

Behavioral risk factors and prevalence of HIV and other STIs among female sex workers in Tirana, Albania

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SUMMARY

The paper presents the results of the research and a comparative analysis of findings on key indicators for the study population. The study instrument was a standardized behavior study questionnaire provided in the Family Health International published manual (Family Health International, 2000). The target group was female sex workers working in Tirana.

The prevalence of biological infections was low. HIV was detected in one case. Syphilis and Hepatitis B rates resulted to be respectively 6.5% and 7.6%. The median age of the study participants is 28 years. Almost 38% of the participants were illiterate, and more than half belong to the Roma community.

Almost 50% of the respondents had received money in exchange of sex for the first time 18 years earlier. Almost 65% of respondents reported two or more different sex partners in the last seven days, while almost 30% referred five or more. Condom use at last sex with a paying client was reported by almost 68%. Consistent condom use with paying clients in the last month was reported by almost 35% of the respondents.

KEY WORDS: HIV, Biological and behavioral data, FSWs, ISTs

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The scale and dynamics of the HIV/AIDS epidemic in Albania represent a low prevalence country. Since the first HIV infection was diagnosed in Albania in 1993, 373 cases of HIV have been identified (cumulative number by the end 2009). More than 90% of these infection occurred due to sexual contact (80% heterosexual and 10% homo/bisexual), and the most affected age group is that of 25-44 years. The diagnosed cases were confirmed with HIV-1 and with different subtypes. (Boci *et al.*, 2006; Ciccozzi *et al.*, 2005; Ciccozzi *et al.*, 2010; Qyra *et al.*, 2007; Qyra *et al.*, 2007).

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After 1990s, together with the rapid democratic reforms and demographic movements of the population abroad, the phenomenon of sex work and female trafficking for sex work also appeared. Usually subjects involved in trafficking have been females from the rural areas of Albania with families in a very difficult financial situation (Family Health International, 2006; UNICEF 2000; Harxhi *et al.*, 2002).

Little has been done to estimate the epidemiological situation among female sex workers (FSWs). Out of the 24 women living with HIV/AIDS in Albania, for five of them being infected was probably linked with working/being exploited as SWs. Efforts to estimate the epidemiological situation of HIV and other STIs among FSWs also include promotion voluntary counseling and testing centers (VCTs) among the victims of trafficking and/or former FSWs being

sheltered in the shelters of International Organization for Migration (Asticcioli *et al.*, 2009).

Following this descriptive introduction, the paper presents the results of the research and a comparative analysis of findings on key indicators for the study population. These indicators provide key information on the social demographics, risk behaviors, and the HIV, hepatitis B and syphilis prevalence rates in the target group. The study instrument was a standardized behavior study questionnaire provided in the Family Health International published manual (Family Health International, 2000).

The target group was FSWs working in Tirana. FSWs were defined as any female who exchanges money or other items of monetary worth (such as drugs) for sexual favors in streets or bars (UNAIDS, 2002).

As sex work in Albania is fragmented and there are no networks of FSWs, chain referral sampling methods would be difficult to implement. Thus the sampling method for this study was convenience sampling. All data collection took place in Tirana. Tirana was chosen based on the comparatively higher presence of FSWs, as reported by credible informants, formal and informal organizations, and outreach workers working with these communities.

All data were collected in November 2008. After completing the behavioral survey, participants underwent the biological portion of the surveillance research, which consisted on pre-test counseling, venous blood specimen for HIV and STIs rapid and confirmatory tests, treatment and referral for positive STIs results, and post-test counseling (Bellotti *et al.*, 1997; WHO/UNAIDS, 2000). Hexagon test, and Elisa and Western-Blot tests respectively as rapid test and confirmatory tests were used for HIV; the laboratory diagnosis for syphilis and hepatitis B consisted in the respective rapid tests, followed by the respective confirmatory (TPHA and Elisa) tests. (Parisi *et al.*, 2009) All participants were addressed where and when to obtain the laboratory HIV and STIs confirmatory tests.

The socio-demographic characteristics of the population are presented in Table 1.

Almost 50% of the respondents had received money in exchange of sex for the first time 18 years earlier, with less than 15% doing so before

TABLE 1 - Socio-demographic characteristics.

Characteristics (N=90)	Number (No)	Percentage (%)
Age		
≤24	36	40.0
≥25	54	60.0
Highest education completed		
Illiterate	34	37.8
Elementary school (4 classes)	23	25.6
Primary school (8 classes)	21	23.3
Secondary school (12 classes)	9	10.0
University	3	3.3
Religion		
Muslim	76	84.4
Roman catholic	6	6.7
Christian orthodox	4	4.4
No answer	3	3.3
No religion	1	1.1
Years living in Tirana		
≤5 years	19	21.1
6-10	13	14.5
>10	58	64.4

the age of 14 years (Sarkar *et al.*, 2006). A significant proportion reported doing other work in addition to sex work, with 73.3% mentioning begging, cleaning and selling in markets. At the present time, FSWs are supporting other people with their work, concretely 42.4% are supporting two to three people, while 36.4% are supporting more than four persons.

More than 90% of the FSWs participating in the study reported age at first sex under 18 years, with more than a half (54.4%) of the respondents having first sex under 14 years. The median number of different sex partners in the last seven days was three. Almost 65% reported two or more different sex partners in the last seven days, while 28.9% of the study participants referred having five or more different sex partners in the last sev-

TABLE 2 - Biological data.

Disease (N=92)	Number of cases	Percentage (%)	95% CI
HIV	1	1.08	0.19%-5.9%
Hepatitis B	7	7.6	3.7%-14.8%
Syphilis	6	6.5	3.0%-13.5%

en days. When it comes to number of paying clients, the majority, namely 46.5% referred having two to four clients in the last seven days. Only 15% had had five or more paying clients in the last seven days. The number of non-paying clients in the last seven days was one for 78% of the respondents. The median number of clients in the last working day was one. Almost one third of the respondents reported two to four clients in the last working day, 32.1% of respondents referred no client in the last working day. In regard to the amount of money paid during last paid sex, the figures vary from 6 to 35 USD (or 500 to 3,000 Albanian Lek - Al-L) for the vast majority of respondents. Condom use at last sex with a paying client was reported by 67.5% of the respondents (Peeters *et al.*, 1991). Less than 57% of the participants reported knowledge of female STIs symptoms. In terms of experiencing STIs symptoms during the last 12 months, genital discharge was reported and genital ulcers/sore were reported by 35.2% and 6.8% respectively. Eighty-three percent of the study participants had heard of HIV/AIDS and slightly fewer (80.5%) know that correctly using condoms during every sexual intercourse act can protect against HIV infection. Moreover, 77% know that having one uninfected faithful sex partner can protect against HIV infection, and abstinence as a means of protection is known by 65.5% of the respondents. Even though, the knowledge is quite good in terms of how to be protected, the misconceptions are quite high, with more than 75% believing that mosquitoes transmit HIV and another 53% believing that sharing meals with an infected person can transmit HIV.

Less than one third of the respondents have knowledge about the availability of the testing and counseling services and only 27.4% have ever had an HIV test taken.

HIV risk in the FSWs population seems particularly high in societies that have recently undergone rapid social and political changes such as former post-communist countries in Europe (Aral *et al.*, 2003). Sexual risk-taking among FSWs has been associated with a high number of commercial and, often, non-commercial partners injecting drug use (Casabona *et al.*, 1990; Jeal *et al.*, 2004). In regions where HIV infection is rare among female sex workers (FSWs), the surveillance of risk behavior and sexually transmitted

infections (STIs) will indicate the potential for spread of HIV infection (Jeal *et al.*, 2004). Increasing prevalence of HIV in sex workers is an indication of increasing probability of a generalized epidemic (UNAIDS, 2004).

Overall, the prevalence of biological infections among the study female sex workers in Tirana was low, similar to other studies in the same population (Peeters *et al.*, 1991; Masahiro *et al.*, 1996). HIV was detected in one case only, syphilis in seven cases, and hepatitis B in seven (Tab. 2).

The challenge in Albania is to keep HIV infection rates low. The study found that general knowledge regarding HIV/STI and condoms was high. More than 80% of participants had heard of HIV, and 80.5% agreed that consistent and correct condom use could prevent HIV infection. The majority of participants were also aware that a protective measure against HIV was to have only one partner and to know that he or she was not infected. Interestingly, however, fewer respondents (65.5%) agreed with the statement that people can protect themselves from HIV by abstaining from sexual intercourse. However, knowledge is rarely translated into reported behaviors. For example, although 80.5% of the respondents knew that consistent and correct condom use could prevent HIV infection (as noted above), consistent condom use with no commercial partners during the past six months was 15.9%, while with paying clients it was 34.4%. FSWs seem to be at risk for HIV because of the lack of safe sex with their partners (Peeters *et al.*, 1991; Masahiro *et al.*, 1996; Pando *et al.*, 2006) HIV testing is another area where knowledge is not indicative of behavior. Only 31% of the respondents knew that confidential HIV testing was available in Tirana, and only 27.4% had ever taken an HIV test.

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