

Sexual Practices and the Prevention of AIDS/STDs Among Sex Workers in Belo Horizonte, Brazil

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ABSTRACT

We present the results of a survey with 178 sex workers from the main “red lights district” of Belo Horizonte in 1999. Our objective was to examine the sexual practices of the women interviewed and their knowledge, attitudes and practices related to the prevention of AIDS/STDs. We applied a questionnaire with closed questions focusing on the sex workers’ knowledge about AIDS/STDs and prevention practices. Our results indicate that the majority of the women interviewed is reasonably well informed about AIDS/STDs, their means of transmission and prevention. Almost all affirmed that they always use condom during oral, vaginal and anal sex with their clients. However, over 60% of them declared that they never or rarely use condoms with their partners. For many women the condom was seen as a barrier to intimacy. The lack of use of condoms with permanent partners was the main barrier we found towards a more efficient prevention of AIDS/STDs and unplanned pregnancies among this population.

OBJECTIVES

1. To evaluate the effectiveness of the program of prevention of STD/HIV/AIDS: “In the Battle For Life” from Musa - Women and Health (Center of Reference in Women’s Health Education). Program financed by the National Coordination of STD/AIDS from the Ministry of Health /UNESCO and by the Macarthur Foundation.
2. To determine the social and economic profile and the sexual and reproductive practices of the women who work in the red-lights district of Belo Horizonte/Brazil.
3. To exam the sexual practices of a sample from the target population of MUSA’s program, and also to assess their knowledge, practices and attitudes about AIDS/STDs and prevention practices.

METHODOLOGY

- Quantitative research technique: a survey employing a KAP questionnaire (knowledge, attitudes and practices);
- A convenience sample of 178 women were interviewed, covering around 10% of the total women working in the 17 hotels from the red-lights district in Belo Horizonte;
- A statistical analysis of the data was performing using the software program SPSS 9.0.

RESULTS

1. Social and Economic Characteristics and Sexual and Reproductive History:

Table 1: Distribution of women according to social and economic characteristics (in percentage):

<i>Selected Characteristics</i>	<i>%</i>
Age Group	
15 – 19	3.5
20 – 24	27.0
25 – 29	22.8
30 – 34	18.7
35 – 39	11.7
40 – 44	10.5
45 – 49	3.5
+ 50	2.3
Ethnicity (self-declared)	
White	26.3
Mixed	61.4
Black	8.8
Other	3.5
Educational level	
None	2.9
Primary	25.8
Secondary	38.5
High school	30.4
Superior/technician	2.4
Place of birth	
Belo Horizonte/metropolitan area	14.0
Other capital	20.5
Countryside	65.5
Place of residence	
Belo Horizonte/metropolitan area	65.4
Other capital	18.2
Countryside	16.4
Cities where worked in the last 3 years	
Belo Horizonte only	57.4
Other cities	42.0
Other countries	0.6
Marital Status	
Single	73.7
Married/united	11.7
Divorced	11.7
Widowed	2.9
Permanent sex partner	
Yes	43.3
No	56.7

Table 2: Distribution of women according the characteristics of their sexual initiation

Characteristics of their sexual initiation:	%
Age at first sexual intercourse	
14 years or less	26.0
15–18	62.1
+ 19 years	11.9
Partner during first sexual intercourse:	74.7
Boyfriend/fiancée	7.6
Friend/acquaintance	4.1
Husband/partner	5.3
Unknown person	6.5
Other	1.8
First intercourse was desired	
Yes	69.6
No	26.9
Don't know	3.5
Age at beginning of sex work	
10 – 14	3.0
15 – 19	28.9
20 – 24	35.3
25 – 29	15.3
30 – 34	13.1
+ 35	4.4

Table 3: Distribution of women according the characteristics of their reproductive history

<i>Reproductive History</i>	<i>%</i>
Ever pregnant	
Yes	81.9
No	18.1
Number of children alive	
0	11.4
1	34.3
2	30.6
3	13.6
+ 4	10.1
Stillbirths	
Yes	13.8
No	86.2
Miscarriages	
Yes	18.1
No	81.9
Abortions	
Yes	29.3
No	70.7
From who got pregnant last time	
Permanent partner	77.9
Boyfriend	8.6
Client	11.4
Don't know	2.1
Ever had a STD	16.0
Yes	82.8
No	

Table 4: Distribution of women according their use of contraceptives

<i>Contraceptives methods</i>	<i>Used now</i>	<i>Ever used</i>
Contraceptive pill	33.3	74.3
IUD	2.3	8.4
Injections	4.1	22.2
Diafragma	0.6	4.8
Natural methods	0.6	4.8
Condoms	38.0	49.1
Female Condoms	0.0	2.4
Tubal Ligation	13.5	--
None	8.2	--

2. Knowledge, Attitudes and Practices in Relation to HIV/AIDS:

Table 5: Distribution of women according their knowledge about HIV/AIDS

Knowledge about HIV/AIDS	%
AIDS is a disease that	
Has a cure	2.3
Does not have a cure and kills	82.5
Does not have a cure but doesn't kill	13.5
Don't know	1.8
HIV is...	
The AIDS virus	41.6
AIDS	32.7
Other	12.8
Don't know	12.9
HIV positive is...	
A person who has the AIDS virus	28.7
A person who has AIDS	25.1
Other	18.7
Don't know	27.5
How do you do to know if you have the virus?	
Blood exam	95.3
Other	1.8
Don't know	2.9
A person with the HIV has AIDS?	
Yes	59.1
No	38.0
Don't know	2.9
A person may look health and have the AIDS virus at same time?	
Yes	94.8
No	1.8
Don't know	3.5
AIDS has treatment?	
Yes	69.6
No	28.1
Don't know	2.3
AIDS has cure?	
Yes	6.4
No	91.3
Don't know	2.3
Women sterilized	
Still has to use condoms	95.2
Do not need to use condoms anymore	2.4
Other	2.4
Safe sex is..	
To use condoms	71.0
Safe sex does not exist	3.0
To have one partner only	2.4
Other	17.1
Don't know	6.5

Table 6: Distribution of women according their knowledge about means of transmission and prevention of HIV/AIDS

Means of transmission of the AIDS virus	%
Sexual intercourse without condom	66.1
Sharing needles	43.9

Sexual intercourse	38.0
Oral sex	40.4
Blood transfusion	28.7
Anal sex	23.4
Contaminated blood	22.2
Kiss on the mouth	12.3
Homosexual sex	5.3
Bug bite/manicures	9.4
Pregnancy (mother to child)/breastfeeding	6.4
<i>Ways to prevent contamination by the AIDS virus</i>	<i>%</i>
Using condoms	97.7
Using disposable needles/syringes	30.4
Be careful with blood transfusions	23.4
To have permanent partner/avoid promiscuity	12.3
To know/chose well partner	8.8
Other	18.7

- Spontaneous and multiple answers

Table 7: Distribution of women according their knowledge and attitudes about people living with AIDS

Knowledge and attitudes about people living with AIDS	%
Know a person with the virus	
yes	60,2
No	39,8
Would have a social relationship with a person living with AIDS	
yes	87,8
No	12,2
Would have a sexual relationship with a person living with AIDS	
yes	4,2
No	95,8
Would care of a person living with AIDS	
yes	81,9
No	9,9
Depend/Do not know	8,2

Table 7: Distribution of women according their knowledge and attitudes about vertical transmission (mother to child)

Knowledge and attitudes about vertical transmission	%
A pregnant woman HIV positive	
Always transmit the virus to her child	53.8
May not transmit the virus to her child	46.2
A pregnant woman HIV positive	
Should get an abortion	48.0
Should not get an abortion	47.4
Don't know	4.6
A pregnant woman HIV positive should abort	
Because the baby will be born contaminated	75.6
Other	24.4
A pregnant woman HIV positive should not abort	
Because the baby may be born healthy	35.8
Because abortion is a crime/sin	37.0
Other	27.2

Table 8: Distribution of women according their knowledge, attitudes and behaviors in relation to the AIDS test

Knowledge, attitudes and behaviors in relation to the AIDS test	%
Ever got tested?	
Yes	76.0
No	24.0
How many times got tested?	
once	32.1
2 – 5	47.2
6 – 10	18.6
+ 11	2.1
Why never got tested?	
Scared of the result	53.7
Lack of time or access to the service	14.6
Never felt the need	4.9
Other	26.8
A test with a negative result may mean that...	
The person will not ever get AIDS	1.2
The person still can get AIDS	68.2
The person is with the virus and it still did not manifest	57.6
The person still has the virus	38.0

Table 9: Distribution of women according their knowledge, attitudes and behaviors in relation to the prevention of the HIV/AIDS

Knowledge, attitudes and behaviors in relation to the prevention of the HIV/AIDS	%
Changed behavior after getting information about HIV/Aids	
Yes	80.7
No, has always been careful	19.3
How did you change your behavior?	
Started using condoms	67.9
Started using condoms plus another types of care	18.2
Other	13.9
Use of condoms with clients	
During vaginal sex	99.4
During oral sex	97.6
During anal sex	100.0
Use of condoms with partners	
Always	30.8
Sometimes	39.0
Never	30.2
Use of two condoms at same time	
Yes	66.7
No	33.3
When use two condoms at same time	
Client insists	19.1
Whenever she thinks is necessary	31.3
When the client has a large/thick penis	28.7
Always	6.1
Other	14.8

Comments

The women interviewed were in average young women, single, of mixed race, with low educational level, from poor families and from small towns in the countryside. Almost half of them has worked as sex worker in different cities during the last three years, which indicates a high mobility among these women, searching for better condition to practice commercial sex.

Our results also indicate that the majority of the women interviewed are reasonably informed about most questions related to DST/HIV/Aids, including methods of prevention. However, some forms of transmission such as maternal-fetal and its possible means of prevention are not well known, possibly due to the emphasis given to the sexual means of transmission to this specific group.

Almost every one of the women interviewed declared their clients always wear condoms during vaginal, oral and anal sex. However, over 60% of them affirmed that they never or rarely use condoms with their regular partners. The most common reason presented for not using condoms with a partner is that it is seen as a barrier to intimacy. In our analyses we were not able to find any correlations between the use of condoms with a partner and any demographic variable such as age or place of birth or residence. In

relation to social and economic variables, only the educational level was positively related to the use of condoms with a partner.

While these results indicate the importance of educational programs developed by NGOs, they also point to the inadequacy of campaigns directed to women focusing exclusively on the use of condoms. When we work with sex workers considering only their professional lives we ignore they face the same problems due to gender inequalities that any woman faces in an intimate relationship. There are no simple answers about how to handle the questions related to gender identity and inequalities that arise in any heterosexual relationship. However, it is urgent to discuss new approaches in the AIDS educational and preventive work that take in consideration gender related issues, specially now with the growing AIDS infection rates among heterosexual women.

Main problems identified by this research:

- Use of very cheap condoms, smuggled from Paraguay, without quality control by the INMETRO;
- Use of two condoms at same time during intercourse;
- High frequency of illegal abortions, what can result in an increased morbidity and mortality rate;
- High frequency of miscarriages, stillbirths and of gynecologic symptoms such as: itching, discharges, pain and burning sensation during urination;
- High frequency of sex workers who know a friend or colleague infected by the HIV;
- Use of gynecologic creams as lubricants which may damage the vaginal imbalance and increase vulnerability to infections;
- Great mobility of our target population: they move frequently between different towns and states searching for better work conditions;
- Low level of knowledge about vertical transmission and about the treatment of HIV during pregnancy;
- Absence of prevention with permanent partners;