have 3 clients during working day.
- The stability of protected sexual behavior can be described as the following: although 87% of CSWs among all interviewed have used condom during last sexual contact with the client, during a month it has always been used only by 59% of respondents. Approximately a third of CSWs (31%) are in high risk group practicing unprotected sex of CSWs.
- Choice of protected or unprotected sex to a larger extent depends on the category of sexual partner (commercial, occasional or stable), availability of financial factor (additional payment for sex without condom), as well as state of drug or alcohol intoxication.
- 47% of all interviewed have indicated that have high level of personal HIV risk. However, such evaluation of personal risk is declarative and does not reflect sufficient understanding of personal risk by CSWs because it often does not translate in safe behavior.
- CSWs-IDUS and CSWs who practice protected sex tend to higher evaluate personal risk of HIV: 36% among CSWs-IDUs and 28% among CSWs, who practice protected sex evaluate personal HIV infection risk as quite realistic. Besides, among CSWs who perform unprotected sex only 16% of respondents consider risk of HIV as quite realistic. Majority of high evaluations among CSWs-IDUs and CSWs who practice protected sex are explained by higher coverage of these groups by prevention programs.

Chapter 4. Alcohol and drugs abuse

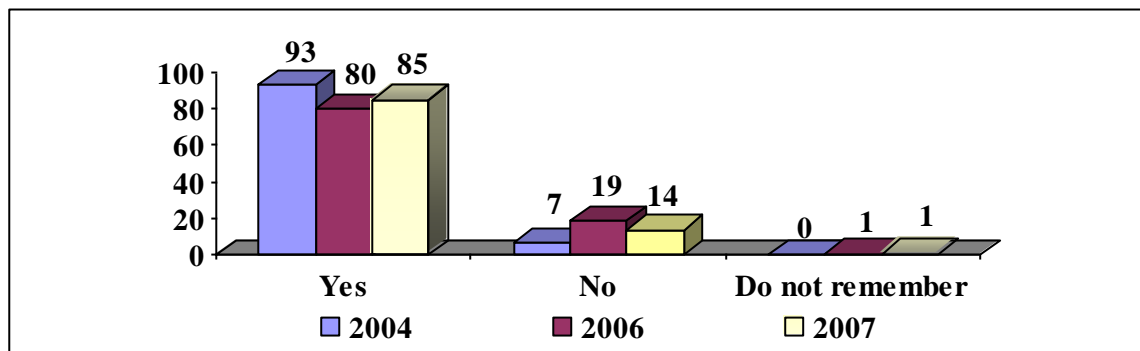
Alcohol and narcotic intoxication is a factor which increases risk of getting HIV or STIs as a result of uncontrolled behavior and unprotected sex.

This fact is confirmed by results of the research. Significant number of interviewed CSWs indicated in their answers that state of alcohol and narcotic intoxication was the reason for non-use of condom: 41% of all who have not used condom during last sexual contact were in the state of alcohol or drug intoxication.

How often women who provide commercial sex services abuse alcohol and drugs? Among all interviewed CSWs, 85% said that have abused alcohol with different frequency during last month (see pic. 4.1.).

Besides 30% of CSWs who indicated that have abused alcohol during last month, have been taking it every day; 39% have used drugs 1–2 times per week; 14% have abused drugs 1–2 times per month. To conclude, 69% of CSWs regularly abused alcohol during last month.

In 2007, compared to results of the research conducted in 2006, slightly higher indicator of alcohol abuse during last month is observed, however, it is still lower than in 2004 (in 2004 it was 93%, in 2006 it was 80%, in 2007 it was a little less than 85%) (see pic. 4.1).



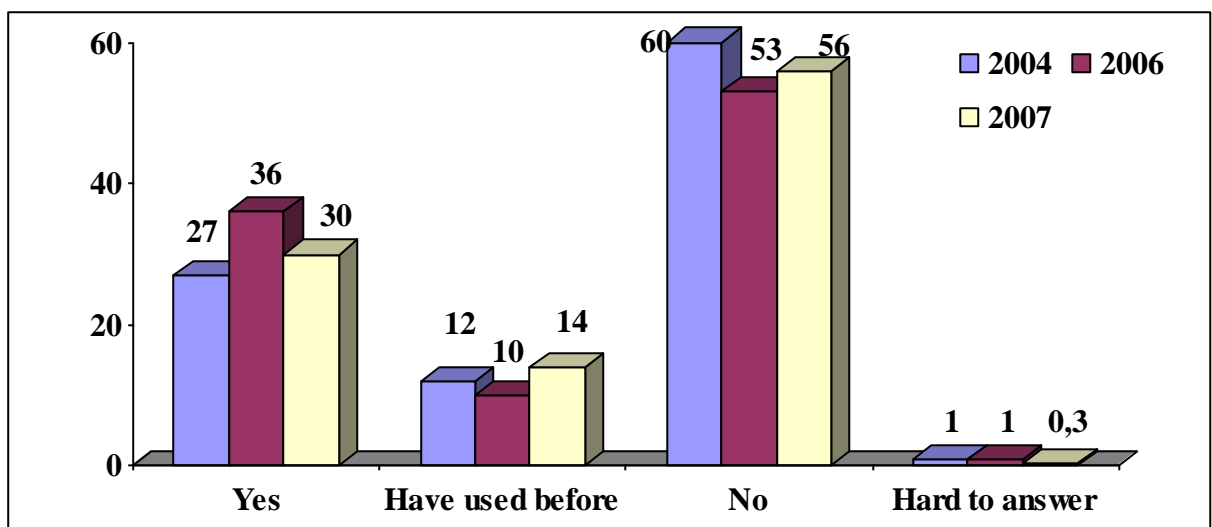
Pic. 4.1. Distribution of answers on the question: **“Have you abused alcohol during last month?”**, %
(according to results of the research conducted in 2004, 2006 and 2007)

Let us as well look at distribution of respondents according to frequency of alcohol abuse. Answer *“I abuse alcohol every day”* is most often observed among CSWs from Cherkasy (30% of all interviewed in this category), in age interval 20–29 years (55%) and women who have provided

commercial sex services for the first time at the age of 16–20 years (29%). Among CSWs, who *abuse alcohol 1–2 times per week*, biggest number are representatives of Donezk (13% among all women of this category), Dnipropetrovsk (12%) and Odesa (12%), women at the age of 20–24 years (38%) and those who had first experience of commercial sex work at the age of 18–20 years (42%). Bigger number of women who *abuse alcohol 1–2 times per month* are in Mykolaiv (20%) and Dnipropetrovsk (15%), among age groups of 20–24 and 25–29 years old (36% and 28% respectively) and among women who started to provide sexual services at the age of 18–20 and 21–25 years (37% and 32% respectively). Overall, compared to monitoring results of the research conducted last year, there is increase in alcohol abuse trend among 20–29 years old.

Drug use among CSWs is more rare than alcohol abuse, however, 30% of all interviewed informed that use drugs, 14% have used drugs before and now do not use them and just a bit more than a half (56%) of all interviewed have never used drugs (see pic. 4.2).

Comparing this data to results of the research conducted in 2006, there is a smaller percentage of CSWs who use drugs (6% decrease), and a bigger percentage of women who do not abuse drugs (3% increase). However, comparing with indicators of 2004, in 2007 there is a bigger number of those who use drugs (3% increase), and respectively a smaller number of those who do not use drugs (4% decrease). Moreover, a bigger percentage of CSWs use drugs than before (2% increase compared to 2004 and 4% increase compared to 2006) is observed (see pic. 4.2).



Pic. 4.2. Distribution of answers on the question:

“Do you use drugs?”, %
(according to results of the research conducted in 2004, 2006 and 2007)

Biggest number of CSWs who indicated that use drugs are observed in Cherkasy (79% of all interviewed here), Donezk (43,4%), Simferopol (36%), as well as in Poltava (33%).

In terms of age groups, more than a half of *13–17 years old* CSWs (54% among all interviewed in this group) use drugs, among *25–29 years old*, *30–39* and *40 years old and older* this indicator is around a third (29%, 35% and 29% respectively), and among *18–19* and *20–24 years old* approximately a quarter uses drugs (26% and 24% respectively).

Biggest number of CSWs who use drugs is found among women who started to provide commercial sex services at the age of *12–15 years* (40% of interviewed from this group) and *16–17 years* (31%).

Part of IDUs among CSWs who indicated in their answers that use drugs is quite high (72%). It is 22% among all interviewed (see table 4.1). Thus, among CSWs there is part of IDUs who provide commercial sex services and can be referred to both groups. This has as well been established in previous studies.

Distribution of answers on the question:
“Have you used injecting drugs during last 12 months?”, %
(among all interviewed CSWs and among those who use drugs)

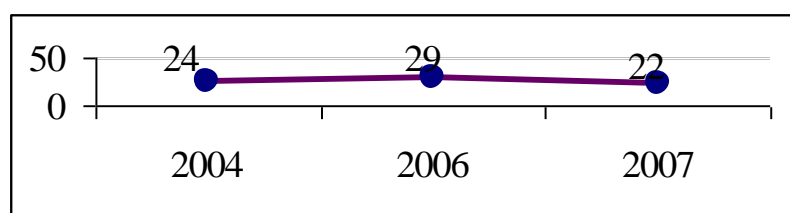
	<i>Among all interviewed</i>	Among CSWs who use drugs, N= 477
Yes	22	72
Have used before, do not use now	6	2
No	15	26
<i>Hard to answer</i>	<i>1</i>	0
<i>Question has not been asked (% of those who do not use drugs)</i>	56	

Biggest number of IDUs are in the age groups of 25–29 years – 30% and 20–24 years – 27%, smallest number of IDUs is among CSWs from 13 to 17 years (7%) and those who are older than 40 years (3%).

Biggest number of IDUs are among women who started to provide commercial sex services at early age (12–15 years) – 23%, whereas smallest percentage is among those who had such experience in the age interval of 26 years and older – 17%.

In terms of regional particularities, more than a half of CSWs who use drugs are in Cherkasy (52% of all interviewed in this category), more than a third are from Simferopol (34%) and Poltava (34%).

Overall percentage of women who use injecting drugs has decreased and is 22% of all interviewed in 2007, whereas in 2006 it was 29%, and in 2004 – 24%.



Pic. 4.4. Part of CSWs who use injecting drugs, %
(of all interviewed according to results of monitoring in 2004, 2006 and 2007)

How regularly CSWs-IDUs who took part in the research use injecting drugs? General distribution of answers on this question is presented in the table 4.2.

Table 4.2

Distribution of answers on the question:
“How often have you used injecting drugs during the last month [30 days]?”, %

	<i>Of all interviewed</i>	<i>Among CSWs who used injecting drugs during last 12 months, N= 354</i>	
More rare than 1 time per 2 months	1	3	10% – once or several times per month
Once per month only	0	2	
2–3 times per month	1	5	
Once a week on average	2	9	46% – once or several times per week
2–3 times per week	7	27	
4–6 times per week	2	10	
Once a day on average	4	20	44% – once or several times per day
2–3 times per day	4	19	
At least four times per day	1	5	
<i>Question has not been asked (%) to women who do not use drugs or those who did not use injecting drugs during last 12 months)</i>	78		

Among CSWs who informed that used drugs during last year, most respondents have used injecting drugs once or several times per week (46%). Almost same number of interviewed (44%) used injecting drugs once or several times per day. Injecting drugs have been used by 10% of this category of IDUs at least once or several times per month.

Thus, among CSWs who use injecting drugs (22% of all interviewed) around a half or 11% of all interviewed are CSWs-IDUs who *use injecting drugs every week*; 9% of all interviewed are CSWs-IDUs who use injecting drugs every day. CSWs who use drugs from time to time (*monthly use of injecting drugs*) amount to 2% of all CSWs-IDUs.

Episodical use of drugs among CSWs-IDUs is most often observed among representatives of Sumy (67% among those who used injecting drugs during last year here) and Kherson (50%). CSWs who use injecting drugs weekly prevail in Poltava (67%), Cherkasy (66%), Odesa (64%) and Kharkiv (60%). Daily injecting drug use is characteristic for majority of CSWs-IDUs in Kyiv

(89%), Simferopol (59%) and Luzk (58%).

According to age distribution, almost a half of *13–17 years old* (48% among all who use injecting drugs during last year in this age category) as well as *18 years old and older CSWs* (44%) reported using injecting drugs *every week*. Injecting drugs are used every day by a quarter of *underage CSWs-IDUs* (26%) and around a *half of individuals of the full legal age and older* (46%). Episodical use of injecting drugs is more characteristic for *underage CSWs* (26%) and *CSWs-IDUs older than 40 years* (22%).

Conclusions to Chapter 4

- Two third of all interviewed CSWs (69%) regularly abuse alcohol and a third (30%) use drugs (among them 22% are IDUs). As a result, the risk of HIV in this target group is even more increased. CSWs are under double infection risk because of unprotected sexual behavior and risky drug use.
- Among 22% of all interviewed CSWs who use injecting drugs, a half or 11% of all interviewed are “*rather CSWs-IDUs*” (weekly injecting drugs use), 9% of all interviewed are “*rather IDUs-CSWs*” (daily injecting drugs use). “*Episode CSWs-IDUs*” part is rather small (monthly use of injecting drugs), which makes up to 2% of all interviewed. Thus, majority of CSWs-IDUs are regular IDUs.

Chapter 5. Accessibility of condoms

As it has been described in Chapter 3 (see part 3.2, table 3.2.3), the percentage of women who have not used condom because of high price is only 1% among those who have not used condom during last sexual contact. Moreover, during last year 71% of respondents have been receiving condom for free (from representatives of NGOs, medical workers or volunteers in the frames of peer education programs). These facts indicate accessibility of condoms for CSWs.

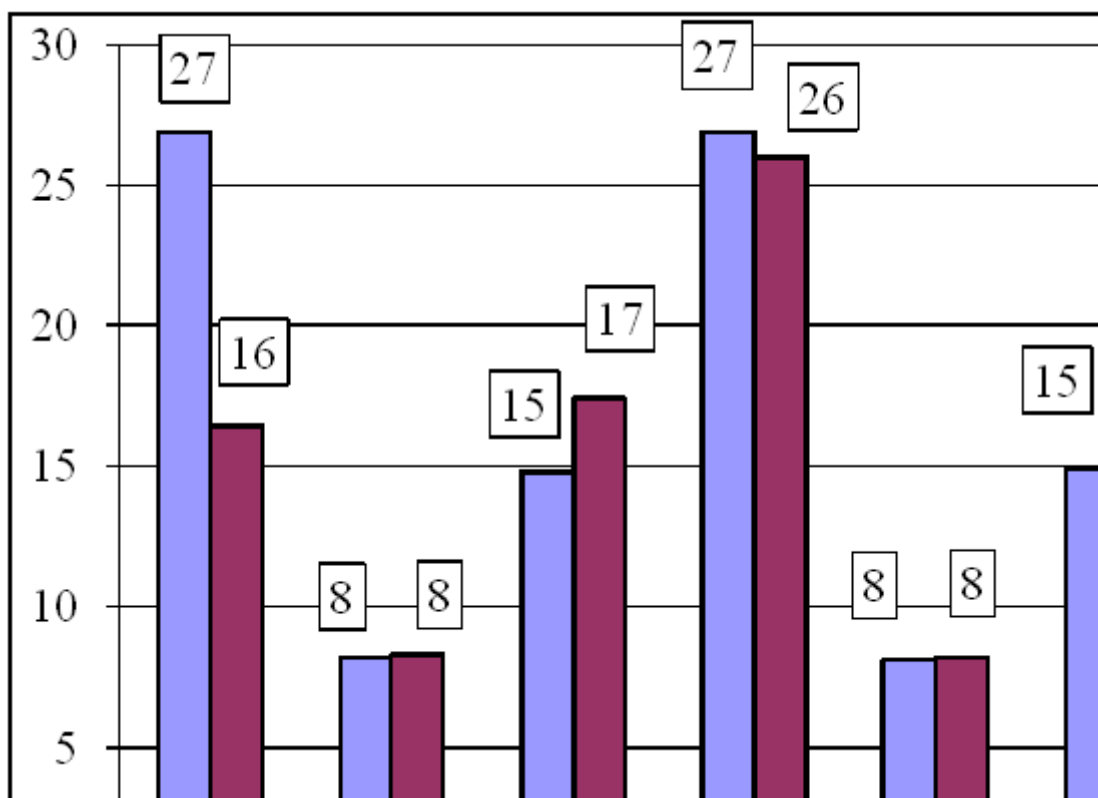
Free distribution of condoms has certain regional differences. Prevailing majority of CSWs in Simferopol (91% among all interviewed here), Kyiv (97%), Mykolaiv (99%), Odesa (99%) and Poltava (97%) have been receiving free condoms during last year. Approximately in the ratio two to one CSWs have been receiving free condoms in Dnipropetrovsk (70% have been receiving, 30% have not been receiving them) and Kherson (67% have been receiving, 33% have not been receiving them). Similar ratio is in Cherkasy (68% have been receiving, 32% have not been receiving them). Answers of respondents have been divided in Donezk and Kharkiv equally almost in half. However, in Donezk 51% of women have received free condoms during last year, 49% of all interviewed here have not received condoms. In Kharkiv the situation is different: 47% have been receiving, 53% have not been receiving them. Biggest percentage of those who have not been receiving free condoms are in Sumy (77%).

Among *younger age groups* almost a third of CSWs have not been receiving free condoms during last year (31% among 13–17 years old, 28% among 18–19 years old). Among *20–39 years old* a quarter of respondents have not been receiving condoms for free (26% of 20–24 years old, 26% of 25–29 years old, 25% of 30–39 years old). Among *40 years old and older CSWs* almost every fifth woman has not been receiving free condoms (17%).

Let us look at the ratio of bought and received for free condoms (see pic. 5.1). Every fourth CSW (25%) reported that during last month has received 100% of all condoms for free. Another quarter (26%) has identified the part of free condoms in the interval from 41% to 80% out of the general amount of condoms, every sixth CSW (17%) has indentified the ratio from 16% to 40%. 16% of respondents have not received any free condoms during last month.

More than a quarter of respondents (27%), have bought condoms in the range of 41%–80%. Another quarter (27%) indicated that has not bought any condoms during last month. Every sixth woman (15%) has identified amount of bought condoms in the interval from 16% to 40%. Another

15% of respondents informed that 100% of condoms have been bought. Overall, average part of condoms which have been received for free is 55% (among those who receive condoms for free), and have been bought is 45% (among CSWs who have been buying condoms).



Pic. 5.1. Distribution of answers on the question: **“In which ratio have you bought/received free condoms during the last month?”**, %

Maximum sum which has been spent by one CSW during last month on condoms is 270 UAH. Average value of expenses of CSWs on condoms per months is 36 UAH (among women who have been buying condoms).

Depending on the age of respondents, there are slight differences in average monthly sum spent on condoms as well as a number of condoms bought. Among 13–17 years old CSWs average monthly expenses are 33 UAH, and average number of condoms bought per month is 8. Maximum number of condoms bought per month is 30, and maximum sum of money spent is 150 UAH.

18–19 years old respondents on average spend 37 UAH per month on condoms. Average number of bought condoms is 7. Maximum expenses, similarly to the previous age group, is 150 UAH, and maximum number of condoms bought is 40 items per month.

A little less has been spend by *20–24 years old CSWs* during last month. Average sum spent is 35 UAH with the average number of bought condoms 6–7. Maximum sum spent and condoms bought is respectively 200 UAH and 190 items per month.

In the age group of *25–29 years* average sum spent is highest (41 UAH), and average number of condoms bought is 6–7. The maximum numbers are respectively 270 UAH and 120 condoms per month.

Among *30–39 years old* women, sum of money spent is 33 UAH, and number of average condoms is as well 6–7. The maximum sum of money spent in this group is 200 UAH. The maximum number of condoms bought is 63.

40 years old CSWS and older spend less on condoms than any other age groups. Average sum spent per month is 28 UAH. Besides biggest number of condoms bought during one month is 8. Maximum numbers are 150 UAH and 40 condoms per month.

Respondents were *buying* condoms most often in pharmacy (57%), shop or other trading point (52%) during last month. Every sixth woman (16%) has been buying condom in a bar or a hotel. 13% have bought condom from pimp or “madame” (see table 5.1).

Most often CSWs *have been receiving free condoms* from social workers (56%), representatives of NGOs (45%) and in needle exchange point (36%). More than a third of interviewed (38%) have received free condom from a friend. Besides, percentage of women who have been buying condom from a friend last month varies in the interval of 0%–3%. Every sixth respondent (15%) has received free condom from State service for work with IDUs. It is interesting that 11% of interviewed have received condoms from pimp/“madame”: this is only 2% less compared to those who have bought condoms from them.

Table 5.1

Disbribution of answers on the question:
“Have you bought/received condoms during last month in the places indicated bellow?”,
 %

	Received for free	Bought
Social worker	56	0
Representatives of NGOs	45	0
Friend	38	2
Needle exchange point	36	0

State services for work with IDUs (until 2005 CE “Dovira”)	15	0
Pimp/Madame	11	13
Primary health centre	1	2
Pharmacy	0	57
Bar/hotel	0	16
Hospital	0	1
Shop, trading kiosk	0	52
Family planning centre	0	0

Condoms have been most often bought in pharmacy by representatives of Dnipropetrovsk (99% among all interviewed here), Sumy (89%), Cherkassy (91%) and Donetsk (70%); in a bar or in a hotel by respondents from Luzk (43%), Dnipropetrovsk (36%) and Cherkassy (37%); in a shop or in another trading point by CSWs from Dnipropetrovsk (91%) and Cherkassy (84%).

Condoms have been most often received from representatives of NGOs in Kyiv (90%), Odesa (66%) and Kharkiv (65%); they were most often received from social workers in Simferopol (73%), Dnipropetrovsk (73%), Mykolaiv (92%), Poltava (81%) and Cherkassy (73%); as well as they have been received from pimps in Cherkassy (79%). CSWs have been receiving condoms most often from state services for work with IDUs (46%) in Kyiv and in needle exchange points in Poltava (89%) and Cherkassy (89%).

Depending on the age of CSWs, places for purchase or receipt of condoms vary (see table 5.2).

Top places according to the ranking in all age groups occupy pharmacy, shop (purchase of condoms) and social worker (receipt of condom for free). Whereas for CSWs older than 20 years most popular places for receipt of condoms are NGOs, younger age group (15–19 years) tend to receive condoms most often from a friend.

Differences are as well observed between 15–19 years old CSWs and 20 years old and older in the *second group*. First age group ranks representatives of NGOs as second significant place, which according to 20–24 as well as 25 years old and older women are ranked as the first. However, all age groups ranked as second needle exchange points for free receipt of condoms and hotel for purchase of condoms.

Differences are as well observed among 15–19 year old CSWs, 20 years old and older women in the *third group*. In older age groups (20–24 years old, 25 years old and older) at the first place according to the ranking are bars or hotels, whereas in young group (15–19 years old) state services

for work with IDUs are ranked as the first. The answers “bar or hotel” “pimp/madame” occupy second and third places according to the ranking in third ranking group among 15–19 years old.

Overall CSWs very rarely receive or buy condoms in primary care centers, hospitals and family planning centers. Thus, these organizations are ranked as *fourth* in all age groups.

Distribution of answers on the question:
“Have you bought/received condoms during last month in the places indicated bellow?”,
 according to the age, %

	15–19 years old	20–24 years old	25 years old and up
1st group (more than 41%)	1.1. Pharmacy (60%)	1.1. Social worker (56%)	1.1. Social worker (60%)
	1.2. Shop, trading point (55%)	1.2. Pharmacy (54%)	1.2. Pharmacy (59%)
	1.3. Friend (45%)	1.3. Shop, trading point (50%)	1.3. Shop, trading point (54%)
	1.4. Social worker (42%)	1.4. Representatives of NGOs (49%)	1.4. Representatives of NGOs (46%)
2nd group (20–40%)	2.1. Needle exchange point (37%)	2.1. Friend (36%)	2.1. Needle exchange point (40%)
	2.2. Representatives of NGOs (34%)	2.2. Needle exchange point (32%)	2.2. Friend (38%)
3rd group (10–19%)	3.1. State services for work with IDUs (19%)	3.1. Bar/hotel (13%)	3.1. Bar/hotel (18%)
	3.2. Bar/hotel (17%)	3.2. Pimp/madame (12%)	3.2. Pimp/madame (13%)
	3.3. Pimp/madame (16%)	3.3. State services for work with IDUs (7%)	3.3. State services for work with IDUs (12%)
4th group (less than 5%)	4.1. Hospital (2%)	4.1. Primary care facility (3%)	4.1. Primary care facility (2%)
	4.2. Primary care facility (1%)	4.2. Hospital (1%)	4.2. Hospital (1%)
	4.3. Family planning center (0%)	4.3. Family planning center (0%)	4.3. Family planning center (0%)

Conclusions to Chapter 5

- According to monitoring results of 2007 it is possible to observe high access to condoms among CSWs. Only 1% among interviewed have not used condoms during last month. 71% of CSWs have received free condoms during last year.
- CSWs of younger age more often receive free condoms than older colleagues. A third (30%) of 13–19 years old have received free condoms during last year, a quarter (26%) have received condoms among 20–39 years old and less than every fifth (17%) of 40 years old and older have received condoms for free.
- Ratio of bought and received condoms during the year on average is equal: 45% are bought condoms and 55% are condoms received for free.
- On average CSWs spend 36 UAH per month on condoms.
- Free condoms have been most often received from social workers (56%), NGOs (45%), friends (38%) and needle exchange points (36%). Condoms are most often bought in pharmacies (57%) and shops (52%).

Chapter 6. HIV voluntary counseling and testing for CSWs

The survey includes part of questions on HIV voluntary counseling and testing because female CSWs is one of risk groups for HIV as well as CSWs can transfer HIV among wider population.

According to the answers of women, 90% know where it is possible to get consultations on HIV, and 88% of CSWs have the opportunity to test anonymously. Overall 89% of CSWs consider HIV testing accessible.

HIV test can be done anonymously by majority of CSWs interviewed in Simferopol (99% of all interviewed here), Kyiv (97%), Mykolaiv (99%), Cherkasy (97%), Poltava (98%) and Odesa (86%) as indicated in answers during the interview.

Among CSWs who do not have opportunity to test for HIV anonymously, majority have been from Dnipropetrovsk (28% of all interviewed here), Donezk (18%), Sumy (17%) and Kherson (16%).

HIV testing remains inaccessible for 7% of all CSWs interviewed which is significantly smaller than last year (according to monitoring results of 2006 this indicator has been 12%). Biggest number of CSWs who considered HIV testing as inaccessible according to survey results are among representatives of Donezk and Dnipropetrvosk (22 and 26% respectively of all interviewed in this category).

HIV testing is considered accessible by majority of CSWs. 74% of 13–17 years old women gave affirmative answer on the question about accessibility of testing, 93% of 40 years old and older women gave positive answers.

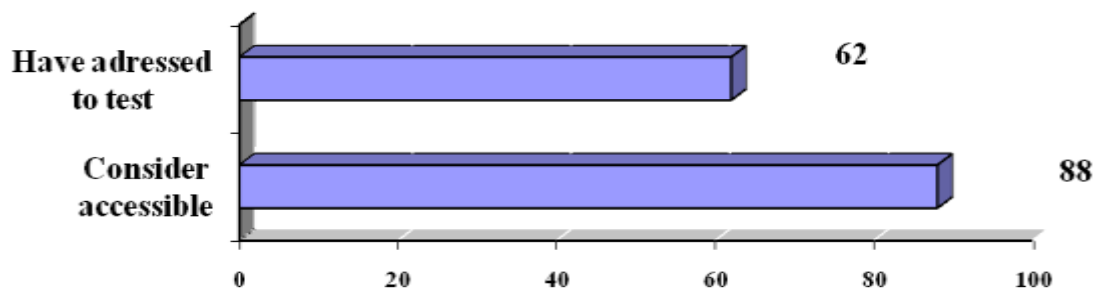
Common *reasons for lack of accessible testing* included:

- Inconvenient location of institution/needle exchange point/testing center (67% among women for whom testing is not accessible or 5% of all interviewed).
- Fear of status divulgation (57% among those for whom testing is not accessible or 4% of all interviewed).
- Dissatisfaction with attitudes of personnel (32% of CSWs for whom testing is not accessible or 2% of all interviewed).

Such monitoring results demonstrate drastic changes in inaccessibility reasons to testing in the target group. Whereas before respondents quite often referred to the fact that do not know whom to address (48% of women who consider testing not accessible in 2006), in 2007 this reason has not

been indicated by any of the respondents. Until recently inaccessibility of testing has been caused by lack of information about testing institutions, their location as well as lack of funding. Today all these factors are less important, issues on the agenda have organizational nature (inconvenience of location, low quality of services, etc.). Reasons of low accessibility, such as “I am not satisfied with attitudes of personnel” and “I fear status divulgation” demonstrate stigmatization of CSWs in the society.

More than a half of all respondents (62%) directly addressed organizations to test for HIV which is almost twice as many in 2006 (39%). However, in conditions of relatively high accessibility to testing, *testing for HIV* has been done by relatively small number of women (see pic. 6.1).



Pic. 6.1. Distribution of affirmative answers on the question: **“Is HIV testing accessible for you?”** and **“Have you addressed organizations/institutions to test for HIV?”**, %

Among *younger girls* ratio of those who addressed respective organizations and institutions to test for HIV and have not addressed is approximately fifty fifty, whereas *among 20 years old and older* (age groups 20–24, 25–29, 30–39 years) the ratio is two to one. For example, among 13–17 years old girls, 49% have addressed respective institutions and 51% have not done so; among 30–39 years old CSWs 62% have addressed, 38% have not done so.

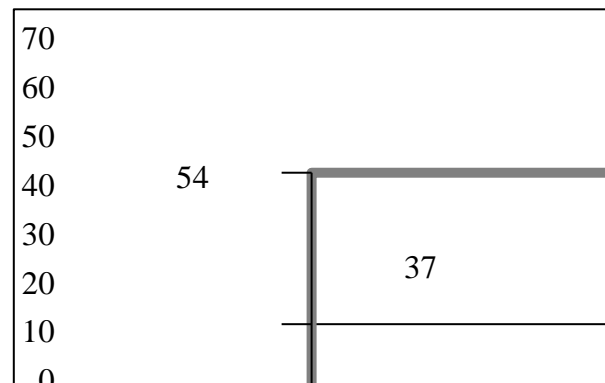
Prevailing majority of CSWs-Kyivans or representatives of Odesa have addressed relevant institutions to test for HIV (97 and 87% respectively of all interviewed here indicated in their answers that have done so), in Kharkiv and Sumy there is only 34% and 29% respectively of such individuals.

Pre-testing consultations has been conducted for 53% of interviewed women (86% among

those who addressed respective institutions to test for HIV). Biggest percentage of CSWs who have received pre-testing consultation is observed in Kyiv (97%). In Cherkasy and Odesa there are 83% and 75% of such individuals respectively. In all other oblast centers this indicator is lower and biggest number of answers which indicate that pre-testing consultation has not been conducted is observed in Dnipropetrovsk: only 23% of all interviewed CSWs here indicated that have received consultations.

It is interesting that *post-testing consultations* are delivered to a significantly smaller number of CSWs: 38% among all interviewed (65% among those who tested for HIV). Besides 26% and 25% (biggest number among all CSWs who have not received post-testing consultations) are from Kyiv and Donezk.

According to the results of 2007, 59% of all women interviewed tested for HIV (see pic. 6.2). This indicator is significantly higher than in 2004 and 2006: compared to 2006 number of CSWs who tested for HIV has increased by 22%, compared to results of 2004 there is 5% increase.



Pic. 6.2. Distribution of affirmative answers on the question: **“Have you tested for HIV?”**, %

National indicator “Percentage of CSWs, who tested for HIV during last 12 months and have received the results”

National indicator “Percentage of CSWs, who tested for HIV during last 12 months and have received the results” amounts to 46% (48% among 15–24 years old and 43% among 25 years old and up) (see table 6.1). This indicator has significantly increased compared to last years, particularly in 2004 it has been 32% and in 2006 it has been 19%.

Table 6.1

Calculating value of the indicator “Percentage of CSWs, who tested for HIV during last 12 months and have received the results”, %

<i>Numerator: number of individuals who have highest risk at the age of 15–49 years who tested for HIV during last 12 month and know results</i>	N=732			
<i>Denominator: number of individuals who have highest risk and are included in the sample</i>	N=1599*			
		Among all CSWs	Among CSWs of 15–24 years	Among CSWs older than 25 years
Value of indicator, %		46	48	43

* For calculation of national indicators, which characterize knowledge, behavior and coverage of CSWs by services, women from 15 years old and older have been separated from general number of respondents (N=1602). As a result, there have been 1599 of such individuals.

Biggest number of CSWs who tested have been identified in Kyiv (97% of all interviewed here reported that have tested for HIV), in Odesa (87%) and in Simferopol (84%). Only a third of all interviewed CSWs tested for HIV in Sumy and Kharkiv, which is much lower than HIV testing indicators in other regions (27% and 30% respectively).

Looking at *testing frequency*, 80% of respondents tested for HIV during last 12 months (58% have done it this year (2007), 15% have done it in autumn of 2006, 7% tested in summer 2006), whereas 17% tested earlier than 12 months ago (8% – during spring and winter of 2006, 9% – in 2005 or earlier) (see pic. 6.3). 3% of CSWs did not remember when was the last time they tested for HIV.

Tested for HIV during last 12 months	
Tested for HIV earlier than 12 months ago	17
Hesitant with the answer	3

Pic. 6.3. Distribution of answers on the question: “When was the last time you tested for HIV?”, %

97% of women *know* the results among those who tested. Among them 79% of CSWs *have agreed to announce* the results: 15% have HIV positive status, 85% are HIV negative. 16% of interviewed refused to inform about their HIV status and another 5% refused to answer this question.

Among HIV positive CSWs prevailing majority, almost three fourth (73%) of all HIV positive interviewed, or 11% of all interviewed, informed that are *registered in HIV centers* whereas 2% of all interviewed are not registered, and another 1% of all interviewed left this question without the answer.

CSWs who have informed about HIV status and indicated that they are positive amount to 16% among underage CSWs, 12% among 18–19 years old, 11% among 20–24 years old and 13% among 25–29 years old (see table 6.2). Biggest number is among 30–39 years old and 40 years old and older (28% and 23% respectively).

Table 6.2

Part of CSWs with HIV positive status in different age groups, %
(among those who have informed about their status, N=751)

	HIV positive	HIV negative
13–17 years old	16	84
18–19 years old	12	88
20–24 years old	11	89
25–29 years old	13	87
30–39 years old	28	32
40 years old and up	23	77

Biggest number of CSWs with HIV positive status are in Mykolaiv (30% of all who informed about HIV status), Cherkassy (28%), Donezk (21%), Simferopol and Kharkiv (20% in each city respectively) (see table 6.3). None of respondents from Sumy informed about HIV positive status. Low percentage of HIV positive has been found among representatives of Luzk (3%).

Biggest number of HIV positive registered in AIDS centers are in Cherkasy and Kharkiv–26% and 20% respectively among all HIV positive interviewed. There is high percentage of refusals in Mykolaiv: half of HIV positive (14% from 30%) have not answered the question: “Are you registered in AIDS center?”.

Table 6.3

Regional distribution of CSWs according to HIV status, %
(among those who have informed about their status, N=751)

	Kyiv	Simferopol	Luzk	Dnipropetrovsk	Donezk	Mykolaiv	Odesa	Poltava	Sumy	Kharkiv	Kherson	Cherkasy
HIV positive status	10	20	3	5	21	30	14	5	0	20	6	28
<i>Registered in AIDS center</i>	8	17	3	5	12	14	8	0	0	20	6	26
<i>Not registered in AIDS center</i>	2	2	0	0	7	2	4	5	0	0	0	0
<i>Refusal to answer</i>	0	1	0	0	2	14	1	0	0	0	0	2
HIV negative status	90	80	97	95	79	70	86	95	100	80	94	72

Conclusions to Chapter 6

- Prevailing majority of interviewed know where it is possible to receive HIV counseling (90%), and have opportunity to do test anonymously (88%). Overall there is high indicator of accessibility to testing (89% of CSWs consider HIV testing accessible). However, despite high level of accessibility to testing, percentage of CSWs who have done testing and have received the result during last 12 months is less than a half (46%) of all interviewed.
- Whereas previous monitoring results of 2004 and 2006 demonstrate that low accessibility have been predominantly caused by the lack of information about organizations which provide testing services, their location as well as lack of funds, in 2007 major obstacles to testing have organizational nature (inconvenient location) as well as include issues caused by stigmatization of CSWs status: “I am not satisfied with attitudes of personnel” and “I am afraid of status divulgation”.
- The fact that among CSWs who have agreed to name results of the testing (79% of all who tested for HIV), 15% have HIV positive status. This confirms necessity to increase level of knowledge of women who provide commercial sex services not only about HIV prevention, but also about living with this disease.

Chapter 7. Target group coverage by prevention programs

7.1. Awareness about existence of prevention programs, implemented by governmental organizations and NGOs

Activities of NGOs, major stakeholders in prevention programs for CSWs, become very important taking into consideration that at this stage there is no governmental institution responsible for the work with this risk group in Ukraine.

It is important to know the number of CSWs covered by NGO services.

According to the answers of CSWs, 66% of all interviewed when seeking help have addressed NGOs which work with CSWs *during lifetime*. *During last year* there have been 60% of such women and *during last month* there were 41% of them (see pic. 7.1.1).

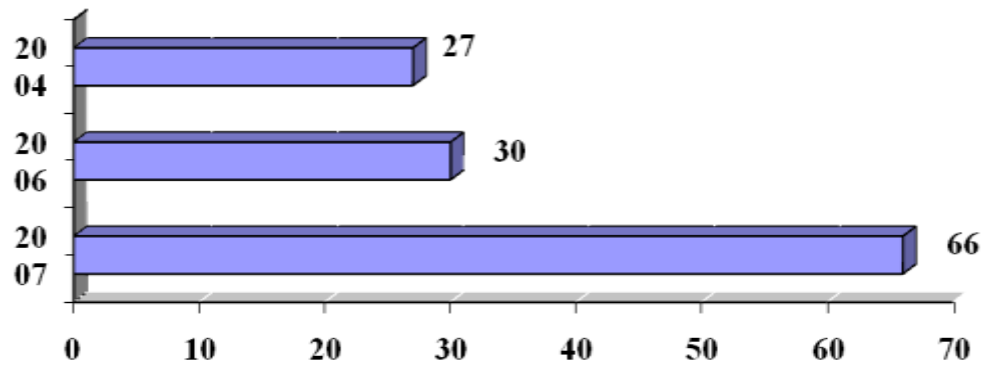
Table 7.1.1

Distribution of answers on the question:
“When seeking help have you addressed NGOs which work with CSWs or IDUs?”, %

	During lifetime	During last 12 months	During last 30 days
Yes	66	60	41
No	32	3	21
<i>No answer</i>	2	3	4
<i>Question has not been asked (% of those who have not addressed NGOs during lifetime or have not answered)</i>		34	34

Around a third (32%) of interviewed women has not addressed NGOs for assistance during lifetime.

Indicator of women who have addressed NGOs is twice higher than similar indicators in researches of 2004 and 2006, which indicates significant increase of awareness about work of NGOs (see pic. 7.1.1).



Pic. 7.1.1. Distribution of affirmative answers on the question: **“Have you addressed NGOs which work with CSWs or IDUs for help during lifetime?”**, % (according to results of the research conducted in 2004, 2006 and 2007)

Among CSWS who have addressed NGOs, 77% have received necessary services in full scale. Women who have received necessary services, however to a limited extent, amount to 20%, and only 1% of women indicated that have not received necessary services. Such results indicate fairly high quality of work of NGOs in this field of work.

National indicator “Percentage of CSWs covered by HIV/AIDS prevention programs”

69% of all CSWs have been covered by HIV/AIDS prevention programs according to the national indicator, it made up to 67% among 15–24 years old and 72% among 25 years old and older (see table 7.1.2.). According to monitoring results of 2004 this indicator was 34%, and in 2006 it made up to 88%.

Calculating value of the indicator “Percentage of CSWs covered by HIV/AIDS prevention programs”, %

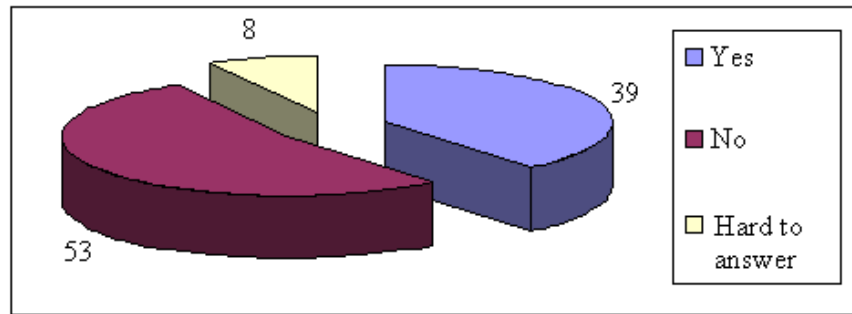
<i>Numerator: respondents who gave correct answers on both questions</i>	N=1034			
<i>Denominator: general numbers of respondents interviewed</i>	N=1599*			
		Among all CSWs	Among CSWs of 15–24 years	Among CSWs older than 25 years
Value of indicator, %		69	67	72
<i>Affirmative answer on question 1: “Do you know which organization to address when you want to test for HIV?”</i>		90	89	92
<i>Affirmative answer on question 2: “Have you received condoms during last 12 months?”</i>		71	70	73

* For calculation of national indicators, which characterize knowledge, behavior and coverage of CSWs by services, women from 15 years old and older have been separated from general number of respondents (N=1602). As a result, there have been 1599 of such individuals.

7.2. Coverage level of CSWs by prevention programs

Peer education programs

Only 39% of all interviewed CSWs have participated in peer education programs during last 12 months, whereas majority (53%) did not have such experience and another 8% did not have the answer on this question (see pic. 7.2.1). However, number of users of such programs among CSWs is growing. There is 10% increase compared to the last year.



Pic. 7.2.1. Distribution of answers on the question: **“Have you participated in peer education programs during last 12 months?”**, %

Most often services of such education programs are used by women of the middle age: 33% among those who used such services are in age interval of 20–24 years; 30% are in the age interval of 25–29 years; 21% are in the group of 30–39 years. And only 5% and 8% of 13–17 years and 18–19 years age groups gave affirmative answers on this question.

The following particularities in regional dimension can be observed: biggest number of all interviewed who use educational programs are representatives of Mykolaiv (98%), Odesa (71%) and Simferopol (64%). Smallest number of users who participated in educational programs are in Luzk, where only 3% of all women interviewed had experience of such services as well as in Kyiv (4% among whole number of users of such services). Quite low percentage among representatives from Sumy is observed (9% among whole number of interviewed). It is worth noting that in Cherkasy, where in 2006 none of CSWs interviewed received education services, already 41% of general number of women have received them in 2007.

Distribution of information materials among CSWs

Results of NGOs work in these interventions are much better compared to other domains of work: 73% of interviewed women reported that during last 12 months have received information materials (booklets, brochures, information cards, etc.) *on STI prevention*. 24% of interviewed have not received such information on prevention and another 3% do not remember whether they have received such information.

Biggest number of CSWs who have received indicated literature are in age group of 40 years and older (86% of all interviewed in this age category) and 30–39 years (76%), smallest number is among 13–17 years old (65%).

Biggest percentage of CSWs who have received information materials on STI prevention topic are in regions with high HIV prevalence: Mykolaiv and Odesa (100% of all interviewed here). Lowest indicator is in Sumy and makes up to 34%.

Information materials *on HIV/AIDS* have been received by 78% of interviewed CSWs during last 12 months, 20% has not been received such materials, and 2% of CSWs do not have answer on this question.

Biggest amount of literature on this problem have been received by CSWs in the age intervals of 40 years and older (85% of all interviewed in this age category), smallest amount have been received by girls of 13–17 years (71%).

Biggest number of affirmative answers among CSWs who have received such information materials have been given in the same regions where biggest amount of literature on STI was distributed: in Mykolayv (100% of all interviewed here), Odesa (99%), Kyiv and Poltava (96% respectively). Smallest amount of materials has been received in Luzk (37%).

Information materials on *drug-related issues*, less risky drug use and overdoses during last year have been received by 64% of women, whereas 32% have indicated in their answers that have not received such materials during indicated time period. Another 4% do not remember whether they have received such materials.

Similar differences are found in different age groups: biggest amount of materials have been received by CSWs of 40 years old and older (81% of all interviewed in this age group), smallest number (58%) among those who at the moment of the interview were from 13 to 17 years.

Biggest number of women who have received literature on drug-related issues is observed in

Odesa (97% of all interviewed here), Kyiv (96%) and Cherkasy (95%). Smallest number is found in Luzk (15%).

Information in mass media

Information from TV, radio, newspapers and journals has been received by CSWs during last year on the following topics:

- STI prevention (34% of interviewed CSWs);
- HIV/AIDS (60% of all interviewed);
- Risks of drug abuse, safer drug use practices and overdoses (33% of all interviewed CSWs).

Indicators which characterize receipt of information from mass media on prevention of STIs, drugs, HIV/AIDS as well as other questions are presented on the picture 7.2.2.

Information about drug use and STI prevention has been received respectively by 33% and 34% of all interviewed in 2007. This indicator has significantly decreased during last 12 months. Similar indicators on drug use and STI (47% and 52% respectively) have been found in 2006. Percentage of CSWs who during last year have received information about HIV/AIDS has almost not changed: 65% and 60% respectively according to the results of 2006 and 2007.

Drugs (including safe drug use practices), overdose	33	47
HIV/AIDS	60	6
STI prevention	34	52

Pic. 7.2.2. Distribution of affirmative answers on the question:

“Have you received information from mass media on the following questions during last 12 months?”, %

(according to results of monitoring in 2006 and 2007)

Biggest amount of information on indicated themes have been received by CSWs of 20–29 years, and smallest amount of information was received by girls from 13 to 17 years old.

In geographical dimension, biggest number of CSWs who receive information through mass media *on STI* prevention are observed in Poltava (79% among all interviewed here), Sumy (64%) and Cherkasy (44%), smallest number of information is received among CSWs in Kyiv (3%), Donezk and Kharkiv (10% and 9% respectively).

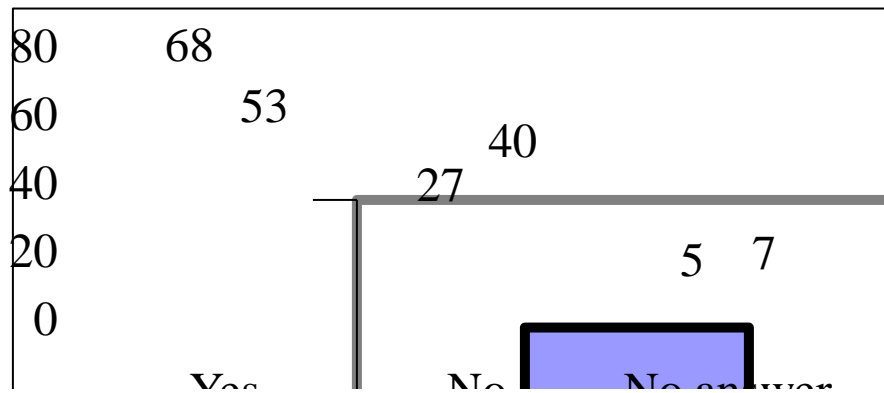
Biggest amount of *information about HIV/AIDS* from mass media has been received during last year in Dnipropetrovsk (95% of all women interviewed here), Simferopol (92%) and Sumy (89% respectively), and smallest amount has been received in Kharkiv, Kyiv and Luzk (35%, 36% and 37% respectively).

Information about safer drug use has been received from mass media to a bigger extent by women who live in Dnipropetrovsk and Sumy (92% and 84% of representatives from these regional centers), smallest number of information have been received by representatives of Kherson and Kharkiv (23% and 25% respectively).

STI diagnostics

Majority of NGOs involved in prevention work cooperate with medical institutions and if necessary refer clients for medical consultations, tests, diagnostics, etc.

On the question „Have you tested for STIs during last 12 months?” affirmative answers have been received from two third of the interviewed (68%); 27% have not done the test and another 5% left this question without answers. It is worth noting that during last year number of CSWs who have done STI diagnostics have increased by 15% (see pic. 7.2.3).



Pic. 7.2.3. Distribution of answers on the question:
“ Have you tested for STIs during last 12 months?”
(according to results of monitoring in 2006 and 2007)

Biggest number of CSWs who have done STI diagnostics are in Kyiv (98% of all interviewed), Kharkiv (78%), Kherson (71%) and Cherkasy (70%).

7.3. Evaluating influence of prevention programs on knowledge, formed notions and behavior of target group representatives

Influence on sexual behavior

Among CSWs who have addressed NGOs for assistance during lifetime, 49% consider that it is not possible to provide sex services without condom, and 38% among those who have not addresses NGOs think so.

According to distribution of answers on the question “Have you used condom during last sexual intercourse with the client?” it is also possible to observe that CSWs who addressed NGOs have used condom more often. 64% among those who addressed NGOs have used condom during last sexual intercourse with the client whereas among women who have not addressed NGOs this indicator is 51%.

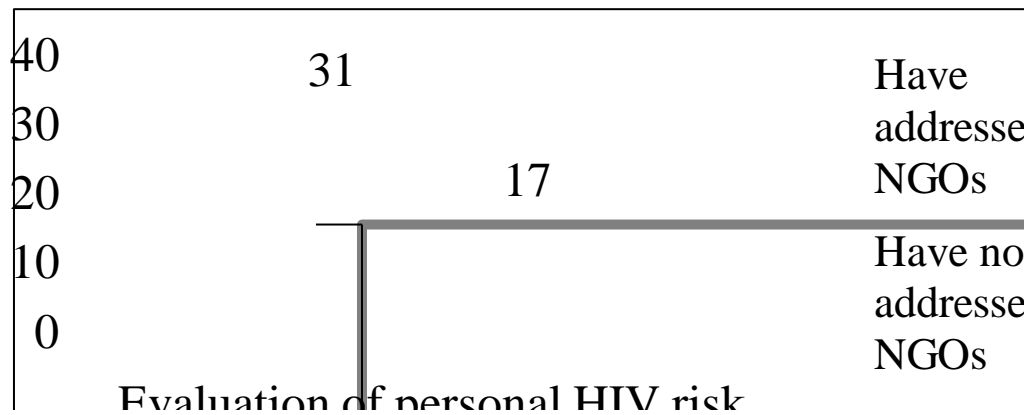
Looking at the frequency of condom use, 64% among CSWs who have addressed NGOs during lifetime have always used condom and another 2% have used it in less than a half of cases. Among women who have not addressed NGOs, similar indicators are 51% and 5% respectively.

The following factor attracts attention: percentage of CSWs who would agree to provide services without condom with permanent client whom they trust is lower among those who have addressed NGOs and is 35%, whereas among CSWs, who have never been clients of NGOs it is 46%.

Number of CSWs who agree on sex without condom under the condition of additional pay is approximately the same: 27% among women who have addressed NGOs and 26% among those who have not used NGOs services. Correlation between variable “address to NGO” and “permissibility of sex without condom for additional pay” is absent (Pirson coefficient approaches 0). Thus, it is possible to conclude that financial factor (additional pay) has big influence on non-use of condoms, regardless whether CSWs have been clients of NGOs or not.

Influence on knowledge of CSWs about HIV/AIDS

According to results of the research, there are big differences in evaluation of personal HIV risk between CSWs who have addressed NGOs during lifetime and those who have not done so (see pic. 7.3.2). In the first group the risk of HIV is considered as quite realistic by 31% of CSWs, as very realistic by 28%; in the second group it is 17% and 10% accordingly.



Pic. 7.3.2. Part of respondents who evaluate personal HIV risk as quite realistic, depending on whether respondents have addressed or have not addressed NGOs, %

When comparing answers of the respondents who indicated that have addressed NGOs for assistance and those who have not done so, there is a certain difference in answers about statements on HIV/AIDS. Bigger percentage of correct answers among CSWs who have addressed NGOs is observed regarding statements on mother to child HIV/AIDS transmission: 5% of CSWs who during lifetime have addressed NGOs consider that HIV cannot be transmitted from HIV positive mother to child during labor, whereas among CSWs who have never addressed NGOs, there is 7% of such women. With the statement that HIV can be transmitted from HIV positive mother to child during labor, 76% of CSWs who have addressed NGOs have agreed, whereas 71% of those who have never used services of NGOs have agreed with this statement. 60% of CSWs who have used NGO services think that HIV can be transmitted from HIV positive mother to child during breastfeeding, whereas 55% of CSWs who have not addressed NGOs for assistance agree with this statement.

16% of CSWs who during last year have addressed NGOs do not agree with the statement that getting HIV can be avoided when having sex only with one faithful non-infected partner, 12% of

those who have not addressed NGOs think so. With the statement “risk of getting HIV can be reduced if to limit number of sexual partners” agree 99% of users of NGO services among interviewed and 99% of those who have not used NGO services during last year. 1% of women from each group do not agree with such statements. 71% of CSWs who have cooperated with NGOs consider that person who looks healthy can have HIV and 15% respectively do not agree. Among women who did not have contacts with NGOs during last year, positive and negative answers amounts to 72% and 11% respectively.

Significant difference in the level of knowledge is observed among indicated categories of women about the statement „HIV can be transmitted through mosquito bite”: 4% of women agree and 74% do not agree with this among those who visited NGOs during last year, whereas among those who did not have such experience, there is 13% and 67% respectively.

92% of women who have addressed NGOs during lifetime agree with the statement „A person can get HIV when drinking in turn with HIV infected individual from same glass” and only 75% of CSWs who have not addressed NGOs agree with this statement.

87% of CSWs who cooperate with NGOs think that person cannot get infected with HIV while using same toilet with person living with HIV, whereas 75% of those who do not contact NGOs agree with this statement.

Depending on whether women use or do not use services of NGOs, difference is observed in the level of knowledge about possible ways to prevent HIV when using appropriate instruments for injecting drugs.

98% of CSWs who have addressed NGOs during lifetime think that HIV can be prevented when avoiding common use of injecting instruments, 95% among those who have not addressed NGOs think so.

Conclusions to Chapter 7

- Cooperation with NGOs has a positive impact on the level of knowledge of CSWs about ways of HIV prevention and transmission. This provides positive result on the level of knowledge of CSWs about ways of transmission and prevention of HIV. This has as well a positive impact on safer sexual behavior by CSWs. It is important to emphasize that women who use services of NGOs are better informed about ways of HIV transmission and prevention.
- 75% of CSWs are covered by prevention programs, however, only 39% of them have been involved in peer education programs, particularly among underage CSWs. NGOs should focus their activities on multiplication of such programs, particularly among youngest CSWs, who according to results of the research are active in sex business and are most vulnerable to HIV/AIDS.
- Prevailing majority of CSWs (74%) have received information materials on HIV, STI prevention and drug use during last year, however, in 2007 indicator on availability of such information from mass media have reduced. Thus, it is necessary to spread more widely information about prevention in mass media, particularly taking into consideration that it has significant influence on CSWs population, including those who are not covered by services of NGOs and other organizations involved in prevention work.

Conclusions

1. Socio-demographic portrait of CSWs can be described as the following: majority of women are from 20 to 29 years, sexual debut happened before reaching legal age, they are not married and do not have stable partners. They have secondary education, however neither work nor study and do not have other sources of income except for commercial sex work. Moreover, half of them support one or more individuals on income from sex work. Such characteristics should first of all be taken in consideration when developing prevention programs for CSWs.

2. Trend on rejuvenation of CSWs is observed in the population studied. Average age of first sexual contact and first commercial sexual contact is decreasing (16 and 19 years respectively) according to results of monitoring in 2007). Comparing with previous years, group of underage CSWs is increasing.

3. CSWs who practice unprotected sex with clients and CSWs-IDUs are groups of double risk because of their behavior. These groups amount to 39% (CSWs who perform unprotected sex) and 22% (CSWs-IDUs) of all interviewed.

4. CSWs are characterized by relatively high level of knowledge about HIV and STI prevention. National indicator: “Percentage of CSWs, who correctly identify HIV prevention methods and know how HIV is not transmitted” is 48% among all CSWs, same as results of the research conducted in 2006.

5. High evaluation of personal HIV risk does not stipulate for safer behavior (use of condom under any circumstances, use of personal instruments among CSWs-IDUs, etc.). Important factors which condition allowability of unprotected sex include influence of a client, additional pay, state of alcohol or drug intoxication and category of partners (commercial, stable or occasional). National indicator “Percentage of CSWs who informed about the use of condom during last sexual intercourse with the client” is 86%. In 2004 this indicator was 80%, and in 2006 it was 85% among all interviewed CSWs.

6. According to monitoring results in 2007, high level of access to condoms is observed. Only 1% of interviewed have not used condom during last month. 71% of CSWs have been receiving condoms for free during last year. Most often representatives of sex-business have been receiving condoms for free from social workers, NGOs, friends, in needle exchange points as well as have been buying them in pharmacies and shops.

7. National indicator “Percentage of CSWs who have tested for HIV during last 12 months and have received the result” is 46%. This indicator has significantly increased compared to last years, for example in 2004 it was 32%, and in 2006 it was 19%. Unlike results from previous years, when women did not know where to address, currently reasons of inaccessibility to HIV testing include organizational issues (e.g. inconvenience of location) and issues caused by stigmatization of CSWs and people living with HIV/AIDS: “I am not satisfied with attitude of personnel” and “I am afraid of dissemination of information about the status without my consent”.

8. National indicator “Percentage of CSWs covered by HIV/AIDS prevention programs” makes up to 69% of the population, which is twice higher than the indicator of similar research in 2004 (34%). Besides, prevailing majority of CSWs (79%), who have addressed NGOs think that they have received services on full scale. This undoubtedly demonstrates significant improvement of situation with informing target population about NGOs as well as high quality of the work. Moreover, respondents covered by NGO prevention programs have higher level of knowledge about HIV/AIDS and are more prone to safe behavior. However, NGOs are the only organizations which work with CSWs. This is not enough for effective prevention work on a larger scale.

Strategic recommendations

For national government authorities

1. To identify responsible governmental institution to coordinate prevention work among CSWs.
2. To develop the standard for minimal package of services for this target group as well as implement targeted programs aimed at different groups of CSWs (underage, CSWs-IDUs, etc.).
3. For the Committee on Counteraction to HIV/AIDS and other socially dangerous diseases of the Ministry of Health of Ukraine together with Alliance-Ukraine to include to methodological recommendations on monitoring behavior of CSWs norm on provision of representation in sampled population the age group of CSWs younger than 19 years old (as a minimum from 15 to 19 years old) to enable secondary HIV risk analysis among underage CSWs.

For local authorities

1. To support local NGOs, whose activities are aimed at work with CSWs. To increase quantity of such NGOs in regions with low and average prevalence levels of HIV.
2. To finance systemically prevention programs among CSWs.
3. To conduct further research on:
 - Groups of highest risk (CSWs-IDUs, CSWs practicing unprotected sex) to identify their particular motivations, behavior patterns, etc;
 - Clients of commercial sex business, defined as bridge groups, who connect CSWs with general population and spread risk of getting HIV as well as to conduct analysis with the emphasis on the clients and their influence on behavior of CSWs;
 - Evaluation of effectiveness of existing prevention programs to identify cost-effective interventions, types and forms of prevention work among CSWs.

For NGOs

To develop prevention programs for CSWs in order to increase awareness of CSWs about ways of HIV transmission and possibilities for prevention. This will support mastering and practicing safer sexual behavior.

1. Prevention programs should be provided for CSWs in order to:

- increase awareness about HIV transmission;
- provide education on development of negotiation skills with the client to avoid unprotected sex and to form safer behavior skills;
- to develop information materials for CSWs, particularly about techniques of influencing the client.

2. Activities of NGOs should aim at creation of self-help groups for CSWs and permanent exchange of safe behavior experiences among representatives of these groups.

3. It is necessary to emphasize not only ways of HIV prevention and transmission, but as well to conduct work on development of personal awareness about HIV risks by CSWs. It is as well important to form stable motivation principles for development of certain behavioral norms in sex business, for example, use of condom as should be regarded as a condition and indicator of high qualification of CSWs.

4. NGOs should focus their activities on development of peer education programs, particularly among younger CSWs, which, according to results of the research, have most active mode of life in sex business and are most vulnerable to HIV/AIDS.

5. NGOs should aim at development of separate prevention programs for groups with highest risk: CSWs-IDUs and CSWs who have sex without a condom.

6. NGOs should concentrate on preparation of specialists for work with CSWs through organization and implementation of specialized seminars, trainings, schools, etc.

For AIDS centers and other medical institutions

To provide access to HIV testing through:

- Improvement of work of these institutions (more convenient schedules of work, improving quality of services, etc.);
- Informing target group about location of HIV/AIDS related institutions and services provided through NGOs, mass media and other channels.

For international organizations working in the field of HIV/AIDS

Permanent exchange of experience and cooperation should be conducted among NGOs in this field in Ukraine. Scaling up activities in smaller cities and villages should be undertaken.

For mass media

1. Creation of effective social advertisements aimed at promotion of safer sexual behavior.
2. Development of programs, tock-shows on the current state of sex business in Ukraine and realities of CSWs life. The main aim of such programs is to inform Ukrainian society about this domain of life, imperfection of regulatory legislation in this field and possible ways to overcome existing problems.
3. It is necessary to conduct mass information, prevention and education programs on HIV/AIDS and STIs as well as to broadcast such programs through mass media, education system and NGOs.

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Appendix 1

National indicators of monitoring and evaluation of knowledge, behavior and influence of programs on CSWs, %

Indicator		Among all CSWs	Among CSWs of 15–24 years	Among CSWs older than 25 years
Indicator 8	Percentage of CSWs who tested for HIV during last 12 months and have received the result	46	48	43
Indicator 9	Percentage of CSWs covered by HIV/AIDS prevention programs	69	67	72
Indicator 14* (new methodology of value calculation)	Percentage of CSWs, who correctly identify HIV prevention methods and know how HIV is not transmitted	48	43	53
Indicator 18	Percentage of CSWs who informed about condom use during last sexual intercourse with the client	86	86	87

* According to a new methodology for calculating national indicators, instead of statements “A person can get infected with HIV from mosquito bite” and “Individual can get infected when eating together with person living with HIV”, the following statements have been added: “Person can get infected with HIV through common use of toilet, swimming pool and sauna with a person living with HIV”; “Person can get infected with HIV when drinking in turn from the same glass with a person living with HIV”.