

HIV risk and prevention behaviors among Female Sex Workers in two cities of Georgia

Bio-behavioral surveillance survey in Tbilisi and Batumi

Study report

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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
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global AIDS Response Progress Report
GEL	Georgian Lari (exchange rate of 1.74 GEL/1 USD on April 4, 2014; 1.77
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IDUs	Injecting Drug Users
NCDC	National Center for Disease Control and Public Health
OR	Odds Ratio
PCR	Polymerase Chain Reaction
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TG	Tanadgoma
TLS	Time-Location Sampling
USAID	United States Agency for International Development

Definitions¹

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.

¹Methodology 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 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 two years heterosexual transmission is prevailing. During the last two years heterosexual transmission was found among newly registered cases 44.8% in 2012 and 49% in 2013.² 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 2014 using the Time-Location Sampling (TLS) sampling technique and managed to recruit 280 FSWs in total – 160 in Tbilisi and 120 – in Batumi. The objective of the 2014 BBS was to measure the prevalence of HIV and syphilis among FSWs, to provide measurements of key HIV risk behaviours and to generate evidence for advocacy and policy-making.

The study was implemented within the GFATM-funded project “Generate evidence base on progress in behavior change among MARPs and effectiveness of preventive interventions” 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.

Biomarker Behavioral Surveillance Studies

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 2014 (Batumi) and in April 2014 (Tbilisi) 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 160 and in Batumi – a total of 120 FSWs agreed to participate and were interviewed.

² “Global AIDS Response Progress Report. Georgia”

http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/GEO_narrative_report_2014.pdf

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

Results

Key findings from the 2014 survey and comparisons with the previous (2012) survey results are given below.

Socio-Demographic characteristics of FSWs

The median age of FSWs is 40 years in Tbilisi and 38 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 very low.

Main trend in socio-demographic characteristics of FSWs is aging tendency. Also, higher proportion of sex workers arrive from other cities in Batumi, compared to Tbilisi.

Sexual Behavior

The vast majority of FSWs in both cities reported condom use with the last client (over 90%) and consistent condom use with the clients during the last 30 days (89.4% and 66.7% in Tbilisi and Batumi respectively). In both cities there is statistically significant increase in consistent condom use with the clients since 2012.

Majority of FSWs in Tbilisi and Batumi reported having regular clients and condom use during their last sexual intercourse with regular client. There is no statistically significant change in condom use with the regular clients since 2012. When a condom was used it was initiated by FSWs themselves in more than three fourths of cases. This phenomenon shows statistically significant increase at both sites since 2012. Consistent condom use with regular clients over the last 12 months has increased in both cities. In Tbilisi the increase is statistically significant and reaches 86.7%, in Batumi the rate is 67.9%.

As for regular partners, condom use during the last intercourse with this type of partner, as well as consistent condoms use with them did not change significantly over the last years, and remains low.

Safe sexual practices are widespread among FSWs. Condom use rates slightly increased with almost all kinds of partners, except regular partners. Condom use during the last intercourse with paying clients remains very high in Tbilisi and has increased to higher rates in Batumi. Consistent condom use with the clients over the last month has significantly increased, as well as consistent condom use with the regular clients in Tbilisi.

Also, FSWs increased initiative in offering condom use to the regular clients. As for regular partners, condom

use with this type of partner did not change significantly over the last years, and remains low. Compared to the last BBS, the major behavior trends have slightly improved.

Condoms

Condoms are easily accessible for FSWs at pharmacies or at NGO “Tanadgoma”.

STI Knowledge and Health Seeking Behavior

Almost all FSWs from both survey sites are aware about sexually transmitted infections, majority knows at least one symptom among women. Number of FSWs who report having some STI symptom during the last year has decreased in Batumi and this change is statistically significant. FSWs tend to refer to clinics or hospitals in case of STI symptom manifestation. Rates of applying self-treatment in Batumi decreased, compared to 2012, however, this change proved not to be statistically significant.

FSWs knowledge of STI symptoms among women and men remains the same. As for self-treatment there is some improvement in both cities, yet not statistically significant.

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 (8.8% in Tbilisi, 21.7% - in Batumi). This indicator has not demonstrated any significant change since 2012. The majority of FSWs name condom use as one of the ways of protecting from STI/HIV.

Much higher proportions in both cities report that they were tested for HIV during the last year. In Tbilisi 40% and in Batumi – 66.7% were tested during the last year and received their results. In Tbilisi the increase since 2012 is statistically significant.

HIV knowledge rates are low. No changes have been identified in HIV knowledge during the last 2 years. There is increase in ever being tested on HIV among FSWs at both survey sites. Also, there is statistically significant increase in Tbilisi of FSWs tested during the last year and knowing their test result. Personal risk assessment of FSWs demonstrated that the majority do not consider themselves to be at high risk for HIV infection.

Also, FSWs increased initiative in offering condom use to the regular clients. As for regular partners, condom use with this type of partner did not change significantly over the last years, and remains low. Compared to the last BBS, the major behavior trends have slightly improved.

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Program coverage/media

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 are representatives of NGOs.

Trafficking and Sex work Abroad

Awareness of trafficking is high; only 15 FSWs report having been victims of trafficking. Less than 10% of FSWs go abroad for sex work voluntarily. Certain risk factors - low condom use, higher prices received for service – indicate that FSWs are exposed to greater risks of infections while working abroad.

Biomarker

Only 1 out of 157 FSW in Tbilisi and only 1 out of 120 in Batumi appeared to be HIV infected. There is no significant change in HIV prevalence among FSWs during the last 12 years.

Syphilis was positive among 6.4% Tbilisi respondents and 16.7% among Batumi respondents. Quite a small proportion of FSWs showed positive results on Gonorrhea test - prevalence of this infection remains the same since 2012. Hepatitis C prevalence is 17.8% in Tbilisi and 11.7% in Batumi, mostly among older age FSWs. Hepatitis C prevalence is high compared to the data of the WHO European Region outside the EU. BBS studies among FSW since 2002 show very low prevalence of injecting drug use among this group, therefore no links between sex work and injecting drug use could be established.

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. The interventions should also target the gaps in knowledge, especially on HIV transmission and prevention routes, revealed through the surveys.
- Specific interventions should target high HCV prevalence among sex workers: a) identifying possible ways of HCV transmission through research; b) distributing informational materials on HCV, its ways of transmission, prevention, diagnostics and treatment; c) referrals of those infected to the reduced-price HCV treatment program already functioning in Georgia.
- 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 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 %	n/N	Batumi %	n/N
HIV test during last year				
FSWs who had HIV test during last year and knows results	40.6	65/160	66.7	80/120
≤ 24	33.3	2/6	66.7	4/6
≥ 25	40.9	63/154	66.7	76/114
Coverage of prevention programs				
FSWs who know where to take test on HIV and received condoms from prevention programs during the last 12 months	51.3	82/160	81.7	98/120
≤ 24	33.3	2/6	50.0	3/6
≥ 25	51.9	80/154	83.3	95/114
Knowledge about HIV prevention				
FSWs who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	8.8%	14/160	21.7%	26/120
≤ 24	16.7%	1/6	--	0/6
≥ 25	8.4%	13/154	22.8%	26/114
Condom use with the last client				
FSWs reporting the use of a condom with their most recent client	98.8	158/160	90.8	109/120
≤ 24	100.0	6/6	83.3	5/6
≥ 25	98.7	152/154	91.2	104/114
Biomarker				
Positive for HIV	0.6	1/157	0.8	1/120
≤ 24	--	0/6	--	0/6
≥ 25	0.7	1/151	0.9	1/114

Table 2: Summary of Indicators for FSWs in Tbilisi and Batumi for BBS-2014

Indicators	Tbilisi %	n/N	Batumi %	n/N
Demographic Characteristics				
Median age		40		38.00
Level of education (secondary)	79.4	127/160	82.5	99/120
Georgian	83.8	134/160	92.5	111/120
Divorced / living separately	65	104/160	64.2	77/120
Have Financial dependents	90.0	144/160	83.3	100/120
Drug Use				
Non-injected drug use in past 12 months	6.3	10/160	5.8	7/120
Injected drugs use in the last 12 months	1.9	3/160	0.8	1/120
Engagement in sex business				
Median age at 1st sexual contact	17	(158)	17	(120)
Median age 1st received money in exchange for sex	29.0	(158)	31.0	(118)
Mean years working as a sex worker	10.0	(158)	8.5	(118)
Sexual risk behaviour				
Condom use with the last client	98.8	158/160	90.8	109/120
Consistent (always) condom use with clients during last month	89.4	143/160	66.7	80/120
Condom use during last sexual intercourse with regular client	94.4	135/143	82.7	67/81
Consistent (always) condoms use with regular clients over the last 12 months	86.7	124/143	67.9	55/81
Condom use during the last sexual contacts with regular partner	25.4	17/67	10.3	6/58
Consistent (always) condom use always with regular partner over the last 12 months	17.9	12/67	5.2	3/58
Access to condoms				
Place where condoms are obtained (drug store)	82.5	127/154	91.6	109/119
Less than 5 minutes is needed to obtain a condom	47.5	76/160	67.5	81/120
Have condoms with them or at place of work	81.9	131/160	84.2	101/120
Received condoms from preventive programs over the last 12 months	61.3	98/160	88.3	106/120
HIV / STI knowledge, experience and practices				
Aware of HIV/AIDS	90.0	144/160	97.5	117/120
Aware of STIs	94.4	151/160	99.2	119/120
Know at least one STI symptom in women	73.5	111/151	86.6	103/119
Know at least one STI symptom in men	66.2	100/151	84.0	100/119
Had STI symptoms in the last year	15.6	25/160	25.0	30/120
Sought self treatment	32.0	8/25	33.3	10/30
Sought treatment at clinic / hospital	64.0	16/25	60.0	18/30
Sought treatment in drugstore	8.0	2/25	16.7	5/30
HIV testing and risk assessment				

Indicators	Tbilisi %	n/N	Batumi %	n/N
Knows about HIV testing site in a community	75.0	120/160	88.3	106/120
Ever been tested on HIV	76.3	122/160	86.7	104/120
Tested on HIV during the last year	54.9	67/160	76.9	80/120
High risk self assessment	28.2	37/131	30.8	33/107
No risk self assessment	24.4	32/131	25.2	27/107
Biomarker				
HIV Prevalence	0.6	1/157	0.8	1/120
Syphilis prevalence	6.4	10/157	16.7	20/120
Gonorrhoea prevalence	10.1	16/159	7.6	9/119
Hepatitis C prevalence	17.8	28/157	11.7	14/120

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%³. As of December 31, 2013 in total 4,131 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 490 in 2013. 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 35% in 2013 while heterosexual transmission has increased from 44.8% in 2012 to 49% in 2013⁴.

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 and 2012 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 the Infectious Disease, AIDS and Clinical Immunology Research Center (2009) and with the National Center for Disease Control and Prevention (2012).

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 second phase of the GFATM-supported program “Generating the evidence base for risk behavior change and effectiveness of preventive interventions among high risk groups for HIV/AIDS”.

The objective of the 2014 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.

³ UNAIDS, AIDSinfo, 2012. <http://www.unaids.org/en/regionscountries/countries/georgia/>

⁴ “Global AIDS Response Progress Report. Georgia”
http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/GEO_narrative_report_2014.pdf

- This report presents analysis of the data gathered through the surveys. Special focus is made on indicators, including Global AIDS Response Progress Report (GARPR) and National indicators. Analysis includes a breakdown by two age groups for each indicator, which is presented in the data tables in the

Appendix 1. 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 14-002, of 03.11.2014).

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. 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 Batumi in March 2014, and in Tbilisi - in April 2014.

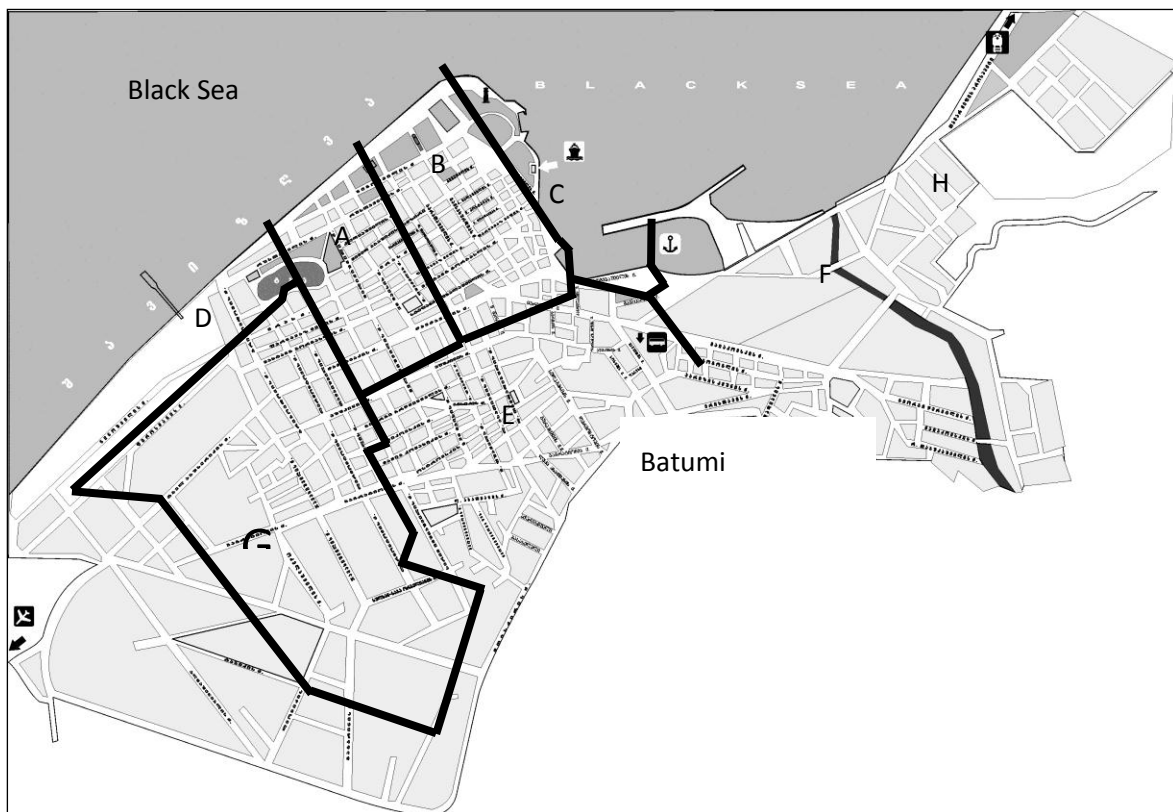
Mapping

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 – 17:00) and once at night (20:00 - 24:00). Data of the mapping exercise are as follows:

Tbilisi: FSWs were found on 7 out of 28 sections; in total – 99FSWs: 6 – on day sites and 93 – on night sites.

Batumi: Out of 316 facilities/places (186 bars, 112 hotels and 18 disco-bars) observed FSWs were found in 18 bars, 4 hotels, 12 disco-bars and 3street places; in total – 145 FSWs.

Based upon the mapping exercise, a decision was made to recruit 160 FSWs in Tbilisi and 120 – in Batumi.

Recruitment of Study Participants and interviewing

Recruitment process was conducted in Tbilisi on 20-29 May, 2014 and in Batumi - on 2-7 of April, 2014.

Recruitment consisted of teams of a driver and two TG social workers going to each section identified 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 172 street-based FSWs in Tbilisi and 205 facility-based FSWs in Batumi. In Tbilisi, 145 sex workers agreed to take part in the survey. It should be noted that in Tbilisi 15 FSWs (9.4%) came on their own as they heard about the survey. As for Batumi, 151 agreed to participate. 12 FSWs (10%) came without recruitment.

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 very low: in Tbilisi it was 13.1% (21); in Batumi – 11.6% (14). This refusal rate was calculated for the flat refusals. Main reasons for flat refusals were no interest in the survey; having not decided whether she needs participation; also, 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 for several days due to being busy with the clients.

In Tbilisi a total of 157 blood and 159 urine samples were collected for testing on NG, syphilis, Hepatitis C and HIV; in Batumi number of specimens collected is 120 for blood and 119 – 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 41.25% and in Batumi 34.2% of FSWs referred for their results and were notified by Tanadgoma staff (as of July 28, 2014).

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 methodology⁵ developed in 2010 by the group of national experts and was used for the current survey. In 2014, again, it was revised and modified by the researchers to make sure that it allows measurement of all necessary indicators (see

⁵<http://www.curatiofoundation.org>(Georgian version)

Appendix 2).

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 ELISA test (Dia. Pro Diagnostic Bioprobes srl, Italy) 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. HCV positive samples were confirmed by Western Blot assay - HCV BLOT 3.0 (MP Biomedicals Asia Pacific Pte. Ltd. Singapore) 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.

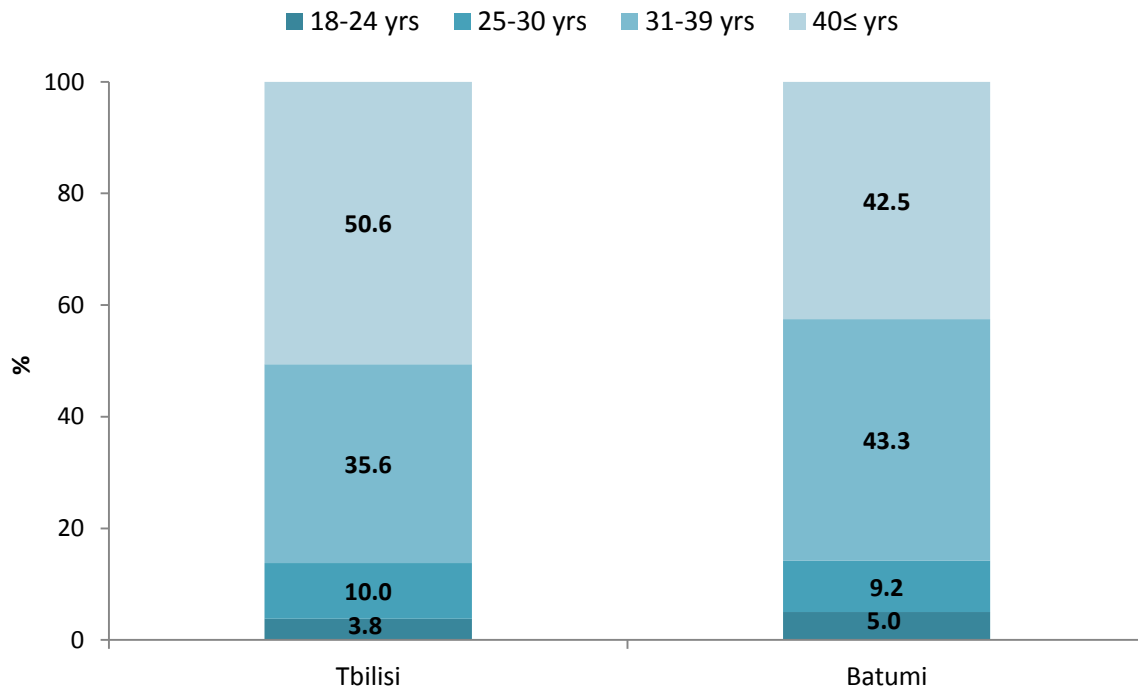
Hard copies of the completed questionnaires were kept at the CIF office. The final report was accomplished by Tanadgoma in collaboration with CIF.

Study findings

Demographic characteristics of FSWs

Median age of FSWs is 40 years in Tbilisi and 38 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 (50.6% in Tbilisi and 42.5% in Batumi).

Figure 1: FSWs distribution by age groups



The vast majority of respondents are ethnic Georgians (83.8% in Tbilisi and 92.5% in Batumi) and Georgian citizens. Only one FSW in Batumi was a citizen of another country.

The highest level of achieved education for the majority of FSWs is secondary (79.4% in Tbilisi and 82.5% in Batumi). It is worth mentioning that survey found about 8-13% of FSWs who reported having higher education (13.1% in Tbilisi and 8.3% in Batumi).

At both survey sites less than 6% of interviewed FSWs are internally displaced (5.6% in Tbilisi and 2.5% in Batumi).

The majority of FSWs is from other cities of Georgia, different from their current place of work – 71.9% in Tbilisi and 93.3% in Batumi. Mean years the FSWs live in Tbilisi and Batumi is 21.5 and 8.8, respectively. In Batumi four times more FSWs reported having commercial sex activity in any other city compared to Tbilisi FSWs (19.4% in Tbilisi and 39.2% in Batumi).

It is noteworthy that in Tbilisi 70 % of interviewed FSWs reported their participation in at least one previous BBSs; 47.5% reported their participation in BBS in 2012, 27.1%- in BBS of 2009 and 22.1% - in 2006. More than one fifth of the participants of Tbilisi sample participated in 2006, 2009 and 2012 surveys (22.5%). As for Batumi, 67.5% of respondents reported having participated at least one of the BBSs. 55.3% took part in BS in 2012, 19.4% - in 2009 and 9.7% - in 2006. In all three rounds of surveys only 5% took part.

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 11.3% of FSWs in Tbilisi and 7.5% - in Batumi who is married at present. The median age of the first marriage is 17.5-18 years at both survey sites.

More than 40% of FSWs from Tbilisi and almost half – from Batumi live with partners or spouses.

One fifth of Tbilisi FSWs having spouses or partners (20.9%) in Tbilisi and one fourth (27.1%) 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 about 9.4% in Tbilisi and 21.7% - 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 6.3% in Tbilisi and 5.8% in Batumi. The most frequently used non-injected drugs are sedatives/sleeping pills. As for injecting drugs, 1.9% (3 respondents) of FSWs in Tbilisi and 0.8% (1 respondent) - in Batumi, all of them over 25 years of age, reported having used them during the last 12 months. Subutex and Heroin were listed as drugs that had been injected.

Aspects of Sex Work for FSWs

Median age at first sexual contact is 17 years in both survey sites, while the median age when first received money in exchange for sex is significantly higher (29 years for Tbilisi and 31 years for Batumi FSWs). For the vast majority of FSWs at both survey locations commercial sex represents the only source of income (83.7% in Tbilisi and 87.5% in Batumi). Those who reported having another source of income mainly work as sellers. Besides, the vast majority of FSWs (90% in Tbilisi and 83.3% in Batumi) has financial dependents.

Sexual Behavior of FSWs with different types of clients/partners

Clients

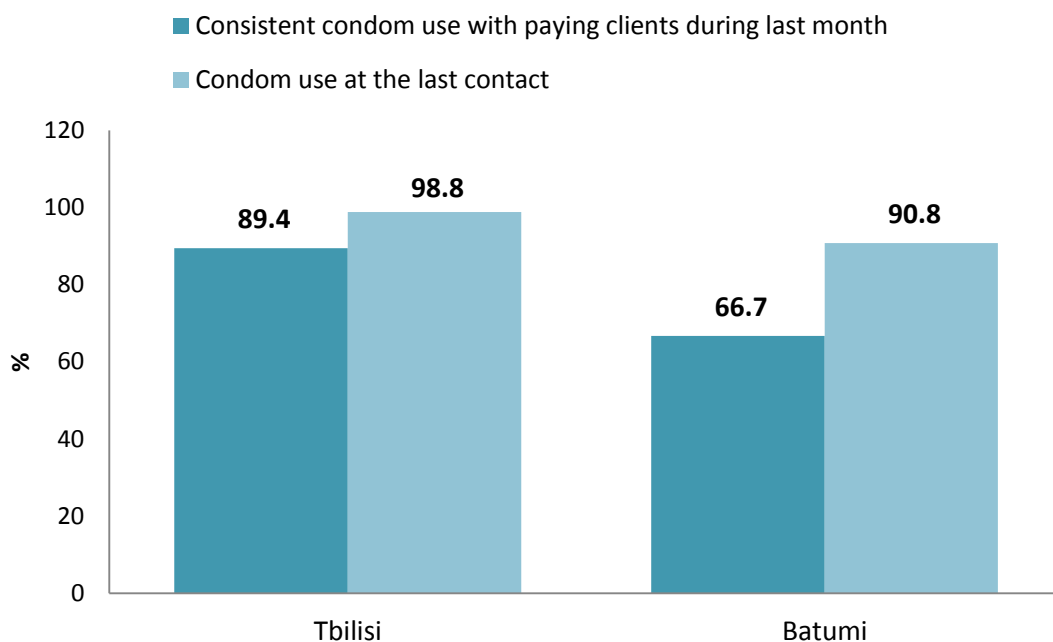
The majority of FSWs (87.5% in Tbilisi and 80.8% in Batumi) reported having paying clients in the past seven days. Mean number of clients per week is 10.7 in Tbilisi and 6.2 in Batumi. Mean number of clients during the last business day is about 2.

The mean amount of money (in local currency) FSWs received from their last paying client is 51.0 GEL (29\$) in Tbilisi, and much higher - 87.7 GEL (50\$) in Batumi.

The vast majority of FSWs in both survey sites reported condom use with the last client (98.8% in Tbilisi and 90.8% in Batumi). The proportion of those who did not use condoms is greater among Batumi CSWs (9.2% in Batumi vs. 0.6% in Tbilisi). In the majority of cases FSWs use condom of their own initiative without being under pressure from their clients (74.3% in Batumi and 77.2% in Tbilisi). About one fifth reported condom use by mutual initiative in Tbilisi and about one fourth – in Batumi. The leading reason for not using condoms during the last paid sexual intercourse is partners' refusal.

In Tbilisi 89.4% of FSWs and in Batumi 66.7% of FSWs reported consistent condom use with their paying clients during the last 30 days. It is interesting that the overwhelming majority of all sex workers who reported consistent condom use with the clients during the last 30 days, are 25 years and older in both cities. The survey found only 2 FSWs in Batumi who reported no condom use with their paid 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 (89.4% in Tbilisi and 67.5% in Batumi) reported having regular clients, with a quite high mean number of such clients (12 in Tbilisi and 8.8 in Batumi).

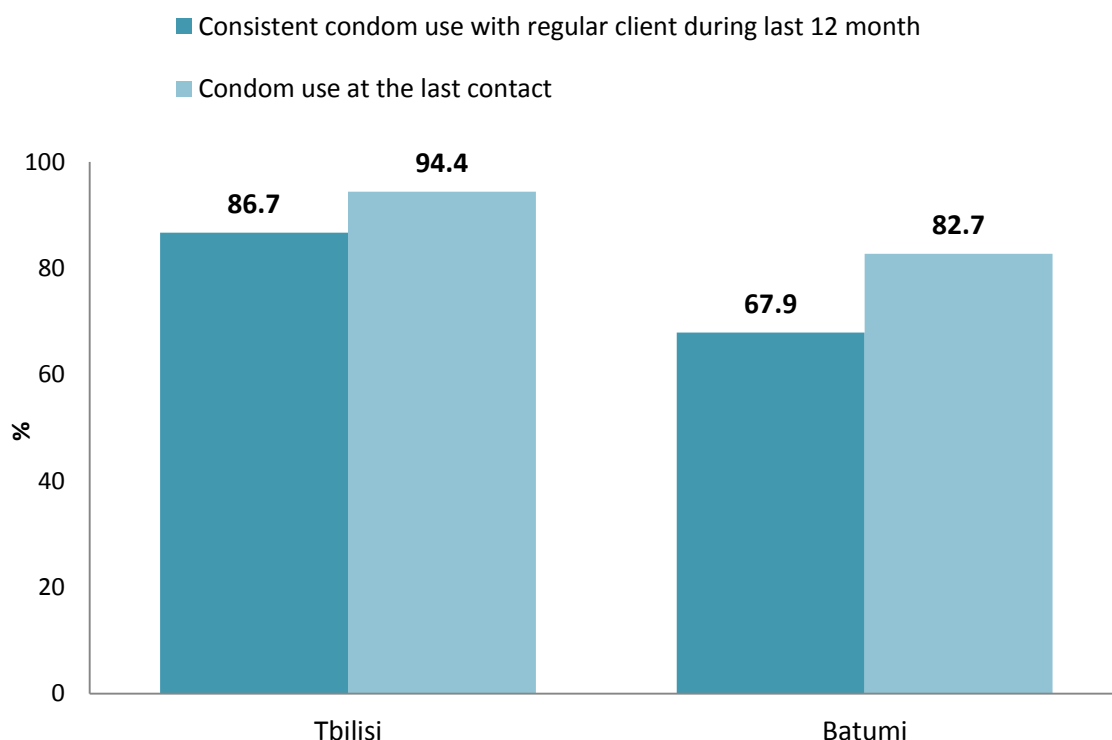
Most of the interviewed FSWs (76.9% in Tbilisi and 79% in Batumi) had up to 5 sexual contacts with their regular clients over the last 30 days.

Condom use during the last sexual intercourse with regular client was claimed by 94.4% FSWs in Tbilisi and 82.7% in Batumi. Condom use is mostly initiated by FSWs themselves (73.5% in Tbilisi and 85.4% in Batumi). However 23.5% in Tbilisi and 14.6% 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 “partner’s refusal” (12.5% in Tbilisi and 28.6% Batumi).

Consistent condom use with their regular clients over the last 12 months was reported by 67.9% of Batumi and 86.7% of Tbilisi FSWs. Out of young FSWs reporting having regular clients all four sex workers from a younger age group in Batumi and four out of five young FSWs in Tbilisi reported safe sexual behavior with their regular clients.

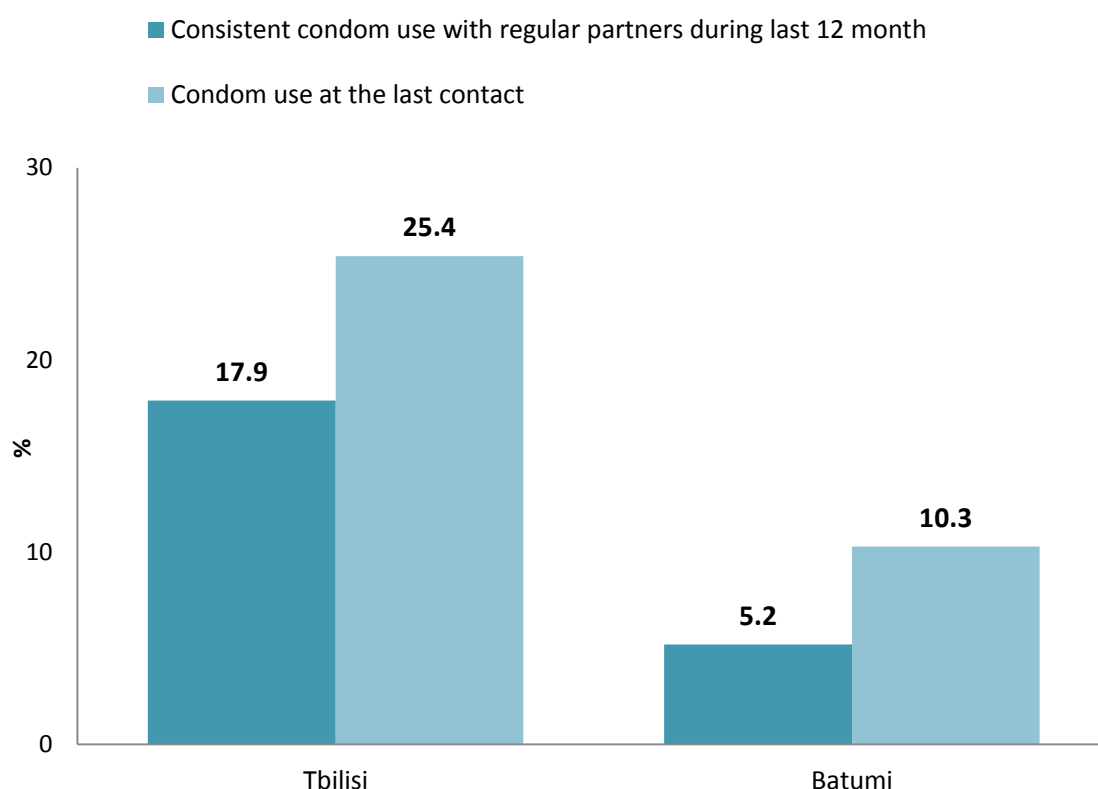
Figure 3: Consistent condom use with regular clients during the last 12 months and condom use at the last sexual contact



Regular Partners

Less than half of FSWs in Tbilisi and Batumi (41.9% and 48.3%, respectively) have regular partners (two on average in Tbilisi and one – in Batumi). Few (3% in Tbilisi and 6.9% - in Batumi) reported no sex with them during the last 30 days. It is notable that the quite small proportion of FSWs in both survey sites reported using condom during the last intercourse with their regular partners, with three times less proportion in Batumi (17.9 in Tbilisi and 5.2 in Batumi). Also, very small proportions in both cities indicated consistent condom use with regular partners during the last 12 months (25.4% in Tbilisi vs. 10.3% in Batumi). Use of a condom is mainly initiated by the respondents themselves. Majority of Tbilisi FSWs, who reported not using condoms, mentioned they even did not think it was needed with a regular partner. The same reason was reported by 21.2% of Batumi FSWs. In Batumi, the leading reason for not using condoms was trust. Besides, “partners’ refusal” (9.4% in Tbilisi and 21.2% in Batumi), “did not think of it” (16% in Tbilisi) and “do not like it” (7.7% in Batumi) were mentioned as other reasons for such behavior. Only 17.9% in Tbilisi and 5.2% in Batumi reported consistent condom use with their regular partners.

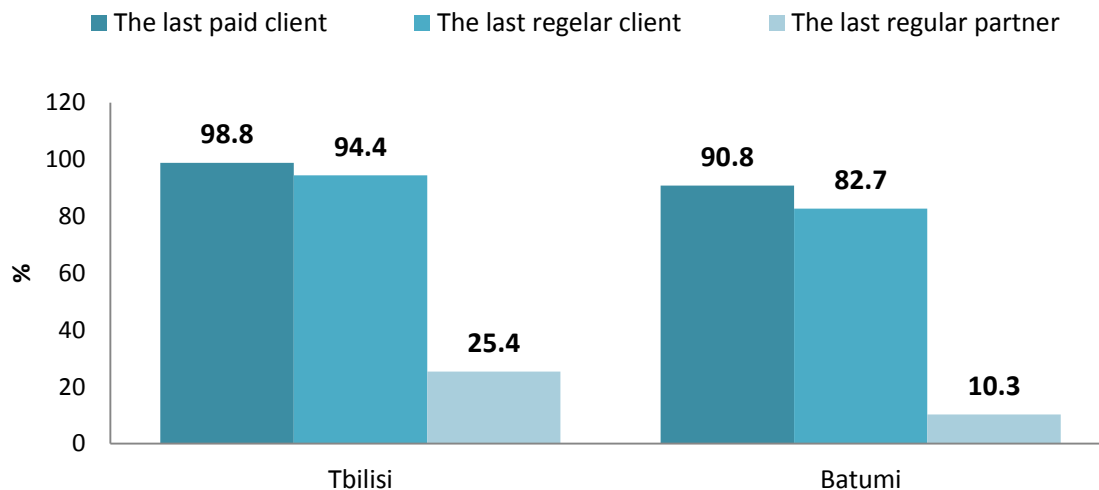
Figure 4: Consistent condom use with regular partners during the last 12 months and condom use at the last sexual contact



ilisi and very few – in Batumi.

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 very few – in Batumi.

Figure 5: Condom use with different types of sex partners



Access to Condoms for FSWs

More than 75% of FSWs in Tbilisi and 88.2% in Batumi reported they usually go to the drug-store to get condoms. Also, 46% FSWs in Tbilisi and 78% – in Batumi mentioned getting condoms from NGO “Tanadgoma”. For almost all respondents estimated time needed to get condoms does not exceed 15 minutes. The majority (more than 80% at both sites) reported having the condoms with them or at a place of work (mean number of condoms was 23.7 in Tbilisi and 11.4 in Batumi).

61.3% of FSWs in Tbilisi and 88.3% in Batumi reported having received condoms from preventive programs over the last 12 months.

Violence among FSWs during the last year

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 13.3% in Batumi). In more than 80% of the cases with physical violence the client was named as user of force. A small number of FSWs in Tbilisi (8.8%) and in Batumi (9.2%) reported being victims of sexual violence, the majority of these cases are also associated with their clients. A small proportion (2.5% in Tbilisi and 4.2% in Batumi) claimed they were forced for sexual intercourse/raped by clients (4 cases), strangers (1 case) or policemen (2 cases). Overall, the survey found 21.3% of FSWs in Tbilisi and 20.8% in Batumi who experienced any kind of violence during the last year.

STI Knowledge and Health Seeking Behavior among FSWs

Almost all FSWs from both survey sites are aware about sexually transmitted Infections, out of which big majority (73.5% in Tbilisi and 86.6% in Batumi) knows at least one symptom among women. A bit less FSWs at both survey sites know at least one STI symptom among men. One fifth (25%) of interviewed respondents in Batumi and 15.6% - in Tbilisi reported having STI symptom during the last 12 months.

More than 60% from those FSWs at both survey sites who had at least one symptom received treatment at state clinics/hospitals. In the second place for treatment options is application of self-treatment (32.2% in Tbilisi and 33.3% in Batumi). 16.7% in Batumi and 8% in Tbilisi mentioned drugstore as a place of getting doctor's advice or receiving the treatment.

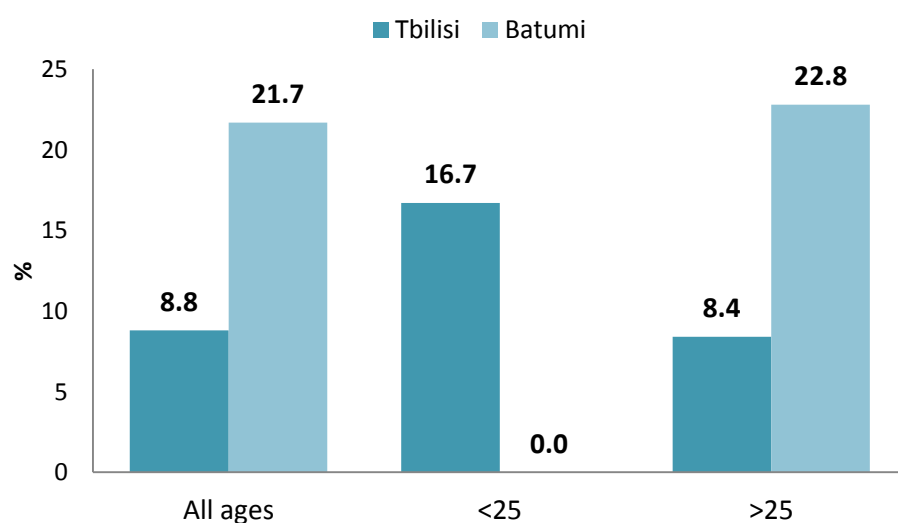
When asked about behavior during their symptomatic period, the majority of FSWs reported condom use – 72% in Tbilisi and 63.3% in Batumi. In Tbilisi second popular option during the symptomatic period was stopping sexual intercourse (40%), and the third (24%) – telling a sexual partner about STI symptoms. As for Batumi, informing partners about the STI was reported by a higher proportion of the respondents (60%) than stopping intercourse (53.3%).

HIV/AIDS Knowledge and testing among FSWs

The vast majority of FSWs (90% in Tbilisi and 97.5% in Batumi) are aware of HIV/AIDS.

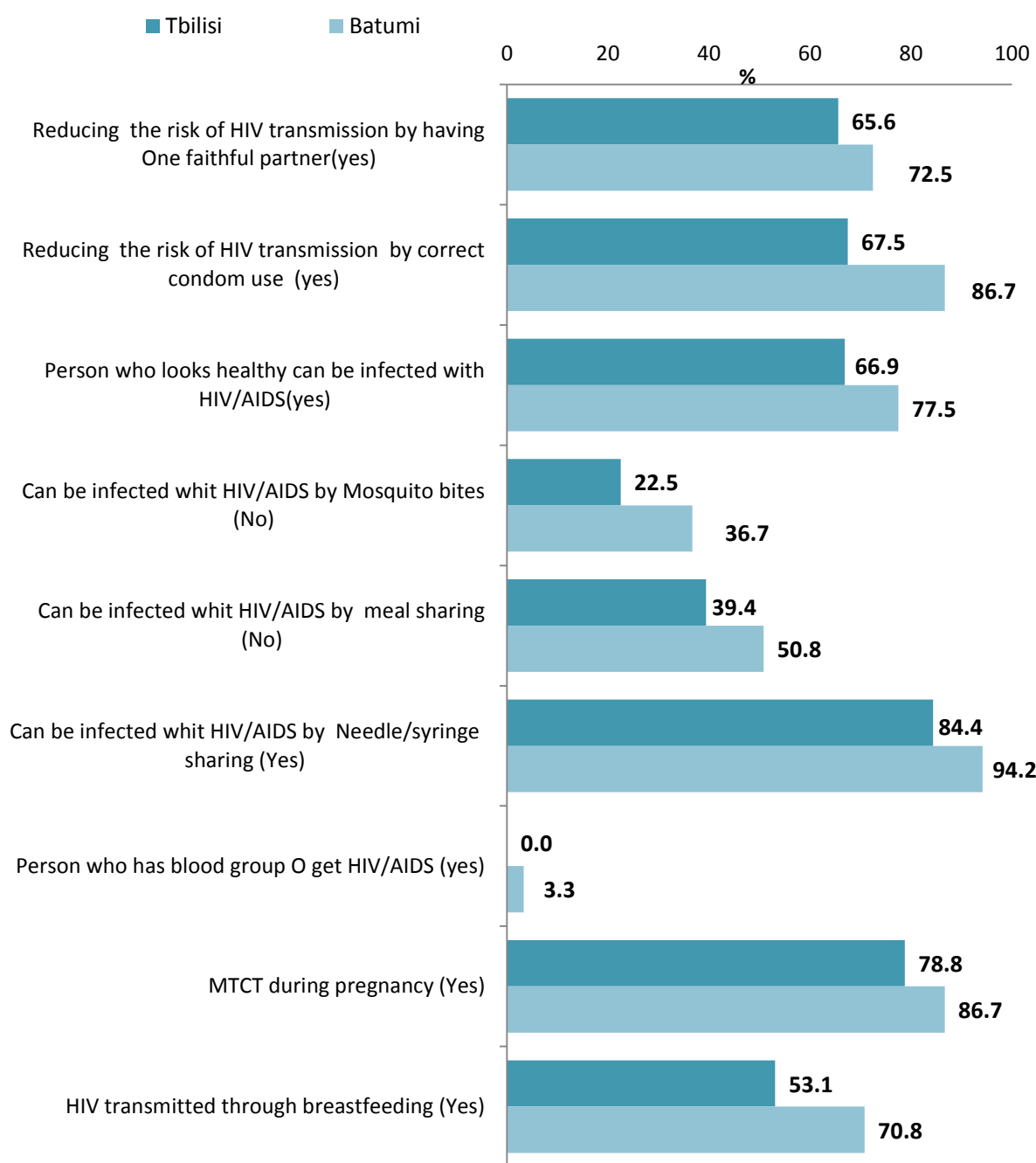
Only 8.8% among Tbilisi FSWs and 21.7% in Batumi correctly answer 5 questions on the ways of HIV transmission (Global AIDS Response Progress Report Indicator). Correct answers are given mostly by older age group of respondents. It has to be noted that the majority of FSWs still doesn't have the correct information on major misconceptions such as mosquito bites and about half – on meal-sharing.

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 (84.4% in Tbilisi and 94.2% in Batumi). MTCT is in the second place (78.8% in Tbilisi and 86.7% in Batumi). Relatively less proportion (53.1% in Tbilisi and 70.8% in Batumi) is aware that an infected mother can transfer HIV/AIDS to her baby through breastfeeding. High proportions of Tbilisi FSWs (66.92%) and relatively bigger proportion (77.5%) among Batumi respondents believe that a healthy looking person can be infected with HIV. It is notable that almost 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

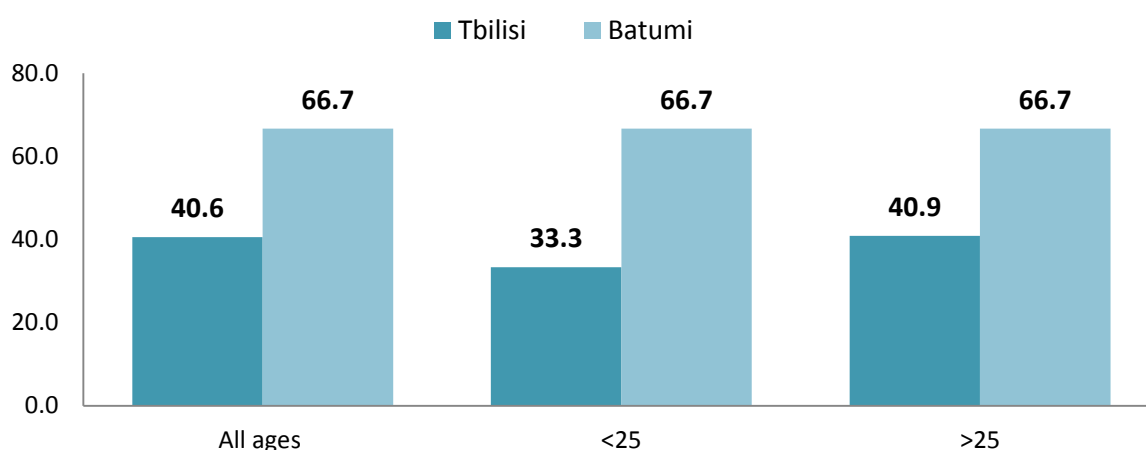
Figure 7: Percentage of FSWs who correctly identify ways of HIV transmission and reject major misconceptions



Three fourths of respondents in Tbilisi and 88.3% in Batumi know where they can receive HIV testing in their community, 76.3% and 86.7% from Tbilisi and Batumi respectively reported they had confidential HIV test ever in their lives. Figure 9 below shows proportion of FSWs who received HIV test in the last 12 months and who know their results. In Tbilisi this percentage reaches 40.6%, in Batumi – 66.7%. The proportion is a concentrated mainly in the older age groups in both cities. These data suggest that every FSWs tested during the last year (except two respondents from Tbilisi) has received her test result.

All respondents in Batumi and 93.4% 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, 28.2% in Tbilisi and 30.8% in Batumi said that they are under high risk. Medium risk was reported by 32.1% and 27.1% at survey sites respectively, and low risk – by 15.3% in Tbilisi and 16.8% - in Batumi. Still, about one fourth 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 were TV/Radio in Tbilisi (52.9%) and social workers in Batumi (63.2%). The second most popular source was booklets in Tbilisi (45.9%) and TV/Radio in Batumi (52.1%). These were followed by social workers (37.6%) in Tbilisi and friends (22.3%) – in Batumi; then – friends (22.3%) in Tbilisi and booklets (29.1%) – in Batumi. Among 'other' sources listed by respondents, doctors were mentioned in about one third of responses.

When asked about the most reliable sources of information on STIs/HIV, FSWs listed in the first place representatives of NGOs (28.1% in Tbilisi and 51.2% in Batumi). TV was mentioned as a second reliable source of information by 23.7% in Tbilisi and 16.9% in Batumi. Half of the responses under ‘other’ sources in Tbilisi and 80% - in Batumi were ‘doctors’.

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 51.3% and 81.7% FSW respectively, were covered by preventive programs. Program coverage was mostly reported by older FSWs in both cities, with the same higher proportion in Batumi (51.9% in Tbilisi vs. 83.6% in Batumi).

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 157 Tbilisi and 120 Batumi respondents.

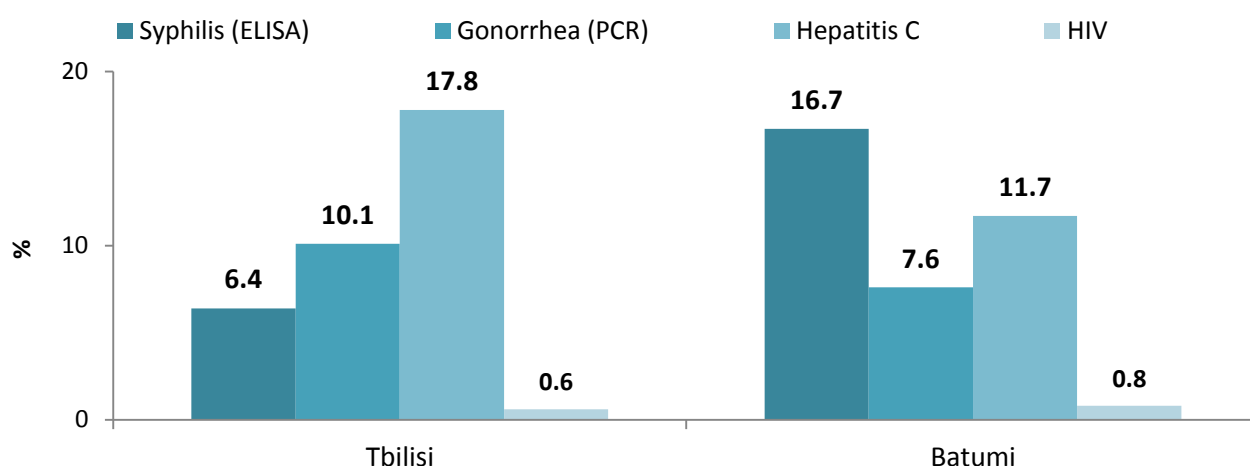
Syphilis test was positive among 6.4% Tbilisi respondents and 16.7% among Batumi respondents. Syphilis was diagnosed with ELISA test indicating acute infection among tested individuals. All cases of positive syphilis were detected among older age group FSWs in both cities.

Urine sample with PCR was investigated from 159 Tbilisi and 119 Batumi respondents. The proportion of FSWs who showed positive results on Gonorrhea test was 10.1% in Tbilisi and 7.6% in Batumi.

Hepatitis C prevalence was identified as 17.8% in Tbilisi and 11.7% in Batumi, mostly among older age FSWs.

Only 1 out of 157 FSW in Tbilisi and only 1 out of 120 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 (6 in Tbilisi and 4 in Batumi) of FSWs who tested positive for more than one STI.

Trafficking and Sex Work Abroad

In this round of the survey, questions about trafficking and sex work abroad were asked to both Tbilisi and Batumi respondents.

The majority (83.1% in Tbilisi, 94.2% in Batumi) of FSWs is aware of the trafficking problem. Also, a majority reported they have never been a victim of trafficking. Only 2.5% (4 out of 160) in Tbilisi and 9.2% (11 out of 120) in Batumi have ever experienced it. It is worth mentioning that five out of 15 FSWs who experienced trafficking abroad, experienced it 2 and more times.

Very few FSWs (6.3% in Tbilisi, 8.3% 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 1.4 in Tbilisi and 2.3 in Batumi. Only one FSW from Tbilisi said she had a problem of deportation when crossing a boarder; two FSWs reported facing problems when working abroad –non-physical violence and deportation. The problems were associated with policemen or with the hotel / bar owner.

Despite having sometimes problems while working abroad, about half of FSWs in Tbilisi and 70% - 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 restaurants, hotels, streets and bars.

It is important to note that about one third of Tbilisi FSWs and half of Batumi FSWs who worked abroad, said they always used condoms with their clients, and one third from Tbilisi and 40% from Batumi reported they never used condoms.

Only two of Batumi FSW took non-injected drugs while working abroad. Duration of stay abroad is longer than 1 month for the majority of Tbilisi FSWs and from two weeks to more than a month – for Batumi FSWs.

Half of FSWs reported more clients per day than in Georgia. Besides, the mean fee they are getting abroad is higher than in Georgia (140 GEL for Tbilisi -80 \$ and 150 GEL for Batumi - 86 \$). Less than half of Tbilisi FSWs (40%) mentioned they are protecting themselves from getting STIs abroad with condoms. The same percentage reported using prophylactic injections for STI prevention purposes. As for Batumi FSWs, 60% reported using condoms and only 20% - prophylactic injections for STI prevention purposes. Only three Tbilisi and one Batumi FSWs reported having access to HIV/STI testing abroad and all of them had used this service.

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 median age of FSWs is 40 years in Tbilisi and 38 years in Batumi; the vast majority of FSWs are older than 25 and represent the age group “40+” in Tbilisi and the age group “30+” in Batumi;

The majority of FSWs at both survey sites are Georgian;

The majority of FSWs has received secondary education;

As a rule, FSWs are from other places than their current place of work – 71.9% 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 3. Median age of FSWs recruited in BBSs 2002-2012

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

Such aging trend is continuing in Tbilisi and is found in Batumi as well. This could be due to the reason that younger women are rarely entering the sex business at all and 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. However, compared with the previous survey, there is practically no difference in the proportions of FSWs with different levels of education. About 8-13% of FSWs 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 14% of Tbilisi survey participants reported having worked in the sex business in another city than Tbilisi before. This situation in Tbilisi has not changed much since 2002, just slightly increased from 13.8% in 2012 to 19.4% in 2014. However, in Batumi progressively more FSWs since 2004 reported being involved in commercial sex work at other locations. 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. In this round of BBS this percentage for Batumi decreased and dropped to 39.2% - the same as in 2009. 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 to Batumi reached its peak and started decreasing. This can be connected with the change of Georgian Government and less priority being given to Adjara as a tourist region.

The median age of first sexual encounter in exchange for money is 29 years for Tbilisi and 31 years for Batumi. Batumi shows slight increase in starting age for FSWs since 2012. This can be also connected with the overall aging of the sample. Mean years of working in sex business is 10 in Tbilisi and 8.5 in Batumi. In Tbilisi this is 3 years more, and in Batumi – 2.5 years more than in the 2012 survey. This is also connected with the participation of FSWs in the previous rounds of the BBS. Out of 2014 Tbilisi respondents 45% participated in the last BBS round, 22.5% - in the last three rounds and 70% - in at least one previous BBS survey. As for Batumi, 55.3% participated in the last BBS round, 5% - in the last three rounds and 67.5% - in at least one previous BBS survey. The flow of sex workers, namely, the number of newcomers to street-based sex business has never been large in Tbilisi. The same FSWs are sampled for BBS surveys round after round. As for Batumi, the situation used to be different till 2012. Now it seems that there is some stagnation in the newcomers in Batumi as well, since the participation rate for the last two rounds is even higher than in Tbilisi. This can be also connected to the changes in Adjara development trends after the new government came to power in 2012.

FSWs, especially in Batumi, come from different cities/villages, where some part of them has done sex work as well; their only income is sex business, and their vast majority has financial dependents. Migration to Adjara has slowed down, compared to 2012.

Alcohol and Drug Use

FSWs both in Tbilisi and Batumi do not report high percentages of alcohol use, especially everyday use. However, in Batumi everyday alcohol use was reported by 21.7% of the respondents. As for drug use, extremely small proportion reported having ever used non-injecting drug (6.3% in Tbilisi and 5.8% in Batumi) as well as injecting drugs (4 cases - 1.9% in Tbilisi and 0.8% in Batumi). It is interesting that in 2009, none of

Tbilisi FSWs reported injecting drugs during the last 12 months. In 2012 only 3.8% (6) FSWs said they had injected drugs. The injecting drugs were Subutex and Heroin.

The peculiarity of Georgian sex business, in contrast to other post-soviet countries, stays the same over 12 years - sex work does not overlap with drug use.

Sexual Risk Behavior

Paying Clients

Big majority of FSWs have had clients during the last week, mean number of clients is bigger for Tbilisi – the same as in the previous BBS. Mean number of clients during the last business day is two. The mean amount of money received from the last client is the same as in 2012.

The vast majority of FSWs at both sites reported condom use with the last client (over 90%) and consistent condom use with the clients during the last 30 days. In both cities there is a statistically significant increase in consistent condom use with the clients since 2012 (Tbilisi: from 80% to 89.4% and Batumi: from 50.8% to 66.7%, $p < 0.05$).

However, Batumi FSWs demonstrated lower consistent condom use. Bivariate analysis shows that FSW from Batumi have higher odds of inconsistent condom use with their clients during the last month compared to Tbilisi FSW (OR 4.47; 2.35-8.48 95% CI).

In most of the cases, condom use with the last client is initiated by FSWs.

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 12 years (6 BBSs in Tbilisi, 5 – 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 numbers of regular clients increased in Tbilisi and reached 12. As in previous BBS, contacts with regular clients are quite stable – majority report up to 5 sexual intercours with regular clients during the last 30 days.

The majority of all respondents report use of a condom during their last sexual intercourse with regular clients. There is no statistically significant change in condom use with the regular clients since 2012. Condom

use in more than three fourths of cases initiated by FSWs themselves, which demonstrates statistically significant increase at both survey sites since 2012.

As for the consistent condom use with regular clients over the last 12 months, there is an increase in both cities. In Tbilisi this increase is statistically significant (from 76.1% to 86.7%, $p < 0.05$).

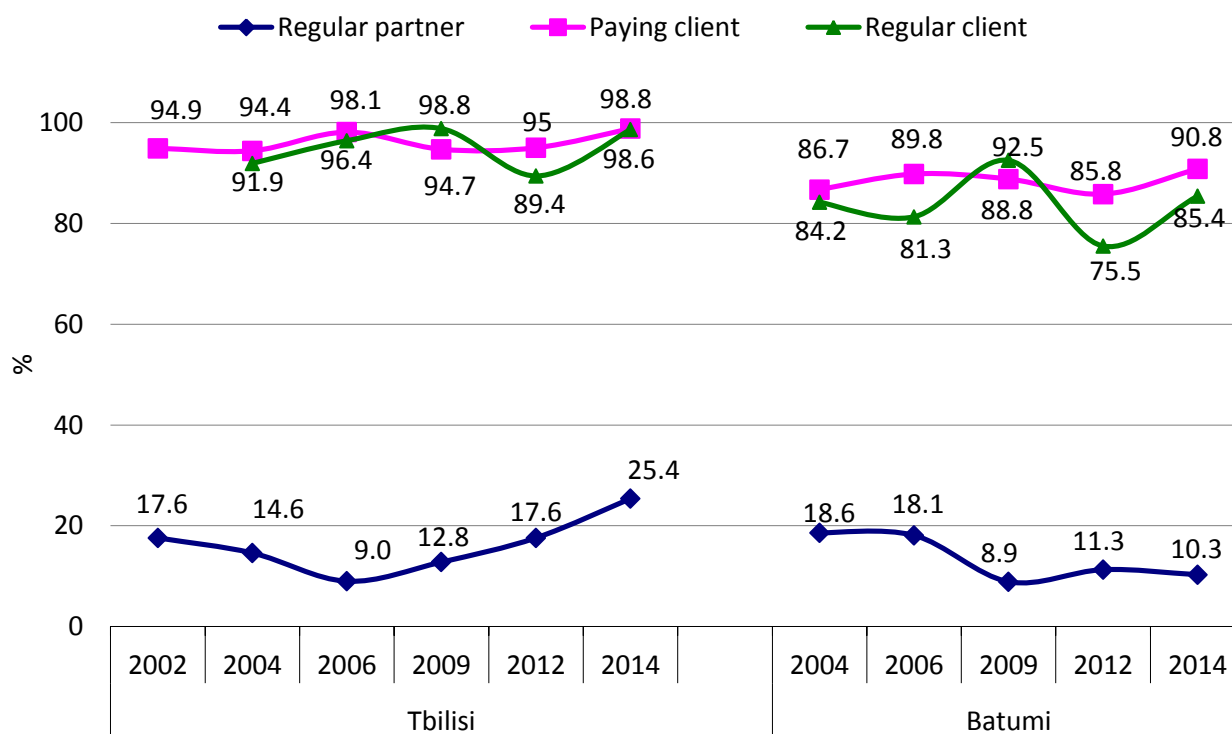
Regular Partners

About half of FSWs in Tbilisi and Batumi report having regular partners; mean number of regular partners has increased since 2012 and is about 2 in Tbilisi and higher than 1 – in Batumi. The very low proportion of FSWs at both survey sites reported using condom during the last intercourse with their regular partners, with slightly lower proportion in Batumi. In Tbilisi there was some increase demonstrated, however, it proved not to be statistically significant. Use of condoms in Tbilisi is mainly initiated by respondents themselves. Majority of FSWs, who reported no condom use, mentioned they either did not think it was needed or trusted their regular partners.

As for consistent condom use with regular partners, very small proportion of the respondents reported doing so. In Tbilisi this indicator has slightly increased, but this change is not statistically significant.

The Figure 10 below represents one of the major indicators for FSWs risky sexual behavior – 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 are widespread among FSWs. Condom use rates slightly increased with almost all kinds of partners, except regular partners. Condom use during the last intercourse with paying clients remains very high in Tbilisi and has increased to higher rates in Batumi. Consistent condom use with the clients over the last month has significantly increased, as well as consistent condom use with the regular clients in Tbilisi. Also, FSWs increased initiative in offering condom use to the regular clients. As for regular partners, condom use with this type of partner did not change significantly over the last years, and remains low. Compared to the last BBS, the major behavior trends have slightly improved.

Condoms

Condoms are quite accessible for FSWs at pharmacies and NGO Tanadgoma; they can get or buy them in not more than 15 minutes.

Violence

Overall, survey found 21.3% of FSWs in Tbilisi and 20.8% in Batumi who experienced any kind of violence during the last year.

STI Knowledge and Health Seeking Behavior

Almost all FSWs from both survey sites are aware about sexually transmitted Infections. Still, there are several respondents, especially in Tbilisi, not aware of STIs. Out of surveyed FSWs majority knows at least one symptom among women. A bit less FSWs at both survey sites know at least one STI symptom among men. Number of FSWs who report having some STI symptom during the last year has decreased in Batumi and this change is statistically significant. This can be connected with the increase in consistent condom use with the regular clients.

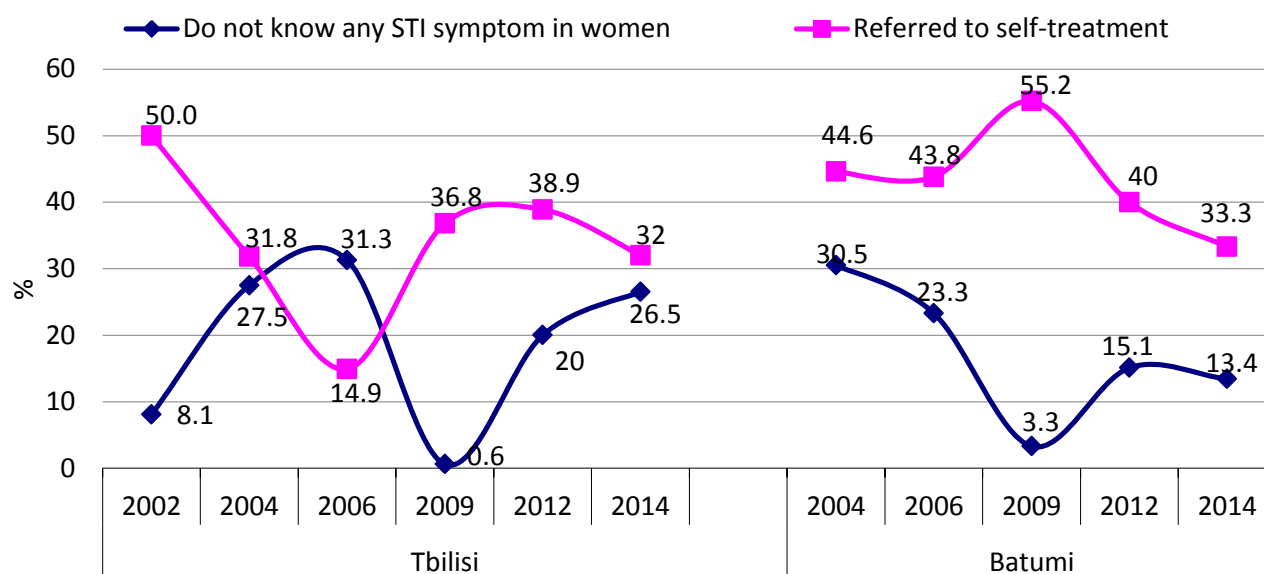
Odds of inconsistent condom use with their clients during the last month is two-fold higher among the FSW who self reported STI symptoms (OR 2.09; 1.07 – 4.07 95%).

FSWs tend to refer to state clinics or hospitals in case of STI symptom manifestation. It is noteworthy that data of behavior patterns when having STI symptoms demonstrate decreased rates of applying self-treatment in Batumi, compared to 2012, however, this change proved not to be statistically significant.

The knowledge of STI symptoms among women and men has stayed the same. As for application of self-treatment, in both cities there is some improvement, yet not statistically significant.

Figure 11 below shows that there are some changes in terms of both major indicators of STI knowledge and practices.

Figure 11: STI knowledge and practice



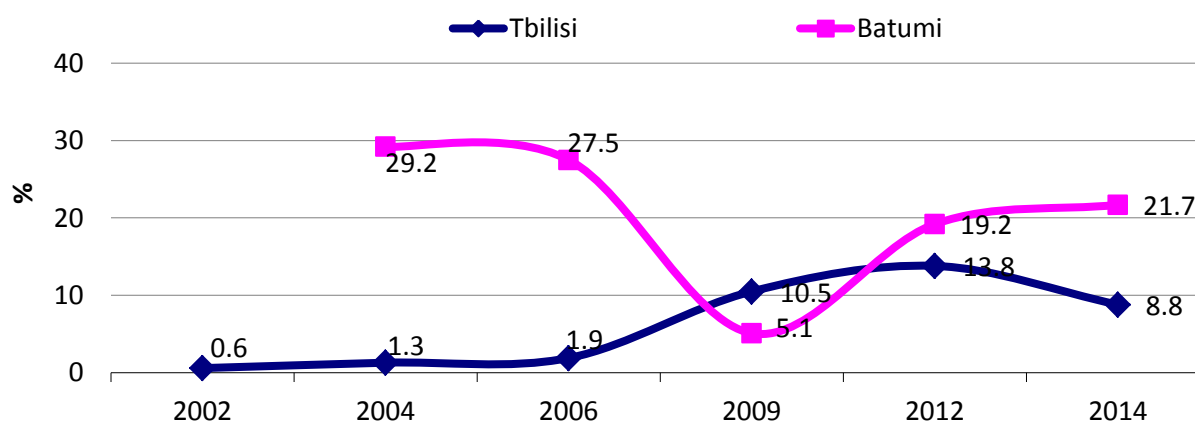
HIV Knowledge, attitudes and practices

The vast majority of FSWs are aware of HIV/AIDS. It is still interesting that there are several FSWs (19 in total) that are not aware of this disease. Quite a small proportion of FSWs could correctly answer 5 questions on ways of HIV transmission (8.8% in Tbilisi, 21.7% - in Batumi). This indicator has not demonstrated any 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. There are still a lot of FSWs that believe that a person can get infected through mosquito bites.

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 2 years.

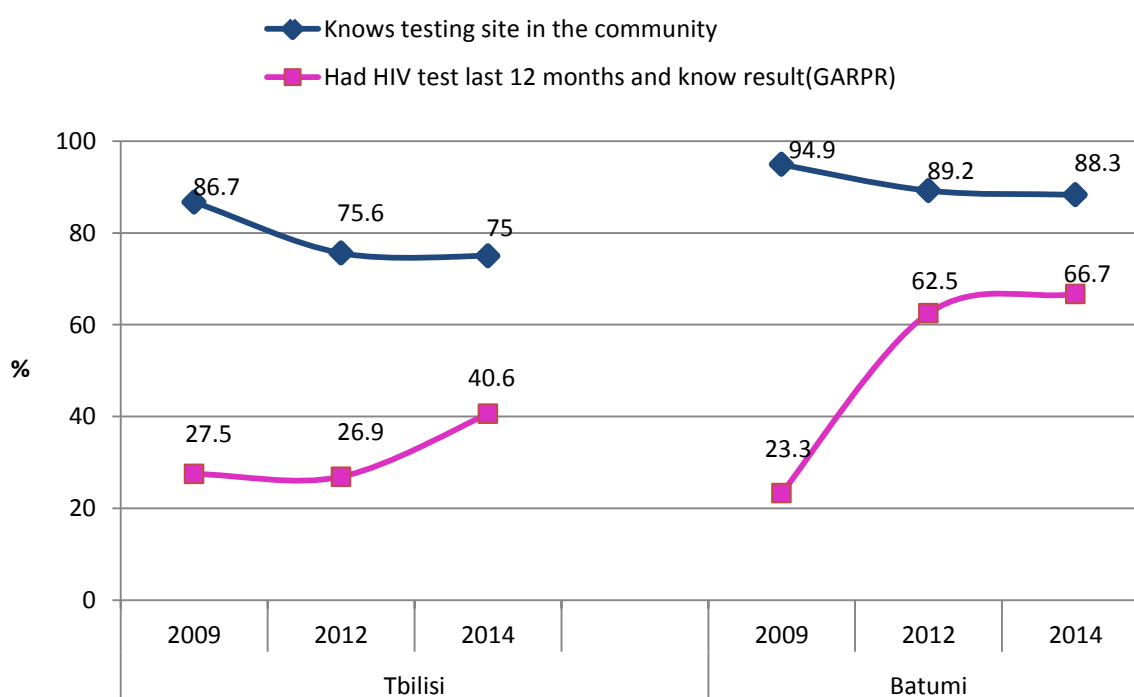
HIV Testing and Counselling

The majority of FSWs knows where they can receive HIV testing in their community. A much higher proportion of both cities report that they had been tested for HIV during the last year. In Tbilisi 40.6% and in Batumi – 66.7% were tested during the last year and received their results. In Tbilisi the increase since 2012 is statistically significant ($p < 0.05$). Testing uptake increase, as well as increase in the proportion of those FSWs who were tested during the last year and got their results, is explained by a broader use of rapid testing (finger prick) both during the outreach as well as at the offices of preventive programs' implementer.

One third of FSWs at both survey sites consider themselves to be at high risk of HIV infection and about one fourth of FSWs at 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 increase in ever being tested on HIV among FSWs at both survey sites. Also, there is statistically significant increase in Tbilisi of FSWs tested during the last year and knowing their test result. Personal risk assessment of FSWs demonstrated that the majority do not consider themselves to be at high risk for HIV infection

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 are representatives of NGOs.

Preventive program coverage

Comparison of 2012 and 2014 survey finding 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 both survey sites. The coverage makes up to 51.3% in Tbilisi and 81.7% - in Batumi.

Trafficking and Sex work Abroad

In this round of the survey, questions about trafficking and sex work abroad were asked to both Tbilisi and Batumi respondents. The majority of respondents are aware of trafficking. Only 2.5% in Tbilisi and 9.2% in Batumi (15 cases in total) have ever experienced it.

Going for sex work abroad has become much less popular among Batumi sex workers. From both of the cities quite small proportion of the respondents (6.3% in Tbilisi, 8.3% in Batumi) reported they have worked as sex workers voluntarily abroad (mostly in Turkey) during the last year, and have done so about 1-2 times. 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. The comparison is still not very convenient due to the changed time period indicated in that question. In 2012 it was 'ever having worked abroad', and in 2014 – 'worked abroad during the last year'. One third of FSWs in Tbilisi and 40% - in Batumi reported they never used condoms while working abroad. Also, due to the low numbers of FSWs who reported having worked abroad during the last year, it is difficult to estimate additional risks connected to working abroad, such as number of clients per day. At the same time, the amount of money received per client abroad is higher; around half of FSWs report using condoms and some proportion still uses prophylactic injections for STI prevention purposes. *Awareness of trafficking is high; only 15 FSWs report having been victims of trafficking. Less than 10% of FSWs goes abroad for sex work voluntarily. Certain risk factors - low condom use, higher prices received for service – indicate that FSWs are exposed to greater risks of infections while working abroad.*

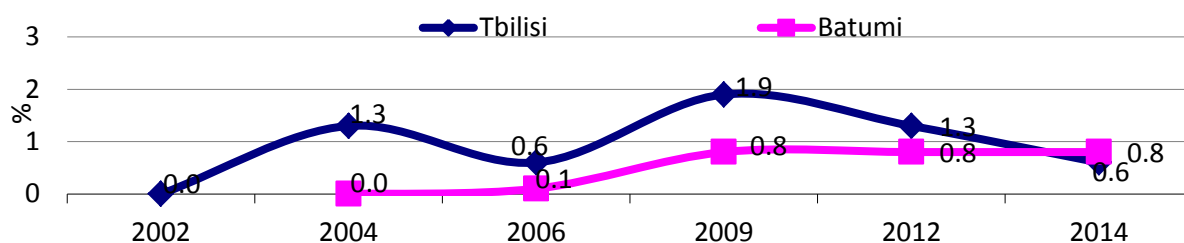
Biomarker

Syphilis was positive among 6.4% Tbilisi respondents and 16.7% among Batumi respondents. Quite a small proportion of FSWs showed positive results on Gonorrhea test - prevalence of this infection has stayed the same since 2012.

Hepatitis C prevalence was identified as 17.8% in Tbilisi and 11.7% in Batumi, mostly among older age FSWs. These rates are 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%.⁶ Also, in these countries 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 (2002-2009). 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. At the same time, the estimated HCV prevalence among the general population is also deemed high in Georgia (6.7%).⁷

Only 1 out of 157 FSW in Tbilisi and only 1 out of 120 in Batumi appeared to be HIV infected. One of the problems identified during the survey was low referral rates for the test results. In general, FSWs do not care about their health and even if the tests are provided for free, they don't show motivation to get their results. This was a justification to widely implement rapid (finger prick) tests, where test results could be given in about 15 minutes. This approach demonstrated success already, as testing uptake, as well as being tested and knowing the results are quite high in the last two BBS surveys.

Figure 14: HIV prevalence



Rates of HIV infection among FSWs remain low during the last 12 years. Gonorrhea still remains at the same level. Hepatitis C prevalence is quite high.

⁶ 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

⁷ Prevalence of HCV and genotypes distribution in general population, of Georgia. Georgian Medical News. #12 (165) Sharvadze L., Nelson K.E, Imnadze P. Karchava M. MD, Tsertsvadze, T. December. 2008

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. The interventions should also target the gaps in knowledge, especially on HIV transmission and prevention routes, revealed through the surveys.
- Taking into consideration high rates of HCV among sex workers, specific interventions should be implemented: a) identifying possible ways of HCV transmission through research; b) distributing informational materials on HCV, its ways of transmission, prevention, diagnostics and treatment; c) referrals of those infected to the reduced-price HCV treatment program already functioning in Georgia.
- 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 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.

Appendix 1 - Commercial sex workers data tables

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

Characteristics	Tbilisi	Batumi
Year, Date of interviews	2014 20-29 May	2014 2-7 April
Location of interview		
At organizations' office	100% (160)	100% (120)
Recruitment		
Recruitment of FSWs in sections of Tbilisi and Batumi identified through mapping	90.6% (145)	90% (108)
Participation rate		
Total contacted	172	205
Total refused	21	14
Total agree	145	151
Total completed	160	120
Participation in previous BBS		
2006	22.1%	9.7%
2009	27.1%	19.4%
2012	45.7%	55.3%
2006, 2009 and 2012	22.5%	5.0%
At least one previous BBS	70.0%	67.5%

Table 5: Demographic Characteristics of FSWs

Demographic Characteristics	Tbilisi %	n/N	Batumi %	n/N
Age				
18-24	3.8	6/160	5.0	6/120
25-30	10.0	16/160	9.2	11/120
31-39	35.6	57/160	43.3	52/120
≥ 40	50.6	81/160	42.5	51/120
Mean (Min-Max)		39.44		39.34
Median		40		38.00
Education				
None	1.9	3/160	3.3	4/120
Primary	3.1	5/160	2.5	3/120
Secondary	79.4	127/160	82.5	99/120
Incomplete higher	1.9	3/160	1.7	2/120
Higher	13.1	21/160	8.3	10/120
No response	0.6	1/160	1.7	2/120
Ethnicity				
Georgian	83.8	134/160	92.5	111/120
Other	16.3	26/160	7.5	9/120
Citizenship				

Demographic Characteristics	Tbilisi %	n/N	Batumi %	n/N
Citizen of Georgia	100	160/160	99.2	119/120
Other country	--	--	0.8	1/120
Years of living in a given city				
Mean (Min-Max)	21.5 (0-60)	(158)	8.8 (0-57)	(120)
Median	17.0		5.0	
Arrived from another place	71.9	115/160	93.3	112/120
Internally displaced persons				
Yes	5.6	9/160	2.5	3/120
Engagement in commercial sex in other city				
Yes	19.4	31/160	39.2	47/120
Marital Status				
Married	11.25	18/160	7.5	9/120
Divorced / living separately	65	104/160	64.2	77/120
Widower	14.4	23/160	25	30/120
Never been married	9.4	15/160	3.3	4/120
Mean age of first marriage	18.19	(144)	17.52	(115)
Living Arrangements				
With a spouse or partner	41.9	67/160	49.2	59/120
Partner has other spouse or partner	20.9	14/67	27.1	16/59
Engagement in sex business				
Median age at 1st sexual contact	17	(158)	17	(120)
Median age 1st received money in exchange for sex	29.0	(158)	31.0	(118)
Mean years working as a sex worker	10.0	(158)	8.5	(118)
Have other sources of income	16.3	26/160	12.5	15/120
The most frequently mentioned sources of income (Seller)	16.7	5/30	20.0	3/15
Financial dependents				
Have Financial dependents	90.0	144/160	83.3	100/120

Table 6: Drug and Alcohol Use by FSWs

Alcohol and Drug Use	Tbilisi %	n/N	Batumi %	n/N
Alcohol Use				
Every day	9.4	15/160	21.7	26/120
Drug Use				
Non-injected drug use in past 12 months	6.3	10/160	5.8	7/120
The most frequently used non-injected drugs				
Sedatives/ Sleeping pills	90.0	9/10	42.9	3/7
Injected drugs use in the last 12 months	1.9	3/160	0.8	1/120
≤ 24	--	0/6	-	0/6
≥ 25	1.9	3/154	0.9	1/114
The most frequently used injected drugs				
Subutex	100	3/3	100	1/1
Heroin	66.7	2/3	--	0/1

Table 7: Sexual Behavior of FSWs with Clients

Sexual behavior with clients	Tbilisi %	n/N	Batumi %	n/N
Paying clients in the past 7 days				
Had paying client in the past 7 days	87.5	140/160	80.8	97/120
Mean number of clients		10.67 (140)		6.22 (97)
Median		6.50 (140)		4.00 (97)
Clients during your last business day				
Mean number of clients		2.48 (159)		1.79/118
Median		2.00 (159)		1.00/118
Amount last client paid (Georgian Lari)				
Mean		51.01 (153)		87.67 (117)
Median		40.00 (153)		70.00 (117)
Condom use with the last client				
Condom used	98.8	158/160	90.8	109/120
≤ 24	100.0	6/6	83.3	5/6
≥ 25	98.7	152/154	91.2	104/114
Condom <i>not</i> used	0.6	1/160	9.2	11/120
No response	0.6	1/160	--	0/120
Who offered the use of condom				
Sex-worker	77.2	122/158	74.3	81/109
Client	3.8	6/158	.9	1/109
Mutual initiative	19.0	30/158	24.8	27/109
No response	--	0/158	--	0/109
Reasons for not using condoms with the last paid client				
Partner refused	100	1/1	54.5	6/11
Don't like it	--	0/1	9.1	1/11

Sexual behavior with clients	Tbilisi %	n/N	Batumi %	n/N
Didn't think of it	--	0/1	9.1	1/11
Consistent condom use with clients over the last month				
Condom was always used with clients during the last month	89.4	143/160	66.7	80/120
≤ 24	83.3	5/6	83.3	5/6
≥ 25	89.6	138/154	65.8	75/114
Condom was <i>never</i> used with clients during the last month	0	0/160	1.7	2/120

Table 8: Sexual Behavior of FSWs with Permanent Clients

Behavior with Regular Clients	Tbilisi %	n/N	Batumi %	n/N
Regular clients				
Have Regular clients	89.4	143/160	67.5	81/120
Mean number		12.08 (132)		8.8 (75)
Number of sexual contacts with regular clients over the last 30 days				
Didn't have sexual intercourse	5.6	8/143	3.7	3/81
Up to 5 times	76.9	110/143	79.0	64/81
5 – 10 times	10.5	15/143	13.6	11/81
More than 11	1.4	2/143	--	0/81
Don't know	4.9	7/143	2.5	2/81
No response	0.7	1/143	1.2	1/81
Condom use during the last sexual contact with regular client				
Condom used	94.4	135/143	82.7	67/81
Condom <i>not</i> used	--	0/143	6.2	5/81
No response	5.6	8/143	11.1	9/81
Who offered to use a condom				
Sex-worker	73.5	50/68	85.4	35/41
Client	1.5	1/68	--	0/41
Mutual initiative	23.5	16/68	14.6	6/41
No response	1.5	1/68	--	0/41
Reasons for not using condoms during the last regular paid sexual contact				
Didn't think it was needed	--	0/8	14.3	2/14
Partner refused	12.5	1/8	28.6	4/14
Don't like it	--	0/8	7.1	1/14
No response	87.5	7/8	50.0	7/14
Consistent condom use with regular clients over the last 12 months				
Condoms used always with regular clients over the last 12 months	86.7	124/143	67.9	55/81
≤ 24	80.0	4/5	100.0	4/4

Behavior with Regular Clients	Tbilisi %	n/N	Batumi %	n/N
≥ 25	87.0	120/138	66.2	51/77

Table 9: Sexual Behavior of FSWs with Regular Partners

Sexual Behavior of FSWs with Regular Partners	Tbilisi %	n/N	Batumi %	n/N
Regular partner				
Has regular partner	41.9	67/160	48.3	58/120
Mean number		2.07 (67)		1.5 (58)
Number of sexual intercours with regular partner over the last 30 days				
Didn't have sexual intercourse	3.0	2/67	6.9	4/58
Up to 5 times	34.3	23/67	34.5	20/58
5 – 10 times	32.8	22/67	17.2	10/58
More than 11	26.9	18/67	37.9	22/58
Don't know	1.5	1/67	3.4	2/58
No response	1.5	1/67	--	0/58
Condom use during the last sexual contacts with regular partner				
Condom used	25.4	17/67	10.3	6/58
Condom <i>not</i> used	74.6	50/67	89.7	52/58
Who offered to use a condom				
Sex-worker	70.6	12/17	83.3	5/6
Mutual initiative	29.4	5/17	16.7	1/6
Reasons for not using condom with regular partner				
Partner refused	14.0	7/50	21.2	11/52
Don't like it	6.0	3/50	7.7	4/52
use contraceptives	2.0	1/50	--	0/52
Didn't think it was needed	46.0	23/50	21.2	11/52
he looked healthy	2.0	1/50	1.9	1/52
Didn't think of it	16.0	8/50	--	0/52
Other	8.0	4/50	40.4	21/52
The most frequently mentioned answer (trust)	75.0	3/4	81.0	17/21
Don't know	4.0	2/50	7.7	4/52
No response	2.0	1/50	--	0/52
Consistent condom use with regular partner over the last 12 months				
Condoms used always with regular partner over the last 12 months	17.9	12/67	5.2	3/58

Table 10: Access to Condoms for FSWs

Access to Condoms	Tbilisi %	n/N	Batumi %	n/N
Where do you go to get condoms				
Knows where to get condoms	96.3	154/160	99.2	119/120
Drugstore	82.5	127/154	91.6	109/119
"Tanadgoma"	46.1	71/154	78.2	93/119
Time necessary for buying/getting a condom				
Less than 5 minutes	47.5	76/160	67.5	81/120
5 – 15 minutes	35.6	57/160	24.2	29/120
15 – 30 minutes	8.8	14/160	4.2	5/120
30 minutes or more	0.6	1/160	--	0/120
Don't know	5.0	8/160	3.3	4/120
No response	2.5	4/160	0.8	1/120
Number of condoms FSWs have with them or at place of work				
Have condoms with them or at place of work	81.9	131/160	84.2	101/120
Condom mean number		23.68 (131)		11.40 (101)
Received condoms from preventive programs over the last 12 months				
Yes	61.3	98/160	88.3	106/120

Table 11: Violence among FSWs

Violence	Tbilisi %	n/N	Batumi %	n/N
Physical violence				
Was a victim of physical violence	17.5	28/160	13.3	16/120
Person who made physical violence to FSW (Client)	82.1	23/28	81.3	13/16
Sexual violence				
Was a victim of sexual violence	8.8	14/160	9.2	11/120
Person who made sexual violence to FSW (Client)	50.0	7/14	72.7	8/11
Rape				
Was a victim of rape	2.5	4/160	4.2	5/120
Person who raped her (Client)	25.0	1/4	60.0	3/5
Person who raped her (Stranger)	--	0/4	20.0	1/5
Person who raped her (policeman)	50.0	2/4	--	0/5
Victim of at least one type of violence				
Was a victim of physical, sexual violence or rape	21.3	34/160	20.8	25/120

Table 12: STI Knowledge and Health Seeking Behavior among FSWs

STI	Tbilisi %	n/N	Batumi %	n/N
STI Knowledge				
Aware of STIs	94.4	151/160	99.2	119/120
Knowledge of STI symptoms observed among women				
Vaginal (genital) release	53.6	81/151	75.6	90/119
Genital, skin or mucous membrane ulcer	7.9	12/151	3.4	4/119
Genital redness	--	0/151	0.8	1/119
Burning while urinating	6.6	10/151	2.5	3/119
Itching	1.3	2/151	--	0/119
Lower abdomen ache	1.3	2/151	2.5	3/119
Know at least one symptom	73.5	111/151	86.6	103/119
Do not know any	26.5	40/151	13.4	16/119
Knowledge of STI symptoms observed among men				
Vaginal (genital) release	57.6	87/151	71.4	85/119
Genital, skin or mucous membrane ulcer	2.6	4/151	4.2	5/119
Genital redness	--	0/151	1.7	2/119
Burning while urinating	4.6	7/151	2.5	3/119
Itching	--	0/151	0.8	1/119
Lower abdomen ache	0.7	1/151	--	0/119
Know at least one symptom	66.2	100/151	84.0	100/119
Do not know any	33.8	51/151	16.0	19/119
Had STI symptoms in the last 12 months				
Had STI symptoms	15.6	25/160	25.0	30/120
Received treatment at:				
Self treatment	32.0	8/25	33.3	10/30
Traditional healer	--	0/25	--	0/30
State clinic/hospital	64.0	16/25	60.0	18/30
Drugstore	8.0	2/25	16.7	5/30
Sexual behavior during symptomatic period				
Told sexual partner about STI	24.0	6/25	60.0	18/30
Stopped intercourse	40.0	10/25	53.3	16/30
Used condom	72.0	18/25	63.3	19/30

Table 13: HIV/AIDS Knowledge and Testing among FSWs

HIV/AIDS Knowledge	Tbilisi %	n/N	Batumi%	n/N
Aware of HIV/AIDS				
Knows about HIV/AIDS	90.0	144/160	97.5	117/120
Reducing the risk of HIV transmission by having One faithful partner(yes)	65.6	105/160	72.5	87/120
Reducing the risk of HIV transmission by correct condom use (yes)	67.5	108/160	86.7	104/120
Person who looks healthy can be infected with HIV/AIDS(yes)	66.9	107/160	77.5	93/120
Can be infected whit HIV/AIDS by Mosquito bites (No)	22.5	36/160	36.7	44/120
Can be infected whit HIV/AIDS by meal sharing (No)	39.4	63/160	50.8	61/120
Can be infected whit HIV/AIDS by Needle/syringe sharing (Yes)	84.4	135/160	94.2	113/120
Person who has blood group A can get HIV/AIDS (yes)	--	0/160	3.3	4/120
MTCT during pregnancy (Yes)	78.8	126/160	86.7	104/120
HIV transmitted (Yes) through breastfeeding	53.1	85/160	70.8	85/120
Correctly answered all five questions about HIV transmission routes and prevention (GARPR Indicator)	8.8%	14/160	21.7%	26/120
≤ 24	16.7%	1/6	--	0/6
≥ 25	8.4%	13/154	22.8%	26/114
Actions for reducing risk of MTCT				
Take ARVs	36.5	46/126	34.3	36/105
Caesarean section	0.8	1/126	3.8	4/105
Artificial nutrition	1.6	2/126	--	0/105
At least one answer	38.9	49/126	38.1	40/105
Knows HIV testing site in a community				
Yes	75.0	120/160	88.3	106/120
No	14.4	23/160	9.2	11/120
No response	0.6	1/160	--	0/120
HIV test				
Not Tested	11.3	18/160	10.8	13/120
Ever tested	76.3	122/160	86.7	104/120
Tested voluntarily	93.4	114/122	100	104/104
Tested during last year	54.9	67/160	76.9	80/120
Tested from 1 to 2 yrs period	28.7	35/160	10.6	11/120
Tested 2 yrs ago	13.1	16/160	11.5	12/120
Don't know	3.3	4/160	1.0	1/120
No response	--	0/160	--	0/160
HIV test during last year				
Had HIV test during last year and knows results	40.6	65/160	66.7	80/120

HIV/AIDS Knowledge	Tbilisi %	n/N	Batumi%	n/N
≤ 24	33.3	2/6	66.7	4/6
≥ 25	40.9	63/154	66.7	76/114
Tell someone about test results				
Told about test results	71.2	84/118	58.7	61/104
Client/clients	8.3%	7/84	4.92%	3/61
Regular client/clients	8.3%	7/84	3.28%	2/61
Partner/partners	17.9%	15/84	11.48%	7/61
Colleague sex workers	50.0%	42/84	57.38%	35/61
Family members	17.9%	15/84	18.03%	11/61
Relatives	1.2%	1/84	6.56%	4/61
Friends	32.1%	27/84	31.15%	19/61
Did not tell about test results	28.8	34/118	41.3	43/104
Assessment of HIV risk				
High risk	28.2	37/131	30.8	33/107
Middle risk	32.1	42/131	27.1	29/107
Low risk	15.3	20/131	16.8	18/107
No risk	24.4	32/131	25.2	27/107

Table 14: Sources of Information on STI/HIV

Interventions / media	Tbilisi %	n/N	Batumi %	n/N
Source of information about STI/HIV				
TV/Radio	52.9%	83/157	52.1%	61/117
Newspapers	15.9%	25/157	10.3%	12/117
Friends	22.3%	35/157	31.6%	34/117
Clients	10.2%	16/157	3.4%	4/117
Family members	3.8%	6/157	--	0/117
Social workers	37.6%	59/157	63.2%	74/117
Booklet	45.9%	72/157	29.1%	34/117
Other	21.7%	34/157	29.1%	34/117
Doctors	38.2	13/34	32.4	11/34
No response	1.3%	2/157	0.9%	1/117
Did not received any information about STI / HIV	1.9	3/160	2.5	3/120
The most reliable sources of information				
TV	23.7	59/160	16.9	25/120
Radio	1.6	4/160	--	0/120
Newspapers/ Journals	4.0	10/160	3.4	5/120
Special booklets	19.7	49/160	8.8	13/120
Friends /Relatives	5.6	14/160	0.7	1/120
Other Sex-workers	2.0	5/160	1.4	2/120

Interventions / media	Tbilisi %	n/N	Batumi %	n/N
Representatives of NGOs	28.1	70/160	51.4	76/120
Other	14.5	36/160	14.2	21/120
Doctors	50.0	18/36	81.0	17/21
No response	0.8	2/160	3.4	5/120
Coverage of prevention programs				
Knows where to take tests on HIV and received condoms from prevention programs during the last 12 months *	51.3	82/160	81.7	98/120
≤ 24	33.3	2/6	50.0	3/6
≥ 25	51.9	80/154	83.3	95/114

Table 15: STI/HIV Prevalence among FSWs

Biomarker	Tbilisi %	n/N	Batumi %	n/N
HIV (ELISA with Western Blot confirmation)				
Prevalence	0.6	1/157	0.8	1/120
≤ 24	--	0/6	--	0/6
≥ 25	0.7	2/151	0.9	1/114
Syphilis (TPHA)				
Prevalence	6.4	10/157	16.7	20/120
≤ 24	--	0/6	--	0/6
≥ 25	6.6	10/151	17.5	20/114
Gonorrhoea				
Prevalence	10.1	16/159	7.6	9/119
≤ 24	16.7	1/6	16.7	1/6
≥ 25	9.8	15/153	7.1	8/113
Hepatitis C				
Prevalence	17.8	28/157	11.7	14/120
≤ 24	16.7	1/6	--	0/6
≥ 25	17.9	27/151	12.3	14/114
More than two infections				
	3.9	6/155	3.4	4/119

Table 16: Trafficking and Sex Work Abroad

Trafficking and Sex Work Abroad	Tbilisi %	n/N	Batumi %	n/N
Awareness on Trafficking				
Heard about trafficking	83.1	133/160	94.2	113/120
How many times have been trafficked abroad for sex work				
Ever trafficked	2.5	4/160	9.2	11/120
Once	75.0	3/4	45.5	5/11
Twice	25.0	1/4	27.3	3/11
3 and more	--	0/4	9.1	1/11
Never been a victim of trafficking	73.1	117/160	90.0	108/120
Working abroad for sex work last 12 months				
Working abroad for sex work voluntary (Yes)	6.3	10/160	8.3	10/120
Number of visits abroad for sex work				
During the last year (Mean)	1.40 (10)		2.30 (10)	
Country				
Turkey	90.0	9/10	100.0	10/10
Other (Germany)	10.0	1/10	--	0/10
Having problem when crossing a border				
Deport	100.0	1/1	--	0/0
Having problem when working abroad				
Non-physical violence (threatening, blackmailing, cursing)	--	0/1	50.0	1/2
Offered other job	100.0	1/1	--	0/2
Deport	--	0/1	50.0	1/2
Who created problems during sex work abroad				
Brothel owner	--	0/1	--	0/2
Hotel/ Bar owner	100.0	1/1	--	0/2
Policeman	--	0/1	100.0	2/2
Willingly go abroad for next time				
Yes	50.0	5/10	70.0	7/10
Type of a place of sex work abroad the last time				
Street	20.0	2/10	--	0/10
Bar	20.0	2/10	20.0	2/10
Restaurant	10.0	1/10	40.0	4/10
Hotel	10.0	1/10	20.0	2/10
Other	30.0	3/10	20.0	2/10
No response	10.0	1/10	--	0/10
Condom use with clients while working last time abroad				
Always	30.0	3/10	50.0	5/10
Never	30.0	3/10	40.0	4/10
Taking drugs while working abroad				
Non-injected drug use	--	0/10	20.0	2/10
Injected drug use	--	0/10	--	0/10

Trafficking and Sex Work Abroad	Tbilisi %	n/N	Batumi %	n/N
How long stayed abroad for last visit				
2 weeks	--	0/10	40.0	4/10
1 month	20.0	2/10	20.0	2/10
More than 1 month	70.0	7/10	40.0	4/10
No response	10.0	1/10	--	0/10
Number of partners per day during the last visit abroad				
Up to 5	30.0	3/10	80.0	8/10
5-10	30.0	3/10	10.0	1/10
10 and more	10.0	1/10	10.0	1/10
No response	30.0	3/10	--	0/10
Had more clients per day abroad than in Georgia	50.0	5/10	50.0	5/10
Fee per client abroad (Georgian Lari)				
Mean		140.00 (7)		150.00 (10)
Median		100.00 (7)		125.00 (10)
Means of protection used abroad for HIV/STIs				
Condom	40.0	4/10	60.0	6/10
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	40.0	4/10	20.0	2/10
Contraceptives	10.0	1/10	10.0	1/10
Access to HIV/STI testing services abroad				
Yes	30.0	3/10	10.0	1/10
Ever using HIV/STI testing services abroad	100.0	3/3	100.0	1/1

Appendix 2 - Questionnaire

The project “Expanding HIV/AIDS prevention, Treatment, Care and Support Activities”
(project N-GEO-607-G06-H)

Component I

“Establishment of evidence base for national HIV/AIDS program by strengthening of
HIV/AIDS surveillance system in the country”

The project is funded by the Global Fund to fight AIDS, TB and Malaria

Questionnaire ID Number _____

☐

Questionnaire is Coded

☐

Questionnaire is Word Processed

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

Interviewer: please identify interview conduction address and respondent's ID code.

Respondent's ID Code

Selection Point _____

Code of strata/identification

Interviewer's Code

Introduction: “My name is _____ With financial support of the Global Fund a survey is carried out in order to explore existing situation. 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 signature certifying that the respondent has verbally agreed to the interview)

Date	
Result	

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

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

Signature_____

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 remember 3 (*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
No 3
Don't remember 4
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?

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 A7*)
No response 99 (*Go to A7*)

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

A7. Are you a citizen of Georgia?

Yes 1
No 2
No response 99

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

Georgian 1
Other (please specify) ____ 2
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 (<i>Don't read</i>)				
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
9	Sedatives/hypnotics	1	2	88	99
10	Other (<i>Specify</i>) -----	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)		Go to B4
Currently married, having sex with husband	1	
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)		Go to B5
Not married, but having sex with a partner/lover/man	5	
Not married, not having sex with a partner/lover/boyfriend/man	6	
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	<i>Continue</i>
No	2	<i>Go to B8</i>
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

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

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

C2.2 Permanent clients did you have? Clients that often use 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? (If the respondent fails to recall the exact number ask her to give you a rough number).

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

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

	C2.1 Number of paying clients	C2.2 Number of permanent clients	C2.3 Number of 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	Go to D5
No	2	
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
Other (Specify) _____	9

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: Permanent client is a client who often uses your sexual service)

/ _____ / (Please specify the number of clients)

Don't know	88
No response	99

E2. Recall your very last 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	Go to E6
No	2	
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
Other (specify) _____	9
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: Permanent 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 permanent partner, concentrate on the one with whom relationship is longer and more trustful.)

F2. About how many times did you have a sexual intercourse with your 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	Go to F5
No	2	
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 permanent 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
Other (specify) _____	9
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	
No response	99	

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

When my partner asked me to use it	1
When I doubted that I am infected	2
When I doubted that my partner 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

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	Go to G8
No	2	
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	go to G10
No	2	
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	Go to H
No	2	
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

H. Sexually Transmitted Infections

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

Yes	1	Go to H3
No	2	
No response	99	

H2.1 Can 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. 2 Can 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 the state-owned health clinic	1	2	99
4. Consulted or received a treatment at a private health clinic	1	2	99
5. Consulted or received a treatment at a drug store	1	2	99
6. Told your sexual partner about your release or STI	1	2	99
7. Stopped intercourses when the symptoms appeared <i>(If the answer is Yes Go to J1)</i>	1	2	99
8. Did you use the condoms during the symptomatic period	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	Go to K1
No	2	
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 a needle/syringe already used by someone else?	1	2	88	99
7. Can a person get AIDS/HIV if she/he has the blood group A	1	2	88	99

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

Yes	1	Go to J7
No	2	
Don't know	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	Go to J15
No	2	
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

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

J17. How many sex-workers are involved in commercial sex business in this city?

_____	1
Don't know	88
No response	99

K. Trafficking (For Batumi only)

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

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

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

Yes	1
No	2 <i>Go to section L</i>
No response	99 <i>Go to section L</i>

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 (For Batumi only)

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

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

Yes	1
No	2 <i>Go to section M</i>
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

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

_____ (specify number)	
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 in 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. What kind of problems do you face with client/brothel/hotel/bar owner/pimp from Georgia or policemen? (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 charge 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 <i>Go to L12</i>
No response	99

L11.1 Which ones did you try? Don't count those taken for the medical and treatment purposes. (Interviewer, read the list. For each drug use relevant option).

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 response*)

2 weeks	1
1 month	2
More than 1 month	3
Other _____ (<i>please specify</i>)	5
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?

/ _____ / (<i>Please indicate the amount in Lari</i>)	
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 _____ (<i>please specify</i>)	4
Don't know	88
No response	99

L17. Are STI/HIV testing services provided abroad?

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

(Go to section M)

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 Cabin" for the last 6 months? (Specify the address of the facility)

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 thinterview was concluded / _____/

The questionnaire is kept till completion of the project.

Quality control on the interview was carried out by:

Position _____
Organization _____

Signature _____