

**BORDER|NET** work

## CROSSING BORDERS, BUILDING BRIDGES

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*Sex work, determinants of risk and access to sexual health care for sex workers, an integrated **bio**-behavioral survey (IBBS) in seven EU-member states (WP5)*

The BORDERNETwork IBBS Survey

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## Why addressing sex workers (SW) ?

### ➤ *From epidemiological perspective:*

SW are not considered as a key population at higher risk of HIV exposure Europe-wide

### ➤ *From combination prevention perspective:*

SWs are a key group of HIV and STI prevention, diagnostic and treatment, also in the broader frame of sexual health

## Why addressing sex workers (SW) ?

**Legal context of Sex Work in Europe - influential risk determinant**

**Between partial and total criminalisation:**

Abolitionist – total criminalisation

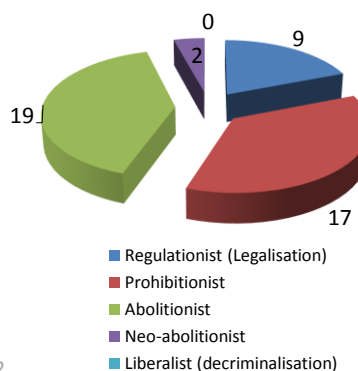
Neo-abolitionist - clients criminalised

Prohibitionist - criminalizing/banning brothels

Regulationist – legalisation

Liberalist - decriminalisation

**Prostitution Regime in Europe  
47 states in the Council of Europe (CoE)**



Source: <https://docs.google.com/spreadsheet/2012>

## Why addressing sex workers (SW) ?

**High overlap of risk determinants:**

- **Behavioural risks**
  - High frequency of sexual contacts
  - Relatively young age (related also early start in sex work)
  - High mobility
  - Drug use, incl. i.d.
- **Unfavourable social circumstances**
  - Often migrant/ethnic minority background
  - Poor /precarious living conditions
  - Lack of health insurance
- **Legal regulation of sex work**
  - Abolitionism enhances double morality standards and social exclusion
  - Stigmatisation of sex work

## Objectives of IBBS: To compile contextualised knowledge on health and social situation of SWs in Central and Eastern Europe

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- To enhance evidence of HIV/STIs prevalence in SWs
- To study closely intersections between sex work, drug use, mobility
- To analyse further social determinants of risk
- To conduct comparative cross-country analysis of: 6 UNGASS and 5 additional indicators

## Method: A cross-sectional and cross-country combined behavioural and epidemiological data collection survey in 6 EU capital cities and one border area

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- **Design and Instrument:**
  - Qualitative structured face-to-face behavioural interview (85 items)
  - Blood tests(HIV, Syphilis, HCV, HBV, additionally Chlamydia and Herpes Simplex II (Latvia);
  - Whole blood test or rapid blood test and whole blood test in case of reactive rapid test
- **Sample:**  
Combination of Respondents-Driven (RDS) and service/venue-based **convenient** sampling;
- **Survey locations:**  
Berlin, Bratislava, Bucharest, German-Polish border area, Riga, Stettin, Sofia and Tallinn

## Sample recruited: 956 female SWs

### ➤ Recruitment Settings:

#### (1) Services (N=500) – Respondent-Driven and Service-Based Sampling

HIV/STI services (AIDS Counselling Cabinet, STI-clinic, community-based VCT, drop-in centre, harm reduction projects, public health office)

#### (2) Outdoor sex work scene (N=352)

streetwalking areas, railway stations, harbour, highway, border area, parking areas

#### (3) Indoor sex work scene (N=46)

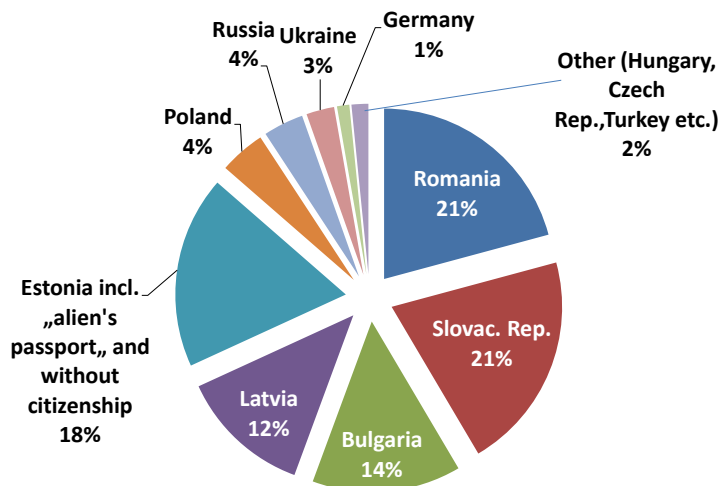
brothels, clubs, flats contacted directly during outreach with mobile ambulance

### ➤ Common features of the sample:

**The larger part of the SWs recruited in service settings works OUTDOOR !**

**Street-based sex workers are overrepresented in the survey with an overlap with IDU sex work scenes!**

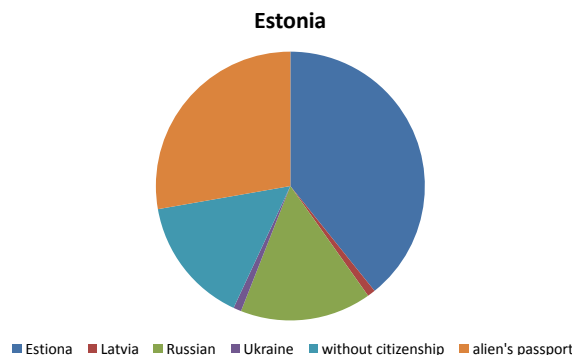
## Nationality ( N= 956 FSW)



## Particular Features per Study Location

### Ethnic composition

- **Roma minority: 18,7% (N= 179): Highest proportion in Romania: 52,5% (105 from 200) and Bulgaria : 35,8%(43 from 120)**
- **Less than 40% (N=82) of the SWs in Estonia have Estonian citizenship, the majority: Russian citizenship, aliens passport and without citizenship**



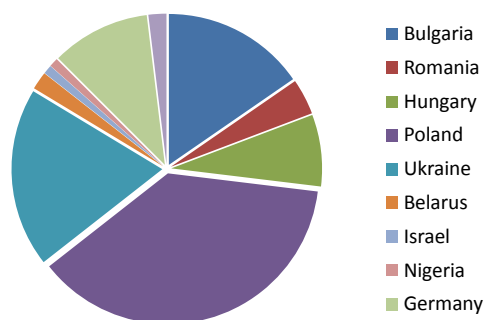
## Particular Features per Study Location

### Mobile Populations

- **Mobile Populations in Germany/Poland – prevailing majority 47% German/Poland**

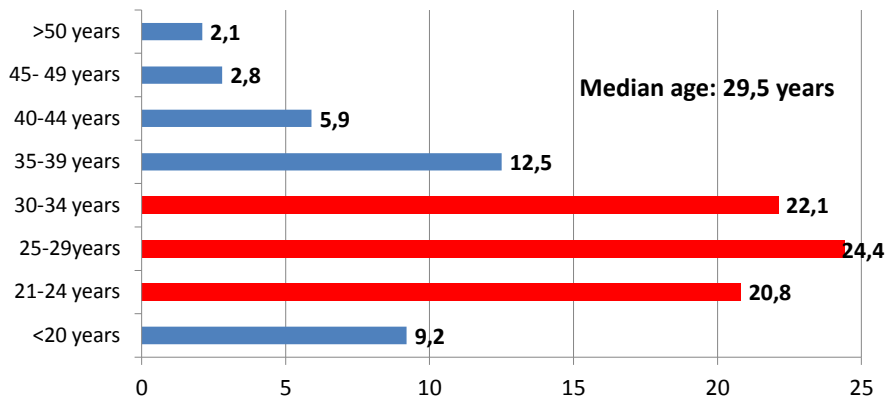
### i.v.DU

- **Ca. 38% of the whole sample: Slovak Rep: almost 90% (181 from 202), Latvia: almost 70% (81 from 117), Romania: 31% (62 from 200)**



## Age (N= 944)

Distribution by age groups (%)



## Age per Study Location (N=944)

**Eldest group:**

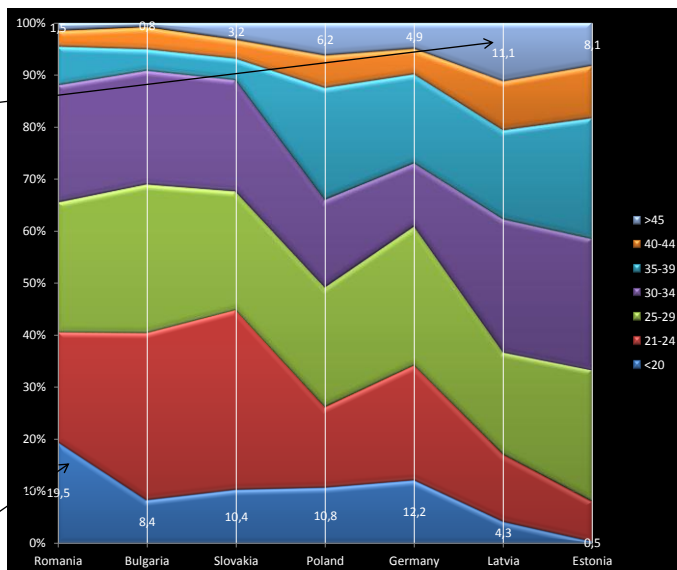
>45 years – 4,9%, N=46

- Highest proportion in Latvia and Estonia (highest median age= 33 years)

**Youngest group:**

<20 years – 9,2%; N=87

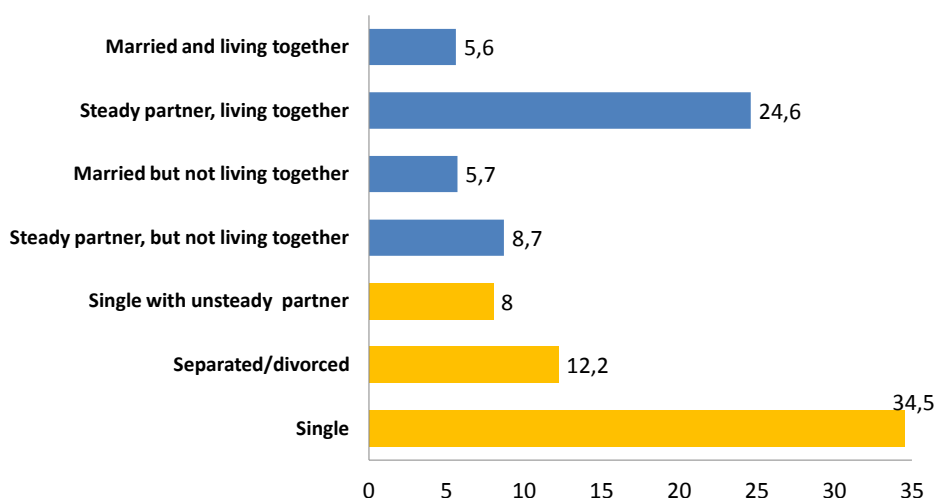
- Largest subgroups in Romania, Germany/Poland and Slovak Republic (lowest median age= 25 years)



## Education

- Almost a third (32,6%, N=310) has no or a primary education certificate
  - Highest proportion in Romania: 67,1% and Slovak Rep: 59,2%
- Almost the half (49,2% , N=468) has a middle/secondary school certificate (incl. polytechnic high-school)
  - Highest proportion in Latvia: 42,7% and Bulgaria: 40,3%
- Almost a fifth (18% , N= 172) has a vocational qualification or high school/university
  - Highest proportion in Estonia: 44,8% and Germany/Poland: 42%

## Partnership/Family situation (%) N= 951



## Children

**No child: 49,6% (N=469)**

- 56,5 % of them – in Slovak Rep. and Romania
- 80,4% (N=160) of the SWs in Slovak Rep. have no children

**Child/ren: 50,2% (N=474)**

-58,4% of them – in Estonia, Latvia and Bulgaria

**Number of children**

**1 child: 51,6%**

**2 children: 30,7%**

**3 and >3 children : 17,7%**

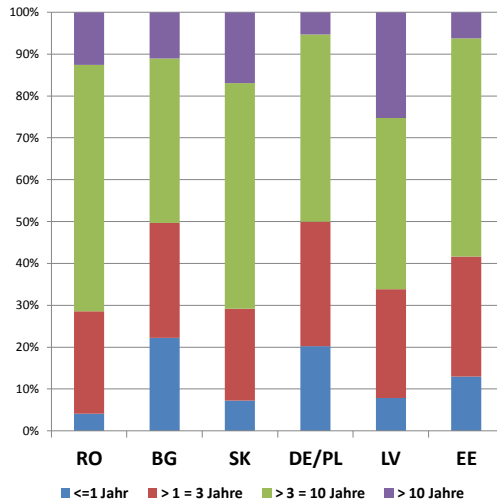
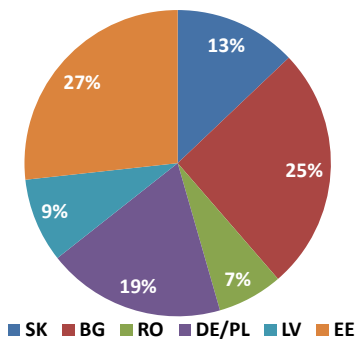
## Occupation and earnings

- 77,6% (N= 740) lived only of sex work in the last year
- 77,3% (N=734) have NO other occupation
- 22,2% (212) have also other income sources
- 10,9% (N=103) have a part- or full-time job outside of sex work  
largest share in Estonia, Latvia and Bulgaria
- 3% (N=28) are self-employed – mainly in Latvia and Poland
- 55,7% (N=529) support one or more persons with their incomes  
largest share in Estonia, Bulgaria and Romania



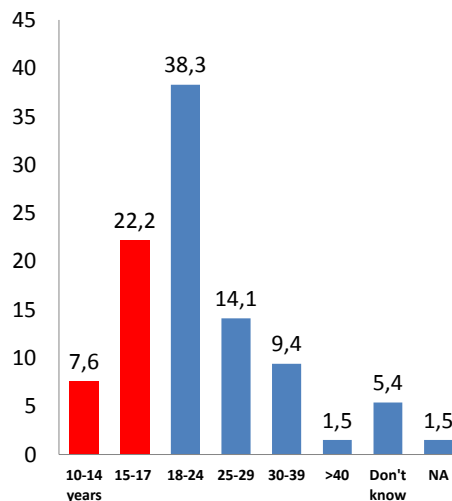
### Experience in sex work: Median 4 years

Less than 1 year experience in sex work (N=101)



### Age at the start with sex work (N=952) Median=20 years

- **Almost 30% (29,8%, N=283) younger than 18 at start**
  - 53% of all SWs in Romania
  - 47,1% of all SWs in Slovak Rep.
  - **lowest Median: 17 years (Romania/Slovak. Rep.)**
- **63,9% (N=46 from 72) of those 10-14 years old at start – in Romania**
- **All states: prohibition of sex work under 18!**



## Sex Work and Mobility

- Two thirds (67%, N=641) have NOT worked in SW in other places
- Only 21,5% (N=206) reported mobility in SW abroad in the last year
  - 29,1% (N=60) – between every 2 and 4 months
  - 24,3 % (N=50) – 2 times
  - 25,7% (N=53) – once only
- Most often visited “countries of destination”
  - Germany – Bulgarian, Romanian, Latvian and Polish SWs
  - Scandinavian countries (SE, NO, FIN) – Estonian SWs
  - Austria – Slovak SWs
  - Italy – Romanian, Latvian SWs

## Access to health care

### Health insurance

- 60% (N=571 from 952 ) has NO health insurance :
- largest shares in :
  - Romania (93,9%, N=182), Estonia 64,1%, Bulgaria (62,5%) , and Slovak Rep . (61,7%, N=117)

### Access and uptake of HIV-Test and Counselling (HTC)

- 9,8% (N=91 from N=925) DO NOT KNOW where to go for an HIV-test
- 16 % (N=152 from 949) have NEVER HAD an HIV- test before

### UNGASS indicator 8:

- 59 % (N=560 from 949) HAD an HIV-test in the LAST YEAR
- 97,4% (N=772 from 793) received the results of their last HIV-tests

## Access and uptake of sexual health services

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- 51,1% (N=484 from 948) **HAVE NOT** visited a Gynaecologist/Family Planning Specialist in the last year
  - Highest proportion in Romania (74%, N=148), Slovak Rep. (61%, N=122) and Estonia (59,3%, N=103)
- **Reasons** (Multiple answers)
  - “Do not have health insurance” – 41,7% (N=202)
  - “Did not think that I need it” – 39,3% (N=190)
  - “Did not have money to pay for the visit” – 19% (N=92)

## Experience with contraception and abortion

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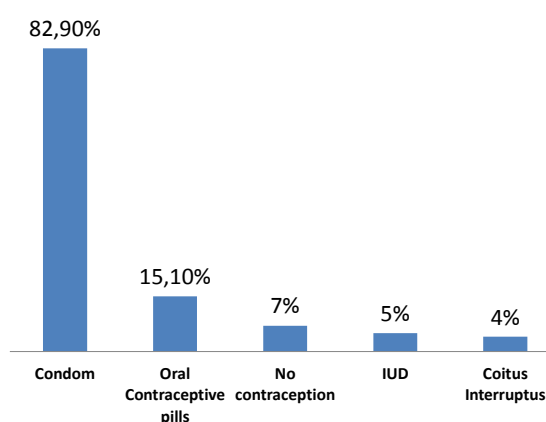
### Abortion

YES: 59% (N=557)

- Two and more abortions– 32,9% (N=311)
- 65,5% of the SW in Romania and 45,1 % in Estonia
- One abortion– 26,1% (N=246)

NO: 39,5% (N=373)

### Contraception: The five most practiced contraception means



## Access and uptake of STI-services

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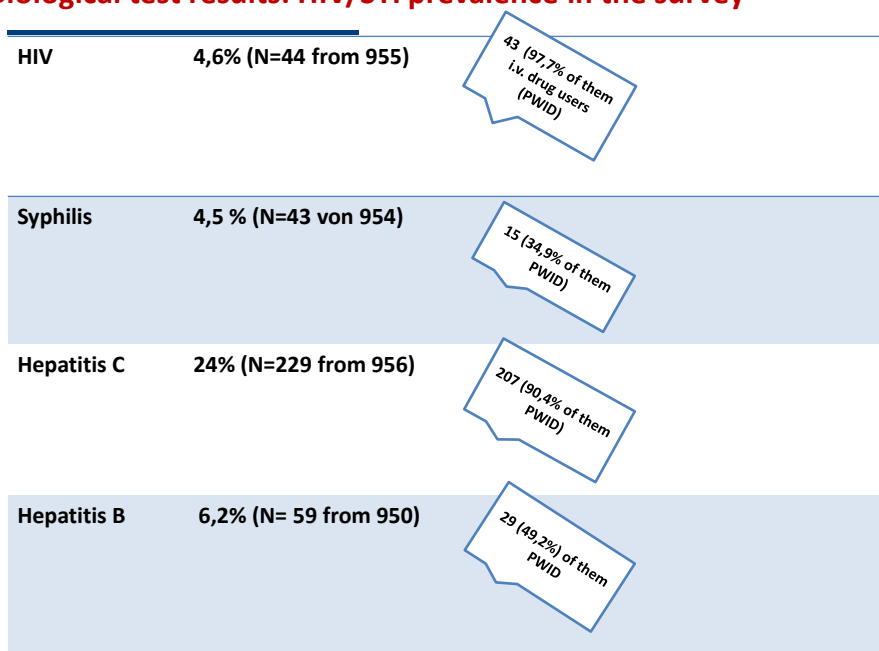
- 77,1% (N=704 from 913) **HAVE NOT VISITED** an STI-service in the last year
- Largest shares in: Slovak. Rep. (91,5%; N= 182); Romania (95%, N= 189) , Bulgaria (72,4%, N=84)

### STI-Anamnesis in the last year (self reported)

- 22,8 % (N=215 from 944) have had symptoms or suspicion of an STI in the last year
- Out of them:
  - 56,7% (N=122) visited a physician, 6,5% (N=14) – together with their partner

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## Biological test results: HIV/STI prevalence in the survey



## HIV/STI test results per study location

Infection	Highest prevalence in:
HIV	Latvia - 21,4 % (N=25, 20 of them known as HIV-positive)
Syphilis	Romania – 11,7% (N=23)
Hepatitis B	Romania – 12,2 % (N=24)
Hepatitis C	Latvia– 56,8% (N=67)

## Risk predictors for specific infections (OR)

- **Hepatitis C**
  - Ever injected drugs 43,78\*\*
  - Non consistent condom use<sup>(1)</sup> during oral sex with paying clients in the last month 2,79\*\*
  - Regular<sup>(2)</sup> alcohol consumption before or during sex work in the last month 1,80\*

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\* significant

\*\* highly significant

(1) mostly, half of the time, rarely, never or no answer

(2) one or more drinks every day/almost every day

## Risk predictors for specific infections (OR)

- **Syphilis**
  - Sex work in Romania and Latvia 5,65\*\*
  - Non consistent condom use (1) during vaginal sex with paying clients in the last month 2,92\*\*
  - Ever injected drugs 2,74\*
  
- **Hepatitis B**
  - Sex work in Romania and Latvia 2,41\*\*
  - Non consistent condom use (1) during vaginal sex with paying clients in the last 30 days 2,02\*\*

\*significant

\*\* highly significant

(1) mostly, half of the time, rarely, never or no answer

## Discussion and Conclusions (1)

- **Sex work scenes show multiple overlaps with other marginalised vulnerable groups.**
- **These overlaps double the vulnerability as they impede access to prevention, diagnostic and treatment of STIs.**
- **Predictors for increased risk, i.e. IDU, alcohol/work, inconsistent condom use by oral and vaginal sex should be addressed with targeted prevention interventions.**
- **Access and uptake of HIV test and counselling seems almost mainstreamed, while access and uptake of STI/sexual health services is hardly available or very low.**
- **Access to general health care is hampered by the lack of health insurance.**

## Discussion and Conclusions (2)

### Still lacking :

- Europe-wide recognition of sex workers (incl. male) as an important target group of comprehensive offers for sexual and reproductive health, incl. HIV/STI prevention, diagnostic, and therapy
- Health policy regulations creating structures and access to health care services for sex workers: Early one and easy one!

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All service providers involved in the survey

All respondents

THANK YOU!

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