VULNERABILITY OF SEX WORKERS (SWs) AND THEIR PARTICULAR NEEDS FOR HIV/STI PREVENTION, DIAGNOSIS, AND TREATMENT:
BORDERNETwork RESEARCH FINDINGS AND RECOMMENDATIONS FOR COMPREHENSIVE SEXUAL HEALTH RESPONSE (P3.305)

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Background
The evidence-based knowledge of sex work and the situation of SWs is still scarce. In many European countries SWs suffer double vulnerability, belonging to a migrant or marginalised minority community, often lacking legal papers and social/health insurances. Access to services is hampered by harsh stigmatization and criminalising or abolitionist prostitution legislation.

The EU-project BORDERNETwork (Public Health Programme) addressed these aspects in seven EU countries: Germany, Poland, Latvia, Estonia, Slovak Republic, Romania and Bulgaria

Objectives

- to compile contextualised knowledge on the health and social situation of SWs in Central and Eastern Europe;
- to enhance evidence of prevalence of and vulnerability to HIV/AIDS/STIs;
- to formulate recommendations for prevention practice

Methods

- Behavioural and epidemiological data collection between March 2011 and February 2012.
- Qualitative interviews combined with blood screening tests (HIV, Syphilis, HCV, and HBV) among SWs in six capital cities and one border area: Berlin, Bratislava, Bucharest, the German-Polish border, Riga, Szczecin, Sofia, and Tallinn.
- 956 respondents in total, predominantly from the outdoor sex work scene — between 100 and 210 SWs per country.

Results

Results are not representative as street-based sex workers are overrepresented, especially in Romania, Bulgaria, Latvia, and the Slovak Republic. Some of the outdoor sex work scenes showed a significant overlap with the IDU sex work scenes (Latvia, Romania and Slovak Republic). The combination of social determinants of risk, including precarious living circumstances and social stigma, multiplies the vulnerability of SWs.

- almost 30% of the SWs (N=283) were younger than age 18 when they started sex work • over 77% (N=734) had no other occupation • more than half of the SWs (N=529) supported one or more persons financially • about 38% (N=361) had experience injecting drugs • 60% (N=571) lacked health insurance • 59% (N=560) had an HIV test in the past year • 77.1% (N=704) had not attended an STI-specialist • 51.1% had not visited a gynaecologist in the past year • almost 60% (N=557) had had one or more abortions

<table>
<thead>
<tr>
<th>Prevalence (all respondents)</th>
<th>Highest prevalence in:</th>
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<tr>
<td>HIV 4.8% (N=44 from 956)</td>
<td>Latvia – 22.4% (N=28 from 126, 20 of them with known HIV-positive status)</td>
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<tr>
<td>Syphilis 4.0% (N=44 from 954)</td>
<td>Romania – 12% (N=24 from 200)</td>
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<tr>
<td>Hepatitis C 38% (N=229 from 954)</td>
<td>Latvia – 58.1% (N=68 from 117)</td>
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<tr>
<td>Hepatitis B 6.2% (N=59 from 950)</td>
<td>Romania – 12.5% (N=25 from 200)</td>
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Table: High prevalence of HIV and STIs

![Figure 1: Health insurance: No/yes, proportion of SWs per survey location](image)

![Figure 2: STI specialist in the past twelve months Yes/No, SWs per survey location](image)

Conclusions

The BORDERNETwork findings and practical recommendations for the group of sex workers corroborate the good practice guidelines formulated by WHO, UNFPA, UNAIDS, and the Network of Sex Work Projects (NSWP):

‘All countries should work towards decriminalisation of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers.[…] Health services should be made available, accessible, and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination, and the right to health.’

To that end policy regulations should endorse the creation of structures and health care services, which are:

Available
- Sustainable public funding
- Tailored services and flexible offers: location, attending hours, case management, outreach

Accessible
- Allowing anonymity of the users, for those without legal papers
- Free-of-charge, including for those lacking health and social insurance

Acceptable
- Free from discrimination and stigmatisation of sex workers
- Combining HIV/STI diagnostic and treatment with gynaecological offers (sexual health)