

BEHAVIOURAL SURVEILLANCE SURVEY IN TIMOR-LESTE, 2008 FIRST ROUND RESULTS FOR FEMALE SEX WORKERS (FSW)

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INTRODUCTION

Although there are limited data on HIV prevalence rates for specific sub-populations and indeed the overall population in Timor-Leste, the country is considered to have a low-level epidemic, with a national HIV prevalence of less than 0.1%.

The number of Timorese sex workers in Dili is substantial in comparison to the size of the general population, and has grown rapidly in recent years; it was estimated to be about 120 in 2004 (Pisani et.al, 2004) and 250 in 2008 (Lee et. al, 2008). While prostitution has historically been part of Timorese life, it is often condemned as being morally repugnant. Sex work provides these women with their main source of income. According to the Alola Foundation report (Caron, 2004), most sex workers said that they would leave sex work if they could find alternative employment; however, most feared that they were not skilled to do other work.

Pisani found that sex workers in Timor were a vulnerable group (Pisani et.al, 2004). The number who possessed accurate condom knowledge was extremely low (21%) and there were no sex workers who had always used condoms for commercial sex in the month prior to data collection. There were high levels of STIs amongst sex workers (14.0% had had chlamydia and gonorrhoea, 16.0% had had syphilis, and 60.2% had herpes Type 2). These data point to a high risk situation for these women, their clients and their regular non-paying partners.

In 2008 a behavioural surveillance survey of female sex workers in Dili was conducted by the University of New South Wales, Australia. The survey was conducted on behalf of the Timor-Leste Ministry of Health as part of the national HIV program, which is funded by the Global Fund Against HIV/AIDS, Tuberculosis and Malaria. It collected data on sexual and drug using practices; levels of knowledge about sexually transmissible infections (STIs) and HIV; access to medical services, attitudes towards people with HIV; and demographics.

This brochure presents a summary of the key findings of the survey.

METHODOLOGY

Because sex work in Dili is 'hidden', a special 'quasi-probability' sampling method was used. This involved first recruiting key respondents ('seeds') who had large social networks. The seeds were then asked to recruit a further three new recruits, each of whom was asked to recruit a further three women, and so on, until the desired sample size was reached. To encourage people to take part, each participant was paid once for their participation and then again for each eligible person they recruited. Seventy-five women participated in the survey. For the purposes of this study, female sex workers were defined as any woman aged 16 years or older who lived in Dili and had had sex in exchange for money in the previous 12 months.

RESULTS

Demographics

KEY FINDING 1: Female sex work in Dili occurs predominantly in the private sphere, with the majority of women working from private homes and through mobile phones. Sex workers in Dili tend to be young, fairly well educated women with regular monthly incomes.

Sex workers were young, with a median age of 22, though their ages ranged from 16 to 40 years. The mean age of sexual debut for sex workers was 18.5 years, with entry into sex work occurring shortly after (mean age 19.5 years). The majority of women (59.2%) entered sex work within one year of their sexual debut, whilst a fifth (21.1%) of sex workers entered sex work one year later. The vast majority of sex workers were Roman Catholics (93.3%) and of Timorese origin (92.1%).

Table 1. Highest level of education completed

EDUCATION	NUMBER	%
No education	2	2.8
Completed primary school	16	22.5
Completed junior school	27	38.0
Completed senior school	25	35.2
Completed diploma or higher degree	1	1.4

Note: 4 of the 75 women surveyed did not answer this section.

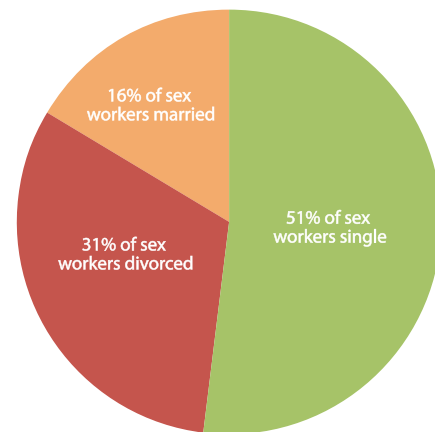


Figure 1. Marital status of female sex workers in Dili

Two-thirds of the sex workers lived with their parents. The other third had a variety of living arrangements such as living with friends, a spouse or sexual partner. No respondent reported living with children, despite the fact that 47% of participants reported having been married. The majority of female sex workers (67%) lived in their own home, with close to 10% in a rented home and 7% in a displaced person camp. On average, each sex worker had 5.8 dependents and a median personal expenditure of USD5 per day (Table 2).

Table 2. Monthly disposable income of female sex workers in Dili

USD	NUMBER	%
\$ 50	12	16.7
\$ 50 – \$ 100	24	33.3
\$ 101 – \$ 200	19	26.4
\$ 201 – \$ 300	10	13.9
> \$ 300	7	9.7

Note: 3 of the 75 women surveyed did not answer this question.

Sex workers tended to work in more than one place, with a median number of three venues. The vast majority of sex work occurred in the private sphere. The most frequently used avenues for sex workers to meet clients were through mobile phone contact and being based in private homes. For the most part, women who worked in private homes used their own homes; however, private houses (quasi brothels) that catered for several women who engaged in commercial sex were also used. A number of sex workers operated out of small or commercial brothels, nightclubs and hotels and bars, at massage and beauty parlours and even at the bus station or off the street (Table 3).

Table 3. Places where female sex workers worked in Dili

	NUMBER	%
Call girl	54	72.0
Private house	49	65.3
Hotel	27	36.5
Karaoke bar	22	30.1
Commercial brothel	22	29.7
Small brothel in a house	22	29.3
Massage or beauty parlour	20	26.7
Nightclub	18	24.7
Street/Bus station	16	21.3
Casino	15	20.0

Note: 2 of the 75 women surveyed did not answer this question.

Drug use

KEY FINDING 2: Though the majority of sex workers had not used drugs in the previous 12 months, 10.7% of respondents reported injecting drug use during this period.

The majority of sex workers had not used drugs (79%) in the previous 12 months. Among those who had used drugs, hashish was the most popular. Eight sex workers (10.7%) had injected drugs in the previous 12 months.

Condom use

KEY FINDING 3: Levels of unprotected vaginal and anal intercourse are high among sex workers, with only 16% and 12% of women using condoms 100% of the time for vaginal and anal intercourse, respectively, with a paying client in the previous 12 months.

All the sex workers interviewed had had sexual intercourse and reported vaginal or anal intercourse with a paying client in the previous 12 months. The median age of sexual debut was 18 years, with the median age for first sex work, 19 years.

Table 4. Condom use among female sex workers for vaginal intercourse with a paying client in the previous 12 months

	NUMBER	%
FSW who had vaginal intercourse with clients	75	100.0
100 % condom use for vaginal intercourse	12	16.0
Some unprotected vaginal intercourse	63	84.0

Note: All 75 women surveyed answered this question.

Table 5. Condom use among female sex workers for anal intercourse with a paying client in the previous 12 months

	NUMBER	%
FSW who had anal intercourse with clients	25	33.4
100 % condom use for anal intercourse	3	12.0
Some unprotected anal intercourse	22	88.0

Note: 50 of the 75 women surveyed did not answer this question.

Almost all the sex workers had had sex with a client in the previous week (93.3%) and most (74.7%) had also had sex with non-paying partners. In the previous week, sex workers reported having had an average of 5.1 clients and an average of 2.2 non-paying sexual partners (Figure 2).

Mean number of partners by partner type in the past week

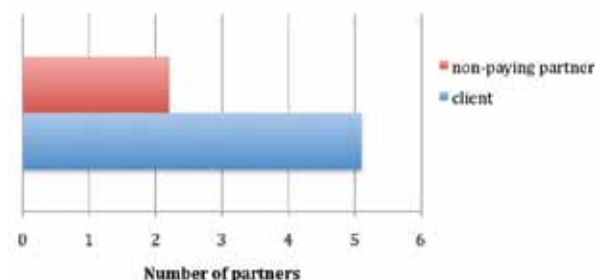


Figure 2. Mean number of sexual partners by partner type over the previous week

The percentage of sex workers that reported the use of a condom for vaginal or anal intercourse with their last paying client was relatively high at 65.3%, when compared to overall condom use within the previous 12 months (Tables 4 and 5). However it was still well short of 100%.

Table 6. UNGASS indicator* for condom use with the most recent paying client

	NUMBER	%
Female sex workers (FSW) reporting the use of a condom (for vaginal or anal intercourse) with their most recent client	49 (out of 75 FSWs)	65.3

Note: All 75 women surveyed answered this question.

* UNGASS (UN General Assembly Special Session) indicators are used to help countries assess their response to the AIDS pandemic.

Slightly more than half the sex workers (53.3%) had ever chosen to receive extra money from a client in exchange for allowing the client not to use a condom.

KEY FINDING 4: Some sex workers lack sufficient agency to decide how much payment they should receive from clients and whether condoms are used with paying clients.

On the previous occasion they had worked, sex workers had had a mean number of clients of 2.6. The mean payment from the last client was USD\$35.60. Half of the sex workers decided on the amount payable with a similar number of clients deciding how much to pay. In the case of only one sex worker had the owner of the business made that decision.

Two thirds of sex workers said they had used a condom for vaginal intercourse with their last client; however, of those who had used a condom, only about two thirds (63%) had initiated that condom use themselves. In 33% of the time, the client had been the one who decided if condoms were to be used. There were many reasons why sex workers had not used condoms with their last client. The most frequent reasons cited were 'partner objected' (54.2%); 'didn't know where to obtain a condom' (45.8%); 'the client was faithful' (25%); and 'I didn't think of it' (20.8%).

Type of sexual activity with last client

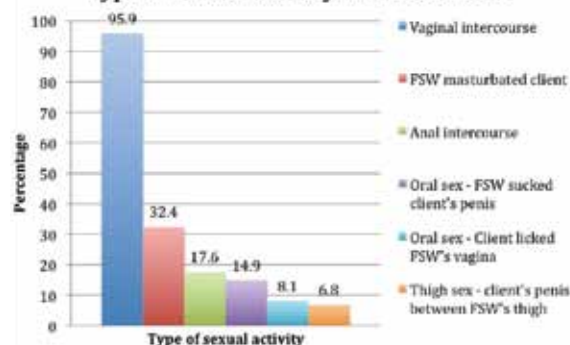


Figure 3. Type of sexual activity with last client (among 74 FSWs)

Twenty-three sex workers (31%) reported anal intercourse with a paying client on the last occasion, with only four women (15%) not using a condom on that occasion. Of those who had used condoms, about two-thirds (65%) had initiated the use themselves.

Forty per cent of the sex workers had usually provided the condoms for use with clients and just under that percentage of the clients (37.3%) had usually provided them. A fifth (20%) of sex workers had never used condoms.

KEY FINDING 5: Condom use is relatively low with non-paying partners.

About 90% of the sex workers (89.3%) had had at least one non-paying partner in the previous 12 months.

Table 7. Condom use for vaginal intercourse with non-paying partners in the previous 12 months

	NUMBER	%
FSW who had vaginal intercourse with non-paying partners	67	89.3
100% condom use	10	14.9
Some unprotected vaginal intercourse	57	85.1

Note: 8 of the 75 women surveyed did not answer this question.

Sexual coercion

KEY FINDING 6: Rates of sexual coercion are high, with 64% of sex workers being forced to have sex in the previous 12 months.

Access to sexual health services

KEY FINDING 7: Awareness of STIs is high; however, knowledge about STIs is low. Female sex workers are unlikely to seek treatment for STIs.

Though 72.6% of sex workers had heard of sexually transmissible infections (STIs), less than half (47.3%) of those women knew that STIs could be asymptomatic. Half of the sex workers surveyed (51.4%) reported ever having had STI symptoms. However, of those women, almost a quarter (23.7%) had not sought any treatment (Table 8).

Table 8. How female sex workers responded the last time they had STI symptoms

	NUMBER	%
Visited hospital	15	39.5
Visited a doctor	15	39.5
Did nothing	9	23.7
Visited VCT centre	9	23.7
Got medicine from pharmacy	5	13.5
Visited health care worker	2	5.3
Visited traditional healer	1	2.6
Talked to a friend	1	2.6

Note: 37 of the 75 women surveyed did not answer this question.

The majority of sex workers would prefer to seek treatment of STIs in a clinical setting; two thirds of sex workers (66.2%) said they would go to a government hospital, whilst 40.8% and 26.8% of women, respectively, would seek treatment at a voluntary counselling and testing (VCT) centre or private clinic.

Knowledge about HIV

KEY FINDING 8: Awareness of HIV is relatively low, while accurate knowledge surrounding the sexual routes of transmission of the virus is reasonably high. However, incorrect knowledge surrounding non-sexual transmission of HIV is also high.

Awareness of HIV was relatively low among sex workers, with 24% unaware of HIV. For the 76% of sex workers who had heard of HIV, non-government organisations were the main source of information from which the most thorough understanding of HIV was acquired (Table 9). Over two thirds of sex workers (68.4%) knew of someone who was either infected with HIV or had died from an AIDS-related illness. Among those women, 64.1% described this person as being a close friend.

Table 9. Source of information from which the most thorough understanding of HIV/AIDS was acquired

	NUMBER	%
Non government organisations	29	50.0
Radio	6	10.5
Television	5	8.8
Friends/Family	5	8.8
Health services	4	7.0
Workplace	3	5.3
School	2	3.5
Newspaper/Magazine	2	3.5

Note: 18 of the 75 women surveyed did not answer this question.

While knowledge about sexual transmission of HIV was high, common misconceptions surrounding non-sexual routes of HIV transmission were evident (Table 10). However, despite 93% of sex workers having knowledge of the protective benefits of condom use for reducing the risk of HIV infection, this knowledge alone has not led to sustained and consistent condom use, with only 16% of sex workers using condoms 100% of the time for vaginal intercourse with a client in the previous 12 months (Table 4).

Table 10. Knowledge about HIV transmission among female sex workers

QUESTION	PERCENTAGE WHO ANSWERED CORRECTLY
Can the risk of HIV transmission be reduced by having sex with only one, faithful, uninfected partner	85.7
Can people protect themselves from getting HIV sexually by using a condom correctly every time they have sex?	93.0
Can a person get the HIV virus from mosquito bites?	54.4
Do you think that a person with HIV can be healthy looking?	50.9
Can a person get HIV by sharing a meal with someone who is infected?	64.9

Table 11. UNGASS indicator* for knowledge and attitudes surrounding HIV

	NUMBER	%
Female sex workers (FSW) who both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission	13 (out of 54 FSW)	24.1

Note: 21 of the 75 women surveyed did not answer this question.

* UNGASS (UN General Assembly Special Session) indicators are used to help countries assess their response to the AIDS pandemic.

Attitudes towards people living with HIV

KEY FINDING 9: There is an indication of stigmatising attitudes and beliefs towards people living with HIV.

Table 12. Attitudes towards people living with HIV

QUESTION	PERCENTAGE WHO ANSWERED YES
Would you be willing to work with someone you knew had HIV?	50.9
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	78.9
If a student has HIV but is not sick, should he or she be allowed to continue attending school?	75.0
If you knew a shopkeeper or food seller had HIV, would you buy food from them?	45.6

HIV testing

KEY FINDING 10: Although most female sex workers are aware of HIV testing services, few use them. Non government organisations are the main source of information regarding HIV.

Despite the fact that over three quarters (79.5%) of the sex workers knew about the availability of confidential HIV testing services, only half (52.7%) had ever had an HIV test. Of those women who had been tested, a third had been tested at a VCT centre, and a third at a private clinic. Return visits for results were high, with 94.9% of women tested returning to the testing site to obtain their results.

Table 13. When female sex workers had their most recent HIV test

	NUMBER	%
Within past 6 months	30	76.9
6 – 12 months ago	5	12.8
1 – 2 years ago	3	7.7
2 – 4 years ago	1	2.6

Note: 36 of the 75 women surveyed did not answer this question.

Seventy-two per cent of sex workers had received information on HIV/AIDS or STIs, with non government organisations the main source of that information most (63.0%) of the time. Media tools such as radio and television were the least successful modes of dissemination, with no sex worker gaining information about HIV from those sources (Table 14).

Table 14. Where female sex workers acquired information about HIV/AIDS or STIs

	NUMBER	%
NGO	34	63.0
Hospital	8	14.8
Outreach worker	5	9.3
Private clinic	4	7.4
VCT	3	5.6
Media	0	0.0

Note: 4 of the 75 women surveyed did not answer this question.

This report is based on field work carried out between May and August 2008 in Timor-Leste.

The opinions expressed in this document are those of the authors.

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SUMMARY

To sum up, female sex workers and their clients are at potential risk of HIV transmission. Condom use is extremely low for both vaginal and anal intercourse, both with clients and with non-paying partners. There are extremely high levels of coerced sex. Awareness of HIV is relatively low for a group that is at risk of HIV transmission and accurate knowledge about HIV transmission is patchy. Despite approximately three quarters of sex workers knowing about HIV and STIs, this has not led to sustained and consistent condom use. This would indicate that whilst some information and outreach programs are reaching sex workers, there may be other social, economic and cultural factors/barriers that need to be addressed in order to support a sustained change in condom usage. Following discussion with some non government organisations, outreach workers have reported that poor quality and inappropriate sized condoms are an issue preventing sustained condom use. However, poor quality and inappropriate sized condoms were not reported as reasons for non-condom use in this survey, despite participants being given the opportunity to state why they did not use a condom. The most common reasons cited were that condoms 'don't feel as good' and that their partner objected. However, having a range of condoms available would be a strategy that could encourage sustained condom use.

Research conducted before and during the survey indicated that there is a strict hierarchy of sex workers ranging from street and home-based workers and venue-based workers to the higher end of the market escort sex workers, and that little networking occurs between the various groups. Further studies should be conducted to gain a better understanding of the dynamics between and within each of the sub populations of sex workers, in order to design health interventions to meet the particular needs of each group. In addition, there are a number of sex workers who inject drugs, a behaviour which needs to be monitored carefully.

RECOMMENDATIONS

As female sex workers and their clients represent a group that is highly vulnerable to HIV transmission, it is important to:

- continue monitoring sexual practices and drug use amongst this group
- continue promoting condom use for both vaginal and anal intercourse, particularly with non-regular sexual partners and clients
- promote the use of lubricants for both vaginal and anal sex
- conduct qualitative studies with sex workers to determine the nature and dynamics of sex work in Timor-Leste
- conduct further studies with sex workers to gain an understanding of the various barriers preventing consistent condom use with clients
- provide skills and techniques which will enable sex workers to better negotiate condom use with their clients
- ensure adequate and consistent availability of a range of condoms
- encourage condom use through community-based and culturally appropriate marketing to dispel widespread beliefs about the negative effects of condoms on sexual sensations
- improve access to clinical services for sex workers
- promote regular sexual health screens, including STI and HIV testing, for female sex workers
- conduct additional studies to determine the dynamics and extent of injecting drug use amongst sex workers; establish systems to monitor injecting drug use amongst this group; and, if appropriate, pilot a small needle and syringe exchange facility
- continue awareness and educational programs for HIV, particularly on common misconceptions regarding non-sexual routes of HIV transmission
- design health promotion programs that address sexual coercion.

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