

Characteristics, High-Risk Behaviors and Knowledge of STI/HIV/AIDS and STI/HIV Prevalence of Facility-Based Female Sex Workers in Batumi, Georgia: 2004

Report on the Behavioral Surveillance Survey with a Biomarker Component for the SHIP Project

- **Save the Children: STI/HIV Prevention (SHIP) Project**
- **Tanadgoma, the Center for Information and Counseling on Reproductive Health**
- **Infectious Diseases, AIDS and Clinical Immunology Research Center**

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Translating any document, especially a report written with technical health and statistical expressions, is challenging. Nonetheless, Nino Tsereteli has provided a high-quality version of the report in Georgian; this will make the report accessible to a wide Georgian audience interested in understanding how to improve services and treatment for FSWs.

Ultimately, the SHIP Project must recognize those who were willing to give of their time, stories, and blood and urine to make this report possible – the FSWs. It is from their willingness to share in this endeavor that a positive, healthy future for all the people of Georgia will be possible.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIDS Center	Infectious Diseases, AIDS & Clinical Immunology Research Center
BSS	Behavioral Surveillance Survey
CT	<i>Chlamydia trachomatis</i>
ELISA	Enzyme Linked Immunosorbent Assay
FSW	Female Sex Worker
GEL	Georgian Lari (exchange rate of 1.82 GEL = 1 USD in October 2004)
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IDUs	Injecting Drug Users
IgG	Immunoglobulin G
IPM	Institute for Polling & Marketing
MTCT	Mother to Child Transmission
MSM	Men who have Sex with Men
NG	<i>Neisseria gonorrhea</i>
NGO	Non-Governmental Organization
PCR	Polymerase Chain Reaction
RPR	Rapid Plasma Reagent
SC GeCO	Save the Children Georgia Country Office
SHIP	STI/HIV Prevention Project
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TG	Tanadgoma
TLS	Time Location Sampling
TP	<i>Treponema pallidum</i>
TPHA	<i>Treponema pallidum</i> Hemagglutination Assay
VCT	Voluntary Counseling and Testing for HIV
WHO	World Health Organization

Definitions

Anonymous-linked testing – testing where no names are taken but results are linked to a number that only the participant knows.

Consistent Condom Use – Use of condoms every time sexual relations occur, including vaginal, anal, or oral sex.

Divorced – A person who has officially terminated the contract of marriage.

FSW client – A person with whom the FSW has established sexual relations in exchange for money or goods.

High-Risk Behavior – Any behavior that puts an individual or individuals at increased risk of contracting STIs/HIV or transmitting STIs/HIV to another individual (e.g., having multiple sex partners without using condoms consistently; sharing used non-sterile needles among IDUs).

Permanent Client – A client who often uses sexual service of one particular FSW.

Regular sexual partner – A spouse/boyfriend/person, with whom the FSW cohabitates or has established regular sexual contact without exchange of money.

Separated – A person who does not cohabitate and has a broken relationship with her/his spouse, without having officially terminated the legal status of marriage.

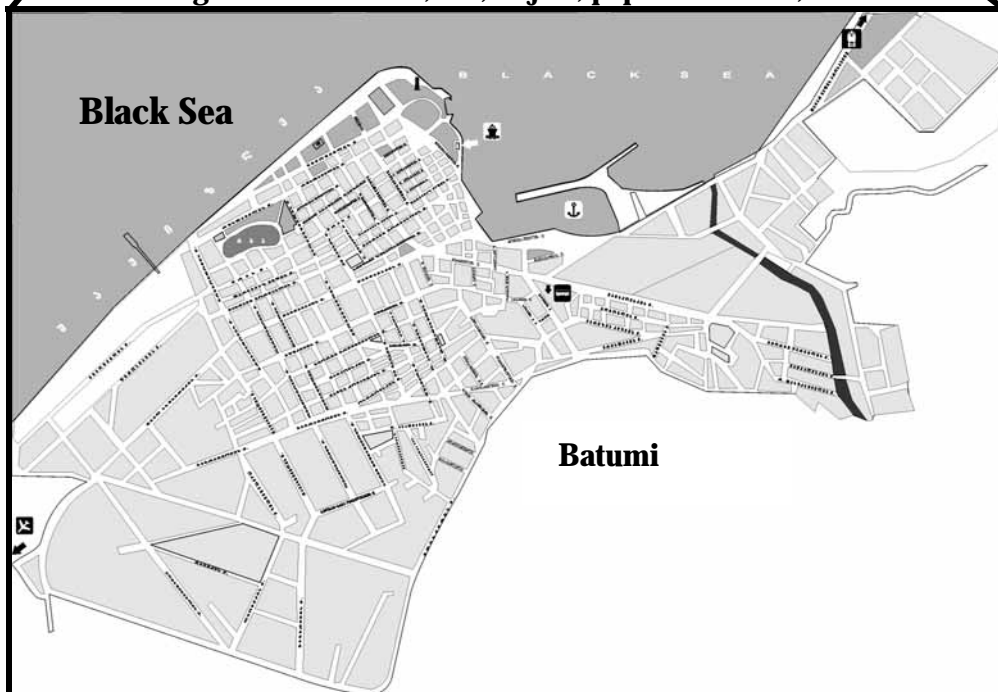
Facility-based female sex workers – women who operate from bars, saunas, hotels or other facilities to solicit customers and initiate sexual contact in exchange for money or goods.

Street-based female sex workers –women who seek to provide sex in exchange for money by walking or standing on streets.

Figure 1: Map of Georgia; population - 4.4 million.



Figure 2: Batumi 120,000 ; Adjara, population – 380,000.



Executive Summary

This report is the first behavioral surveillance survey (BSS) with a biomarker component conducted in Batumi, Georgia among facility-based Female Sex Workers (FSWs). It will serve as a baseline to measure the prevalence of STIs/HIV as well as different high-risk behaviors contributing to the spread of the infection among FSWs. In addition, it provides a basis for designing and evaluating behavior change interventions implemented within Save the Children's STI/HIV Prevention (SHIP) Project.

Time Location Sampling (TLS) methodology, a probability sampling method, was used to gather participants. TLS takes advantage of the fact the some hidden populations tend to gather or congregate in certain types of locations. As a pre-surveillance assessment, formative research with FSWs and some key informants took place to learn more about commercial sex work in Batumi. The findings revealed that, unlike Tbilisi, there are few street-based FSWs in Batumi, as they commonly operate from bars, saunas, hotels, and restaurants. Thus, the survey was conducted among facility-based FSWs.

To develop a survey sampling frame, a preliminary ethnographic mapping exercise was undertaken in October-November 2004 to identify the numbers, venues, and working hours of FSWs. As a result, a total of 120 facility-based FSWs were recruited and interviewed. The interviews were conducted face-to-face by experienced interviewers from the Institute for Polling and Marketing (IPM) at the "Healthy Cabinet" clinic located at the Republican Center of Health Services for Mother and Child. The FSWs were asked questions regarding high-risk behaviors, knowledge of sexually transmitted infections (STIs) and HIV/AIDS, and use of health services. After the interview, each respondent was asked if she would provide both a urine and blood specimen for an anonymous-linked test for STIs and HIV. Of the 120 FSWs interviewed, all provided a urine specimen, and 115 provided a blood sample. The prevalence rate of gonorrhea was 14.2%, 20.0% for Chlamydia, and 33.0% for syphilis.¹ No FSW was found to be HIV positive.

On average, the FSWs who were interviewed were 32.1 years of age (median - 33.0 years of age). The largest percentage (43.3%) was 31-39 years of age; 24.2% were 25-30 years of age, and 14.2% were 19-24 years old. FSWs over 40 years of age represented 16.7% of the study group. Only two (1.7%) were younger than 19.

All FSWs (100%) lived in Batumi at the time the survey was conducted; they have lived there, on average, for 12.6 years. However, 18.2% of them have lived in Batumi for less than one year. Ethnically, the majority were Georgian (81.7%), with only small percentages being either Russian (8.3%) or Ukrainian (4.2%). Few FSWs (4.2%) were internally displaced persons (IDPs) from Abkhazia or South Ossetia.

FSWs reported attending schooling for, on average, 10.9 years. The majority of them (70.0%) completed secondary or vocational level education, with 22.5% having had some university education. One FSW (0.8%) reported having no formal education.

The largest percentage (54.2%) was married at the time the survey was conducted. Slightly more than one-third (39.1%) were divorced or separated, and only 6.7% had never been married. Of the divorced FSWs, 61.7% has a permanent partner. Slightly more than one-quarter who were married (26.2%) reported that their husband also had other sexual partners.

¹ These rates of STIs are comparable to the rates found in commercial sex settings where condom use is inconsistent and access to effective STI treatment is limited (see Steen Richard and Gina Dallabetta, "STI Control With Sex Workers and Presumptive Treatment Augment Efforts to Reduce Risk and Vulnerability", *Reproductive Health Matters*, 2003, Nov; 11(22): 74-90.

The majority of FSWs (89.5%) have dependents (children, parents, grandparents) that they financially support. The average number of dependents reported is 3.1. Also, the analysis showed that 40.0% of those who have dependents are divorced or separated.

The FSWs interviewed first exchanged sex for money, on average, at 30.9 years of age. The youngest age group (<19 yrs) reported their first commercial sexual contact at 16.5 years of age; FSWs of the oldest age group (>40 years of age) reported they recently started commercial sex activities (on average at 49.3 years of age). Overall, the FSWs have been involved in commercial sex for 4.2 years. Almost one of every five FSW (19.2%) have been involved in commercial sex in another city in past, including 12.5% who worked in another country (Turkey). The majority (75.8%) do not have any other source of income besides fees from commercial sex. Of those that did, it was generally from working as a waitress.

The fees received for commercial sex varied from 5 GEL (\$3 USD) to 400 GEL (\$220 USD), with an average of 52 GEL (\$29 USD) per sexual encounter. The amount of the fee, on average, decreased with increases in age: the youngest age group received, on average, 60 GEL (\$33 USD), while the oldest age group received 40 GEL (\$22). Taking the average number of clients per week (6) and the average amount made per client (52 GEL), on average FSWs earned 312 GEL (\$171 USD) per week, or 1,248 GEL (\$686 USD) per month. However, some amount should be paid by FSWs for protection to a pimp, a policeman or others who may extract fees. Nevertheless, even after these payments, FSWs in the survey most likely earn more per month than the average household in Georgia (231 GEL or \$127)² and above the official poverty line (107 GEL per person).³

Only 11.7% reported consuming alcohol on a daily basis, with 54.2% of FSWs consuming alcohol less than once a week or never. Of the 120 FSWs only six (5.0%) reported drug use. Out of them two reported injecting drugs (opium and heroin).

When asked about condom use with clients during the last 30 days, 54.2% reported permanent use of condoms. Three FSWs reported never using condoms during the last 30 days. Most FSWs (86.7%) reported using condoms with the last paying client, and this percentage was the highest among FSWs of 31-39 years of age (90.4%). A majority (75.0%) reported that condom use with the last client was at their initiative, 22.1% said that it was a mutual decision.

More than one-half of FSWs (57.3%) have permanent clients. Moreover, one-half (55.8%) of those who have permanent clients reported constant use of condoms with them during the last 12 months. More than two-thirds (71.7%) have a permanent partner. Over the last 12 months, only 12.8% of FSWs used condoms with their permanent partner consistently.

When asked if they had experienced either sexual or physical violence in the last year, 13.3% reported they had. Out of them, 37.5% reported their client committed the violence; the next highest percentage (31.3%) identified their permanent partner. Seven FSWs reported being raped. Five FSWs (4.9%) reported having been trafficked, with two of them being trafficked 3-5 times. One-fourth (25.0%) had worked as a sex worker abroad voluntarily. The majority of them (90%) reported working in Turkey. The average fee they received abroad was equivalent to 87 GEL or approximately \$48 USD (almost 40% higher than the average fee in Batumi). Twelve FSWs (40%) who worked abroad reported having access to testing for STIs and HIV. The overwhelming majority of them (91.7%) have been tested abroad.

Almost all FSWs (98.3%) in Batumi are aware of STIs. However, when asked to identify specific STI symptoms for women, 23.7% could not, and 62.7% could not identify STI symptoms for men.

² The Status of Households in Georgia - 2004. December 2004. Dershem and Khoperia, Save the Children & Institute for Polling and Marketing, Tbilisi, Georgia.

³ The Official Poverty Lines are for 3rd Quarter, 2002. Georgia Economic Trends, 2002. No.3.

More than one-half (52.5%) reported having an abnormal vaginal discharge during the last 12 months; 11.4% had a vaginal ulcer/boil. Of the 77 FSWs with at least one STI symptom, 65 (or 84.4%) received some treatment, and 44.6% applied self-treatment.

Virtually all FSWs had heard of the HIV virus and AIDS. A majority (85.0%) stated that is possible to take a confidential HIV test in their community. More than one-half of them (53.3%) have been tested for HIV, and the majority (92.2%) has received the results. When asked if the HIV test was voluntary or not, 90.6% said that it was voluntary. The majority (70.3%) were tested for HIV within the last year.

CONCLUSIONS

The BSS was conducted as an activity within SC's SHIP Project, funded by USAID. It was conducted in order to establish a rigorous and replicable methodological design that would provide high quality data on FSWs and that can, in turn, be used for advocacy in Georgia by the National AIDS Control Program and others.

The survey was conducted to obtain critical data and information for the following:

- Baseline and follow up information on indicators being promoted by UNAIDS in order to monitor the success of STI/HIV prevention programs;
- To develop a new strategy, or make corrections in existing prevention programs;
- Additional information to supplement other formative assessments to determine those risk behaviors where prevention interventions should be directed.

In addition, many other positive outcomes were observed in this surveillance survey. The sampling methodology chosen required a mapping exercise of all sites for facility-based sex workers in Batumi. As part of this mapping exercise, Tanadgoma identified additional sites for outreach activities. Furthermore, the participants were quite receptive to receiving STI screening offered in return for their participation, indicating that the FSWs understand the risk of STIs. The survey also increased awareness among the FSWs regarding services from NGOs and the "Healthy Cabinet," a local clinic where anonymous and free-of-charge services are provided.

Another positive outcome was that NGOs and government research institutions forged new working relationships that allow for stronger, more synergistic prevention programming in the future. Finally, the parties involved in the survey became more knowledgeable of modern surveillance methodologies and improved their skills needed for data collection and analysis.

Key Findings:

The majority of FSWs (75.8%) report that sex work is their sole source of income, and a similarly high percentage report that they have dependents that they financially support (89.5%). A high percentage of FSWs (86.7%) reported using a condom with their last paying client, and 54.2% reported consistent condom use in the last month with paying clients. This data is consistent with the high rate of condom use reported by IDUs (72.3% of those IDUs who reported having had sex with an FSW used condoms at the last sexual contact). The data also shows that the FSWs reported high rates of condom use with permanent client (84.2% at the last sexual contact, and 55.8% consistently over the last year). The high reported condom use rate with both paid and permanent clients is in contrast to low reported condom use rates with permanent partners (18.6% at last sexual encounter, and 12.8% consistently over the last twelve months).

The vast majority of FSWs (85.8%) is aware of trafficking, with five (4.9%) reporting they had been trafficked. Twenty-five percent of FSWs had worked abroad, mainly in Turkey. One-half of those

FSWs who had been involved in commercial sex abroad reported consistent condom use, with 13.3% reported never using condoms.

The high reported rate of condom use with paying clients appears to contradict the high prevalence of STIs found in the survey group. This might be due to so called “social desirability bias,” i.e., respondents sometimes saying what is socially desirable, rather than what might be the actual case. Another possible reason for observed high STI prevalence is that the STI risk may come from the permanent partners of FSWs with whom condoms are rarely used. Moreover, the data revealed low rate of condom use by FSWs while being involved in the sex business abroad. Finally, the high rates might also be related to lack of access to effective STI services. In the previous year, 38.5% of FSWs sought treatment for STI-related symptoms at state clinics/hospitals, 44.6% applied self-treatment, and 32.3% got treatment at a pharmacy. Only 10.8% got treatment from private clinics or hospitals.

The FSWs are aware of HIV testing services in the community, and slightly more than half have been tested for HIV. The vast majority (92.2%) received their results. Only two of the 120 FSWs interviewed (1.7%) reported injecting drugs.

Individual behavior change interventions

Nearly all FSWs reported that access to condoms was not a problem. Several factors complicate condom use, however, such as resistance by clients, or the threatening behavior of clients who refuse to use them. Such threats produce fear, and fear may reduce ability and desire to negotiate condom use. Targeting clients in condom promotion, as part of the transactional sexual encounter, is, therefore, essential. Condom use among regular partners and permanent clients is more difficult because of issues of trust and intimacy. These individuals, nevertheless, may be high-risk partners, based on the high STI levels found among FSWs. Reaching regular and permanent partners of FSWs remains a challenge. These relationships are of unknown stability and fidelity. Trying to reach these partners and design appropriate interventions is necessary, however.

In addition, given that the Adjara region forms the national border with Turkey, and Batumi is a port city, tailored interventions should be designed to address the problem of trafficking and to promote safe sex education among FSWs.

Service provision: STI services and voluntary counseling and testing for HIV

There is clear epidemiological and biological evidence that STIs facilitate HIV transmission. As a result, prompt, effective STI treatment has become a key strategy for HIV prevention, especially given the high STI prevalence rates among the FSWs in the survey. Accessible and quality STI care not only results in immediate health benefits but also has the potential to dramatically reduce HIV transmission that may occur. In addition, good quality STI services could impact the prevalence levels within the general population. Therefore, it is imperative that quality services should be made accessible and available to FSWs.

FSWs report that often they do not trust specialized health providers because of what they consider to be expensive or unnecessary charges.⁴ In addition, they distrust state medical facilities because of the perception that they do not always provide accurate diagnoses. Improving public services as well as improving the perception of the quality of public services will be an important component of an overall strategy to improve STI treatment. Formulating and addressing other reproductive health needs of FSWs, such as contraceptive services, is also essential.

⁴ Partnership Defined Quality: Quality of STI/HIV Services As Defined by Female Sex Workers and Health Care Providers in Tbilisi. 2004. Save the Children, Tbilisi.

Knowing one's HIV serostatus can have a profound impact on behavior. About one-half of the FSWs in this survey report having been tested. Continued promotion and availability of voluntary counseling and testing services for HIV should remain a priority. These are probably best provided at locations that include other sexual health services.

Social network interventions

Based on the informal ethnography of sex work in Batumi, in addition to facility-based sex work, there is cell phone-based sex work. (This survey only targeted facility-based sex workers.) Successful prevention interventions with FSWs depend on involving a wide range of people who influence commercial sex activity, either directly or indirectly. These include both the sex workers themselves as well as the clients, but in addition the “gatekeeper” individuals who control access to the sex workers, such as brothel owners, hotel managers and pimps.

In addition to the NGO outreach workers and health care professionals, another source of information about HIV/AIDS and STIs is peer educators (sex workers themselves involved in providing information to their peers), who can be part of an effective strategy to reach the target population.

Interventions to reduce the risk environment

Multiple strategies are necessary to address risk in commercial sex settings. These include both individual behavior change interventions, as outlined above, and environmental interventions addressing risk at the structural level.⁵ One important factor to reduce obstacles to prevention and treatment services is that they must be affordable, convenient, user-friendly and confidential. While sex work is neither legal nor illegal in Georgia, the police are involved in apprehending FSWs for compulsory testing. Sex workers may avoid this forced testing by paying bribes – either monetary or by offering sexual favors. Violence is also common in this population. Interventions to address violence, e.g., violence prevention and legal rights awareness, should also be considered.

RECOMMENDATIONS

1. FSWs in this study have high awareness on HIV/AIDS, high condom use rates with paying clients, low use with regular and permanent partners, high levels of treatable STIs, health seeking behavior at ineffective STI services (self-treatment and pharmacies), and unsafe risky behavior while working abroad. Prevention interventions must address all potential risk behaviors.
2. Behavior change communication interventions should be targeted at clients of FSWs, because the responsibility for condom use should not rest exclusively with the FSWs. Involving FSWs in the development of relevant messages and the dissemination of these messages within their networks will increase effectiveness. Strategies to address clients will need to be developed, perhaps through targeting the transactional sex setting.
3. Health services with a specialization for dealing with sex workers and clients should be upgraded and promoted. In addition to providing diagnosis and treatment for STIs, these services should provide prevention counseling, HIV counseling and testing, and other sexual health services that are needed. Fees associated with these services should be put in the context of the public health benefit. These services could be expanded to include permanent partners of sex workers as a way to access this group.

⁵ Steen Richard and Gina Dallabetta, “STI Control With Sex Workers and Presumptive Treatment Augment Efforts to Reduce Risk and Vulnerability”, *Reproductive Health Matters*, 2003, Nov; 11(22): 74-90.

4. Since television was cited as the main source of HIV/AIDS information, television information campaigns should address educational issues appropriate for the general populations. In contrast, specific, explicit HIV prevention messages and materials for FSWs and their clients and regular partners are best provided at the interpersonal level, through outreach workers and peer educators rather than through mass media outlets. The interventions should target the gaps in knowledge and attitudes revealed through this survey. New, additional strategies should be elaborated in order to fill these gaps.
5. Efforts should be made to expand prevention services to various sex worker groups, such as street-based, facility-based and cell phone-based sex workers. This may involve working with “gatekeepers” for access. In addition, especially hard to reach populations, such as male transvestites and street children who may be engaged in transactional sex, should be addressed. This will necessarily include involving groups that work with street children for identification and referral to appropriate services as well as supporting efforts to prevent children from engaging in commercial sex.
6. Voluntary HIV testing, with adequate pre- and post-test counseling, should continue. Testing can assist in risk reduction counseling. Current HIV testing procedures in Adjara require a considerable waiting time between the drawing of blood and the return of the test results. Pilot testing of rapid testing procedures for validity and client acceptability might increase the number of individuals getting HIV testing. Voluntary Counseling and Testing services (VCT) should be made available through sites that provide other HIV prevention and health services to FSWs.
7. Interventions for FSWs must be extended geographically. High-risk sites should be identified and prevention interventions begin. Typical sites include nearby urban areas, ports and commercial transit areas, cross-border areas, and military sites where large numbers of workers without families reside.
8. In a survey among youth, 84% of males 15-17 years of age thought it was “okay” to start their sexual life before marriage with an FSW.⁶ Moreover, 74% reported that they had had sexual intercourse with a sex worker. In light of these findings, organizations working with youth should promote healthy lifestyle curricula in which youth, especially males, are sensitized to healthy sexual choices and the risks of having unprotected sex with a sex worker. Longer-term strategies should address changes in social norms around male and female sexuality, as well as drug and alcohol use in Georgia.
9. Specific strategies should be elaborated to prevent trafficking of FSWs. In addition, special services should be established to provide medical and psychosocial rehabilitation to the victims of trafficking. Due to the nature of the problem concerted efforts should be made to establish linkages among national, regional and international organizations working in health and human rights issues.
10. Non-coercive, anonymous, ethical and systematic surveillance of FSWs (and other high risk groups), both behavioral and of selected biological markers, should be conducted throughout Georgia and repeated on a regular basis to monitor trends of STIs/HIV and high-risk behaviors over time. This will provide essential data needed for development of interventions and evaluation of their impact.
11. Prevention interventions should be addressed to the general population. This is one additional way to reach FSWs clients and increase their awareness.

⁶ Youth Reproductive Health Survey, UNFPA, 2002, Tbilisi, Georgia.

Table 1: Summary of Indicators for FSWs in Batumi.

Indicators	2004 BSS-1 Females (n=120)
Biomarker	
<i>Neisseria gonorrhea</i>	14.2% (17/120)
<i>Chlamydia Trachomatis</i>	20.0% (24/120)
Reactive syphilis serology (RPR, TPHA with ELISA confirmation)	33.0% (38/120)
Percentage with no STI	47.5%(57)
Percentage with 1 STI	50.0%(60)
Percentage with 2 or more STIs	13.3%(16)
HIV (ELISA with Western Blot confirmation)	0.0% (0/120)
Demographic Characteristics	
Median age	33 yrs
Level of education	70.0% (Secondary)
Marital status	54.2% (Married)
Sole source of income	75.8% (91/120)
Have financial dependents	85.0% (102/120)
Average # of dependents for FSWs with dependents	3.6%(102)
Alcohol and Drug Use	
Consume alcohol at least once a week	23.3% (28/120)
Ever Taken "pills"	1.6% (2/120)
Ever used inhalants	0.8% (1/120)
Ever injected drugs	1.6% (2/120)
Study Population Characteristics	
Median age at 1 st sexual contact	17.0 yrs
Median age 1 st received money in exchange for sex	28.0 yrs
Mean years working as a sex worker	4.2 yrs (range yrs: <1 to 19)
Sexual Risk Behavior	
Has non-paying/permanent partner	71.7% (86/120)
Condom use during last sexual intercourse with non-paying/permanent partner	18.6% (16/86)
Consistent (always) condom use with non-paying/permanent partner over last month	12.8% (11/86)
Condom use with last client	86.7% (104/120)
Consistent (always) condom use with clients over last month	54.2% (62/120)
Experienced threats or physical violence in the past year	13.3% (16/120)
Sexual contact against will in the past year	5.8% (7/120)
Both sexual contact against will and threats or physical violence in the past year	2.5% (3/120)
Condoms	
Place where condoms are obtained	91.6% (pharmacy)
Less than 5 minutes is needed to obtain a condom	69.8%
If condom not used with last client, why?	37.5% (didn't think of it)
STI/HIV Knowledge, Experience and Practices	
Do not know any STI symptom for women	23.8% (28/118)
Had abnormal vaginal discharge in last 12 months	52.5% (63/120)
Had vaginal ulcer/boil in last 12 months	11.4% (14/120)
Places sought treatment: State clinic/hospital	38.5% (25/65)
Self-treatment	44.6% (29/65)
Aware of HIV/AIDS	100%(120)
Know person with HIV/AIDS	2.5% (3/120)
Received information about HIV/AIDS	100.0% (120)
Main sources of HIV/AIDS information: Television	73.7% (87/118)
Social Workers	44.9% (53/118)
Correctly identify six means of transmitting HIV	44.9% (53/118)
Voluntary Counseling and Testing	
Voluntary HIV testing in the community	85.0% (102/120)
Had an HIV test	53.3% (64/120)
Received HIV result	92.2 % (59/64)

Introduction

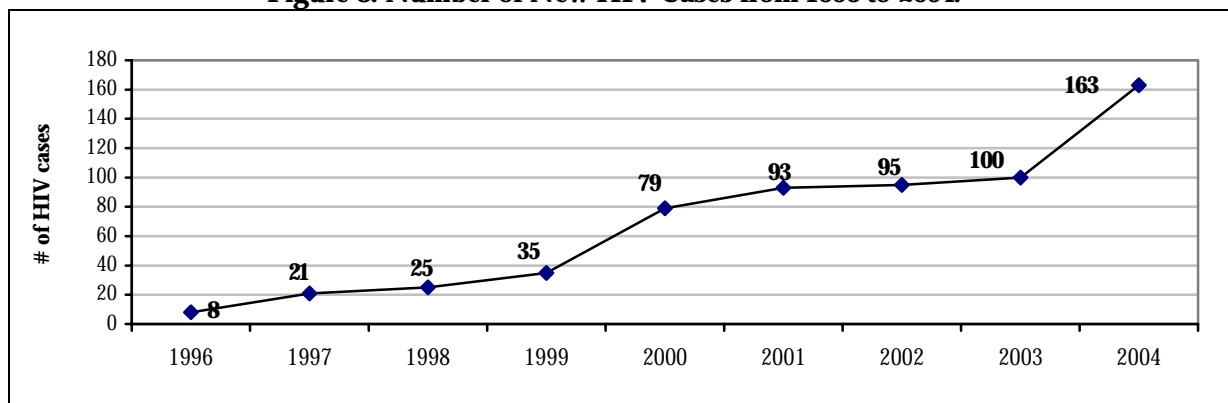
According to the 2002 Census, Georgia's population is 4.4 million people in a geographical area of 70,000-sq. km., bounded by the Black Sea, Russia, Azerbaijan, Armenia and Turkey. Much of the social structure supporting health care has become increasingly dysfunctional since the collapse of the former Soviet system and the economy, paralleling the rise in overall risk to the health of the population. Transparent borders, allowing drugs to move freely throughout the region, and liberalization of sexual taboos traditional to Georgians, has resulted in increased levels of high-risk behaviors involving female sex workers (FSWs) and injecting drug users (IDUs). This has, in turn, resulted in an accelerating spread of sexually transmitted infections (STIs), including HIV.

The incidence of HIV has grown slowly and is presently concentrated within the IDU population. The wide availability of drugs, combined with the complex factors motivating demand, and the almost total absence of educational interventions to reduce demand, is likely to mean that IDU trends will continue in an upward direction for the foreseeable future. Also, the exponential growth in STIs, particularly among young people, is alarming in that STIs are a co-factor in HIV transmission. Moreover, the same risk behaviors perpetuate both infections. STIs also have severe reproductive consequences, in addition to increasing HIV transmission.

WHO experts indicate that Georgia could be on the verge of an HIV outbreak if adequate preventive measures are not taken. At present, Georgia falls within the category of countries classified as low HIV prevalence, defined by UNAIDS as having less than 5% infection in all groups. The first HIV diagnosis in Georgia was made in 1989. As of the July 1, 2005, a total of 740 HIV cases had been registered; 619 are males and 121 are females, ranging from 21 to 40 years of age. Out of 740 reported HIV cases, 107 cases (14.5%) are registered in Adjara.⁷ The estimated number of persons living with HIV in Adjara is 500-600 persons. However, STI/HIV data suffer from a weak surveillance system, which is likely to have resulted in widespread under-reporting.

The trend since 1996 has seen an increase in the number of HIV cases (see Figure 3). Moreover, anecdotal reports of recent increases in the rates of STIs indicate a future potential for HIV to spread more rapidly among the wider population through sexual contact.

Figure 3: Number of New HIV Cases from 1996 to 2004.



⁷ Infectious Diseases, AIDS and Clinical Immunology Research Center, Annual Report, 2004. Unpublished.

The estimated number of persons living with HIV in Georgia ranges from a low of 2,000 to a high of 12,000 persons.⁸ IDUs account for 67% of the registered HIV cases in Georgia; heterosexual contacts for 26.7% (1/3 of these heterosexual contacts were with known IDUs); homo/bi-sexual contacts for 3.3%; 0.8% were blood recipients; 0.9% was from vertical transmission; and 1.3% was from unknown causes.⁹

Unfortunately, very limited epidemiological data is available on STI/HIV prevalence and on the high-risk behaviors of FSWs in Georgia.¹⁰ A cohort study conducted during 1997-1999 in Tbilisi (the capital), Poti and Batumi (port cities on the Black Sea) detected 1.4% prevalence of HIV among the 73 FSWs investigated.¹¹ In another study, 51.5% of FSWs indicated they used condoms with clients on a permanent basis.¹² As reported in the first Behavioral Surveillance Survey (BSS-1) conducted by Save the Children in 2002 in Tbilisi, the overwhelming majority of FSWs recruited (94.9%) reported consistent use of condoms with clients.¹³ None of the FSWs tested in 2002 was HIV positive. However, 28.8% of FSWs had syphilis, 25.8% Chlamydia and 17.4% gonorrhea. In the second BSS conducted by Save the Children in Tbilisi in 2004, the prevalence of syphilis increased to 48.7%, while the prevalence of Chlamydia and gonorrhea remained stable among the women tested (22.3% for both infections).

During the Soviet period, FSWs were forced to undergo mandatory testing and treatment for STIs and HIV, and there was a very strict epidemiological surveillance system to control for these infections. This system and control disappeared with the collapse of the Soviet Union in 1991. Since that time the Georgian authorities have struggled to develop totally new approaches to STI/HIV prevention. Nevertheless, while sex work is neither legal nor illegal in Georgia, the police are still involved in apprehending FSWs for compulsory testing. Sex workers may avoid this forced testing by paying bribes or providing sexual favors to the police. This harassment by law enforcement officers produces more barriers for FSWs to voluntarily seek treatment, and it makes it more difficult for organizations that provide services to them.

Governmental and non-governmental organizations as well as the international donor community have responded to the spread of HIV in Georgia with pilot interventions. Despite the political support for such interventions, an effective comprehensive system to prevent the further spread of STIs and HIV is yet to be established – in Georgia as well as the South Caucasus region as a whole.

Even though Georgia is considered a low prevalence country for HIV, there is a great danger in equating low prevalence with low priority for HIV prevention.¹⁴ Economic conditions in Georgia have not improved over the last several years. With the rapid decline in the socio-economic situation and increased social inequality, there has been an increase in stress, depression and hopelessness among individuals. This environment creates the conditions for greater HIV transmission, due to increased high-risk behaviors, such as drug use and prostitution.

⁸ UNAIDS, 2004 Report on the Global AIDS Epidemic. Pg. 196. <http://www.unaids.org/bangkok2004/GAR2004_pdf/GAR2004_table_countryestimates_en.pdf>

⁹ Infectious Diseases, AIDS and Clinical Immunology Research Center, Annual Report, 2004. Unpublished.

¹⁰ It is estimated that there were from 700 to 4,000 women 15-49 years of age living with HIV in Georgia in 2003. UNAIDS, 2004 Report on the Global AIDS Epidemic. Pg. 197. <http://www.unaids.org/bangkok2004/GAR2004_pdf/GAR2004_table_countryestimates_en.pdf>

¹¹ Situation Analysis on HIV/AIDS in Georgia, Georgia AIDS & Clinical Immunology Research Center, 2001.

¹² Georgian AIDS & Immunology Research Center, 2001: pg.42 (unpublished).

¹³ "Characteristics, High-Risk Behaviors and Knowledge of STI/HIV/AIDS and STI/HIV Prevalence of Street-Based FSWs in Tbilisi, Georgia"; Save the Children, 2002.

¹⁴ Mills, S. "Back to behavior: prevention priorities in countries with low prevalence." *AIDS* 2000; 14 (supplement 3): S267-73.

Ethical Issues

The first Behavioral Surveillance Survey (BSS) with biomarker component among FSWs in Batumi, Adjara region was conducted by the STI/HIV Prevention (SHIP) Project in October-November 2004.

The survey investigators were cognizant of the fact that the individuals participating in this study were at some risk for social harm, should they be identified as part of the target group. Thus, the survey was designed to provide maximum protection for the participants, yet at the same time provide individual and community benefits. The following ethical issues that were taken into consideration:

- Participation in the survey was voluntary. Participants were free to withdraw at any time and were informed that refusal or withdrawal would not affect services they would normally receive.
- No names were recorded. All documentation was anonymous, linked only by a study number.
- Staff conducting the survey was trained in discussing sensitive issues and protecting participants' confidentiality and human rights.
- All individuals identified with a curable sexually transmitted infection were offered free counseling and referred to the "Healthy Cabinet" for treatment.
- Recruitment of participants was done by Tanadgoma/Batumi, a local NGO that has extensive experience working with FSWs, or by the target population themselves.

The BSS protocol was approved by the Ethical Committee of the HIV/AIDS Patients' Support Foundation in Georgia. The survey was conducted in cooperation with the Infectious Diseases, AIDS and Clinical Immunology Research Center (AIDS Center), which has been designated by the government as the primary HIV/AIDS research and treatment institution in Georgia.

Methodology

Over the past two to three decades several methods for recruiting hidden populations for surveillance and other survey research purposes have been developed. Time Location Sampling (TLS), classified as a probability sampling method, is strongly recommended for surveillance surveys among FSWs. This approach, which is being used more frequently in recent years, takes advantage of the fact the some hidden populations tend to gather or congregate in certain types of locations.

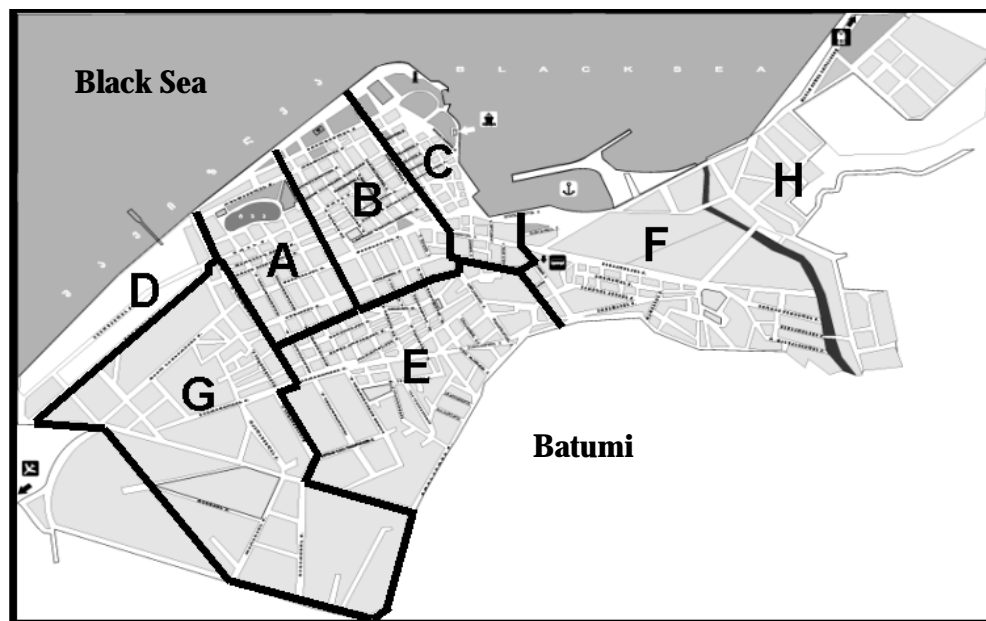
As a pre-surveillance assessment, formative research with FSWs and some key informants took place to learn more about commercial sex work in Batumi. Based on Tanadgoma's (TG) previous experience and the findings of the pre-surveillance assessment, it was evident that, unlike Tbilisi, there are few street-based FSWs in Batumi. They commonly operate from bars, saunas, hotels, and restaurants. Therefore, in order to obtain a representative sample size of the target population, the study was conducted among FSWs working at these facilities.

To develop a survey sampling frame, a preliminary ethnographic mapping exercise was undertaken in October-November 2004 by TG, in collaboration with a local research institute (the Institute of Polling and Marketing - IPM). The purpose of the mapping was to identify appropriate sections of the city, facility sites, approximate numbers, and working hours of FSWs in Batumi.

Mapping

The mapping exercise involved the use of a detailed street map of Batumi. The main objective was to identify all the facilities (restaurants, saunas and hotels) frequented by FSWs, and to estimate the approximate number of FSWs at each site. TG, in consultation with IPM, divided the city into eight grid sections (see Figure 2). The size of a section was determined by the number of facilities that could be easily observed within a short period of time. For each section an observation route map was made. In unmarked cars, two (2) teams comprised of two observers - a social worker from TG and a researcher from IPM - toured each section twice: once during the daytime (15:00 to 18:00) and once at night (21:00 to 00:00). Each team observed only one or two sections per day.

Figure 4: Sectional Grids to Map Facility-Based FSWs in Batumi.



Out of 331 facilities observed, 29 facilities were identified with commercial sex workers:

- 26 bars;
- 1 hotel;
- 1 sauna;
- 1 night shelter (for homeless people)

The estimated number of FSWs working at these sites was 84.

Recruitment for the survey was conducted in the following manner. A driver and two TG social workers went to each section of the city and informed FSWs about the purpose of the BSS. Each FSW was offered a cell phone card as an incentive to participate. If the FSW agreed, she was driven to the Healthy Cabinet in Batumi for the interview, and immediately following the interview asked to provide a blood and urine sample. Each FSW was given a card with their ID number and referral coupon to the Healthy Cabinet clinic for free-of-charge STI services (including prophylaxis). All FSWs were asked to call after two weeks to find out the results of their test. After the interview, the FSWs were driven back to the site from where they were recruited.

The Republican Center of Health Services for Mother and Child in Batumi and the AIDS Center provided TG/Batumi with a list of the test results by ID number. When an FSW telephoned to get the results, she was asked to give her ID number. If the result was negative, this information

was provided on the spot. If the result of the test was positive, the FSW was invited to TG's office in Batumi, and the results were presented along with post-counseling. All FSWs with any STIs were encouraged to visit the Healthy Cabinet for free-of-charge treatment. From the 120 FSWs interviewed, less than half (47, or 39%) received notification of their STI/HIV status.

Survey Instrument

The survey instrument used was a behavior study questionnaire for FSWs provided in the manual, *Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk for HIV*, by Family Health International (FHI). This tool has been used for the study of risky sexual and related behavior among FSWs in several countries. The questionnaire was translated into Georgian and back into English. It was finalized once it had been adapted to the Georgian context and also after pre-testing in a focus group and during in-depth interviews with FSWs.

The final version of the questionnaire was translated into Georgian, and a Russian version was also prepared as some FSWs were Russian-speaking. The same questionnaire was used in surveys conducted by the SHIP Project in 2004 in both Tbilisi and Batumi so that comparisons could be made across the survey sites. Only slight modifications were made to the questionnaire used in Batumi, namely, a section on trafficking and sex work abroad was added.

The interviews were conducted by two trained and experienced interviewers from IPM in two private rooms in the Healthy Cabinet. In addition, an independent consultant was hired to observe the interviewing process. On average, the interview took 30 minutes to complete.

Recruitment of Study Participants and Interviewing

A team of two staff from TG/Batumi recruited study participants in all locations, either during the day or night, identified through the mapping exercise.

1. The staff of TG (2 social workers) contacted 142 facility-based FSWs on October 11-November 4, 2004.
2. A total of 120 facility-based FSWs were recruited (see Table 1 in the Appendix).
3. Subject duplication was overcome by using an identification database that recorded the FSW's age, ethnicity, and physical characteristics, such as height, weight, scars, tattoos, and some biometric measures.
4. The sampling ended when the target sample size of 120 FSWs was achieved.
5. After completing the interview, FSWs were asked to give blood and urine specimens for STI and HIV testing. A licensed nurse working at the Healthy Cabinet drew the blood specimens.
6. A total of 120 urine samples were collected for testing on NG and CT, and 115 blood samples were collected for testing on syphilis and HIV; five FSWs refused to provide blood specimens.

Biomarker Testing

The biomarker component of the survey involved the analysis of blood and urine specimens at the Laboratory of the Republican Center of Health Services for Mother and Child in Batumi. Confirmation testing and quality control analyses were performed at the laboratory of Serology

and Virology of the Infections Diseases, AIDS and Clinical Immunology Research Center in Tbilisi. According to the BSS protocol, 10% of the blood samples were randomly selected and sent to the AIDS Center for quality control of laboratory testing. In addition, all blood specimens that tested HIV positive were sent to the same Laboratory of Serology and Virology for confirmation testing.

Urine specimens were adequately stored at the Healthy Cabinet in Batumi and transported to the AIDS Center in Tbilisi using cold-chain boxes. Urine specimens were tested by Polymerase Chain Reaction (PCR).

HIV testing

HIV antibody testing was performed using a three-level enzyme-linked immunosorbent assay (ELISA) testing strategy. If a sample was reactive in the first ELISA test (Genescreen Plus HIV Ag-AB, Bio-rad), the sample was retested two more times using another kit of ELISA. Samples were considered HIV antibody positive if they were reactive in at least two out of three tests. Any sample non-reactive to the first test was considered as HIV-antibody negative. HIV-antibody positive samples were tested by Western Blot assay (HIV blot, Genelabs) as the confirmation test.

Syphilis testing

Serum samples were tested also for syphilis antibodies by rapid plasma regain test (RPR, Human) and *Treponema pallidum* hemagglutination assay (TPHA, Human). ELISA tests (ELISA TP IgG test [Nubenco]) were used for confirmation of syphilis-antibody positive samples.

Neisseria gonorrhea and Chlamydia trachomatis

Urine specimens were tested by Polymerase Chain Reaction (PCR) according to the manufacturer's instructions for the detection of *Neisseria gonorrhea* and *Chlamydia trachomatis* (CT/NG PCR, Roche). PCR-positive cases were considered as confirmed infections of NG and CT, respectively.

Data Entry and Statistical Analysis

Save the Children (SC) contracted the Institute of Polling and Marketing (IPM), located in Tbilisi, Georgia, to develop the BSS databases using Statistical Package for the Social Sciences (SPSS, version 11). After completing the interviewing, IPM created a database by matching the questionnaire that included variable names, variable descriptions and value labels. Two experienced individuals made the data entry, one who read the completed interview form and the other entering the data.

Once the SPSS databases were completed, a random check was made of 5% of the completed interview forms. In addition, a frequency was run on all variables to examine values, labels and frequencies. The "cleaned" database was submitted to SC for data analysis.

Katie Stvilia, from the AIDS Center, analyzed the data. Percentages, means and medians were calculated to assess prevalence of high-risk behavior among FSWs. Bivariate relationships between age groups were examined using Chi-square test and Fischer's exact test.

Findings

Portrait of a Female Sex Worker – Maia

In Batumi, FSWs are of various ages, social backgrounds, and places of work. They have different types of clients, payment scales, and negotiation skills for condom use. However, despite this

variety, it is important when possible to put a “face” on all the data and statistics presented. Thus, the FSW “Portrait of Maia” presented below is meant to illustrate a typical FSW in Batumi.

Maia is 33 years of age and has been a sex worker for more than four years. Not long after graduating from high school she married her boyfriend thinking she would have somewhat of a normal life. But several years later, her husband lost his job. She suddenly found that she had to support two children as well as her mother and husband, who helped take care of the children. Due to severe economic problems, there were few jobs in her town, and since she only had a high school diploma (her parents and relatives did not encourage her to seek a higher education) she knew her prospects for a decent paying job were remote. Consequently, to help support her family, Maia moved to Batumi and started selling the one asset she had: her body.

During the last week Maia has had 5 clients. She charges 50 GEL (\$27 USD), which means over the last week she has made about 250 GEL (\$137 USD). Compared to the amount most people earn in Batumi, this is good money—at least her children will be able to eat, get school supplies, and she will be able to buy the medicine her mother needs. (She conceals from her family and friends back in her home town how she actually earns money.)

To protect herself, most of the time she requires her clients to wear a condom. Maia and other sex workers she knows are occasionally beaten by clients. Why? They are not always sure — just because they are sex workers or just because the men have had a bad day and want to vent their anger on someone.

Maia battles sexually transmitted infections; over the past year, she has suffered from abnormal vaginal discharges. Recently, she went to a clinic for an infection but left without treatment because she was uncertain of the diagnosis. She was told she had several infections, some without symptoms. She wondered how she could be infected without having a symptom. She remembers her friends telling her that some clinics tell you that you have an infection when you don't, just to make extra money. Because of these doubts, Maia preferred not to be treated at the clinic. However, just to be safe and to save herself some money, she gave herself an injection of antibiotics.

Maia has heard of HIV/AIDS from watching television and from speaking with a few social workers in Batumi. She knows the importance of using condoms to help prevent her from getting sexually transmitted infections. Because of her concern, she has been tested for HIV, and she was extremely happy when she was told the result was negative.

Maia has a boyfriend whom she loves, and he does not mind her doing this type of work, since she must support her family. To show her love and trust to him, she does not insist on him using a condom. However, she is never sure that he does not have other sexual partners. Sometimes she wonders if her infections are coming from him.

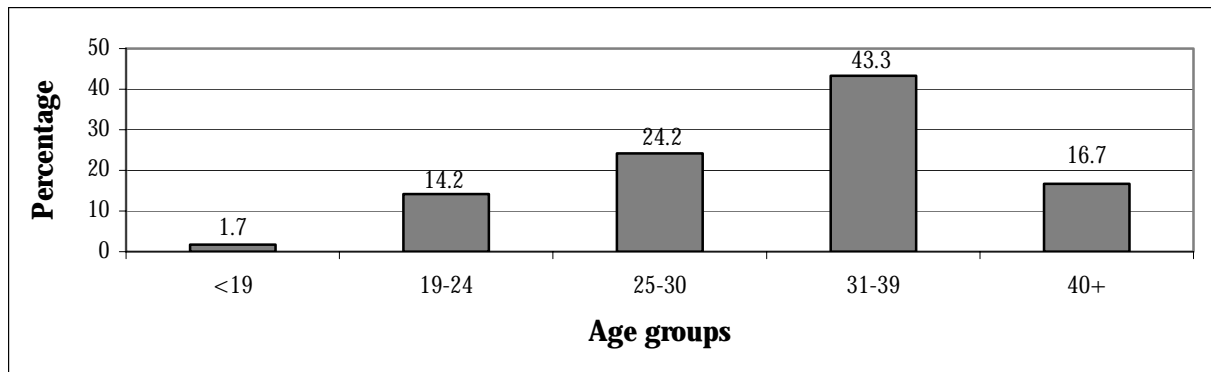
On weekends, she will often drink with her friends, but she stays away from drugs and pills. Everyday she sees the economic situation slowly changing in Georgia, and she tries to keep herself healthy, so that when the opportunity arrives she can move back to her hometown and get a job that pays enough to support her family. However, before the economic situation in Batumi improves, she might decide to go abroad with her colleagues who have worked in Turkey as sex workers and earned even more money there. She has heard about trafficking of women, and she will try to be extremely cautious.

Socio-demographic characteristics

On average, FSWs recruited were 32.1 years of age (a median of 33.0 years of age), as shown in

Figure 5. The largest percentage of FSWs (43.3%) was 31-39 years of age, with the next largest percentage (24.2%) 25-30 years of age. The smallest percentage (1.7%) was 19 years of age or younger.

Figure 5: FSWs by Age Groups.

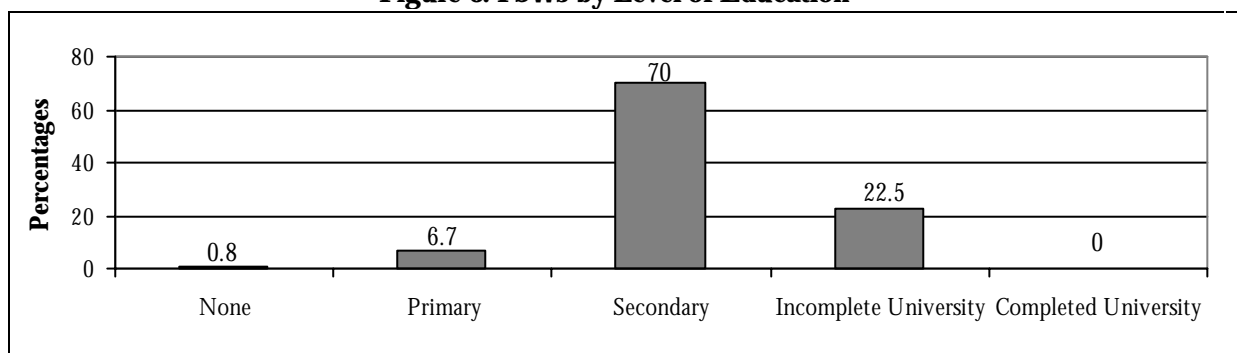


The majority of FSWs were Georgian (81.7%) with only small percentages being Russian (8.3%) and Ukrainian (4.2%), or Ossetian (1.7%). Only five FSWs were of other ethnicities (Azeri, Armenian, Kurdish, Polish and Moldavian).

Out of 120 FSWs recruited only 4.2% reported they were an IDP. All FSWs (100%) lived in Batumi at the time the survey was conducted and have lived there, on average, for 12.6 years. About one-fifth (19.2%) had practiced commercial sex in another city, while 25.0% reported previously working in another country (mostly in Turkey). On average, FSWs reported being engaged in commercial sex abroad for 3.7 years (ranging from 2 weeks to 9 years).

FSWs who participated in the BSS attended schooling for, on average 10.9 years. The majority of them (70.0%) completed secondary or vocational level education, with 22.5% having had some university education (Figure 6). A small percentage (6.7%) completed only primary education. One FSW (0.8%) had no formal education.

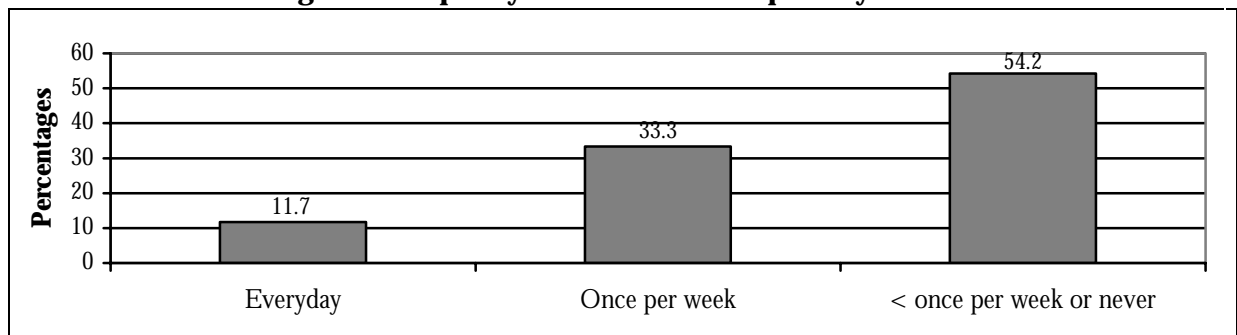
Figure 6: FSWs by Level of Education



A majority of FSWs (54.2%) was married at the time the survey was conducted. More than one-third (39.1%) were divorced or separated, and only 6.7% had never been married (Table 5). The majority of divorced FSWs (61.7%) reported having a permanent partner. Slightly more than one-quarter (26.2%) who were currently married reported that their husband had other sexual partners; 32.3% reported not having sex with their husband but instead having a permanent partner. Of those FSWs who have never been married, a majority (75.0%) reported having a permanent sexual partner.

More than half (54.2%) reported consuming alcohol once a week or less (Table 6), with 11.7% reported daily alcohol consumption.

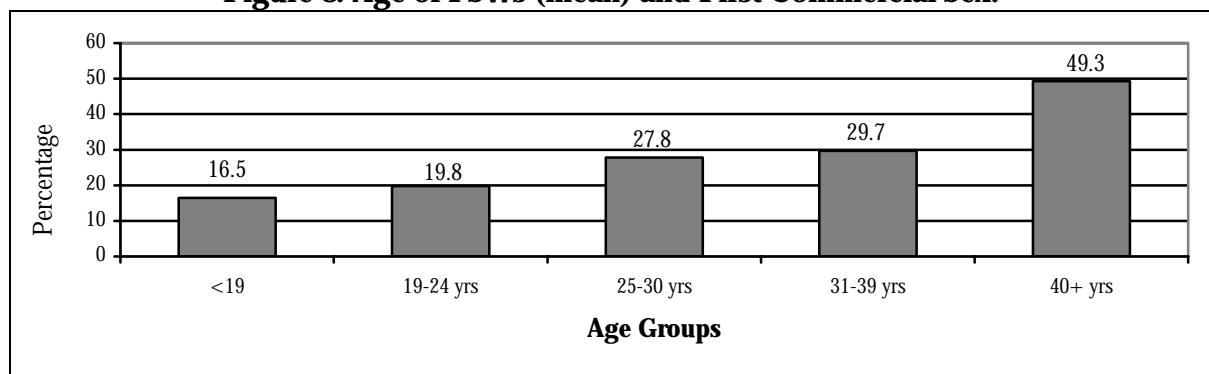
Figure 7: Frequency of Alcohol Consumption by FSWs.



A total of six FSWs reported using drugs. Two (1.7%) had injected drugs (heroin and/or opium); both of them were over 31 years of age.

On average, the age when FSWs first had sex occurred at 17.6 years of age (Table 7). Overall, the average age at which FSWs first exchanged sex for money was 30.9 years of age (median of 28 years of age). By age groups, the average age at which sex was first exchanged for money was 16.5 for the youngest group, increasing to 49.3 for FSWs over 40 years of age (Figure 8).

Figure 8: Age of FSWs (mean) and First Commercial Sex.



On average, FSWs have been engaged in commercial sex for 4.2 years. The number of years working in commercial sex increases with age, from 1.0 year among younger FSWs (<19 years of age) up to 6.2 years for those of 31-39 years of age. This decreased to 3.3 years for the oldest age group. One FSW reported being engaged in sex work for 17 years.

About one fourth of FSWs (24.2%) have other sources of income. The largest percentage of them (44.8%) worked as a waitress in restaurants, 10.3% worked in bars. A small percentage (6.9%) earned money from petty trade. Involvement in another income earning activity was more common among older FSWs. Half of FSWs over 40 years of age reported having other sources of income. The difference in having other sources of income by age groups was statistically significant [chi-square =.351 (4df), $p < 0.006$].

The overwhelming majority of FSWs (89.5%) reported having dependents (children, parents, grandparents) that they financially support; of them 93.1% support children, and 52.9% support parents and other relatives.

FSWs who financially supported one or more dependents supported, on average, three dependents (mean 3.1 persons). Almost one-half (40.0%) who reported having dependents were either divorced or separated. The majority (75.8%) of FSWs also reported that sex work was their

only source of income. Economic survival is one of the major driving forces for women to be involved in commercial sex.

High-Risk Behaviors, Knowledge of STI and HIV/AIDS

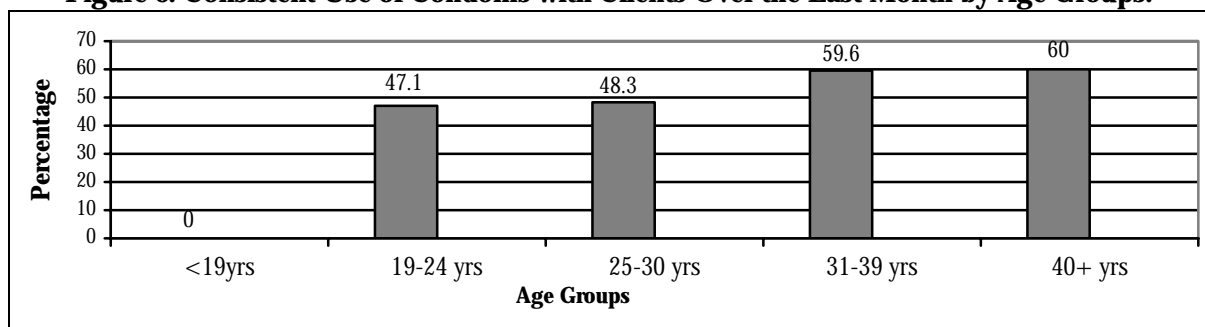
Sexual Behavior with Clients

The overwhelming majority of FSWs (79.2%) reported having clients during the last seven days (shown in Table 8 in the Appendix). FSWs who reported having clients in the last seven days had, on average, 5.6 clients over this period of time. FSWs 25-30 years of age reported having more clients (mean 8.4 clients) during the week prior to the interview than younger ones (with the lowest mean 2.5 clients).

FSWs reported receiving fees from commercial sex ranging from 5 GEL (\$3 USD) to 400 GEL (\$220 USD), with an average of 52 GEL (\$29 USD). The youngest group received, on average, 60 GEL (\$33 USD), while the oldest group reported receiving, on average, 40 GEL (\$22 USD) from the last client.

When asked about frequency of using condoms over the last 30 days, 54.2% of FSWs reported regular use of condoms with clients. The percentage of FSWs who consistently use a condom with clients increases with age, from 47.1% for FSWs 19-24 years of age up to 60.0% for the oldest group. None of the FSWs younger than 19 years of age reported regular condom use with clients (Figure 9). It should be noted that three FSWs who were over 31 years of age reported never using condoms with clients.

Figure 9: Consistent Use of Condoms with Clients Over the Last Month by Age Groups.



The majority of FSWs (86.7%) used condoms with their last client, with the highest percentage (90.4%) among FSWs 31-39 years of age. When asked who offered to use the condom, the majority (75.0%) reported it was due to their initiative, while 22.1% reported it was a mutual decision. Fourteen women reported they did not use a condom with the last client. When asked why a condom was not used, 18.8% reported that the client refused, while 37.5% did not think of it. Almost one third (31.3%) said they didn't think it was necessary as the client looked healthy.

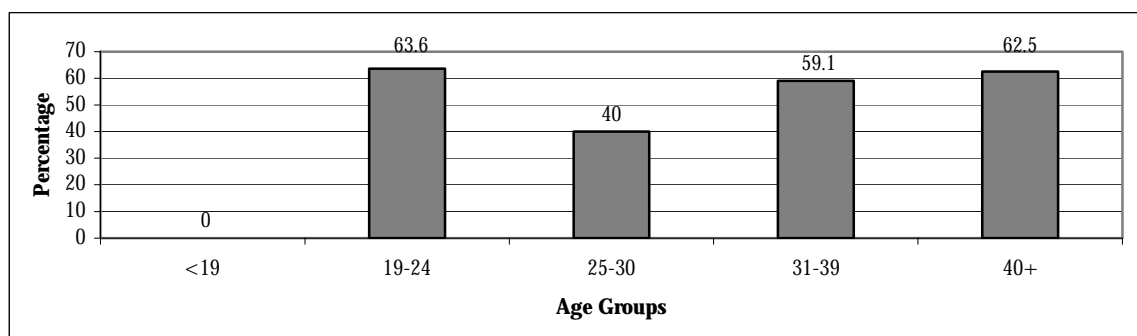
Sexual Behavior with Permanent Clients

A "permanent client" is a person who often uses sexual services of one particular FSW. More than half of FSWs (57.3%) reported having permanent clients (see Table 9 in the Appendix). The average number of permanent clients varies from 2.5 for the youngest age group, doubling for FSWs 25-30 years of age (4.8), and reaching the highest average numbers for women 19-25 years of age (8.2) and over 40 years of age (8.4).

Slightly more than half of the FSWs (57.7%) reported that their last client was a permanent client. Only one FSW reported having no sexual contact with her permanent client during the last 30 days. The majority of FSWs (84.2%) used a condom with their permanent client during the last sexual contact. Most FSWs (79.2%) reported that using a condom during their last sexual contact with permanent client was at their initiative, while 20.8% reported it was a mutual decision. Nine FSWs (15.8%) didn't use a condom during the last sexual encounter. When asked why a condom was not used, four FSWs (44.4%) reported the partner refused, while three (33.3%) reported they did not think it was necessary as they were taking contraceptives.

When asked about the frequency of using condom with permanent clients over the last 12 months, two FSWs (3.8%) reported never using a condom, while 55.8% of FSWs reported regular condom use. The highest percentage (63.6% and 62.5%) of consistent condom use with permanent clients was reported by FSWs 19-24 and 31-39 years of age (Figure 10).

Figure 10: Consistent Use of Condoms with Permanent Clients over the Last 12 Months by Age Groups.



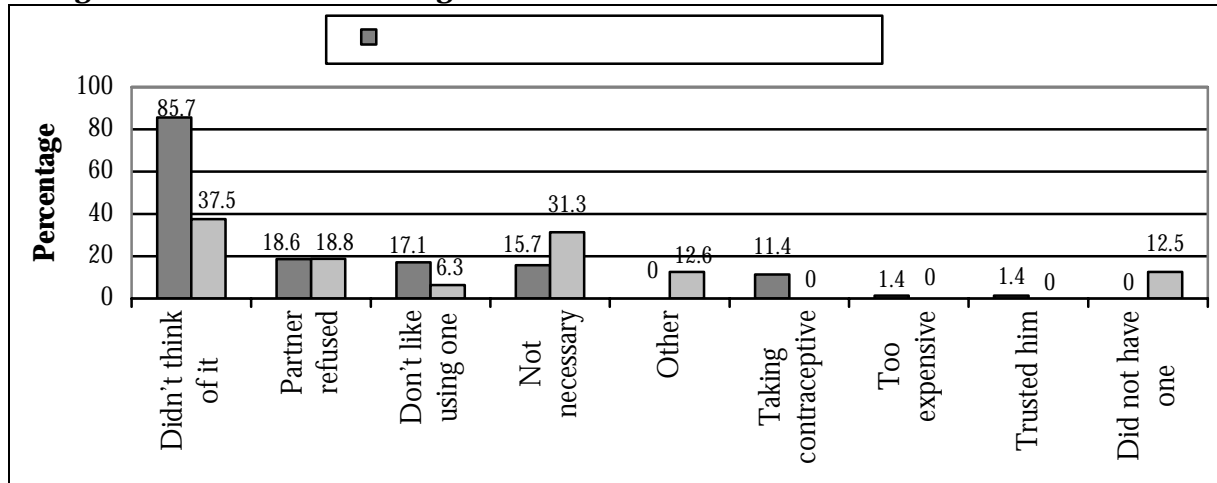
Sexual Behavior with Regular Sexual Partners

A "regular partner" is a spouse/lover/boyfriend with whom the FSW cohabitates or has established regular sexual contact without exchange of money. More than two thirds of FSWs (71.7%) have a permanent partner (see Table 10 in the Appendix).

A small percentage of FSWs (4.7%) didn't have sexual contact with their permanent partners during the last 30 days. The majority (81.7%) of those who had contact with a permanent partner reported up to 15 sexual contacts.

Of the 86 FSWs who had a permanent partner, 81.4% didn't use a condom during the last sexual contact. The oldest FSWs reported a higher percentage of condom use (26.7%) during the last sexual contact with a permanent partner. Slightly more than one-half of FSWs (56.3%) reported that the decision to use a condom was mutual, while 37.5% reported it was at their initiative.

Figure 11: Reasons for not Using a Condom at Last Sex with Client and Permanent Partner.

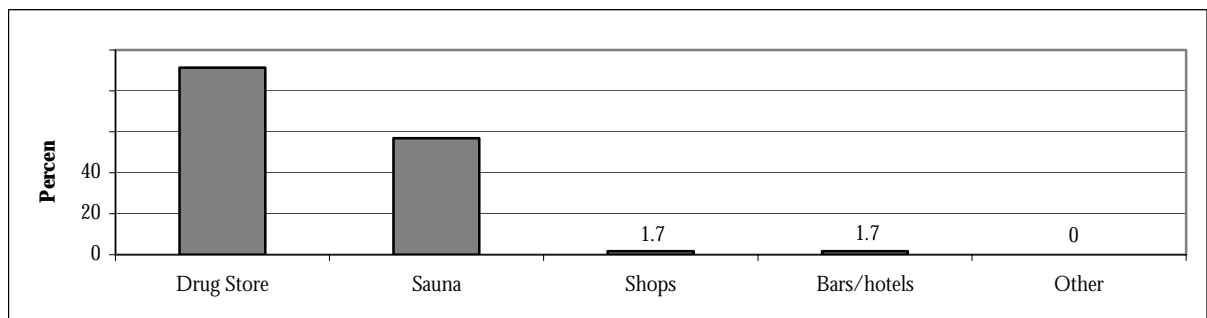


Over the last 12 months, only 12.8% of the FSWs reported using a condom with their regular partner consistently. A majority (65.1%) stated that they never used a condom with their permanent partner during the last year. When asked why a condom was not used, 85.7% reported that they did not think it was necessary; 18.6% reported that their partner refused; 17.1% said they did not like condoms; and 15.7% did not use a condom because the partner looked healthy.

Condom Accessibility

During the interviews, FSWs were asked to identify places where they usually buy or get condoms free-of-charge (presented in Table 11 & Figure 12). Almost all FSWs (96.7%) know a person or a place to obtain condoms. Most FSWs (91.4%) stated that they buy condoms at a pharmacy; slightly more than one-half (56.9%) reported getting condoms at saunas.

Figure 12: Places Where FSWs Obtain Condoms.



The majority of FSWs (96.6%) reported needing 30 minutes or less to buy/get a condom; 69.8% reported they needed five minutes or less to get a condom. About two-thirds of FSWs (60.8%) had no condom with them at the time the interview was conducted. The FSWs who had condoms with them during the interview had, on average, 2 condoms; the maximum number of condoms was 20. More than one-third of FSWs (36.7%) did not have condoms at their place of work.

These findings show that neither lack of availability or access nor economic factors are the major reason why condoms are not used, with clients or partners. When condoms are not used it is due to the refusal of clients or partners and ignorance about STIs/HIV (since they judge by appearance whether their clients or partners are “healthy/not infected”).

Violence Perpetrated against FSWs in Batumi

When asked if FSWs had experienced physical violence in the last year, 13.3% of them reported they had (Table 12). Of the sixteen FSWs willing to identify the perpetrator, 37.5% reported that their client committed the violence. The next highest percentage (31.3%) identified their permanent partners.

Six FSWs (5.0%) reported being victims of sexual violence through blackmail or threats. In 50% of the cases FSWs reported being blackmailed by a client. A small percentage of FSWs (5.8%, or 7) reported being raped during the previous year. Three of them (42.9%) were raped by a client, and four women were raped by a stranger or other “people.”

Figure 13: Physical and/or Sexual Violence Experienced by FSWs in the Previous Year.



Trafficking and Experience of Commercial Sex Work Abroad

The majority of FSWs (85.5%) had heard about trafficking (see Table 13 in the Appendix) and five of them (4.9%) reported being trafficked. Interestingly, two of them reported being trafficked 3-5 times.

Of the 120 FSWs, one-fourth (25.0%) reported being engaged in commercial sex abroad voluntarily. Of them, more than one-half (56.7%) were 31-39 years of age. On average, FSWs visited other countries for commercial sex purposes four times during the previous year as well as in 2003. In 2002, FSWs reported visiting other countries on average, 2.3 times. The number of visits abroad has slightly increased over the last three years. The majority of them (83.5%) stated that their primary motivation for working abroad was to earn more money; only 13.3% went abroad for better living conditions.

When asked which country they visited during the last year, the vast majority of them (90.0%) reported visiting Turkey; only two FSWs reported working in Germany, and one in the Czech Republic. Of the 30 FSWs who worked abroad, three reported having problems when they crossed the border. The only woman willing to specify the problem reported that the border guard attempted to extort money from her.

When asked about the problems FSWs experienced while working abroad, they reported problems that are common occurrences in the sex industry in any country: abuse by clients or pimps, and money extortion by policemen. Despite these problems, 57.1% of them reported they would still go abroad for commercial sex work.

When asked about using condoms with clients while working abroad, 50% of 30 FSWs said that they used condoms consistently. Of the 30 FSWs, four (13.3%) reported never using condoms with clients. An equal proportion of FSWs working abroad reported either using condoms (18, or 60%) or having so-called “prophylactic injections” (18, or 60%) once a month. Twelve of the 30 FSWs who worked abroad (40.0%) reported they had access to STI/HIV testing, and eleven FSWs (36.7%) reported being tested.

The majority (70%) reported staying abroad for two – four weeks. Only one FSW reported that she stayed until she earned a certain amount of money that she needed. While working abroad, the largest percentage of FSWs (60.0%) had up to five clients per day, 16.7% had from five to ten clients, and four (13.3%) FSWs reported having more than 10 clients per day. On average FSWs earned 87 GEL (\$49) per client, and the majority (86.7%) reported having more clients per day while working abroad than in Georgia.

In total, 12 FSWs reported consuming alcohol every day or once a week while abroad. One FSW reported smoking marijuana.

Knowledge of STIs and Health Seeking Behavior

Almost all FSWs (98.3%) were aware of STIs, as shown in Table 14 in the Appendix. When asked to identify specific STI symptoms for women, 23.7% could not, and 62.7% could not identify any STI symptom for men.

Some of the most common STI symptoms for women, such as abnormal vaginal discharge and itching, were identified by 47.5% and 33.1% of FSWs, respectively. Only 13.6% of FSWs identified lower abdominal pain as an STI symptom.

Of the 120 FSWs, 77 (or 64.2%) reported having at least one STI symptom during the last 12 months. Slightly more than one-half of FSWs (52.5%, or 63) had abnormal vaginal discharge, and 11.4% (or 14) had vaginal ulcers/boils during the last 12 months.

Sixty five out of 77 FSWs with STI symptoms (84.4%) received some kind of treatment for their infections. Overall, the largest proportion (44.6%) used some form of self-treatment, 38.5% of them sought treatment at a state-run clinic or hospital, 32.3% received treatment/advice at pharmacies, and 10.8% received treatment at a private clinic.

When asked about their sexual behavior during the period they were infected, an equal percentage (44.6%) reported either using condoms or avoiding sexual contact; 35.4% of them told their sex partner about the STI.

HIV/AIDS Knowledge and HIV Testing

Literally all FSWs (100%) had heard of the HIV virus and AIDS (see Table 15). Only three of the 120 (or 2.5%) knew someone with HIV infection. One reported having a friend who is HIV positive.

In general, most FSWs were knowledgeable about the transmission of HIV. The overwhelming majority (90.0%) believed that correct condom use prevents transmission of STIs/HIV. Virtually all FSWs (98.3%) were aware of the risk of infection through needle-syringe sharing; most (89.2%) knew that having one faithful partner reduces the risk of transmission. The questions most frequently answered incorrectly were whether HIV could be spread through mosquito bites, followed by meal sharing (51.7% and 50.8%, respectively). The vast majority (81.7%) was aware that an HIV positive person might look healthy. Interestingly, 35 FSWs (29.2%) correctly

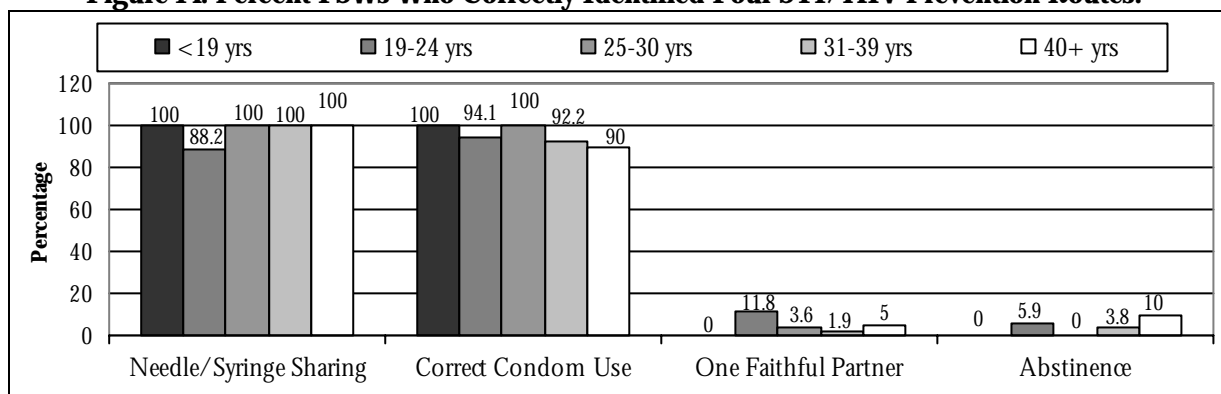
answered all six questions on HIV/AIDS, while only one FSW (0.6%) and two FSWs (1.3%) in the surveys conducted among street-based FSWs in Tbilisi in 2002 and 2004 answered the same questions correctly.

A high percentage of FSWs (95.0%) know about the risk of mother-to-child transmission (MTCT); 80% was aware of the risk of HIV transmission through breastfeeding. However, when asked about which actions can be taken to reduce MTCT, 46.5% of FSWs didn't know. Slightly more than one-quarter (26.3%) know that prophylactic treatment during pregnancy reduces the risk of MTCT.

When asked various STI/HIV prevention methods, 4.2% of FSWs didn't know any. Five FSWs (4.2%) were aware of other preventative methods, such as avoiding sexual contact, or restricting sexual contact to one reliable, uninfected partner (see

Figure 14). However, the overwhelming majority of FSWs knew that not sharing needles/syringes, as well as practicing safe sex through correct condom use, prevents STI/HIV transmission (98.3% and 94.1%, respectively).

Figure 14: Percent FSWs Who Correctly Identified Four STI/HIV Prevention Routes.

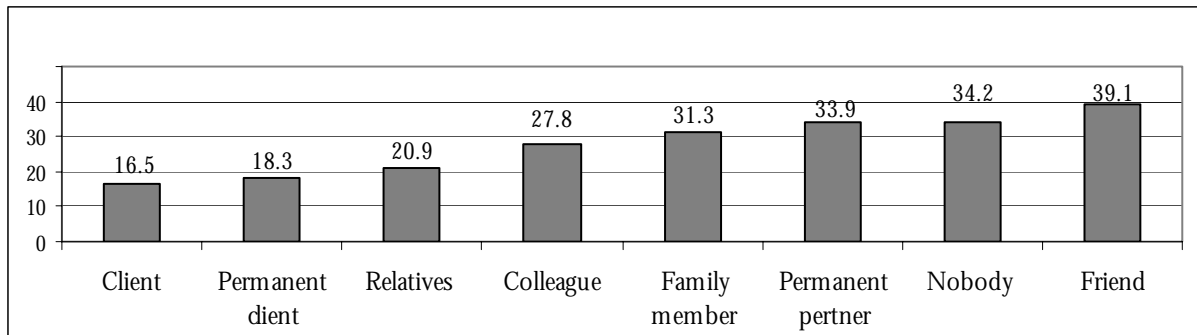


More than four out of every five FSW (85.0%) stated that it was possible to take a confidential HIV test in their community. Only 5 (or 4.2%) didn't know an HIV testing site in Batumi.

Slightly more than one-half of FSWs (53.3%) reported being tested for HIV, and the majority (92.2%) had received the results. When asked if the HIV test was voluntary or not, 90.6% said that it was voluntary. The majority (70.3%) were tested for HIV within the last year.

FSWs were asked about their attitude on sharing their HIV test results with other people. The majority of FSWs who had an HIV test stated that they had informed their friends (42.9%) or colleagues (26.2%) about the results; 21.4% shared the result with their permanent partner; three FSWs informed a permanent client and one told her client.

Figure 15: Who Would FSWs Tell If She Tested HIV Positive



When FSWs were asked with whom they would share an HIV positive test result, 34.2% would tell no one; more than one-third (39.1%) would inform their friend; 33.9% would share the information with a permanent partner; and 50.0% would inform family members or relatives. A relatively small percentage (16.5%) would inform clients (see Figure 15).

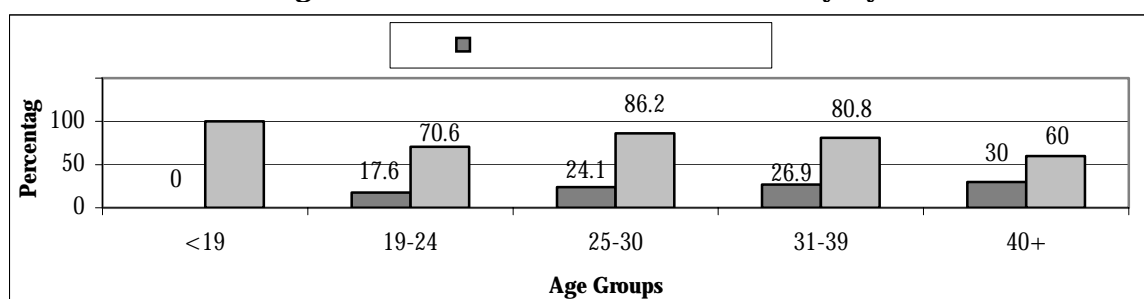
Sources of Information about HIV/AIDS

Nearly all FSWs (98.3%) received some information on HIV/AIDS. All FSWs younger than 25 and older than 40 years were aware of HIV/AIDS (see the Table 16 in the Appendix). Only two FSWs reported never receiving any information on HIV/AIDS.

FSWs reported that the major source of information about HIV/AIDS came from television and/or radio (73.7%), followed by social workers (44.9%), and magazines/journals (42.4%). A small percentage (16.9%) received information from their relatives and friends. Three FSWs (or 2.5%) received information on HIV/AIDS from their clients.

TV and radio are the major sources of information for all age groups; the next most important source of information is print media. FSWs were also asked about how frequently they listen to the radio or watch TV. The majority of FSWs (77.5%) reported watching TV every day during the last month, while only 25.0% listened to the radio on a daily basis. The role of radio as a source of information on HIV/AIDS increases with age, from 0% for the youngest group up to 30% for those over 40 years of age (Figure 16).

Figure 16: Listen to Radio or Watch TV Everyday.

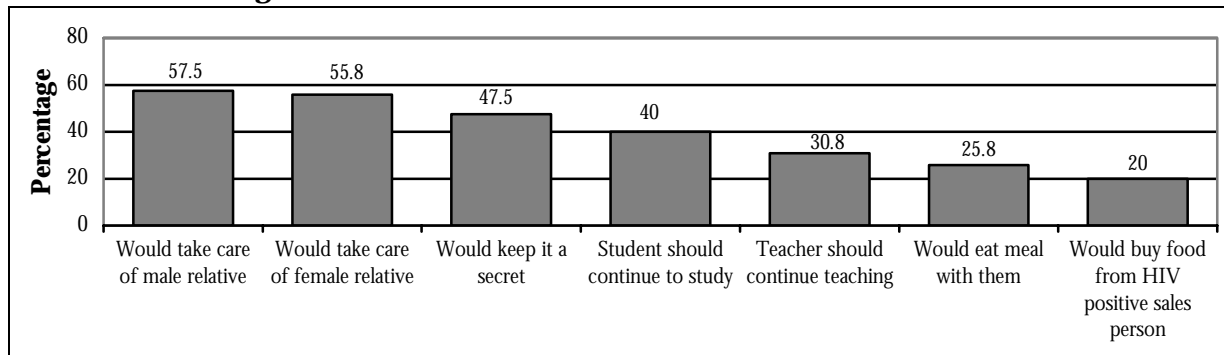


Attitude of FSWs towards persons with HIV/AIDS

HIV/AIDS is a stigmatized topic, as shown in the responses of FSWs to a series of questions about their attitude towards HIV positive people (see Table 17 in the Appendix). More than one-half would take care of a male or female relative with HIV (55.8% and 57.5%, respectively); almost one-half of them (47.5%) would keep it a secret if a family member had HIV.

Slightly less than two-thirds (60.0%) believe that an infected student has no right to continue his/her studies. Only about one third (30.8%) is tolerant of an HIV positive teacher; 25.8% would be willing to share a meal with an infected person; and 20.0% would buy food from an HIV positive salesperson (see Figure 17).

Figure 17: Attitude of FSWs towards Persons with HIV/AIDS.



Results of HIV and STI testing

Two FSWs in the survey tested positive for HIV antibodies using the ELISA method, but none of them was confirmed with the HIV Western Blot test (see Table 18 in the Appendix).

The most frequently detected STI was syphilis (i.e., reactive syphilis serology). Thirty-eight (38) blood specimens (33.0%) were positive on syphilis RPR and TPHA tests, and all cases were confirmed with the ELISA test. The percentage of reactive syphilis serology detected was greater among the two older age groups (31-39 years of age, 37.5%; older than 40 years of age, 40%).

Twenty percent of the samples (24 of 120 FSWs) were reactive on the Chlamydia PCR test, and 14.2% on the gonorrhea PCR test (17 of 120). The highest percentage of gonorrhea infection (29.4%) was detected among FSWs in the 19-24 age group, while the highest percentage of Chlamydia infection (24.1%) was revealed among FSWs 25-30 years of age. The difference in gonorrhea reactivity by age groups is statistically significant [Chi-square = 9.67 (4 df), $p < 0.05$].

It should be noted that of the two FSWs in the youngest age group, one was diagnosed with both NG and CT. However, due to the small sample size in this age group (N=2), it is not possible to make any generalizations of these findings.

The rate of STIs found is quite high, considering that a large percentage of FSWs reported consistent use of condoms with their clients. Further analysis revealed that, among those reporting consistent condom use, 38.5% had gonorrhea, 13.8% had Chlamydia, and 20.0% had syphilis.

The high percentage of FSWs reporting consistent use of condoms with clients may reflect their embarrassment about not using condoms consistently with their clients (social desirability bias), or FSWs who were infected by their regular partners. Further analysis showed that of those FSWs reporting having a permanent partner, 9.1% had gonorrhea and Chlamydia, and 27.3% had reactive syphilis serology. Thus, even though they reported consistent use of condoms with clients, it is likely few consistently used condoms with their permanent partner.

Conclusions

The BSS surveillance survey was conducted as an activity within SC's SHIP Project, funded by USAID. It was conducted in order to establish a rigorous and replicable methodological design

that would provide high quality data on FSWs and that can, in turn, be used for advocacy in Georgia by the National AIDS Control Program and others.

The survey was conducted to obtain critical data and information for the following:

- Baseline and follow up information on indicators being promoted by UNAIDS in order to monitor the success of STI/HIV prevention programs;
- To develop a new strategy, or make corrections in existing prevention programs;
- Additional information to supplement other formative assessments to determine those risk behaviors where prevention interventions should be directed.

In addition, many other positive outcomes were observed in this surveillance survey. The TLS methodology that was used required a mapping exercise of all sites for facility-based sex workers in Batumi. As part of this mapping exercise, Tanadgoma identified additional sites for outreach activities. Furthermore, the participants were quite receptive to receive STI screening offered in return for their participation, indicating that FSWs likely understand the risk of STIs. The survey also increased awareness among FSWs regarding services from NGOs and the Healthy Cabinet, a local clinic in Batumi where anonymous free-of-charge services are provided.

Another positive outcome was that NGOs and government research institutions forged new working relationship that will allow for stronger, more synergistic prevention programming in the future. Finally, the parties involved in this survey became more knowledgeable of modern surveillance methodologies and improved their skills needed for data collection and analysis.

The majority of FSWs (75.8%) reported that sex work is their sole source of income, and a similarly high percentage reported that having dependents (89.5%) that they financially support.

A high percentage of FSWs (86.7%) reported using a condom with their last paying client, and 54.2% reported consistent condom use in the last month with paying clients. This data is consistent with the high rate of condom use reported by IDUs who have sex with FSWs (72.3% at last sexual contact). FSWs reported high rates of condom use with permanent clients (84.2% at the last sexual contact, and 55.8% consistently over the last year). FSWs are least likely to use a condom with their regular partner: only 18.6% of FSWs reported condom use during their last sexual encounter, and only 12.8% consistently used condoms over the last twelve months.

The vast majority of FSWs (85.8%) was aware of trafficking. Five FSWs (4.9%) have been trafficked. Twenty-five percent reported being involved in commercial sex work abroad voluntarily, mainly in Turkey. While working abroad, half of them reported consistent condom use, while 13.3% never used condoms.

The reported high rate of condom use with both paying and permanent clients appears to contradict the high prevalence of STIs found in the survey group. This might be due to so-called "social desirability bias," i.e., respondents tend to answer in a way that is socially acceptable or correct rather than what might be the actual case. The high rate of STIs may be due to exposure from their permanent partners, or may be related to the low rate of condom use while working abroad. The high rates might also be due to lack of access to effective STI services.

The FSWs are aware of HIV testing services in their community, and slightly more than half have been tested; 92.2% of them received their results. Only 2 of the 120 FSWs (1.7%) reported injecting drugs.

Individual behavior change interventions

Nearly all FSWs reported that access to condoms was not a problem. Several factors complicate condom use, however, such as resistance by clients, or the threatening behavior of clients who refuse to use them. Such threats produce fear, and fear may reduce ability and desire to negotiate condom use. Targeting clients in condom promotion, as part of the transactional sexual encounter, is, therefore, essential. Condom use among regular partners and permanent clients is more difficult because of issues of trust and intimacy. These individuals, nevertheless, may be high-risk partners, based on the high STI levels found among FSWs. Reaching regular and permanent partners of FSWs remains a challenge. These relationships are of unknown stability and fidelity. Trying to reach these partners and design appropriate interventions is necessary, however.

In addition, given that the Adjara region forms the national border with Turkey, and Batumi is a port city, tailored interventions should be designed to address the problem of trafficking and to promote safe sex education among FSWs.

Service provision: STI services and voluntary counseling and testing for HIV

There is clear epidemiological and biological evidence that STIs facilitate HIV transmission. As a result, prompt, effective STI treatment has become a key strategy for HIV prevention, especially given the high STI prevalence rates among the FSWs in the survey. Accessible and quality STI care not only results in immediate health benefits but also has the potential to dramatically reduce HIV transmission that may occur. In addition, good quality STI services could impact the prevalence levels within the general population. Therefore, it is imperative that quality services should be made accessible and available to FSWs.

FSWs report that often they do not trust specialized health providers because of what they consider to be expensive or unnecessary charges.¹⁵ In addition, they distrust state medical facilities because of the perception that they do not always provide accurate diagnoses. Improving public services as well as improving the perception of the quality of public services will be an important component of an overall strategy to improve STI treatment. Formulating and addressing other reproductive health needs of FSWs, such as contraceptive services, is also essential.

Knowing one's HIV serostatus can have a profound impact on behavior. About one-half of the FSWs in this survey report having been tested. Continued promotion and availability of voluntary counseling and testing services for HIV should remain a priority. These are probably best provided at locations that include other sexual health services.

Social network interventions

Based on the informal ethnography of sex work in Batumi, in addition to facility-based sex work, there is cell phone-based sex work. (This survey only targeted facility-based sex workers.) Successful prevention interventions with FSWs depend on involving a wide range of people who influence commercial sex activity, either directly or indirectly. These include both the sex workers themselves as well as the clients, but in addition the "gatekeeper" individuals who control access to the sex workers, such as brothel owners, hotel managers and pimps.

In addition to the NGO outreach workers and health care professionals, another source of information about HIV/AIDS and STIs is peer educators (sex workers themselves involved in providing information to their peers), who can be part of an effective strategy to reach the target population.

¹⁵ Partnership Defined Quality: Quality of STI/HIV Services As Defined by Female Sex Workers and Health Care Providers in Tbilisi. 2004. Save the Children, Tbilisi.

Interventions to reduce the risk environment

Multiple strategies are necessary to address risk in commercial sex settings. These include both individual behavior change interventions, as outlined above, and environmental interventions addressing risk at the structural level.¹⁶ One important factor to reduce obstacles to prevention and treatment services is that they must be affordable, convenient, user-friendly and confidential. While sex work is neither legal nor illegal in Georgia, the police are involved in apprehending FSWs for compulsory testing. Sex workers may avoid this forced testing by paying bribes – either monetary or by offering sexual favors. Violence is also common in this population. Interventions to address violence, e.g., violence prevention and legal rights awareness, should also be considered.

RECOMMENDATIONS

1. FSWs in this study have high awareness on HIV/AIDS, high condom use rates with paying clients, low use with regular and permanent partners, high levels of treatable STIs, health seeking behavior at ineffective STI services (self-treatment and pharmacies), and unsafe risky behavior while working abroad. Prevention interventions must address all potential risk behaviors.
2. Behavior change communication interventions should be targeted at clients of FSWs, because the responsibility for condom use should not rest exclusively with the FSWs. Involving FSWs in the development of relevant messages and the dissemination of these messages within their networks will increase effectiveness. Strategies to address clients will need to be developed, perhaps through targeting the transactional sex setting.
3. Health services with a specialization for dealing with sex workers and clients should be upgraded and promoted. In addition to providing diagnosis and treatment for STIs, these services should provide prevention counseling, HIV counseling and testing, and other sexual health services that are needed. Fees associated with these services should be put in the context of the public health benefit. These services could be expanded to include permanent partners of sex workers as a way to access this group.
4. Since television was cited as the main source of HIV/AIDS information, television information campaigns should address educational issues appropriate for the general populations. In contrast, specific, explicit HIV prevention messages and materials for FSWs and their clients and regular partners are best provided at the interpersonal level, through outreach workers and peer educators rather than through mass media outlets. The interventions should target the gaps in knowledge and attitudes revealed through this survey. New, additional strategies should be elaborated in order to fill these gaps.
5. Efforts should be made to expand prevention services to various sex worker groups, such as street-based, facility-based and cell phone-based sex workers. This may involve working with “gatekeepers” for access. In addition, especially hard to reach populations, such as male transvestites and street children who may be engaged in transactional sex, should be addressed. This will necessarily include involving groups that work with street children for identification and referral to appropriate services as well as supporting efforts to prevent children from engaging in commercial sex.

¹⁶ Steen Richard and Gina Dallabetta, “STI Control With Sex Workers and Presumptive Treatment Augment Efforts to Reduce Risk and Vulnerability”, *Reproductive Health Matters*, 2003, Nov; 11(22): 74-90.

6. Voluntary HIV testing, with adequate pre- and post-test counseling, should continue. Testing can assist in risk reduction counseling. Current HIV testing procedures in Adjara require a considerable waiting time between the drawing of blood and the return of the test results. Pilot testing of rapid testing procedures for validity and client acceptability might increase the number of individuals getting HIV testing. Voluntary Counseling and Testing services (VCT) should be made available through sites that provide other HIV prevention and health services to FSWs.
7. Interventions for FSWs must be extended geographically. High-risk sites should be identified and prevention interventions begin. Typical sites include nearby urban areas, ports and commercial transit areas, cross-border areas, and military sites where large numbers of workers without families reside.
8. In a survey among youth, 84% of males 15-17 years of age thought it was “okay” to start their sexual life before marriage with an FSW.¹⁷ Moreover, 74% reported that they had had sexual intercourse with a sex worker. In light of these findings, organizations working with youth should promote healthy lifestyle curricula in which youth, especially males, are sensitized to healthy sexual choices and the risks of having unprotected sex with a sex worker. Longer-term strategies should address changes in social norms around male and female sexuality, as well as drug and alcohol use in Georgia.
9. Specific strategies should be elaborated to prevent trafficking of FSWs. In addition, special services should be established to provide medical and psychosocial rehabilitation to the victims of trafficking. Due to the nature of the problem concerted efforts should be made to establish linkages among national, regional and international organizations working in health and human rights issues.
10. Non-coercive, anonymous, ethical and systematic surveillance of FSWs (and other high risk groups), both behavioral and of selected biological markers, should be conducted throughout Georgia and repeated on a regular basis to monitor trends of STIs/HIV and high-risk behaviors over time. This will provide essential data needed for development of interventions and evaluation of their impact.
11. Prevention interventions should be addressed to the general population. This is one additional way to reach FSWs clients and increase their awareness.

¹⁷ Youth Reproductive Health Survey, UNFPA, 2002, Tbilisi, Georgia.

Appendix of Data Tables

Table 2: Area Coverage of the Batumi, Georgia, Behavioral Surveillance and Biomarker Survey.

Location	Batumi
Date of interviews	11 October- 4 November, 2004
Location of interview (n) At organizations office	100.0% (120)
Recruitment (n) Outreach to cites identified through mapping	100% (120)
Participation rate	
Total contacted	142
Total refused	22
Total agreed	120
Total completed	120

Table 3: Reasons Reported by FSWs for Refusal to Participate in Survey.

Reasons for refusals	Number of Refusals (n=22)
Was busy	3 (13.6%)
Has own doctor	2 (9.1%)
No reason is provided	11 (50.0%)
Will decide	2 (9.1%)
Does not want	2 (9.1%)
Did not feel well	2 (9.1%)

Table 4: Demographic Characteristics of FSWs in Batumi.

Characteristics (n)	
Age	(120)
Mean Age (years)	32.1
Median Age (years)	33.0
Age Groups	(120)
<19yrs	1.7%(2)
19 – 24 yrs	14.2% (17)
25 – 30 yrs	24.2% (29)
31 – 39 yrs	43.3% (52)
40 + yrs	16.7%(20)
Ethnicity (%)	(120)
Georgian	81.7%(98)
Russian	8.3%(10)
Ukrainian	4.2% (5)
Ossetian	1.7% (2)
Armenian	0.8% (1)
Azeri	0.8% (1)
Kurdish	0.8% (1)
Polish	0.8% (1)
Moldavian	0.8% (1)
Level of Education (%)	(120)
None	0.8% (1)
Primary	6.7%(8)
Secondary	70.0%(84)
Incomplete higher	22.5%(27)
Higher	0.0% (0)
Mean yrs of education	10.9
Internally Displaced Person (yes)	4.2%(5)
Place of Birth	(120)
Batumi (Adjara)	23.3%(28)
Kutaisi	6.7%(8)
Tbilisi	5.8%(7)
Sukhumi	4.2%(5)
Ozurgeti	5.0% (6)
Zugdidi	3.3% (4)
Gori	3.3% (4)
Khelvachauri (Adjara)	3.3%(4)
Another city in Georgia	34.2%(41)
Other country	9.2%(11)
Russia	4.2%(5)
Ukraine	3.3%(4)
Uzbekistan	1.7%(2)
No response	1.7%(2)
Present living place (%)	
Batumi	100.0%(120)
(yrs lived there)	mean=12.6 median=6.0
Commercial sex activity in another city (%)	19.2%(23/120)

Table 5: Living Arrangements by Marital Status of FSWs in Batumi.

	Never married	Married	Divorced/ Separated
Percentage (n)	6.7%(8)	54.2%(65)	39.1%(47)
Mean Age (yrs)	24.8	32.8	31.2
Age at marriage (yrs)			
Mean	-	17.1	16.7
Median	-	17.0	17.0
With Whom Do You Live Now?			
- Married, having sex with husband;	-	13.8%(9)	-
- Married, not having sex with husband, having sex with another man/partner/boyfriend;	-	32.3%(21)	-
- Married, not having sex with husband/partner/lover/boyfriend	-	50.8%(33)	-
- Married, have both husband and lover/boyfriend/man;	-	3.1%(2)	-
- Not married, having partner/lover/man;	75% (6)	-	61.7%(29)
- Not married, not having sex with a partner/lover/man;	25%(2)	-	38.3%(18)
- Other;	-	-	-
- Refused to answer	-	-	-
Do you have financial dependents	(6)	(61)	(47)
Yes	83.5% (5)	91.8% (56)	87.2% (41)
No	16.7% (1)	8.2% (5)	12.8% (6)
Missing	(2 cases)	(4 cases)	(6 cases)
Does your spouse have other partner/lover	(8)	(65)	(47)
- Yes	N/A	26.2%(17)	20.0%(11)
- No	N/A	56.9%(37)	34.5%(19)
- Don't know	N/A	10.8%(7)	9.1%(5)
- No response	N/A	6.2%(4)	25.5%(12)
<i>Have you ever been married $\chi^2 = 21.634$ (4df), $p < .000$</i>			

Table 6: Drug and Alcohol Use by FSWs in Batumi.

Drug & Alcohol Use (n)	(n=120)	Age Groups				
		<19 (n=2)	19-24 (n=17)	25-30 (n=29)	31-39 (n=52)	40+ (n=20)
Consumption of alcohol						
Every day	11.7%(14)	50.0%(1)	11.8%(2)	6.9%(2)	13.5%(7)	10.0%(2)
Once a week	33.3%(40)	-	41.2%(7)	24.1%(7)	36.5%(19)	35.0%(7)
Less than once a week or never	54.2%(65)	-	47.1%(8)	69.0%(20)	50.0%(26)	55.0%(11)
Don't Know	8.3% (1)	50.0%(1)	-	-	-	-
Drug Use	5.0%(6/120)	0%(0/2)	0%(0/17)	10.3%(3/29)	1.9% (1/52)	10% (2/20)
Ever injecting drugs	1.7% (2)	-	-	0% (0)	1.9%(1)	5.0%(1)
Ever smoke marijuana	4.2%(5)	-	-	10.3%(3)	1.9%(1)	5.0%(1)
Ever took pills	1.7%(2)	-	-	3.4%(1)	1.9%(1)	0% (0)
Ever used inhalants	0.9%(1)	-	-	3.4%(1)	0% (0)	0% (0)

Table 7: Aspects of Sex Work for FSWs in Batumi.

Characteristics (n)	(n)	Age Groups				
		< 19 (n)	19-24 (n)	25-30 (n)	31-35 (n)	36-40 (n)
Age at 1st sexual contact	(120)	(2)	(17)	(29)	(52)	(20)
Mean	17.6	17.0	16.8	16.3	17.1	17.3
Median	17.0	17.0	16.0	16.0	17.0	17.5
Age when 1st received money in exchange for sex	(120)	(2)	(17)	(29)	(52)	(20)
Mean	30.9	16.5	19.8	27.8	29.7	49.3
Median	28.0	16.5	20.0	26.0	29.0	39.0
Years working as sex worker	(120)	(2)	(17)	(29)	(52)	(20)
Mean	4.2	1.0	2.4	2.4	6.2	3.3
*Have another source of income	(120)	(2)	(17)	(29)	(52)	(20)
Yes	24.2%(29)	50.0%(1)	5.9%(1)	10.3%(3)	26.9%(14)	50.0%(10)
No	75.8%(91)	50.0%(1)	94.1%(16)	89.7%(26)	73.1%(38)	50.0%(10)
If yes, what?	(29)	(1)	(1)	(3)	(14)	(10)
Waitress	44.8%(13)	-	100%(1)	33.3%(1)	35.7%(5)	60.0%(6)
Bar woman (works in the Bar)	10.3%(3)	-	-	-	21.4%(3)	-
Sales woman	6.9%(2)	-	-	-	7.1%(1)	10.0%(1)
Other (teacher, works in agriculture, sales booth owner, etc.)	20.7%(6)	100%(1)	-	33.3%(1)	14.3%(2)	20.0%(2)
No response	17.2%(5)	-	-	33.3%(1)	21.4%(3)	10.0%(1)
Do you have financial dependents	(114)	(1)	(15)	(29)	(49)	(20)
No	10.5%(12)	-	13.3%(2)	10.3%(3)	10.2%(5)	10.0%(2)
Yes	89.5%(102)	100%(1)	86.7%(13)	89.7%(26)	89.8%(44)	90.0%(18)
If yes:						
Children	93.1%(95)	-	100%(13)	82.8%(24)	95.5%(42)	88.8%(16)
Parents and other relatives**	52.9%(54)	100%(1)	92.3%(12)	48.3%(14)	50.0%(22)	27.8%(5)
If yes, how many?	(102)	(1)	(13)	(26)	(44)	(18)
Mean	3.1	6.0	2.5	3.2	3.1	3.1

*Has other source of income $\chi^2=14.351$ (4df) $p < 0.01$; **Provides financial support to parents $\chi^2=18.600$ (8df) $p < 0.02$

Table 8: Sexual Behavior of FSWs with Clients.

Sexual Behavior (n)	Total (n=120)	Age Groups				
		<19 (n=2)	19-24 (n=17)	25-30 (n=29)	31-39 (n=52)	40+ (n=20)
Never used a condoms with any sex partner	3.3% (4)	100%(1)	(0/2)	50.0%(2/4)	20.0%(1/5)	(0/3)
Did you have paying clients in the previous 7 days?	(120)	(2)	(17)	(29)	(52)	(20)
No	20.8%(25)	0	5.9%(1)	17.2%(5)	21.2%(11)	40.0%(8)
Yes	79.2%(95)	100%(2)	94.1%(16)	82.8%(24)	78.8%(41)	60.0%(12)
If yes, mean	5.6	2.5	5.3	8.4	4.2	6.1
median	2.0	2.5	4.0	5.0	2.0	1.0
Number of clients during your last business day	(95)	(2)	(16)	(24)	(41)	(12)
mean	3.1	1.0	1.7	5.2	1.2	6.1
median	1.0	1.0	2.0	2.0	1.0	1.0
How much last client pay?	(120)	(2)	(17)	(29)	(52)	(20)
mean (in GEL)	52	60	62	49	55	40
median (in GEL) range (5-400)	35	60	50	40	30	30
Condom use with the last client	(120)	(2)	(17)	(29)	(52)	(20)
Yes	86.7%(104)	-	88.2%(15)	86.2(25)	90.4%(47)	85.0%(17)
No	11.7%(14)	100%(2)	11.8%(2)	13.8%(4)	7.7%(4)	10.0%(2)
No response	1.7%(2)				1.9%(1)	5%(1)
Who offered the use a condom	(104)	(0)	(15)	(25)	(47)	(17)
My initiative	75.0%(78)	-	80.0%(12)	84.0%(21)	66.0%(31)	82.4%(14)
Clients initiative	2.9%(3)	-	-	4.0%(1)	4.3%(2)	-
Mutual initiative	22.1%(23)	-	20.0%(3)	12.0%(3)	28.8%(14)-	17.6%(3)
Reasons for not using condoms during the last paid sexual contact	(16)	(2)	(2)	(4)	(5)	(3)
Did not have	12.5%(2)	-	-	-	40%(2)	-
Too expensive	-	-	-	-	-	-
Partner refused	18.8%(3)	50.0%(1)	-	25.0%(1)	20%(1)	-
Don't like it	6.3%(1)	50.0%(1)	-	-	-	-
Take contraceptives	-	-	-	-	-	-
Didn't think was needed (he looked healthy)	31.3%(5)	-	66.7%(2)	50.0%(2)	20%(1)	-
Didn't think of it	37.5%(6)	-	33.3%(1)	25.0%(1)	40%(2)	66.7%(2)
Don't know	6.3%(1)	-	-	25.0%(1)	-	-
No response	6.3%(1)	-	-	-	-	33.3%(1)
Condom use with all paying clients during the last 30 days	(120)	(2)	(17)	(29)	(52)	(20)
Always	54.2%(65)	-	47.1%(8)	48.3%(14)	59.6%(31)	60.0%(12)
Nearly always	33.3%(40)	-	47.1%(8)	44.8%(13)	26.9%(14)	25.0%(5)
Sometimes	9.2%(11)	100%(2)	5.9%(1)	6.9%(2)	9.6%(5)	5.0%(1)
Never	2.5%(3)	-	-	-	3.8%(2)	5.0%(1)
Don't know	-	-	-	-	-	-
No response	0.8%(1)	-	-	-	-	5.0%(1)
Mean	1.1	0	1.1	1.1	1.2	1.4

Table 9: Sexual Behavior of FSWs with Permanent Clients.

		Age Groups				
		<	19	25	31	4
	(n=120)	(n)	(n)	(n)	(n)	(n)
Has permanent client	(117)	(2)	(17)	(28)	(51)	(19)
Yes	57.3%(67)	50.0%(1)	35.3%(6)	60.7%(17)	58.9%(30)	26.3%(5)
No	42.7%(50)	50.0%(1)	64.8%(11)	37.9%(11)	19.6%(21)	73.7%(14)
Number of permanent clients?	(67)	(1)	(6)	(17)	(30)	(5)
Mean	6.4	2.5	8.2	4.8	6.0	8.4
Median	4.0	2.5	4.0	4.0	4.0	2.5
Number of sexual contacts with permanent clients over the last 30 days	(52)	(1)	(11)	(10)	(22)	(8)
Did not have sexual intercourse	1.9%(1)	-	9.1%(1)	-	4.5%(1)	-
Up to 5 times	84.6%(44)	100%(1)	90.9%(10)	80.0%(8)	95.5%(21)	50.0%(4)
5-9 times	5.8%(3)	-	-	-	-	37.5%(3)
10-15 times	5.8%(3)	-	-	20.0%(2)	-	12.5%(1)
More than 15 times	-	-	-	-	-	-
Don't know/Don't remember	-	-	-	-	-	-
No response	-	-	-	-	-	-
The last client was a permanent client?	(52)	(1)	(11)	(10)	(22)	(8)
Yes	57.7%(30)	100%(1)	45.5%(5)	50.0%(5)	63.6%(14)	62.5%(5)
No	42.3%(22)	-	54.5%(6)	50.0%(5)	36.4%(8)	37.5%(3)
Condom Use during the last sexual contact with permanent client	(57)	(2)	(7)	(12)	(28)	(8)
Yes	84.2%(48)	50%(1)	100%(7)	66.7%(8)	92.9%(26)	75%(6)
No	15.8%(9)	50%(1)	-	33.3%(4)	7.1%(2)	25%(2)
Who offered to use a condom?	(48)	(1)	(7)	(8)	(26)	(6)
My initiative	79.2%(38)	100%(1)	85.7%(6)	100%(8)	73.1%(19)	66.7%(4)
Permanent client's initiative	-	-	-	-	-	-
Mutual initiative	20.8%(10)	-	14.3%(1)	-	26.9%(7)	33.3%(2)
Reasons for not using condoms during the last sexual contact with permanent client	(9)	(1)	(0)	(4)	(2)	(2)
Too expensive	-	-	-	-	-	-
Didn't have it	44.4%(4)	-	-	75%(3)	50.0%(1)	-
Partner refused	11.1%(1)	100%(1)	-	-	-	-
Didn't think needed	-	-	-	-	-	-
Take contraceptives	33.3%(3)	-	-	25%(1)	50.0%(1)	50.0%(1)
Partner looked healthy	11.1%(1)	-	-	-	-	50.0%(1)
Didn't think of it	11.1%(1)	-	-	-	50.0%(1)	-
Other	11.1%(1)	-	-	-	-	50.0%(1)
Condom use with permanent client(s) during the last 12 months	(52)	(1)	(11)	(10)	(22)	(8)
Always -1	55.8%(29)	-	63.6%(7)	40.0%(4)	59.1%(13)	62.5%(5)
Nearly Always -2	23.1%(12)	-	27.3%(3)	40.0%(4)	18.2%(4)	12.5%(1)
Sometimes -3	15.4%(8)	100%(1)	9.1%(1)	10.0%(1)	18.2%(4)	12.5%(1)
Never -4	3.8%(2)	-	-	10.0%(1)	4.5%(1)	-
Don't know	1.6%(1)	-	-	-	-	12.5%(1)
mean	1.2	1.1	1.1	1.2	1.3	1.4

Table 10: Sexual Behavior of FSWs with Permanent Partners.

Sexual Behavior (n)		Age Groups				
		<19	19-24	25-30	31-39	40+
	(n=)	(n)	(n)	(n=)	(n=52)	(n=20)
Has Permanent Partner	(119)	(1)	(17)	(29)	(52)	(20)
Yes	71.7%(86)	100.0%(1)	82.4%(14)	72.4%(21)	67.3%(35)	75.0%(15)
No	28.3%(34)	-	17.6%(3)	27.6%(14)	32.7%(21)	25.0%(5)
Number of permanent partners FSWs have?	(86)	(1)	(13)	(15)	(30)	(12)
Mean	2.4	0.5	0.9	0.8	4.5	0.9
Median	1.0	0.5	1.0	1.0	1.0	1.0
Number of sexual intercourse with permanent partner over the last 30 days	(86)	(1)	(14)	(21)	(35)	(15)
Did not have sexual intercourse	4.7%(4)	-	-	4.8%(1)	5.7%(2)	6.7%(1)
Up to 5 times	26.7%(23)	100.0%(1)	21.4%(3)	38.1%(8)	17.1%(6)	33.3%(5)
5-9 times	23.3%(20)	-	21.4%(3)	9.5%(2)	31.4%(11)	26.7%(4)
10-15	27.9%(24)	-	42.9%(6)	33.3%(7)	25.7%(9)	13.3%(2)
More than 15	17.4%(15)	-	14.3%(2)	14.3%(3)	20.0%(7)	20.0%(3)
Don't know/Don't remember	-	-	-	-	-	-
Condom use during the last sexual intercourse with permanent partner	(86)	(1)	(14)	(21)	(35)	(15)
Yes	18.6%(16)	-	14.3%(2)	9.5%(2)	22.9%(8)	26.7%(4)
No	81.4%(70)	100%(1)	85.7%(12)	90.5%(19)	77.1%(27)	73.3%(11)
Who offered to use a condom	(16)	(0)	(2)	(2)	(8)	(4)
FSWs initiative	37.5%(6)	-	100%(2)	100.0%(2)	12.5%(1)	25.0%(1)
Permanent partners	6.3%(1)	-	-	-	-	25.0%(1)
Mutual initiative	56.3%(9)	-	-	-	87.5%(7)	50.0%(2)
Reasons for not using condom during the last sexual intercourse with partner	(70)	(1)	(12)	(19)	(27)	(11)
Too expensive	1.4%(1)	-	-	5.3%(1)	-	-
Didn't have it	-	-	-	-	-	-
Partner refused	18.6%(13)	100%(1)	16.7%(2)	15.8%(3)	25.9%(7)	-
Don't like it	17.1%(12)	-	8.3%(1)	15.8%(3)	22.2%(6)	18.2%(2)
Didn't think needed (partner looked healthy)	15.7%(11)	-	33.3%(4)	21.1%(4)	7.4%(2)	9.1%(1)
Take contraceptives	11.4%(8)	-	16.7%(2)	21.1%(4)	3.7%(1)	9.1%(1)
Didn't think of it	85.7%(60)	-	91.7%(11)	89.5%(17)	81.5%(22)	90.9%(10)
Trusted him	1.4%(1)	-	-	-	-	9.1%(1)
Frequency of using a condom with permanent partner(s) over the last 12 months	(86)	(1)	(14)	(21)	(35)	(15)
Always	12.8%(11)	-	7.1%(1)	14.3%(3)	11.4%(4)	20.0%(3)
Nearly always	4.7%(4)	-	7.1%(1)	4.8%(1)	5.7%(2)	-
Sometimes	17.4%(15)	100%(1)	42.9%(6)	4.8%(1)	14.3%(5)	13.3%(2)
Never	65.1%(56)	-	42.9%(6)	76.2%(16)	68.6%(24)	66.7%(10)
mean	3.4	0.8	3.6	3.8	3.8	2.4
Condom use with any partner	(15)	(1)	(2)	(4)	(5)	(3)
Yes	3.3%(4)	-	-	50.0%(2)	20.0%(1)	-
No	3.3%(4)	100%(1)	-	50.0%(2)	40.0%(2)	66.7%(2)

Table 11: Access to Condoms for FSWs.

Sexual Behavior (n)		Age Groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	(n=2)			n=52	(n=20)
Where do you go to get condoms?	(120)	(2)	(17)	(29)	(52)	(20)
At shops	1.7%(2)	-	5.9%(1)	-	2.0%(1)	-
Drugstores	91.4%(106)	-	94.1%(16)	89.7%(26)	90.4%(47)	83.3%(15)
“Tanadgoma”	-	-	-	-	-	-
Sauna	56.9%(66)	-	52.9%(9)	37.9%(11)	63.5%(33)	72.2%(13)
Bar/hotels	1.7%(2)	-	11.8%(2)	-	-	-
Other places	-	-	-	-	-	-
Time necessary for buying/getting a condom	(116)	(2)	(17)	(29)	(50)	(18)
Less than 5 minutes	69.8%(81)	50.0%(1)	88.2%(15)	62.1%(18)	66.0%(33)	77.8%(14)
5-15 minutes	21.6%(25)	50.0%(1)	11.8%(2)	27.6%(8)	24.0%(12)	11.1%(2)
15-30 minutes	5.2%(6)	-	-	10.3%(3)	6.0%(3)	-
30 minutes or more	0.9%(1)	-	-	-	2.0%(1)	-
Don't know	0.9%(1)	-	-	-	-	5.6%(1)
No response	1.7%(2)	-	-	-	2.0% (1)	5.6%(1)
Number of condoms FSWs have with them	(120)	(2)	(17)	(29)	(52)	(20)
None	60.8%(73)	0	64.7%(11)	51.7%(15)	63.5%(33)	60.0%(12)
Yes	39.2%(47)	0	35.3%(6)	48.3%(14)	36.5%(19)	40.0%(8)
Mean	1.9	0	0.82	1.8	2.3	1.9
Maximum	20	0	4	11	20	10
Minimum	1	0	1	1	1	1
Number of condoms FSWs had at place of work	(120)	(2)	(17)	(29)	(52)	(20)
None	36.7%(44)	0%	29.4% (5)	37.9%(11)	32.7%(17)	45.0%(9)
Yes	63.3%(76)	0	70.6%(12)	62.1%(18)	67.3% (35)	55.0%(11)
Mean	4.9	0	3.9	5.1	5.5	4.4
Maximum	20	0	10	20	20	20
Minimum	1	-	1	1	1	1

Table 12: Violence among FSWs in Batumi.

		Age Groups				
		<19	19-24	25-30	3	40
		(n=2)	(n=17)	(n=29)		(n)
FSWs experiencing physical violence during last year (Beating, bothering, etc.)	13.3%(16/120)	50.0%(1/2)	29.4%(5/17)	13.8%(4/29)	5.8%(3/52)	15.0%(3/20)
Person who was violent (physical violence)	(16)	(1)	(5)	(4)	(3)	(3)
Client	37.5%(6)	-	60.0%(3)	-	33.3%(1)	66.7%(2)
Lover or permanent partner	31.3%(5)	100%(1)	20.0%(1)	25.0%(1)	33.3%(1)	33.3%(1)
Husband	-	-	-	-	-	-
Pimp	-	-	-	-	-	-
Policemen	-	-	-	-	-	-
Stranger	25.0%(4)	-	20.0%(1)	75.0%(3)	-	-
Other	-	-	-	-	-	-
No response	6.3%(1)	-	-	-	33.3%(1)	-
FSWs victims of sexual violence through blackmailing or threatening	5.0%(6/120)	50.0%(1/2)	5.9%(1/50)	3.4%(1/29)	3.8%(2/52)	5.0%(1/20)
Person who was violent through blackmailing to FSWs	(6)	(1)	(1)	(1)	(2)	(1)
Client	50.0%(3)	-	100.0%(1)	-	50.0%(1)	100%(1)
Lover	-	-	-	-	-	-
Husband	16.7%(1)	-	-	-	50.0%(1)	-
Pimp	-	-	-	-	-	-
Policemen	-	-	-	-	-	-
Stranger	16.7%(1)	100%(1)	-	-	-	-
Other	16.7%(1)	-	-	100%(1)	-	-
No response	-	-	-	-	-	-
FSWs experiencing forced sexual intercourse/rape during last year	5.8%(7/120)	50.0%(1/2)	11.8%(2/17)	3.4%(1/29)	5.8%(3/52)	0%(0/20)
Person who forced FSWs to sexual intercourse or raped her	(7)	(1)	(2)	(1)	(3)	(0)
Client	42.9%(3)	-	-	-	100%(3)	-
Lover	-	-	-	-	-	-
Husband	-	-	-	-	-	-
Pimp	-	-	-	-	-	-
Policemen	-	-	-	-	-	-
Stranger	42.9%(3)	100%(1)	50.0%(1)	100%(1)	-	-
Other	14.3%(1)	-	50.0%(1)	-	-	-
No response	-	-	-	-	-	100% (20)

Table 13: Trafficking and Sex Work Abroad.

		Age groups				
		(n=2)	19-24 (n=17)	25-30 (n=29)	31-39 (n=52)	40+ (n=20)
Awareness on Trafficking	85.8%(103/120)	100%(2/2)	88.2%(15/17)	89.7%(26/29)	84.6%(44/52)	80.0%(16/20)
Ever experiencing trafficking	4.9%(5/103)	-	13.3%(2/15)	3.8%(1/26)	4.5%(2/44)	-
How many times have been trafficked abroad for sex work	(5)	-	(2)	(1)	(2)	-
Once	60%(3)	-	100%(2)	-	50.0%(1)	-
Twice	-	-	-	-	-	-
3-5 times	40%(2)	-	-	100%(1)	50.0%(1)	-
More than 5 times	-	-	-	-	-	-
Working abroad for sex work voluntarily	(120)	(2)	(17)	(29)	(52)	(20)
	25.0%(30)	50.0%(1)	11.8%(2)	17.2%(5)	32.7%(17)	25.0%(5)
Number of visits abroad for sex work during the last year	(30)	(1)	(2)	(5)	(17)	(5)
Mean	3.9	2.0	0.50	0.60	6.53	0
Number of visits abroad for sex work during the previous year	(30)	(1)	(2)	(5)	(17)	(5)
Mean	3.9	1.0	0.50	0.60	6.4	0.6
Number of visits abroad for sex work before the last two years	(30)	(1)	(2)	(5)	(17)	(5)
Mean	2.27	3.0	4.00	2.20	1.82	3.0
Primary motivation for sex work abroad	(30)	(1)	(2)	(5)	(17)	(5)
To earn more money	83.5%(25)	-	100%(2)	100%(5)	76.5%(13)	100%(5)
To live in better conditions	13.3%(4)	-	-	20.0%(1)	17.6%(3)	-
Followed colleagues	10.0%(3)	100.0%(1)	-	-	11.8%(2)	-
Owed money to somebody	0.8%(1)	-	-	-	5.9%(1)	-
Last country visited for sex work	(30)	(1)	(2)	(5)	(17)	(5)
Turkey	90.0%(27)	-	100%(2)	100%(5)	94.1%(16)	80.0%(4)
Germany	6.7%(2)	100%(1)	-	-	5.9%(1)	-
Czech Republic	3.3%(1)	-	-	-	-	20.0%(1)
Having problem when crossing a border	(30)	(1)	(2)	(5)	(17)	(5)
	10.0%(3)	-	-	20.0%(1)	-	40.0%(2)
Having problem when working abroad	6.7%(2/30)	-	-	20.0%(1)	-	5.9%(1)
Having problem when working abroad and when crossing a border	6.7%(2/30)	-	-	-	-	11.8%(2)
Kind of problems had when crossing the border	(3)	-	-	(1)	-	(2)
Money extortion	33.3%(1)	-	-	-	-	50.0%(1)
Person who created the problems when crossing the border	(3)	-	-	(1)	-	(2)
Georgian border guard	66.7%(2)	-	-	-	-	100.0%(2)
Georgian customs worker	-	-	-	-	-	-
Foreign border guard	100%(3)	-	-	100%(1)	-	100.0%(2)
Foreign customs worker	-	-	-	-	-	-
Other	-	-	-	-	-	-
Who created problems doing sex work abroad?	(3)	-	-	(1)	-	(2)
Client	33.30%(1)	-	-	-	-	50.0%(1)
Pimp from Georgia (person that arranged your trip and/or took you abroad)	100.0%(3)	-	-	100%(1)	-	100.0%(2)

		Age groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	(n=2)	(n=17)	(n=29)	(n=52)	(n=20)
Kind of problems faced with client/brothel/hotel/bar owner/pimp from Georgia or policemen	(3)	-	-	(1)	-	(2)
Money extortion	50% (2)			-		66.7%(2)
Other (Passport extortion, problems with police)	50%(2)			100%(1)		33.3%(1)
If had problems while crossing the border or working abroad, would she still go there?	(3)	-	-	(1)		(2)
Yes	100%(3)			100%(2)		100%(2)
Reasons for still going abroad for sex work despite problems	(3)	-	-	(1)	-	-
For better living conditions	33.3%(1)			100%(1)		
Type of a place of sex work abroad the last time	(3)	-	-	(1)	-	(2)
Restaurant	100%(3)			100%(1)		100%(2)
Condom use with clients while working last time abroad	(30)	(1)	(2)	(5)	(17)	(5)
Always	50.0%(15)	-	50.0%(1)	60.0%(3)	58.8%(10)	20.0%(1)
Nearly always	13.3%(4)	100%(1)	-	20.0%(1)	5.9%(1)	20.0%(1)
Sometimes	10.0%(3)	-	-	20.0%(1)	11.8%(2)	-
Never	13.3%(4)	-	-	-	17.6%(3)	20.0%(1)
No response	13.3%(4)	-	50.0%(1)	-	5.9%(1)	40.0%(2)
Alcohol consumption while working abroad	(30)	(1)	(2)	(5)	(17)	(5)
Every day	20.0%(6)	-	-	40.0%(2)	17.6%(3)	20.0%(1)
At least, once a week	20.0%(6)	-	-	-	29.4%(5)	20.0%(1)
At least, once every two weeks	6.7%(2)	-	-	-	11.8%(2)	-
Once a month	16.7%(5)	100%(1)	50.0%(1)	-	11.8%(2)	20.0%(1)
No response	30.7%(11)	-	50.0%(1)	60%(3)	29.4%(5)	40.0%(2)
Taking drugs while working abroad	(30)	-	-	-	-	(5)
	3.3%(1)					20%(1)
Types of drugs taken	(30)	-	-	-	-	(1)
Marihuana	3.3%(1)					100%(1)
Forms of taking drugs	(30)	-	-	-	-	(1)
Smoking	3.3%(1)					100%(1)
How long stayed abroad for last visit	(30)	(1)	(2)	(5)	(17)	(5)
2 weeks	36.7%(11)	-	50.0%(1)	40.0%(2)	41.2%(7)	20.0%(1)
1 month	33.3%(10)	-	50.0%(1)	40.0%(2)	29.4%(5)	40.0%(2)
More than 1 month	23.7%(7)	100%(1)	-	20.0%(1)	23.5%(4)	20.0%(1)
When I earned a certain amount I needed	3.3%(1)	-	-	-	-	20.0%(1)
Don't know	3.3%(1)	-	-	-	5.9%(1)	
Number of partners per day during the last visit abroad	(30)	(1)	(2)	(5)	(17)	(5)
Up to 5	60.0%(18)	-	50.0%(1)	100.0%(5)	52.9%(9)	60.0%(3)
5-10	16.7%(5)	-	-	-	23.5%(4)	20.0%(1)
10 and more	13.3%(4)	100%(1)	50.0%(1)	-	11.8%(2)	-
Don't know	-	-	-	-	-	-
No response	10.0%(3)	-	-	-	11.8%(2)	20.0%(1)
Had more clients per day abroad than in Georgia	(30)	(1)	(2)	(5)	(17)	(5)
	86.7%(26)	100%(1)	100%(2)	80.0%(4)	88.2%(15)	80.0%(4)

		Age groups				
		<19	19-24	25-30	31-39	40+
	(n=1)	((n=17)	(n=29)	2)	(n=20)
Fee per client abroad	(30)	(1)	(2)	(5)	(17)	(5)
mean	87	100	85	80	85	98
median Range: (9 – 200 GEL)	75	100	85	50	80	60
Means of protection used abroad for HIV/STIs	(30)	(1)	(2)	(5)	(17)	(5)
Condom	60.0%(18)	100%(1)	50.0%(1)	80.0%(4)	58.8%(10)	40.0%(2)
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	60.0%(18)	100%(1)	50.0%(1)	60.0%(3)	64.7%(11)	40.0%(2)
Frequency of prophylactic medicine injections abroad	(18)	(1)	(1)	(3)	(11)	(2)
Once in two weeks	11.1%(2)	-	100%(1)	-	9.1%(1)	-
Once in a month	66.7%(12)	100%(1)	-	100%(3)	54.5%(6)	100%(2)
Once in three months	5.6%(1)	-	-	-	9.1%(1)	-
Once in six months	16.7%(3)	-	-	-	27.3%(3)	-
Other	-	-	-	-	-	-
Access to HIV/STI testing services abroad	(30)	(1)	(2)	(5)	(17)	(5)
	40.0%(12)	-	50.0%(1)	60.0%(3)	41.2%(7)	20.0%(1)
Ever using HIV/STI testing services abroad	(12)	(1)	(1)	(3)	(7)	(1)
	91.7%(11)	-	100%(1)	100%(3)	85.7%(6)	100%(1)

Table 14: STI Knowledge and Health Seeking Behavior among FSWs.

		Age Groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	(n=2)	(n=17)	(n=29)	(n=52)	(n=20)
Awareness of STIs	98.3%(118)	100.0%(2)	88.2%(15)	100%(29)	100%(52)	100%(20)
Knowledge of STI symptoms observed among women	(118)	(2)	(15)	(29)	(52)	(20)
Lower abdomen pain	13.6%(16)	-	20.0%(3)	13.8%(4)	13.5%(7)	10.0%(2)
Abnormal vaginal discharge	47.5%(56)	-	46.7%(7)	51.7%(15)	44.2%(23)	55.0%(11)
Burning on urination	5.9%(7)	-	6.7%(1)	10.3%(3)	5.7%(3)	-
Vaginal ulcer	4.2%(5)	-	13.3%(2)	6.8%(2)	-	5.0%(1)
Swollen vulva/lower abdomen	2.5%(3)	-	-	3.4%(1)	1.9%(1)	5.0%(1)
Itching	33.1%(39)	-	40.0%(6)	31.0%(9)	36.5%(19)	25.0%(5)
Smell	4.2%(5)	-	-	6.8%(2)	-	15.0%(3)
Rash	2.5%(3)	-	6.7%(1)	6.8%(2)	1.9%(1)	5.0%(1)
Other	10.2%(12)	-	6.7%(1)	6.8%(2)	13.5%(7)	10.0%(2)
DK	23.7%(28)	100%(2)	-	20.7%(6)	28.8%(15)	25.0%(5)
No response	6.8%(8)	-	13.3%(2)	3.4%(1)	9.6%(5)	-
Know at least one symptom	69.3%(82)	0.0%	86.7%(13)	75.9%(22)	61.5%(32)	75.0%(15)
Don't know any	23.7%(28)	100%(2)	0.0%	20.7%(6)	28.8%(15)	25.0%(5)
Knowledge of STI symptoms observed among men	(118)	(2)	(15)	(29)	(52)	(20)
Urethral discharge	18.6%(22)	-	6.7%(1)	34.5%(10)	13.5%(7)	20.0%(4)
Burning on urination	7.6%(9)	-	-	17.2%(5)	5.7%(3)	5.0%(1)
Genital ulcer	1.7%(2)	-	-	3.4%(1)	1.9%(1)	-
Itching	5.9%(7)	-	-	10.3%(3)	7.7%(4)	-
Smell	0.8%(1)	-	-	-	-	-
Rash	0.8%(1)	-	-	-	1.9%(1)	-
Other	0.8%(1)	-	-	-	-	-
No response	11.9%(14)	-	13.3%(2)	6.9%(2)	17.3%(9)	5.0%(1)
Know at least one STI symptom	37.3%(44)	-	20.0%(3)	55.2%(16)	36.5%(19)	30.0%(6)
Do not know any STI symptom	62.7%(74)	100%(2)	80.0%(12)	44.8%(13)	63.5%(33)	70.0%(14)
Had STI symptoms in the last 12 months	(120)	(2)	(15)	(29)	(52)	(20)
Abnormal vaginal discharge*	52.5%(63)	50.0%(1)	82.4%(14)	55.2%(16)	40.4%(21)	55.3%(11)
Vaginal ulcer/boil	11.4%(14)	50.0%(1)	5.9%(1)	10.3%(3)	11.5%(6)	15.0%(3)
Received treatment at:	(65)	(0)	(14)	(16)	(22)	(12)
State clinic/hospital	38.5%(25)	-	28.6%(4)	-	50.0%(11)	33.3%(4)
Private clinic/hospital	10.8%(7)	-	14.3%(2)	25.0%(4)	-	8.3%(1)
Drugstore	32.3%(21)	-	7.1%(1)	37.5%(6)	31.8%(7)	58.3%(7)
Traditional healer	3.1%(2)	-	-	12.5%(2)	-	-
Applied self-treatment	44.6%(29)	-	21.4%(3)	50.0%(8)	45.5%(10)	66.7%(8)
mean # treatment options used	1.8	0	1.4	2.3	2.3	2.4
Sexual behavior during symptomatic period	(65)	(1)	(14)	(29)	(22)	(12)
Told sexual partner about STD	35.4%(23)	100%(1)	35.7%(5)	56.3%(9)	22.7%(5)	25.0%(3)
Stopped intercourse	44.6%(29)	100%(1)	28.6%(4)	37.5%(6)	45.5%(10)	66.7%(8)
Used condoms	44.6%(29)	100%(1)	57.1%(8)	37.5%(6)	40.9%(9)	41.7%(5)

* $\chi^2 = 9.274$ (4df), $p < .05$.

Table 15: HIV/AIDS Knowledge and Testing among FSWs.

	Total	Age Groups				
		<19	19-24	25-30	31-39	40+
		(n=2)	(n=17)	(n=29)	(n=52)	(n=20)
Awareness of HIV/AIDS	100.0%(120)	100.0%(2)	100.0%(17)	100.0%(29)	100.0%(52)	100.0%(20)
Know Person w/ HIV/AIDS	(120)	(2)	(17)	(29)	(52)	(20)
Yes	2.5%(3)	50.0%(1)	5.9%(1)	0	1.9%(1)	0
Close friend or relative	33.3%(1)	100.0%(1)	-	-	-	-
Key HIV/AIDS Knowledge	(120)	(2)	(17)	(29)	(52)	(20)
Correct condom use	90.0%(108)	100%(2)	94.1%(16)	93.1%(27)	90.4%(47)	80.0%(16)
Mosquito bites (no)	51.7%(62)	0	52.9%(9)	65.5%(19)	44.2%(23)	55.0%(11)
One faithful partner	89.2%(107)	100%(2)	100.0%(17)	82.8%(24)	88.5%(46)	90.0%(18)
Abstinence	83.3%(100)	100%(2)	88.2%(15)	79.3%(23)	88.5%(46)	70.0%(14)
Meal-sharing (no)	50.8%(61)	0	47.1%(8)	58.6%(17)	51.9%(27)	45.0%(9)
Needle/syringe sharing	98.3%(118)	100%(2)	88.2%(15)	100.%(29)	100.0%(52)	100%(20)
All Items correct	29.2%(35)	0	35.3%(6)	27.6%(8)	34.6%(18)	15.0%(3)
MTCT during pregnancy	95.0%(114)	50.0%(1)	88.2%(15)	100.0%(29)	94.2%(49)	100%(20)
Through breastfeeding	80.0%(96)	50.0%(1)	82.4%(14)	79.3%(23)	80.8%(42)	80.0%(16)
Knowledge of STI/HIV prevention routes	(118)	(2)	(17)	(28)	(51)	(20)
Correct condom use	94.1%(111)	100%(2)	94.1%(16)	100%(28)	92.2%(47)	90.0%(18)
Avoiding sexual contacts	4.2%(5)	0	5.9%(1)	0.0%	3.8%(2)	10.0%(2)
Sex with one faithful partner	4.2%(5)	0	11.8%(2)	3.6%(1)	1.9%(1)	5.0%(1)
Safe forms of sex	0.8%(1)	0	0	3.6%(1)	0	0
Don't know	4.2%(5)	0	5.9%(1)	0	5.8%(3)	5.0%(1)
Other STI/HIV routes	(118)	(2)	(17)	(28)	(51)	(20)
A person with blood group A can get STI/HIV	61.9%(73)	50.0%(1)	52.9%(9)	71.4%(20)	64.7%(33)	50.0%(10)
Don't know	29.7%(35)	50.0%(1)	41.2%(7)	21.4%(6)	25.5%(13)	40.0%(8)
A person looking healthy can't be infected with HIV	18.3%(20)	50.0%(1)	17.6%(3)	20.7%(5)	17.3%(8)	15.0%(3)
Knows HIV testing site in a community	(120)	(2)	(17)	(29)	(52)	(20)
Yes	85.0%(102)	-	94.1%(16)	82.8%(24)	84.6%(44)	90.0%(18)
No	4.2%(5)	-	6.3%(1)	3.4%(1)	5.8%(3)	-
Don't know	10.8%(13)	100%(2)	--	13.2%(4)	9.6%(5)	10.0%(2)
Confidential HIV test	(120)	(0)	(17)	(29)	(52)	(20)
Had test	53.3%(64)	-	58.8%(10)	62.1%(18)	46.2%(24)	60.0%(12)
Voluntarily	90.6%(58/64)	-	100%(10)	83.3%(15)	95.8%(23)	83.3%(10)
Received result	92.2%(59/64)	-	90%(9)	94.4%(17)	95.8%(23)	100%(10)
Time of the last HIV test	(64)	(0)	(10)	(18)	(24)	(12)
This year	70.3%(45)	-	80.0%(8)	66.7%(12)	70.8%(17)	66.7%(8)
1-2 yrs ago	14.1%(9)	-	10.0%(1)	11.1%(2)	16.7%(4)	16.7%(2)
2-4 yrs ago	6.3%(4)	-	10.0%(1)	11.1%(2)	-	8.3%(1)
> 4 yrs ago	3.1%(2)	-	-	-	4.2%(1)	8.3%(1)
Don't know	6.3%(4)	-	-	11.1%(2)	8.3%(2)	-

	Total	Age Groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	(n=2)	(n=17)	(n=29)	(n=52)	(n=20)
Whom you tell the test results	(42)	(0)	(5)	(13)	(16)	(8)
Client/clients	2.4%(1)	-	0.0%	0.0%	0.0%	12.5%(1)
Permanent client/clients	7.1% (3)	-	20.0% (1)	7.7% (1)	6.3%(1)	0.0%
Permanent partner/partners	21.4% (9)	-	20.0% (1)	38.5% (5)	12.5%(2)	12.5%(1)
Colleague sex workers	26.2% (11)	-	20.0% (1)	38.5% (5)	25.0%(4)	12.5%(1)
Family members	4.8%(2)	-	20.0% (1)	0.0%	6.3%(1)	0.0%
Relatives	2.4% (1)	-	0.0%	0.0%	6.3%(1)	0.0%
Friends	42.9% (18)	-	20.0% (1)	46.2% (6)	37.5(8)	37.5%(3)
Nobody	0.0%	-	0.0%	0.0%	0.0%	0.0%
Other	4.8% (2)	-	0.0%	7.7%(1)	6.3%(1)	0.0%
No response	16.7%(7)	-	0.0%	15.4%(2)	18.8%(3)	25.0%(2)
Whom would FSWs tell if she receives HIV positive result	(120)	(2)	(17)	(29)	(52)	(20)
Nobody	34.2%(41)	50.0%(1)	11.8%(2)	44.8%(13)	38.5%(20)	25.0%(5)
Client	16.5%(19)	0.0%	25.0%(4)	10.3%(3)	14.3%(7)	26.3%(5)
Permanent client	18.3%(21)	0.0%	31.3%(5)	13.8%(4)	14.3%(7)	26.3%(5)
Permanent partner	33.9%(39)	0.0%	37.5%(6)	37.9%(11)	30.6%(15)	36.8%(7)
Family members	31.3%(36)	50.0%(1)	31.3%(5)	31.0%(9)	28.6%(14)	36.8%(7)
Relative	20.9%(24)	50.0%(1)	25.0%(4)	17.2%(5)	20.4%(10)	21.1%(4)
Colleague	27.8%(32)	50.0%(1)	37.5%(6)	24.1%(7)	24.5%(12)	31.6%(6)
Friend	39.1%(45)	50.0%(1)	50.0%(8)	31.0%(9)	36.7%(18)	47.4%(9)
Other (physician, Tanadgoma Staff, commit suicide)	3.3%(4)	0.0%	6.2%(1)	3.4%(1)	3.8%(2)	0.0%

Table 16: Source of Information on STI/HIV.

	Total (n=120)	Age groups				
		<19 (n=2)	19-24 (n=17)	25-30 (n=29)	31-39 (n=52)	40+ (n=20)
Number of FSWs received information on HIV/AIDS	98.3%(118)	100%(2)	100%(17)	96.5%(28)	98.1%(51)	100%(20)
Source of information about AIDS	(118)	(2)	(17)	(28)	(51)	(20)
TV./radio	73.7%(87)	100%(2)	64.7%(11)	71.4%(20)	75.0%(39)	75.0%(15)
Magazines/journals	42.4%(50)	0.0%	35.3%(6)	53.6%(15)	19.2%(18)	55.0%(11)
Friends/relatives	16.9%(20)	0.0%	17.6%(3)	17.9%(5)	15.4%(8)	20.0%(4)
Clients	2.5%(3)	0.0%	0.0%	3.6%(1)	1.9%(1)	5.0%(1)
Family member	2.5%(3)	0.0%	0.0%	7.1%(2)	0.0%	5.0%(1)
Social Worker	44.9%(53)	0.0%	41.2%(7)	39.3%(11)	51.9%(27)	40.0%(8)
Other	2.5%(3)	0.0%	0.0%	2.0%(1)	1.9%(1)	5.0%(1)
Frequency of listening to radio during the last 4 weeks	(120)	(2)	(17)	(29)	(52)	(20)
Every day	25.0%(30)	-	17.6%(3)	24.1%(7)	26.9%(14)	30.0%(6)
No less than once a week	6.7%(8)	-	5.9%(1)	6.9%(2)	7.7%(4)	5.0%(1)
Less then once a week	6.7%(8)	-	11.8%(2)	3.4%(1)	7.7%(4)	5.0%(1)
Never within the last 4 week	61.7%(74)	100%(2)	64.7%(11)	65.5%(19)	57.7%(30)	60.0%(12)
Don't know	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Frequency of watching TV during the last 4 weeks	(120)	(2)	(17)	(29)	(52)	(20)
Every day	77.5%(93)	100%(2)	70.6%(12)	86.2%(25)	80.8%(42)	60.0%(12)
No less than once a week	4.2%(5)	-	-	3.4%(1)	5.8%(3)	5.0%(1)
Less then once a week	1.7%(2)	-	11.8%(2)	-	-	-
Never within the last 4 weeks	16.7%(20)	-	17.6%(3)	10.3%(3)	13.5%(7)	35.0%(7)

Table 17: Attitude of FSWs towards Persons with HIV/AIDS.

	Total	Age Groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	(n=2)	(n=17)	(n=29)	(n=52)	(n=20)
Would share meal with HIV positive person?	25.8% (31/120)	-	29.4% (5/17)	31.0% (9/29)	21.2% (11/52)	30.0% (6/20)
Would take care of a male relative who is HIV positive?	55.8% (67/120)	50% (1/2)	76.5% (13/17)	62.1% (18/29)	46.2% (24/52)	55.0% (11/20)
Should HIV positive student allowed to continue studding?	40.0% (48/120)	50% (1/2)	47.1% (8/17)	48.3% (14/29)	32.7% (17/52)	40.0% (8/20)
Would take care of a female relative who is HIV positive?	57.5% (69/120)	100% (2/2)	82.4% (14/17)	55.2% (16/29)	51.9% (27/52)	50.0% (10/20)
Should a HIV positive teacher continue teaching?	30.8% (37/120)	50% (1/2)	47.1% (8/17)	27.6% (8/29)	26.9% (14/52)	30.0% (6/20)
Would buy food from HIV positive salesman?	20.0% (24/120)	-	29.4% (5/17)	20.7% (6/29)	13.5% (7/52)	30.0% (6/20)
Would keep secret of family member is HIV positive?	47.5% (57/120)	-	35.3% (6/17)	58.6% (17/29)	46.2% (24/52)	50.0% (10/20)

Table 18: STI/HIV prevalence among FSWs in Batumi.

STI/HIV markers	Total	Age groups				
		<19	19-24	25-30	31-39	40+
	(n=120)	n=2	(n=17)	(n=29)	(n=52)	n=20
*Neisseria gonorrhea	14.2%(17)	50.0%(1)	29.4%(5)	20.7%(6)	5.8%(3)	10.0%(2)
Chlamydia trachomatis	20.0%(24)	50.0%(1)	17.6%(3)	24.1%(7)	17.3%(9)	20.0%(4)
Syphilis (RPR, TPHA with ELISA (confirmation))	(115) 33.0%(38)	-	23.5%(4)	28.6%(8)	37.5%(18) N=48	40.0%(8)
% with no STIs	47.5%(57)	50.0%(1)	47.1%(8)	44.8%(13)	48.1%(25)	50.0%(10)
% with 1 STI	50.0%(60)	-	47.1%(8)	55.2%(16)	51.9%(27)	45.0%(9)
% with 2 or more STIs	2.5%(3)	50.0%(1)	5.9%(1)	-	-	5.0%(1)
HIV (ELISA with Western Blot confirmation)	0 (0/115)	-	-	-	-	-

FSW Survey Questionnaire

Questionnaire ID Number:

Questionnaire is Coded as:

Questionnaire is Word Processed by:

HIV/AIDS/STI Behavior Surveillance Survey (BSS)

Female Commercial Sex Workers

Batumi 2004

Organization: Tanadgoma

Interviewer: Please specify the location of the interview and the respondent's ID code.

Respondent's ID Code

Selection Point

Code of strata/identification:

Interviewer's Code

Introduction: "My name is _____. An American and a Georgian organization implement a joint project titled "AIDS and Sexually Transmitted Diseases Prevention in Georgia". The project is funded by the United States Agency for International Development (USAID). This survey is aimed at exploring the existing situation. The questionnaire has been designed by our counterparts from the US. Has anybody taken an interview over the last five weeks for this study?"

Interviewer: If somebody has already taken an interview from the person you are talking to over the BBPS period, don't take another one. Tell him/her, that you cannot re-interview him/her. Thank the person and finish conversation. If nobody has taken an interview from the person in question, continue as follows:

Confidentiality and consent: "I am planning to ask you several questions that are hard to answer by some people. Your responses will be kept confidential. The questionnaire will not show your name and will never be referred to in connection with the information that you will share with us. You are not obliged to answer all my questions, and whenever you wish you may refuse to answer my questions. You may finish the interview at any time per you desire. However, we would love to note that your answers would help us better understand what people think, say and do in view of certain types of behavior. We would highly appreciate your input to this study."

Interviewer's Code: _____
(Interviewer's signature certifying that the respondent has verbally agreed to the interview)

	Respondent 1	Respondent 2	Respondent 3
Date			
Interviewer			
Result			

Result Codes: Completed – 1; Partially Completed – 2; Previously Interviewed – 3; Refusal – 4; Other – 5

Q1. Date and time of interview: /_____/date/____/hour/____/minute/

Signature: _____ Date _____

Q2. City: 1. Tbilisi 2. Batumi

Female Commercial Sex Workers Questionnaire:

1. Did you participate in the survey that Tanadgoma conducted in 2002 and that implied filling out the questionnaire and providing blood and urine samples for the testing?

- | | |
|----------------|---------------|
| Yes | 1 (Continue) |
| No | 2 (Go to A1) |
| Don't remember | 3 (Go to A1) |
| No response | 99 (Go to A1) |

2. If you did participate in that survey, did you come to get results of your tests?

- | | |
|----------------|---------------|
| Yes | 1 (Go to A1) |
| No | 2 (Continue) |
| Don't remember | 3 (Go to A1) |
| No response | 99 (Go to A1) |

3. If you did not come to get your results, what was the reason for that? (Don't read)

- | | |
|--|----|
| I forgot | 1 |
| I was not interested in the results | 2 |
| I was afraid of the positive results | 3 |
| I could not manage to come | 4 |
| In my opinion, I did not need testing at all (I was healthy/had no symptoms) | 5 |
| Don't know | 6 |
| Other _____ (please specify) | 7 |
| No response | 99 |

A: Personal Data

A1. How old are you?

- /_____/_____/ (please specify an exact age)
- No response 99

A2. Please specify the date of birth (Compare with A1, if necessary!)

- /_____/_____/_____/
- Day Month Year
- Don't know 88
- No response 99

A3. What education have you received? (Read)

- | | |
|--|----|
| No education | 0 |
| Primary (4 grades) | 1 |
| Secondary (5-11 grades) (general or vocational school, or incomplete higher) | 2 |
| Higher | 3 |
| No response | 99 |

A4. How many years did you study in total?

- /_____/ (please specify the number of years)
- No response: 99

A5. In what town or village were you born?

- /_____/ (open question/please specify)
- Don't know: 88
- No response: 99

A6. How long have you lived in Tbilisi?

- Number of years: /_____/ (if less than one year, write down 0)
- Don't know: 88
- No response: 99

A6.1. Are you an IDP?

- Yes – 1
- No – 2
- No response – 9

A7. Have you been involved in that business (commercial sex) in any other city? If yes, how long?

- | | |
|---------------------------------|---------------|
| Yes | 1 |
| Never worked at any other place | 2 (Go to A8) |
| No response: | 99 (Go to A8) |

A7.1. (Write down mentioned town/towns and ask for each of them) How long? (Write down weeks, months and years in the corresponding columns)

Town	Duration of work			Don't remember
	Week	Month	Year	99
1.				99
2.				99
3.				99
4.				99

A8. What's your nationality? (Mark just one option)

Georgian	1
Russian	2
Armenian	3
Jew	4
Azeri	5
Ukrainian	6
Kurdish	7
Ossetian	8
Greek	9
Other (please specify) _____	
Mixed	88
No response	99

A9. How frequently did you drink during the last month? (Interviewer, read the options, only one answer) Tell me, did you drink everyday, once or twice a week, once or twice in two weeks, or once or twice a month?

Every day	1
At least, once a week	2
At least, twice a week	3
Once a month	4
Don't know	8
No response	9
I did not drink (Don't read)	88

A10. Some people have tasted various drugs. If you have done this, which one have you tried? (Interviewer, read the list. For each drug use relevant option).

A11. Ask for the mentioned drugs – Please tell me, how did you take this drug: did you inject, smoke, inhale, drink, breath in or how? (*Don't help; multiple answer*)

A10		A11								
Mu lt. ans		Inhale	Inject	Swallow	Breath in	Smoke	Drink	Other	Don't know	No response
1	Heroin _ (inhale, inject)	1	2	3	4	5	6	7	8	9
2	Opium _ (swallow, inject)	1	2	3	4	5	6	7	8	9
3	Poppy-seed _ (inject)	1	2	3	4	5	6	7	8	9
4	Subutex _ (drink, inject)	1	2	3	4	5	6	7	8	9
5	Inhalants (e.g. glue) _ (breath in)	1	2	3	4	5	6	7	8	9
6	M	1	2	3	4	5	6	7	8	9
7	E	1	2	3	4	5	6	7	8	9
8	C	1	2	3	4	5	6	7	8	9
9	Sedatives/hypnotics _ (drink, inject)	1	2	3	4	5	6	7	8	9
10	O -----	1	2	3	4	5	6	7	8	9
11	Has not tasted									
88	Don't know									
99	No response									

B. Marriage, Family and Work

B1. Have you ever been married?

Yes	1	<i>Continue</i>
No	2	<i>Go to B3</i>
No response	9	

B2. How old were you when you got married for the first time?

/_____/ (please specify the age)

Don't know: 88

No response: 99

B3. Are you now married or living with a permanent partner/lover/man? (Interviewer: please define a permanent sexual partner: A husband/lover/boyfriend/person, with whom a sex worker cohabitates or has permanent sexual contact without exchange of money.) (Don't read out the options. Match response with any of the options below)

Currently married, having sex with husband	1	<i>Continue</i>
Currently married, not having sex with a spouse. Having sex with another partner/lover/boyfriend/man	2	
Currently married, not having sex with a husband or partner	3	
Married, have both a husband and a lover/ boyfriend/man	4	
Not married, but having sex with a partner/lover/man	5	<i>Go to B5</i>
Not married, not having sex with a partner/lover/boyfriend/man	6	
No response	9	
Other (Specify)		

B4. Does your spouse/lover/boyfriend have other partners/partner/lover/wife, or not?

Yes 1

No 2

Don't know 8

No response 9

B5. How old were you when first received money in exchange of sexual intercourse?

/_____/_____/ (please specify the age)

Don't know: 88

No response: 99

B6. Do you have another source of income besides this business (commercial sex work)?

Yes	1	<i>Continue</i>
No	2	<i>Go to B8</i>
No response	9	

B7. What is this other work? Do you have another job? Another? (Open ended question, write down the answers. May have several answers)

1. _____
2. _____
3. _____

B8. Do you provide financial support to your children now? (Ask once more) Parents or other relatives?

	<i>Yes</i>	<i>No</i>	
Yes, to children	1	2	<i>Continue</i>
Yes, to parents, other relatives	1	2	<i>Continue</i>
Yes, to children and to parents, other relatives	1	2	<i>Continue</i>
No response	9		<i>Go to C1</i>

B9. How many (financial) dependants do you have now in total?

/_____/ (please specify the number of people)

Don't know: 88

No response: 99

C. Sexual Life Record: Number and Type of Partners

C1. With your permission, now we'll ask you several questions about your partners. How old were you when you had the first sexual intercourse? (I mean not for money, but just permanent sexual intercourse)

/_____/ (please specify the age)

Don't know: 88

No response: 99

C2. Over the last 7 days (a week) how many:

C2.1 Paying clients did you have? With how many partners did you have sex for money? (If the respondent fails to recall the exact number ask her to give you a rough number)

C2.2 Permanent clients did you have? Clients that you had sex but did not take money in this particular case? (If the respondent fails to recall the exact number ask her to give you a rough number)

C2.3 Permanent partners did you have - husband, lover, boyfriend? (If the respondent fails to recall the exact number ask her to give you a rough number).

Attention: you are asking about the number of partners and not number of intercourse!!! Place answers in the relevant columns below.

Interviewer: If the respondent does not have permanent client or permanent partner, omit the corresponding sections below.

	C2.1 Number of paying clients	C2.2 Number of permanent clients	C2.3 Number of permanent partners
Number			
Don't know	88	88	88
No response	99	99	99

C3. Over the last 7 days (a week) how many different partners did you have? Include husband, lover, permanent client.

(Note: compare total number of partners in Q C2.1 and Q C2.2 and Q C2.3 to make sure that numbers match.)

/_____/ (Please specify the number of partners over the last 7 days)

Don't know: 88

No response: 99

C4. From all the different types of clients, which are less likely to use condoms? (Read out/One answer)

- Soldiers 1
- Sailors 2
- Border guards 3
- Custom officials 4
- General clients 5
- The same 6
- Don't know 8
- No response 99

D. Commercial Sex Work History: Paying Partners

D1. How many clients did you have during your last business day?

/_____/ (Please specify the number of clients)

Don't know: 88

No response: 99

D2. How much did your last client pay? (Please indicate the amount in Lari)

/_____/ Lari

Don't know: 88

No response: 99

D3. Did you use condoms with your last client?

Yes	1	Go to D5
No	2	
Don't know	8	
No response	9	

D4. Who offered to use a condom? (Please read out the options, and circle one coded response.)

My initiative	1	Go to D6
Partner's initiative	2	
Mutual initiative	3	
Don't know	8	
No response	9	

D5. Why didn't you and your partner use the condom that time? (Don't read out the options. Circle the response)

Reasons	Yes	No
1. Didn't have it	1	2
2. Too expensive	1	2
3. Partner refused	1	2
4. Don't like it	1	2
5. Take contraception	1	2
6. Didn't think needed	1	2
7. He looked healthy	1	2
8. Didn't think of it	1	2
9. Other (Specify)	1	2
Don't know	88	
No response	99	

D6. How frequently did you use condoms with all your clients over the last 30 days (1 month)? (Read out the options/one response)

- Always - 1
Often - 2
Sometimes - 3
Never - 4
Don't know - 8
No response - 9

E. Commercial Sex Work History: Permanent Clients

E.1 How many permanent clients do you have? (Define: Permanent client is a client who often uses your sexual service)

- /_____/ (Please specify the number of clients)
Don't know: 88
No response: 99

E2. Recall your very last permanent client with whom you had sexual intercourse. About how many times did you have a sexual intercourse with him over the last 30 days (1 month)?

	30 days
Did not have sexual intercourse	1
Up to 5	2
5-10	3
10-15	4
15 and more	5
Don't know/Don't remember	88
No response	99

E3. We spoke about your last client and about using condom with him. Tell me, whether he (your last client) was your permanent client or not?

1. He was permanent client
2. He was not permanent client (Go to E7)

E4. Last time when you had sexual intercourse with the permanent client, did you use condom?

Yes	1	Go to E6
No	2	
Don't know	8	
No response	9	

E5. Who offered to use a condom? (Circle one coded response.)

My initiative	1	Go to E7
Client's initiative	2	
Mutual initiative	3	
Don't know	8	
No response	9	

E6. Why didn't you and your permanent client use the condom that time? (Don't read out the options. Circle the response)

Reasons	Yes	No
1. Didn't have it	1	2
2. Too expensive	1	2
3. Partner refused	1	2
4. Don't like it	1	2
5. Take contraception	1	2
6. Didn't think needed	1	2
7. He looked healthy	1	2
8. Didn't think of it	1	2
9. Other (specify)	1	2
Don't know	88	
No response	99	

E7. How frequently did you use condoms with your permanent client(s) over the last 12 months (1 year)?

(Interviewer, read the options to the respondent)

- Always - 1
- Often - 2
- Sometimes - 3
- Never - 4
- Don't know - 8
- No response - 9

F. Commercial Sex Work History: Permanent Partners

F1. How many permanent partners do you have? (Define: Permanent partner is husband/lover/boyfriend/person, with whom the sex worker cohabitates or has permanent sexual relations without exchange of money.)

/_____/ (Please specify the number of partners) (If the respondent does not have a permanent partner, go to section G)

Don't know: 88

No response: 99

(If the respondent has more than one permanent partner, concentrate on the one with whom relationship is longer and more trustful.)

F2. About how many times did you have a sexual intercourse with your permanent partner over the last 30 days (1 month) and the last 12 months (1 year)? (For the option of "12 months" read out the responses from the bottom "15 and more".

If the respondent says "less" than read out the second from the bottom, and so forth.)

	30 days	1 months
Did not have sexual intercourse	1	1
Up to 5	2	2
5-10	3	3
10-15	4	4
15 and more	5	5
Don't know/Don't remember	88	88
No response	99	99

F3. Last time when you had sexual intercourse with the permanent partner, did you use condom?

Yes	1	Go to F5
No	2	
Don't know	8	
No response	9	

F4. Who offered to use a condom? (Circle one coded response.)

My initiative	1	Go to F6
Client's initiative	2	
Mutual initiative	3	
Don't know	8	
No response	9	

F5. Why didn't you and your permanent partner use the condom that time? (Don't read out the options. Circle the response)

Reasons	Yes	No
1. Didn't have it	1	2
2. Too expensive	1	2
3. Partner refused	1	2
4. Don't like it	1	2
5. Take contraception	1	2
6. Didn't think needed	1	2
7. He looked healthy	1	2
8. Didn't think of it	1	2
9. I trusted him	1	2
10. Other (<i>specify</i>)	1	2
Don't know	88	
No response	99	

F6. How frequently did you use condoms with your permanent partner over the last 12 months (1 year)? (Interviewer, read the options to the respondent)

Always	1	(Go to section G)
Often	2	(Go to F7)
Sometimes	3	(Go to F7)
Never	4	
Don't know	8	(Go to section G)
No response	9	

F7. In which cases did you use condom with your permanent partner? (Don't read out. Match the responses with the coded answers. Use "Other" if needed.)

When my partner asked me to use it	1
When I doubted that I am infected	2
When I doubted that my partner is infected	3
When I had had abortion short time before	4
When I had menstruation (period)	5
Other _____ (Write down)	6
Don't know	88
No response	99

G. Condoms

Note: Ask G1 only if the condoms are not used. (Compare with D3, D6, E4, E7, F3 and F6. Respondent should not be using condoms in any of these questions. Otherwise, go to G2.)

G1. Have you *ever* used condoms with *any* of your partners?

(Please note that the respondent may not have used a condom in the cases described in Parts D, E and F, but has used it in other periods)

- Yes - 1
- No - 2
- Don't know - 8
- No response - 9

G2. Do you know of a person or place where you can get, or buy condoms?

Yes	1	Continue
No	2	Go to G5
No response	9	

G3. Whom do you know or where can you get or buy condoms?

(Do not read out the options. Circle all the relevant coded responses) Where else?

	Yes	No
Shop	1	2
Drugstore	1	2
Market	1	2
"Tanadgoma"	1	2
Girls with whom you work	1	2
Other	1	2
No response	99	

G4. Imagine you don't have a condom with you, how long would you need to get/buy from your work place to where it is sold/available? Tell me, would you need . . . (Interviewer, read the options to the respondent. If she says "at any place" ask "How many minutes would you *still* need?")

Up to 5 minutes	1
5-15 minutes	2
15-30 minutes	3
30 minutes or more	4
More than a day	5
Don't know	8
No response	9

G5. How many condoms do you now have with you? (Check the number of condoms)

/_____/ (Indicate the number of condoms)

No response 99

G5a. Beside this, how many condoms do you have now at the place of your work?

/_____/ (Indicate the number of condoms)

No response 99

We try to find out, whether you face any kind of violence during your work. We would like to ask you about three types of violence: a) Forced sexual intercourse and rape; b) Physical violence/ beating and other that does not imply sexual intercourse; c) Forced sexual intercourse through blackmailing, or some other kind of threatening.

Repeat the three types of violence. Tell the respondent: now we are speaking only about the physical violence.

G6. During last year have you ever been a victim of the physical violence? (Beating, smothering, etc.)

Yes	1	Continue
No	2	Go to G9
No response	9	

G7. Who made physical violence against you? (Don't read out. Match the responses with the coded responses.)

Client	1
Lover (boyfriend)	2
Husband	3
Pimp	4
Policeman	5
Stranger	6
Other	7
No response	9

Tell the respondent: now we will speak only about forced sexual intercourse through blackmailing, or some other kind of threatening.

G8. During last year have you been forced to have sexual intercourse through blackmailing or threatening?

Yes	1	Continue
No	2	Go to G11
No response	9	

G9. Who forced you to have sexual intercourse through blackmailing or threatening? (Don't read out. Match the responses with the coded responses.)

Client	1
Lover (boyfriend)	2
Husband	3
Pimp	4
Policeman	5
Stranger	6
Other	7
No response	9

Tell the respondent: now we will speak only about forced sexual intercourse and rape.

G10. During last year have you been the victim of rape?

Yes	1	<i>Continue</i>
No	2	<i>Go to H1</i>
No response	9	

G11. Who raped you? (Don't read out. Match the responses with the coded responses.)

Client	1
Lover (boyfriend)	2
Husband	3
Pimp	4
Policeman	5
Stranger	6
Other	7
No response	9

H. Sexually Transmitted Diseases

H1. Have you heard of diseases that are transmitted sexually?

Yes	1	<i>Continue</i>
No	2	<i>Go to H3</i>
No response	9	

H2.1 Can you describe STD symptoms that are observed among women?

(Interviewer, don't read options. Circle the closest matching responses to the codes) Any other symptoms?

H2.2 Can you describe STD symptoms that are observed among men? (Interviewer, don't read options. Circle the closest matching responses to the codes) Any other symptoms?

	H2.1 Female Symptoms	H2.2 Male Symptoms
Stomach (abdominal) ache	1	1
Vaginal (genital) release	2	2
Burning while urinating	3	3
Vaginal (genital) ulcer	4	4
Swollen vulva or lower abdomen	5	5
Itching	6	6
Other: <i>(please specify)</i>	a)	a)
	b)	b)
	g)	g)
No response	99	99
Don't know	88	88

H3. Have you observed vaginal release during the last 12 months (1 year)?

1. Yes
2. No
8. Don't know
9. No response

H4. Have you observed vaginal ulcer/boil over the last 12 months (1 year)?

1. Yes
2. No
8. Don't know
9. No response

Note: Module I should be filled only for those respondents who have suffered vaginal release or ulcer/boil over the last 12 months. (Compare with H3 and H4). Otherwise go to Module J.

I. STD Treatment

I1. What did you do when you had vaginal release, or ulcer/boil last time? (Read out the options. Circle one for each question)

Questions	Yes	No	NR
1. Consulted or received a treatment at the state-owned health clinic or hospital?	1	2	9
2. Consulted or received a treatment at a private health clinic or hospital?	1	2	9
3. Consulted or received a treatment at a drugstore	1	2	9
4. Consulted or received a treatment from a traditional healer or a wise man?	1	2	9
5. Applied a self-treatment?	1	2	9
6. Told your sexual partner about your release or STD?	1	2	9
7. Stopped intercourses when the symptoms appeared?	1	2	9
8. Did you use the condoms during the symptom period?	1	2	9

J. Knowledge, Opinion, Attitude

J1. Have you heard of HIV or AIDS? (Please explain: HIV is a human immunodeficiency virus which causes AIDS. Make sure that the respondent understood what HIV is. You may use additional definitions too.)

Yes	1	Go to K1
No	2	
No response	9	

J2. Do you know any person who has been infected, ill with, or has died of AIDS?

Yes	1	Continue
No	2	
Don't know	8	Go to J4
No response	9	

J3. Do you have a close relative or friend who has been infected, ill with, or has died of AIDS?

Yes, a friend	1
Yes, a relative	2
No	3
Don't know	9

**J4. Please give me your opinion regarding the following:
(Please read out all options and circle the relevant answer.)**

Assertions	Yes	No	DK	NR
1. Can one reduce the HIV risk if one properly uses condoms during every sexual contact?	1	2	8	9
2. Can one get HIV as a result of a mosquito's bite?	1	2	8	9
3. Do you believe that one may protect oneself from HIV/AIDS by having one uninfected and reliable sexual partner?	1	2	8	9
4. Do you believe that one can protect oneself from HIV/AIDS by keeping away from (avoiding) sexual contact?	1	2	8	9
5. Do you believe that one can get HIV/AIDS by taking food or drink that contains someone else's saliva?	1	2	8	9
6. Do you believe that one may be infected with HIV/AIDS by using a needle/syringe already used by someone else?	1	2	8	9
7. Do you believe that a person who looks healthy can be infected with HIV, which causes AIDS?	1	2	8	9

J5. Do you believe that an HIV/AIDS-infected pregnant woman can transfer virus to fetus?

Yes	1	Go to J7
No	2	
Don't know	8	
No response	9	

J6. What do you believe a pregnant woman might do reduce the risk of transferring the infection to fetus?

(Don't read out the options to the respondent. Multiple answers are acceptable)

Take medication (antiretrovirals)	1
Other _____ please specify	2
Don't know	8
No response	9

J7. Can a mother transfer the HIV/AIDS to her baby through breastfeeding?

Yes 1
No 2
Don't know 8
No response 9

J8. Is it possible for Female Sex Workers take confidential HIV/AIDS test to see if one is infected?

"Confidential" means that nobody will know about the test results without one's permission.

Yes 1
No 2
Don't know 8
No response 9

J9. I don't want to know about the test results but have you ever taken an HIV test?

Yes	1	Go to J14
No	2	
Don't know	8	
No response	9	

J10. Was it your initiative to take the HIV/AIDS test or you had to?

It was voluntary 1
I had to 2
No response 9

J11. Don't tell me the test result, but do you know it?

Yes 1
No 2
No response 9

J12. If yes, did you tell anybody your test result?

Yes 1
No 2 (Go to J14)
No response 3
No response 9

J13. If you told anybody your test result, please tell me, whom did you tell? (Mark all mentioned responses)

Client/clients 1
Permanent client/clients 2
Permanent partner/partners 3
Colleague sex workers 4
Family members 5
Relatives 6
Friends 7
Nobody 8
Other 9
No response 99

J14. If you were told that you are HIV positive, whom would you tell about this?

	Yes	No
Nobody	1	2
Client	1	2
Permanent client	1	2
Permanent partner	1	2
Family members	1	2
Relative	1	2
Colleague	1	2
Friend	1	2
Other _____ (specify)	1	2
Don't know		88
No response		99

J15. When did you take the last HIV test?

- Some time last year - 1
- Between 1-2 years ago - 2
- Between 2-4 years ago - 3
- More than 4 years ago - 4
- Don't know - 8
- No response - 9

J16. Now please tell me: (Read out the list and circle one answer for each question)

	Yes	No	DK	NR
1. Would you like to have meal with a person who is diseased with HIV or AIDS?	1	2	8	9
2. If your relative man were infected with HIV would you like to take care of him at your place?	1	2	8	9
3. If a student is infected with HIV, but not diseased may he be permitted to continue studying?	1	2	8	9
4. If your relative woman were infected with HIV would you like to take care of her at your place?	1	2	8	9
5. If a teacher is infected, but not diseased with HIV may he be permitted to continue teaching at school?	1	2	8	9
6. If acquainted with you food salesman is infected with HIV, will you buy food from him/her?	1	2	8	9
7. If the member of your family were infected with HIV would you like it to keep this in secret?	1	2	8	9

K. Trafficking

K1. Have you ever heard about sex trafficking? (*Interviewer, please provide the definition:* Trafficking is when people are taken to work, often abroad, by force or fraud, bereaved of passport and forced to do sex work)

- Yes 1
- No 2
- Don't know 8
- No response 99

K2. Have you ever been a victim of sex trafficking by being taken abroad by force, fraud or coercion to provide sexual services?

- Yes 1
- No 2 (Go to section L)
- No response 99 (Go to section L)

K3. How many times have you been trafficked abroad for sex work?

- Once 1
- Twice 2
- 3-5 times 3
- More than 5 times 4
- Other _____ (please specify) 5
- Don't know/don't remember 8
- No response 99

L. Working Abroad

The following questions are regarding going abroad to do sex work on voluntary basis, willingly.

L1. Have you willingly ever been abroad for sex work?

- Yes 1
- No 2 (Go to section M)
- No response 8

L2. During the last 1 year or 12 months how many times did you go abroad for sex work?

L2.1. If you recall the year previous the last one, how many times did you go abroad for sex work?

L2.2. Not taking into consideration these two years, before that how many times have you been abroad for sex work?

For all the questions mark the number of visits in the corresponding columns. If the respondent says that in any time period she was not abroad for work, then mark "0".

	L2.	L2.1	L2.2L
Number of visits			
Don't know/Don't remember	88	88	88
No response	99	99	99

L3. Last time when you went abroad for sex work, what was your primary motivation for doing so? (Mark all that apply)

	Yes	No
To earn more money	1	2
To live in better conditions	1	2
My colleagues were going and I followed them	1	2
Other _____ (please specify)	1	2
No response	99	

L4. Your last trip abroad, to which country did you go for sex work?

Turkey	1
Greece	2
Ukraine	3
Russia	4
Other _____ (please specify)	5
No response	99

L5. Did you have any problems while crossing the border or while doing sex work abroad?

Yes, while crossing the border	1 (go to L.7)
Yes, while doing sex work abroad	2 (go to L.9)
Yes, both	3 (continue)
No	4 (go to L.13)
No response	99

L6. What kind of problems did you face while crossing the border? (Mark all that apply)

	Yes	No
Money extortion	1	2
Free of charge sex service	1	2
Other _____ (please specify)	1	2
No response	99	

L7. Who created these problems for you? (Mark all that apply)

	Yes	No
Georgian border guard	1	2
Georgian customs worker	1	2
Foreign border guard	1	2
Foreign customs worker	1	2
Other _____ (please specify)	1	2
No response	99	

L8. With whom did you have problems while doing sex work abroad? (Mark all that apply)

	Yes	No
Client	1	2
Brothel owner	1	2
Hotel owner	1	2
Bar owner	1	2
Policeman	1	2
Pimp from Georgia (A person that arranged your trip and/or took you abroad)	1	2
Other _____ (please specify)	1	2
No response	99	

L9. What kind of problems do you face with client/brothel/hotel/bar owner/pimp from Georgia or policemen? (Mark all that apply)

	Yes	No
Rape	1	2
Physical violence (Beating, rape)	1	2
Non-physical violence (threatening, blackmailing, cursing)	1	2
Money extortion	1	2
Asking for the free of charge service	1	2
Forced non-stop sex work	1	2
Other _____ (please specify)	1	2
No response	99	

L10. If you had problems while crossing the border or working abroad, would you still go there?

Yes	1 (Continue)
No	2 (Go to L13)
Don't know	8 (Go to L13)
No response	99 (Go to L13)

L11. If yes, why would you go?

_____ (open question/please specify)
No response 99

L12. In what type of place did you work your last time abroad? (Mark all that apply)

	Yes	No
Street	1	2
Sauna	1	2
Bar	1	2
Restaurant	1	2
Hotel	1	2
Brothel	1	2
Other _____ (please specify)	1	2
No response	99	

L13. How often did you use condom with clients while last time abroad?

Always	1
Frequently	2
Sometimes	3
Never	4
Don't know	8
No response	99

L14. How often do you consume alcohol while abroad?

Every day	1
At least, once a week	2
At least, once every two weeks	3
Once a month	4
Don't know	8
No response	99

L15. Have you ever taken drugs while last time abroad?

Yes	1
No	2 (Go to L17)
No response	99

L16. 1. Which ones did you try? Don't count those taken for the medical and treatment purposes. (**Interviewer, read the list. For each drug use relevant option**).

L16. 2. Ask for the mentioned drugs – Please tell me, how did you take this drug: did you inject, smoke, inhale, drink, breath in or how? (*Don't help; multiple answer*)

A10		A11								
Mult. ans		Inhale	Inject	Swallow	Breath in	Smoke	Drink	Other	Don't know	No response
1	Heroin _ (inhale, inject)	1	2	3	4	5	6	7	8	9
2	Opium _ (swallow, inject)	1	2	3	4	5	6	7	8	9
3	Poppy-seed _ (inject)	1	2	3	4	5	6	7	8	9
4	Subutex _ (drink, inject)	1	2	3	4	5	6	7	8	9
5	Inhalants (e.g. glue) _ (breath in)	1	2	3	4	5	6	7	8	9
6	Marijuana _ (smoke)	1	2	3	4	5	6	7	8	9
7	Ecstasy _ (drink)	1	2	3	4	5	6	7	8	9
8	Cocaine _ (inhale, inject)	1	2	3	4	5	6	7	8	9
9	inject)	1	2	3	4	5	6	7	8	9
10		1	2	3	4	5	6	7	8	9
11										
88	Don't know									
99	No response									

L17. Last time when you went abroad for sex work, how long did you stay there? (Don't read)

2 weeks	1
1 month	2
More than 1 month	3
When I earned a certain amount I needed	4
Other _____ (<i>please specify</i>)	5
Don't know	8
No response	9

L18. About how many clients did you have per day (on average) during your last visit abroad?

Up to 5	1
5-10	2
10 and more	3
Don't know	8
No response	99

L19. If we consider your general working day abroad, is the number of clients you have per day (average) abroad generally more than in Georgia??

Yes	1
No	2
The same	3
Don't know	8
No response	9

L20. About how much do you receive per client abroad?

/ _____ / (<i>Please indicate the amount in Lari</i>)	
Don't know:	88
No response:	99

L21. What means of protection against STIs and HIV/AIDS did you use while working abroad? (Mark all that apply)

	Yes	No
Condom	1 (Go to L23)	2
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	1 (continue)	2
Contraceptives (e.g. vaginal pills, etc)	1 (Go to L23)	2
Other _____ (please specify)	1 (Go to 23)	2
Don't know	8 (Go to 23)	
No response	99 (Go to 23)	

L22. How often did you use those injections?

Once in two weeks	1
Once in a month	2
Once in three months	3
Once in six months	4
Other _____ (please specify)	5
Don't know/don't remember	8
No response	99

L23. Are STI/HIV testing services provided abroad?

Yes	1
No	2
Don't know	88 (Go to section M)
No response	99

L24. If so, have you ever used them?

Yes	1
No	2
No response	99

M. Impact of the Infection Source (Optional)

M1. Could remember, where from do you get information about STI/HIV? (Don't read) Could you remember some other source of information? (Multiple answer)

TV/Radio _____	1
Newspapers _____	2
Friends _____	3
Clients _____	4
Family members _____	5
Social workers _____	6
Other _____	7
No response _____	9
I have never heard anything about STI/HIV _____	99 (Go to section N)

M2. Don't you remember the ways of protecting from STD/HIV? I have in mind those means that provide the protection from HIV. What else do you recall? Which else?

(Don't prompt, circle all the answers given by the respondent)

Condom use _____	1
Avoiding sexual contacts _____	2
Contact with one devoted partner _____	3
Safe forms of sexual contact (masturbation, non-penetrative contact) _____	4
Don't know _____	8
No response _____	9

(Define: **Non-penetrative contact** is a sexual contact when the male penis does not penetrate into the female body. **Masturbation** is getting sexual pleasure using your own hands.)

M3. What do you think can a person get STD or AIDS/HIV if she/he has the blood group A?

Yes	1
No	2
Don't know	8
No response	9

N. Media Communication

N1. Within the last 4 weeks how frequently did you listen to radio?

(Interviewer, read the options to the respondent. One response is quite acceptable. Mark the responses in the table below.)

N2. Within the last 4 weeks how frequently did you watch TV?

(Interviewer, read the options to the respondent. One response is quite acceptable. Mark the responses in the table below.)

	N1. Radio	N2. TV
Everyday	1	1
No less than once a week	2	2
Less than once a week	3	3
Never listened within the last 4 weeks	4	4
Don't know	8	8
No response	9	9

Q3. You have been very helpful. After generalization and statistical analysis of the present study our organization will plan projects that will be beneficial for all. If in several months I need to take another interview from you, would you make yourself available?

Yes	1
No	2
Don't know (we'll see)	8

Interviewer, thank the respondent for cooperation and say good-bye. After the interview make sure you have taken down the respondent's identification data so that the same person is used in the following panels of the study.

Q4 During the interview the respondent was:

1. Interested
2. Calm
3. Indifferent
4. Agitated
5. Uninterested

Time when interview was concluded_____

The questionnaire is kept till completion of the project.

Q5. Quality control on the interview was carried out by_____

Position_____

Organization_____

Quality control group member has used (completed) quality control card_____

Signature_____