Brief Summary of Results of Operational Research
“Possibilities to Improve Access of FSW to STI Treatment Programmes”

Team of Contributors:
O. Artiukh,
O. Maksimenko,
M. Ovcharenko-Fedorov,
E. Polschikova,
M. Seniushko,
O. Furdyga

Scientific Editors:
M. Varban,
N. Dvinskikh

Kiev 2009
Research Methodology

The Goal of the Research: to identify obstacles and causes that prevent FSW, who received positive rapid test results for gonorrhoea, syphilis and Chlamydia, from turning to health care facilities to confirm the diagnosis and to receive adequate treatment.

Objectives of the Research:
1) to identify objective and subjective reasons that prevent FSW from coming to health care facilities to confirm the diagnosis and to receive adequate treatment.
2) to develop recommendations for project managers in order to optimize the implementation of STI prevention and treatment programmes.

Operational research was conducted in May-June 2009 in the cities of Krivoi Rog, Sevastopol, Yevpatoria, Nikolayev, Kherson and Skadovsk.


Target Groups of the Research:
- Social workers working with FSW;
- FSW, who received STI testing with rapid tests, and received STI treatment;
- FSW, who received STI testing with rapid tests and received positive results, who did not turn for repeated (confirmatory) test, and who did not receive treatment.

Overall, 30 social workers and 122 FSW were interviewed.

Research Limitations
The research was conducted in 6 cities. Taking into account its qualitative nature, the results of the study are neither representative, nor they can be extrapolated on the entire target population of female sex workers. In addition, the research was not intended to identify causal relationships, or to calculate statistical data.
Key Findings of the Research

1. Organization of STI Counselling and Testing

Findings of the research demonstrate that the majority of organizations, which participated in the study, offer rapid testing for HIV and STI on the basis of mobile outpatient unit (if available), on the basis of NGO (directly in the organization’s office), or in the specialized room/ward within the STI clinic. In some cases VCT services using rapid tests are provided at FSW’s home or in the automobile (“mobile unit”).

Mobile outpatient units usually travel on weekly basis at the stated time and along the established routes (as a rule, these are places where FSW work, and points of sale of drugs). We should note that in Nikolayev and Kherson these mobile units also travel to rayons. Social workers and the clients typically make preliminary arrangements on the place and time, convenient for the latter. As a rule, the “crew” of the mobile outpatient unit includes a social worker (sometimes several workers), a nurse, doctor-specialist (e.g. STI specialist, gynaecologist, infectious diseases specialist), and a driver. Sometimes a psychologist and a lawyer may complement this team.

As a rule, either a doctor or a nurse performs the testing. In some cases, however, the testing may be performed by a social worker, which is violation of the instruction.

The testing procedure. According to research findings, the organization of testing procedure is almost identical in all regions that participated in the study. Prior to the testing, a social worker registers FSW in a special log, giving her a number (code); in the future this code makes it possible to identify the client, if necessary. Then the client undergoes pre-test counselling. As a rule, the counselling procedure includes information about confidentiality, anonymity, and opportunities to receive free treatment, if necessary. Pre-test counselling is the responsibility of either social worker (who should have relevant certificate of trained VCT counsellor), or by the psychologist, or a nurse. If an organization employs all of these specialists, the study shows that usually there is no clear division of responsibilities between them in terms of counselling. After counselling they perform blood sampling for HIV and syphilis. As a rule, it is the responsibility of a nurse (if such specialist works with the project). In Nikolayev it is STI specialist who collects blood for testing. After testing a client goes to a separate section (if testing is performed in mobile outpatient unit), or room (if testing is performed in STI clinic), where gynaecologist or STI specialist takes a swab for Chlamydia and gonorrhoea. FSW receive results of rapid tests for STI in about 15 minutes. As for the results of the swab analysis, FSW have to come to STI clinic on the next day. Not all FSW show up in the clinic to pick up their results. To simplify this procedure, in Kherson they bring analyses of swabs to venues, frequented by FSW. The team distributes analysis results among FSW according to written codes.

Counselling. Counselling prior to STI testing in the majority of organizations typically includes information about confidentiality and anonymity, peculiarities of testing and STI, opportunities to receive free treatment, and referrals.

In case of positive result of rapid test for STI, counselling would also include information about infection, found in FSW; its peculiarities and possible complications; specifics of treatment; the need to pass repeated (confirmatory) testing; opportunities to receive free
treatment; place, time and full name of a doctor who would see a patient; and possibilities of follow-up.

However, as results of the study reveal, in 50% of cases social workers do not inform FSW about free treatment of STI during counselling; not all FSW are offered follow-up support. In some cases a nurse or a doctor would just issue a referral to the STI clinic, making no specific statements regarding possible accompanying. In the attempts not to frighten FSW away, social workers in all regions (with the exception of Nikolayev) do not tell them that treatment in STI clinics is not fully free of charge. Additional diagnostics and testing are paid services. Such situation breeds different rumours among FSW. For example, some FSW believe that free treatment of STI, as promised by NGO representatives, is a myth: in reality it should be paid for. This myth is extremely “resilient” and travels by word of mouth. According to many FSW, this is one of the main reasons why girls do not seek repeated testing and treatment. According to the research findings, many FSW are afraid of compulsory treatment, and this fear is based on their previous experience. It has already produced a myth: if they find some serious illness in FSW, the police would force them to the police station and initiate criminal proceedings.

2. Confidentiality and Anonymity. In the majority of regions, covered by the research, the activities around STI testing are organized in a way to safeguard confidentiality and anonymity of female sex workers. According to respondents, the presence of the third persons during blood sampling, testing and communication of test results is out of the question. Testing results are communicated personally by a doctor (or a nurse, if the doctor is absent). All interviewed social workers confirmed that confidentiality and anonymity principles are observed during testing. Results of the test are not disclosed: only a client, a doctor or a nurse knows them. According to social workers, they may learn about positive results of the test only from FSW, upon her own initiative. However, during the interviews it was found that in addition to health worker and FSW, the results of HIV/syphilis testing might become available to a psychologist, because he/she is present in the mobile unit during blood sampling. As social workers put it, the presence of a psychologist is explained by the need to conduct pre- and post-test counselling (if the testing results are positive). At the same time, anonymity and confidentiality are preserved, because during the registration FSW receives personal number (code) without providing any personal data. Sometimes the referral may be issued by a social worker upon the doctor’s request. In these cases confidentiality is formally preserved; and information about test results is not disclosed. But, according to respondents, everything becomes obvious to all clients when they see how the social worker invites one FSW “to talk”, and “ignores” the other one. At the same time all those interviewed – both FSW and social workers – agreed that it is impossible to ensure full confidentiality. They note that it is quite easy to “read” the test results on the clients’ faces. However, FSW never complained or argued about it thus far.

The situation with confidentiality and anonymity is somewhat worse in health care facilities, where FSW need to start a medical history sheet and to present their passport data in order to receive treatment. This is very serious obstacle for FSW in terms of seeking treatment. Partially this problem is addressed through cooperation of NGOs with “trusted” doctors, who provide counselling and perform testing of FSW both in NGOs and in their health care facility.

According to FSW, from 2 to 4 team members are often present in the mobile outpatient unit during counselling and testing procedures, including a driver. The role of each person in the
team is often unclear to FSW (“some kind of trainee”, “maybe it was a nurse”). The fact that
the male doctor performed testing also caused psychological discomfort.

3. Referrals, Links to Doctors. In some regions they refer FSW for repeated testing and STI
treatment to the chief physician of STI clinic (dispensary), who often serves as project
consultant. In turn, chief physician sends FSW to a specific doctor sitting in this or that office.
In other regions a doctor, who performed rapid tests, also receives FSW in his/her office in STI
clinic. In other words, a doctor issues referral for repeated testing and treatment to him/herself,
and meets FSW again in hospital setting. In this case there is no actual referral, which is very
important for FSW.

On the positive side is the fact that during a visit to a “familiar” doctor at STI clinic, FSW
meets the same nurse who worked at the mobile outpatient unit. In other words, health workers
and FSW establish primary links and develop trust towards each other. Nonetheless, there are
cases when health workers referred FSW to other doctors at STI clinic, whom the girls did not
know.

According to FSW, the procedure of referrals for repeated testing and treatment may vary.
Sometimes referral documents contain the time of reception, doctor’s full name and the office
number; in other cases referral slips have address and time of reception, but no doctor’s name
on them. In rare cases they suggest FSW to go to hospital reception offices and to arrange an
appointment on their own.

4. Accompanying FSW to Health Care Facilities. This type of services is well organized in
the city of Nikolayev. According to respondents, a social worker, who accompanies a client
prior to testing, informs her about possibility of being accompanied to the hospital, if
necessary. After the testing this social worker tries to maintain contact with FSW for her to be
able to seek such assistance. If this is the case, the social worker accompanies FSW to the
clinic (and covers her transportation costs, if necessary), brings her to the doctor’s office and
waits until their meeting is over.

The situation in other cities is somewhat different. According to social workers, the system of
accompanying FSW to health care facilities in some organizations is underdeveloped. Until
recently, in case of positive testing results, a nurse would only recommend a FSW to receive
treatment, and would issue a referral to the STI clinic.

Nowadays a nurse proposes to accompany the client to the health care facility or sends for the
organization’s car to pick FSW up where it is convenient for her (outside the worksite) and to
drive her to the clinic. Another option is when a nurse asks social worker to accompany FSW.
In this case test results are not disclosed to this social worker. If FSW refuses from this service,
they issue a referral to STI clinic to perform repeated testing. Such accompanying for social
workers is voluntary; the organization does not cover any public transportation costs.

Taking into account large number of FSW with positive testing results, who did not show up
for repeated testing and treatment, some organizations introduced the position of social worker
on accompanying FSW. His/her services are offered to FSW during post-test counselling.
According to social workers, in case of consent the client gives her contact number to this
social worker to call her.
Organization of accompanying for FSW consists of several stages:
- Telephone call of the head of organization or a social worker to a doctor;
- Organization of transportation for the client (especially if there are several FSW who agreed to receive testing);
- Accompanying to the facility/institution;
- Introduction of clients to the doctors.

5. Treatment of STI. Speaking about STI treatment procedure for the clients, it should be noted that depending on the diagnosis, doctors typically prescribe home-based treatment courses for FSW, who would take drugs themselves. But if treatment requires injecting of medications, it is organized as day inpatient course in designated reception wards for the programme clients within the STI clinic. As a rule, they appoint convenient time for every client, thus eliminating the need to wait in lines. Typical duration of treatment course is two to three weeks; after that FSW may opt to receive verification/control testing for STI.

Self-treatment. As we learned during the survey, FSW prefer not visit the health care facility where they were referred to after initial testing. Some respondents noted that they “deal with the problem independently” (either they completed treatment or intend to do so without going to STI clinic). More detailed analysis, however, revealed that this “dealing with the problem” means self-treatment. Specifically, FSW buy antibiotics and inject them without external help. It is interesting to note that they buy these drugs upon advice from friends or acquaintances, rather than the doctor’s prescription. According to surveyed FSW, this treatment method has a number of advantages: first, you don’t have to go anywhere - you can stay at home. And the second is that it guarantees anonymity – no one knows about your disease.

As we learned during the survey, the main reason for FSW reluctance to turn to STI clinic for treatment is distrust towards health workers. As a rule, it is based on previous negative experiences of attending STI clinics. FSW are afraid of negative and scornful attitudes of health workers, as well as risks of disclosure of their diagnoses.

Payment for treatment. Findings of the research show that clients of programmes are eligible for free treatment only in cases of gonorrhoea, syphilis and Chlamydia. If doctors find other diseases, a client will have to cover all treatment-related expenses. For example, there is widespread practice where doctors actively encourage FSW to pass additional tests, not stipulated by the project. According to the project manager, during her communication with doctors she always tries to persuade them to refrain from their active stimulation and encouragement of FSW to receive additional, paid tests. The problem is that it significantly reduces the motivation of female sex workers to seek STI-related assistance of doctors in the future.

The respondents mentioned different “costs of a visit” to the STI clinic, ranging from UAH 40 to UAH 360; the cost of full treatment course, including additional tests, may range from UAH 25 to UAH 1,500.

According to social workers, clients of the programme, who need STI treatment, can receive some drugs, syringes, alcohol, cotton, gloves, mirrors and swab sticks free-of-charge. But in
reality organizations often lack necessary medications, so they provide FSW with syringes, alcohol/wet wipes and so on. FSW are often forced to buy drugs at their own expense.

6. Motivation of FSW
According to results of the research, all participating organizations had to work very diligently in order to establish trusting relations with FSW before they could motivate them to pass rapid tests for STI. These efforts primarily include communication with female sex workers; distribution of information about NGO activities; dissemination of materials (condoms, lubricants, information brochures, as well as syringes and alcohol wipes, if necessary).

Key motivating factors used by NGO in their work with FSW, include:

- **Preservation of one’s own health** (as a rule, the main focus here is on the need to take care of one’s health; NGOs offer information about different types of risky behaviours and peculiarities of different infections, including their consequences and complications);
- **Preservation of health for the future** – for the family, other job, etc.;
- **Risk of losing job.** If a disease progresses, health condition of FSW will make it impossible for her to work on the highways/streets and to make money; the loss of “marketable appearance”;
- **Troubles for FSW in case of infecting the client**, including violence at the hand of the client; laws on the responsibility for infecting other people with STI;
- **Loss of ability to have a child in the future (infertility)** – the focus here is on the risk of infertility as a result of past disease; consequently, a failure to create own family;
- **Health risks for immediate environment (parents, sexual partner) and children; responsibility, fear of separation with a child** – the focus here is on possible transmission of STI by direct contact (according to social workers, FSW are generally not aware of routes of STI transmission, so they resort to cunning and trick them about transmission by direct contact1), future fate of children and other relatives in case of acute or severe disease, and inability to earn money through commercial sex;
- **Opportunity to receive testing and treatment free of charge** – social workers put emphasis on minimum expenditures of the client – “it will cost you nothing”. At the same time they note minimization of expenditures of both time and money;
- **Anonymity and confidentiality;**
- **Support of the organization at any stage;**
- **Tolerant attitudes of health workers;**
- **Identification of a disease at early stages means better chances to cure it.**

According to FSW respondents in different regions, responses and feedback of other FSW about the process of testing and treatment, about attitudes of doctors and social workers, and about free drugs constitute extremely important motivating factor.

At the same time, intimidation sometimes also works well as motivating factor. For example, social workers use such statements as “your nose will fall off”, “they will tear you head off”, “you may have such complications as fibroid tumours, myomas, cancer”, and so on.

---

1 According to STI specialists, transmission of STI by direct contact is very uncommon.
According to religious social workers (primarily followers of Protestantism), one of important motivating messages is the depravity of sex and peccancy of infecting other people with STI.

It should be noted that the main incentives for seeking repeated testing and treatment for FSW are:

- Care for one’s own health;
- Specific symptoms of the presence of STI (itching, discharges, pain, rash, and so on);
- Opportunity to receive free diagnostics and treatment;
- Anonymity and confidentiality;
- Possibility to receive testing and treatment “here and now”, without going to inpatient clinic.

The main motivating factors used by social workers, are also confirmed by FSW.

In order to improve the situation with regarding repeated (confirmatory) testing and treatment among FSW, it is necessary to take into account the number of objective and subjective causes that affect the entire process.

Based on the interviews with FSW and social workers, the following **objective causes of FSW not coming** to health care facilities to receive repeated testing and treatment were identified:

- **The lack of time** (first, associated with specifics of their occupations; second – preconditioned by the need to make money for the next dose of drugs),
- **The lack of money** to pay for testing and treatment,
- **Alcohol dependence,**
- **Drug dependence,**
- **The lack of free access** to drugs during treatment²,
- **Inconvenient working schedule of health care facilities** for FSW who work at nights,
- **Inconvenient location of health care facilities** and related time- and money-consuming efforts to reach these facilities,
- **The presence of children** and inability to transfer child care responsibilities to someone else,
- **Duration (2-3 weeks) and specifics of treatment**, which disallows consumption and alcohol and drugs, and presupposes continence from sexual contacts. This means that FSW will have to “take vacation”, which is not always possible.
- **Paid treatment,**
- **Insufficient information about free testing and treatment,**
- **Possible breach of FSW anonymity in the health care facility,**
- **Intolerant attitudes of health workers towards FSW.**

Subjective causes of FSW not coming to confirm the STI testing results and to receive treatment include:

- **Careless, irresponsible attitude towards one’s own health,**
- **Different fears and phobias:**
  - The loss of anonymity and confidentiality,
  - The loss of job (if other FSW or a client learn about STI),

---
² There is a widespread myth among FSW that STI treatment occurs only at the inpatient settings, and outpatient treatment is impossible.
✓ Possible dissemination of information about health condition at workplace (outside commercial sex industry), at school, at the place of residence, among militia, in health care facility,
✓ Truth about one’s own health,
✓ Forced treatment,
✓ Condemnation, reproaches, biased attitudes, disclosure and so on by health workers.

- **Distrust towards results of rapid tests.** According to social workers, FSW often ignore results of rapid testing; they consider them unreliable and simply do not find it necessary to pass confirmatory testing due to the fact that rapid tests do not guarantee 100% of result. At the same time, symptom-free course of the disease and sense of wellbeing make FSW think about themselves as absolutely healthy individuals.

**Key Conclusions**
Results of the research revealed a number of issues in the work of organizations that affect quantitative indicator on the number of FSW, who ultimately come to health care facilities for repeated testing and treatment of STI. First of all, these problems are associated with the organization of counselling and testing of FSW:
- Poor or non-existent service of accompanying FSW to health care facilities;
- The absence of trusted doctor (or nurse) in health care facility – FSW are referred to “any doctor” in the STI clinic;
- Current organization of the process of counselling and testing makes it impossible to maintain confidentiality;
- Counsellors representing social and outreach workers do not have clear information that needs to be communicated to FSW, e.g. sexually transmitted infections subject to free treatment, peculiarities of treatment process, and so on;
- Counsellors representing social workers do not always provide information to FSW in competent way, patently distort it, omit certain pieces of information, and use intimidations. As a result, this breeds the huge numbers of myths and de-motivates the clients.

**Recommendations**

1) Taking into account the fact that it is difficult for social workers to find common language and ways/approaches to some FSW, it is expedient to set up regular information and knowledge sharing between NGOs. In addition, it is necessary to introduce supervision of social workers, who motivate and provide counselling to FSW.
2) In order to improve knowledge of social and health workers, it is recommended to develop special guidelines for project managers with relevant information for counsellors and the list of key motivating factors; to disseminate this document among NGOs working with female sex workers.
3) To describe a system and mechanisms of organization of counselling, testing, referrals and follow-up (including cooperation with “trusted” doctors) of NGO, where the percentage of FSW clients who come for repeated testing and treatment is high; to finalize this description as a “best practice” and to disseminate it among NGOs working with FSW.
4) In STI training to include a mandatory module on counselling and practical skills, which would cover the following areas: confidentiality, re-referrals, treatment process (organization of treatment, duration of treatment, when to visit a doctor, etc.), self-treatment, STI symptoms, symptom-free conditions, consequences of STI, application of rapid tests, etc. To include these topics in the lesson on STI, specifically designed for social and outreach workers.

5) In the training on social follow-up and case management to include module on follow-up of FSW (STI-associated). Topics may include: dependence, children, work (working schedule, confidentiality, fear of loss); individual approach towards follow-up (treatment plan + follow-up plan).

6) To oblige the heads of NGOs that work with FSW to conduct systematic coaching or joint working meetings for social workers, outreach activists and doctors to discuss all problematic aspects.