Integrated Bio-behavioral surveillance and population size estimation survey among Female Sex Workers in Tbilisi and Batumi, Georgia

Study Report

Prepared by:

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The Global Fund
To Fight AIDS, Tuberculosis and Malaria

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BBS	Behavioral Surveillance Survey
CI	Confidence Interval
CIF	Curatio International Foundation
FSW	Female Sex Worker
GAM	Global AIDS Monitoring
GARPR	Global AIDS Response Progress Report
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GEL	Georgian Lari
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IDP	Internally Displaced Person
IDUs	Injecting Drug Users
NCDC	National Center for Disease Control and Public Health
NG	Neisseria Gonorrhea
PCR	Polymerase Chain Reaction
PSE	Population Size Estimation
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TG	Tanadgoma
TLS	Time-Location Sampling
USAID	United States Agency for International Development

Definitions[1]

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

Commercial sex – prostitution.

Commercial Sex Worker – a person, who is working in commercial sex and establishes sexual contacts in exchange of material remuneration.

Commercial Sex Worker (for the survey purposes) - a person, who has been involved in commercial sex during the last 12 months and established sexual contacts in exchange of material remuneration.

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

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).

Regular client–a client who often uses sexual services of one particular FSW.

Regular sexual partner–a spouse/lover/boyfriend with whom the FSW cohabitates and has established regular sexual contacts without exchange of money.

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

Time-Location Sampling–based on the tendency of some group members to gather at certain locations, different sites are enumerated and mapped through observation, then a list of sites is used as sampling frame from which to select a sample of sites.

Facility-based female sex workers–women, who is located in a specific type of facility (bar, sauna, hotel, brothel) in order to attract clients and/or establish with them sexual contact in exchange of material remuneration.

Mapping–an exercise of identifying on a map the numbers, sites and working hours of FSWs, for forming a sampling frame of the survey.

Trafficking–in regards to sex workers this term implies only trafficking with the aim of sexual exploitation. Trafficking for sexual exploitation – when persons are taken for work, usually abroad, by force or through fraud, are deprived of passport and other documentation and are forced to engage in sex work.

[1]Methodology of Behavioral Surveillance Studies of key populations, 2010 (Georgian version). www.curatiofoundation.org

Executive Summary

Introduction

Georgia is among the countries with low HIV/AIDS prevalence (0.3% among adult population) but with a high potential for the development of a widespread epidemic. From the early years of epidemic injecting drug use was the main route of HIV transmission; however, for the last five years heterosexual transmission is prevailing. During the last several years heterosexual transmission found among newly registered cases raised from 44.8% in 2012 to 51.2 % in 2016.[2] However, we cannot judge about change in transmission route unless more detailed analysis of new infections is done.

This study represents the subsequent wave of BBS surveys undertaken among FSWs since 2002. The current study was conducted in 2017 using the Time-Location Sampling (TLS) sampling technique and managed to recruit 350 FSWs in total – 200 in Tbilisi and 150 – in Batumi. The objective of the 2017 BBS was to measure the prevalence of HIV, hepatitis C, gonorrhea and syphilis among FSWs, to provide measurements of key HIV risk behaviours and to generate evidence for advocacy and policy-making.

The first ever FSWs population size estimation survey took place in 2014, in combination with the Bio-BSS survey. As sizes of at risk and hidden populations might fluctuate, it is recommended to repeat the size estimations periodically. So, in 2017, Bio-BSS was again conducted in conjunction with size estimation to make it possible to estimate the FSWs population size in Georgia by using different estimation methods and triangulating the findings to provide the most acceptable estimates.

The study was implemented within the GFATM-funded project "Behavioural and Biological (HIV infection, Hepatitis C and STI prevalence) Surveillance and Population Size Estimation Surveys among key populations (Injecting Drug Users, female Commercial Sex Workers)" by Curatio International Foundation (CIF), Center for Information and Counseling on Reproductive Health – Tanadgoma. Biomarker component for BBS was implemented by the Infectious Disease, AIDS and Clinical Immunology Research Center.

Methods

Study participants were recruited through TLS method at both study sites. TLS takes advantages of the fact that some hidden populations tend to gather or congregate in certain types of locations. To develop a survey sampling frame, in March 2017 (Tbilisi) and in April 2017 (Batumi) and preliminary mapping exercises were undertaken to identify the numbers, sites and working hours of FSWs (For a more detailed account see the Methodology section). In Tbilisi a total of 200 and in Batumi – a total of 150 FSWs agreed to participate and were interviewed.

The interviews were conducted face-to-face, in the offices of Tanadgoma, by experienced interviewers. The FSWs were asked questions regarding high-risk behaviors, knowledge of STIs and HIV/AIDS, and their use of health services. After the interview, each respondent was asked if

[2] http://www.unaids.org/en/regionscountries/countries/georgia/

she would provide both urine and blood specimens for an anonymous-linked test for sexually transmitted infections (STIs) and HIV.

In the absence of a gold standard for estimating the population size of a hidden and hard to reach population, estimates are empirically imprecise and prone to potential biases. The present PSE among FSW applied the following methods: Census, Capture-Recapture and Service Multiplier.

Results

Key findings from the 2017 survey and comparisons with the previous (2014) survey results are given below.

Socio-Demographic characteristics of FSWs

The median age of FSWs is 41 years in Tbilisi and 40.5 years in Batumi, their majority is older than 25 years and represent the age group "40+";

Majority is Georgian, has the secondary / vocational education, is divorced and has arrived to the current city from another place.

Rates of daily alcohol use and drug use are low, however, in Batumi everyday alcohol use was reported by 18% of the respondents. As for drug use, bigger proportions reported having used non-injecting drug during the last 12 months in both cities, compared to 2014 survey.

Main trend in socio-demographic characteristics of FSWs is aging tendency, which is observed starting from early 2000s. Also, one important change is increased use of non-injecting drugs.

Sexual Behavior

The vast majority of FSWs in both cities reported condom use with the last client (over 90%). However, consistent condom use with the clients during the last 30 days was reported by majority in Tbilisi (88.5%) and by slightly above half – in Batumi. In Tbilisi consistent condom use with the clients stayed the same as in 2014; in Batumi there was decrease since 2014 (from 66.7% to 55.3%), but this decrease did not prove to be statistically significant.

Majority of FSWs in Tbilisi and Batumi reported having regular client. The majority of Tbilisi respondents report use of a condom during their last sexual intercourse with regular clients. However, compared to the last BBS of 2014, condom use during the last intercourse with the regular client has decreased from 94.4% in 2014 to 90.5% in 2017 and this decrease is statistically significant ($p<0.05$). For Batumi this indicator is even lower – 57.8%, which is again a statistically significant ($p<0.05$) decrease from 82.7% that reported in 2014. As for the consistent condom use with regular clients over the last 12 months, in Tbilisi it stayed the same as in 2014 with no statistically significant change. As for Batumi there is decrease from 67.9% in 2014 to 50.4%. This decrease is statistically significant ($p<0.05$).

Only about one fourth of FSWs in Tbilisi reported using condom during the last intercourse with their regular partners – the same data as in 2014. However, in Batumi this indicator has increased from 10.3% in 2014 to 16.2% in 2017. Still, this increase it proved not to be statistically significant. As for consistent condom use with regular partners, very small proportion of the respondents reported doing so. In both cities this indicator has slightly increased compared to 2014, but change proved to be statistically significant only for Batumi FSWs ($p<0.05$).

Safe sexual practices, especially with the clients are widespread among FSWs. Condom use rates during the last sexual contact with the paying clients have not changed during the last 15 years and

are usually above 90% in both cities. The same indicator with regular clients has decreased significantly in both cities, however, still remains high. Overall, behaviour patterns with regular clients seem worsening during the recent years.

Behaviour with the regular partners is far less safe than with other types of partners. Compared to the last BBS of 2014, the major behaviour trends have more or less stayed the same, except for the regular clients.

Condoms

Condoms are quite accessible for FSWs at pharmacies and NGO Tanadgoma; the latter was indicated by FSWs in Tbilisi with statistically significant increase compared to 2014 ($p<0.01$). Overall, in Tbilisi statistically significant increase was demonstrated in receiving condoms from preventive programs during the last 12 months (85% in 2017 vs 61.3% in 2014, $p<0.01$).

STI Knowledge and Health Seeking Behavior

All FSWs from both survey sites are aware about sexually transmitted infections; big majority knows at least one symptom among women. Number of FSWs who report having some STI symptom during the last year did not change in both cities. FSWs, especially in Tbilisi, tend to refer to state clinics or hospitals in case of STI symptom manifestation. It is noteworthy that data of behaviour patterns when having STI symptoms demonstrate increased rates of applying self-treatment in Batumi, compared to 2014, and decreased rates – in Tbilisi, however, this change proved not to be statistically significant. It is also noteworthy that Batumi FSWs tend to refer to drugstores for treatment-related medications.

The knowledge of STI symptoms among women and men has stayed the same. Also, application of self-treatment in case of STI symptoms stayed the same. However, less FSWs report having had STI symptoms during the last year.

Knowledge and testing on HIV

The vast majority of FSWs are aware of HIV/AIDS. Quite a small proportion of FSWs could correctly answer 5 questions on ways of HIV transmission (11.5% in Tbilisi, 22.7% - in Batumi). This indicator has not demonstrated any statistically significant change since 2012. The majority of FSWs name condom use as one of the ways of protecting from STI/HIV.

A lower proportion of respondents in both cities report that they had been tested for HIV during the last year compared to the previous BBS. Also, both in Tbilisi and in Batumi less FSWs were tested during the last year and received their results, compared to the latter BBS (31% vs 40.6% in Tbilisi and 58% vs 66.7% in Batumi). However, this decrease is statistically significant only for Tbilisi ($p<0.1$).

HIV knowledge rates are low. No changes have been identified in HIV knowledge during the last 5 years, except Batumi, where there is statistically significant increase in MTCT knowledge.

There is statistically significant decrease in Tbilisi of FSWs tested during the last year and knowing their test result. Personal risk assessment of FSWs in Tbilisi again demonstrated that the majority do not consider themselves to be at high risk for HIV infection, however, in Batumi acknowledging this fact showed significant increase.

Program coverage/media

Comparison of 2014 and 2017 survey findings show that coverage of prevention programs measured by awareness where to get HIV test and reception of condom during the last year has not

changed in Batumi, but there is statistically significant increase in Tbilisi (63% in 2017 vs 51.3% in 2014, $p<0.1$). The coverage makes up to 63% in Tbilisi and 76.7% - in Batumi.

Depending on the city, the most popular sources of information on STI/HIV vary. For Tbilisi it is TV/Radio, for Batumi – social workers. Doctors were also mentioned by the respondents. The most reliable sources of information on HIV and STIs are representatives of NGOs, special booklets as well as TV.

Trafficking and Sex work Abroad

Awareness of trafficking is high; 4% in Tbilisi and 4% in Batumi (14 cases in total) report having been victims of trafficking. Less than 10% of FSWs go abroad for sex work voluntarily. Minor risk factors, such as higher prices received for service or low use of testing services, indicate that FSWs may be exposed to greater risks of infections while working abroad.

Biomarker

Only 3 out of 195 FSW in Tbilisi and none in Batumi appeared to be HIV infected. There is no significant change in HIV prevalence among FSWs during the last 15 years.

Syphilis was positive among 2.6% Tbilisi respondents and 12% among Batumi respondents. In both cities syphilis prevalence has demonstrated statistically significant decrease (from 6.4% to 2.6% % in Tbilisi $p<0.10$ and from 16.7% to 12% in Batumi $p<0.001$).

Quite a small proportion of FSWs showed positive results on Gonorrhea test - prevalence of this infection has stayed the same since 2014.

Hepatitis C prevalence was identified as 14.4% in Tbilisi and 6.7% in Batumi. These rates are lower compared to the last BBS data, however, Tbilisi prevalence is still high compared to the data of the WHO European Region outside the EU.

Population Size Estimation

In order to arrive to single estimates per city, we decided to calculate averages based on the three methods used. The final average estimates of FSWs (street- and facility based) in these cities will be **600** and **700** in Tbilisi and Batumi, respectively.

Recommendations

The findings of this study suggest the following recommendations for improving preventive interventions targeting FSWs:

Specific HIV prevention messages and materials focusing on condom use promotion should be provided to FSWs, their clients and regular partners through outreach workers as well as through mass media outlets. This concerns especially Batumi population. The interventions should also target the gaps in knowledge, especially on HIV transmission and prevention routes, revealed through the surveys.

Use of non-injecting drugs, such as pharmacy drugs (sleeping pills, sedatives etc) and marijuana has increased among sex workers. This shall be addressed in overall prevention program through specific tailored messages.

Stigma and discrimination rates, e.g. verbal assaults and humiliation, are widespread phenomena faced by sex workers. At the same time, trust towards law enforcement is very low and there is no expectation that police would react adequately to various rights violeations of sex workers. This

shall be addressed also in combination with the prevention programs, and specific activities, such as sensitization of police personnel shall be conducted throughout the country.

Taking into consideration in-country migration of FSWs, interventions for FSWs should be focused in major cities - Tbilisi, Batumi, Kutaisi, Zugdidi and Telavi.

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, in combination with the multiple population size estimation methods, and repeated on a regular basis to provide early warning of a possible dramatic increase in the prevalence rate. In addition, surveys can provide invaluable information for designing focused interventions as well as for monitoring whether STI/HIV prevention and reduction interventions are working.

Table 1: Global AIDS Response Progress Report Indicators

Indicators	Tbilisi		Batumi	
	%	n/N	%	n/N
HIV test during last year				
FSWs who had HIV test during last year and knows results	31.0	62/200	58.0	87/150
≤ 24	0	0/4	40.0	2/5
≥ 25	31.6	62/196	58.6	85/145
Coverage of prevention programs				
FSWs who know where to take test on HIV and received condoms from prevention programs during the last 12 months	63.0	126/200	76.7	115/150
≤ 24	50.0	2/4	40.0	2/5
≥ 25	63.3	124/196	77.9	113/145
Knowledge about HIV prevention				
FSWs who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission[3]	11.5	23/200	22.7	34/150
≤ 24	0	0/4	0	0/5
≥ 25	11.7	23/196	23.4	34/145
Condom use with clients				
FSWs who reported permanent (always) condom use with all clients during last 30 days	88.5	177/200	55.3	83/150
≤ 24	75.0	3/4	60.0	3/5
≥ 25	88.8	174/196	55.2	80/145
Condom use with regular partner last sex				
FSWs who had regular partners and reported condom use at last intercourse	23.2	23/99	16.2	12/74
≤ 24	0	0/3	33.3	1/3
≥ 25	24.0	23/96	15.5	11/71
Permanent condom use with regular partner during last 12 months				

Indicators	Tbilisi		Batumi	
	%	n/N	%	n/N
FSWs who reported permanent condom use with regular partner during last 12 months	19.2	19/99	6.8	5/74
≤ 24	0	0/3	33.3	1/3
≥ 25	19.8	19/96	5.6	4/71
Condom use with the last client				
FSWs reporting the use of a condom with their most recent client	96.0	192/200	90.0	135/150
≤ 24	100	4/4	40.0	2/5
≥ 25	95.9	188/196	91.7	133/145
Biomarker				
Positive for HIV	1.5	3/195	0	0/150
≤ 24	0	0/4	0	0/5
≥ 25	1.6	3/191	0	0/145
Drug injection				
Injected drugs use in the last 12 months	1.5	3/200	3.3	5/150
≤ 24	25.0	1/4	0	0/5
≥ 25	1.0	2/196	3.4	5/145

Table 2: Summary of Indicators for FSWs in Tbilisi and Batumi for BBS-2017

Indicators	Tbilisi		Batumi	
	%	n/N	%	n/N
Demographic Characteristics				
Median age		41		40.5
Level of education (secondary)	78.0	156/200	86.7	130/150
Georgian	86.0	172/200	85.3	128/150
Divorced / living separately	64.0	128/200	70.0	105/150
Have Financial dependents	87.5	175/200	87.3	131/150
Drug Use				
Non-injected drug use in past 12 months	11.0	22/200	20.0	30/150
Injected drugs use in the last 12 months	1.5	3/200	3.3	5/150
Engagement in sex business				
Median age at 1st sexual contact	17	(199)	17	(150)
Median age 1st received money in exchange for sex	29.0	(190)	28.0	(149)
Mean years working as a sex worker	11	(190)	11	(149)
Sexual risk behaviour				
Condom use with the last client	96.0	192/200	90.0	135/150
Consistent (always) condom use with clients during last month	88.5	177/200	55.3	83/150
Condom use during last sexual intercourse with regular client	90.5	162/179	57.8	78/135
Consistent (always) condoms use with regular clients over the last 12 months	87.2	156/179	50.4	68/135

Indicators	Tbilisi		Batumi	
	%	n/N	%	n/N
Condom use during the last sexual contacts with regular partner	23.2	23/99	16.2	12/74
Consistent (always) condom use always with regular partner over the last 12 months	19.2	19/99	6.8	5/74
Access to condoms				
Place where condoms are obtained (drug store)	84.3	166/197	93.3	140/150
Less than 5 minutes is needed to obtain a condom	39.0	78/200	48.7	73/150
Have condoms with them or at place of work	81.0	162/200	92.6	139/150
Received condoms from preventive programs over the last 12 months	85.0	170/200	86.0	129/150
HIV / STI knowledge, experience and practices				
Aware of HIV/AIDS	85.0	170/200	97.3	146/150
Aware of STIs	100.0	200/200	100	150/150
Know at least one STI symptom in women	71.5	143/200	92.7	139/150
Know at least one STI symptom in men	65.0	130/200	83.3	125/150
Had STI symptoms in the last year	21.5	43/200	30.7	46/150
Sought self treatment	18.6	8/43	50.0	23/46
Sought treatment at clinic / hospital	67.4	29/43	50.0	23/46
Sought treatment in drugstore	4.7	2/43	26.1	12/46
HIV testing and risk assessment				
Knows about HIV testing site in a community	80.6	137/170	85.6	125/146
Ever been tested on HIV	65.5	131/200	90.4	132/150
Tested on HIV during the last year	31.5	63/200	58.0	87/150
High risk self assessment	34.1	58/170	48.6	71/146
No risk self assessment	14.7	25/170	14.7	7/146
Biomarker				
HIV Prevalence	1.5	3/195	0	0/150
Syphilis prevalence	2.6	5/195	12.0	18/150
Gonorrhoea prevalence	8.5	17/199	4.7	7/150
Hepatitis C prevalence	14.4	28/195	6.7	10/150

Introduction

Georgia is among the countries with low HIV/AIDS prevalence, but high potential for developing a widespread epidemic. The estimated prevalence of HIV among the adult population is 0.3%[4]. As of December 31, 2016 in total 6131 HIV cases have been registered by the national HIV surveillance system. The annual number of new cases grew from around a hundred during early 2000s to about 719 in 2016. In the early years of the HIV epidemic in Georgia, as in most Eastern European countries, injecting drug use was the major transmission mode. Since 2010, transmission has shifted toward the heterosexual mode, which became dominant by 2011. The percentage of drug use, as a transmission mode among newly registered HIV cases has decreased from 43.2 % in 2012 to 30.2 % in 2016 while heterosexual transmission has increased from 44.8% in 2012 to 51.2 % in 2016.

In the years 2002-2007 Save the Children Georgia Country Office under the USAID-funded STI/HIV Prevention (SHIP) project introduced second generation surveillance studies in the country and conducted Biomarker-Behavioral Surveillance Studies (BBS) among various key populations. The first BBS among FSW was conducted in Tbilisi in 2002, followed by 2004 and 2006 studies in Tbilisi and Batumi.

In 2009, 2012 and 2014 under the GFATM-funded HIV/AIDS surveillance system strengthening project a subsequent waves of behavioral surveillance among the FSW were conducted in Tbilisi and Batumi. The study was implemented by Curatio International Foundation (CIF) in partnership with the Center for Information and Counseling on Reproductive Health – Tanadgoma and with the National Center for Disease Control and Prevention (2012) and the Infectious Disease, AIDS and Clinical Immunology Research Center (2009 and 2014).

The presented research is a subsequent wave of BBS among FSW in Tbilisi and Batumi, implemented by Curatio International Foundation (CIF), Center for Information and Counseling on Reproductive Health - Tanadgoma and the Infectious Disease, AIDS and Clinical Immunology Research Center under the GFATM-supported project "Behavioural and Biological (HIV infection, Hepatitis C and STI prevalence) Surveillance and Population Size Estimation Surveys among key populations (Injecting Drug Users, female Commercial Sex Workers)".

The objective of the 2017 BBS in Georgia was to measure prevalence of HIV, Gonorrhea, Hepatitis C and Syphilis among FSWs, provide measurements of key HIV risk behaviors and generate evidence for advocacy and policy-making.

BBS was conducted in conjunction with population size estimation methods. Currently various preventive interventions targeting sex workers are being implemented in Georgia. However, to determine the coverage of such services, and so better planning and scaling-up of preventive interventions, it is vital to have an acceptable estimate of the size of FSWs population, even if it is a challenge to measure accurately the exact population size.

The first ever FSWs population size estimation survey was conducted in 2014, in combination with the Bio-BSS survey. As sizes of at risk and hidden populations might fluctuate, it is recommended to repeat the size estimations periodically. So, in 2017, Bio-BSS was again conducted in conjunction

[4]http://www.unaids.org/en/regionscountries/countries/georgia/

with size estimation to make it possible to estimate the FSWs population size in Georgia by using different estimation methods and triangulating the findings to provide the most acceptable estimates.

This report presents analysis of the data gathered through the survey. Special focus is made on some core indicators, including Global AIDS Response Progress Report or GARPR (recently renamed as Global AIDS Monitoring). Analysis includes a breakdown by two age groups for each indicator, which is presented in the data tables in the Appendix 1. Also analysis includes size estimations derived with different methods and some comparison with the previous size estimation survey. In the end, conclusions and recommendations are provided; some of them are derived from comparison with the previous BBSs.

Methods

Ethical Issues

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. These surveys were designed to provide maximum protection for the participants, yet at the same time provide individual and community benefits.

The ethical issues that have been taken into consideration are:

Participation in these surveys 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 is 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 HIV infection were offered counseling and referred to the designated facility for further testing and, if necessary, treatment.

All individuals identified with STIs were offered counseling and referred to the "Healthy Cabinet" (a friendly clinic) for treatment.

Protocols and instruments of the surveys were submitted to and approved by the Ethical Committee of the Infectious Disease, AIDS and Clinical Immunology Research Center(certificate N 17-001, of 20.02.2017).

Description of target group at each location

Tbilisi

There are several categories of FSWs in Tbilisi: a) street-based; b) sauna (or bathhouse) based; c) hotel based; and d) "mobile-phone" based. Generally, each category of FSWs is found in different locations and serves different types of clients. Thus, each category represents a type or "status" among FSWs. Tanadgoma is working with street-based, sauna (bathhouse) and hotel-based FSWs. For the BBS in Tbilisi street-based FSWs were selected since they are:

Easier to locate;

Less educated and less likely to be aware of the dangers associated with high-risk behaviors;

Easier to access because there are no pimps;

Likely to be at higher risk of STIs/HIV, due to having a greater number of clients; and

Least likely to be able to afford testing and treatment.

Batumi

In Batumi the categories of the FSWs are almost the same except that instead of sauna-based, there is a category of "bar-based" FSWs, that are located at so-called "bars" - small facilities which are not exactly the bars, but the places where sex services could be purchased. Street scene is much less prevalent, compared to Tbilisi. Besides, during the recent period massage parlours have been developing, with Chinese women workers, as well as Turkish disco-bars. Due to the language barrier and the facilities denying that sex work takes place there, access to massage parlour is limited. So, in Batumi Tanadgoma works mainly with street-, bar-, and hotel-based FSWs. Therefore, in order to obtain a representative sample of the target population, the study was conducted among FSWs working at these facilities.

Sampling

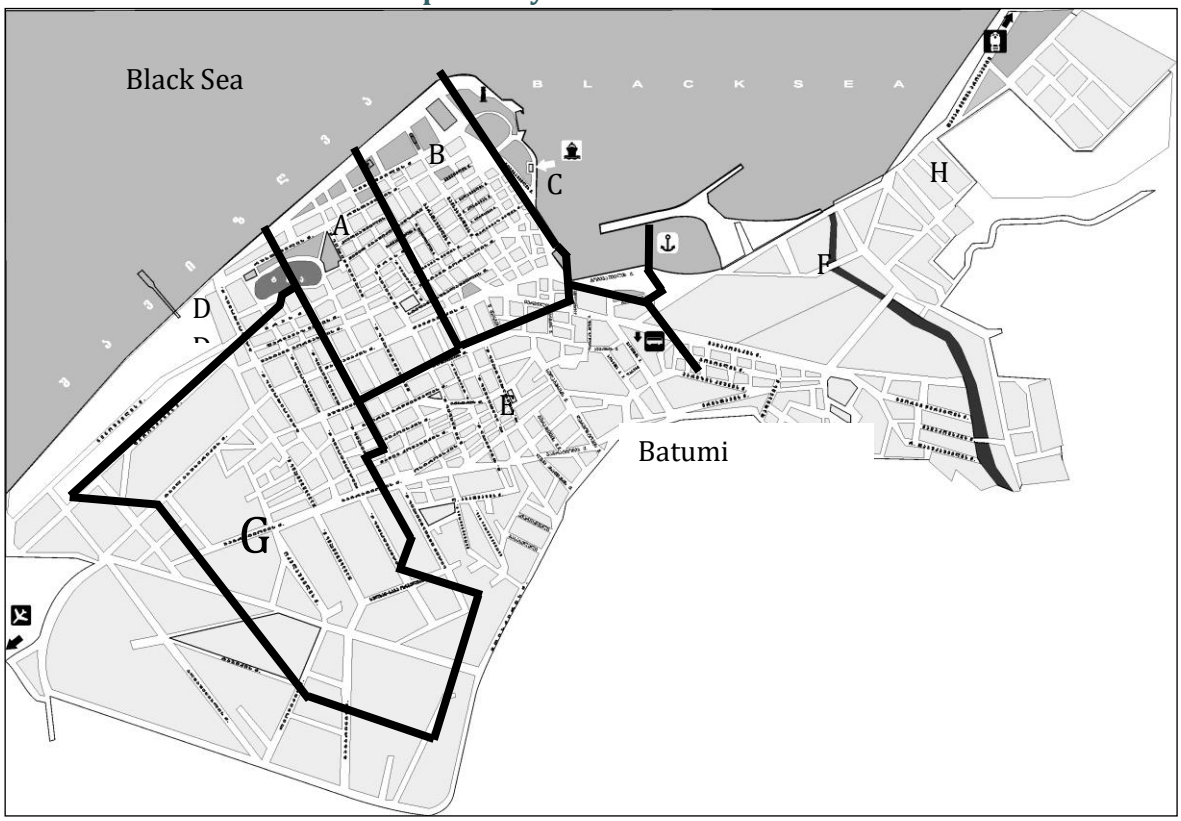
Over the past two to three decades several methods for recruiting hidden populations for surveillance and other survey research purposes have been developed. Time-Location Sampling (TLS), qualified as a probability sampling method, is strongly recommended for surveillance surveys among hidden population. This approach, which is being used more frequently in recent years, takes advantage of the fact that some hidden populations tend to gather or congregate in certain types of locations. In TLS, through preliminary mapping exercises, potential survey sites are observed during a pre-defined time interval. Because the locations where members of particular subgroups congregate change over time, it is necessary to repeat sampling frame development exercise before each round of surveillance data collection. Tanadgoma conducted the mapping exercise in Tbilisi on 6-10 March, 2017, and in Batumi - on 18-21 April, 2017.

Mapping

The mapping exercise, designed to identify the sites, approximate numbers, and working hours of FSWs, was conducted prior to both surveys. The exercise involved the use of detailed street maps of Tbilisi and Batumi. TG divided Tbilisi into 28 sections and Batumi – into 8 sections. In Tbilisi the size of a section was determined by the number of streets that could be easily observed within a short period of time. In Batumi the size of a section was determined by the number of facilities that could be easily observed within a short period of time.

Picture 1: Sections of Tbilisi Used for Observation and Mapping of FSWs

Picture 2: Sectional Grids to Map Facility-Based FSWs in Batumi



For each section an observation route map was made. In unmarked cars, five teams in Tbilisi and two teams in Batumi comprised of two TG observers toured each section twice: once during the daytime (14:00 – 18:00) and once at night (20:00 - 24:00). Data of the mapping exercise are as follows:

Tbilisi: FSWs were found on 8 out of 28 sections; in total – 118 FSWs: 26 – on day sites and 92 – on night sites.

Batumi: FSWs were found on 8 out of 8 sections; 64 – during daytime and 217 – during night hours; in total – 281 FSWs.

The sample size was predefined by the donor organization. It was adviced to recruit 200 FSWs in Tbilisi and 150 – in Batumi. The given sample sizes will allow the study to detect the change in condom use with the last client since the previous BBS in 2014 within 9% range, considering $p<0.05$, 80% power, 95% confidence level and 2.0 design effect.

Recruitment of Study Participants and interviewing

Recruitment process was conducted in Tbilisi on March 20 – April 4, 2017 and in Batumi - on 1-5 of May, 2017.

Recruitment consisted of teams of a driver and two TG social workers going to each sectionidentified through the mapping exercise and offering FSWs participation in the survey. As incentives for participation, FSWs received 25 GEL and condoms.

If the FSW agreed to take part in the survey, she was brought by car to TG's office for the interview. Interviews were conducted face-to-face by experienced TG interviewers in two private rooms. Immediately following the interview FSWs were asked to provide a blood and urine sample.

Professional nurses working in the mobile laboratories of TG drew the blood. Screening was conducted for syphilis, gonorrhea, Hepatitis C and HIV. Each FSW was given a card with their ID number. All FSWs were asked to call in two weeks to find out the results of their test. After the interview, FSWs were driven back to the site where they were recruited.

During the recruitment the staff of TG contacted 156 street-based FSWs in Tbilisi and 425 facility-based FSWs in Batumi. In Tbilisi 108 sex workers and in Batumi – 150 sex workers agreed to take part in the survey. It should be noted that in Tbilisi 92 FSWs (46%) came on their own as they heard about the survey.

Subject duplication was overcome by using a subject identification features such as FSW's age, ethnicity, and physical characteristics, such as height, weight, scars, tattoos, and some biometric measures.

The refusal rate during the recruitment was much higher during this survey compared to 2014: in Tbilisi it was 34% (53); in Batumi – 15% (64). This refusal rate is calculated for the flat refusals. Main reason for flat refusals was that some already took part in the survey during the previous days and notified social workers about this. Quite a few FSWs when first contacted by social workers postponed their participation (12,2% in Tbilisi, 9.6% in Batumi) for several days due to being busy with the clients.

In Tbilisi a total of 195 blood and 199 urine samples were collected for testing on NG, syphilis, Hepatitis C and HIV; in Batumi number of specimens collected is 150 for blood and 150 – for urine.

In addition, Curatio carried out quality control and observed the interviewing process.

AIDS Center provided TG with a list containing the tests results by ID number. A FSW telephoned to Tanadgoma, gave her ID number and she was told whether her result was ready or not. If the result was already received from the AIDS Center, the FSW was invited to TG, and the results were given to her along with post-test counseling.

In Tbilisi 42% and in Batumi 18% of FSWs referred for their results and were notified by Tanadgoma staff (as of September 1, 2017).

Size estimation methods

In the absence of a gold standard for estimating the population size of a hidden and hard to reach population, estimates are empirically imprecise and prone to potential biases. The present PSE among FSW applied the following methods: Census, Capture-Recapture and Service Multiplier. The use of multiple methods strengthened confidence in estimates, provided upper and lower acceptability bounds, and reduced the likelihood that biases of any single method would have substantially alter results. The following describes the methods used in this study.

Method 1: Census

Mapping and census exercises were combined and done during the same days and time periods. Mapping was conducted in order to determine the working places, working hours and the number of female sex workers present at each place through observation. Detailed information on the mapping is given in the chapter "Mapping" of this report. The census method counted every individual from an at-risk population that usually worked at these designated places. Detailed maps of the city streets of Tbilisi and Batumi were used for the mapping exercise. Tbilisi was conventionally divided into 28 parts (sections, zones), while Batumi was divided into 8 parts. The size of each section was dependent on the number of the streets within the specified area. Each

zone was observed and visited during the day and night at predetermined times. The working groups conducting the mapping consisted of two members who were moving around the study areas by cars. Observation times were:

Daytime – In both cities: 14:00 - 18:00.

Nighttime – In both cities: 20:00-24:00.

As per the WHO guidelines, the census should take place in a very short period of time.[5] Otherwise, sex workers moving between sites may lead to double counting. To avoid this, mapping/census lasted 5 and 4 days in Tbilisi and Batumi cities, respectively.

First, social workers counted female sex workers on the streets in both cities and then inside various facilities (cafes, bars, clubs) in Batumi. Afterwards, social workers approached FSWs by introducing themselves while explaining the study objective. During this time the social workers also asked how many of them were out with clients or not working for health reasons.

In the facilities such as cafes, bars, etc social workers counted the visible sex workers and approached them directly, or an informed person/manager. The social workers then asked about the total number of FSW in the facility.

Nighttime census was combined with the capture method as described in more detail in its respective section.

Method 2: Capture-Recapture

Capture-recapture requires the following steps: map the sites where the study population congregates, go to the sites and mark all of the members of the population at the site, keep a count of marked persons, return to the sites some weeks later and remark all of the persons being at the same place, and then count all members present at "hotspots" and persons who were counted in the first sample.

The first phase, or the capture was carried out during the mapping, simultaneously with the night-time census. Staff members distributed unique objects directly to each FSW and asked them to keep the object during a one-month period. Heart-shaped key holders were used as unique objects. They were given out to each FSW individually. To turn objects into unique ones, the Tanadgoma logo was engraved on them. The number of FSWs to whom these unique objects were given was separately counted.

The second phase, or the recapture, was carried out ten days after the capture, during the BBS field, when the social workers brought recruited FSWs to the survey site.

First, the total number of the FSWs was counted. Afterwards, they were asked whether they had received Tanadgoma key holders and the number of such FSW was recorded:

First the FSW was asked if she had been given the object by a social worker and was asked to show the object;

If she was not able to show the object, then she was asked to describe the object;

If the description was close to the real object, then the object was shown for confirmation.

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[5] UNAIDS/WHO Working Group on global HIV/AIDS and STI Survailance, Guidelines on Estimating the Size of Populations Most at Risk to HIV, 2010

Such FSWs were counted as recaptures.

Calculation of population size by the capture – recapture method: multiply the number of FSWs captured in the first phase sample by the number in the second phase sample and divide by the number of recaptures.

The formula is as follows:

$$N = \frac{C1 * C2}{R}$$

Where,

N - is total size of study population;

C1 - number of persons in first capture;

C2 - number of persons in second capture;

R - number of recaptures.

To give a range of error 95% confidence interval is calculated using the following formula:

95%CI=N±1.96√Var (N),

Where Var (N) is calculated as follows:

Var (N) = [(C1*C2) (C1-R) (C2-R)] / [R^3]

Method 3: Service Multiplier

In the BBS survey, we used the opportunity to integrate a related method to estimate the size of the FSWs population -the "multiplier method". In this method two sources of data are needed.

The first source - a count or listing of program data including only the population whose size is being estimated (number of FSWs who attended an STI clinic in the last six months)

The second source - a representative survey of the populations whose size is being estimated.

Clinics in Tbilisi and Batumi known as "Healthy Cabinets" maintain records of FSWs users by using a unique code during times of service. The number of beneficiaries who used the "Healthy Cabinet" services during the last six months was obtained from these clinics. The study participants were asked whether they received services at this clinic during the last six months. The question was formulated as follows:

Did you receive service in "Healthy Cabinet"during the last six months? (Specify: "Healthy Cabinet" located at … st Tbilisi or at … st Batumi).

Using these two data sources, the multiplier method provides a population size estimate by the formula:

$$N = \frac{n}{p}$$

Where N is the FSWs population size, given by *n* as the number of FSWs who were using the "Healthy Cabinet" service during the specified time period and *p* as the adjusted proportion of FSWs reporting using the "Healthy Cabinet" service during the time period collected in the BBS survey.

Survey Instrument

The survey instrument used in both study locations is 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)". The questionnaire adjusted for local context was used in previous BBSs conducted in 2002, 2004 and 2006 under the USAID-funded STI/HIV Prevention Project. In 2008-2009 the instrument was revised. The tool was included in the standardized BBS methodology[6] developed in 2010 by the group of national experts and was used for the current survey. In 2014 it was revised and modified once more by the researchers to make sure that it allows measurement of all necessary indicators. For 2017 survey, again, the instrument was revised, based on the recommendations from the 2014 survey field implementators. Besides, the questionnaire was enriched using "Integrated HIV Bio-behavioral Surveillance Toolbox" by UCSF Global Health Sciences, in particular "FSW questionnaire", a section on stigma and discrimination was added. Also, during this round of the survey, the instrument was digitalized. An electronic format was created and interviewers were filling the questionnaire using notebooks.

Biomarker Testing

Biomarker component involved the analysis of blood specimens for HIV, Hepatitis C and Syphilis and urine specimens for Neisseria gonorrhea at the laboratory of the Infectious Disease, AIDS and Clinical Immunology Research Center in Tbilisi. The HIV Ab&Ag (Genscreen ULTRA) ELISA test (Bio-Rad, France) was used for HIV screening. HIV positive samples were tested with HIV BLOT 2.2 Western Blot assay (MP Biomedicals Asia Pacific Pte. Ltd. Singapore). For Hepatitis C, HCV Ab ElISA test (Dia.Pro Diagnostic Bioprobes srl, Italy) was used. For Syphilis the samples were tested using SYPH IgM ELISA test (Dia.Pro Diagnostic Bioprobes srl, Italy). For Neisseria gonorrhea the urine specimens were tested by real time Polymerase Chain Reaction using Neisseria gonorrhoeae Real-TM test (Sacace Biotechnologies Srl, Italy). PCR-positive cases were considered as confirmed infections of NG.

Data Entry and Statistical Analysis

Data entry and analyses took place at the CIF office. Data were entered into SPSS software (version 19.0). Any discrepancies were resolved by examining frequencies and cross-tabs and checking logic of all variables in the datasets. Frequency analysis and bivariate analysis to find association between an exposure and outcome was performed. Comparison of selected indicators was done with the previous BBSs findings.

Hard copies of the completed questionnaires were kept at the CIF office. The final report was accomplished by Tanadgoma in collaboration with CIF.

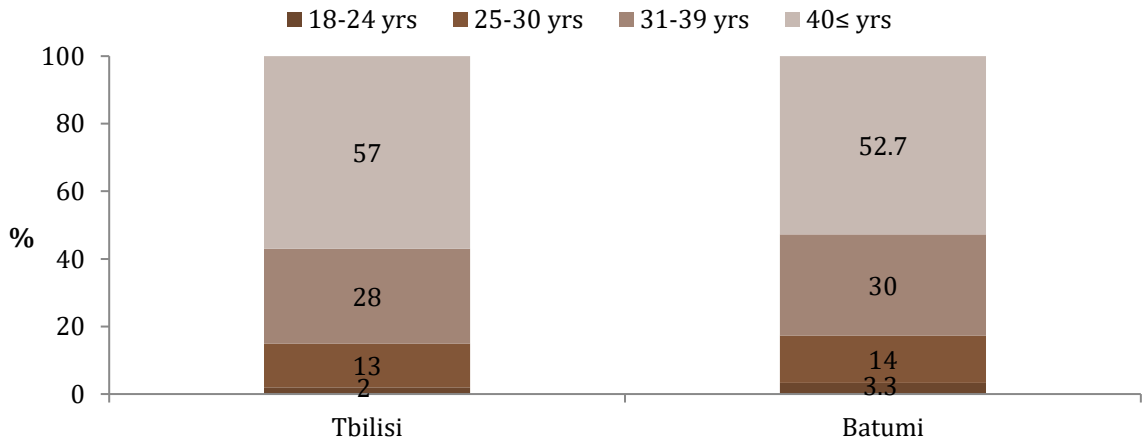
[6] http://www.curatiofoundation.org(Georgian version)

Study findings

Demographic characteristics of FSWs

Median age of FSWs is 41 years in Tbilisi and 40.5 years in Batumi. Most of the FSWs are older than 25 years of age in both survey locations with the greatest proportion for "40+" age group (57% in Tbilisi and 52.7% in Batumi).

Figure 1: FSWs distribution by age groups



The vast majority of respondents are ethnic Georgians (86% in Tbilisi and 85.3% in Batumi) and Georgian citizens. Only eight FSW in Tbilisi and 13 – in Batumi were citizens of other countries.

The highest level of achieved education for the majority of FSWs is secondary (78% in Tbilisi and 86.7% in Batumi). It is worth mentioning that survey found over 10% of FSWs who reported having higher education (18.5% in Tbilisi and 10.7% in Batumi).

At both survey sites less than 6% of interviewed FSWs are internally displaced (5.5% in Tbilisi and 3.3% in Batumi).

The majority of FSWs is from other cities of Georgia, different from their current place of work – 70.5% in Tbilisi and 93.3% in Batumi. Mean years the FSWs live in Tbilisi and Batumi is 22.8 and 10.5, respectively. Almost the same proportion of sex workers reported having commercial sex activity in other cities (22% in Tbilisi and 24.7% in Batumi).

It is noteworthy that in Tbilisi 58% of interviewed FSWs reported their participation in at least one previous BBSs; 78.4% reported their participation in BBS in 2014, 59.5% reported their participation in BBS in 2012, 42.2% - in BBS of 2009 and 29.3% - in 2006. 12% of the participants of Tbilisi sample participated in 2006, 2009 and 2012 surveys (22.5%). As for Batumi, 54.7% of respondents reported having participated at least one of the BBSs. 93.9% took part in BBS in 2014, 42.7% took part in BBS in 2012, 14.6% - in 2009 and 1.2% - in 2006. None of the respondents took part in all four rounds of surveys.

Living Arrangements of FSWs

More than 60% of FSWs in both survey locations are divorced or live separately from their spouses. The survey found about 10.5% of FSWs in Tbilisi and 8% - in Batumi who is married at present. The mean age of the first marriage is 18 years at both survey sites.

Up to 40% of FSWs at both survey locations (34% in Tbilisi and 39.3% in Batumi) live with partners or spouses.

15 out of Tbilisi FSWs having spouses or partners (13.5%) in Tbilisi and about one third (31.7%) in Batumi said their spouses/ partners have other partners/lovers.

Drug and Alcohol Use

The proportion of those who consumes alcohol beverages every day is 7% in Tbilisi and 18% - in Batumi.

The survey did not investigate lifetime injection practices among FSW. Percentage of FSWs who used non-injected drugs during the last 12 months is 11% in Tbilisi and 20% in Batumi. The most frequently used non-injected drugs are sedatives/sleeping pills in Tbilisi and marijuana – in Batumi. As for injecting drugs, 1.5% (3 respondents) of FSWs in Tbilisi and 3.3% (5 respondents) - in Batumi, almost all of them over 25 years of age, reported having used them during the last 12 months. Vint/jeff/amphetamines in Tbilisi and Heroin in Batumi were listed as drugs that had been injected.

Aspects of Sex Work for FSWs

Median age at first sexual contact is 17 years at both survey sites, while the median age when first received money in exchange for sex is significantly higher (29 years for Tbilisi and 28 years for Batumi FSWs). For the vast majority of FSWs at both survey locations commercial sex represents the only source of income (83.5% in Tbilisi and 86.7% in Batumi). Those who reported having another source of income mainly work as social workers in Tbilisi and in trade – in Batumi. Besides, the vast majority of FSWs (87.5% in Tbilisi and 87.3% in Batumi) has financial dependents.

Sexual Behavior of FSWs with different types of clients/partners

Clients

The majority of FSWs (80% in Tbilisi and 96% in Batumi) reported having paying clients in the past seven days. Mean number of clients per week is 10 in Tbilisi and 5.3 in Batumi. Mean number of clients during the last business day is 4.3 in Tbilisi and 3.5 – in Batumi.

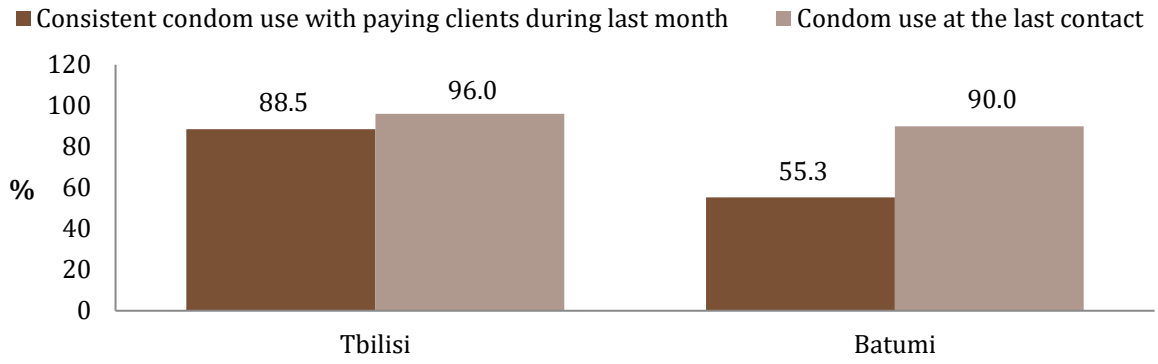
The mean amount of money (in local currency) FSWs received from their last paying client is 60 GEL (24$[7]) in Tbilisi, and much higher – 100 GEL (41$[8]) in Batumi.

The vast majority of FSWs in both survey sites reported condom use with the last client (96% in Tbilisi and 90% in Batumi). The proportion of those who did not use condoms is greater among Batumi CSWs (10% in Batumi vs. 4% in Tbilisi). In the majority of cases FSWs use condom on their own initiative without being under pressure from their clients (75.5% in Batumi and 71.9% in Tbilisi). About one fifth reported condom use by mutual initiative in both Tbilisi and Batumi. The leading reason for not using condoms during the last paid sexual intercourse is partners' refusal.

[7] According to the average exchange rate of National Bank of Georgia for March, 2017.
[8] According to the average exchange rate of National Bank of Georgia for May, 2017.

In Tbilisi 88.5% of FSWs and in Batumi much less – 55.3% of FSWs reported consistent condom use with their paying clients during the last 30 days. The survey found only 1 FSWs in Batumi who reported no condom use with their paying partners during the last 30 days.

Figure 2: Consistent condom use with clients during last 30 days and condom use at the last sexual contact



Regular clients

The majority of FSWs at both survey sites (89.5% in Tbilisi and 90% in Batumi) reported having regular clients, with a quite high mean number of such clients (13.9 in Tbilisi and 6.7 in Batumi).

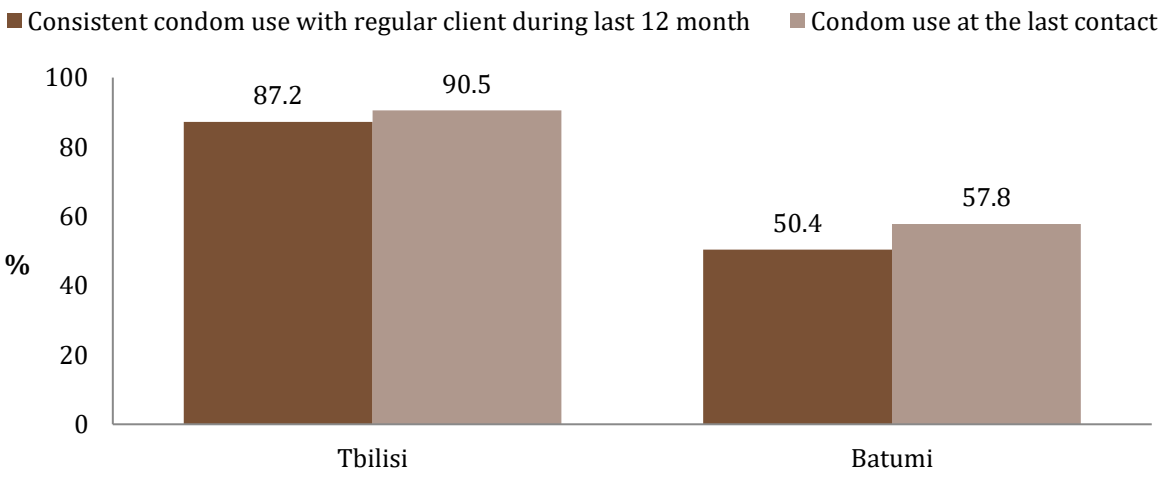
Most of the interviewed FSWs (76.5% in Tbilisi and 78.5% in Batumi) had up to 5 sexual contacts with their regular clients over the last 30 days.

Condom use during the last sexual intercourse with regular client was claimed by 90.5% of FSWs in Tbilisi and 57.8% - in Batumi. Condom use is mostly initiated by FSWs themselves (77% in Tbilisi and 85.3% in Batumi). However, 19.5% in Tbilisi and 8.8% in Batumi said the condom use was mutually initiated.

Most frequently mentioned reasons for not using condom during last sexual contact with regular client were "Didn't think it was needed" in Tbilisi (23.5%) and "partner's refusal" in Batumi (12.3%).

Consistent condom use with their regular clients over the last 12 months was reported by 87.2% of Tbilisi FSWs and by 50.4% of Batumi respondents. The latter demonstrates a decrease since 2014.

Figure 3: Consistent condom use with regular clients during the last 12 months and condom use at the last sexual contact



Regular Partners

Half of FSWs in Tbilisi and Batumi (49.5% and 49.3%, respectively) have regular partners (one on average in both cities). Some (15.2% in Tbilisi and 4.1% - in Batumi) reported having had no sex with them during the last 30 days. It is notable that quite small proportion of FSWs at both survey sites reported using condom during the last intercourse with their regular partners (23.2 in Tbilisi and 16.2% in Batumi). Use of a condom is mainly initiated by the respondents themselves, especially in Batumi (47.8% in Tbilisi and 75% in Batumi). Condom use by mutual initiative shows also quite big proportions (39.1% in Tbilisi and 25% in Batumi). Majority of Tbilisi FSWs, who reported not using condoms, mentioned they even did not think it was needed with a regular partner (55.3%), or they did not like it (14.5%). The same first reason was reported by 21% of Batumi FSWs. In Batumi, the leading reason for not using condoms was "other" (35.5%) and "partners' refusal" (24.2%).

Also, quite small proportions in both cities indicated consistent condom use with regular partners during the last 12 months (19.2% in Tbilisi vs. 6.8% in Batumi).

Figure 4: Consistent condom use with regular partners during the last 12 months and condom use at the last sexual contact

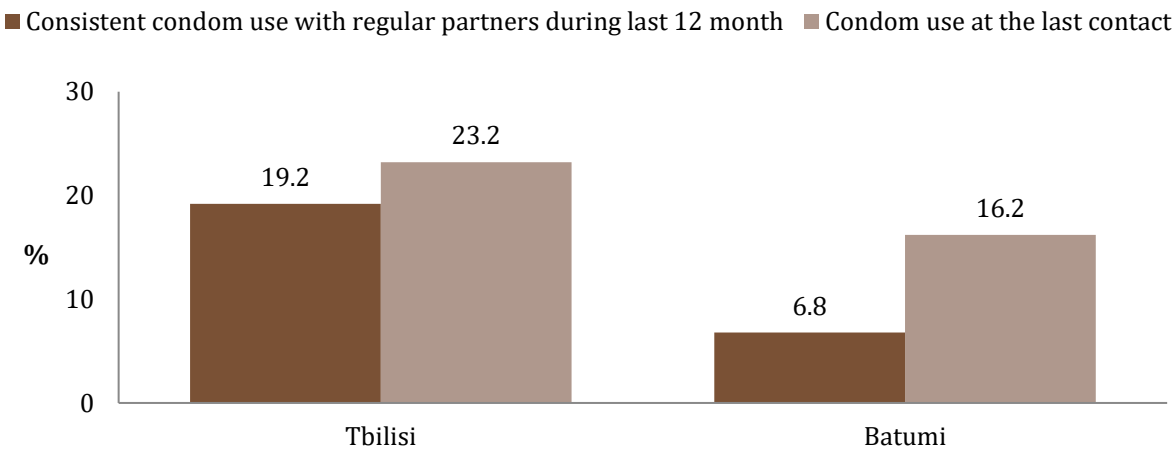
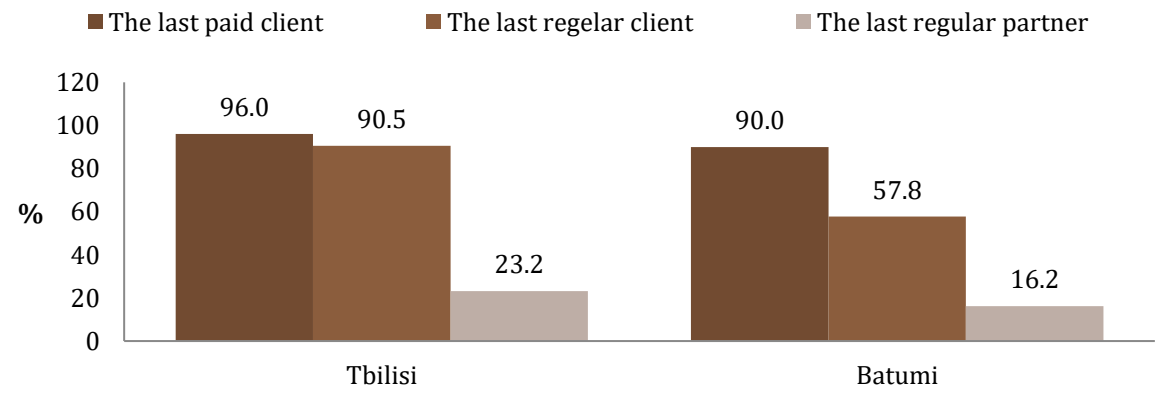


Figure 5 below summarizes FSWs' condom use behavior during the last sexual intercourse with different types of sex partners. Results suggest that significantly bigger proportion of FSWs used condoms with paid and regular clients. However, few reported the same with their regular partners in Tbilisi and even fewer – in Batumi.

Figure 5: Condom use with different types of sex partners



Access to Condoms for FSWs

More than 84.3% of FSWs in Tbilisi and 93.3% in Batumi reported they usually go to the drug-store to get condoms. Also, 75.1% FSWs in Tbilisi and 76.7% – in Batumi mentioned getting condoms from NGO "Tanadgoma". There is increase in Tbilisi FSWs reporting getting condoms from NGO "Tanadgoma" (46% in 2014 and 75.1% in 2017), which carries out the main prevention program among FSWs. For almost all respondents estimated time needed to get condoms does not exceed 15 minutes. The majority (81% in Tbilisi and 92.6% in Batumi) reported having the condoms with them or at a place of work (mean number of condoms was 18.9 in Tbilisi and 12.8 in Batumi).

85% of FSWs in Tbilisi and 86% in Batumi reported having received condoms from preventive programs over the last 12 months.

Violence, stigma and discrimination among FSWs

The survey found a small proportion of FSWs who are victims of physical violence (beating, smothering, etc.) at both survey sites (17.5% in Tbilisi and 14% in Batumi). In majority of cases in Tbilisi (66.7%) and in half of the cases in Barumi (52.6%) the client was named as user of force during physical violence. A small number of FSWs in Tbilisi (8%)and in Batumi (5.3%) reported being victims of sexual violence, the majority of these cases are also associated with their clients. A small proportion (0.5% in Tbilisi and 2% in Batumi) claimed they were forced for sexual intercourse/raped. Overall, the survey found 21% of FSWs in Tbilisi and 16.7% in Batumi who experienced any kind of violence during the last year. As for economic violence, 9.5% of FSWs in Tbilisi and 8.0% - in Batumi reported having experiences it, mostly from clients.

When asked about discrimination in various settings and situations during the last 12 months, very small percentages of FSWs in both cities reported they faced discrimination in medical settings (1.5% in Tbilisi and 1.3% in Batumi), however, a bit more reported having been denied employment (8.5% in Tbilisi and 3.3% in Batumi) and still a bit more – being denied help from police (9.5% in Tbilisi and 4% in Batumi). About half of FSWs in both cities report being verbally assaulted because of theur occupation (54% in Tbilisi and 49.3% in Batumi). Overall, 57% in Tbilisi and 49.3% - in Batumi had faces some kind of stigma and discrimination.

Compared to rather high numerbs reporting discrimination and/or rights violation, only 15.8% of FSWs in Tbilisi and 10.8% of FSWs in Batumi had referred to police, and the main reason for that was expectation that the police would not react adequately (56.4% in Tbilisi and 66.7% in Batumi) ad the second reason indicated was shame because of the status of a sex worker (9.6% in Tbilisi and 22.7% in Batumi).

STI Knowledge and Health Seeking Behavior among FSWs

All FSWs from both survey sites are aware about sexually transmitted Infections; big majority (71.5% in Tbilisi and 92.7% in Batumi) knows at least one symptom among women, with Batumi FSWs being more knowledgeable. A bit less FSWs at both survey sites know at least one STI symptom among men. One fifth (21.5%) of interviewed respondents in Tbilisi and slightly more (30.7%) - in Batumi reported having STI symptom during the last 12 months.

In Tbilisi 67.4% out of those FSWs who had STI symptom received treatment at state clinics/hospitals. In Batumi state hospitals/clinics were refferd to in 50% of the STI cases. In the second place for treatment options is application of self-treatment (18.6% in Tbilisi and 50% in Batumi). 4.7% in Tbilisi and 26.1% in Batumi mentioned drugstore as a place of getting doctor's advice or receiving the treatment.

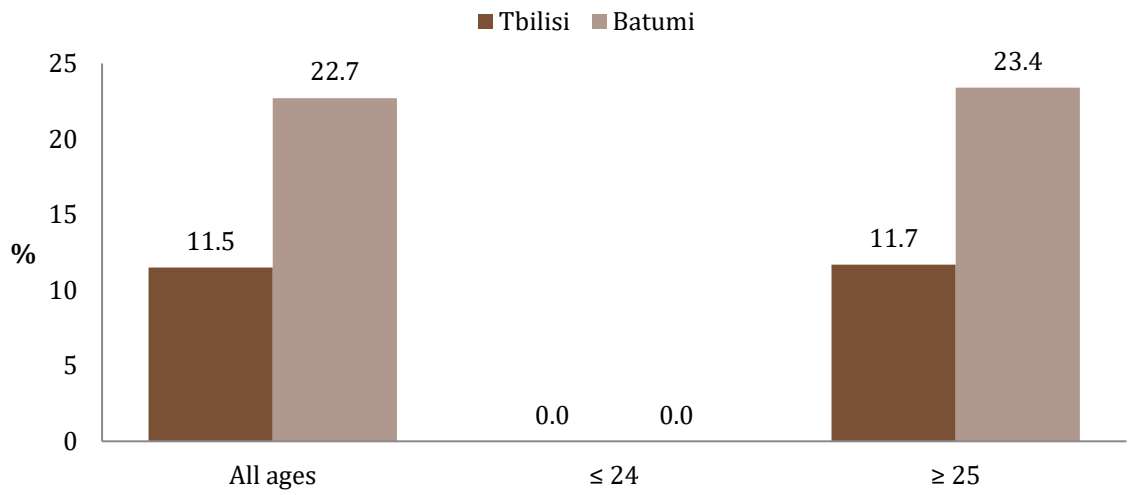
When asked about behavior during their symptomatic period, the majority of Tbilisi FSWs reported condom use (65%), in Batumi this was reported by 80% of respondents. It is noteworthy that in Batumi majority (89.1%) said they stopped having intercourse. In Tbilisi this was reported by half of the respondents. Both in Tbilisi (34.9%) and in Batumi (37%) the third popular option during the symptomatic period was informing partners about the STI .

HIV/AIDS Knowledge and testing among FSWs

The vast majority of FSWs (85% in Tbilisi and 97.3% in Batumi) are aware of HIV/AIDS.

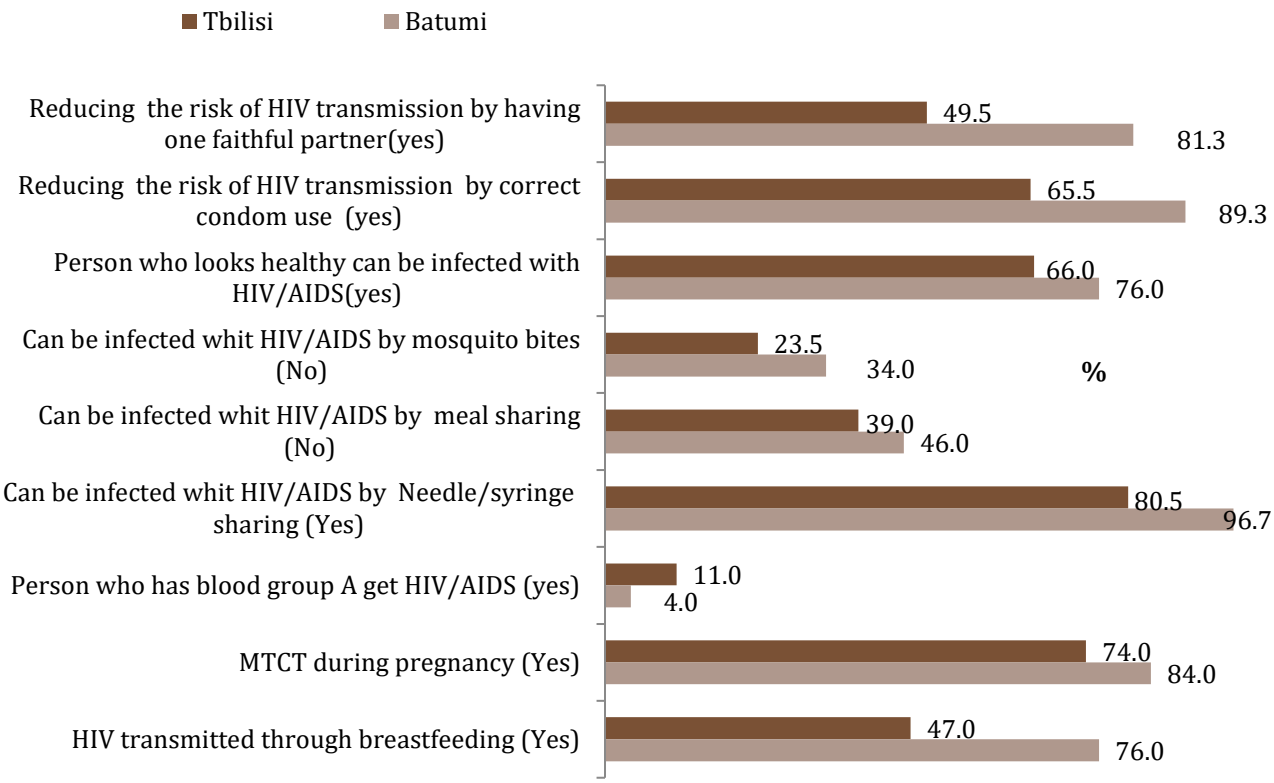
Only 11.5% among Tbilisi FSWs and 23.4% in Batumi correctly answer 5 questions on the ways of HIV transmission (Global AIDS Response Progress Report Indicator). It has to be noted that the majority of FSWs still doesn't have the correct information on major misconceptions such as mosquito bites and especially on blood group 0 being immune to HIV. Overall, Tbilisi respondents demonstrate lower knowledge on HIV, compared to Batumi FSWs.

Figure 6: Percentage of FSWs who correctly identify ways of HIV transmission and reject major misconceptions (GARPR Indicator)



The best knowledge in terms of transmission routes among FSWs is about the possibility of transmission through sharing needles and syringes (80.5% in Tbilisi and 96.7% in Batumi). In the second place is MTCT in Tbilisi (74%) and "Reducing the risk of HIV transmission by correct condom use" - in Batumi (89.3%). Relatively high proportions in Tbilisi are aware that a person who looks healthy can be infected with HIV/AIDS and that the risk of HIV transmission can be reduced by correct condom use (66% and 65.5%, respectively). In Batumi, above 80% of the respondents know about MTCT and reducing the risk of HIV transmission by having one faithful partner (84% and 81.3%, respectively). Also, in Batumi 76% are aware that a person who looks healthy can be infected with HIV/AIDS and that HIV is transmitted through breastfeeding. It is notable that more than 40% of interviewed FSWs at both survey sites know at least one measure for reducing risk of MTCT. These data are presented on the figure 7

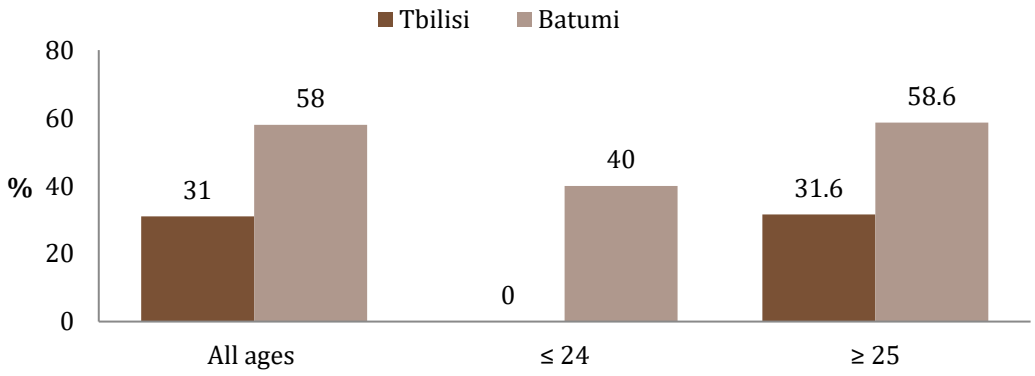
Figure 7: Percentage of FSWs who correctly identify ways of HIV transmission and reject major misconceptions



Out of Tbilisi respondents 80.6% and out of Batumi FSWs - 85.6% know where they can receive HIV testing in their community, 65.5% and 90.4% from Tbilisi and Batumi respectively reported they had confidential HIV test ever in their lives. Figure 8 below shows proportion of FSWs who received HIV test in the last 12 months and who know their results. In Tbilisi this percentage reaches 31%, in Batumi – 58%. When comparing this indicator to the percentages of FSWs who where tested during the last year, it is clear that every FSWs tested during the last year (except one respondent from Tbilisi) has received her test result.

All respondents in Batumi and 95.4% in Tbilisi reported that they had HIV test voluntarily.

Figure 8: Proportion of FSWs who received HIV test in the last 12 months and who know their results



More than 70% in Tbilisi and 58.7% - in Batumi reported that they informed at least one person about the test result. Among those with whom FSWs share this confidential information are colleague sex workers (50% and 57.4% in Tbilisi and Batumi, respectively), friends (32.1% and 31.2% in Tbilisi and Batumi, respectively), family members (17.9% i Tbilisi and 18.3% in Batumi) and partners (17.9% and 11.5% in Tbilisi and Batumi, respectively).

When asked about how they assess their personal risk of contracting HIV, 34.1% in Tbilisi and 48.6% in Batumi said that they are under high risk. Medium risk was reported by 25.9% and 29.5% at survey sites respectively, and low risk – by 16.5% in both Tbilisi and Batumi. Still, about 15% of FSWs at both cities did not think they were at risk of HIV infection.

Sources of information on STI/HIV

Most frequently mentioned sources of information about STIs/HIV differ between the cities. In Tbilisi they were ranked as follows: TV/Radio (58.2%), booklets (51%), social workers (50.5%) and friends (32%). In Batumi the rating was: social workers (60.3%), booklets (55.5%), friends (44.5%) and TV/Radio (40.4%). Among 'other' sources listed by respondents, doctors were mentioned in more than half of the responses.

When asked about the most reliable sources of information on STIs/HIV, Tbilisi FSWs listed in the first place specialized booklets (44.5%) and Batumi – representatives of NGOs (52.7%). TV was mentioned as a second reliable source of information by 43.5% in Tbilisi and by 18% in Batumi. Also, among Tbilisi respondents high proportion was given to representatives of NGOs (24.8%) and newspapers/journals (18%). Other sex workers are a reliable source of information about HIV/STIs for 15% in Tbilisi and 14% - in Batumi.

Coverage of prevention programs is estimated by knowledge of the place where to take HIV test and reception of condoms from preventive programs during the last 12 months. In Tbilisi and Batumi 63% and 76.7% FSW respectively, were covered by preventive programs.

STI/HIV Prevalence among FSWs

FSWs at both survey sites were tested for syphilis, gonorrhea, hepatitis C and HIV. Blood sample for HIV, hepatitis C and syphilis was taken from 195 Tbilisi and 150 Batumi respondents.

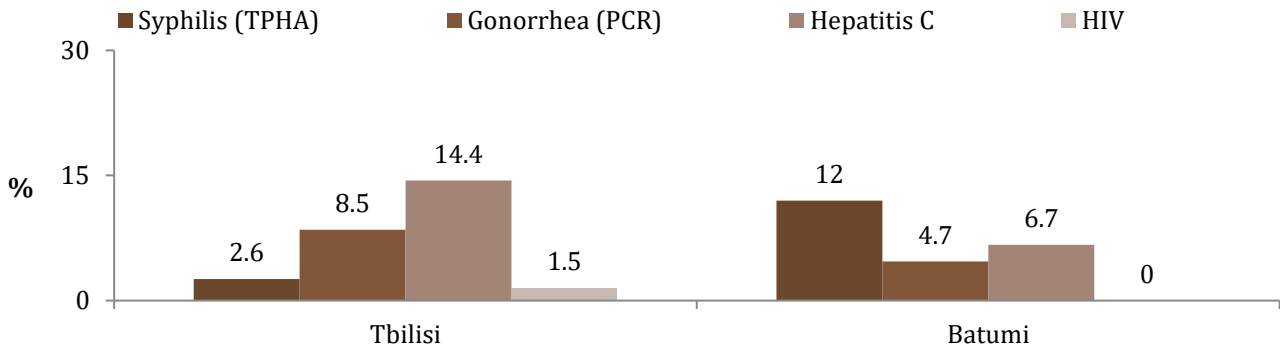
Syphilis test was positive among 2.6% Tbilisi respondents and 12% among Batumi respondents.

Urine sample with PCR was investigated from 199 Tbilisi and 150 Batumi respondents. The proportion of FSWs who showed positive results on Gonorrhea test was 8.5% in Tbilisi and 4.7% in Batumi.

Hepatitis C prevalence was identified as 14.4% in Tbilisi and 6.7% in Batumi.

Only 3 out of 195 FSW in Tbilisi and none in Batumi appeared to be HIV infected.

Figure 9: HIV/Hepatitis/Syphilis/Gonorrhea prevalence among FSWs from Tbilisi and Batumi



The survey found very limited number (4 in Tbilisi and 1 in Batumi) of FSWs who tested positive for more than one STI.

Trafficking and Sex Work Abroad

In this round of the survey, like the last one of 2014, questions about trafficking and sex work aboard were asked to both Tbilisi and Batumi respondents.

The majority (87.5% in Tbilisi, 90.7% in Batumi) of FSWs is aware of the trafficking problem. Also, a majority reported (95% and 96% in Tbilisi and Batumi, respectively) they have never been a victim of trafficking. Only 4% (8 out of 200) in Tbilisi and 4% (6 out of 150) in Batumi report they have ever experienced it. It is worth mentioning that 2 out of 14 FSWs who experienced trafficking abroad, experienced it 2 and more times.

Very few FSWs (7.3% in Tbilisi, 8.8% in Batumi) reported they had worked voluntarily abroad during the last 12 months (mostly in Turkey). Mean number of visits abroad for sex work is 1.6 in Tbilisi and 1.3 in Batumi. Only two FSWs from Tbilisi said they had a problem of free of charge sex service when crossing a boarder; one Batumi FSWs reported facing problems when working abroad – non-physical violence and physical and sexual violence too. The problems were associated with hotel/bar owner and a client. Duration of stay abroad is longer than 1 month for the majority of Tbilisi and Batumi FSWs.

Despite having sometimes problems while working abroad, 78.6% of FSWs in Tbilisi and 66.7% - in Batumi are still willing to go abroad to earn money. As for the type of place of sex work abroad, FSWs reported different places, such as hotels, bars, restaurants, pimps' house, etc.

It is important to note that about more than 40% of Tbilisi and Batumi FSWs who worked abroad, said they always used condoms with their clients, and 14% from Tbilisi and none from Batumi reported they never used condoms.

Only two of Batumi FSWs took non-injected drugs while working abroad.

More than 70% of FSWs from Tbilisi and half of FSWs from Batumi reported more clients per day than in Georgia. Besides, the mean fee they are getting abroad is almost twice higher than in Georgia (118 GEL for Tbilisi – 47.2$ and 175 GEL for Batumi - 73$). About 80% of both Tbilisi and Batumi respondents mentioned they are protecting themselves from getting STIs abroad with condoms. As for using prophylactic injections for STI prevention purposes, one third of Tbilisi respondents reported this, and for Batumi this data was much lower – 16.7%. Only three Tbilisi

FSWs reported having access to HIV/STI testing abroad and none of them had used this service. However, more of Batumi FSWs had access to these services and majority had used them.

Population Size Estimation Results

Census data

Social workers visited every "hotspot" in both cities and collected information on the number of sex workers based on each hotspot.

The Census estimates for Tbilisi and Batumi are as follows:

Tbilisi: 253 (street-based FSW)
Batumi: 622 (street-based and facility based FSW)

Capture-recapture

For the capture phase 93 and 155 unique objects were distributed in Tbilisi and Batumi, respectively.

In Tbilisi in the recapture phase 133 FSWs were found at "hotspots," and among them 38 were recaptured. While in Batumi 275 FSWs were counted and among the 105 recaptured (see Table 1).

Table 3 – FSWs found at hotspots capture-recapture

	I Capture	II capture	Recapture
Tbilisi	93	133	38
Batumi	155	275	105

Capture-Recapture results are as follows:

	Tbilisi	Batumi
PSE Point estimate	**322**	**405**
PSE Lower Est.	288	371
PSE Upper Est.	374	441

Service Multiplier

The BBS was conducted using a TLS method with a sample of 200 FSW for Tbilisi and 150 for Batumi. In Tbilisi the sample was reached during 12 days, while in Batumi it required 5 days. Data analysis showed that 25% and 13.3% of study participants had received the service provided by the "Healthy Cabinet" during the last six months in Tbilisi and Batumi, respectively.

Data derived from the "Healthy Cabinet" showed that 331 FSWs had received the service during the last six months in Tbilisi and as for Batumi only 136 FSWs were registered at the "Healthy Cabinet" within the time period of focus.

FSW service multiplier results are as follows:

PSE Point estimate	**1,307**	**984**
PSE Lower Est.	1,143	790
PSE Upper Est.	1,516	1,254

Conclusions and Discussion

The findings of the surveys are briefly summarized in the conclusions below, which also include some comparison with previous BBSs conducted at the same survey sites:

Socio-demographic Characteristics:

FSWs in Tbilisi and Batumi have the following socio-demographic characteristics:

The mean age of FSWs is 41 years in Tbilisi and 40.5 years in Batumi; the majority of FSWs are older than 25 and represent the age group "40+" in both cities;

The majority of FSWs at both survey sites are Georgian;

The majority of FSWs has received secondary education;

The majority of FSWs are from other places than their current place of work – 70.5% in Tbilisi and 93.3% in Batumi;

More than 60% of FSWs are divorced or live separately from their spouses.

From 2002 the sex workers become more and more aged. Trends of the median age over years are presented in the table below:

Table 4. Median age of FSWs recruited in BBSs 2002-2017

City	2002	2004	2006	2008-2009	2012	2014	2017
Tbilisi	26	30	32.5	36	38	40	41
Batumi		33	33	35.5	35	38	40.5

Such aging trend is continuing in Tbilisi and is found in Batumi as well.

Along with the aging trend, proportion of young (<25) sex workers in the samples is shrinking during the recent years (In Tbilisi and Batumi, respectively, there were 6.9% and 10.9% in 2009, 8.6% and 9.2% in 2012, 3.8% and 5% in 2014, and 2% and 3.3% in 2017). Even though the sample sizes in this round of the BBS have been increased, the study found only 4 FSWs in Tbilisi and only 5 – in Batumi in this age group.

This could be due to the reason that younger women either rarely enter sex business at all or if they do, since they are more attractive, they get better paid opportunities and become high class sex workers.

In terms of education level of FSWs, there had been slight fluctuation of the proportion of women with higher education in the survey samples throughout the years (In Tbilisi and Batumi, respectively: 13.3% and 8.3% in 2009, 18.1% and 7.5% in 2012, 13.1% and 8.3% in 2014 and 18.5% and 10.7% in 2017). However, compared with the previous survey of 2014, the slight changes in the proportions of FSWs with different levels of education are not statistically significant. Generally, in Tbilisi more than 10% of FSWs and in Batumi – up to 10% reported having higher education.

At both survey sites less than 6% of interviewed FSWs are internally displaced.

FSWs in both cities are aging since 2002. The majority of FSWs has received secondary education; most of them are Georgians, divorced/separated and have arrived in Tbilisi and Batumi from other places.

Background in Prostitution

About 22% of Tbilisi survey participants reported having worked in the sex business in another city than Tbilisi before. This indicator in Tbilisi has been slightly increasing during the recent 5 years from 13.8% in 2012 to 19.4% in 2014 and to 22% in the current survey. It is noteworthy that in Batumi progressively more FSWs since 2004 reported being involved in commercial sex work at other locations, but this indicator started decreasing from 2012. The proportion of those who reported doing commercial sex work at locations other than Batumi increased gradually from 19% in 2004 to 55% in 2012, then dropped to 39.2% in 2014 and dropped again in the current survey to 24.7%. This could be explained by the fact that there was a low opportunity to be involved in the sex business in other smaller cities, and sex workers migrated more and more to Batumi, a border and port city with increasing tourist attraction over the years 2002-2012. In 2012, the migration of local sex workers to Batumi reached its peak and started decreasing. Also, the fact that women arrive to Batumi to first engage in commercial sex activities there might be connected to Adjara still being a very touristic place, which makes Batumi much more attractive for women. This can be also connected with the increasing trend of foreign (mostly Central Asia) sex workers coming for work to Adjara region, as reported by the HIV prevention program running in Batumi.

The median age of first sexual encounter in exchange for money is 29 years for Tbilisi and 28 years for Batumi. Batumi shows slight decrease in starting age for FSWs compared to 2014. Mean years of working in sex business is 11 in both Tbilisi and Batumi. In Tbilisi this is 1 year more, and in Batumi – 2.5 years more than in the 2014 survey, which already demonstrated increase in these mean years compared to 2012. This can be connected with the overall aging of the sample and FSWs staying in the field for very long periods. This is also demonstrated by the participation of FSWs in the previous rounds of the BBS. Out of 2017 respondents more than three fourths reported participation in the last BBS round in Tbilisi and the vast majority – in the Batumi. The flow of sex workers, namely, the number of newcomers to street-based sex business has never been large, especially in Tbilisi, though in 2017 it showed increase. A lot of the same FSWs are sampled for BBS surveys round after round.

For the vast majority of FSWs at both survey locations commercial sex represents the only source of income. Those who reported having another source of income mainly work as social workers in Tbilisi and in trade – in Batumi. Besides, the majority of FSWs reported having financial dependents.

Majority of FSWs, especially in Batumi, comes from different cities/villages, where up to one fourth of them has done sex work as well; their only income is sex business, and their majority has financial dependents.

Alcohol and Drug Use

FSWs both in Tbilisi and Batumi, as usual, do not report high percentages of alcohol use, especially everyday use. However, in Batumi everyday alcohol use was reported by 18% of the respondents. As for drug use, bigger proportions reported having used non-injecting drug during the last 12 months in both cities, compared to 2014 survey (Tbilisi: 11% (2017) vs 6.3% (2014) and Batumi: 20% (2017) vs 5.8% (2014)). This increase is statistically significant ($p<0.01$). The most frequently used non-injected drugs are sedatives/sleeping pills in Tbilisi and marijuana – in Batumi. As for

injecting drugs, very small numbers reported it (3 cases - 1.5% in Tbilisi and 5 cases - 3.3% in Batumi). Vint/jeff/amphetamines in Tbilisi and Heroin in Batumi were listed as drugs that had been injected.

The peculiarity of Georgian sex business, in contrast to other post-soviet countries, stays the same over 15 years - sex work, at least, the low-level sex work - does not overlap with injecting drug use. One interesting new trend is increased use of non-injecting drugs (sedatives/sleeping pills in Tbilisi and marijuana – in Batumi) among FSWs in both cities.

Sexual Risk Behavior

Paying Clients

Big majority of FSWs have had clients during the last week. However, in Tbilisi overall less have reported having a paying client during the last 7 days, and in Batumi overall more reported the same, compared to the previous BBS. These changes are statistically significant (80% in 2017 vs 87.5% in 2014 Tbilisi and 96%% in 2017 vs. 80.8% in 2014 Batumi; $p<0.05$). Mean number of clients indicated by FSWs is bigger than in all previous BBS surveys, until 2017 it has been around 2 in both cities, and in 2017 it reached. The mean amount of money received from the last client, compared to the data of 2014, is a bit more in Georgian Lari, but it makes a bit less in US dollars, because of the inflation during 2016-2017.

The vast majority of FSWs at both sites reported condom use with the last client (over 90%). However, consistent condom use with the clients during the last 30 days was reported by majority in Tbilisi (88.5%) and by slightly above half – in Batumi. In Tbilisi consistent condom use with the clients stayed the same as in 2014; in Batumi there was decrease since 2014 (from 66.7% to 55.3%), but this decrease did not prove to be statistically significant.

In most of the cases, condom use with the last client is initiated by FSWs. Condom use by mutual initiative with the clients stayed the same as in 2014 BBS.

Since the very first BBS FSWs had been reporting very high condom use with the paying clients, especially condom use with the last client. Researchers assumed that these data are high due to so-called "social desirability bias". But stable proportions demonstrated by the surveys throughout 15 years (7 BBSs in Tbilisi, 6 – in Batumi) suggest that these data reflect the real situation. At the same time, the prevalence of STIs, e.g, gonorrhea and HIV, stay the same. This leads to the conclusion that either FSWs are infected and/or re-infected from other sources – most probably from regular partners (see below "Regular Partners") or they are not referring to proper treatment.

Regular Clients

Majority of FSWs in Tbilisi and Batumi reported having regular clients. Mean number of regular clients increased in Tbilisi and has reached 13.9. As for Batumi, mean number of regular clients has slightly decreased from 8.8 in 204 to 6.7 in 2017. As in previous BBS, contacts with regular clients are quite stable – majority report up to 5 sexual intercourses with regular clients during the last 30 days.

The majority of Tbilisi respondents report use of a condom during their last sexual intercourse with regular clients. However, compared to the last BBS of 2014, condom use during the last intercourse with the regular client has decreased from 94.4% in 2014 to 90.5% in 2017 and this decrease is statistically significant ($p<0.05$). For Batumi this indicator is even lower – 57.8%, which is again a statistically significant ($p<0.05$) decrease from 82.7% that reported in 2014. Condom use in more

than three fourths of cases was initiated by FSWs themselves in both cities. There was statistically significant increase in this indicator from 2012 to 2014, and in 2017 it stayed the same.

As for the consistent condom use with regular clients over the last 12 months, in Tbilisi it stayed the same as in 2014 with no statistically significant change. As for Batumi there is decrease from 67.9% in 2014 to 50.4%. This decrease is statistically significant ($p<0.05$).

Condom use related indicators with the regular clients have overall worsened since the last BBS in 2014. Condom use during the last intercourse with the regular clients has decreased significantly both in Tbilisi and Batumi, and consistent condom use with the regular client during the last year has decreased in Batumi. It is important to note in this regard that the lead reason for not using a condoms with regular clients in Batumi was "partner's refusal".

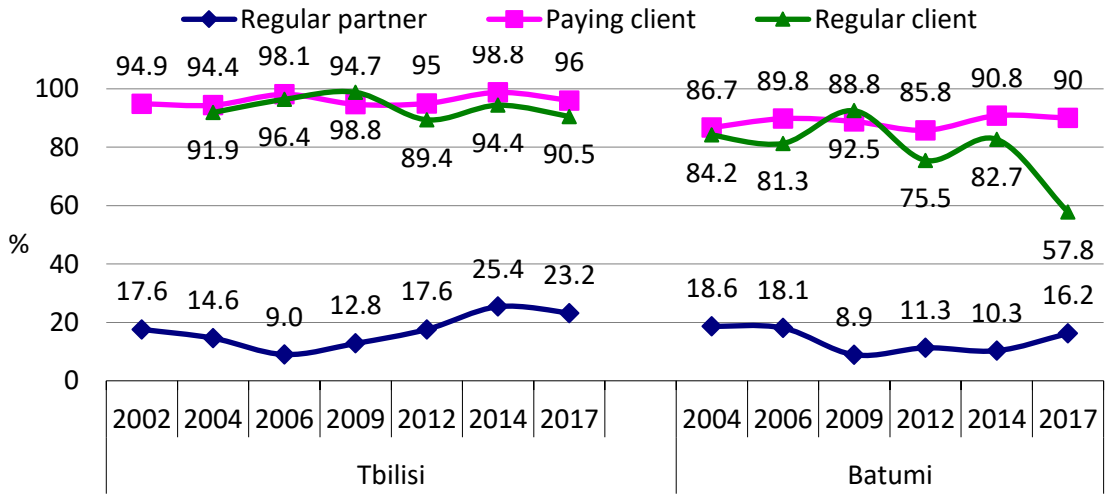
Regular Partners

About half of FSWs in Tbilisi and Batumi report having regular partners, the same as in 2014; mean number of regular partners is the same as in 2012 and is about 1 in both cities, while in 2014 it was 2 for Tbilisi and 1.5 for Batumi. Only about one fourth of FSWs in Tbilisi reported using condom during the last intercourse with their regular partners – the same data as in 2014. However, in Batumi this indicator has increased from 10.3% in 2014 to 16.2% in 2017. Still, this increase it proved not to be statistically significant. Use of condoms in Batumi is mainly initiated by respondents themselves. As for Tbilisi – about half report that they offered to use a condom, which demonstrated some decrease compared to 2014 data. Using condom by mutual initiative with regular partners has slightly increased in both cities. These minor changes in condom use initiation are also not statistically significant. Majority of Tbilisi FSWs, who reported no condom use, mentioned they either did not think it was needed or they did not like it. In Batumi, the leading reason for not using condoms was partners' refusal and something else.

As for consistent condom use with regular partners, very small proportion of the respondents reported doing so. In both cities this indicator has slightly increased compared to 2014, but change proved to be statistically significant only for Batumi FSWs ($p<0.05$).

The Figure 10 below represents one of the major indicators for FSWs risky sexual behaviour – condom use during the last sexual intercourse with different kinds of partners throughout all BBS surveys at both survey locations.

Figure 10: Condom use during last sexual intercourse with different partners



Safe sexual practices, especially with the clients are widespread among FSWs. Condom use rates during the last sexual contact with the paying clients have not changed during the last decade and are usually above 90% in both cities. The same indicator with regular clients has decreased significantly in both cities, however, still remains high. Possible reasons for this could be level of trust with regular client. Consistent condom use with the clients over the last month has stayed the same, as well as consistent condom use with the regular clients in Tbilisi. But consistent use with regular clients in Batumi has decreased significantly. Overall, behaviour patterns with regular clients seem worsening during the recent years.

As usual, behaviour with the regular partners is far less safe than with other types of partners. Condom use during the last intercourse with this type of partner did not change significantly over the last years, and remains low. But in Batumi it was found that consistent condom use with the regular partners has significantly increased during the last 3 years. Compared to the last BBS of 2014, the major behaviour trends have more or less stayed the same, except for the regular clients.

Condoms

Condoms are quite accessible for FSWs at pharmacies and NGO Tanadgoma; the latter was indicated by FSWs in Tbilisi with statistically significant increase compared to 2014 ($p<0.01$); they can get or buy them in not more than 15 minutes. The majority has the condoms with them or at a place of work. Overall, in Tbilisi statistically significant increase was demonstrated in receiving condoms from preventive programs during the last 12 months (85% in 2017 vs 61.3% in 2014, $p<0.01$).

Violence, stigma and discrimination

Overall, the survey found 21% of FSWs in Tbilisi and 16.7% in Batumi who experienced any kind of violence (expect economic) during the last year. There is no statistically significant changes compared to 2014.

As for stigma and discrimination in various settings and situations during the last 12 months, about half of FSWs in both cities report being verbally assaulted because of their occupation. Overall, 57% in Tbilisi and 49.3% - in Batumi had faces some kind of stigma and discrimination.

STI Knowledge and Health Seeking Behavior

All FSWs from both survey sites are aware about sexually transmitted Infections. This is the first ever BBS round where all respondents in both cities were aware about STIs. Out of surveyed FSWs big majority knows at least one symptom among women. A bit less FSWs at both survey sites know at least one STI symptom among men. Proportions of knowing symptoms in men and women stay almost the same since 2009 BBS survey.

Number of FSWs who report having some STI symptom during the last year did not change in both cities.

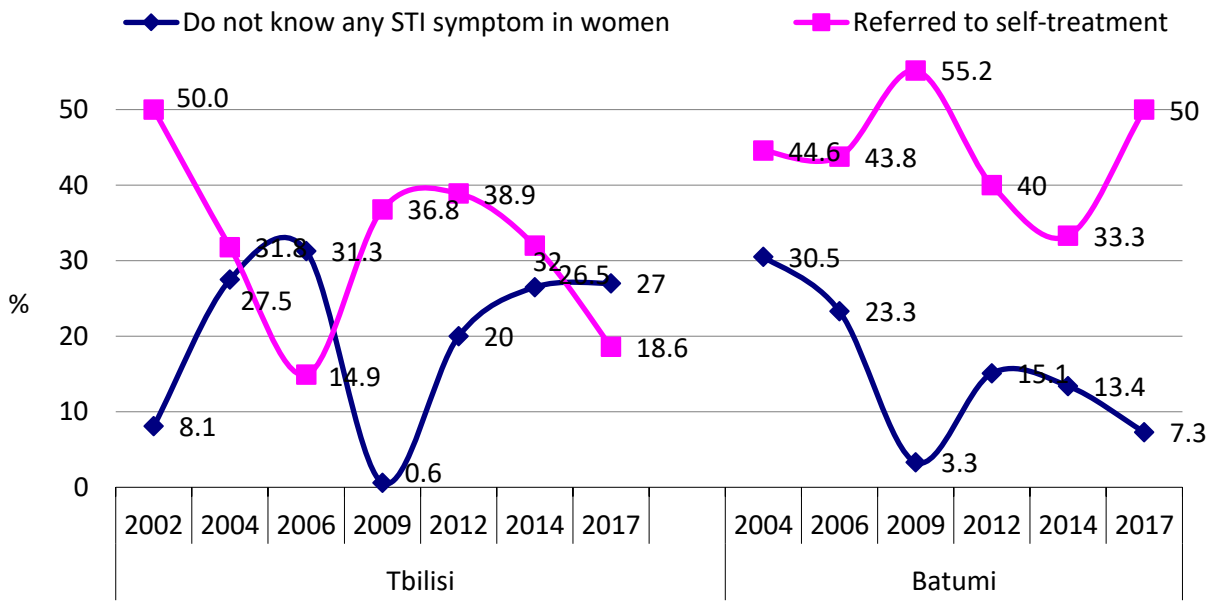
FSWs, especially in Tbilisi, tend to refer to state clinics or hospitals in case of STI symptom manifestation. It is noteworthy that data of behaviour patterns when having STI symptoms demonstrate increased rates of applying self-treatment in Batumi, compared to 2014, and decreased rates – in Tbilisi, however, this change proved not to be statistically significant. It is also noteworthy that Batumi FSWs tend to refer to drugstores for treatment-related medications.

The knowledge of STI symptoms among women and men has stayed the same. Also, application of self-treatment in case of STI symptoms stayed the same. However, less FSWs report having had STI

symptoms during the last year. This may indicate that there is no re-infection among this population, also supported by quite high condom use practices reported by the FSWs as well as by the prevalence of infections during all the years that BBS surveys are conducted.

Figure 11 below shows the changes in terms of both major indicators of STI knowledge and practices during the 15 years of the surveillance.

Figure 11: STI knowledge and practice



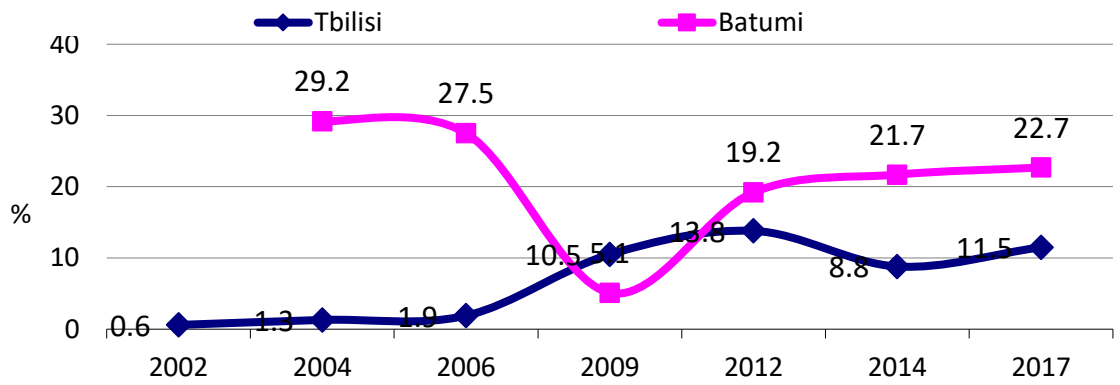
HIV Knowledge, attitudes and practices

The vast majority of FSWs are aware of HIV/AIDS. It is still interesting that there are several FSWs (34 in total) that are not aware of this disease, but overall during the last 3 years the proportion of FSWs that had heard of HIV/AIDS has not changed significantly. Quite a small proportion of FSWs could correctly answer 5 questions on ways of HIV transmission (11.5% in Tbilisi, 22.7% - in Batumi). This indicator has not demonstrated any statistically significant change since 2012.

The majority of FSWs name condom use as one of the ways of protecting from STI/HIV. The best knowledge in terms of transmission routes and prevention means among FSWs is about the possibility of transmission through sharing needles and syringes. MTCT knowledge is in the second place. Knowledge about at least one measure of MTCT has significantly increased in Batumi (from 38.1% in 2014 to 48.4% in 2017, $p<0.005$). There are still a lot of FSWs that believe that a person can get infected through mosquito bites, as well as quite a few that think that a person who has blood group 0 can get HIV/AIDS.

Figure 12 below demonstrates changes in the HIV knowledge indicator over the last 12 years.

Figure 12: Key HIV/AIDS knowledge (all items correct: a) needle/syringe sharing abstinence (yes); b)correct condom use (yes);c) one faithful partner (yes); d) mosquito bites (no); e) meal sharing (no))



HIV knowledge rates are low. No changes have been identified in HIV knowledge during the last 5 years, except Batumi, where there is statistically significant increase in MTCT knowledge.

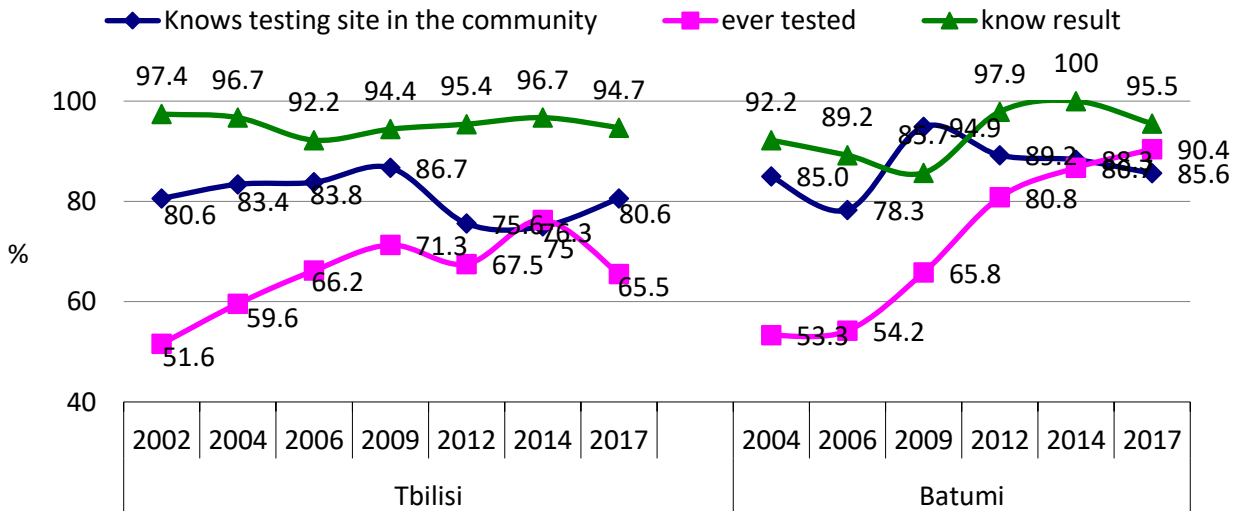
HIV Testing and Counselling

The majority of FSWs knows where they can receive HIV testing in their community. A lower proportion of respondents in both cities report that they had been tested for HIV during the last year compared to the previous BBS. Also, both in Tbilisi and in Batumi less FSWs were tested during the last year and received their results, compared to the latter BBS (31% vs 40.6% in Tbilisi and 58% vs 66.7% in Batumi). However, this decrease is statistically significant only for Tbilisi ($p<0.1$). Comparison of HIV testing uptake during the recent 12 months in Tbilisi (without getting test results) also showed statistically significant decrease (from 54.9% in 2014 to 31.5% in 2017 $p<0.01$).

Over one third of FSWs in Tbilisi and almost half – in Batumi consider themselves to be at high risk of HIV infection. This proportion is higher compared to the survey of 2014, and in Batumi there is a statistically significant increase ($p<0.01$). About 15% of FSWs in both cities did not think they were at risk of HIV infection.

The figure 13 below demonstrates trends in knowledge of HIV testing for the community, testing uptake in general and testing and knowing test results during the recent years.

Figure 13: Voluntary HIV Testing and Counselling



There is statistically significant decrease in Tbilisi of FSWs tested during the last year and knowing their test result. Personal risk assessment of FSWs in Tbilisi again demonstrated that the majority do not consider themselves to be at high risk for HIV infection, however, in Batumi acknowledging this fact showed significant increase.

Sources of information on STI/HIV

Depending on the city, the most popular sources of information on STI/HIV vary. For Tbilisi it is TV/Radio, for Batumi – social workers. Doctors were also mentioned by the respondents. The most reliable sources of information on HIV and STIs are representatives of NGOs, special booklets as well as TV.

Preventive program coverage

Comparison of 2014 and 2017 survey findings show that coverage of prevention programs measured by awareness where to get HIV test and reception of condom during the last year has not changed in Batumi, but there is statistically significant increase in Tbilisi (63% in 2017 vs 51.3% in 2014, $p<0.1$). The coverage makes up to 63% in Tbilisi and 76.7% - in Batumi.

Trafficking and Sex work Abroad

In this round of the survey, questions about trafficking and sex work aboard were asked to both Tbilisi and Batumi respondents. The majority of respondents are aware of trafficking. Only 4% in Tbilisi and 4% in Batumi (14 cases in total) have ever experienced it.

Going for sex work abroad has become much less popular among sex workers. From both of the cities quite small proportion of the respondents (7.3% in Tbilisi, 8.8% in Batumi) reported they have worked as sex workers voluntary abroad (mostly in Turkey) during the last year, and have done so about 1 time. Very few FSWs report encountering problems when crossing a border or while working abroad.

Condom use was always lower abroad than in Georgia. In 2012, as well as in 2014 about one third of respondents mentioned using condoms while working abroad. In 2017 this percentage for both cities has increased to about 40%. The comparison is still not very reliable due to low number of FSWs that report going abroad for work. Only 14% of FSWs in Tbilisi and none - in Batumi reported they never used condoms while working abroad. The trend of condom use abroad has demonstrated slight increase. More than 70% of FSWs from Tbilisi and half of FSWs from Batumi reported more clients per day than in Georgia, which is higher proportion compared to the data of 2014. At the same time, the amount of money received per client abroad is almost twice higher; around 80% of FSWs report using condoms and some proportion still uses prophylactic injections for STI prevention purposes. Access to HIV/STI testing abroad was reported by several Tbilisi FSWs, but they did not use them; more of Batumi FSWs had access to these services and majority had used them.

Awareness of trafficking is high; only 14 FSWs report having been victims of trafficking. Less than 10% of FSWs goes abroad for sex work voluntarily. Minor risk factors, such as higher prices received for service or low use of testing services, indicate that FSWs may be exposed to greater risks of infections while working abroad.

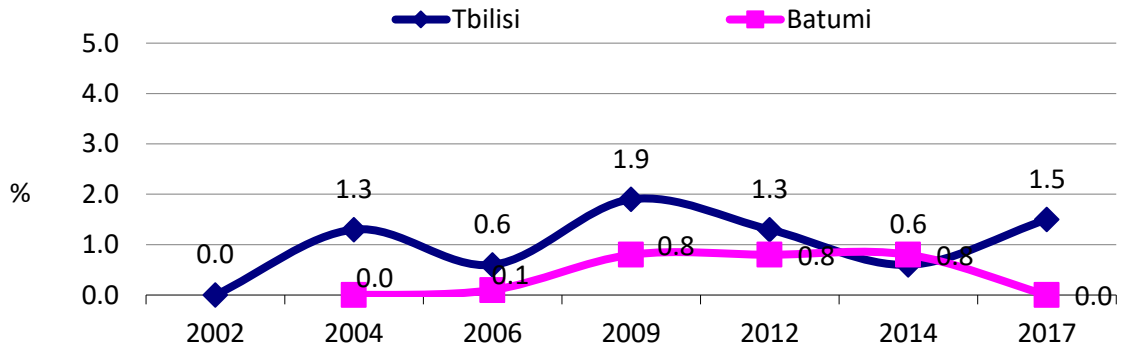
Biomarker

Syphilis was positive among 2.6% Tbilisi respondents and 12% among Batumi respondents. In both cities syphilis prevalence has demonstrated statistically significant decrease (from 6.4% to 2.6% % in Tbilisi $p<0.10$ and from 16.7% to 12% in Batumi $p<0.001$). Quite a small proportion of FSWs showed positive results on Gonorrhea test - prevalence of this infection has stayed the same since 2014.

Hepatitis C prevalence was identified as 14.4% in Tbilisi and 6.7% in Batumi. These rates are lower compared to the last BBS data, however, Tbilisi prevalence is still high compared to the data of the WHO European Region outside the EU. According to this source median of Hepatitis C prevalence among sex workers is 11%.[9] Batumi prevalence almost coincides with the national prevalence of Hepatitis C, as demonstrated by the 2015 nationwide population-base survey (national seroprevalence – 7.7% (95% CI 6.7 – 8.9), prevalence of chronic HCV – 5.4% (95% CI 4.6 – 6.4))[10]. It shall be noted that WHO European Region outside the EU high anti-HCV prevalence in sex workers possibly reflects an overlap with injecting drug use. However, in Georgia it is less likely that there is overlap between female sex work and injecting drug use, because the prevalence of ever injecting drug use among street-based and lower-price facility-based sex workers has never exceeded 6% as shown by the previous BBS studies in Tbilisi and Batumi (2002-2014). Other factors such as frequent abortions outside a clinical setting and cosmetic manipulations (manicure, pedicure) should contribute to the high HCV prevalence among this population.

Only 3 out of 195 FSW in Tbilisi and none in Batumi appeared to be HIV infected.

Figure 14: HIV prevalence



Rates of HIV infection among FSWs remain low during the last 15 years. Gonorrhea still remains at the same level. Hepatitis C prevalence is quite high. However, syphilis rates are decreasing for the first time since the behavioural surveillance surveys are being conducted.

Population Size Estimation

While choosing the size estimation methodology, our overall approach was to implement several methods simultaneously to minimize potential bias resulting from a single method. The goal was to

[9]Prevalence and estimation of hepatitis B and C infections in the WHO European Region: a review of data focusing on the countries outside the European Union and the European Free Trade Association. V. D. Hope, I. Eramova, D. Capurro, M. C. Donoghoe

[10] Citation: Baliashvili D, Kasradze A, Kuchukhidze G, Salyer S, Gamkrelidze A, Zakhashvili K, et al. Prevalence and genotype distribution of hepatitis C virus in Georgia: A 2015 nationwide population-based survey. Abstract THU-203; EASL 2017.

produce the most well supported estimate of population sizes using available survey data and service statistics. However, in this round of BBS/PSE surveys it was not possible to use Network Scale Up method, and only three different methods were used for FSW size estimation. Each method had its limitations while used.

The main limitation of the Census method was that in Tbilisi, social workers could not reach female sex workers in the facilities (bars, disco clubs and night clubs) because of entry charges. Also, in Batumi high-end facilities could not be entered. That's why the final results do not include FSWs working in closed facilities in Tbilisi and in upper-class facilities in Batumi.

If compared with the previous census conducted in 2014, there were almost the same numbers of FSWs counted in Tbilisi (242 in 2015 vs 253 in 2017), but almost twice as many FSWs in Batumi (354 in 2014 vs 622 in 2017). Overall, this increase in Batumi FSWs numbers might be result of two factors: real increase of sex workers in the city, as well as more possibilities of entering closed facilities by social workers.

Capture-recapture results in 2017, compared to 2014, were lower in Tbilisi and much higher in Batumi (2017: 322 in Tbilisi and 405 in Batumi; 2014: 414 in Tbilisi and 155 in Batumi). A high overlap between capture and recapture in both cities ultimately shall have led to underestimation of population sizes.

One of the limitations of the service multiplier method is non-independence of the two data sources that is common for Multiplier methods. Similarly to the previous PSE survey, it is plausible that the subgroups of this key population, relatively lower-class FSWs, are more likely to use the free HIV/STI testing service and are also more likely to participate in BioBBS surveys. This positive correlation will result in an underestimation of the total population size (i.e., the overlap between service use and BBS survey participation is exaggerated).

To summarize, table below presents findings from all methods used in this round of the survey:

FSW size estimations from all three methods

	Census	Capture-Recapture	Service Multiplier
Tbilisi	253	322	1,307
Batumi	622	405	984

In order to arrive to single estimates per city, we decided to calculate averages based on the three methods used. The final average estimates of FSWs (street- and facility based) in these cities will be **600** and **700** in Tbilisi and Batumi, respectively.

Average PSE 2017	**Tbilisi**	**Batumi**
average PSE Point estimate	600	700
average PSE Lower Limit	500	600
average PSE Upper Limit	700	800

Comparing these data with the previous survey results – point estimates for Tbilisi and Batumi (617 and 408, respectively), it is clear that overall size of street and facility-based sex workers in Tbilisi has stayed the same, but in Batumi has increased. This might be reflecting the trends described above, i.e. that women arrive to Batumi to first engage in commercial sex activities there since Adjara is a very touristic place. Also, this can be also connected with the increasing trend of foreign (mostly Central Asia) sex workers coming for work to Adjara region, as reported by the HIV prevention program running in Batumi.

Since Network Scale Up was not conducted in 2017, we have not estimates for all types of FSWs. The methods that were used count mainly street and facility based FSW and those who benefit from free HIV testing offered by the preventive programs. Sub-groups of FSWs belonging to higher socioeconomic layer are not reachable by current standardized preventive package (condom, lubricant, informational material, counselling/testing on HIV/AIDS as well as free STI testing and treatment) due to their very hidden behaviour and lack of interest to refer to free health services. The FSWs standing in the streets or working in the low/middle class facilities belong to the most vulnerable groups for HIV spread and they shall be the main target of prevention programs. So, it is important to combine cost-effective size estimation methods with the regular Bio-BSS surveys in order to keep track of the size fluctuations of exactly this sib-group of sex workers population in main cities of Georgia.

Recommendations

Specific HIV prevention messages and materials focusing on condom use promotion should be provided to FSWs, their clients and regular partners through outreach workers as well as through mass media outlets. This concerns especially Batumi population. The interventions should also target the gaps in knowledge, especially on HIV transmission and prevention routes, revealed through the surveys.

Use of non-injecting drugs, such as pharmacy drugs (sleeping pills, sedatives etc) and marijuana has increased among sex workers. This shall be addressed in overall prevention program through specific tailored messages.

Stigma and discrimination rates, e.g. verbal assaults and humiliation, are widespread phenomena faced by sex workers. At the same time, trust towards law enforcement is very low and there is no expectation that police would react adequately to various rights violeations of sex workers. This shall be addressed also in combination with the prevention programs, and specific activities, such as sensitization of police personnel shall be conducted throughout the country.

Taking into consideration in-country migration of FSWs, interventions for FSWs should be focused in major cities - Tbilisi, Batumi, Kutaisi, Zugdidi and Telavi.

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, in combination with the multiple population size estimation methods, and repeated on a regular basis to provide early warning of a possible dramatic increase in the prevalence rate. In addition, surveys can provide invaluable information for designing focused interventions as well as for monitoring whether STI/HIV prevention and reduction interventions are working.

Findings from formative research among FSWs in Kutaisi and foreign FSWs in Batumi

Formative research methodology

A formative research was conducted in combination with the Bio-BBS and Population Size Estimation. The aim of the formative research was to generate evidence for further more detailed surveys.

The survey took place in Kutaisi sex workers and in Batumi among foreign sex workers from Central Asia mostly. In Kutaisi two Focus Group Discussions were conducted, 8 sex workers took part in each of them. In Batumi one Focus Group Discussion was conducted among 8 foreigner sex workers. Each of the discussion lasted about 1 hour. In Kutaisi participants were very open and active, willing to share their experiences and observations. In Batumi there was some tension since sex workers were citizens of other countries and not very open to talk about issues such as drug use and accessibility, as well as their experiences with the Georgian law enforcement bodies.

Main topics of the formative research in both cities that were explored are: structure of sex business in the city that they work (Kutaisi and Batumi), personal risk practices (condom use, alcohol and drugs), clients and partners, working abroad (for Batumi respondents – working in Georgia) and risks connected to it, availability and access to health-related services while working abroad, etc.

Main findings of the formative research are presented below.

Findings from Kutaisi formative research

Structure of sex business in Kutaisi includes sex workers that work via cell phones, in the streets, via taxis, in bars, hotels and apartments. One more category of sex workers, according to the respondents, are so-called "party workers", or "easy workers" – women that join men to party at restaurants and then have sexual contacts with them. Sex workers report that those who work at the facilities are more protected, since facilities usually take care of the safety issues.

Number of sex workers per site does not exceed 10; women are not connected to other groups and do not have information about numbers of sex workers in the city overall. Work is mainly done in the evenings and during the night hours; however, at the apartments this might be during the day as well.

Majority of sex workers have arrived from other cities or villages. They spend some time in the city, gather needed amount of money and then go back to their place of dwelling. Then they come for sex work again, after some period of time. Sex work is partially seasonal, in the summer there are less clients.

Newcomers in Kutaisi sex business are not many. Those who already work do not allow them to stay in the city or at their places of work, due to competition. New faces might start working in the apartments' segment of sex business.

Owners and managers of facilities, taxi drivers, etc act as pimps, and usually take 10%-50% percent of the remuneration from sex workers. Sometimes sex workers in the facilities are assigned as cleaners, dishwashers, etc.

Personal risk practices, clients, partners:

Number of clients for one sex worker is from 50 to 100, some of them are regular clients, with whom the level of trust is much higher. Monthly income, according to the respondents, starts from 500 Georgian Lari and may go up to 2-4 thousand Laris. Quite a few respondents mentioned having a regular partner, where relationship is based on feelings. Usually sexual contacts with the regular partners are unprotected.

Along with the Georgian clients they report having foreign or visitor clients as well. Majority of foreign clients are from Turkey. None of them reported having female clients; only one said she had heard of such thing. Usually they try not to spend the whole night with a client.

According to the majority of the respondents, they always use condoms and never agree on condomless sex, even though clients often have such requests.

When asked about the availability and access to health services, majority named Tanadgoma as service provider, but several other facilities were also listed, although they could not remember exact names of those facilities. It is noteworthy that respondents expressed concerns that young sex workers are usually not worried about their health and do not refer to any HIV/STI services.

Working abroad and risks connected to it:

Majority of the respondents noted that they had been abroad for sex work, since there they gain more money and feel more protected. It is important that health services are not for free, so they either do not refer to services, or apply self-treatment (make some injections) to protect themselves from STIs.

Everyone has heard about trafficking, and some even reported knowing sex workers who were victims of trafficking both inside and outside Georgia. However, none of the respondents had such experience themselves.

Findings from Batumi formative research

Structure of sex business:

Foreign sex workers in Batumi work at different places: streets (less likely), hotels, restaurants, casinos, disco and night clubs. Regular working hours start late in the evening and last during the whole night. Majority of foreign sex workers are from Ukraine, Russia, Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Uzbekistan. There are also some single cases from Iran or Arab states.

About 20-30 sex workers work at the same site. Overall, the respondents believe there are up to 500 foreign sex workers in Batumi. Their pattern of migration is as follows: they arrive, collect some money, then go back to their country, then come back again and so on. It is noteworthy that sex workers do not live together, they prefer not to keep close relationship with each other. Their monthly income is about 500-600 US dollars. They pay rent, and the rest of money is saved.

Facilities' owners or managers are not pimps, however, it is a rule that sex worker has to make a client spend quite a large amount of money in the facility, e.g. 1000 Lari. If this rule is not observed, the sex worker might not be given a chance to work in the same facility again. Foreign sex workers do not have other assignments or tasks in the facilities (e.g. cleaner, masseuse etc).

Police does not bother foreign sex workers; sometimes they just check their passports and that's all.

Personal risk practices, clients, partners

Number of clients per day does not exceed 5. Sexual contacts happen at the hotels, after a sex worker and a client had spent some time at the facility, drink alcohol, etc.

Income per day is about 100 US dollars, sometimes 150-200 Turkish Liras (from Turk clients). In general, the respondents say that they prefer non-Georgian clients, since Georgians do not behave after having had some alcohol.

Foreign sex workers do not have regular clients; some mentioned having regular partners.

When asked about condom use, they report consistent use of condoms. In case the client refuses to have protected intercourse, they might return him his money and leave him.

Foreign sex workers prefer not to visit doctors in Georgia; they would rather refer to medical services back at their home country. If there is necessity of going to a doctor in Georgia, they complain that prices are very high. Quite often they apply self-treatment, or refer to pharmacies for medical advice.

Working abroad and risks connected to it:

Sex workers are coming to Georgia for sex work, as they learn through internet or through acquaintances that in Georgia it is possible to work and at the same time have some good holidays. One respondent mentioned that she had arrived for holidays, but then discovered that there are possibilities to earn some money too, so she engaged in sex business. Respondents did not report going to other countries than Georgia for sex work.

They have heard about trafficking only from media and internet, and do not know anyone who has been victim of trafficking. When asked, if they know of their countries' diplomatic mission in Georgia, their answer was negative.

As for alcohol and drug use while in Georgia, part of the respondents mentioned having drinks everyday; however, none of them said they had ever taken drugs in Georgia.

Conclusions

Formative research among Kutaisi sex workers demonstrated that there is necessity for conducting a broader survey, in order to study peculiarities of sex business, migration issues, as well as behaviour trends and infections prevalence. At the same time, although Kutaisi sex workers are not interconnected and it is difficult to find networking patterns, it is worth trying to apply some population size estimation methods. Collected evidence would greatly inform future planning and reprogramming of the HIV/STI prevention interventions in Kutaisi.

Foreign sex workers in Batumi are not structured and interconnected too; they lack information and trust towards existing health services and do not use them. This is the main problem that could be tackled by the prevention programs in the future. Organizing and offering them STI/HIV services would provide better understanding of migrant sex workers and their behaviour patterns.

Appendix 1 - Sex workers data tables

Table 4: Area Coverage of the Tbilisi and Batumi Behavioral Surveillance surveys

	Tbilisi		Batumi	
Year, Date of interviews	2017 20 March - 4 April		2017 1 May - 5 May	
Location of interview				
At organizations office	100 (200)		100 (150)	
Recruitment				
Recruitment of FSWs in sections of Tbilisi and Batumi identified through mapping	54 (108)		100 (150)	
Participation rate				
Total contacted	156		425	
Total refused	53		64	
Total agree	108		150	
Total completed	200		150	
Participation in previous BSS	%	n/N	%	n/N
2006	29.3	34/116	1.2	1/82
2009	42.2	49/116	14.6	12/82
2012	59.5	69/116	42.7	35/82
2014	78.4	91/116	93.9	77/82
2006; 2009; 2012 and 2014	12.0	24/200	0	0/150
At least one previous BSS	58.0	116/200	54.7	82/150

Table 5: Demographic Characteristics of FSWs

	Tbilisi		Batumi	
Demographic Characteristics	%	n/N	%	n/N
Age				
18-24	2.0	4/200	3.3	5/150
25-30	13.0	26/200	14.0	21/150
31-39	28.0	56/200	30	45/150
≥ 40	57.0	114/200	52.7	79/150
Mean (Min-Max)		40.48(23-62)		40.77(20-63)
Median		41		40.5
Education				
None	0	0/200	0	0/150
Primary	1.5	3/200	1.3	2/150
Secondary	78.0	156/200	86.7	130/150
Incomplete higher	2.0	4/200	1.3	2/150
Higher	18.5	37/200	10.7	16/150
No response	0	0/200	0	0/150
Ethnicity				
Georgian	86.0	172/200	85.3	128/150
Other	13.5	27/200	14.7	22/150
Citizenship				
Citizen of Georgia	95.5	191/200	91.3	137/150
Other country	4.0	8/200	8.7	13/150
No response	0.5	1/200	0	0/150
Years of living in a given city				
Mean (Min-Max)	22.85(0-57)	(195)	10.59(1-60)	(150)
Median	20.0		7.0	
Arrived from another place	70.5	141/200	93.3	140/150
Internally displaced persons				

	Tbilisi		Batumi	
Demographic Characteristics	%	n/N	%	n/N
Yes	5.5	11/200	3.3	5/150
Engagement in commercial sex in other city				
Yes	22.0	44/200	24.7	37/150
Marital Status				
Married	10.5	21/200	8.0	12/150
Divorced / living separately	64.0	128/200	70.0	105/150
Widower	17.0	34/200	19.3	29/150
Never been married	8.5	17/200	2.7	4/150
Mean age of first marriage	18.25	(183)	17.99	(146)
Living Arrangements				
With spouse or partner	34.0	68/200	39.3	59/150
Partner has other spouse or partner	13.5	15/111	31.7	20/63
Engagement in sex business				
Median age at 1st sexual contact	17	(199)	17	(150)
Median age 1st received money in exchange for sex	29.0	(190)	28.0	(149)
Mean years working as sex worker	11	(190)	11	(149)
Have other sources of income	16.5	33/200	13.3	20/150
The most frequently mentioned sources of income (social worker)	42.2	14/33	0	0/20
The most frequently mentioned sources of income (trade)	0	0/33	35.0	7/20
Financial dependents				
Have Financial dependents	87.5	175/200	87.3	131/150

Table 6: Drug and Alcohol Use by FSWs

Alcohol and Drug Use	Tbilisi		Batumi	
		n/N		n/N
Alcohol Use				
Everyday	7.0	14/200	18.0	27/150
Drug Use				
Non-injected drug use in past 12 months	11.0	22/200	20.0	30/150
The most frequently used non-injected drugs				
Sedatives/ Sleeping pills	86.4	19/22	30.0	9/30
Marijuana	13.6	3/22	83.3	25/30
Ecstasy	0	0/22	30.0	9/30
Injected drugs use in the last 12 months	1.5	3/200	3.3	5/150
≤ 24	25.0	1/4	0	0/5
≥ 25	1.0	2/196	3.4	5/145
The most frequently used injected drugs				
Vint/jef/amphetamine	66.7	2/3	0	0/5
Heroin	33.3	1/3	80.0	4/5

Table 7: Sexual Behavior of FSWs with Clients

	Tbilisi		Batumi	
Sexual behavior with clients	%	n/N	&	n/N
Paying clients in the past 7 days				
Had paying client in the past 7 days	80.0	160/200	96.0	144/150
Mean number of clients		10.04(160)		5.36(144)
Median		7.0(160)		3.50(144)
Clients during your last business day				
Mean number of clients		4.34(200)		3.55(150)
Median		2.00(200)		1.00/150
Amount last client paid (Georgian Lari)				
Mean		60.71(200)		100.39(150)
Median		50(200)		80(150)
Condom use with the last client				
Condom used	96.0	192/200	90.0	135/150
≤ 24	100	4/4	40.0	2/5
≥ 25	95.9	188/196	91.7	133/145
Condom *not* used	4.0	8/200	10.0	15/150
Who offered the use of condom				
Sex-worker	75.5	145/192	71.9	97/135
Client	2.1	4/192	6.7	9/135
Mutual initiative	21.4	41/192	21.5	29/135
No response	0.5	1/192	0	0/135
Reasons for not using condoms with the last paid client				
Partner refused	25.0	2/8	53.3	8/15
Don't like it	12.5	1/8	13.3	2/15
Didn't think of it	0	0/8	13.3	2/15
Consistent condom use with clients over the last 30 days				
Condom was always used with clients during the last month	88.5	177/200	55.3	83/150
≤ 24	75.0	3/4	60.0	3/5
≥ 25	88.8	174/196	55.2	80/145
Condom was *never* used with clients during the last month	0	0/200	0.7	1/150

Table 8: Sexual Behavior of FSWs with Regular Clients

	Tbilisi		Batumi	
Behavior with Regular Clients	%	n/N	%	n/N
Regular clients				
Have Regular clients	89.5	179/200	90.0	135/150
Mean number		13.92 (157)		6.72 (134)
Number of sexual contacts with regular clients over the last 30 days				
Didn't have sexual intercourse	3.9	7/179	5.2	7/135
Up to 5 times	76.5	137/179	78.5	106/135
5 – 10 times	11.2	4/179	14.8	20/135
More than 11	2.2	4/179	0	0/135
Don't know	2.8	5/179	0.7	1/135
No response	3.4	6/179	0.7	1/135

Behavior with Regular Clients	Tbilisi		Batumi	
	%	n/N	%	n/N
Condom use during the last sexual contact with regular client				
Condom used	90.5	162/179	57.8	78/135
Condom *not* used	8.9	16/179	42.2	57/135
No response	0.6	1/179	0	0/135
Who offered to use a condom				
Sex-worker	77.0	67/87	85.3	29/34
Client	2.3	2/87	5.9	2/34
Mutual initiative	19.5	17/87	8.8	3/34
No response	1.1	1/87	0	0/34
Reasons for not using condoms during the last regular paid sexual contact				
Didn't think it was needed	23.5	4/17	5.3	3/57
Partner refused	11.8	2/17	12.3	7/57
Don't like it	--	0/17	5.3	3/57
No response	64.7	11/17	82.5	47/57
Consistent condom use with regular clients over the last 12 months				
Condoms used always with regular clients over the last 12 months	87.2	156/179	50.4	68/135
≤ 24	75.0	3/4	25.0	1/4
≥ 25	87.4	153/175	51.5	67/131

Table 9: Sexual Behavior of FSWs with Regular Partners

Sexual Behavior of FSWs with Regular Partners	Tbilisi		Batumi	
	%	n/N	%	n/N
Regular partner				
Has regular partner	49.5	99/200	49.3	74/200
Mean number		1.09 (99)		1.07 (74)
Number of sexual intercourses with regular partner over the last 30 days				
Didn't have sexual intercourse	15.2	15/99	4.1	3/74
Up to 5 times	51.5	51/99	23.0	17/74
5 – 10 times	13.1	13/99	44.6	33/74
More than 11	10.1	10/99	18.9	14/74
Don't know	4	4/99	9.5	7/74
No response	6.1	6/99	0	0/74
Condom use during the last sexual contacts with regular partner				
Condom used	23.2	23/99	16.2	12/74
Condom *not* used	74.7	74/99	82.4	61/74
No response	2.1	2/99	1.4	1/74
Who offered to use a condom				
Sex-worker	47.8	11/23	75.0	9/12
Mutual initiative	39.1	9/23	25.0	3/12
Reasons for not using condom with regular partner				
Partner refused	6.6	5/76	24.2	15/62
Don't like it	14.5	11/76	3.2	2/62
use contraceptives	1.3	1/76	0	0/62
Didn't think it was needed	55.3	42/76	21.0	13/62

Sexual Behavior of FSWs with Regular Partners	Tbilisi		Batumi	
	%	n/N	%	n/N
Didn't think of it	10.5	8/76	0	0/62
other	9.2	7/76	35.5	22/62
Don't know	0	0/76	6.5	4/62
No response	2.6	2/76	4.8	3/62
Consistent condom use with regular partner over the last 12 months				
Condoms used always with regular partner over the last 12 months	19.2	19/99	6.8	5/74

Table 10: Access to Condoms for FSWs

Access to Condoms	Tbilisi		Batumi	
	%	n/N	%	n/N
Where do you go to get condoms				
Drugstore	84.3	166/197	93.3	140/150
"Tanadgoma"	75.1	148/197	76.7	115/150
Time necessary for buying/getting a condom				
Less than 5 minutes	39.0	78/200	48.7	73/150
5 – 15 minutes	42.0	84/200	44.7	67/150
15 – 30 minutes	7.0	14/200	6.0	9/150
30 minutes or more	4.5	9/200	0	0/150
Don't know	6.5	13/200	0.7	1/150
No response	1.0	2/200	0	0/150
Number of condoms FSWs have with them or at place of work				
Have condoms with them or at place of work	81.0	162/200	92.6	139/150
Condom mean number		18.9136 (162)		12.7482 (139)
Received condoms from preventive programs over the last 12 months				
Yes	85.0	170/200	86.0	129/150

Table 11: Violence and stigma/discrimination among FSWs

Violence	Tbilisi		Batumi	
	%	n/N	%	n/N
Physical violence				
Was a victim of physical violence	17.5	35/200	14.0	21/150
Person who made physical violence to FSW (Client)	66.7	18/27	52.6	10/19
Sexual violence				
Was a victim of sexual violence	8	16/200	5.3	8/150
Person who made sexual violence to FSW (Client)	37.5	6/16	12.5	1/8
Rape				
Was a victim of rape	0.5	1/200	2.0	3/150
Person who raped her (boyfriend)	100.0	1/1	33.3	1/3
Person who raped her (pimp)	--	1/1	33.3	1/3
Person who raped her (taxi driver)	--	1/1	33.3	1/3
Victim of at least one type of violence				
Was a victim of physical, sexual violence or rape	21.0	42/200	16.7	25/150

	Tbilisi		Batumi	
Violence	%	n/N	%	n/N
Victim of economic violence				
Was a victim of economic violence during the last year	9.5	19/200	8.0	12/150
Person who committed economic violence to FSW (Client)	73.7	14/19	58.3	7/12
Stigma and discrimination during the last 12 months				
Couldn't get medical services because they might be sex workers	1.5	3/200	1.3	1.3/150
Couldn't get job because they might be sex workers	8.5	17/200	3.3	5/150
Couldn't get police service because they might be sex workers	9.5	19/200	4.0	6/150
Was humiliated because they might be sex workers	54.0	108/200	49.3	74/150
Experienced any kind of stigma	57.0	114/200	49.3	74/150
Notified police about stigma	15.8	18/114	10.8	8/74
If no, what was the reason *(inadequate reaction)*	56.4	53/94	66.7	44/66
If no, what was the reason *(shame, because of status)*	9.6	9/94	22.7	15/66

Table 12: STI Knowledge and Health Seeking Behavior among FSWs

	Tbilisi		Batumi	
STI	%	n/N	%	n/N
STI Knowledge				
Aware of STIs	100.0	200/200	100	150/150
Knowledge of STI symptoms observed among women				
Vaginal (genital) release	53.0	106/200	89.3	134/150
Genital, skin or mucous membrane ulcer	41.5	83/200	44.0	66/150
Genital redness	20.5	41/200	39.3	59/150
Burning while urinating	39.5	79/200	53.3	80/150
Itching	42.5	85/200	70.7	106/150
Lower abdomen ache	23.0	46/200	45.3	68/150
Know at least one symptom	71.5	143/200	92.7	139/150
Do not know any	27.0	54/200	7.3	11/150
Knowledge of STI symptoms observed among men				
Vaginal (genital) release	49.5	99/200	80.0	120/150
Genital, skin or mucous membrane ulcer	34.5	69/200	42.0	63/150
Genital redness	21.0	42/200	29.3	44/150
Burning while urinating	35.0	70/200	47.3	71/150
Itching	29.5	59/200	40.7	61/150
Lower abdomen ache	15.5	31/200	12.7	19/150
Know at least one symptom	65.0	130/200	83.3	125/150
Do not know any	32.0	64/200	16.7	25/150
Had STI symptoms in the last 12 months				
Had STI symptoms	21.5	43/200	30.7	46/150
Received treatment at:				
Self treatment	18.6	8/43	50.0	23/46
Traditional healer	0	0/43	2.2	1/46
State clinic/hospital	67.4	29/43	50.0	23/46
Drugstore	4.7	2/43	26.1	12/46

Sexual behavior during symptomatic period				
Told sexual partner about STI	34.9	25/43	37.0	17/46
Stopped intercourse	53.5	23/43	89.1	41/46
Used condom	65.0	13/20	80.0	4/5

Table 13: HIV/AIDS Knowledge and Testing among FSWs

	Tbilisi		Batumi	
HIV/AIDS Knowledge	%	n/N	%	n/N
Aware of HIV/AIDS				
Knows about HIV/AIDS	85.0	170/200	97.3	146/150
Reducing the risk of HIV transmission by having One faithful partner(yes)	49.5	99/200	81.3	122/150
Reducing the risk of HIV transmission by correct condom use (yes)	65.5	133/200	89.3	134/150
Person who looks healthy can be infected with HIV/AIDS(yes)	66.0	132/200	76.0	114/150
Can be infected whit HIV/AIDS by Mosquito bites (No)	23.5	47/200	34.0	51/150
Can be infected whit HIV/AIDS by meal sharing (No)	39.0	78/200	46.0	69/150
Can be infected whit HIV/AIDS by Needle/syringe sharing (Yes)	80.5	161/200	96.7	145/150
Person who has blood group 0 can get HIV/AIDS (yes)	11.0	22/200	4.0	6/150
MTCT during pregnancy (Yes)	74.0	148/200	84.0	126/150
HIV transmitted (Yes) through breastfeeding	47.0	94/200	76.0	114/150
Correctly answered all five questions about HIV transmission routes and prevention (UNGASS Indicator)	11.5	23/200	22.7	34/150
≤ 24	0	0/4	0	0/5
≥ 25	11.7	23/196	23.4	34/145
Actions for reducing risk of MTCT				
Take ARVs	30.6	52/148	41.1	60/126
Caesarean section	17.6	30/148	14.4	21/126
Artificial nutrition	14.1	24/148	19.2	28/126
At least one action	43.2	64/148	48.4	61/126
Knows HIV testing site in a community				
Yes	80.6	137/170	85.6	125/146
No	18.8	32/170	14.4	21/146
No response	0.6	1/170	--	0/146
HIV test				
Not Tested	17.5	35/200	9.6	14/150
Ever tested	65.5	131/200	90.4	132/150
Tested voluntarily	95.4	125/131	100	132/132
Tested during last year	31.5	63/200	58.0	87/150
Tested from 1 to 2 yrs period	17.5	29/200	13.3	17/150
Tested 2 yrs ago	14.5	29/200	11.3	17/150
Don't know	2.0	4/200	5.3	8/150
HIV test during last year				
Had HIV test during last year and knows results	31.0	62/200	58.0	87/150
≤ 24	0	0/4	40.0	2/5
≥ 25	31.6	62/196	58.6	85/145
Tell someone about test results				

	Tbilisi		Batumi	
HIV/AIDS Knowledge	%	n/N	%	n/N
Told about test results	50.0	62/124	54.0	68/126
Client/clients	9.7	6/62	17.60	12/68
Regular client/clients	16.10	10/62	20.60	14/68
Partner/partners	24.20	15/62	30.90	21/68
Colleague sex workers	50.0	31/62	60.30	41/68
Family members	4.8	3/62	7.40	5/68
Relatives	3.20	2/62	0.0	0/68
Friends	30.60	19/62	38.20	26/68
Did not tell about test results	46.8	58/124	43.7	55/126
Assessment of HIV risk				
High risk	34.1	58/170	48.6	71/146
Middle risk	25.9	44/170	29.5	43/146
Low risk	16.5	28/170	16.5	22/146
No risk	14.7	25/170	14.7	7/146

Table 14: Sources of Information on STI/HIV

Interventions / media	Tbilisi		Batumi	
	%	n/N	%	n/N
Source of information about STI/HIV				
TV/Radio	58.2	113/194	40.4	59/146
Newspapers	16.5	31/194	6.8	10/146
Friends	32.0	62/194	44.5	65/146
Clients	6.7	13/194	2.7	4/146
Family members	5.2	10/194	0	0/146
Social workers	50.5	98/194	60.3	88/146
Booklet	51.0	99/194	55.5	81/146
0ther	17.1	88/194	21.2	31/146
Doctors	53.4	47/88	54.8	17/31
Internet	34.1	30/88	25.8	8/31
Did not received any information about STI / HIV	3.0	6/200	2.7	4/150
The most reliable sources of information				
TV	43.5	87/200	18.0	27/150
Radio	16.0	32/200	0	0/150
Newspapers/ Journals	18.0	36/200	0.7	1/150
Special booklets	44.5	89/200	10.7	16/150
Friends /Relatives	12.0	24/200	4.7	7/150
Other Sex-workers	15.0	30/200	14.0	21/150
Representatives of NGOs	24.8	107/200	52.7	79/150
No response	13.5	27/200	20.0	30/150
Coverage of prevention programs				
Knows where to take test on HIV and received condoms from prevention programs during the last 12 months *	63.0	126/200	76.7	115/150
≤ 24	50.0	2/4	40.0	2/5
≥ 25	63.3	124/196	77.9	113/145

Table 15: STI/HIV Prevalence among FSWs

Biomarker	Tbilisi		Batumi	
	%	n/N	%	n/N
HIV (ELISA with Western Blot confirmation)				
Prevalence	1.5	3/195	0	0/150
≤ 24	0	0/4	0	0/5
≥ 25	1.6	3/191	0	0/145
Syphilis (TPHA)				
Prevalence	2.6	5/195	12.0	18/150
≤ 24	25.0	1/4	0	0/5
≥ 25	2.1	4/191	12.4	18/145
Gonorrhoea				
Prevalence	8.5	17/199	4.7	7/150
≤ 24	25.0	1/4	20.0	1/5
≥ 25	8.2	16/195	4.1	6/145
Hepatitis C				
Prevalence	14.4	28/195	6.7	10/150
≤ 24	25.0	1/4	0	0/5
≥ 25	14.1	27/191	6.9	10/145
At least two infections				
Prevalence	2.1	4/194	0.7	1/150
≤ 24	25.0	1/4	0	0/5
≥ 25	1.6	3/190	0.7	1/145

Table 16: Trafficking and Sex Work Abroad

Trafficking and Sex Work Abroad	Tbilisi	n/N	Batumi	n/N
Awareness on Trafficking				
Heard about trafficking	87.5	175/200	90.7	136/150
How many times have been trafficked abroad for sex work				
Once	87.5	7/8	83.3	5/6
Twice	12.5	1/8	16.7	1/6
3 and more	--	0/8	--	0/6
Never been a victim of trafficking	95.0	190/200	96.0	144/150
Working abroad for sex work last 12 months				
Working abroad for sex work voluntary (Yes)	7.3	14/191	8.8	12/137
Number of visits abroad for sex work				
During the last year (Mean)	1.64 (14)		1.33 (12)	
Country				
Turkey	92.9	13/14	91.7	11/12
Other (Emirates)	7.1	1/14	--	0/12
Other (Shrilanka)	--	0/14	8.3	1/12
Having problem when crossing a border				
Sex service (free of charge)	100.0	2/2	--	0/2
Money extortion	--	0/2	100.0	2/2
Having problem when working abroad				

Trafficking and Sex Work Abroad	Tbilisi	n/N	Batumi	n/N
Non-physical violence (threatening, blackmailing, cursing)	--	0/0	100.0	1/1
Rape	--	0/0	100.0	1/1
Physical violence	--	0/0	100.0	1/1
Asking for the free of change service	--	0/0	100.0	1/1
Forced non-stop sex work	--	0/0	100.0	1/1
Who created problems during sex work abroad				
Brothel owner	--	0/0	100.0	1/1
Client	--	0/0	100.0	1/1
Willingly go abroad for next time				
Yes	78.6	11/14	66.7	8/12
Type of a place of sex work abroad the last time				
Sauna	7.1	1/14	0	0/12
Bar	21.4	3/14	25.0	3/12
Restaurant	7.1	1/14	0	0/12
Hotel	21.4	3/14	25.0	3/12
Other	35.7	5/14	33.3	4/12
Club	20.0	1/5	25.0	1/4
On call	20.0	1/5	25.0	1/4
At pimps house	60.0	3/5	20.0	2/4
No response	0	0/14	16.7	2/12
Condom use with clients while working last time abroad				
Always	42.9	6/14	41.7	5/12
Never	14.3	2/14	0	0/12
Taking drugs while working abroad				
Non-injected drug use	0	0/14	16.7	2/12
Injected drug use	0	0/14	--	0/12
How long stayed abroad for last visit				
2 weeks	7.1	1/14	8.3	1/12
1 month	28.6	4/14	8.3	1/12
More than 1 month	64.3	9/14	66.7	8/12
No response	0	0/14	16.7	2/12
Number of partners per day during the last visit abroad				
Up to 5	78.6	11/14	50.0	6/12
5-10	7.1	1/14	33.3	4/12
10 and more	14.3	2/14	0	0/12
No response	0	0/14	16.7	2/12
Had more clients per day abroad than in Georgia	71.4	10/14	75.0	9/12
Fee per client abroad (Georgian Lari)				
Mean		118.64 (11)		175.0 (10)
Median		100.0 (11)		200.0 (104
Means of protection used abroad for HIV/STIs				
Condom	78.6	11/14	83.3	10/12
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	33.3	8/14	16.7	2/12
Contraceptives	21.4	3/14	0	0/12
other	14.3	2/14	0	0/12

Trafficking and Sex Work Abroad	Tbilisi	n/N	Batumi	n/N
No response	0	0/14	16.7	2/12
Access to HIV/STI testing services abroad				
Yes	21.4	3/14	64.3	9/12
Ever using HIV/STI testing services abroad	0	0/3	77.8	7/9

Appendix 2 - Formative Research Questionnaires

Date:	
Name and Surname of Focus Group Discussion Facilitator:	
Name and Surname of Focus Group recorder:	
Start time of discussion:	
End time of discussion:	

Formative Research among Female Sex Workers
Kutaisi
Guidelines for Focus Group Discussion

Introduction for facilitator
Read out to the participants the text below, which describes goals of the meeting. Remember, the participants shall be given explanations that if at any moment they feel uncomfortable talking about subject, they are not obliged to speak. Also tell them that there are no right or wrong answers to your questions. It is not necessary that you pose all questions in a sequence presented below. Sometimes the topic comes up spontaneously and it is desirable to talk about it although this might differ from the instructions. Furthermore, it is not necessary to ask each and every particular question (they follow the general questions and are indicated with the sign (-) in the instructions). These questions are provided to help you more deeply understand the topic and prompt the participants to talk. If the participants are talkative enough, these questions might not be necessary.
The facilitator shall thoroughly study the questions before the focus group discussion, so that he/she guides spontaneous topics with needed details and knows, when the particular questions can be used effectively.

The facilitator shall start the discussion with the following:
"Hello, my name is _____. Today I will lead our discussion, will pose questions, and my colleague _____ will make short notes, if you do not object. Also, with your permission, we would like to used this device for recording our discussion, so that we do not miss some important information shared by you. My colleague and I represent organization _____. Today we would like to speak about several important topics for sex worker women in Kutaisi. These topics are: how sex work is organized in Kutaisi, how many women are involved in this business, what are conditions of their work, do they go abroad for work, what are particular health risks for these women and so on. Aim of our discussion is to better plan health-related services for sex worker women. Your opinion will be very helpful in this regard."

Structure of sex business in Kutaisi
The facilitator shall say: "Now, let's talk a bit about structure of sex business in Kutaisi and about work that you and your colleagues do. In order to make your information clearer, we will try to draw a scheme based on it."
While asking questions provided below, as well as during the discussion co-facilitator draws on a prepared flip-chart information about sex work sites, hours and numbers of sex wokers. Information can be drawn in a form of map or a rable. At the end of the discussion co-facilitator takes a photo of the flip-chart. The photo is a supporting document to the transcript of the focus group discussion.

1. What kinds of sex workers (use a relevant term or wording) exist in Kutaisi and what is the difference between them?

- Where, at what kind of places do sex workers work?

- *Specify, if necessary*: Are these streets, bars, saunas, hotels, tirparks or something else?
- How many such places (that you have mentioned) do you know in Kutaisi – streets, bars, saunas or hotels, where sex workers are working?
- At what hours is sex work most active at each of the place types? For example, at what times street work is most active? Bars? Saunas? Hotels? Tirparks? Others?
- At what type of place do you personally work?
- How many sex workers are there at your place of work?
- In your opinion, approximately how many sex workers are in Kutaisi?
- How many women would work in each segment that you have listed (street, bar, sauna, etc)?
- Are sex worker women or girls from Kutaisi or do they arrive from other cities and villages?
- In case of visitors, is their work seasonal?
- Say, do they arrive from villages, work for some period and then go back?
- How often new people arrive to the city, or how often newcomer sex workers com to Kutaisi?
- Do you often see new faces in your segment?
- What is your monthly income from commercial sex approximately?
- In other segments, where you do not work, what is approximately sex workers' income?
- Do various segments of sex business differ from each other? What is this difference? Is it difference in provided services, or by categories of clients, or in visitor sex workers/ numbers?
- What is the role of bar, hotel, disco and night club owners/managers in your work?
- Are there any "mamashas" or pimps?
- Are there brothels or similar facilities?
- Are there any other forms of sex work, e.g. cleaning ladies, beauty parlor workers, etc, who are at the same time sex workers? How do they work?

Personal risk practices, clients, partners

The facilitator shall say: "We would like to talk about relationship between sex workers and their clients – how all this happens."

2. Where do you meet (they find you or you find them) clients, where does the sexual contact happen, who are your clients usually, at which hours this happens? Etc. Please, describe, how this is organized.

- How often do you have sexual contacts?
- Do you get money or presents in exchange of sexual contacts?
- If yes, how often do you do this?
- How many clients do you usually have during 24 hours?
- Are there any foreigners among your clients? Or people that arrive from other cities?
- Is there any difference in providing services to a foreigner client, compared to local ones? What is this difference? Please, describe the process – negotiations, service provision place, service fee etc.
- Do you spend the whole night with the client? Does this happen often, as a rule, or sometimes or maybe rarely? Does this depend on the season?
- How much do you charge for one sexual contact, service or night?
- How do they pay you? Money or maybe some goods?

3. How many sexual partners do you have? (I mean any kind of sexual partner – regular clien, client, partner/boyfriend)
- Are your sexual partners men or women, or both?
- Do you have a sexual partner that you consider your boyfriend/girlfriend?
- If yes, how does sexual relationship with this person differ from sexual relationship with other partners?

4. Do you use condoms during service provision?
- Who initiates condom use – you or your client?

- Have you had cases, when clients ask for condomless sexual contacts? How often does this happen? Are such clients locals, foreigners or visitors?
- In which cases a sex worker might agree to have sex without a condom?
- What do you usually do, if a client offers you unprotected (condomless) sex?
- Do you take some prevention measures? How do you protect yourself from infections, when you do not use condoms?
- How do your colleagues protect themselves in such cases?

5. Do you have access to services related to health (HIV testing and counseling, STI testing and treatment)?
- Do such services exist in your city? Please list them.
- Out of those listed, which services do sex worker women usually use??
- If they do not use services that you have listed, in your opinion, what is the reason?
- If they do not use services that you have listed, in your opinion, what would motivate them to use such services?

Working abroad and risks connected to it
The facilitator shall say: "In the end, let's talk about going for work abroad".

6. Do you go abroad for sex work?

- Do you go voluntarily?
- Could you describe the process of going abroad for work? Does anyone help you? How women usually manage to go?
- Mainly to what countries do you or your colleagues go?
- What are the reasons for going abroad for work?
- Usually at what season do you go abroad for work?
- Is remuneration abroad higher that in Georgia?
- What are working conditions abroad, compared to conditions in Georgia?
- Have you heard about cases of trafficking (Facilitator, 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.")?
- Could you share with us a story that you have heard or that happened to you?
- Do you have access to services related to health (HIV testing and counseling, STI testing and treatment) while you work abroad?

Conclusion
The facilitator shall address the participants with the following words: "Some of the topics that we talked about today, are very private for any person. We would like to thank you for sharing your knowledge, ideas and thoughts with us. Take one moment to think about what we have talked. Before we finish, I would like to ask all of us, if you would add something to what has been already said."
The meeting shall end with the following: "Our meeting is finished already. What do you think about it? Do you have any suggestions about improving process of the meeting?"
The facilitator shall provide participants with the contact information of the organization, with the words: "It might happen that after the meeting you have additional questions or remarks. Please, contact us."
The facilitator shall thank the participants and tell them that their cooperation is very precious, highlighting that this information will be used for improving health programs for sex workers.

Date:	
Name and Surname of Focus Group Discussion Facilitator:	
Name and Surname of Focus Group recorder:	
Start time of discussion:	

End time of discussion:	

Formative Research among Foreigner Female Sex Workers
Batumi
Guidelines for Focus Group Discussion

Introduction for facilitator
Read out to the participants the text below, which describes goals of the meeting. Remember, the participants shall be given explanations that if at any moment they feel uncomfortable talking about subject, they are not obliged to speak. Also tell them that there are no right or wrong answers to your questions. It is not necessary that you pose all questions in a sequence presented below. Sometimes the topic comes up spontaneously and it is desirable to talk about it although this might differ from the instructions. Furthermore, it is not necessary to ask each and every particular question (they follow the general questions and are indicated with the sign (-) in the instructions). These questions are provided to help you more deeply understand the topic and prompt the participants to talk. If the participants are talkative enough, these questions might not be necessary.
The facilitator shall thoroughly study the questions before the focus group discussion, so that he/she guides spontaneous topics with needed details and knows, when the particular questions can be used effectively.

The facilitator shall start the discussion with the following:
"Hello, my name is _____. Today I will lead our discussion, will pose questions, and my colleague _____ will make short notes, if you do not object. Also, with your permission, we would like to used this device for recording our discussion, so that we do not miss some important information shared by you. My colleague and I represent organization _____. Today we would like to speak about several important topics for sex worker women in Batumi. These topics are: how sex work is organized in Batumi, how many foreigner women are involved in this business, what are conditions of their work, what are particular health risks for these women and so on. Aim of our discussion is to better plan health-related services for sex worker women. Your opinion will be very helpful in this regard."

Structure of sex business in Batumi
The facilitator shall say: "Now, let's talk a bit about structure of sex business in Batumi and about work that you and your colleagues do. In order to make your information clearer, we will try to draw a scheme based on it."
While asking questions provided below, as well as during the discussion co-facilitator draws on a prepared flip-chart information about sex work sites, hours and numbers of sex wokers. Information can be drawn in a form of map or a rable. At the end of the discussion co-facilitator takes a photo of the flip-chart. The photo is a supporting document to the transcript of the focus group discussion.

1. What kinds of sex workers (use a relevant term or wording) exist in Batumi and what is the difference between them?

- Where, at what kind of places do sex workers work?
- *Specify, if necessary*: Are these streets, bars, saunas, hotels, or something else?
- How many such places (that you have mentioned) do you know in Batumi – streets, bars, saunas or hotels, where sex workers are working?
- At what hours is sex work most active at each of the place types? For example, at what times street work is most active? Bars? Saunas? Hotels? Others?
- At what type of place do you personally work?
- How many sex workers are there at your place of work?

- Are those sex workers only visitors, or also locals and visitors?
- In your opinion, approximately how many sex workers are in Batumi?
- How many women would work in each segment that you have listed (street, bar, sauna, etc)?
- Out of them how many would be foreigner/visitor and how many – local?
- From which countries usually do women or girls come to Batumi for work?
- Is their work seasonal? I mean, do they arrive, work for some period and then go back?
- How often new people arrive to the city, or how often newcomer foreigner sex workers come to Batumi?
- Do you often see new faces in your segment?
- What is your monthly income from commercial sex approximately?
- In other segments, where you do not work, what is approximately sex workers' income?
- Do various segments of sex business differ from each other? What is this difference? Is it difference in provided services, or by categories of clients, or in visitor sex workers/ numbers?
- What is the role of bar, hotel, disco and night club owners/managers in your work?
- Are there any "mamashas" or pimps?
- Are there brothels or similar facilities?
- Are there any other forms of sex work, e.g. cleaning ladies, beauty parlor workers, etc, who are at the same time sex workers? How do they work?

Personal risk practices, clients, partners

The facilitator shall say: "We would like to talk about relationship between sex workers and their clients – how all this happens."

2. Where do you meet (they find you or you find them) clients, where does the sexual contact happen, who are your clients usually, at which hours this happens? Etc. Please, describe, how this is organized.

- How often do you have sexual contacts?
- Do you get money or presents in exchange of sexual contacts?
- If yes, how often do you do this?
- How many clients do you usually have during 24 hours?
- Are there any foreigners among your clients? Or people that arrive from other cities?
- Is there any difference in providing services to a foreigner client, compared to local ones? What is this difference? Please, describe the process – negotiations, service provision place, service fee etc.
- Do you spend the whole night with the client? Does this happen often, as a rule, or sometimes or maybe rarely? Does this depend on the season?
- How much do you charge for one sexual contact, service or night?
- How do they pay you? Money or maybe some goods?
- Who are your clients, are they Georgians or foreigner? If foreigners, from which countries mainly?
- Is your income higher, if the client requests unprotected sexual contact?
- Is there any difference in terms of clients' requests, if we compare Georgian and foreigner clients?

3. How many sexual partners do you have? (I mean any kind of sexual partner – regular clien, client, partner/boyfriend)
- Are your sexual partners men or women, or both?
- Do you have a sexual partner that you consider your boyfriend/girlfriend?
- If yes, how does sexual relationship with this person differ from sexual relationship with other partners?

4. Do you use condoms during service provision?
- Who initiates condom use – you or your client?
- Have you had cases, when clients ask for condomless sexual contacts? How often does this happen? Are such clients locals, foreigners or visitors?
- In which cases a sex worker might agree to have sex without a condom?
- What do you usually do, if a client offers you unprotected (condomless) sex?
- Do you take some prevention measures? How do you protect yourself from infections, when you do not use condoms?
- How do your colleagues protect themselves in such cases?

Working in Georgia and risks connected to it
The facilitator shall say: "In the end, let's talk about going for work abroad".

5. Along with Georgia, do you go to other countries for sex work?

- Do you go voluntarily?
- Did you come to Georgia voluntarily?
- Mainly to what countries do you or your colleagues go?
- What are the reasons for going abroad for work?
- Is remuneration abroad, including Georgia, higher than in your country?
- Have you heard about cases of trafficking (Facilitator, 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.")?
- Could you share with us a story that you have heard or that happened to you?
- Do you have access to services related to health (HIV testing and counseling, STI testing and treatment) while you work abroad? Do you have access to these services in Georgia?
- If you would like to take an HIV test, do you know, where is it possible to go in Adjara/Batumi?
- Do such services exist in Batumi? Please list them.
- Out of those listed, which services do sex worker women usually use??
- If they do not use services that you have listed, in your opinion, what is the reason?
- If they do not use services that you have listed, in your opinion, what would motivate them to use such services?
- Do you use alcohol in general? And while you are here? If yes, what is frequency of alcohol consumption?
- Do you use drugs in general? And while you are here? If yes, what is accessibility of drugs – is it difficult to get them?
- While working in Georgia, have you had any contact with the law enforcement?
- Which law enforcement bodies or representatives of which bodies did you have contact?
- What kind of relationship do you have with them?
- Have you had any cases, when law enforcement created any problems for you? Please, share with us.
- If you had any kind of problems, how did you solve them?

Conclusion
The facilitator shall address the participants with the following words: "Some of the topics that we talked about today, are very private for any person. We would like to thank you for sharing your knowledge, ideas and thoughts with us. Take one moment to think about what we have talked. Before we finish, I would like to ask all of us, if you would add something to what has been already said."
The meeting shall end with the following: "Our meeting is finished already. What do you think about it? Do you have any suggestions about improving process of the meeting?"
The facilitator shall provide participants with the contact information of the organization, with the words: "It might happen that after the meeting you have additional questions or remarks. Please, contact us."
The facilitator shall thank the participants and tell them that their cooperation is very precious, highlighting that this information will be used for improving health programs for sex workers.

Appendix 3 - Questionnaire

Questionnaire ID Number _____

Questionnaire is Coded ☐

Questionnaire is Word Processed ☐

Behavior and Biomarker Survey (BSS) among Female Commercial Sex Workers in Georgia

City: ☐ Tbilisi ☐ Batumi **Year: _____**

Introduction: "My name is _____. This survey is conducted by _____ (organization's name), under the project _____ (project title). The project is funded by the Global Fund. I am going to ask you several questions. Your answers are strictly 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)

Date	
Result	

Result Codes: Completed – 1; Partially Completed – 2; Refusal – 3; Other – 4.

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

Signature_____

General instruction to the interviewer: In case of any question, if there is not instruction "Do not read", read all responses, except those questions, where responses are "Yes, No, Don't know".

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

Yes 1

No 2 (Go to A1)

Don't remember3 ***(Go to A1)***

No response 99 ***(Go to A1)***

2. **If you participated in the survey carried out by Tanadgoma, can you recall in which year it was?**

Yes (2006) 1

Yes (2009) 2

Yes (2012) 3

Yes (2014) 6

No 4

Don't remember 5

No response 99

A. SOCIO-DEMOGRAPHIC CHARACTERISTICS

A1. How old are you?

/____/____/ (please specify an exact age in years)

No response 99

A2. What education have you received: primary, secondary, higher?

No education	1
Primary (1-4 grades)	2
Secondary (school, vocational/technical school)	3
Incomplete higher	4
Higher	5
No response	99

A3. How long have you lived in Tbilisi/Batumi?

Number of years /_____ / (if less than one year, write down 0)

No response 99

A4. Are you an IDP?

Yes 1

No 2

No response 99

A5. 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 J17)

No response 99 (Go to J17)

A6. (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	88
1.				88
2.				88
3.				88
4.				88

J 17. In your opinion, how many women are involved in sex business in this city?

_____ 1

Don't know 88

No response 99

A7.What's your nationality? (Mark just one option)

Georgian 1

Other (please specify) _____2

No response 99

A8. Are you a citizen of Georgia?

Yes 1 (Go to A9)

No 2

No response 99

A8.1 How long have you been in Georgia?

Up to 3 months 1

3- 6 months 2

From 6 months up to 1 year 3

For more than 1 year 4

Don't know 88

No response 99

A8.2 How long are you going to stay more in Georgia?

About 3 months 1

About 6 months 2

About 1 year 3

For more than 1 year4

Don't know 88

No response 99

A8.3 Do you have your passport/ID with you (on hands or stored at home), or it is kept by someone else?

I have it (with me or at home) 1

Someone else has it 2

Don't know 88

No response 99

A8.4 Do you have a possibility to call abroad, if you need it?

Yes 1

No 2

Don't know 88

No response 99

A9. How frequently did you drink during the last month including beer and other low-alcohol beverages? (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?

Everyday 1

At least, once a week 2

At least, once in two weeks 3

Once a month 4

Don't know 88

No response 99

I did not drink (Don't read) 0

A10. Some people have tried various drugs. If you have done this, which one have you tried during last 12 months? (Interviewer: For each drug use relevant option). 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)

Mult ans.	Drugs	Inhale/ Breath in	Inject	Don't know	NR
0	Has not tried (Don't read)				
1	Heroin	1	2	88	99
2	Opium	1	2	88	99
3	Poppy-seed	1	2	88	99
4	Subutex	1	2	88	99

5	Vint/Jeff/amphetamin	1	2	88	99
6	Inhalants	1	2	88	99
7	Marijuana	1	2	88	99
8	Ecstasy	1	2	88	99
9	"Crocodile"	1	2	88	99
9	Sedatives/hypnotics	1	2	88	99
10	Other (Specify) ----------	1	2	88	99
88	Don't know	88			
99	No response	99			

B. Marriage, Family and Work

B1. What is your current marital status?

Married 1

Divorced/separated from the husband 2

Widow 3

Never been married 4 (Go to B3)

Other (please specify)_____ 5

No response 99

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 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 regular sexual contact without exchange of money.) (Don't read out the options. Match response with any of the options below)

B3a) Options for married (Those who answered 1 in question B1)		
Currently married, having sex with husband	1	Go to B4
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	
No response	99	
Other (Specify)		
B3b) Options for married divorced (Those who answered 2, 3 or 4 in question B1)		
Not married, but having sex with a partner/lover/man	5	

Not married, not having sex with a partner/lover/boyfriend/man	6	Go to B5
No response	99	
Other (Specify)		

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

Yes 1

No 2

Don't know 88

No response 99

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

/____/_____/ (please specify the age in full years)

Don't know 88

No response 99

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

Yes	1	Continue
No	2	Go to B8
No response	99	

B7. What is this other work? Do you have another job? (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?

Children	1
Parents	2
Relatives	3
Other (specify)_____	4
Nobody	5
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 regular sexual intercourse)

/_____/ (please specify the age)

Don't remember 88

No response 99

Over the last 7 days (a week) how many did you have:

C2.1Paying 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 Regular clients did you have? (To interviewer: give definition of a regular client: Client that often uses service of one particular sex worker. If the respondent fails to recall the exact number ask her to give you a rough number)

C2.3 Regular partners did you have - husband, lover, boyfriend? (To interviewer: give definition of a regular partier: husband/lover/boyfriend, with whom sex workers cohabitates or has regular sexual contacts without exchange of money. 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 intercourses!!! 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 regular clients	C2.3 Number of regular partners
Number			
Don't know	88	88	88
No response	99	99	99

D. Commercial Sex Work History: Paying Clients

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	
No	2	Go to D5
Don't know	88	
No response	99	

D4. Who offered to use a condom? (one response)

My initiative	1	Go to D6
Partner's initiative	2	
Mutual initiative	3	
Don't know	88	
No response	99	

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

Didn't have it	1
Too expensive	2
Partner refused	3
Don't like it	4
Take contraception	5
Didn't think needed	6
He looked healthy	7
Didn't think of it	8
He offered more money	9
Other (Specify)_____	10
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)? (One response)

Always	1
Often	2
Sometimes	3
Never	4
Don't know	88
No response	99

E. Commercial Sex Work History: Regular Clients

E1. How many regular clients do you have? (Define: Regular 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 regular 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)?

Did not have sexual intercourse	1
Up to 5	2
5-10	3
11 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 regular client or not?

He was permanent client 1 (Go to E7)

He was not permanent client 2

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

Yes	1	
No	2	Go to E6
Don't know	88	
No response	99	

E5. Who offered to use a condom? (One response)

My initiative	1	Go to E7
Client's initiative	2	
Mutual initiative	3	
Don't know	88	
No response	99	

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

Didn't have it	1
Too expensive	2
Partner refused	3
Don't like it	4

Take contraception	5
Didn't think needed	6
He looked healthy	7
Didn't think of it	8
He offered more money	9
Other (Specify)_____	10
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)?

Always	1
Often	2
Sometimes	3
Never	4
Don't know	88
No response	99

F. Commercial Sex Work History: Regular Partners

F1. How many regular partners do you have? (Define: Regular partner is husband/lover/boyfriend/person, with whom the sex worker cohabitates or has regular 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 regular 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 regular 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 year
Did not have sexual intercourse	1	1
Up to 5	2	2
5-10	3	3
11 and more	4	4
Don't know/Don't remember	88	88
No response	99	99

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

Yes	1	
No	2	Go to F5
Don't know	88	
No response	99	

F4. Who offered to use a condom? (One response.)

My initiative	1	Go to F6
Partner's initiative	2	
Mutual initiative	3	
Don't know	88	
No response	99	

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

Didn't have it	1
Too expensive	2
Partner refused	3
Don't like it	4
Take contraception	5
Didn't think needed	6
He looked healthy	7
Didn't think of it	8
He offered more money	9
Other (Specify)_____	10
Don't know	88
No response	99

F6. How frequently did you use condoms with your regular partner over the last 12 months (1 year)?

Always	1 (Go to section G)	
Often	2	
Sometimes	3	
Never	4	
Don't know	88	Go to section G
No response	99	

F7. In which cases did you use condom with your regular 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 was 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

G1. Do you know of a person or place where you can get, or buy condoms?

Yes	1	
No	2	Go to G3
Don't know what is a condom	3	Go to G7
No response	99	Go to G3

G2. 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?

Shop	1
Drugstore	2
Market	3
"Tanadgoma"	4
Girls with whom you work	5
Other_____	6
No response	99

G3. Have you been given condoms during the last year? (by social workers or at any medical facility)

Yes	1
No	2
Don't know	88
No	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 88

No response 99

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)

Don't know 88

No response 99

G6-G13 Violence

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

Yes	1	
No	2	Go to G8
No response	99	

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	99

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

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

Yes	1	
No	2	go to G10
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	99

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

G10. During last year were you the victim of rape?

Yes	1	
No	2	Go to G12
No response	99	

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	99

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

G12. During last year were you the victim of blackmailing or threatening for extortion of money?

Yes	1	
No	2	Go to HH
No response	99	

G13. Who blackmailed or threatened you you?

Client	1
Lover (boyfriend)	2
Husband	3
Pimp	4
Policeman	5
Stranger	6
Other	7
No response	99

HH. Stigma and discrimination

HH1. During the last 12 months, did you come across a case when you were denied medical services, because it was assumed that you were a sex worker?

Yes	1
No	2
Don't know	88
No response	99

HH2. During the last 12 months, did you come across a case when you were denied employment, because it was assumed that you were a sex worker?

Yes	1
No	2
Don't know	88
No response	99

HH3. During the last 12 months, did you come across a case when police did not help you, because it was assumed that you were a sex worker?

Yes	1
No	2
Don't know	88
No response	99

HH4. During the last 12 months, did you come across a case when you were verbally assaulted, because it was assumed that you were a sex worker?

Yes	1
No	2
Don't know	88
No response	99

HH5. Did you notify police about this case?

Yes	1	Go to H
No	2	Continue
Don't know	88	Go to H
No response	99	

HH6. If you did not notify police, what was the reason?

Makes no sense, there will be no adequate reaction	1
I am embarrassed to say that I am a sex worker	2
Other_____	3
Don't know	88
No response	99

H. Sexually Transmitted Infections

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

Yes	1	
No	2	Go to H3
No response	99	

H2.1Can you describe STI symptoms that are observed among women? How can a woman guess that she has some disease? What might bother a person for her to think that she might be infected with some disease? . . . Any other symptoms?(Interviewer, don't read options. Multiple responses.Circle the closest matching responses to the codes)

Vaginal release	1
Rash on genitals, skin or mucus membranes	2
Reddening in the genital area	3
Burning during urination	4
Itching in the genital area	5
Lower abdominal ache	6
Other (specify) _____	7
Don't know	88
No response	99

H2. 2Can you describe STI symptoms that are observed among men? How can a man guess that he has some disease? What might bother a person for him to think that he might be infected with some disease? . . . Any other symptoms?

(Interviewer: don't read options. Multiple responses. Circle the closest matching responses to the codes)

Genital release	1
Rash on genitals, skin or mucus membranes	2
Reddening in the genital area	3

Burning during urination	4
Itching in the genital area	5
Lower abdominal ache	6
Other (specify)_____	7
Don't know	88
No response	99

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

Yes	1
No	2
Don't know	88
No response	99

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

I. STI Treatment Seeking Behavior

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. Applied a self-treatment	1	2	99
2. Consulted or received a treatment from a traditional healer or wise man	1	2	99
3. Consulted or received a treatment at a health clinic	1	2	99
4. Consulted or received a treatment from medical doctor privately	1	2	99
5. Consulted or received a treatment at a drugstore	1	2	99
6. Told your sexual partner about your release or STI	1	2	99
7. Stopped intercourses when the symptoms appeared (If the answer is Yes Go to J1)	1	2	99
8. Did you use the condoms during the symptomatic period	1	2	99
9. Referred to a friend	1	2	99

J. HIV/AIDS - 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	
No	2	Go to K1
No response	99	

J2. I don't ask you the name, but do you know any person who has been infected, ill with, or has died of AIDS?

Yes	1
No	2
Don’t know	88
No response	99

J3. Please give me your opinion regarding the following:
(Please read out all options and circle the relevant answer.)

Assertions	Yes	No	DK	NR
1. Do you believe that one may protect (reduce risk) oneself from HIV/AIDS by having one uninfected and reliable sexual partner	1	2	88	99
2. Can one reduce the HIV risk if one properly uses condoms during every sexual contact	1	2	88	99
3. Do you believe that a person who looks healthy can be infected with HIV, which causes AIDS	1	2	88	99
4. Can one get HIV as a result of a mosquito's bite	1	2	88	99
5. Do you believe that one can get HIV/AIDS by taking food or drink that contains someone else’s saliva?	1	2	88	99
6. Do you believe that one may be infected with HIV/AIDS by using medical or cosmetology instruments (needle/syringe/razor/scissors) already used by someone else?	1	2	88	99

J3.1 Do you believe there is some other factor protecting a person from HIV? Can you name it? (Do not read)

Blood group	1
Other	2
Don’t know	88
No response	99

J4. Do you believe that an HIV/AIDS-infected pregnant woman can transfer virus to fetus?

Yes	1	
No	2	Go to J6
Don’t know	88	
No response	99	

J5. What do you believe a pregnant woman might do to 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
Cesarean section	2
No breastfeeding	3
Other _____ (write down)	4
Don't know	88
No response	99

J6. Can a mother transfer the HIV/AIDS to her baby through breastfeeding?

Yes	1
No	2
Don't know	88
No response	99

J7. 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	88
No response	99

J8. If you would like to take HIV/AIDS test, do you know where to apply?

Yes	1
No	2
No response	99

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

Yes	1	
No	2	Go to J15
Don't know	88	
No response	99	

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	99

J11. When did you take the last HIV test?

During last year	1
1-2 years period	2
2 years ago	3
Don't know	88
No response	99

J12. Don't tell me the test result, but do you know it?

Yes	1
No	2 Go to J16
No response	99 Go to J16

J13. If yes, did you tell anybody your test result?

Yes	1
No	2 Go to J16
Don't remember	3 Go to J16
No response	99

J14. 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	
Partner/partners	3	
Colleague sex worker	4	
Family members	5	Go to J16
Relatives	6	
Friends	7	
Nobody	8	
Other_____	9	
No response	99	

J15. If you have not taken HIV test, what was the reason for that? (Interviewer: Multiple response possible)

I did not know that testing was possible	1
I don't need, I know that I am healthy	2
This idea never came to my mind	3
I am afraid to know the result, it's better not to know	4
I don't want anyone to know my result	5
Did not think about this	6
No response	99
Other (specify)_____	

J16. How is your risk of HIV infection? (One response)

High risk	1
Medium risk	2
Low risk	3
There is no risk	4
Don't know	88
No response	99

K. Trafficking

K1. Have you ever heard about 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	88
No response	99

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

Yes, in Georgia	1
Yes, abroad	3
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 and more	3
Don't know/don't remember	88
No response	99

K4. When you were a victim of trafficking for the last time?

During last 1 year	1
Earlier than 1 year ago	2
Don't know/don't remember	88
No response	99

L. Working Abroad

To interviewer: this section is for Georgian citizens only ("Yes" answer in question A8).

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

L1. During the last 1 year or 12 months have you willingly went abroad for sex work?

Yes	1
No	2 Go to section M
No response	99

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

_____ (specify number)	
Don't remember	88
No response	99

L2.1During the last 12 months, if abroad, did anyone take your passport/ID card from you?

I have my ID card with me/at home	1
My ID card is with someone	2
Don't remember	88
No response	99

L2.2 If necessary, while being abroad, did you have a possibility to call to Georgia?

Yes	1
No	2
Don't know/don't remember	88
No response	99

L3. 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

L4. Did you have any problems while crossing the border or while doing sex work abroad?

Yes, while crossing the border	1
Yes, while doing sex work abroad	2 Go to L6
Yes, both	3
No	4 Go to L7
No response	99

L5. What kind of problems did you face while crossing the border? (Don't read. Mark all that apply)

Money extortion	1
Free of charge sex service	2
Other _____ (please specify)	3
No response	99

L6.With whom did you have problems while working abroad? With a client/brothel/hotel/bar owner/pimp from Georgia or policemen? And what kind of problems do you face with? (Don't read, mark all that apply)

		Client	Brothel owner	Hotel/bar owner	Policeman	Pimp from Georgia	Other____ (specify)
1	Rape	1	2	3	4	5	6
2	Physical violence	1	2	3	4	5	6
3	Non-physical violence (threatening, blackmailing)	1	2	3	4	5	6
4	Money extortion	1	2	3	4	5	6
5	Asking for the free of change service	1	2	3	4	5	6
6	Forced non-stop sex work	1	2	3	4	5	6
7	Other _____(specify)	1	2	3	4	5	6
8	No response	99					
9	Had no problems	00					

L7. Would you go abroad to work again?

Yes	1
No	2
Don't know	88
No response	99

L8. When you were abroad for sex work, where were you working?

Street	1
Sauna	2
Bar	3
Restaurant	4
Hotel	5
Brothel	6
Other _____ (please specify)	7
No response	99

L9. How often did you use condom with clients while last time abroad?

Always	1
Often	2
Sometimes	3
Never	4
Don't know	88
No response	99

L10. 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	88
No response	99

L11. Have you ever taken drugs while last time abroad?

Yes	1
No	2 Go to L12
No response	99

L11.1Which 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).

L11.2 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)

Mult ans.	Drugs	Inhale/ Breath in	Inject	Don’t know	NR
0	Has not tried (Don’t read)				
1	Heroin	1	2	88	99
2	Opium	1	2	88	99
3	Poppy-seed	1	2	88	99
4	Subutex	1	2	88	99
5	Vint/Jef/amphetamin	1	2	88	99
6	Inhalants	1	2	88	99
7	Marijuana	1	2	88	99
8	Ecstasy	1	2	88	99
9	“Crocodile”	1	2	88	99
10	Sedatives/hypnotics	1	2	88	99
11	Other (Specify) ----------	1	2	88	99
88	Don’t know	88			
99	No response	99			

L12. Last time when you went abroad for sex work, how long did you stay there? (Don’t read, one respons

2 weeks	1
1 month	2
More than 1 month	3
Other _____ (please specify)	4
Don’t know	88
No response	99

L13. 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	88
No response	99

L14. 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	88
No response	99

L15. About how much do you receive per client abroad?

/_____/ (Please indicate the amount in Lari)

Don’t know	88
No response	99

L16. How did you protect yourself from STI/HIV while working abroad? (Don’t read, Mark all that apply)

Condom	1
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	2
Contraceptives (e.g. vaginal pills, etc)	3
Other _____ (please specify)	4
Don’t know	88
No response	99

L17. Are STI/HIVtesting services provided abroad?

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

L18. If so, have you ever used them?

Yes	1
No	2
No response	99

M. SOURCES OF INFORMATION ON STI/HIV

M1. Could you 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
Booklet	7
Other_____	8
No response	99
I have never heard anything about STI/HIV	88

M2. Which source of information do you consider as most reliable? (Multiple answer)

TV	1
Radio	2
Newspapers, magazines	3
Special booklets	4
Friends, relatives	5
Other sex workers	6
Representatives of NGOs	7
Other (specify)_____	8
No response	99

N. SERVICE USE

N1. Have you ever applied "Healthy Cabinet" during the last 6 months? (Specify the address of the facility:

- ***For Tbilisi respondents: "Healthy Cabinet" which is located in Tbilisi, at Chachava str. No 1 (at STI Institute)***
- ***For Batumi respondents: "Healthy Cabinet" which is located in Tbilisi, at Baratashvili str. No 24)***

Yes	1
No	2
Don't know	88
No response	99

Q2. You have been very helpful. After finishing this 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	88

Interviewer: thank the respondent for cooperation and say good-bye.

Q3. During the interview the respondent was:

Interested	1
Calm	2
Indifferent	3
Excited	4
Uninterested	5

Time when the interview was concluded /_____/

The questionnaire is kept till completion of the project.

Quality control on the interview was carried out by:

Position _____ Organization_____

Signature _____

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