

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

Bio-behavioral surveillance survey in Tbilisi and Batumi in 2012

Study report

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
CI	Confidence Interval
CIF	Curatio International Foundation
FSW	Female Sex Worker
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GARPR	Global AIDS Response Progress Report
GEL	Georgian Lari (exchange rate of 1.6434 GEL/1 USD on April 3, 2012; 1.6260 GEL/1 USD on May 10, 2012)
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IDP	Internally Displaced Person
IDUs	Injecting Drug Users
NCDC	National Center for Disease Control and Public Health
NG	Neisseria Gonorrhoea
OR	Odds Ratio
PCR	Polymerase Chain Reaction
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
TG	Tanadgoma
TLS	Time-Location Sampling
TPHA	Treponema Pallidum Hemagglutination Assay
USAID	United States Agency for International Development
UNGASS	United Nations General Assembly Special Session

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 streets.

Time-Location Sampling – based on 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,

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

by force or through fraud, are deprived of passport and other documentation and are forced to engage in sex work.

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 for HIV transmission, however, for the last two years heterosexual transmission is prevailing. According to the national HIV surveillance system, infections acquired through heterosexual contact account for 44.3% of all new HIV cases registered in 2012².

This study represents the subsequent wave of Bio-BSS surveys undertaken among FSWs since 2002. Current study was conducted in 2012 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 2012 Bio-BSS 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 modification among MARPs and effectiveness of preventive interventions, to inform policies and practice” by Curatio International Foundation (CIF), Center for Information and Counseling on Reproductive Health - Tanadgoma and the National Center for Disease Control and Public Health.

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 2012 (Batumi) and in April 2012 (Tbilisi) preliminary mapping exercises were undertaken to identify the numbers, sites and working hours of FSWs (For 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.

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.

² National Center for Disease Control and Public Health, 2012 unpublished data

Results

Key findings from the 2012 survey and comparisons with the previous (2008-2009) survey results are given below.

Socio-Demographic characteristics of FSWs

- The median age of FSWs was 38 years in Tbilisi and 35 years in Batumi, their majority is older than 25 years and represent the age group “40+”;
- Majority is Georgian, has secondary/vocational education, is divorced and has arrived to the current city from another place.
- Rates of daily alcohol use, as well as drug use are low.

Main trend revealed in socio-demographic characteristics of FSWs is aging tendency, especially among Tbilisi FSWs. Also, there is increase in proportion of sex workers arriving from other cities to Batumi, which could be explained by increasing tourist attraction of this city over the last years.

Sexual Behavior

- The vast majority of Tbilisi (95%) FSWs report condom use with the last client and consistent condom use with the clients during the last 30 days (80%).
- Condom use during the last intercourse with paying clients has decreased significantly in both cities, but still remains very high in Tbilisi (95%) and quite high in Batumi (85.8%).
- Consistent condom use with the clients over the last month as well as condom use during the last intercourse with regular client has decreased in Batumi since 2008.
- As for regular partners, condom use during the last intercourse with this type of partner did not change significantly over the last years, and remains low (17.6% in Tbilisi and 11.3% in Batumi).

Safe sexual practices are widespread among FSWs. However, condom use rates have slightly decreased with different kinds of partners since 2008; alarming is decrease in consistent condom use with the clients in Batumi. Worsened behavior trend among FSWs, especially among Batumi FSWs, indicates that the newcomers to Batumi sex business are in need of continuous prevention information and condoms. Partner’s refusal as a main reason for not using condoms with paid partners shows that FSWs lack skills to negotiate safe sex practices with their clients.

Condoms

Condoms are quite 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. Out of surveyed FSWs big majority knows at least one symptom among women.
- Number of FSWs who report having some STI symptom during the last year has increased in Batumi (62.5%), which could be connected with the decrease in consistent condom use with clients.
- In both cities less than half of FSWs apply self-treatment, which is lower compared to the previous BioBSS findings.

The knowledge of STI symptoms among women and men stays the same as in 2008-2009. Proportion of those FSWs who cannot name at least one symptom increased in Tbilisi and decreased in Batumi.

Knowledge and testing on HIV

- The vast majority of FSWs are aware of HIV/AIDS.
- Quite small proportion of FSWs could correctly answer 5 questions on ways of HIV transmission (13.8% in Tbilisi, 19.2% - in Batumi), but this demonstrates significant increase in knowledge in Batumi compared to 2008-2009.
- The big majority of FSWs name condom use as one of the ways of protecting from STI/HIV.
- Majority of FSWs know where they can receive HIV testing in their community (75.6% in Tbilisi and 89.2% in Batumi).
- One fourth of FSWs in Tbilisi and two thirds in Batumi were tested during the last year and received their results. In Batumi there is statistically significant increase ($p < 0.01$) since 2008.
- Percentage of sex workers ever tested for HIV is high and has increased in Batumi compared to the previous surveys.

HIV knowledge level has increased significantly in Batumi, and stays the same in Tbilisi. There is increase in ever being tested on HIV among FSWs at both survey sites. Batumi FSWs have increased referrals to HTC services for testing and then for the results. Every FSW tested during the last year in both cities received her test result.

Program coverage/media

The most popular source of information on STI/HIV is TV/Radio, followed by friends and newspapers. The most reliable sources of information are representatives of NGOs, followed by TV.

Coverage of prevention programs among FSWs in Tbilisi and Batumi has decreased with statistically significant change compared to the previous survey.

Biomarker

- HIV prevalence revealed by the study was 1.3% (2 FSWs) in Tbilisi and 0.8% (1 FSW) – in Batumi. There is no significant change in HIV prevalence among FSWs during the last ten years.
- Lifetime syphilis rates were the same as in the previous BSS (34.6% and 42.5%, in Tbilisi and Batumi, respectively), however, gonorrhea prevalence showed higher rates compared to 2008 findings. There is increase from 5.7% to 14.4% in Tbilisi and from 5.8% to 7.7% in Batumi of gonorrhea infection.

Rates of HIV infection remain low during the last ten years. Prevalence of lifetime syphilis stays the same, and gonorrhea prevalence has increased since 2008.

Trafficking and Sex work Abroad (Batumi)

- Overwhelming majority (99.2%) of FSWs is aware of trafficking problem, however only 8.3% (10 out of 120) have ever experienced it.
- Half (50.8%) of FSWs from Batumi reported they had worked voluntarily abroad (mostly in Turkey) during the last year. Mean number of visits abroad for sex work is 10.5. More than one third of FSWs are still willing to go there to earn money.
- Out of FSWs 36.1% - who worked abroad - said they always used condoms with their clients, and 21.3% - reported they never used condoms only few reported drug use.
- FSWs have more clients abroad and receive higher fees per client.
- Only one fifth have access to HIV/STI testing abroad and the majority (66.7%) has used this service at least once.

Awareness of trafficking is high; only 10 FSWs report having been victims of trafficking. Half of FSWs go abroad for sex work voluntarily. Rates of condom use are low while being abroad.

Recommendations

Based on the findings of this study the recommendations suggest focusing on the following:

- 1) Specific and more explicit HIV prevention messages and materials focusing on condom use promotion, targeting FSWs, their clients and regular partners through outreach workers and peer educators;
- 2) Increasing coverage by preventive interventions through intensifying condom provision and continuing voluntary rapid HIV testing, with adequate pre- and post- test counseling

through mobile laboratories; 3) Increasing interventions targeting newcomer FSWs in Batumi; 4) Taking into consideration in-country migration of FSWs, focusing prevention interventions for FSWs in major cities - Tbilisi, Batumi, Kutaisi, Zugdidi and Telavi; 5) Conducting non-coercive, anonymous, ethical and systematic surveillance of FSWs (and other high risk groups), both behavioral and of selected biological markers, throughout Georgia on a regular basis to provide early warning of a possible dramatic increase in the prevalence rate.

Table 1: Global AIDS Response Progress Report Indicators

Indicators	Tbilisi		Batumi	
	Tbilisi %	n/N	Batumi %	n/N
HIV test during last year				
FSWs who had HIV test during last year and knows results	26.9	43/160	62.5	75/120
≤ 24	35.7	5/14	54.5	6/11
≥ 25	26.0	38/146	63.3	69/109
Coverage of prevention programs				
FSWs who know where to take test on HIV and received condoms from prevention programs during the last 12 months	55.6	89/160	77.5	93/120
≤ 24	7.1	1/14	63.6	7/11
≥ 25	60.3	88/146	78.9	86/109
Knowledge about HIV prevention				
FSWs who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	13.8	22/160	19.2	23/120
≤ 24	14.3	2/14	18.2	2/11
≥ 25	13.7	20/146	19.3	21/109
Condom use with the last client				
FSWs reporting the use of a condom with their most recent client	95	152/160	85.8	103/120
≤ 24	100.0	14/14	100.0	11/11
≥ 25	94.5	138/146	84.4	92/109
Biomarker				
Positive for HIV	1.3	2/156	0.8	1/120
≤ 24		0/13		0/11
≥ 25	1.4	2/143	0.9	1/109

Table 2: Summary of Indicators for FSWs in Tbilisi and Batumi for BSS-2012

Indicators	Tbilisi %	n/N	Batumi %	n/N
Demographic Characteristics				
Median age		38		35
Level of education (secondary)	78.8	126/160	82.5	99/120
Georgian	85.0	136/160	90.8	109/120
Marital status (divorced)	73.1	117/160	74.2	89/120
Have Financial dependents	85.6	137/160	90.8	109/120
Drug Use				
Non-injected drug use in past 12 months	5.6	9/160	8.3	10/120
Injected drugs use in the last 12 months	3.8	6/160	0.8	1/120
Engagement in sex business				
Median age at 1st sexual contact		17		17

Median age 1st received money in exchange for sex		30		28
Mean years working as sex worker		7		6
Sexual risk behaviour				
Condom use with the last client	94.4	151/160	85.8	103/120
Consistent (always) condom use with clients during last month	80.0	128/160	50.8	61/120
Condom use during last sexual intercourse with regular client	89.4	127/142	75.5	80/106
Consistent (always) condoms use with regular clients over the last 12 months	76.1	108/142	56.6	60/106
Condom use during the last sexual contacts with regular partner	17.6	13/74	11.3	8/71
Consistent (always) condoms use always with regular partner over the last 12 months	9.5	7/74	5.6	4/71
Access to condoms				
Place where condoms are obtained (drug store)	86.3	138/160	95.0	114/120
Less than 5 minutes is needed to obtain a condom	68.1	109/160	54.2	65/120
Have condoms with them or at place of work	65.6	105/160	85.0	102/120
Received condoms from preventive programs over the last 12 months	64.4	103/160	82.5	99/120
HIV / STI knowledge, experience and practices				
Aware of HIV/AIDS	94.4	151/160	100.0	120/120
Correctly answered all four questions about HIV transmission routes and prevention(National Indicator)	28.1	45/160	35.0	42/120
Aware of STIs	93.8	150/160	99.2	119/120
Know at least one STI symptom in woman	80.0	120/150	84.9	101/119
Know at least one STI symptom in men	70.7	106/150	74.8	89/119
Had STI symptoms in the last year	22.5	36/160	62.5	75/120
Sought self treatment	38.9	14/36	40.0	30/75
Sought treatment at clinic/hospital	55.6	20/36	64.0	48/75
Sought treatment in drugstore	16.7	6/36	18.7	14/75
HIV testing and risk assessment				
Knows about HIV testing site in a community	75.6	121/160	89.2	107/120
Ever been tested on HIV	67.5	108/160	80.8	97/120
Tested on HIV during last year	26.9	43/160	62.5	75/120
High risk self assessment	38.4	58/151	42.5	51/120
No risk self assessment	16.6	25/151	10.8	13/120
Biomarker				
HIV Prevalence	1.3	2/156	0.8	1/120
Syphilis prevalence	34.6	54/156	42.5	51/120
Gonorrhoea prevalence	14.4	23/160	7.7	9/117

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 0.2%³. As of December 31, 2012 in total 3,559 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 over five hundred in 2012. From the early stage of HIV epidemic in Georgia injecting drug use was the major mode of transmission. However, for the last two years heterosexual transmission became prevailing route for HIV spread. This percentage has been steadily increasing during the recent years and reached 44.3% in 2012⁴.

In 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 (Bio-BSS) among various key populations. The first Bio-BSS among FSW was conducted in Tbilisi in 2002, followed by 2004 and 2006 studies in Tbilisi and Batumi.

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

The presented research is a subsequent wave of Bio-BSS among FSW in Tbilisi and Batumi, implemented by Curatio International Foundation (CIF), Center for Information and Counseling on Reproductive Health - Tanadgoma and the National Center for Disease Control and Public Health under the first phase of the GFATM-supported program “Generating evidence base for risk behavior change and effectiveness of preventive interventions among high risk groups for HIV/AIDS”.

Objective of the 2012 Bio-BSS in Georgia was to measure prevalence of HIV, Gonorrhea and Syphilis among FSWs, provide measurements of key HIV risk behaviors and generate evidence for advocacy and policy-making.

This report presents analysis of the data gathered through the surveys. Special focus is made on some core 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

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

⁴ National Center for Diseases Control and Public Health, unpublished data

in the data tables in the appendix. In the end, conclusions and recommendations are provided; some of them are derived from comparison with the previous BSSs.

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 HIV/AIDS Patients Support Foundation (certificate #580/681 of 26.12.2011).

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 BSS 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.

In the current study in addition to street-based FSWs, 26 (16.25%) sauna-based FSWs were recruited or came on their own.

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 2012, and in Tbilisi - in April 2012.

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.

Tbilisi: FSWs were found on 7 out of 28 sections; in total – 159 FSWs: 40 – on day sites and 119 – on night sites.

Batumi: Out of 275 facilities (146 bars, 80 hotels and 49 restaurants) observed FSWs were found in 18 bars, 10 hotels and 5 squares; in total – 172 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 30 April-18 May, 2012 and in Batumi - on 2-5 of April, 2012.

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 15.2 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, gonorrhoea 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 148 street-based FSWs in Tbilisi and 142 facility-based FSWs in Batumi. It should be noted that in Tbilisi 26 FSWs (16.25%) came on their own as they heard about the survey. As for Batumi, 21 FSWs (17.5%) 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 9.4% (14); in Batumi – 5% (7). This refusal rate was calculated for the flat refusals. Some of the FSWs refused for some reasons when first contacted by social workers and postponed their participation for several days.

In Tbilisi a total of 158 blood and 160 urine samples were collected for testing on NG, syphilis and HIV; in Batumi number of specimens collected is 120 for blood and 117 – for urine.

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

NCDC 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 NCDC, the FSW was invited to TG, and the results were given to her along with post-test counseling.

In Tbilisi 22.8% and in Batumi 44.1% of FSWs referred for their results and were notified by Tanadgoma staff (as of July 7, 2012).

Measurements

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)”⁵. The questionnaire adjusted for local context was used in previous BSSs conducted in 2002, 2004 and 2006 under the USAID-funded STI/HIV Prevention Project. In 2008-2009, however, the instrument was again revised and modified by the researchers to make sure that it allows measurement of all necessary indicators. The tool was included in the standardized BSS methodology⁶ developed in 2010 by the group of national experts and was used for the current survey.

Biomarker component involved the analyses of blood specimens for HIV and Syphilis and urine specimens for Neisseria gonorrhoea at the laboratory of National Center for Disease Control and Public Health in Tbilisi. The Genscreen Ultra HIV rapid test was used for HIV screening. HIV positive samples were tested with Western Blot (HIV Blot 2.2, MP Biomedicals) confirmatory test. For Syphilis the samples were tested using Treponema Pallidum Hemagglutination Assay (IMMUTREP-TPHA OD081, Omega Diagnostics) test system. For Neisseria gonorrhoea the urine specimens were tested by Polymerase Chain Reaction PCR test systems (NG PCR, Roche), 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 18.0). 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 BSSs findings.

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

⁵ http://gametlibrary.worldbank.org/pages/19_Surveys_surveillance_English.asp

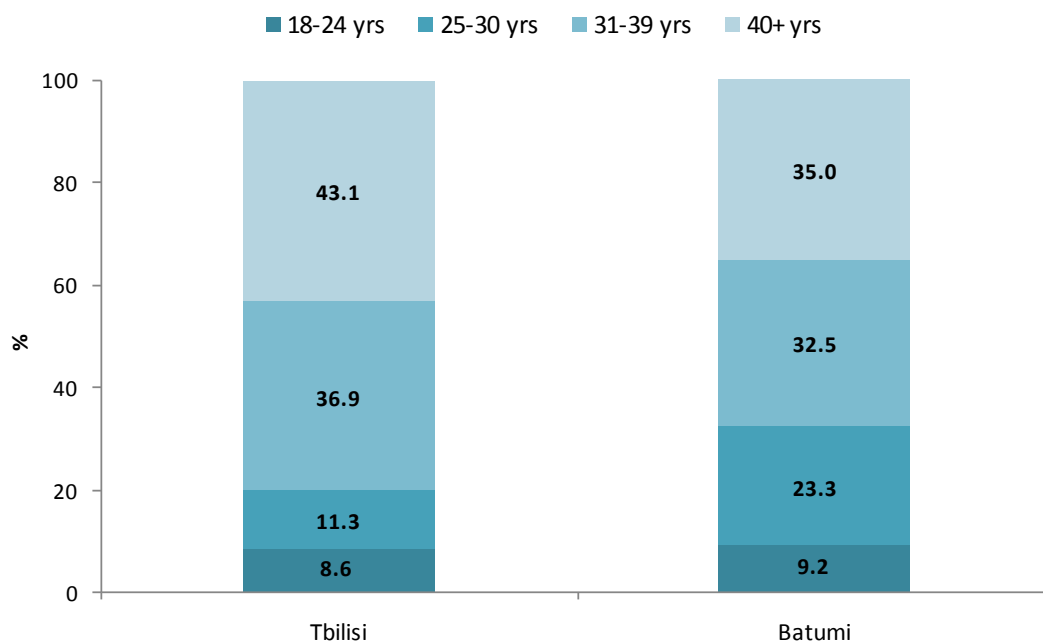
⁶ <http://www.curatiofoundation.org> (Georgian version)

Study findings

Demographic characteristics

Median age of FSWs is 38 years in Tbilisi and 35 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 (43.1% in Tbilisi and 35.0% in Batumi).

Figure 1: FSWs distribution by age groups



The vast majority of respondents are ethnic Georgians (85.0% in Tbilisi and 90.8% in Batumi) and Georgian citizens. Only few were citizens of other countries (5 out of 160 in Tbilisi and 3 out of 120 in Batumi).

The highest level of achieved education for majority of FSWs is secondary/vocational (78.8% in Tbilisi and 82.5% in Batumi). It is worth mentioning that survey found about 7-18% of FSWs who reported having higher education (18.1% in Tbilisi and 7.5% in Batumi).

At both survey sites less than 5% of interviewed FSWs are internally displaced.

Majority of FSWs are from other cities of Georgia, different from their current place of work – 68.7% in Tbilisi and 82.5% in Batumi. Mean years the FSWs live in Tbilisi and Batumi is 20.9 and 7.5, respectively. In Batumi four times more FSWs reported having commercial sex activity in any other city compared to Tbilisi FSWs (13.8% in Tbilisi and 55.0% in Batumi).

It is noteworthy that in Tbilisi 56.3% of interviewed FSWs reported their participation in at least one previous BSSs; 48.8% reported their participation in BSS of 2009 and 26.3% - in 2006. Quarter of the participants of Tbilisi sample participated in 2006 and 2009 surveys. As for Batumi, 39.2% of

respondents reported having participated at least one of the BSSs. 30.8% - in 2009 and 16.7% - in 2006. In both surveys 11.7% took part.

Living Arrangements

More than 70% 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 5.0% - in Batumi who are married at present. Median age at the first marriage is 17 years at both survey sites.

More than one third of FSWs from Tbilisi and more than half – from Batumi live with partners or spouses.

More than half of married FSWs (54.9% in Tbilisi and 61.5% in Batumi) said their spouses/ partners do not have other partners/lovers.

Drug and Alcohol Use

About one third of FSWs in Tbilisi and one fifth in Batumi reported not consuming alcohol at all. Proportion of those who consumes alcohol beverages every day is about 7.5% in Tbilisi and 16.7% - in Batumi.

Percentage of FSWs who used non-injected drugs during the last 12 months is 5.6% in Tbilisi and 8.3% in Batumi. The most frequently used non-injected drugs are sedatives/sleeping pills. As for injecting drugs, 3.8% (6 respondents) of FSWs in Tbilisi and 0.8% (1 respondent) - in Batumi, mostly younger ones, reported having used them during the last 12 months. Subutex and Heroin were listed as drugs that had been injected.

Aspects of Sex Work

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 (30 years for Tbilisi and 28 years for Batumi FSWs). For the vast majority of FSWs at both survey locations commercial sex represents the only source of income (89.1% in Tbilisi and 85.0% in Batumi). Those who reported having another source of income mainly work as sellers. Besides, the vast majority of FSWs (85.6% in Tbilisi and 90.8% in Batumi) has financial dependents.

Sexual Behavior of FSWs with different types of clients/partners

Clients

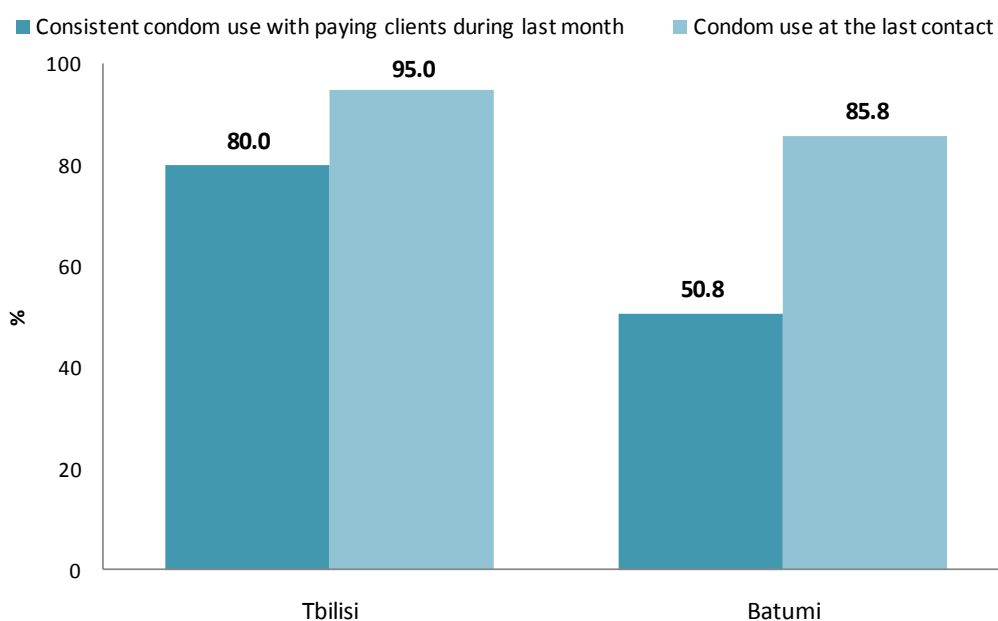
Majority of FSWs (80% in Tbilisi and 90.8% in Batumi) reported having paying clients in the past seven days. Mean number of clients per week is 8.2 in Tbilisi and 7.5 in Batumi. Mean number of clients during last business day does not exceed 2.

Mean amount of money (in local currency) FSWs received from their last paying client is 50.0 GEL (31\$) in Tbilisi, and much higher - 73.6 GEL (45 \$) in Batumi.

The vast majority of FSWs in both survey sites reported condom use with the last client (95% in Tbilisi and 85.8% in Batumi). The proportion of those who did not use condom is greater among Batumi CSWs (14.2% in Batumi vs. 5% in Tbilisi). In majority of cases FSWs use condom by their own initiative without being under pressure from their clients (73.8% in Batumi and 75.5.6% in Tbilisi). About one fifth reported condom use by mutual initiative. The leading reason for not using condoms during the last paid sexual intercourse is partners' refusal.

Eighty percent of Tbilisi FSWs and 50.8% of Batumi FSWs reported consistent condom use with their paying clients during the last 30 days. It is interesting that all sex workers 25 years and younger in Tbilisi reported consistent condom use with clients during the last 30 days. The survey found very limited number of FSWs only in Batumi (3) who reported no condom use with their paid partners during last 30 days.

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



Regular clients

Majority of FSWs at both survey sites (about 88%) reported having regular clients, with similar mean number of such clients (8.7 in Tbilisi and 7.6 in Batumi).

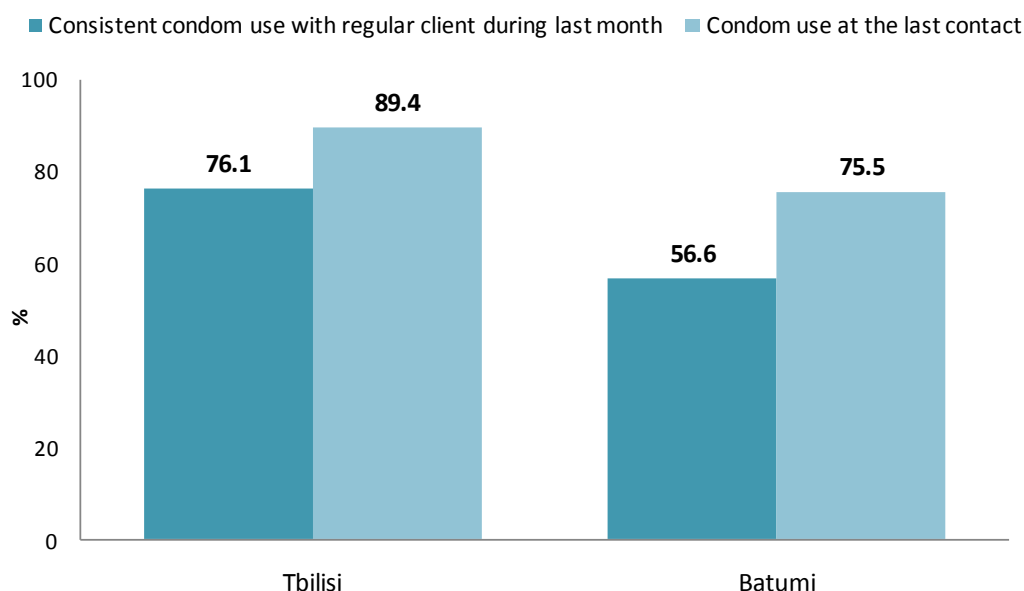
Most of the interviewed FSWs (72.5% in Tbilisi and 74.5% in Batumi) had up to 5 sexual contacts with their regular clients over the last 30 days. From 5 to 10 sexual contacts with regular clients during the last 30 days was reported by 14.1% in Tbilisi and 17.9% in Batumi.

Condom use during the last sexual intercourse with regular client was claimed by 89.4% FSWs in Tbilisi and 75.5% in Batumi. Condom use is mostly initiated by FSWs themselves (33.9% in Tbilisi and 52.5.7% in Batumi). However 9.4% in Tbilisi and 18.8% in Batumi said the condom use was mutually initiated.

Most frequently mentioned reasons for not using condom during last sexual contact with regular client were “did not think it was needed” (50% and 26.9% in Tbilisi and Batumi respectively) and “partner’s refusal” (53.8% in Batumi).

Consistent condom use with their regular clients over the last 12 months was reported by 56.6% of Batumi and 76.1% of Tbilisi FSWs. All nine sex workers from younger age group in Tbilisi and only four out of ten young FSWs in Batumi 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 (46.3%) of FSWs in Tbilisi and 59.2% in Batumi have regular partners (one on average in both survey sites). Few (5.4% in Tbilisi and 2.8% - in Batumi) reported no sex with them during the last 30 days. It is notable that very small proportion of FSWs in both survey sites reported using condom during the last intercourse with their regular partners, with slightly lower proportion in Batumi (17.6% in Tbilisi vs. 11.3% in Batumi). Use of condom in Tbilisi is mainly initiated by the respondents themselves; however, in Batumi half of the FSWs reported that use of condom was initiated by the partners. Majority of FSWs, who reported not using condoms, mentioned they even did not think about it being with their regular partners. Besides, “partners’ refusal” (9.8% in Tbilisi and 22.2% in Batumi) and “do not like to use a condom” (13.1% in Tbilisi and 11.1% in Batumi) were

mentioned as other reasons for such behavior. Only 9.5% in Tbilisi and 5.6% 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

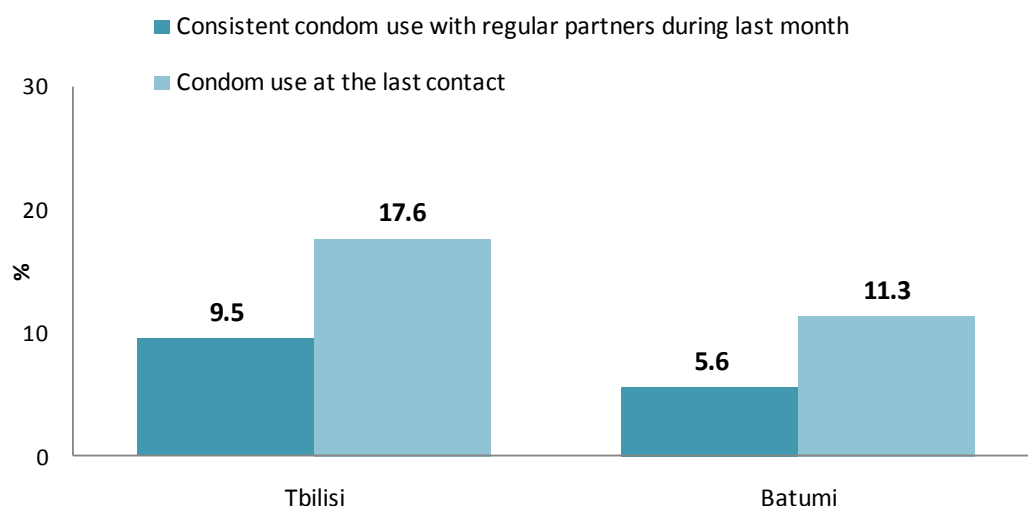
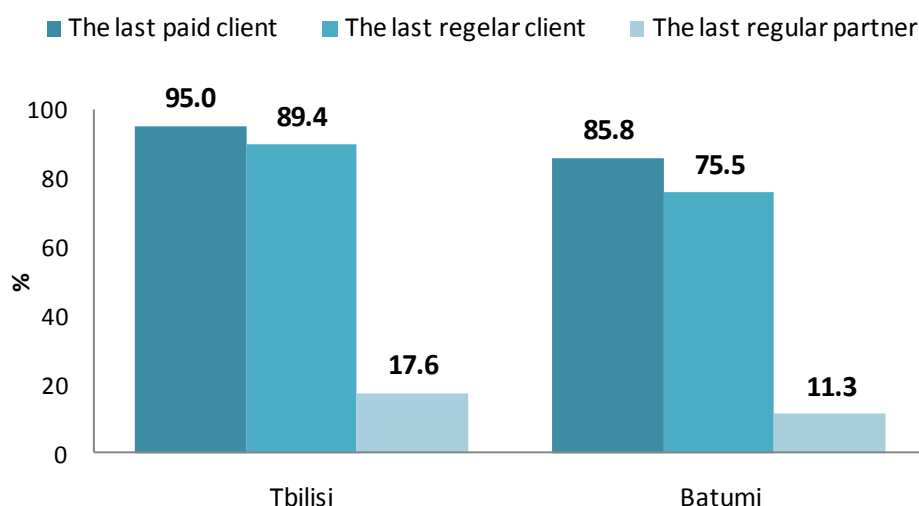


Figure 5 below summarizes FSWs’ condom use behavior with different types of sex partners. Results suggest that significantly bigger proportion of FSWs used condoms with paid and regular clients. However, very few reported the same with their regular partners.

Figure 5: Condom use with different types of sex partners



Access to Condoms

More than 85% of FSWs in Tbilisi and 95% in Batumi reported they usually go to the drugstores to get condoms. Besides, about half (46.8%) FSWs from Tbilisi and significantly higher proportion from Batumi (70.0%) mentioned they are getting condoms from “Tanadgoma”. For almost all respondents

estimated time needed to get condoms does not exceed 15 minutes, while 68.1% in Tbilisi and 54.2% in Batumi can obtain condoms in less than 5 minutes.

Majority (64.6% of FSWs in Tbilisi and 85% in Batumi) reported having the condoms with them or at a place of work (mean number of condoms was 15.7 in Tbilisi and 11.5 in Batumi).

64.4% of FSWs in Tbilisi and 82.5% in Batumi reported having received condoms from preventive programs over the last 12 months.

Violence among FSWs during last year

The survey found small proportion (9.2%) of FSWs in Batumi who are victims of physical violence (beating, smothering, etc), however this rate is higher among Tbilisi FSWs (13.8%). In about three fourths of cases with physical violence the client was named as user of force. Significantly small number of FSWs in Tbilisi (2.5%) and 10% in Batumi reported being victims of sexual violence through blackmailing or threatening that is still associated with their clients. Small proportion (3.1% in Tbilisi and 2.5% in Batumi) claimed they were forced for sexual intercourse/raped mainly by clients in Tbilisi and by strangers in Batumi. Overall, the survey found 15.6% of FSWs in Tbilisi and 16.7% 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, out of which big majority (80% in Tbilisi and 84.9% 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 (22.5%) of interviewed respondents in Tbilisi and 62.5% - in Batumi reported having STI symptom during the last 12 months.

More than half from those who had at least one symptom received treatment at clinics. In the second place for treatment options is application of self-treatment (38.9% in Tbilisi and 40% in Batumi). 18.7% in Batumi and 16.7% in Tbilisi mentioned drugstore as a place of getting doctor's advice or receiving the treatment.

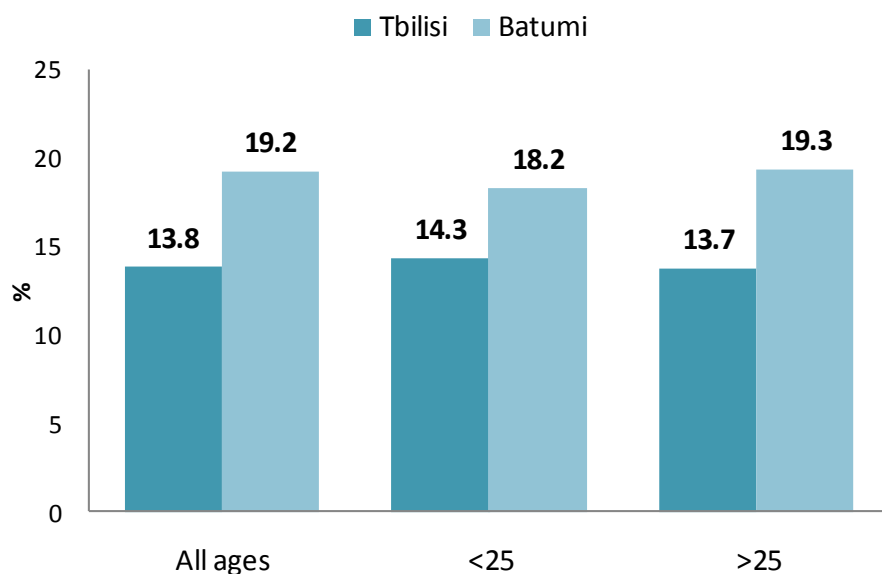
One third of Tbilisi and more than half of Batumi respondents said they stopped sexual intercourse during their symptomatic period, 52.8% in Tbilisi and 30.7% in Batumi used condoms during this period, and only 25% in Tbilisi and 48% in Batumi informed sexual partner about STI.

HIV/AIDS Knowledge and HIV testing

The vast majority of FSWs (94.4% in Tbilisi and 100% in Batumi) are aware of HIV/AIDS.

Only 13.8% among Tbilisi FSWs and 19.2% in Batumi correctly answer 5 questions on the ways of HIV transmission (Global AIDS Response Progress Report Indicator). Correct answers are given by both younger and older age groups of respondents. It has to be noted that about three fourths of FSWs still don't have correct information on major misconceptions such as mosquito bites and about half – on meal-sharing.

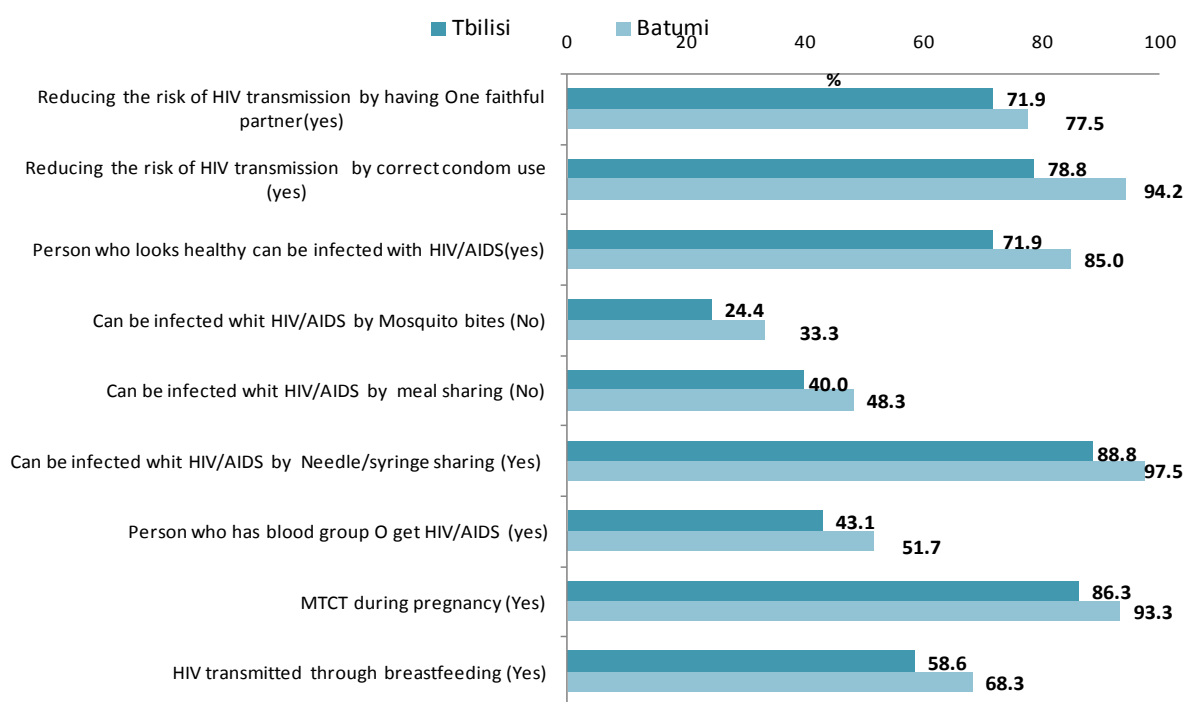
Figure 6: Percentage of FSWs who correctly identify ways of HIV transmission and reject major misconceptions (Global AIDS Response Progress Report Indicator)



Three fourths among Tbilisi FSWs (76.2%) and relatively bigger proportion (85%) among Batumi respondents believe that a healthy looking person can be infected with HIV. It is noteworthy that about half of the respondents in both cities still have misconception about persons with blood type 0 not being under risk of HIV infection.

The big majority of FSWs (91.4% in Tbilisi and 93.3% in Batumi) know that one of the ways for HIV/AIDS transmission is mother-to-child transmission during pregnancy and relatively less proportion (62.3% in Tbilisi and 68.3% in Batumi) is aware that infected mother can transfer HIV/AIDS to her baby through breastfeeding. It is notable that majority of interviewed FSWs know at least one measure for reducing risk of MTCT. These data are presented on the [Figure 7](#).

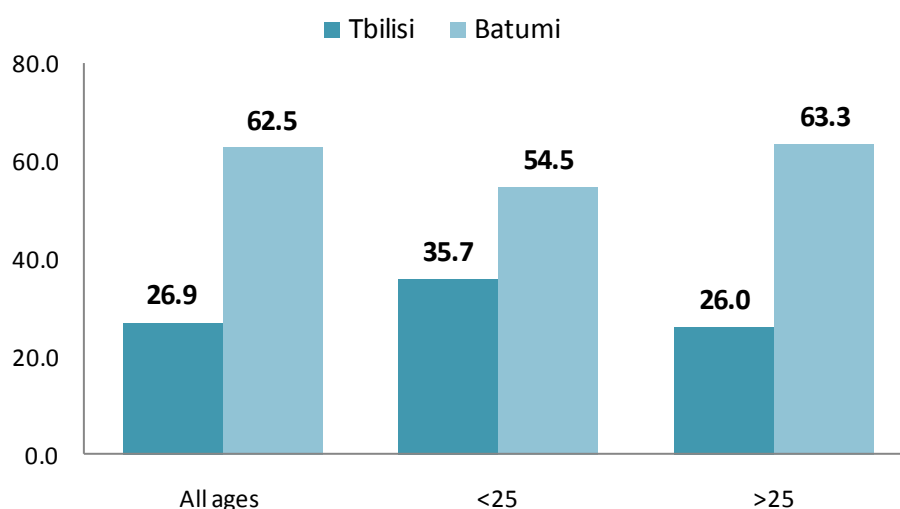
Figure 7: Percentage of FSWs who correctly identify ways of HIV transmission and reject major misconceptions



It is worth mentioning that three fourths of respondents in Tbilisi and 89.2% in Batumi know where they can receive HIV testing in their community, 67.5% and 80.8% from Tbilisi and Batumi respectively reported they had confidential HIV test. Figure 9 below shows proportion of FSWs who received HIV test in the last 12 months and who know their result. In Tbilisi this percentage reaches 26.9%, in Batumi – 62.5%. The proportion is a bit higher in younger age group in Tbilisi, and vice versa – in Batumi. These data suggest that every FSWs tested during the last year has received her test result.

All respondents in Batumi and 94.4% 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 result



Slightly more than half in Tbilisi and three fourths in Batumi reported they informed at least one person about the test result and among those with whom FSWs share this confidential information are colleague sex workers (56.7% and 75% in Tbilisi and Batumi respectively), friends (23.3% and 37.5% in Tbilisi and Batumi respectively), partners (21.7% and 20.8% in Tbilisi and Batumi respectively).

When asked about how they assess their personal risk of contracting HIV, 38.4% in Tbilisi and 42.5% in Batumi said that they are under high risk. Medium risk was reported by 17.9% and 33.3% at survey sites, respectively and low risk – by 17.2% in Tbilisi and 11.7% - in Batumi. Still, 16.6% in Tbilisi and 10.8% in Batumi 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 (61.6% and 81.7% in Tbilisi and Batumi respectively), followed by booklets (32.1% in Tbilisi and 36.7% in Batumi), friends (26.4% and 38.3% in Tbilisi and Batumi respectively) and newspapers (23.9% and 11.7% in Tbilisi and Batumi respectively).

When asked about the most reliable sources of information on STIs/HIV, FSWs listed in the first place representatives of NGOs (36.5% in Tbilisi and 63.3% in Batumi). TV was mentioned as a second reliable source of information by 27% in Tbilisi and 24.2% in Batumi.

Coverage of prevention programs is estimated by knowledge of place where to take HIV test and reception of condoms from preventive programs during the last 12 months. In Tbilisi and Batumi

55.6% and 77.5% FSW respectively were covered by preventive programs. Only one out of fourteen young FSW were covered in Tbilisi (7.1%), while in Batumi this indicator reaches 63.6%, Program coverage is also significantly higher among older FSWs in Batumi (78.9% vs.63.6% in Tbilisi).

STI/HIV Prevalence

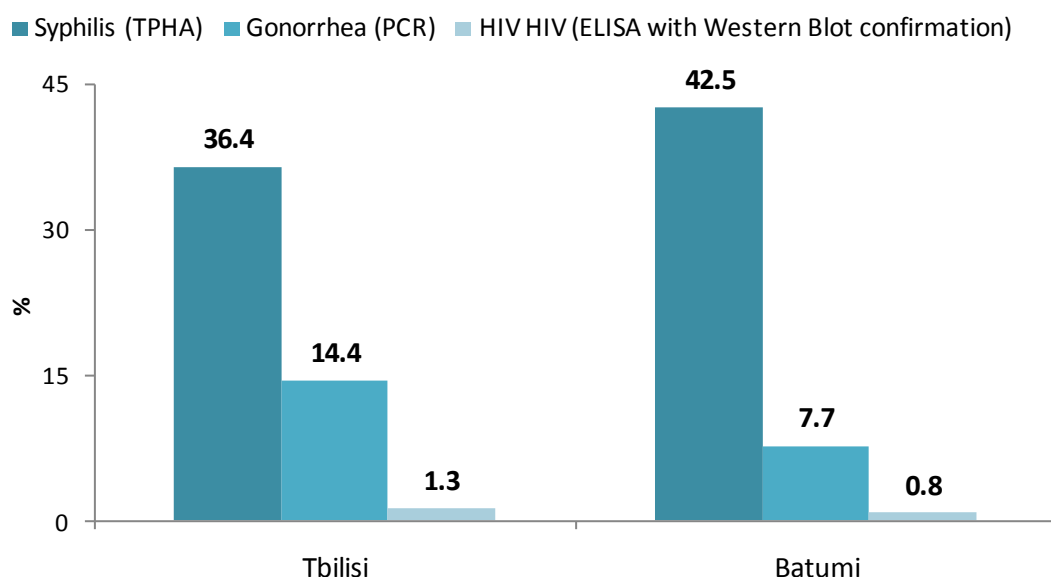
FSWs at both survey sites were tested for syphilis, gonorrhea and HIV. Blood sample for HIV and syphilis was taken from 156 Tbilisi and 120 Batumi respondents.

Syphilis among Tbilisi respondents was positive among 34.6% and 42.5% among Batumi respondents. Syphilis was diagnosed with TPHA test indicating lifetime infection among tested individuals.

Urine sample with PCR was investigated from all Tbilisi (160) and 117 Batumi respondents. Proportion of FSWs who showed positive result on Gonorrhea test was 14.4% in Tbilisi and 7.7% in Batumi.

Only 2 out of 156 FSW in Tbilisi and only 1 out of 120 in Batumi appeared to be HIV infected. It should be noted that out of 3 confirmed cases 1 case from Batumi was the same FSWs that was identified as HIV positive in 2011. As for Tbilisi, both HIV positive FSWs were the new cases.

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



The survey found very limited number (2 in Tbilisi and 1 in Batumi) of FSWs who tested positive for more than one STI.

Trafficking and Sex Work Abroad (Batumi)

Questions about trafficking and sex work abroad were asked to Batumi respondents only.

Overwhelming majority (99.2%) of FSWs is aware of trafficking problem, however only 8.3% (10 out of 120) have ever experienced it. It is worth mentioning that one out of 10 FSWs who experienced trafficking abroad, experienced it 3 and more times. Half (50.8%) of FSWs from Batumi reported they have worked voluntarily abroad (mostly in Turkey). Mean number of visits abroad for sex work is 10.5. Only one FSW said she had a problem of money/passport extortion when crossing a boarder, six FSWs reported facing problems when working abroad (5%), mainly – money extortion and non-physical violence. The problems are associated with clients, policemen, pimp from Georgia or with hotel/bar owner.

Despite having the problems while working abroad, more than one third of FSWs are still willing to go abroad to earn money. As for the type of place of sex work abroad, majority of FSWs reported hotels (50.8%), apartments (19.7%) and bars (13.1%).

It is important to note that 36.1% of FSWs who worked abroad, said they always used condoms with their clients, and 21.3% - reported they never used condoms.

Only few FSW (4.9%) took non-injected drugs. Duration of staying abroad is longer than 1 month for half of FSWs. More than half of FSWs had up to 5 clients per day during their last visit abroad, 36.1% reported having up to 10 clients per day, 6.6% - more than 10 clients per day. Majority (72.1%) said the number of clients they serve per day abroad is more than they are having in their home country. Besides, the mean fee they are getting abroad is higher than in Georgia (100 GEL, 61 \$). Three quarter (73.8%) mentioned they are protecting themselves from getting STIs abroad with condoms. Notable is that about third (31.1%) claim that they are receiving prophylactic injections for STI prevention purposes. Only one fifth have access to HIV/STI testing abroad and the majority (66.7%) has used this service at least once.

Conclusions and Discussion

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

Socio-demographic Characteristics:

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

- Median age of FSWs is 38 years in Tbilisi and 35 years in Batumi; the majority of FSWs are older than 25 and represent the age group “40+”;
- Majority of FSWs at both survey sites are Georgian;
- Majority of FSWs have received secondary/vocational education;
- As a rule, FSWs are from other places than their current place of work – 68.7% in Tbilisi and 82.5% in Batumi;
- About three fourths 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 BSSs 2002-2012

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

So this aging trend is kept in Tbilisi. As for Batumi, the median age stays the same since 2008. This could be due to the reason that younger women in Tbilisi are rarely entering sex business at all or they are more attractive, get better paid opportunities and thus become prostitutes of higher levels.

In terms of education level of FSWs, in Tbilisi education levels did not change during 2002-2009, but in the current survey proportion of higher education has increased from 13 to 18 percent. As for Batumi, proportion of FSWs with higher education stayed the same as in 2008. This leads to the idea that women in mid ages with higher education are unable to find jobs in Tbilisi and become involved in commercial sex.

At both survey sites less than 5% of interviewed FSWs are internally displaced.

FSWs in Tbilisi are getting older since 2002. The current survey revealed slight increase in higher education level in Tbilisi; still the majority of FSWs have received secondary/vocational education.

Background in Prostitution

About 14% of Tbilisi survey participants reported having worked in sex business in another city than Tbilisi before. This situation has not changed much since 2002. However, in Batumi progressively more FSWs since 2004 reported been 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. This could be explained by the fact that there is low opportunity to be involved in sex business in other smaller cities, and sex workers migrate more and more to Batumi, which is a border and port city with increasing tourist attraction over the last years.

Median age of first sexual encounter in exchange for money is 30 years for Tbilisi and 28 years for Batumi, which shows slight increase in starting age for both cities. Mean years of working in sex business is 7 in Tbilisi and 6 in Batumi. This is also connected with the fact that 25% of Tbilisi FSWs participated in the last two BSS rounds and 55% - in at least one BSS survey. The flow of sex workers, namely, the number of newcomers to street-based sex business is not very large in Tbilisi. As for Batumi, the situation is different, since only 11.7% reported participation in the last two BSS rounds and 39.2% - in at least one previous survey. It is obvious that Batumi has increasing trend of newcomers to sex business, mainly due to the reason listed above – tourism development.

FSWs come from different cities/villages, where some of them, mainly those working in Batumi have done sex work as well; their only income is sex business, and they have financial dependents.

Alcohol and Drug Use

FSWs both in Tbilisi and Batumi do not report high percentages of alcohol use, especially everyday use. However, everyday alcohol use has decreased in Tbilisi (from 13.1% to 7.5%) and increased in Batumi (from 13.3% to 16.7%). As for drug use, extremely small proportion reported having ever used injecting drugs (3.8% and 0.8% in Tbilisi and Batumi, respectively). 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, majority of them are over 25 years of age. The injecting drugs were Subutex and Heroin.

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

Sexual Risk Behavior

Paying Clients

Vast majority of FSWs have had clients during the last week, mean number of clients is slightly bigger for Tbilisi – opposite to the previous BioBSS. Mean number of clients during the last business day is two. Mean amount of money received from the last client has increased compared to 2008-2009, which could be due to the inflation in Georgia.

The vast majority of Tbilisi FSWs reported condom use with the last client and consistent condom use with the clients during the last 30 days. There is statistically significant ($p < 0.01$) decrease in condom use with the last client since 2008, but still the proportion remains over 94%. However, consistent condom use with the paying clients has not changed since the last BioBSS.

Condom use rates for Batumi also decreased: condom use with the last client has decreased from 92.5% in 2008 to 85.8% in 2012 ($p < 0.05$), and consistent condom use during the last 30 days has decreased from 80% in 2008 to 50.8% in 2012 ($p < 0.01$).

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 3.89; 2.28-6.55 95% CI).

In most of the cases condom use with the last client is initiated by FSWs. Cases of the mutual initiative have slightly increased, as reported by FSWs in both cities.

High proportion of condom use with the last client have been a subject for discussions for years. Researchers thought that these data are high due to so-called “social desirability bias”. But stable proportions as showed by the surveys throughout the decade (5 BSSs in Tbilisi, 4 – in Batumi) suggest that these data reflect the real situation. At the same time, prevalence of STIs, especially gonorrhea, demonstrates that FSWs are infected and re-infected from other sources – most probably from regular partners (see below “Regular Partners”).

Regular Clients

Majority of FSWs in Tbilisi and Batumi reported having regular clients. Mean numbers of regular clients decreased for both survey locations. As in previous BioBSS, contacts with regular clients are quite stable – majority report up to 5 sexual intercourses with regular clients during the last 30 days.

The majority of Tbilisi FSWs and three fourths of Batumi FSWs report use of condom during their last sexual intercourse with regular client. Use of condom is in more than one third of cases initiated by FSWs themselves. There is statistically significant decrease in condom use and condom use initiation by FSWs since 2008-2009.

As for the consistent condom use with regular clients over the last 12 months, the decrease at both survey sites is also statistically significant ($p < 0.05$ in Tbilisi and $p < 0.01$ in Batumi).

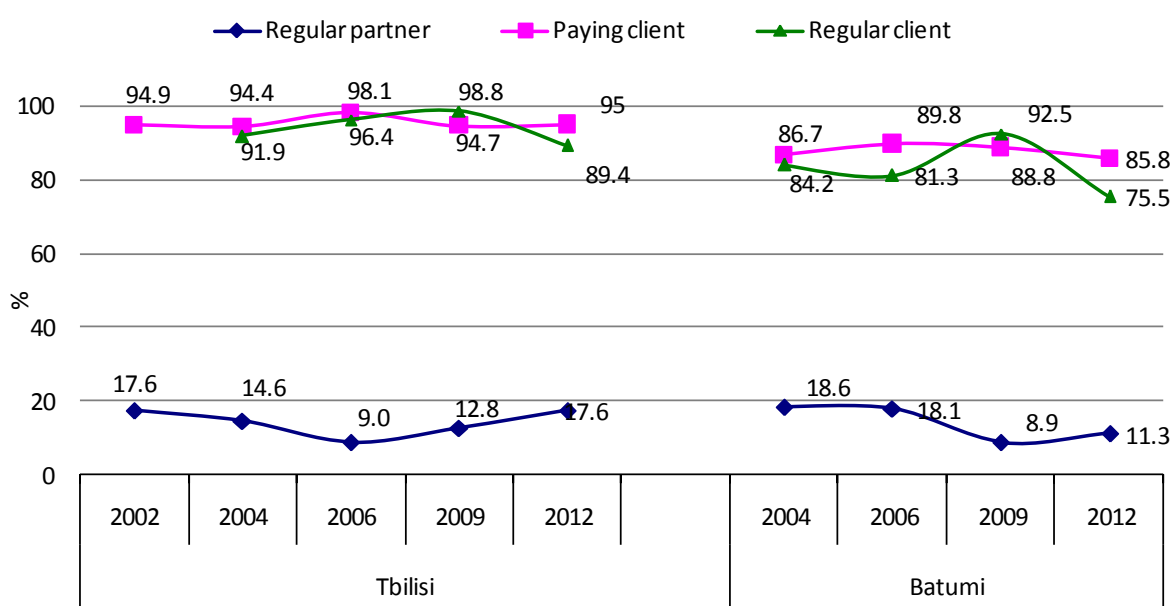
Regular Partners

About half of FSWs in Tbilisi and more than half - in Batumi have on average one regular partner. 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. The rates of condom use with regular partners have increased since the last BioBSS, but this increase is not statistically significant. Use of condoms in Tbilisi is mainly initiated by respondents themselves and in Batumi half of the FSWs report that this was offered by the partner. Majority of FSWs, who reported no condom use, mentioned they did not think it was needed with their regular partners. In 2008-2009 the leading cause for not using a condom was that FSWs did not think of it. It could be concluded that in this round of the survey FSWs remembered about the condom but considered it was not needed, rather than did not think of protection.

As for consistent condom use with regular partners, very small proportion of the respondents reported doing so. In Batumi, this indicator has slightly decreased.

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 BSS 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 decreased with different kind of partners. Condom use during the last intercourse with paying clients has decreased significantly in both cities, but still remains very high in Tbilisi and quite high in Batumi. Consistent condom use with the clients over the last month has alarmingly decreased in Batumi as well as condom use during the last intercourse with regular client. There is also significant decrease in consistent condom use with regular clients in both cities. As for regular partners, condom use with this type of partner did not change significantly over the last years, and remains low. Worsened behavior trend among FSWs, especially among Batumi FSWs, indicates that the newcomers to Batumi sex business are in need of continuous prevention information and condoms. Partner's refusal as a main reason for not using condoms with paid partners shows that FSWs lack skills to negotiate safe sex practices with their clients. Partner's refusal, as a main reason for not using condoms with paid partners, could be due to high tourists' flow in Batumi.

The data analysis also suggests that FSWs are paid more for unprotected sexual intercourse. FSW who did not use condom during last sex with the client received on average 96.6 Gel compared to an average of 56.8 Gel for protected sex. Such difference in average payment for sex was found among Tbilisi FSW, for unprotected sex mean payment reaches 118.3 Gel, while mean payment for protected sex amounts to 47.1 Gel. No such difference was found among Batumi FSW.

Condoms

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

Violence

Overall, survey found 15.6% of FSWs in Tbilisi and 16.7% in Batumi who experienced any kind of violence during the last year. Violence report for Batumi has increased twice.

STI Knowledge and Health Seeking Behavior

Almost all FSWs from both survey sites are aware about sexually transmitted Infections. Still there are several respondents not aware of STIs. Out of surveyed FSWs big majority knows at least one symptom among women. A bit less FSWs at both survey sites know at least one STI symptom among men. These data show that there is some improvement in the STI symptoms knowledge since 2008 in Batumi. Still there are quite a lot FSWs who do not know any STI symptoms among women. Number of FSWs who report having some STI symptom during the last year has increased in Batumi, which is connected with the decrease in consistent condom use with clients and also probably with increase in violence.

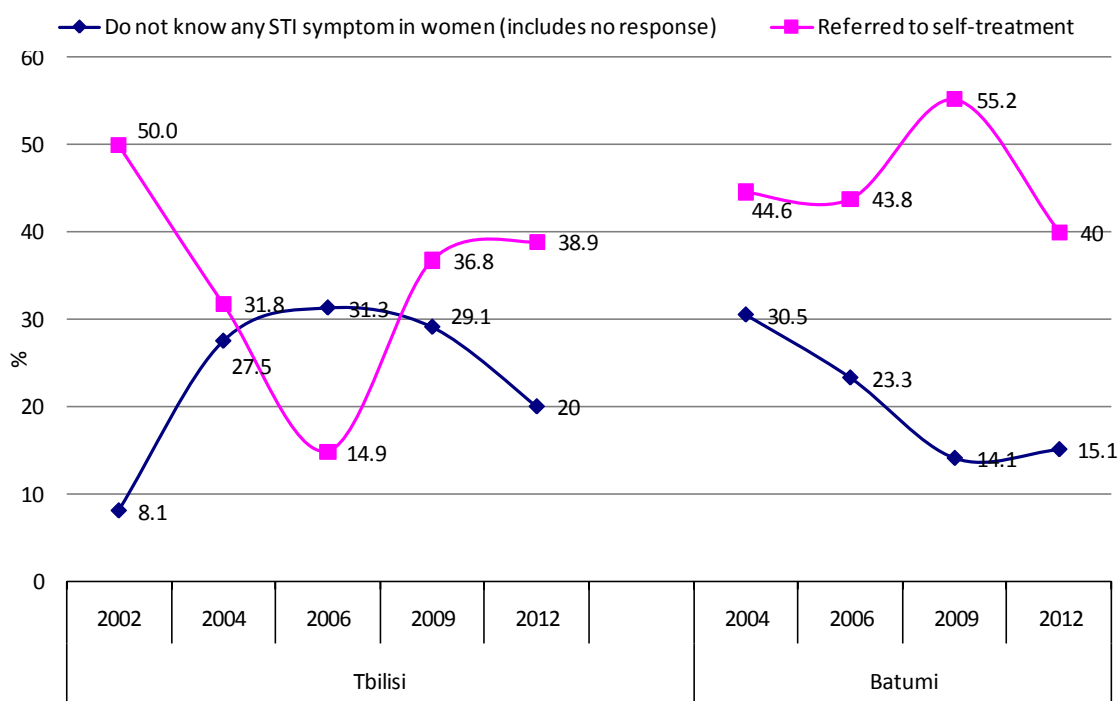
Odds of inconsistent condom use with their clients during last month is two-fold high among the FSW who self reported STI symptoms (OR 1.95; 1.17 – 3.24 95% CI).

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 2008.

The knowledge of STI symptoms among women and men stays the same. Still, the proportion of those FSWs who cannot name at least one symptom increased in Tbilisi and decreased in Batumi. As for application of self-treatment, in both cities there is some improvement.

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

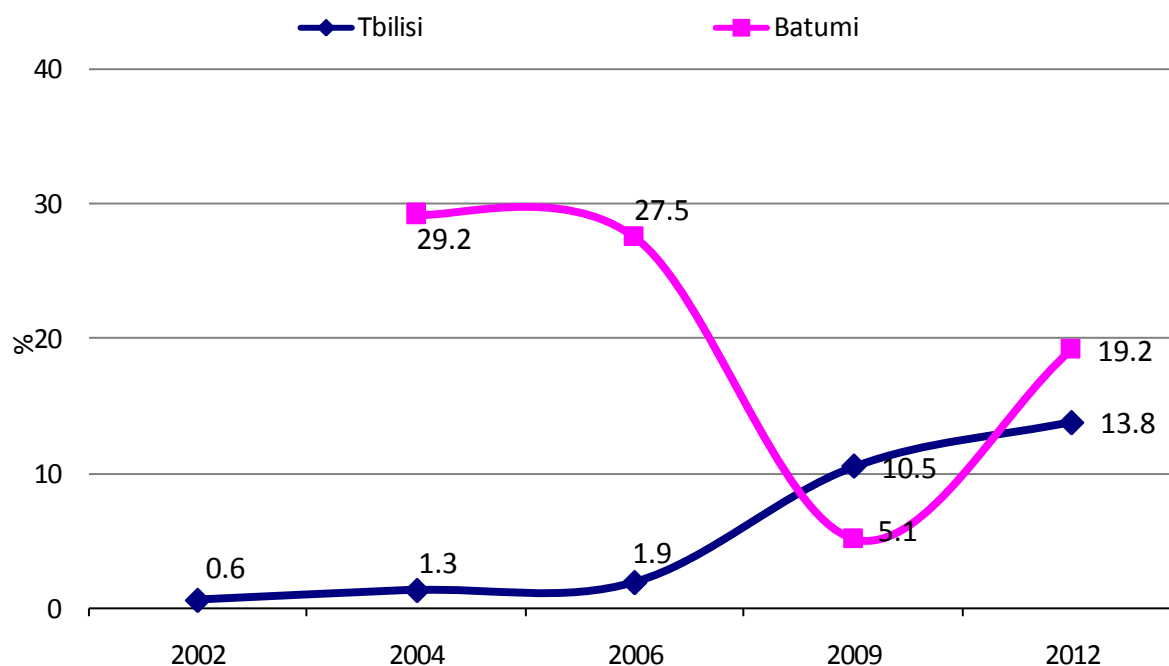
The vast majority of FSWs are aware of HIV/AIDS. It is interesting that still there are several FSWs in Tbilisi (9 FSWs) that are not aware of this disease. Quite small proportion of FSWs could correctly answer 5 questions on ways of HIV transmission (13.8% in Tbilisi, 19.2% - in Batumi). However, this indicator has increased significantly for Batumi, compared to the BioBSS of 2008-2009, which might be reflecting some effectiveness of prevention programs, public awareness campaigns, media etc.

There are quite a lot of FSWs that still believe that a person with first blood group cannot get infected with STI/HIV – these data has not changed since the last BioBSS. The big majority of FSWs name condom use as one of the ways of protecting from STI/HIV. Quite high is FSWs’ awareness on MTCT.

As for the National indicator on HIV knowledge, 28.1% in Tbilisi and 35% in Batumi answer correctly the four questions.

Figure 11 below demonstrates changes in the HIV knowledge indicator over the last decade. It is clear that in Tbilisi the knowledge has improved. As for Batumi there was a drastic worsening in the last survey, which has significantly improved in the current research.

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 rate has significantly increased in Batumi, and stayed the same in Tbilisi.

HIV Testing and Counseling

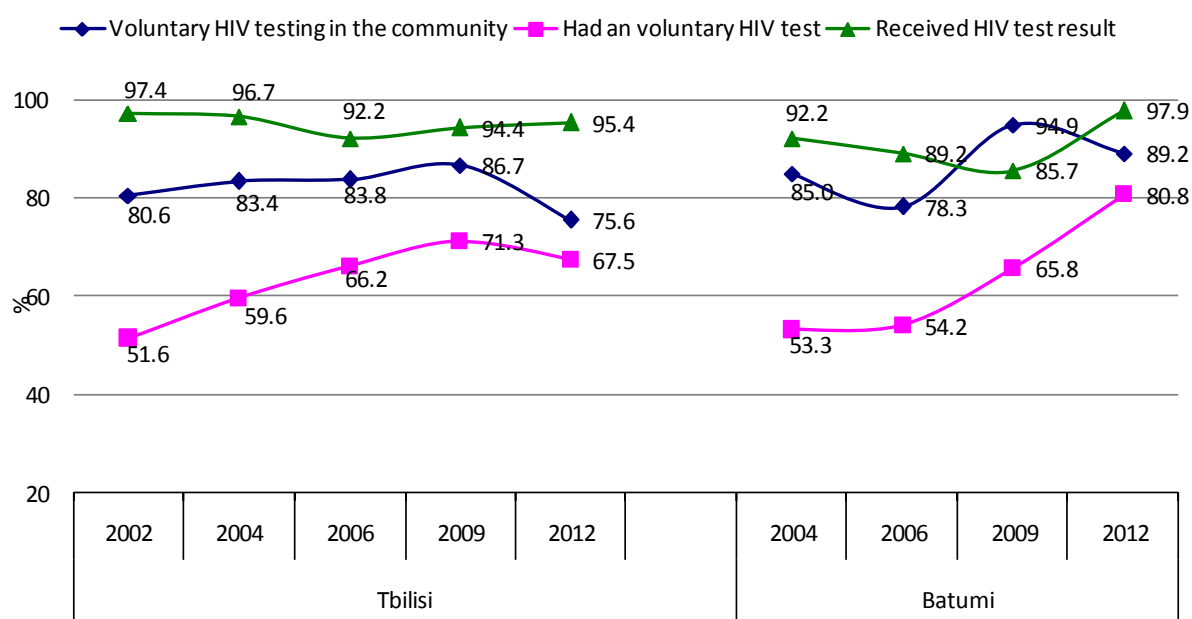
Majority of FSWs know where they can receive HIV testing in their community; these rates have either stayed the same in Tbilisi, or increased significantly in Batumi since 2008-2009. Slightly over the quarter (26.9%) in Tbilisi and more than half (62.5%) in Batumi were tested during the last year and received their results. In Batumi the increase since 2009 is statistically significant ($p < 0.01$). Testing uptake increase, as well as increase in proportion of those FSWs who were tested during the last year and got their results, is explained by introduction of rapid testing (finger prick) in 2010.

Less than half of FSWs at both survey sites consider themselves being at high risk of HIV infection and some still think they do not have any risk of contracting this infection.

It is interesting that FSW who consider themselves under high/medium risk were twice more likely to inconsistently use condoms with the clients during last month, compared to those who perceive themselves under low or no risk (OR 2.3; 1.2-4.6 95% CI). If we connect this with the increase in HIV-related knowledge, probably FSWs, knowledgeable about ways of transmission, realize that unprotected sex exposes them to HIV infection.

The figure 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 Counseling



There is increase in ever being tested on HIV among FSWs at both survey sites. Batumi FSWs have increased referrals to HTC services. Every FSW tested during the last year in both cities has received her test result. Personal risk assessment of FSWs demonstrated that majority do not consider themselves being at high risk for HIV infection.

Sources of information on STI/HIV

The most popular source of information on STI/HIV is TV/Radio, followed by friends and newspapers. The most reliable sources of information are representatives of NGOs, followed by TV.

Preventive program coverage

Comparison of 2008 and 2012 survey finding show that coverage of prevention programs measured by awareness where to get HIV test and reception of condom during last year has decreased with statistically significant change in both survey sites: from 66.9% to 55.6% and from 85.8% to 77.5% in Tbilisi and Batumi respectively.

Effectiveness of condom distribution is demonstrated by the finding that FSWs who received free condoms from preventive programs during the last year are less likely to be positive for gonorrhea (OR 0.39; 0.18-0.83 95% CI).

At the same time young FSW aged 25 years and less are almost three times less likely to receive condoms from preventive programs compared to older FSW (OR 0.31; 0.13-0.72 95% CI).

Significantly higher proportion of FSW in Batumi received condoms compared to Tbilisi FSW.

HIV knowledge is associated with preventive program coverage: those who are less knowledgeable on preventive measures and reject major misconceptions were less likely to receive free condoms from preventive programs during the preceding year.

Trafficking and Sex work Abroad (Batumi)

The majority of respondents are aware of trafficking. Only 8.3% have ever experienced it.

Going for sex work abroad has become more popular among Batumi sex workers. Half of FSWs reported they have worked as sex workers voluntary abroad (mostly in Turkey), and have done so about 10 times. This percentage has increased compared to previous years. Main problems that FSWs encounter are problems while working abroad, such as money extortion, non-physical violence, etc. Despite having the problems while working abroad, more than one third of FSWs are still willing to go there to earn money.

Condom use was always lower abroad than in Georgia, in 2012 about one third of respondents mentioned using condoms while working abroad. Compared to 2008 this proportion is lower. One fifth of FSWs reported they never used condoms while working abroad. This, along with the higher number of clients, creates additional risks for the spread of STIs. As for other contributing factors - drug use is quite low and practice of so-called “prophylactic” injections among FSWs while abroad has decreased since 2008.

Awareness of trafficking is high; only 10 FSWs report having been victims of trafficking. Half of FSWs go abroad for sex work voluntarily. Rates of condom use are low while being abroad.

Biomarker

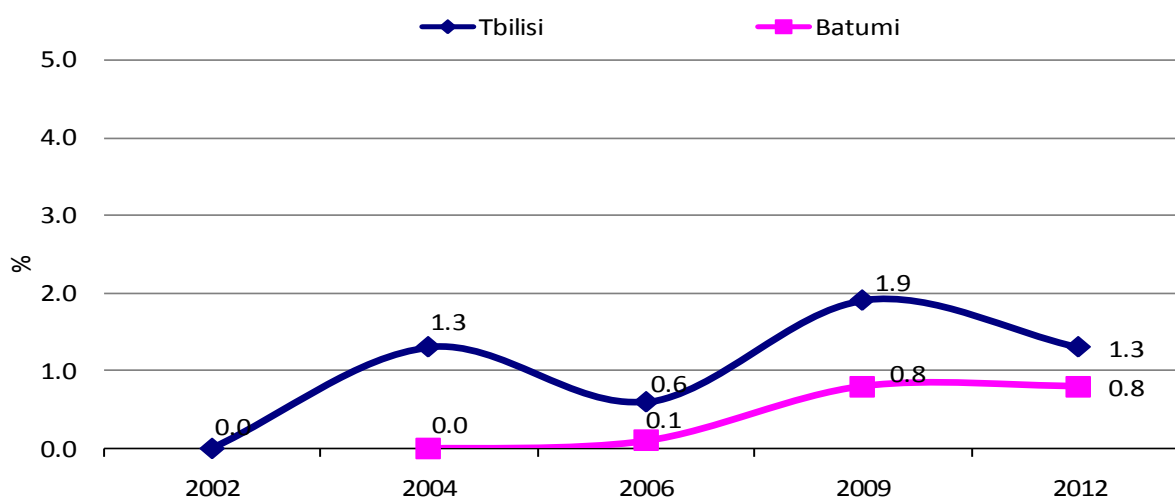
The survey found that rates of lifetime syphilis remains at the same level among the respondents.

Quite small proportion of FSWs showed positive result on Gonorrhoea test, however prevalence of this infection has increased since BSS of 2008-2009.

Only 2 out of 156 (from those who agreed to take a test) were HIV positive in Tbilisi and only 1 out of 120 appeared to be infected in Batumi. It should be noted that one of the 3 confirmed cases (in Batumi) was the same FSWs that was identified as HIV positive in 2011. As for Tbilisi, both HIV positive FSWs were the new cases. Trends of HIV prevalence among FSWs during the last 10 years are presented on the Figure 14 below.

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. That provides more reason to widely offer rapid (finger prick) tests, where it is possible to give out test results in about 15 minutes.

Figure 14: HIV prevalence



Rates of HIV infection remain low during the last ten years. Prevalence of lifetime syphilis stays the same, and gonorrhoea has increased.

Recommendations

- Specific and more explicit HIV prevention messages and materials focusing on condom use promotion should be provided to FSWs, their clients and regular partners through outreach workers and peer educators rather than through mass media outlets. The interventions should also target the gaps in knowledge, especially on HIV testing possibilities, revealed through the surveys.
- In order to increase coverage by preventive interventions, condom provision should be intensified and voluntary rapid HIV testing, with adequate pre- and post-test counseling through mobile laboratories should continue.
- Interventions targeting newcomer FSWs in Batumi should be increased, in order to reduce risks of unprotected sex.
- 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.

Annex 1: Data tables

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

Characteristics	Tbilisi	Batumi
Year, Date of interviews	2012 30 April-18 May	2012 2-5 April
Location of interview		
At organizations office	100% (160)	100% (120)
Recruitment		
Recruitment of FSWs in sections of Tbilisi and Batumi identified through mapping	83.75% (134)	82.5% (99)
Participation rate		
Total contacted	148	142
Total refused	14	7
Total agree	134	99
Total completed	160	120
Participation in previous BSS		
2006	26.3%	16.7%
2009	48.8%	30.8%
2006 and 2009	25.0%	11.7%
At least one previous BSS	56.3%	39.2%

Table 5: Reasons of refusal to participate in the survey

Reason for refusal	Tbilisi (n)	Batumi (n)
Not interested	3	
Afraid of needle/syringe to give blood	5	2
Was busy	6	5

Table 6: Demographic Characteristics of FSWs

Demographic Characteristics	Tbilisi		Batumi	
	Tbilisi %	n/N	Batumi %	n/N
Age				
18-24	8.6	14/160	9.2	11/120
25-30	11.3	18/160	23.3	28/120
31-39	36.9	59/160	32.5	39/120
≥ 40	43.1	69/160	35.0	42/120
Mean (Min-Max)		38		36
Median		38		35
Education				
None	1.3	2/160	--	--
Primary	1.3	2/160	2.5	3/120
Secondary	78.8	126/160	82.5	99/120
Incomplete higher	0.6	1/160	5.0	6/120
Higher	18.1	29/160	7.5	9/120
Ethnicity				
Georgian	85.0	136/160	90.8	109/120
Other	15	24/160	9.2	11/120
Citizenship				
Citizen of Georgia	96.3	154/160	97.5	117/120
Other country	3.1	5/160	2.5	3/120
No response	0.6	1	--	--
Years of living in a given city				
Mean (Min-Max)	20.98 (0-58)	(157)	7.5 (0-55)	(120)
Median	18.0		4.0	
Arrived from another place	68.7	113/160	82.5	111/120
Internally displaced persons				
Yes	3.1	5/160	1.7	2/120
Engagement in commercial sex in other city				
Yes	13.8	22/160	55.0	66/120
Marital Status				
Married	11.3	18/160	5.0	6/120
Divorced / living separately	73.1	117/160	74.2	89/120
Widower	8.1	13/160	14.2	17/120
Never been married	7.5	12/160	6.7	8/120
Mean age of first marriage	17.6	(148)	17.1	(112)
Living Arrangements				
With spouse or partner	38.8	62/160	52.5	63/120
Partner has other spouse or partner	26.8	19/71	32.3	21/65
Engagement in sex business				
Median age at 1st sexual contact		17		17
Median age 1st received money in exchange for		30		28

sex				
Mean years working as sex worker		7		6
Have other sources of income	11.9	19/160	15.0	18/120
The most frequently mentioned sources of income (Seller)	31.6	6/19	33.3	6/18
Financial dependents				
Have Financial dependents	85.6	137/160	90.8	109/120

Table 7: Alcohol and Drug Use

Alcohol and Drug Use	Tbilisi %	n/N	Batumi %	n/N
Alcohol Use				
Everyday	7.5	12/160	16.7	20/120
Drug Use				
Non-injected drug use in past 12 months	5.6	9/160	8.3	10/120
The most frequently used non-injected drugs				
Sedatives/ Sleeping pills	66.7	6/9	60.0	6/10
Injected drugs use in the last 12 months	3.8	6/160	0.8	1/120
≤ 24	14.3	2 /14	-	0/11
≥ 25	2.7	4 /146	0.9	1/109
The most frequently used injected drugs				
Subutex	66.7	4/6	--	--
Heroin	66.7	4/6	--	--

Table 8: 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	80.0	128/160	90.8	109/120
Mean number of clients		8.2		7.5
Median		6.0		5.0
Clients during your last business day				
Mean number of clients		2.2 (158)		2.04/118
Median		2.0 (158)		2.00/118
Amount last client paid (Georgian Lari)				
Mean		50.0 (150)		73.6 (114)
Median		40.0 (150)		50.0 (114)
Condom use with the last client				
Condom used	95.0	152/160	85.8	103/120
≤ 24	100.0	14/14	100.0	11/11
≥ 25	94.5	138/146	84.4	92/109
Condom <i>not</i> used	5.0	8/160	14.2	17/120
No response	0.6	1/160		

Who offered the use of condom				
Sex-worker	75.5	114/151	73.8	76/103
Client	3.3	5/151	4.9	5/103
Mutual initiative	19.2	29/151	21.4	22/103
No response	2.0	3/151	--	--
Reasons for not using condoms with the last paid client				
Partner refused	37.5	3/8	52.9	9/17
Don't like it	0	0/8	11.8	2/17
Didn't think of it	25	2/8	17.6	3/17
Consistent condom use with clients over the last 12 months				
Condom was always used with clients during the last month	80.0	128/160	50.8	61/120
≤ 24	100.0	14/14	36.4	4/11
≥ 25	78.1	114/146	52.3	57/109
Condom was <i>never</i> used with clients during the last month	0	0/160	2.5	3/120

Table 9: Sexual Behavior of FSWs with Permanent Clients

Behavior with Regular Clients	Tbilisi %	n/N	Batumi %	n/N
Regular clients				
Have Regular clients	88.8	142/160	88.3	106/120
Mean number		8.7 (139)		7.6 (105)
Number of sexual contacts with regular clients over the last 30 days				
Didn't have sexual intercourse	4.9	7/142	5.7	6/106
Up to 5 times	72.5	103/142	74.5	79/106
5 – 10 times	14.1	20/142	17.9	19/106
More than 11	2.1	3/142	1.8	2/106
Condom use during the last sexual contact with regular client				
Condom used	89.4	127/142	75.5	80/106
Condom <i>not</i> used	9.9	14/142	24.5	26/106
No response	0.7	1/142		
Who offered to use a condom				
Sex-worker	33.9	43/127	52.5	42/80
Client	0.8	1/127	2.5	2/80
Mutual initiative	9.4	12/127	18.8	15/80
No response	5.1	70/127		
Reasons for not using condoms during the last regular paid sexual contact				
Didn't think it was needed	50.0	7/14	26.9	7/26

Partner refused	14.3	2/14	53.8	14/26
Don't like it			3.8	1/26
No response	35.7	5/14	15.4	4/26
Consistent condom use with regular clients over the last 12 months				
Condoms used always with regular clients over the last 12 months	76.1	108/142	56.6	60/106
≤ 24	100.0	9/9	40.0	4/10
≥ 25	74.4	99/133	58.3	56/96

Table 10: 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	46.3	74/160	59.2	71/120
Mean number		1.0 (74)		1.0 (71)
Number of sexual intercourses with regular partner over the last 30 days				
Didn't have sexual intercourse	5.4	4/74	2.8	2/71
Up to 5 times	44.6	33/74	23.9	17/71
5 – 10 times	21.6	16/74	23.9	17/71
More than 11	24.3	18/74	47.9	34/71
Don't know			1.4	1/70
Condom use during the last sexual contacts with regular partner				
Condom used	17.6	13/74	11.3	8/71
Condom <i>not</i> used	82.4	61/74	88.7	63/71
Who offered to use a condom				
Sex-worker	69.2	9/13	37.5	3/8
Client			50.0	4/8
Mutual initiative	30.8	4/13	12.5	1/8
Reasons for not using condom with regular partner				
Didn't think it was needed	59.0	36/61	58.7	37/63
Partner refused	9.8	6/61	22.2	14/63
Don't like it	13.1	8/61	11.1	7/63
Didn't think of it	6.6	4/61	4.8	3/63
Consistent condom use with regular partner over the last 12 months				
Condoms used always with regular partner over the last 12 months	9.5	7/74	5.6	4/71

Table 11: Access to Condoms for FSWs

Access to Condoms	Tbilisi %	n/N	Batumi %	n/N
Where do you go to get condoms				
Drugstore	86.3	138/160	95.0	114/120
"Tanadgoma"	46.8	75/160	70.0	84/120
Time necessary for buying/getting a condom				
Less than 5 minutes	68.1	109/160	54.2	65/120
5 – 15 minutes	18.8	30/160	38.3	46/120
15 – 30 minutes	8.8	14/160	5.0	6/120
30 minutes or more	1.3	2/160		0/120
Number of condoms FSWs have with them or at place of work				
Have condoms with them or at place of work	65.6	105/160	85.0	102/120
Condom mean number		15.7 (105)		11.5 (102)
Received condoms from preventive programs over the last 12 months				
Yes	64.4	103/160	82.5	99/120

Table 12: Violence among FSWs

Violence	Tbilisi %	n/N	Batumi %	n/N
Physical violence				
Was a victim of physical violence	13.8	22/160	9.2	11/120
Person who made physical violence to FSW (Client)	81.8	18/22	72.7	8/11
Sexual violence				
Was a victim of sexual violence	2.5	4/160	10.8	13/120
Person who made sexual violence to FSW (Client)	100	4/4	84.6	11/13
Rape				
Was a victim of rape	3.1	5/160	2.5	3/120
Person who raped her (Client)	80.0	4/5	33.3	1/3
Person who raped her (Stranger)	20.0	1/5	66.7	2/3
Victim of at least one type of violence				
Was a victim of physical, sexual violence or rape	15.6	25/160	16.7	20/120

Table 13: STI Knowledge and Health Seeking Behavior among FSWs

STI	Tbilisi %	n/N	Batumi %	n/N
STI Knowledge				
Aware of STIs	93.8	150/160	99.2	119/120
Knowledge of STI symptoms observed among women				

Vaginal (genital) release	63.3	95/150	78.2	93/119
Genital, skin or mucous membrane ulcer	48.0	72/150	42.9	51/119
Genital redness	28.0	42/150	29.4	35/119
Burning while urinating	46.7	70/150	42.9	51/119
Itching	49.3	74/150	51.3	61/119
Lower abdomen ache	6.7	10/150	42.0	50/119
Know at least one symptom	80.0	120/150	84.9	101/119
Do not know any	20.0	30/150	15.1	18/119
Knowledge of STI symptoms observed among men				
Vaginal (genital) release	58.0	87/150	70.6	84/119
Genital, skin or mucous membrane ulcer	34.0	51/150	31.9	38/119
Genital redness	16.7	25/150	21.8	26/119
Burning while urinating	33.3	50/150	37.0	44/119
Itching	30.0	45/150	29.4	35/119
Lower abdomen ache	2.7	4/150	13.4	16/119
Know at least one symptom	70.7	106/150	74.8	89/119
Do not know any	29.3	44/150	25.2	30/119
Had STI symptoms in the last 12 months				
Had STI symptoms	22.5	36/160	62.5	75/120
Received treatment at:				
Self treatment	38.9	14/36	40.0	30/75
Traditional healer	2.8	1/36	1.3	1/75
State clinic/hospital	55.6	20/36	64.0	48/75
Drugstore	16.7	6/36	18.7	14/75
Sexual behavior during symptomatic period				
Told sexual partner about STI	25.0	9/36	48.0	36/75
Stopped intercourse	33.3	12/36	58.7	44/75
Used condom	52.8	19/36	30.7	23/75

Table 14: HIV/AIDS Knowledge and Testing among FSWs

HIV/AIDS Knowledge	Tbilisi %	n/N	Batumi%	n/N
Aware of HIV/AIDS				
Knows about HIV/AIDS	94.4	151/160	100.0	120/120
Reducing the risk of HIV transmission by having One faithful partner(yes)	71.9	115/160	77.5	93/120
Reducing the risk of HIV transmission by correct condom use (yes)	78.8	126/160	94.2	113/120
Person who looks healthy can be infected with HIV/AIDS(yes)	71.9	115/160	85.0	102/120

HIV/AIDS Knowledge	Tbilisi %	n/N	Batumi%	n/N
Can be infected with HIV/AIDS by Mosquito bites (No)	24.4	39/160	33.3	40/120
Can be infected with HIV/AIDS by meal sharing (No)	40.0	64/160	48.3	58/120
Can be infected with HIV/AIDS by Needle/syringe sharing (Yes)	88.8	142/160	97.5	117/120
Person who has blood group A can get HIV/AIDS (yes)	43.1	69/160	51.7	62/120
MTCT during pregnancy (Yes)	86.3	138/160	93.3	112/120
HIV transmitted (Yes) through breastfeeding	58.6	94/160	68.3	82/120
Correctly answered all five questions about HIV transmission routes and prevention (UNGASS Indicator)	13.8	22/160	19.2	23/120
≤ 24	14.3	2/14	18.2	2/11
≥ 25	13.7	20/146	19.3	21/109
Actions for reducing risk of MTCT				
Take ARVs	31.8	48/151	41.7	50/120
Caesarean section	0.7	1/151	10.8	13/120
Artificial nutrition	11.3	17/151	10	12/120
Knows HIV testing site in a community				
Yes	75.6	121/160	89.2	107/120
No	18.1	29/160	9.2	11/120
No response	0.6	1/160	1.7	2/120
HIV test				
Not Tested	26.9	43/160	19.2	23/120
Ever tested	67.5	108/160	80.8	97/120
Tested voluntarily	94.4	102/108	100	97/120
Tested during last year	26.9	43/160	62.5	75/120
Tested from 1 to 2 yrs period	18.1	29/160	7.5	9/120
Tested 2 yrs ago	15.0	24/160	9.2	11/120
Don't know	4.4	7/160	0.8	1/120
No response	4.6	5/160		
HIV test during last year				
Had HIV test during last year and knows results	26.9	43/160	62.5	75/120
≤ 24	35.7	5/14	54.5	6/11
≥ 25	26.0	38/146	63.3	69/109
Tell someone about test results				
Told about test results	55.5	60/108	74.2	72/97
Client/clients	8.3	5/60	13.9	10/72
Regular client/clients	10.0	6/60	16.7	12/72

HIV/AIDS Knowledge	Tbilisi %	n/N	Batumi%	n/N
Partner/partners	21.7	13/60	20.8	15/72
Colleague sex workers	56.7	34/60	75.0	54/72
Family members	10.0	6/60	5.6	4/72
Relatives		0/60	4.2	3/72
Friends	23.3	14/60	37.5	27/72
Did not tell about test results	39.8	43/108	23.7	23/97
Assessment of HIV risk				
High risk	38.4	58/151	42.5	51/120
Middle risk	17.9	27/151	33.3	40/120
Low risk	17.2	26/151	11.7	14/120
No risk	16.6	25/151	10.8	13/120

Table 15: Sources of Information on STI/HIV

Interventions / media	Tbilisi %	n/N	Batumi %	n/N
Source of information about STI/HIV				
TV/Radio	61.6	98/159	81.7	98/120
Newspapers	23.9	38/159	11.7	14/120
Friends	26.4	42/159	38.3	46/120
Clients	6.9	11/159	5.8	7/120
Family members	2.5	4/159	0.8	1/120
Social workers	34.0	54/159	47.5	57/120
Booklet	32.1	51/159	36.7	44/120
Did not received any information about STI / HIV	0.6	1/160		0/120
The most reliable sources of information				
TV	27.0	43/159	24.2	29/120
Radio	0.6	1/159		0/120
Newspapers/ Journals	5.7	9/159	2.5	3/120
Friends /Relatives	3.8	6/159	1.7	2/120
Other Sex-workers	1.9	3/159	0.8	1/120
Representatives of NGOs	36.5	58/159	63.3	76/120
Coverage of prevention programs				
Knows where to take test on HIV and received condoms from prevention programs during the last 12 months *	55.6	89/160	77.5	93/120
≤ 24	7.1	1/14	63.6	7/11
≥ 25	60.3	88/146	78.9	86/109

Table 16: STI/HIV Prevalence among FSWs

Biomarker	Tbilisi %	n/N	Batumi %	n/N
HIV (ELISA with Western Blot confirmation)				
Prevalence	1.3	2/156	0.8	1/120
≤ 24		0/13		0/11
≥ 25	1.4	2/143	0.9	1/109
Syphilis (TPHA)				
Prevalence	34.6	54/156	42.5	51/120
≤ 24		0/13		0/11
≥ 25	37.8	54/143	46.8	51/109
Gonorrhoea				
Prevalence	14.4	23/160	7.7	9/117
≤ 24	21.4	3/14	18.2	2/11
≥ 25	13.7	20/146	6.6	7/106

Table 17: Trafficking and Sex Work Abroad (only for Batumi)

Trafficking and Sex Work Abroad	Batumi %	n/N
Awareness on Trafficking		
Heard about trafficking	99.2	119/120
How many times have been trafficked abroad for sex work		
Once	90.0	9/10
Twice		0/10
3 and more	10.0	1/10
Never been a victim of trafficking	91.7	110/120
Working abroad for sex work		
Working abroad for sex work voluntary (Yes)	50.8	61/120
Number of visits abroad for sex work		
During the last year (Mean)	0.9	(61)
Total (Mean)	10.5	(61)
Country		
Turkey	95.1	58/61
Dubai	3.3	2/61
Azerbaijan	1.6	1/61
Having problem when crossing a border		
Money extorting / passport	100.0	1/1
Having problem when working abroad		
Rape	16.7	1/6
Physical violence	16.7	1/6
Non-physical violence (threatening, blackmailing, cursing)	50.0	3/6
Money extortion	50.0	3/6
Asking for the free service	33.3	2/6
Forced non-stop sex work	16.7	1/6
Who created problems during sex work abroad		

Trafficking and Sex Work Abroad	Batumi %	n/N
Client	50.0	3/6
Brothel owner	16.7	1/6
Hotel/ Bar owner	33.3	2/6
Policeman	50.0	3/6
Pimp from Georgia (A person that arranged your trip and/or took you abroad)	33.3	2/6
Willingly go abroad for next time		
Yes	36.1	22/61
Type of a place of sex work abroad the last time		
Street	1.6	1/61
Disco	6.6	4/61
Bar	13.1	8/61
Restaurant	9.8	6/61
Hotel	50.8	31/61
Casino	3.3	2/61
Apartment	19.7	12/61
Condom use with clients while working last time abroad		
Always	36.1	22/61
Never	21.3	13/61
Taking drugs while working abroad		
Non-injected drug use	4.9	3/61
Injected drug use		0/61
How long stayed abroad for last visit		
2 weeks	19.7	12/61
1 month	24.6	15/61
More than 1 month	49.2	30/61
Number of partners per day during the last visit abroad		
Up to 5	57.4	35/61
5-10	36.1	22/61
10 and more	6.6	4/61
Had more clients per day abroad than in Georgia	72.1	44/61
Fee per client abroad (Georgian Lari)		
Mean		114.2
Median		100.0
Means of protection used abroad for HIV/STIs		
Condom	73.8	45/61
Prophylactic injection (An injection that you are told to prevent STIs and HIV)	31.1	19/61
Contraceptives	9.8	6/61
Access to HIV/STI testing services abroad		
Yes	19.7	12/61
Ever using HIV/STI testing services abroad	66.7	8/12

Annex 2: Study questionnaire

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; Previously Interviewed – 3; Refusal – 4; Other – 5.

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

Signature_____

1. Did you ever participated 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 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

A9. 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	Cocaine	1	2	88	99
9	Sedatives/hypnotics	1	2	88	99
10	Other (Specify) -----	1	2	88	99
88	Don't know	88			
99	No response	99			

B. Marriage, Family and Work

B1. What is you 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 intercourses!!!

Place answers in the relevant columns below.

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

	C2.1	C2.2	C2.3
--	-------------	-------------	-------------

	Number of paying clients	Number of permanent clients	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 (<i>Specify</i>) _____	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 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
- Go to section G**

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. Have you ever used condoms with any of your partners? (Please note that the respondent may not have used a condom in the cases described in Parts D, E and F, but has used it in other periods)

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

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 response 99

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

Up to 5 minutes 1
 5-15 minutes 2
 15-30 minutes 3
 30 minutes or more 4
 More than a day 5
 Don't know 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 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.

G2. During last year have you been the victim of rape?

Yes	1	Go to H
No	2	
No response	99	

G3. 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 drugstore	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 answer is Yes Go to J1)</i>	1	2	99
8. Did you use the condoms during the symptom 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 J6/J7
No	2	
Don't know	88	
No response	99	

J5. What do you believe a pregnant woman might do reduce the risk of transferring the infection to fetus? (Don't read out the options to the respondent. Multiple answers are acceptable)

Take medication (antiretrovirals)		1
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

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 *Go to section L*
 No response 99 *Go to section L*

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

Once 1
 Twice 2
 3 and more 3
 Don't know/don't remember 88
 No response 99

L. Working Abroad (For Batumi only)

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

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

Yes 1
 No 2 *Go to section M*
 No response 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 How many times have you been abroad for sex work?

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

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

	L2	L2.1
Number of visits		
Don't know/don't remember	88	88

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 again for work?

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

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

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

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

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

L10. How often do you consume alcohol while abroad?

Every day 1
 At least, once a week 2
 At least, once every two weeks 3
 Once a month 4
 Don't know 88
 No response 99

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

Yes 1
 No 2 *Go to L12*
 No response 99

L11.1 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	Extasy	1	2	88	99
9	Cocaine)	1	2	88	99
10	Sedatives/hypnotics	1	2	88	99
11	Other (<i>Specify</i>) -----	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 _____ (*please specify*) 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?

/ _____ / *(Please indicate the amount in Lari)*

Don't know		88
No response		99

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

Condom		1
Prophylactic injection (An injection that you are told to prevent STIs and HIV)		2
Contraceptives (e.g. vaginal pills, etc)		3
Other _____ <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	(Go to section M)
No response	99	

L18. If so, have you ever used them?

Yes		1
No		2
No response		99

M. SOURCES OF INFORMATION ON STI/HIV

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

TV/Radio		1
Newspapers	2	
Friends		3
Clients		4
Family members		5
Social workers	6	
Booklet		7
Other _____		8
No response		99
I have never heard anything about STI/HIV		88

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

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

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 interview was concluded / _____ /

The questionnaire is kept till completion of the project.

Quality control on the interview was carried out by:

Position _____
 Organization _____

Signature _____