

Research Study

HIV Risks among Commercial Sex Workers

Kosovo
November, 2009 - March, 2010



Through the Project of GFATM – Prevention of HIV and STI
Among Commercial Sex Workers”, implemented by KOPF and financially
supported by Ministry of Health Republic of Kosovo through HIV project
Seventh Round of Global Fund

This report on HIV risks among Commercial Sex Workers answers the following questions:

- What is the dynamic of Commercial Sex/Trafficking in Human Being
- What is the level of awareness and perception of HIV risk among commercial sex workers?
- What are the HIV risks to which commercial sex workers are exposed?
- What are the population/clients of commercial sex workers knowledge about the HIV risks?
- What protection measures are used by clients of commercial sex workers in order to protect themselves from HIV?
- What are the needs for health care services in order to prevent HIV risks among commercial sex workers?

PROTECTION OF RESPONDENT PERSONAL DATA CLAUSE

In accordance with *ESOMAR and AAPOR* rules and regulation researcher are obliged to protect the anonymity of respondents. All questions/variables that contain any type of information about the identity of respondents are removed from the report. This means that the answers given by respondents are physically separated to data that relates to their identity. Any purposeful attempt to come by identifying data of respondents whether by clients, KOPF, or third party will be considered a serious violation and will be treated as such.

Table of contents

INTRODUCTION.....	7
EXECUTIVE SUMMARY.....	8
OBJECTIVES.....	13
METHODOLOGY.....	14
CHALLENGES / DIFFICULTIES.....	15
SUMMARY.....	16
FINDINGS OF THE RESEARCH.....	19
CONCLUSIONS.....	35
SITUATION AND CONSEQUENCES.....	37
QUESTIONNAIRE USED DURING RESEARCH (Annex).....	38

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We would like to recognize the support of all individuals that were interviewed in order to collect the data's and compose within the report, special thank to Kosovo Police, Gender Training and Research Center, directors of shelters of victims of trafficking and gender based violence, health care personnel, and all others that will shall remain nameless for the security reasons.

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This research would not be able to be realized without the work and contribution of researchers Diamant Binaku, General Manager “Gender Training and Research Center” and Lumnije Behrami, KOPF - Project Manager “Preventing HIV/AIDS and STI among Commercial Sex Workers”.

We recognize the work on drafting questionnaire, done by Shkumbin Arifi - Manager Forum SYD and Merita Shala – Professor-Consultant in Field of Research and Education

Sincerely,

Rifat Batusha

Executive Director, KOPF

ACRONIMES

CSW	Commercial Sex Workers
GAFTM	Global Fund to Fight Aids, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
KOPF	Kosovo Population Foundation
KCM	Kosovo Coordination Mechanism
MH	Ministry of Health
OSCE	Organization for Security and Cooperation in Europe
PMU	Project Management Unit
STI	Sexually Transmitted Infection
THBS	Trafficking in Human Being Section
VoT	Victims of Trafficking

1. INTRODUCTION

Kosovo Population Foundation - KOPF, only professional organization for social marketing and research in the field of HIV/AIDS and Trafficking in Human Beings, through professional contracted researcher, conducted so called "*Operational research on HIV Risks among Commercial Sex Workers*", this research were conducted during the period of January–March, 2010.

The report contains findings from Operational Research commissioned by GFATM PMU HIV component within MH Ob. 4 - SDA 4.1.1. Of the Project of KMK for HIV and TB implemented by KOPF.

The aim of this research was to conduct an Operational research among Sex Workers to identify specific HIV risks of trafficking and sex work, as well as HIV prevention service requirements. A better understanding of complex dynamics of sex work will facilitate effective HIV prevention and service provision.

The research targeted and collected the opinion of five targets, opinions from representatives of Kosovo Police, shelters directors (shelters of VoT).

A specific methodological approach was designed for each group. It is believed that this is the best response to the research requirements goals and questions in previously identified as important for each specific target group.

However, the research was based on the research that were conducted from international organization that work on anti-trafficking in order to understand the dynamic of commercial sex in Kosovo and identify the needs for health care services among CSW.

2. EXECUTIVE SUMMARY

The whole research is qualitative type and it is focused on several groups. There were contacted and conducted a individual interviews related to the dynamic of Commercial Sex / Trafficking in Human Being in Kosovo, the information we collected from Kosovo Police sources, IOM and OSCE reports and information from shelters executive directors (VoT shelters).

The survey of first group includes 45 commercial sex workers was based on focus groups and few individual in depth interviews.

The survey with other groups included in the research was based on semi structural interviews. These interviews include five victims of trafficking (forced into prostitution, rescued/survivor); 7 doctors / gynecologists; 7 microbiologist / biochemist; 7 taxi drivers; 7 pimps / bar owners, 7 clients and 7 condom distributors.

The sample included Kosovar citizens: Albanians, Serbs, RAE, Bosnians, citizens from Moldova, Ukraine, Bulgaria, Rumania and Albania temporary in Kosovo.

In order to better understand the complex dynamic of commercial sex work, which will help us to prevent HIV and to offer better services we have collected information from Kosovo Police, representatives from shelters of VoT and we have compare the reports from OSCE and IOM.

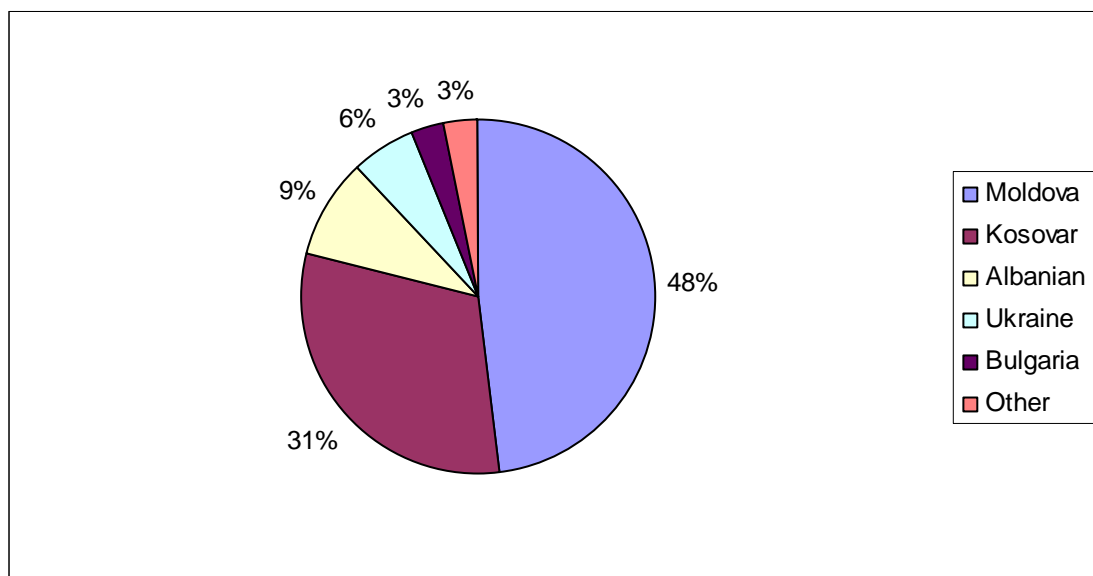
Based on the IOM report 2001¹ we can clearly see victims of trafficking profile. From VoT 61% are from Moldavia, 19% Romania, 7,5% Bulgaria, Russian 1%, Albania 1% and others (Ukraine, Serbia, Kosovo) are 10,5% .

But based on the information collected from OSCE², they collected information from regional police team / THBS, the information are seeing table 1 below:

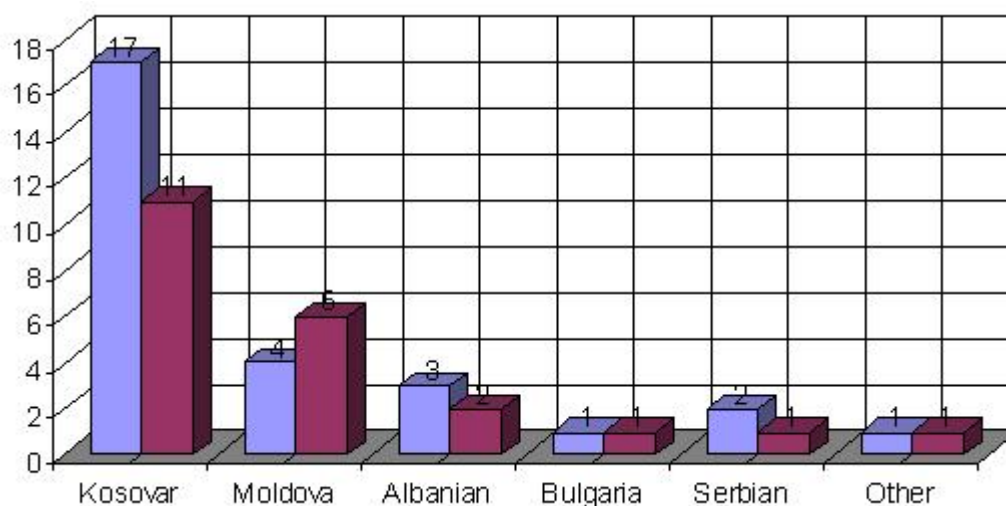
¹ IOM report 2001

² OSBE "Assessment for Establishing a Referral mechanism for Victims of Trafficking in Kosovo October 2007.

Table No.1



However based on the dates from 2008 and 2009, on table bellow we can see the dynamic of CSW/Trafficking in Human Being in Kosovo, those information are collected from Kosovo Police Information Office³: Table No.2 and Table No.3



³Information collected from Kosovo Police Information Office ,spokesperson of Kosovo Police, Prishtine

Table No.2

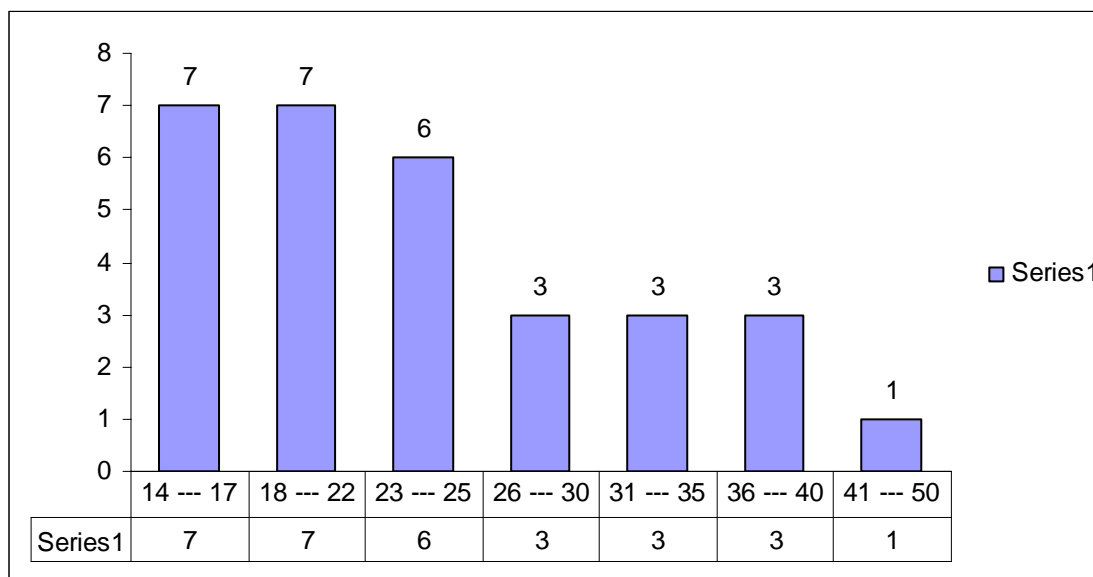


Table No.3

Victims identified based on the age group – 2009								
Ages	14--17	18--22	23--25	26--30	31--35	36--40	41-50	Total
Female	7	7	6	2	3	3	1	29

Cases/CSW based on the regional geographic coverage:

Trafficking in human, Forced Prostitution, and Prostitution

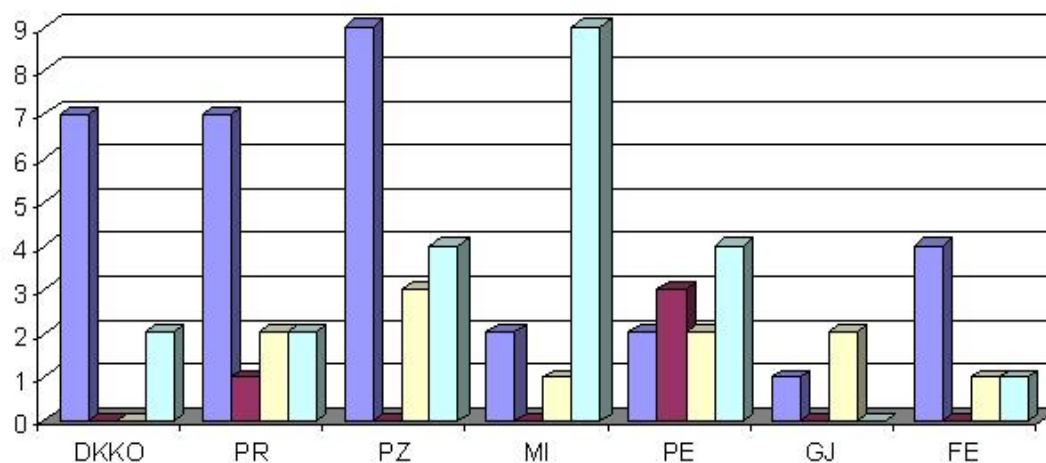
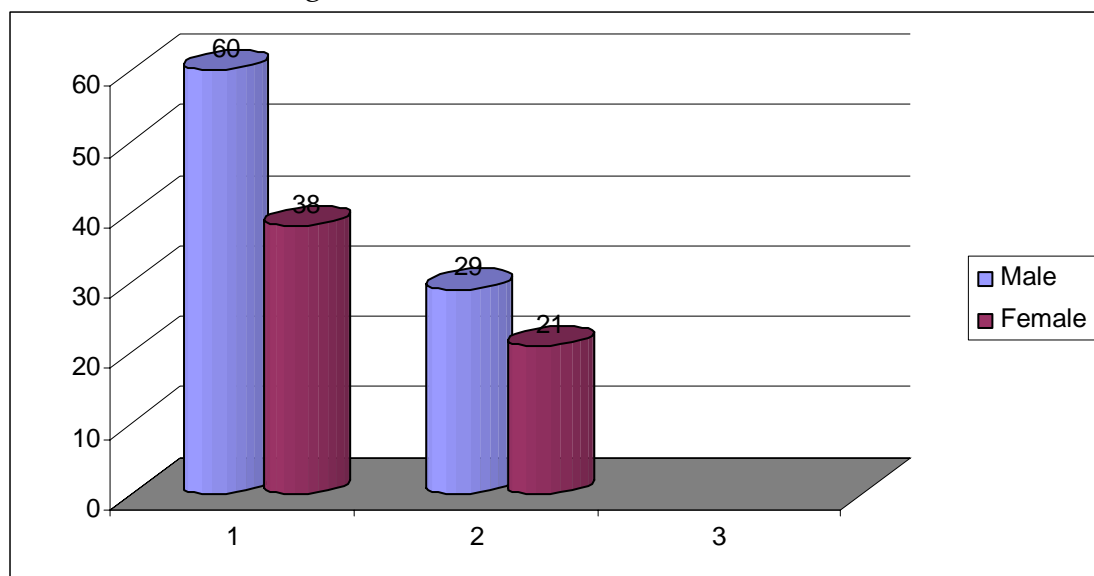


Table No 4.

	DKKO	PR	PZ	MI	PE	Gjakova	FE	Total
Trafficking in Human Being	7	7	9	2	2	1	4	32
Forced Prostitution	0	1	0	0	3	0	0	4
Prostitution	0	2	3	1	2	2	1	11
Other	2	2	4	9	4	0	1	22
Total	9	12	16	12	11	3	6	69

Arrestment based on gender on 2008-2009



Male	60	29
Female	38	21

Table No. 5

Arrestments	2008	2009
Kosovar	74	37
Albania	4	1
Bulgaria	8	5
Moldova	8	3
Ukraine	0	4
Macedonian	2	0
Turk	1	0
Israel	1	0
Total	98	50

Arrestment for criminal acts	DKKO	PR	PZ	MI	PE	GJ	FE	Total
Trafficking in Human Being	13	10	6	2	1	0	2	34
Forced Prostitution	0	0	3	0	0	0	0	3
Prostitution	0	0	4	0	0	4	1	9
Other	0	0	0	2	2	1	1	6
Total arrests	13	10	13	4	3	5	4	52

During the interviews conducted with NGO Director shelters for victims of trafficking⁴ and gender based violence on question related to dynamics of trafficking in human being/force prostitution they state that during last years (2007-2010) there are no victims from regional countries, for the moment there are only VoT from Kosovo, also in the daily shelter for rehabilitation of VoT force into prostitution only visitors are these from Kosovo, which number is increased.

Based on the report that is published by OSCE related to the health care services that are offered for VoT we can follow on the above mention statement.

As an administrative authority MH, Health Inspectorate is responsible for monitoring the implementation of ethics and professional health care standards⁵. The health care institution at the municipal level are responsible for providing primary health care treatment and prevention and promote health education, and community based mental health services. However the Health Inspectorate has just become functional and not yet recently become yet fully operational⁶. However through the OSCE monitoring of Basic Data Forms (BDFs) for the month of August till December 2006 a minimal number of cases could be identified where the victims had offered medial assistance and has been asked whether they had any medical needs.

According to the information received from shelter providers for victims at medium risk, accurate information on the victims' medical identification stage is rarely available. Further to that, health records for those assisted clients who have suffered from STI are not available in Kosovo.

Since, 2002 none of the VoT agreed to be tested on HIV, which has made difficult to identify the situation. But, in 2006 from VoT, 28 only 21 of them agree on testing for STI but not on HIV.

⁴ Protect Victim Prevent Trafficking/PVPT and Shelters for Protection Woman and Children, Prishtine, Mitrovica and Gjakove.

⁵ See article 3.6 UNMK Regulation 2006/13 On the Promulgation of the Law on Health Inspectorate adapted by Assembly of Kosova.

⁶ OSCE Email communication with Chief of Policy and planning Unit. Ministry of Health on 25 October 2006.

But related to the dates with other respondents that were involved in this research were conducted in forms of individual semi- structured interviews Those interviews include 5 VoT (force into prostitution, rescued by police); 7 doctors/gynecologists; 7 microbiologist/biochemist; 7 taxi drivers; 7 pimps /bar owners ; 7 clients and 7 condom distributors .

Samples include Kosovo Albanians, Serbs, RAE, and Bosnian, citizens from Moldova, Ukraine, Bulgaria, Romania and Albania that temporary works in Kosovo.

Aim of this research was to identify the HIV risks to which CSW and VoT are exposed; to identify their needs for health services in order to or event their risks behavior and to raise awareness on HIV risk to the population that have access to CSW, to identify their knowledge on those STI and evaluate and monitor the current situation.

The report include general summary and analysis of findings from the research, the findings are dividend on session focused on different targeted audience as well as conclusion and recommendations.

3. OBJECTIVES

The main objectives of this research were:

- What is the dynamic of Commercial Sex/Trafficking in Human Being
- Protection measures that CSW use?
- Identification of the needs for health care services in order to prevent HIV risks among commercial sex workers?
- Identification of the level of awareness of clients of CSW on HIV risks?

4. METHODOLOGY

This research project was conducted utilizing different research tools with each target group in specific order.

There were initially identified contacts points in seven regions of Kosova (Prishtinë, Prizren, Pejë, Gjakovë, Mitrovicë, Gjilan and Ferizaj), and then were identified and contacted focus groups.

Qualitative research

- Focus groups with commercial sex workers
- Individual interviews with CSW
- Semi structured interviews with victims of trafficking
- Interviews with clients, bar owners ;
- Interviews with taxi-drivers:
- Interviews with gynecologists, microbiologists and biochemists and
- Interviews with condom distributors

Sample

45 CSW;
5 Victims of Trafficking
7 Gynaecologists;
7 Microbiologists / biochemists;
7 Bar owners/pimps
7 Clients;
7 Condom distributors and
7 Taxi-drivers.

The method of interviewing

The research method consisted of face to face deep interviews and questionnaires with opened questions, that enabled the conversation and find needed information to complete our research as a qualified as semi-structured interview.

Since this was the first research of this type up to date in Kosova, and also taking into consideration the specific nature and the obstacles during the completion of this research, we have used the above-mentioned methods.

An important task in designing a survey is to decide the overall sample size. Simply put the overall sample size is determined by two factors: the on the request of the PMU FGATM for HIV Ministry of health and the cost.

Based on the fact that margins of error are calculated and also are applicable only in quantitative research, in this research, which is a qualitative one, the margin of the errors cannot be applied.

On the cases of quantitative research with sample size 50 (45 CSW and 5 VoT), the margins error would be $\pm 14\%$, having in mind that the general number of the population of CSW is approximately 2000 and the sample is 50 interviewed persons (CSW and VT), while the probability of the answers is 95%.

5. CHALLENGES / DIFFICULTIES

As per information related to the statistics on trafficked persons it make difficulties because sometimes VoT is identified as a prostitute and sometimes VoT are transferred from one shelter to another ,which make difficulties on real dates, and also because of the police raid and persecution by police the prostitution is a illegal activities.

This made the approach to commercial sex worker extremely difficult and their possibility for better access to health care services.

The link between the commercial sex work and organized crime makes it difficult the provision of the services for HIV prevention.

6. SUMMARY

Findings resulting from a general analyses from interviews with CSW, clients, victims of trafficking ,pimps/bar owners, taxi-drivers and condom distributors in relation to:

- Knowledge of HIV risks

Based on the analyses of the interviews with respondents, in 100% of respondents, it is understood that they have minimal knowledge about the risk from HIV. Almost universally, the respondents from all target audience have heard on HIV risk, all know there is no cure and cause death but they do not know other details.

When asked about the way of infection, majority (90%) emphasize that HIV is transmitted by sexual intercourse, while 10% think that HIV is transmitted by the physical contact any type of the physical contact.

- Use of condoms

All respondents know about the condom as a way of protection from HIV as well as regular medical examination, while based on the analyses of the use of the condom it results that only 25% of them use it on regular basis, from 100% respondents.

- Causes of infection with HIV and the way of infection

The respondents from the target groups (70%) believe that the change of the partners causes risk for infection with HIV. 10% of them think that the risk of becoming infected with HIV is from non use of protection / preventive measures and lack of medical examinations. 20 % of respondents believes that also the lake of hygiene is one of the causes of the HIV.

- Does the Commercial Sex workers use condoms, how frequently and who supply them with condoms?

Most of the interviewed commercial sex workers (75%) answered that they do not use every time condoms, while the victims of trafficking with human being answered that they were not allowed to use condoms, whereas 25% CSW answer that regularly use the condoms.

Story 1. *We were forced to offer sex to all the clients without protection, because they didn't want the use of the condoms, answer. We did not even dare mention the protective measures, because we were beaten, state a victim of trafficking. (A victim of trafficking from Kosovo H.G. age 26-30).*

Related to the question on supply with condoms, 70 % answered that they bought it themselves, 20% of them confirmed that they were provided with condoms by bar owners, while 10% refused to give an answer.

- What clients think on use of condoms and how CSW reacts when clients refuse to use the condoms?

All respondents answers that majority of clients (about 85% of them) refuse the use condoms. Only 15% answers that clients use condoms. CSW also mentioned that they do not have choice, because this way their clients would give up and they will not be paid.

- The most vulnerable groups

Based on the analyses of the interviews on question who are the most vulnerable groups that are at risks of HIV infection, they respond that CSW and VoT are most vulnerable groups while indirectly are clients that use services of CSW and VoT

How many clients can have a CSW and how much they are paid for these services?

70% of the respondents answered that CSW may have 4-5 clients within a day (a circle of 24 hours), 20% of them said that six clients per day and 10% said no more than three clients per day.

70% of respondents CSW, who work "undercover"⁷ in café bars they are paid 15 euro per day for the job they perform as singers +dancer + waitress and from time to time instructed by their owners to offer sexual services for certain clients determined by them. 20% of CSW say that they are paid 30-40 Euros, while 10% declare that they are paid 50 Euro for each client.

Meanwhile, victims of trafficking are not paid for the services that are forced to offer.

⁷ Bars that act as a "hotels or café" but they do have CSW and VoT that are "sold" for sexual services only to the trustily clients

- **What would you advice a colleague if she is infected with HIV?**

70% of the respondents said that they would not stay close to the infected persons, because they are afraid that she can infect them with HIV. They said that are also afraid of the prejudice that other people may think that they were infected with HIV to. 10% of them when answered this question said that they would advice their colleague to visit the gynecologists, while 20 % of the interviewed answered that they would stay close to her and that they would help her and support her.

An interesting finding resulting from the respondent's non-Kosovar nationality they say that they would offer assistance to their colleague, at list moral assistance, while interviewed Kosovars they are not aware how they help or advice a colleague could.

Story 2 *If a colleague of mine would be infected with HIV, I would stay close to her and I would help and support her financially and emotionally. (CSW from Moldova, I.G. age 20-25)*

Story 3 *If I would know that a colleague of mine was infected with HIV, I would not like to go out with her or to meet her, because I am afraid of infection and also the other people could think that I am also infected with HIV because I am friend of here . (Albanian CSW from Kosovo, age Y.I. 32-36)*

7. FINDINGS OF THE RESEARCH

Analyses of the findings divided on sessions focused on different target groups

7.1 Commercial Sex Workers and Victims of Trafficking

Demography

Table 01. Description of samples (1)

Nationality	Albanians from Kosovo	17
	Serb/from Kosovo	2
	Roma from Kosovo	2
	Bosnia from Kosovo	1
	Rumanian	3
	Bulgarian	2
	Ukraine	3
	Moldova	10
	Albania	8
	Macedonia/Albanians	2
Age	16-20	2
	21-25	21
	26-30	15
	31-35	8
	36-40	2
	41-45	1
	46- 50	1
Level of Education	Elementary school	10
	Secondary school	39
	Faculty	1
Profession	Singer	10
	Dancer	10
	Waitress	7
	CSW	23
Marital status	Single	5
	Married	8
	Divorced	37

Table 02 .Sample description (2)

Region	Number
Pejë	6
Prizren	12
Mitrovicë	5
Prishtinë	11
Gjakovë	6
Ferizaj	5
Gjilan	5

Knowledge on HIV and risks of commercial sex workers, victims of trafficking,

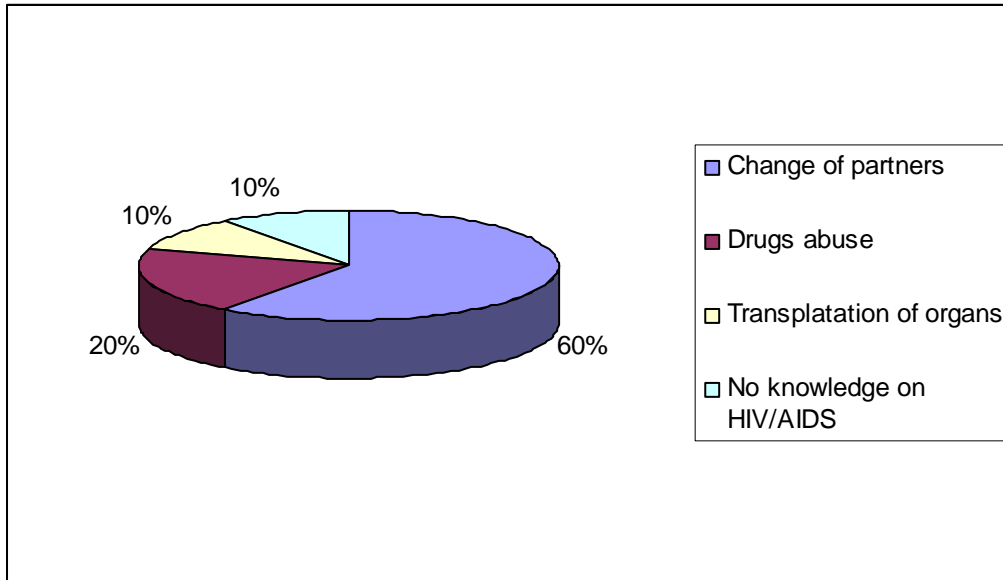
The respondents were asked about their knowledge on HIV and do they think that they could be at HIV risk. The entire respondent answered that they may be at risk on HIV if they do not use preventive measures and if they are not careful.

In additional question made during the interviews to the focus groups, especially non-Kosovars (CSW from Moldova, Ukraine and Serbs from Kosova) they mentioned other risks of the infection with HIV, such as drug injection, during the surgery or if doctor doesn't use sterilizing instrument during an intervention.

As it may be seen at the above graph presentation 01, 60% of the interviewed claim that HIV is fatal infection which is caused by the frequent change of the partners, while 20 % mentioned the use of the drugs as a risk and 10% of them mentioned organ transplantation as a risk, whereas 10% of them never heard of the HIV.

Taking into consideration the size of sample and their types, the above mentioned results could be treated as a direction that needs depth research.

Graph 01. Knowledge on HIV risks among CSW and VoT

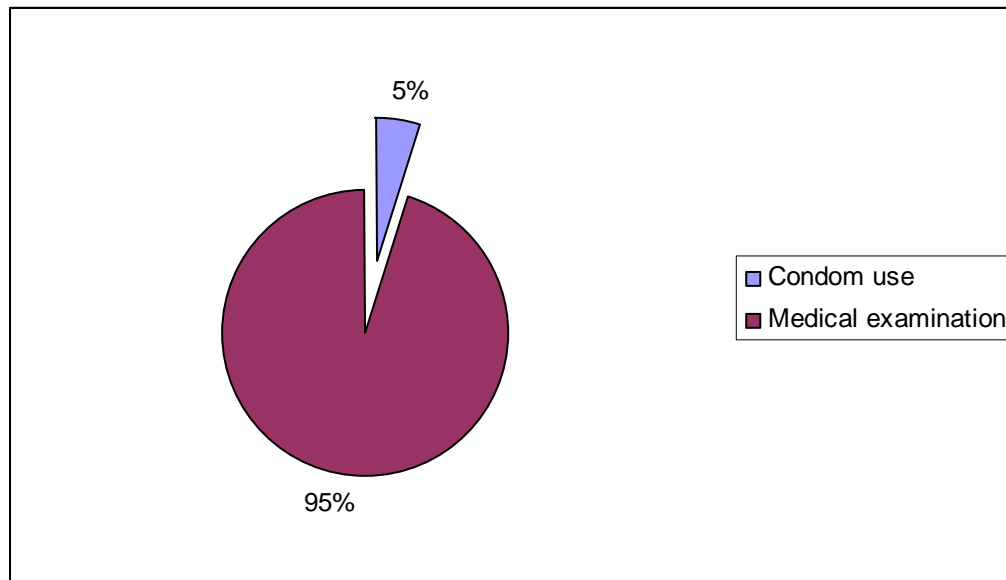


What are the preventive measures, which undertake CSW In order to prevent HIV risks?

Almost all the respondents (95%), no matter of their level of education, mentioned the condom as the most safe and protective measure, while 5% of them consider that more frequent medical examination, especially gynecological examination, are necessary measure for protection and prevention of the infection with HIV.

As it is showed on graph 02, the use of condom during the sexual intercourse is the main advice that 70% of the respondents would give to their colleagues, while 20% mentioned regular medical and gynecological examination, while 10% think that the hygiene is the best advice that could be given to the colleagues as a prevention measure against HIV risks.

Graph 02. *What are the prevention measures that are e taking CSW in order to be prevented from HIV risks?*



Do Commercial Sex Workers and victims of trafficking use condoms, how frequently they use them and who supply them with condoms?

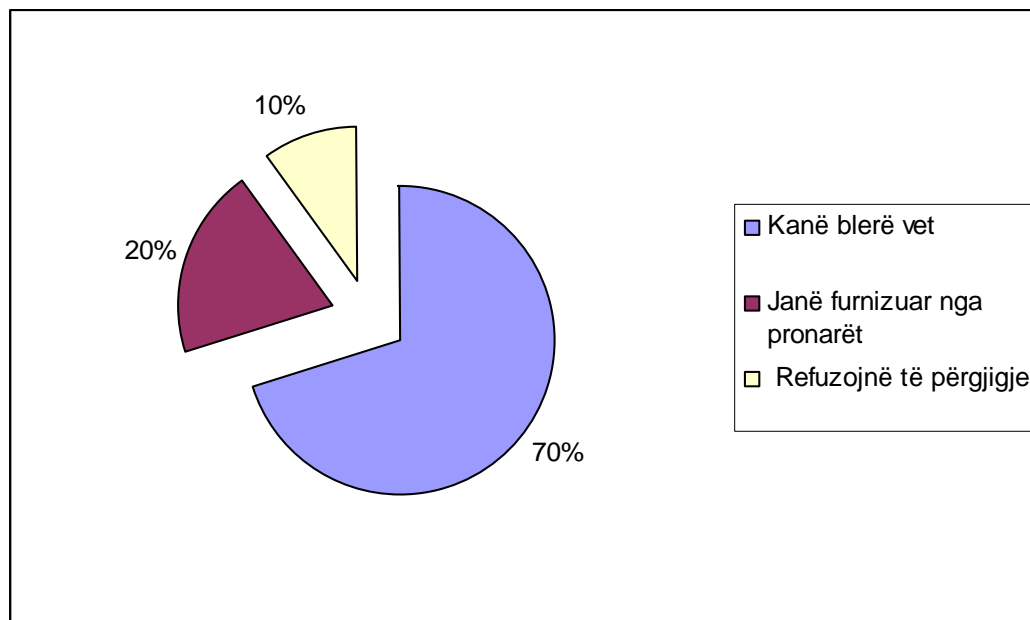
Most of the CSW (60%) answered that they do not use every time condoms, while the victims of trafficking with human being answered that they were not allowed to use condoms, whereas 40% of CSW state that regularly use condoms.

Story 4: *"We were forced to offer to all the clients sex without protection, because they didn't want the use of the condoms, answer 90 % of respondents We did not even dear mention the protective measures, because we were beaten, state a victim of trafficking. (A victim of trafficking from Kosovo F.B. age 26-30)".*

With regard to the question on provision of the condoms, 70 % answered that they bought it themselves, 20% of them confirmed that they were provided with condoms by owners while 10% refused to give an answer.

100% of respondents believe that CSW and victims of trafficking are the most vulnerable group on risk of HIV, because they change partners very often and they are often forced to have sex without condoms.

Graph 03. From whom CSW are supplied with condoms?



NEEDS OF COMMERCIAL SEX WORKERS FOR HEALTH CARE SERVICES ON HIV PREVENTION

How often CSW visit doctor or / and gynecologist

All the interviewed CSW that were part of focus group and works in café bars answered that they regularly visit the doctor / gynecologist, but CSW that work as a “independent” they do visit doctors only in some serious infections. VoT declare that they weren’t allowed to visit the doctor, only If they had a serious infection which “prevent them do work” and they were sent to the doctor under the supervision of owner or close owners staff.

Story 5: “We could mention the doctor; because we were not allowed to get out of the place we didn’t have freedom of movement (Albanian women from Kosovo R.L. a victim of trafficking age 16-20)”.

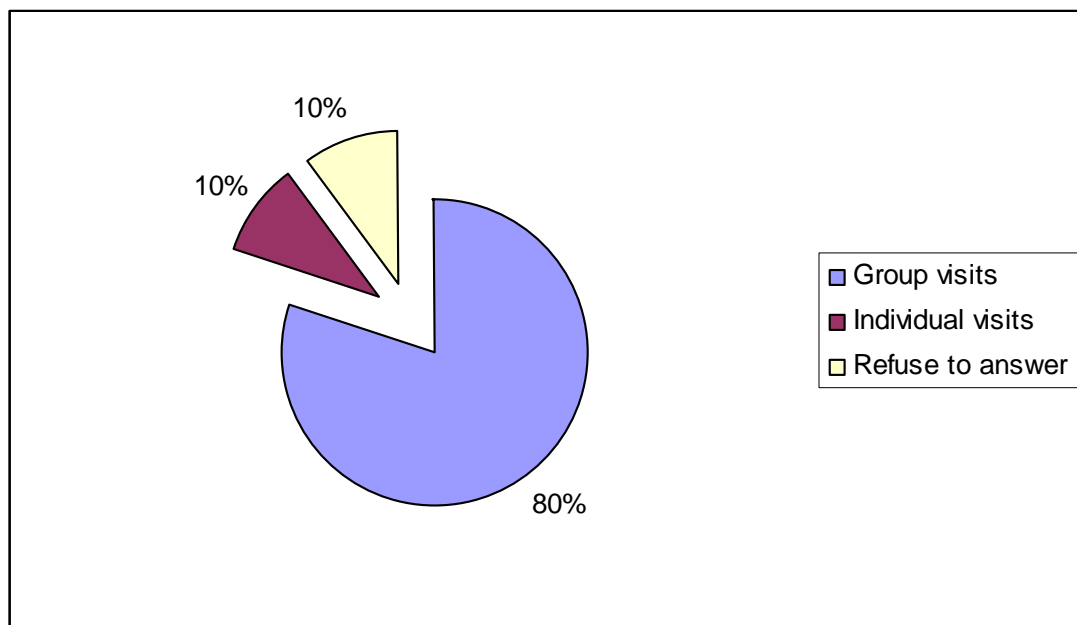
Does the CSW have easy access to medical services and how they arranged medical examinations?

90% respondents mentioned that the visits to the gynecologist are arranged by the owners; only 10 % claim that they can themselves arrange the medical or gynecological visit.

All of them claim that the access is easy thing, because owners have an agreement with gynecologist or because there are gynecologist who offers qualitative and confidential services, who are a part of the project of organization.

Victims of trafficking state that in generally do not have access to the gynecologist and in some quite specific cases visits will be arranged by their owners and they will be during the whole time under the supervision of the owner or some other close staff of the owner.

Graph 04. How they arrange medical examinations?



What are the most required medical services of CSW and VoT and what are their needs?

Based on the interviews developed with CSW and VT, it is understood that the most pressing needs of all the interviewed are gynecological services and lab examinations. Immediately after such services, they emphasize the need for dental services and the doctor of general practice.

What type of visits the CSW require? Are such visits individual or groups? Are doctors offer HIV counseling and information materials are provided

In 80% the interviewed respondents respond that they prefer group visits, but also the pimp/bar owners prefer group visits. 10% of the interviewed prefer individual visits, while 10% of them state that they feel they are very healthy, and feel no need to visit doctor and that they do not prefer to answer whether they prefer individual or group visits.

In 70% of the cases, CSW respond that they do not receive advice on HIV from their doctors if they do not require such an advice themselves, but if they ask for advice, the advice given to them is very short. 30% of respondents respond that they do receive advice and it is enough.

90% of CSW declare that they are offered informative materials, brochures or leaflets, 10% respond that didn't receive any information materials.

Findings – interviews with doctors / gynecologists / biochemists and microbiologist

Qualitative research includes interviews with 14 doctors / gynecologists / biochemists and microbiologist, who were involved in the project of Global Fund. We have interviewed doctors / gynecologists / biochemists and microbiologist different ages within seven regions in Kosovo involved in this project, all the respondents were Kosovar, Albanian nationality.

Demography

Nationality	Albanian from Kosovo	Number
Age	31-35	3
	36-40	
	41-45	
	46- 50	11
Level of Education	Faculty	14
Profession	Gynecologist	7
	Biochemist	4
	Microbiologist	3
Marital status	Married	14
	Divorced	
	Other	
Region	Prishtinë	2
	Prizren	2
	Pejë	2
	Gjakovë	2
	Mitrovicë	2
	Gjilan	2
	Ferizaj	2

Approach towards the Commercial Sex Worker

To what an extent you think it is difficult to have an approach the group of the CSW?

Most of the respondents (70%) answered that it is very difficult to approach this target group, but, some of the contracted doctors of the project FGATM "Prevention of HIV/AIDS and STI among CSW " it is not difficult to approach CSW, because they already established trust with owners and CSW since they have earlier worked with similar projects , (30%) think that the access is very difficult and almost impossible because CSW and pimps/bar owners they do not want to be identified as a pimps of the bars that offer sexual services.

Story 6 "It is a very big problem access to this group because commercial sex is not regulated by the law and SCS are persecuted by the law. In this respect, the Government of Kosova should be engaged to legalize or to prohibit any form of it in accordance with the most severe laws. (An Albanian doctor from Kosova, S.T. age 50-55)".

What do you consider as difficulties on providing the medical services; did you faced with difficulties / obstacles when offering services for CSW?

The biggest difficulty is agreement of CSW to be tested on voluntarily base on HIV, Hepatitis B and C. CSW usually do not want to be tested because they are afraid of positive results and therefore it is this that makes them hesitate, state 60% of doctors.

All the respondents answered that when CSW commercial sex arrange medical examination, then are no difficulties, because they are in advance prepared for gynecological examination .but hesitate on biochemical tests, even are explained the importance of testing. However, a part of doctors state that they have no difficulties, because they are treated like any other patient.

Is there any problem technical or other nature that prevented you in providing medical services to CSW?

The direct contact with CSW is the main problem that causes many other problems such as:

The blood sample comes from the gynecologist – it is not taken directly by the technical lab, this is the reason that sometimes CSW could be tested on HIV.

Testing should not be done with rapid tests, because they are not every time correct in this case CSW are advised to visit state institutions for more authentic test and they always hesitate to be examined by state institutions. Some of the labs answered that tests were not sufficient – they state that only one time they were provided with rapid tests.

Prejudices of the population regarding the provision of health care services for CSW

What are the reactions of the general population regarding the provision of medical services to CSW? Do you think that you as a doctor could be stigmatized for the provision of the health care services to CSW .If yes can you mention a reasons ?

Almost all the respondents answered in the same way stating that if the other clients will know that we do provide health services for CSW, they would not visit as. The reason is that people think that the CSW are transmitting infections and that they are of low level, they are afraid that they may be at risk of infections.

To what an extent you think that CSW are informed on HIV risks

Related to the information on HIV risks all non-Kosovar CSW (especial those from Moldova and Ukraine) are pretty well informed and they also aware on protection measures, but street CSW⁸ from Kosova do not have detailed information on HIV and think that with gynecological examination, HIV may be identified.

Findings – Interview with bar owners and clients of CSW

This part of qualitative research was designed to find out the level of awareness behavior and perception of persons, who use services of the CSW. In general, 14 interviews were developed in 7 regions of Kosova, which are included in Global Fund Project, see chart bellow. A criteria for selection of the clients was sexual their sexual intercourse with CSW during the last six months period of time. Experiences of clients is different, some are regular clients and they respond openly that they are would overtly declare that they opt for the legalization of the prostitution, which answer is similar to the entire bar owners of the visited cafés.

Demography

Nationality	Albanian from Kosova	13
	Serbs from Kosova	1
Age	31-35	7
	36-40	2
	41-45	2
	46- 50	2
Level of education	Secondary school	13
	Faculty	1
	Other	
Profession	Bar owner	7
	Other	7
Marital status	Single	3
	Married	11
	Divorced	
	Other	

We have interviewed 7 owners and clients of SCS of different age in the seven regions of Kosovo included in this project all the respondents were Albanians from Kosovo.

⁸ During field work we have identified CSW that work on the street near National theatre in Prishtina and bus station in Prizren .identified CSW were part of the focus group during the research in Prishtina,

General knowledge of bar owners and clients on HIV risk

To what an extant you are informed on HIV if you are informed than what is the source of your information?

Concerning this question, all answered that they have some knowledge and they were informed through media, or that they have heard from other people (children of these who attend the school – some claim that they heard about it from CSW themselves, especially those coming from South-Eastern Europe.)

What are sexually transmitted diseases that you are informed?

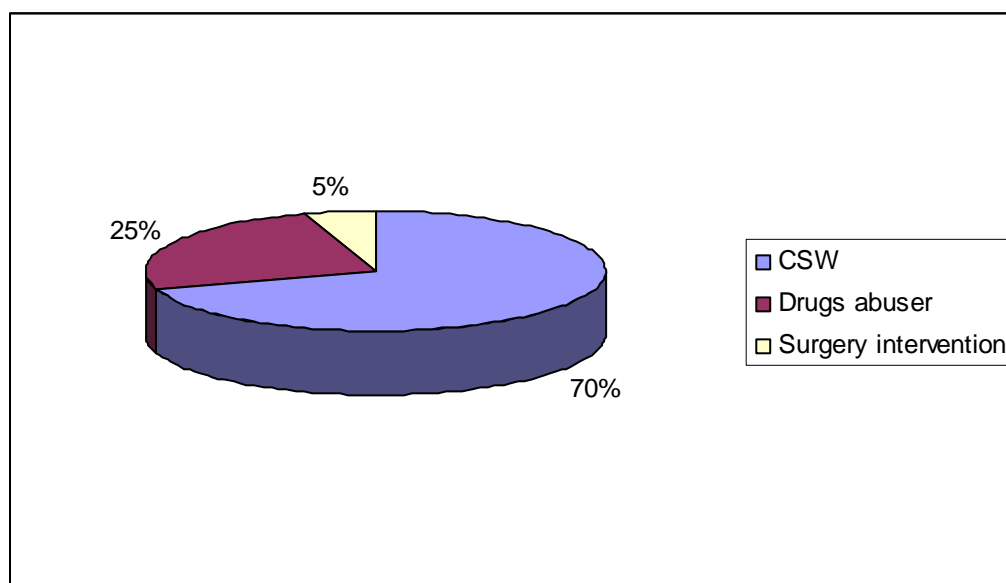
All clients and owners answered that they heard of tripper, syphilis and some mention HIV, which is called SIDA. They have no idea about the details of infection.

Story 7 *Yes I have heard most that we can be infected with gonorrhea, syphilis, especially if do not use protective measures (an Albanian client from Kosova, D.R. age 31).*

What is your opinion who is the group of people in Kosovo that can transmit HIV?

As it can see on the graph 05, almost the majority (70%) answered that CSW transmit HIV, 25% answered that HIV is more frequent with drug users, while 5% answered that the most serious danger could be during surgery/medical interventions.

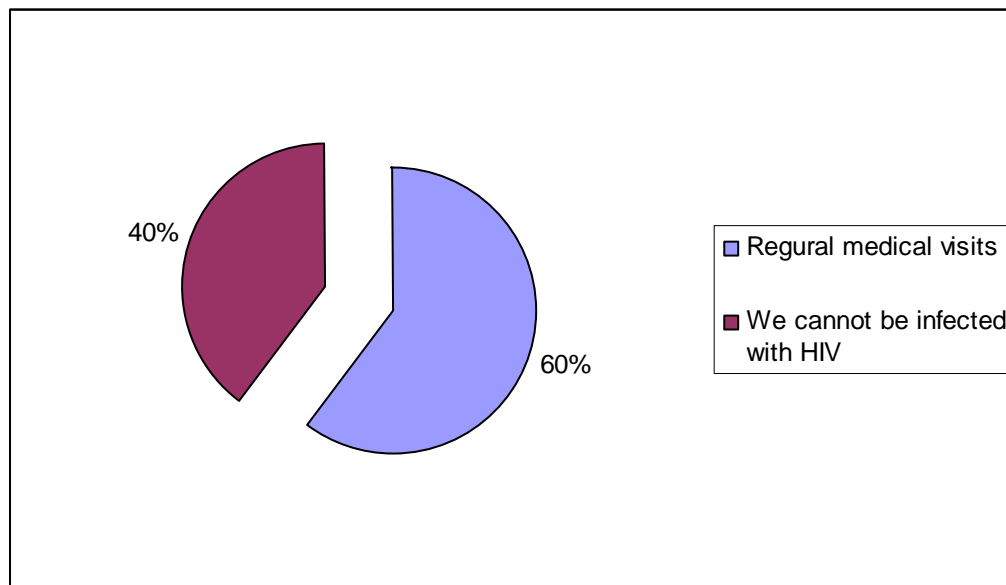
Graph 05. Who is the group of people in Kosovo that can transmit HIV?



What do you think how you can be protected from HIV risk?

As we can see on graph 06, most of bar owners and clients (60%) answered that regular medical examination but also other protective measures may prevent HIV infection. 40% of clients think that they can't be infected, no reason mentioned.

Graph 06. What do you think how you can be protected from HIV risk?



Story 8. *"I cannot be infected with HIV, even I use CSW services, because I always select the best ones and those who look clean and these who doesn't have any signs of possible infection. (An Albanian client from Kosovo, A.K. age 38)".*

Personal experience

During your contacts with SCS did you use protective measures and to what an extant you prefer the use of condom?

Most of the clients and owners (70% of them) state that they do not use protective measures, owners believe that girls regularly visit doctors for their medical examination and therefore they have no reason to be afraid; some of them (10%) state that girls appear to be healthy and there is no risk. Only 20% of them use condoms.

Prevention

How you are supplied with condoms, do you buy them or CSW have them, or the NGO is supplying you?

As per clients ,they all of them respond that If there is need they would buy them themselves, while owners mentioned the provision with condoms is made by doctors who examine girls.

Story.9 “Yes, we were supplied with condoms from the doctor, who provides us regularly when we are in need of them and who provides free medical examination. (An Albanian owner from Kosova, B.D. age 49”).

Findings – Interviews with taxi drivers

This part of qualitative research was designed to learn about, knowledge, behavior, opinion and perception of taxi drivers who drive CSW and clients of CSW.

Demography

Nationality	Albanian from Kosovo	6
	Bosnian from Kosovo	1
Age	31-35	3
	36-40	3
	41-45	1
	46- 50	
Level of education	Secondary school	7
	Faculty	
	Other	
Profession	Taxi driver	7
Marital status	Single	2
	Married	5
	Divorce	
	Other	

We have interviewed 7 taxi drivers different ages from seven regions of Kosovo involved in the project, all respondents were Albanians from Kosovo, and they were selected randomly.

Level of awareness of taxi drivers on commercial sex in Kosovo

Are you aware on existence of commercial sex in Kosovo? If yes, what is the source of your information?

All taxi drivers respond that they weren't inform from no one, but they see sex workers almost everyday because they are clients and they drive them to the places that are well-known for public, but also during the late night hours we see them at the suburban areas.

Are you aware on existence of HIV? If yes were did you learn from?

All respondents answered that they have heard of HIV and they know that it lethal infection that cause death. Most of them heard of HIV through media.

Can you tell us who are the most vulnerable at HIV risks in Kosovo?

All respondents answered that the firs group at risks are Sex Workers, and then internal drug users and those that are in dialyses or have surgery can be at risks.

Personal experience

Did you meet persons that you think they were clients of Sex Workers? If yes, where did you transport them?

All respondents answered that they transported both clients and commercial sex workers. Clients were transported to already known places such as bars but also to well known private houses.

Respondent answered that they have also transported CSW to hotels that are known for public, but also to the private houses.

What do you think our government should act in order to prevent HIV in Kosovo?

Some of the respondents (50% of them) answered that the prostitution should be legalized, because in this way the state would have control over it and also CSW would be obliged to have regular medical examinations. However, 50% of them respond that the state should prosecute pimps, clients and CSW.

Story 10: "I think that the state should close all those bars, because of the work that they do, we are not able to rest in our flats, children see what is going one, and in fact that I am afraid that my daughter is also could become a victim of trafficked and sold here, since different persons visit bar that is in the entrance (Albanian taxi driver from Kosovo N.N, age 31)".

Findings – Interviews with condom distributor

This part of qualitative research was designed to find out the level of demand for protective measures by CSW, owners and clients.

Demography

Nationality	Albanian from Kosova	7
	Serb from Kosova	
Age	26-30	3
	31-35	3
	36-40	1
	41-45	
Level of education	Secondary school	5
	Faculty	2
	Other	
Profession	Condom distributor	5
	Other	2
Marital status	Single	1
	Married	6
	Divorce	
	Other	

We have interviewed 7 condom distributors different age from seven regions of Kosovo that were involved in the project, all respondents were Albanian nationality from Kosovo and they were selected by snow-ball technique.

Are you aware on existence of commercial sex in Kosovo? If yes, what is the source of your information?

All respondents answered that they are aware, because they do visit those places since they have request to supply bars.

Are you aware on existence of HIV? If yes were did you learn from?

All respondents (100% of them) answered that they have knowledge about HIV they have participated on trainings, different education materials distributed by Kosovar NGO-s and from Internet.

Can you tell us who are the most vulnerable at HIV risks in Kosovo?

All respondents answered that the first group at risks are Sex Workers, and then internal drug users and those that are in dialyses or have surgery can be at risks.

Personal experience

What is the extent of the demand for protective measures?

All respondents respond that in relation to the number of population in Kosova and in relation to the average, the demand for protective measures is very low.

75 % of distributors of condoms state that is not so satisfactory demand, while 25% of them state that there is satisfactory demand, but the request is always from the same places.

Where do you distribute condoms?

All respondents 100% answered that they distribute condoms in Café bars, pharmacies, kiosks and to the gynecologists.

Do you think that you can fulfill requirements?

Most of respondents (80%) answered that the requirements are fulfilled, the number of condoms requested for supply is in proportion with the demand, and whereas 20 % of respondent answered that the demand is higher and can't be fulfilled.

Story 11. I have offers to distribute condoms in kiosks, motels, hotels and also to pharmacies (Albanian from Kosovo, condom distributor .A.I. age 29)

Is it required any other material apart from condoms? If YES, what type of it?

All respondents (90%) answered that apart from condoms they do not require any other protective material, 10% of them have demands for lubricants.

What do you think our government should act in order to prevent HIV in Kosovo?

All respondents 100% of them answered that the prostitution should be legalized, because in this way the state would have control over it and also CSW would be obliged to have regular medical examinations. And the minor female trafficking will be reduced.

CONCLUSIONS

The main conclusion based on this research study, is that commercial sex has a close connection with human trafficking, mainly in Kosovo trafficked victims are used for sexual services.

- According to data's from different stakeholders it's clearly seen that the number of CSW from countries with high HIV prevalence is in decrease, when we have to do with VoT's - forced prostitution. . Based on Kosovo Police data's, compiled by the THBS in recent years shows that the number of commercial sex workers / victims of trafficking, which come from the region it is decreased comparing with postwar years were the majority of VoT were countries in the region.
- Also as it is shown on table 5, page. 11, the girls from Moldova are also in the role of pimps / person who trafficked women, as well as during interviews with bar owners they respond that girls from Moldova "bring friends" to work in Kosovo.
- Also based on research and discussions with respondents we can give a conclusion that based on the evidence from research the trafficked victims doesn't have access to medical services, they provide sexual services without protection and serve to a large number of clients (most VoT-s from Kosovo are minors age 15-18 years), the risk of spreading HIV and other STI's can be widely spread.
- However, this does not mean that in Kosovo is decreased number of CSW-s, which provides sexual services "prostitution" that are with origin from regional countries contrary in most of places we have visited we met CSW from counties with high prevalence of HIV, which work as CSW and provide sexual services willingly. They were from: Moldova, Ukraine, Romania, Bulgaria, Albania and Macedonia. In the first place would be on the Albania-CSW, then Moldova, Ukraine, Bulgaria, Romania and Macedonia.
- During conversations with the directors of the shelters we have found out that since 2006 the number of victims of trafficking for forced prostitution from the region with high prevalence of HIV risk is decreased but, the number of Kosovo-s VoT is increasing.

- What is worth of mentioning is that during the focus groups with CSW's that work as a "prostitute" in Kosovo is from countries in the region with high prevalence of HIV. Commercial Sex Workers who are from Eastern European countries where there is a very high prevalence of HIV, such as Moldova (40% prevalence) are very well informed about HIV and STI and also use protective measures, while Commercial Sex Workers from Kosovo who work as "independent"⁹ does not have the adequate knowledge about HIV, as well as for STI, and none of the interviewed is not tested for HIV or for any other STI's. What makes them even more sensitive is that they hesitate to seek medical help.

The needs of these persons, based on the research and during discussions with representatives of the shelters are as follows:

- Awareness rising on risks of infections, particularly with HIV,
- Gynecological controls, different laboratory testing.
- Provision of services for voluntary counseling and testing because most of these CSW hesitate to be tested for fear of receiving a positive response to the result.

Finally, based on research and development followed the dynamics of phenomena such as trafficking and prostitution, the majority of people interviewed thought that more effective measures to prevent the escalation of this phenomenon is the legalization of public houses.

In this way, institutions will have more control and on the other side the prevalence of sexually transmitted infections will decrease, since all commercial sex workers would be obliged to subjects of medical controls.

This practice of legalization of public houses is also practiced in countries with developed democracies where human rights are greatly respected.

General population in Kosovo has lack of awareness about the consequences (they are aware of the risk from unprotected sex, but are not aware of application of protected measures. Concretely, the majority which we have contacted resist to the use protections measures).

⁹ During field work we have identified the CSW working on the streets, part at the National Theatre in Prishtina and at the bus station in Prizren. Identified KSW have been part of the focus group in Prishtina.

SITUATION AND CONSEQUENCES

Poverty and high unemployment rates in countries of origin of CSW's (including those from Kosovo) are the main reason for these women to take risks and end up in the sex industry.

In order to prevent HIV infection among commercial sex workers and preventing the risk of spreading the infection among the population, essential human approach to individuals and groups involved in commercial sex. So far, only a limited number of organizations (local and international) had this approach even very limited, to the CSW's, client and "bar" owners, which in one way or another had been offered with the services to prevent HIV and STI, as well as information and training materials for the Prevention of HIV and STIs for this group at risk

QUESTIONNAIRE USED DURING THE RESEARCH

First target audience -Commercial Sex Workers and Victims of Trafficking

Topics for focus groups:

- Knowledge on HIV risks
- HIV Protection measure
- Risks behaviors and prejudice
- Clients and services

Areas of knowledge to be examined are:

Personal experience

- How could you advice your friend/colleague to protect here self from HIV?
- Use of protection measures
- Supply with protection measures
- What the client think on using condoms? If they reject to use them or doesn't want what are your reaction?
- How many clients can have one SW and how much is paid?
- Reaction If a colleague is infected with HIV?

Needs of SW related to the health care services in order to prevent from HIV

- Gynecological visits and main reasons for the gynecological visits?
- Approach to the health care services, appointment
- How the doctors is treating CSW, what are the procedures
- What are the most needed services related to the health care?
- Do the doctors provide you with consulting services related to the HIV? What kind of information material is available

Second target audience -doctors/gynecologist and biochemist/microbiologist

Areas of knowledge to be examined are:

Approach to CSW

- What doctor think are any difficulties to approach population of SW?
- What are the difficulties that they face when you provide health care services, Are you facing with those difficulties?

Prejudice of population in general related to CSW

- What is the reaction of population in general related to the health care services for SW.?
- Do you think that you as a health care worker are stigmatized if they provide those services to the SW, reasons?

Requests of CSW

- How much are CSW aware on HIV
- What they know or don't know the SW related to the risk of HIV and STI
- Is the request to be tested on HIV by CSW or their owners? Do they hesitate to be tested on HIV?
- What kind of information the bar owners are asking from you when they bring SW for visits?

Services

- Do you think that are the gaps related to the Prevention programs on HIV among CSW?

Third target audience-bar owners and clients

General research question

- General knowledge on HIV
- How is the level of awareness on HIV and its prevalence in Kosovo among bar owners and clients?
- For what kind of STI they are informed?
- Who are the groups that spread HIV in Kosovo? What is the opinion of owners and clients?

Personal experience

- Use of the protection measures during the sexual contacts with CSW, how much is condom preferred?

Prevention

- Where did they get the condoms?
- Is there any organization that supports CSW workers with free medical services?
- What bar owners and clients think about the Legalization of prostitution.

Fourth target audience-condom distributors

General research question

- General knowledge on commercial sex work in Kosovo were they are informed
- General knowledge on HIV groups on HIV in Kosovo

Personal experience

- Who are the groups that spread HIV in Kosovo? What is the opinion of condom distributors?
- Demand for protection measures
- Where do they distribute condoms?
- Is the demand accomplished?

Fifth target audience-taxi drivers

General research question

- General knowledge on commercial sex work in Kosovo were they are informed
- The most vulnerable groups at HIV risk in Kosovo
- Who are the groups that spread HIV in Kosovo? What is the opinion of owners and clients?
- Have they drive a client of SW or CSW (which places) t?
- What our state institution could do in order to prevent HIV in Kosovo?