

Patterns of risk related to social determinants, barriers and access to services of sex workers, including Roma and young people in two Serbian EU- bordering cities

Stasa Plecas

JAZAS



Introduction

Main focus:

- information on particularities of local epidemiological situation (e.g. HIV/AIDS/STI, HIV Co-infections, Tuberculosis)
- patterns of risk related to social determinants of various vulnerable groups, e.g. young people at risk, mobile groups, representatives of most at risk groups (IDUs, Sex workers, ethnic minority/migrant groups), PLHIV.
- Assessment of scope and barriers of the available prevention measures

Health Care System

- System inherited from former Yugoslavia: financed by compulsory health insurance contributions, based on 12,3% payroll taxes. The system was used to provide easy access to comprehensive health services for the entire population.
- Unfortunately, political problems that shaped the economic performance, have resulted in a substantial health system resources reduction.
- The viability of the system was challenged by the reduced financial basis of health insurance contributions where two million employed financed seven million insured. A cumulative effect of all these events caused significant deterioration of the health status of population widening the gap between Serbia's and EU populations

Health Care System cont.

- Health services (public sector) are organized on three levels:
 - primary health care: with health care centers in all municipalities
 - secondary care: comprised of general hospitals
 - tertiary care : highly specialized institutions (top level medicine), medical university clinics and institutions

*The whole of the private health care sector is not included in the public funding scheme and as such, it represents no supplementary component of the public system

HIV and the Health System

- Primary health care: education, working with vulnerable groups, patient illness histories including risky behavior)
- Public health institutions: VCCT, education, registering and monitoring
- Specialized institutions: departments for venereal diseases, centers for drug addiction treatment
- infectious diseases clinics and departments (for opportunistic, AIDS-related infections).

Characteristics of the HIV epidemic in Serbia

- low prevalence country with an estimated HIV prevalence of $< 0.1\%$. The main mode of transmission is sexual (hetero and homosexual) (76%).
- In 2008, the sexual mode of transmission was registered in 80% of cases.

Geographic scope

- 2 cities: Zajechar, bordering Romania, Subotica bordering Hungary
- the two cities were chosen based on their proximity to border lines and the contacts in NGO sector already available at the onset of the research project.

Differences in the understanding of and approaches to HIV/STI risks among vulnerable groups

Zajechar

- **city gov.:** lack of knowledge and information about the work of social services, understanding issues around HIV, knowledge about programs working with target groups (harm reduction) and financing and support of services/programs for target groups

Subotica

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Small scale survey

key informant interviews

sex worker interviews

n 18

Zajechar

- NGO representative who works with sex workers
- NGO representative who works with youth
- a sociologist at the Center for Social Welfare
- an HIV specialist from the Infectious Diseases Clinic
- chief of staff of city government.
- Two sex workers agreed to be interviewed in this city.

Subotica

- representative of a PLHIV union
- 3 representatives from a Roma NGO that works mainly with Roma youth
- medical doctor from the Student Health Clinic
- a social worker from the Center for Social Welfare
- representative of city government.
- Four sex workers agreed to have informal conversations about the subject on a hotspot.

Differences cont. Center for Social Welfare

Zajechar

knowledge and information about working with vulnerable groups, yet unable to address issues of vulnerable groups, since there is not enough capacity and support at the center

Subotica

specific trainings for working with vulnerable groups, has experience in outreach work with sex workers and has more opportunity for referrals and cooperation with non-governmental organizations and other institutions

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Conditions for and hindrances to accessing specific services

- Under Serbian law, everyone can access health services if they have the required documents: health insurance and personal identification documents (or patients can pay for services).
- In order to obtain an ID: a permanent address/residence is required.
- Roma can acquire health insurance without personal documents, based on a statement and filing of a request
- Roma can obtain health insurance for up to 6 months. In practice, however, they are sometimes not granted this right and are turned down.

Obstacles

- stigma and discrimination
- lack of confidentiality
- low level of consciousness about health
- high degree of distrust in health and social welfare institutions among sex workers: confidentiality and small town mentality
- Centralization: Almost all specialized services are centralized in a few cities, and some particular services are only available in Belgrade.

ART

- ART is available and accessible, cost of supplements not covered by health insurance
- bureaucracy and administrative procedures are complicated and do not guarantee confidentiality,
- acquiring therapy is a social risk
- PLHIV, upon completing all necessary documentation in Subotica, have to travel to Novi Sad for therapy.
- Some chose not to risk confidentiality breaches: they chose to travel to Hungary and pay for their medications.
- Others, chose to forego therapy altogether, for fear of being entered into the system and their status being revealed.
- Stigma and discrimination of PLHIV in medical facilities, is another hindrance mentioned by the PLHIV union.

ART

- All key informants state that the responsibility for obtaining health insurance and accessing services lies with *the client*.
- barriers and hindrances: these were talked about in terms of barriers that the client him/herself ought to overcome.
- Health care professionals in both cities believe that health services are available to all equally.
- In Zajecar, the HIV specialist is not sensitized to issues of vulnerable groups and stated openly that the 'mental structure' of IDU's (and other vulnerable groups) is such that they have anti-social personalities. He believes they have 'problems with themselves', and he doubts their ability to adhere to HCV, HIV or any other therapy.

Barriers

- Muslim Roma: in Zajecar, Muslim Roma IDP's from Kosovo: not accessing health care and were giving birth at home, because 'their husbands wouldn't let them'. In Subotica, the Roma NGO talked about the difficulty in addressing issues of sexuality in a community in which this was taboo.
- In both cities, service provision, access to services and access to therapy (ART, methadone) are further hindered by the lack of shelters and lack of systemic solutions for persons who have several vulnerabilities, including homelessness.

Barriers for SW

- Zajecar: VCCT or STI screenings, they would not do it in their home town, they would go to a bigger city, which offers more anonymity.
- Social and health services are not confidential and not considered 'friendly', so they avoid using them.
- Sex workers from smaller towns and villages in the region have to travel to Zajecar or Nis for VCCT and other specialized health services, because these do not exist in their local health centers (if there is a health center).
- In both cities, key informants stated that health and social services are accessible to sex workers, as much as they are accessible to other citizens, because sex workers do not have to identify as such.

Barriers for SW contd.

- accessibility isn't the issue as much as the level of information about accessibility and services among sex workers is (gov rep Subotica).
- Services are available, however, whether or not sex workers are informed about this is an entirely different matter.
- government institutions cannot provide tailored services, or any means of assistance to sex workers, if the government position on sex work is not clear.
- So, there is no real equal access to health care for sex workers.
- the social worker in Subotica emphasized that accessibility and information about accessibility are two different issues.
- sex workers will not identify as such in institutions, because they represent the government and they have a negative attitude towards it.

Information, education and prevention measures. Shortages and gaps

- media play a major role in the dissemination of information about HIV (both cities)
- media are not accessible to all vulnerable populations, and internet not accessible to everyone
- HIV education in schools is provided, that education ought to be introduced at a much younger age (PLHIV rep)
- education in schools does not cover those who are not in the educational system, thereby leaving out members of certain vulnerable groups.
- Subotica, (medical doctor): low level of knowledge among the general public as well as among students. There are misconceptions about both ways of transmission and about therapy.
- Zajecar (HIV specialist): still a lot of uninformed and prejudiced medical personnel, i.e. repeated cases of doctors refusing to administer IV's to HIV positive patients, instead calling nurses from the Infectious Disease department to do this.
- In both cities: people still believe that HIV can be transmitted through social contact, even medical staff and people who have already been educated about

Information, education and prevention measures- sex workers

- the responsibility of obtaining information is shifted to the sex worker. The sex worker is expected to be conscious about health and is expected to be able to ask for services and information, rather than be reached.
- due to the economic status of sex workers, they do not have the habit of buying condoms instead they rely on clients and outreach services to provide them (Zajechar)
- level of information about HIV among sex workers is low but, so is the level of HIV information among professionals. Education should begin at the institutional level, she states. She considers outreach to be an important method of disseminating information to sex workers. (soc.wok)

Vulnerability

- Zajecar: socio-economic factors.
- sex workers mainly work indoors and reaching this populations is difficult, invisibility is a major factor in their vulnerability to HIV risk. Roma and other minorities is poverty, (city gov. the state itself is poor and that there in an increase of poverty among all citizen especially the young)
- Subotica: PLHIV - most vulnerable factor for MSM is age.
- Youth correlated with promiscuity, and promiscuity with the specific social milieu. Relationships cannot withstand the pressure of hiding, and therefore MSM more frequently have one-night stands or brief relationships.
- knowledge of availability of therapy:, lessens the risk perception of HIV among young MSM.
- Roma: lack of knowledge and information and their living conditions, however they added that HIV is not a main health concern for them.

Mobility

- Zajechar: sex workers- mobile, however they stay within the borders of Serbia.
- Migrations mainly seasonal and are between villages, small towns and cities.
- Crossing border: seasonal (Montenegro)
- used to be a transitory area: known trafficking route
- Women, mainly from Ukraine and Russia to other European countries
- since the expansion of the EU the transit routes have changed, and there aren't that many cases of trafficking through the region anymore.

Mobility

- Subotica: problem with illegal border crossings. One third of all police interventions in that area have to do with illegal crossings.
- a lot of minors and children traveling with their families.
- No shelters for those caught and brought back
- There are people from Armenia, Azerbaijan and Albania who cross into Serbia as a route towards other European countries. On the other hand, those who have been deported from the EU, mainly Roma, stay in Subotica because of the existence of a mosque and a large flea market.
- frequent suspicion of trafficking when minors are concerned
- difficult to prove: procedures for proving trafficking are complicated; main law enforcement office for trafficking is located in Belgrade.
- suspicions about groups of sex workers being organized to go and work in Germany, Italy and Belgium.
- Suspicion of trafficking
- increased risk for HIV, because they have less control of movement and behavior when speaking about trafficked persons.

Respondents' Recommendations for Zajecar and Subotica

- improvement of health services for vulnerable groups, i.e sex workers
- better collaboration between the civil society and government sector
- better collaboration with the media.
- Gov. should recognize the role of civil society in HIV prevention efforts;
- recognize the role and ability of NGO's to reach vulnerable groups.
- recognize the significance of including PLHIV in prevention efforts, as well as VCCT counseling.
- importance of collaboration between government and civil society
- institutions should have specially trained staff that is sensitized to issues of sex work.
- Media should have a greater role however they also need to be educated and sensitized to the issues related to providing information that are tailored to target groups.

Sex worker interviews

Zajechar

- 2 sex workers willing to be interviewed
- high level of knowledge about HIV prevention.
- They do not distinguish between high risk groups and low risk groups, whether by age, ethnicity or gender: rather they believe that everyone is equally at risk and that everyone should protect themselves.
- do not consider themselves to be informed enough, however they say that they know enough to understand that condoms are a must.
- ‘small town mentality’ limits their access to health and social systems; they do not feel like they can anonymously/confidentially use these services..

Sex worker interviews

Subotica

- Focus group with sex workers were not possible, since their relationship with outreach workers is not close
- 4 sex workers interviewed on the street.
- adamantly opposed being recorded, one even opposed to the interviewer taking notes.
- much less informed about HIV prevention and transmission than their colleagues in Zajecar.
- do not distinguish certain STI's and HIV.
- say that they wish they knew more, but they cannot identify where to obtain the necessary information.
- No information about where to access VCCT services.
- health and social services: not considered friendly or confidential services, and they are avoided.

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Conclusion

- Institutions do not have developed mechanisms or protocols for sex work in particular
- mechanisms for vulnerable groups are lacking in general.
- In the case of Subotica, key informants who are part of the system, that is they work for institutions, it was much easier to open the subject of sex work, than in Zajecar. It is important to note here, that as pointed out by the city government representative in Subotica, services cannot be specifically tailored, if the government position is not clear.
- statements given on certain topics are going to reflect the current politics and trends around those issues.
- The specific attitudes, whether they be institutional or non-governmental, influence the level of knowledge and information of sex workers pertaining to HIV, their access to health services, and thereby their health.

Recommendations

- Assessment of size of HIV vulnerable groups and their basic needs, problems and characteristics, through partnerships between non-governmental sector and the official sector
- initiate the introduction of ' territorially specific approaches in the National Strategy for HIV prevention, which would allow for recognition of specific needs of border areas.
- intensify the implementation and monitoring of the prohibition of discrimination in the health sector
- lobbying for continuous support and assistance to NGO sector which offers services and develops specific services for vulnerable groups
- in each health center, a trained counseling unit should be developed to work with HIV vulnerable groups and offer assistance to other staff
- intensify and if necessary formalize local cooperation between NGO's which provide services to HIV vulnerable groups and the health sector.
- Intensify cooperation between the health sector and social welfare sector/ as well as other sectors in the community
- Support and assist self-organization of HIV vulnerable groups and support their inclusion in programs and activities implemented in local territories.

Thank you