

Final Report for American Councils Title VIII Research Scholar Program

Title of Project: Exploring individual and contextual factors of access to HIV prevention services among sex workers in Belgrade, Serbia

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Research Location: Belgrade, Serbia

This report summarizes my research project conducted between mid-June and mid-September, 2011 in Belgrade, Serbia. The main research objective was to learn more about HIV prevention, testing and treatment services in Belgrade, and specifically sex workers' access to these services. I have only recently returned from the field and will be completing data analysis; therefore, the results presented in this report highlight some of my initial impressions and represent some of the preliminary findings from the data collection phase. As my fieldwork was coming to an end in Serbia, I realized that I was leaving with even more questions for scholarly inquiry and that this project's results suggest areas that merit further investigation. The results of my research trip to Serbia may be useful to the US policy-making community, especially given the potential for Serbia's entry into the European Union (EU).

HIV/AIDS is an increasing concern for countries in Eastern Europe¹. Those most at risk are marginalized populations, including female sex workers. Women constitute an increasing proportion of new HIV infections throughout the region²; nonetheless, gender dynamics involved in risk behaviors, access to services, and stigma have not been adequately explored in these societies, where people have undergone nearly twenty years of sweeping economic and social changes and seen a breakdown in state health and welfare support. While epidemiological data provide necessary information on whom to target prevention activities, there remains a dearth of information on the contextual factors that influence risky behavior and access to HIV prevention services, including

testing and counseling. Along with a growing number of public health researchers³, I argue for the need to address the broader social determinants of HIV risk, especially in societies that have experienced transition, war, and economic disorder. This type of research informs how prevention and treatment services can be tailored in the social context, and how to reach the most vulnerable populations. The experience of accessing HIV testing services is important to analyze because it reflects the context in which those at risk engage in prevention activities and make choices about changing their risk behaviors. Discussions about testing services reflect the wider context of sex workers' lives and the obstacles that they face in regard to HIV prevention and access to treatment. My research aims to gain a more comprehensive understanding of the individual and fundamental factors influencing access to HIV testing services among sex workers in Belgrade, Serbia.

Serbia is an ideal case study for exploring HIV risk in the larger context of social change. Serbia is geographically located along major drug and sex-trafficking routes and near to countries with more advanced HIV epidemics concentrated among injection drug users and sex workers. The instability in Kosovo and the migration of populations through this area may add to HIV transmission through both drug and sex-trafficking. Serbia has the most HIV cases of all countries of the former Yugoslavia⁴ — the reported HIV prevalence is 0.2%⁵. This number is most likely six to eleven times higher⁶. Sex workers and drug users are often not included in official HIV surveillance statistics⁷; however, it is among these marginalized populations, that the epidemic is believed to be concentrated⁸. Women are accounting for an increasing proportion of new HIV infections⁹. Given existing gender inequalities in Serbian society, the possibilities for

protection from HIV for women are few¹⁰. Violence against women, low wages for women, patriarchal customs are factors that may contribute to Serbian women's risk for HIV¹¹. Sex workers are even more vulnerable because of the social stigma associated with their work¹².

The purpose of my research was to describe the experiences of sex workers in accessing HIV testing services in Belgrade. My proposed research had the following specific aims:

- Specific Aim #1: To describe HIV prevention services currently available in Belgrade and the extent to which sex workers are accessing them.
- Specific Aim #2: To explore the factors that serve as barriers and facilitators to sex workers' uptake of HIV counseling and testing services.
- Specific Aim #3: To describe the experiences of sex workers who have received HIV counseling and testing services.

Methods

I spent three months in Belgrade, Serbia in order to access Serbian-language scientific literature, conduct key-informant interviews with service providers and sex workers, and observe HIV-related and outreach prevention services. I was officially affiliated with JAZAS *Asocijacija za borbu protiv side* (Association against AIDS), and they provided me with a letter for visa support in the field. Dr. Viktorija Cucic facilitated all aspects of my research with JAZAS, and the drop-in staff and outreach workers at JAZAS offered support in introducing me to sex workers to interview and a place to conduct the interviews.

In order to address *Specific Aim #1: to describe HIV testing services*, I conducted interviews with key informants, including health care providers and NGO representatives. In my first few days of arriving, I attended a roundtable on sex work and HIV prevention in Serbia, which was organized by JAZAS. This provided a wonderful overview of previous and current research and programs and a preview of some of the most pressing issues in the Serbian context. Service providers, public health researchers, policy makers, NGO representatives, and sex workers participated in the roundtable. I interviewed health care providers whose job is specifically to provide HIV counseling and testing services and general medical practitioners. I visited locations in the city where people come to receive free HIV counseling and testing services. I also met with people who worked at NGOs whose projects focus on HIV/AIDS in Serbia in order to better understand what the national priorities are, the struggles in working on HIV prevention, and the funding mechanisms currently available for such programs. Throughout my fieldwork, I also collected a wealth of literature in Serbian on HIV/AIDS, sex workers, vulnerable populations, the social aspects of risk, and public health in general.

In order to address *Specific Aim #2: to explore factors influencing uptake of HIV testing services*, and *Specific Aim #3: to describe the HIV testing experiences*, we conducted 21 interviews with sex workers. I conducted the majority (16) of interviews, and an outreach worker/researcher at JAZAS conducted the remaining 5 interviews. The interviews were conducted in a private room at the drop-in center and audio recorded with the informant's consent. All interviews were conducted in Serbian and then transcribed verbatim by a native Serbian speaker.

While I am planning to conduct a more formal analysis of the data, I will highlight some of my preliminary findings in this report.

Research Highlights/Preliminary Findings

HIV Testing in Serbia

HIV testing is suboptimal, with very few people getting tested in Serbia. This was a common theme among all informants—not many people are getting tested for HIV. There are two main places where people go in Belgrade if they want to receive voluntary HIV counseling and testing services: *Studentska poliklinika* and *Gradski zavod za javno zdravlje*. Health care providers that I interviewed reported that they do not offer HIV testing at state-run health care centers (*Dom zdravlja*), but would refer their patients to one of these two places for HIV counseling and testing. NGO outreach services may also offer HIV counseling and testing services, and most often these are targeted testing initiatives for vulnerable, hard-to-reach populations (for example JAZAS offers HIV testing on a mobile clinic that goes to places in the city where sex workers congregate). One issue that came up during many of the interviews I had was that there is a need for more hepatitis testing opportunities, and that while this is a public health concern in Serbia the funding mechanisms often only provide for HIV tests.

Many ordinary Serbs I talked with mentioned that they were under the impression that one could only get an anonymous and free HIV test on December 1 (World AIDS Day) when there was a special health promotion activity. In informal discussions with Serbs and the in-depth interviews with health care providers, the overwhelming perception as to why people do not want to test for HIV is because of fear (fear of HIV in general, fear of learning that one might be infected with HIV, fear of having people find

out they tested for HIV, and fear of asking a doctor to test them for HIV). I was told that people come to Belgrade from all over Serbia in order to get an HIV test because they would not want to get a test from their own doctors in their city. Some of the sex workers discussed that they preferred to either test at JAZAS where everyone was aware and accepted that they were sex workers, or to test anonymously but not necessarily tell the health care provider that they were involved in sex work. Almost none of the sex workers had tested for HIV prior to accessing services at JAZAS.

Serbia is in need of health education campaigns to increase awareness about HIV and HIV treatment options, inform people as to where to test for HIV, and encourage people to learn their status to protect themselves and others. Providers should be encouraged to discuss HIV and HIV risk with their patients. At the same time, more options for HIV testing should be made available—especially patient-friendly HIV counseling and testing opportunities. Programs that are sustainable withing the current health care system organization are especially needed.

HIV –related stigma

Health care providers talked about HIV-related stigma to be high in the general population and among health care providers themselves. Providers who work directly with HIV testing and treatment services said that there are doctors in Serbia who would not want to treat patients who have HIV. Providers might not want to talk about HIV testing with their patients because of the perceived taboo around talking about HIV/AIDS in society.

Contextualization of Sex Workers' HIV Risk

The sex workers interviewed as part of the research included 12 female sex workers and 9 transgender sex workers. The majority of the sex workers reported that they work on the street, while others work either through classified advertisements (and provided services in apartments) or a combination of street-based and apartment-based. Those who work on the streets reported that they work on highways, in parks, or near the railroad station. Those who work in apartments said that they work in their own apartments, rent an apartment for that purpose, or work at friend's apartments. Often those who work in apartments (and via classified advertisements) do not work alone, but may share an apartment with other sex workers. Transgender sex workers reported working more frequently in apartments because of safety issues related to working on the streets (some informants said that they used to work on the streets, but have moved towards the classified advertisements to solicit clients, primarily due to risk of violence from police and people who violently target transgender individuals). All of the informants said that they work individually (without a pimp), but a few said that they had worked for a pimp earlier in their lives. About half of the sex workers interviewed are Roma. Nearly all of the sex workers were born in Belgrade, though a few had migrated to Belgrade from other parts of Serbia. Nearly all of the informants said that sex work is their only source of income. Many of the informants talked about being homeless at points in their lives, being incarcerated for prostitution or drug-related offenses, some reported substance use of some sort (marijuana, alcohol) and a few reported injecting heroin at some point in their lives. A major health concern for many was hepatitis, though informants also said that they were afraid of contracting HIV.

Many of the sex workers discussed how society's attitudes towards their work affect their lives. A lot of the sex workers said that their family does not know about their work. Others said that they suspected that their family knows about it, but it is not something they have every discussed. Some of the transgender sex workers said that they have never discussed their sexuality with their family members. Sex workers are a vulnerable group in Serbia: their work is illegal, many do not have official documents (medical cards) and passports that would allow them to access state-run medical services, many are Roma and face discrimination because of their ethnic minority status, many are poor, sex workers who are transgender also face stigma and discrimination because of their sexuality (lesbian, gay, and transgender rights were a hot topic for social and political debate this summer in Serbia and the eventual cancellation of the pride parade demonstrates the lack of support these populations have in Serbian society). Fear of violence was a common theme in the interviews with sex workers. Many of the informants had either experienced violence during their work or had friends/colleagues who were victims of violence.

Sex Workers' Knowledge and Awareness about HIV

Most of the sex workers I interviewed had not heard many facts about HIV before they started coming to JAZAS. Almost none of the sex workers had tested for HIV before they tested at JAZAS, and many had not ever tested anywhere but through JAZAS. Testing primarily occurs at JAZAS; for many this was the first time they even heard of HIV. While this was not an evaluation of JAZAS services, it soon became clear that this was the only interaction that many have with medical care providers, HIV prevention, and HIV testing. It is worrisome to think that sex workers who have not accessed services

at JAZAS may not have access to information about HIV, risk reduction behaviors, and access to HIV testing. Only some of the sex workers said that they knew someone who had HIV. One sex worker that I interviewed disclosed a positive HIV status. She was currently taking antiretroviral therapy.

HIV Treatment and Care

The Serbian government provides antiretroviral therapy free of charge. One of the issues that came up in interviews with providers and key informants is the shortage of both diagnostic and treatment tools (including HIV testing kits, CD4 tests, PCR (polymerase chain reaction) test to assess “viral load”, and antiretroviral drugs). Providers said that it is not unusual to have to send patients to other cities when there is a shortage in one city (for example they ran out of CD4 count tests in Belgrade and had to refer patients to Novi Sad for the analysis). HIV service providers reported that not all of the newer antiretroviral drugs that are used in Western Europe are available in Serbia. HIV service providers also said that there is a lack of hospice care available for AIDS patients. HIV service providers have a lot of patients and operate on a very tight schedule in the ambulatory care office (where antiretroviral drugs are distributed and patients come for diagnostic tests, and consultation with doctors for HIV-related illnesses).

Short-term and long-term plans

This winter, I will be conducting formal qualitative analysis of the data from the in-depth interviews. I will then develop a manuscript and submit to a peer-reviewed public health journal. This three-month fieldwork strengthened my interest in conducting research with vulnerable populations, issues around access to health care services, and

antiretroviral drug therapy distribution in Serbia. Belgrade, as the capital city, is different in many ways than other cities in Serbia, and especially semi-urban and rural areas in the country. I would like to expand this line of research to include other locations in Serbia (for example, Nis, Kragujevac, Vranje) and even neighboring countries (in particular, Montenegro and Macedonia). While I am interested in continuing research, especially community-based research, with sex workers, I would also be interested in conducting research with other populations that are vulnerable to HIV-infection in Serbia (injection drug users, men who have sex with men). Another area of interest that I would like to pursue is pharmaceutical drug allocation and prescription in resource-constrained, post-socialist societies. Looking specifically at HIV testing, treatment and care is one area that could provide insight into how the health care system functions in Serbia.

While the information collected during this fieldwork is undoubtedly useful for my research, equally important was the opportunity to strengthen my professional contacts in Serbia. I had met with Dr. Cucic and others at JAZAS on previous trips to Belgrade; however, this research project reinforced my desire to collaborate with this dynamic group of researchers and activists. We will be working on a manuscript based on my summer research project. In the future, I would like to collaborate with my colleagues at JAZAS to apply for an R-34 from the National Institutes of Health. This would allow us to develop an intervention study that would encourage more sex workers to utilize health care services and help to address some of the barriers identified in my research project and the ongoing work of JAZAS.

Unites States Policy Recommendations

1. Remove the “anti-prostitution” pledge for both US and international

organizations. The current rules that HIV/AIDS organizations must explicitly oppose prostitution in order to receive funding from the US government. Working closely with sex workers is crucial for curbing the HIV epidemic in many parts of the world, including Eastern Europe. Sex work is a reality for a population of women and men. The current US position and legislation undermines the work being done by NGOs and UN agencies. An anti-prostitution pledge is harmful for outreach activities that serve marginalized and vulnerable populations.

2. Learn more about HIV risk and treatment in Serbia. Given that Serbia is geographically and politically situated at the crossroads between Eastern and Western Europe, issues of migration and HIV risk are bound to come up. The US should care about HIV epidemics in other countries, not only because of humanitarian reasons. HIV is an infectious disease. Also, issues of inadequate treatment are important to consider given the potential for drug-resistance (one only has to think about multi-drug resistant tuberculosis to understand the gravity of this potential concern).

3. Pay attention to the role of civil society in Serbia. I came across organizations that are getting funding from primarily European countries. There are NGOs in the country that are actively working to promote human rights, protect interests of vulnerable populations, and provide direct services to marginalized groups. An increased in financial support for NGOs, should be accompanied with strong mechanisms for program evaluation, to measure accountability, and assess plans for sustainability. When(if) Serbia

gains candidacy for EU membership we can expect more emphasis being placed on the development of civil society in the country.

4. Dedicate more resources to facilitate public health and social science research collaboration in the region. I met very dedicated researchers, who are interested in international collaboration. However, there remains limited information on the region in the international public health literature. Large-scale, comparative studies could be undertaken in the region. Also, more opportunities for exchange of ideas and experiences between researchers from the Balkans and researchers from the US are warranted.

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