



The Dynamics Study aims to disentangle the effects of conflict on the HIV and Hepatitis C (HCV) epidemics in Ukraine as mediated through sex work



This brief report provides an overview of preliminary findings from the first wave of the study (Wave 1), which was conducted from September 2017 – October 2018 in Dnipro, Ukraine

Purpose of Study

 To assess and understand the influence of conflict on the HIV/HCV epidemic involving both female sex workers and their clients in Dnipro To inform the delivery of HIV/HCV services for sex workers and their clients in the context of conflict, and contribute to HIV/HCV prevention programmes locally and globally

Study Methods

• Mixed methods with qualitative and quantitative components preceded by mapping of geographic locations ("hotspots") where female sex workers and their clients congregate



Recruitment places:

- Offices/"brothels"
- Apartments
- Public spaces
- Highway/truck stops
- Entertainment venues
- Cafés/restaurants/bars
- Massage/beauty parlours
- Art clubs/strip bars
- Hotels/motels



Quantitative methods:

Involved a cross-sectional bio-behavioural survey, with rapid point of care tests and serological confirmatory testing on dried blood spots for HIV and HCV with sex workers and their clients Inclusion criteria:



Women aged 14 years and older, who identified as female sex workers, soliciting within an identified hotspot and had been in sex work for at least 3 months



Male clients aged 18 years and older purchasing sex at identified hotspot



Qualitative methods:

Involved a series of in-depth interviews and diaries with female sex workers, and interviews with relevant key informants/stakeholders from Dnipro and Kyiv, Ukraine

- This brief report summarizes key findings from the quantitative component of Wave 1
 - Qualitative analysis is on-going
- After Wave 2 of the study, mathematical modelling to estimate the influence of political conflict via changes in sex work on HIV and HCV transmission among female sex workers and clients is planned

OUR FINDINGS

Demographics

SEX WORKERS

Women had been working in sex work for a median of 5 (IQR 2-8) years

N

560 sex workers

AGE

The median age of sex workers was **26** (IQR 22-30) years old

EDUCATION



completed secondary education



completed vocational, technical or higher education

MARITAL STATUS

15% of participants were living with a regular sex partner (spouse, common law/boyfriend)



Single, never been married



Married & living with spouse



Married but not living with spouse



Living with intimate partner



Widowed/ divorced

DEPENDENTS

53% of sex workers reported supporting one or more dependents (children, parents, grandparents or intimate partners)

CLIENTS

Clients had been purchasing sex from sex workers for a median of 9 (IQR 5-13) years

Ν

370 clients

AGE

The median age of clients was **32** (IQR 27-38) years old

EDUCATION



completed secondary education



completed vocational, technical or higher education

MARITAL STATUS

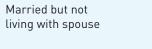


Single, never been married



Married & living with spouse







Living with intimate partner



Widowed/divorced

OCCUPATION

Entrepreneur • 33%

Professional/Specialist •— 32%

Labourer •— 18%

Unemployed, unstable employment • 8%

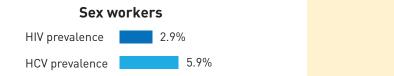
employment **o**— 8%

Law Enforcement o- 6%

Student • 2%

HIV AND HCV PREVALENCE

Based on 2018 seroepidemiological monitoring data, the HIV prevalence among the general population in the city of Dnipro was 0.85%*. Below, we present HIV/HCV prevalence according to findings from our serological confirmatory testing.



^{*}Official statistical data obtained by request from Dnipro Oblast Centre on AIDS Pre<mark>vention and Control</mark>

HOTSPOTS

Sex workers



worked at only one hotspot in the last 12 months

Clients



Clients

2.4%

HIV prevalence

HCV prevalence

purchased services at only one hotspot in the last 12 months

224 respondents reported working at more than 1 hotspot during the last 12 months. Of those**:



2 hotspots



worked at 3 hotspots



worked at 4 or morehotspots

¹⁶⁷ respondents reported visiting more than 1 hotspot during the last 12 months. Of those**:



visited 2 hotspots



visited 3 hotspots



visited 4 or more hotspots

SEXUAL PARTNERSHIPS

Sex workers

23 (IQR 18-30)

Median number of clients in the past 30 days

Clients

1 (IQR 1-2)

Median number of sex workers in the past 30 days

% of sex workers	Reported median
96% — Regular clients	5 (IQR 3-7)
99% — Occasional clients	17 (IQR 13-23)
48% — Transactional partners	2 (IQR 1-3)
30% — Casual partners	— 4 (IQR 2-8)
46% Intimate partners	1 (IQR 1-1)

% of clients	Reported median
8% — Transactional partners	1 (IOR 1-4)
99% — Casual partners	2 (IQR 1-2)
72% Intimate partners	1 (IQR 1-1)

^{**}Percentages do not equal 100 due to some non-response

CONDOM USE

The proportion of **sex workers** who reported using a condom 100% of the time with the following sexual partners in the past 30 days:

72% Regular clients 86% Occasional clients 72% Transactional partners 86% Casual partners 59% Intimate partners

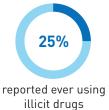
The proportion of **clients** who reported using a condom 100% of the time with the following sex partners in the past 30 days:



21% of clients reported paying extra for sex without a condom

DRUG USE

Sex workers



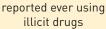


reported ever injecting drugs

8%

Clients







reported ever injecting drugs

Of the 44 respondents who ever injected ***:

19 YRS median age at first injection

(IQR 17-22)

11 injected in the past 30 days

3

injected in the past year 29

last injected >1 year ago

Of the 14 respondents who ever injected***:

20 YRS

median age at first injection (IQR 18-21)

4

injected in the past 30 days

8 injected in last injected the past year >1 year ago

***1 non-response

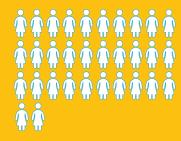
VIOLENCE



OF SEX WORKERS REPORTED **EVER EXPERIENCING** PHYSICAL VIOLENCE



OF SEX WORKERS REPORTED **EVER EXPERIENCING** SEXUAL VIOLENCE



32 women (6%) reported experiencing physical violence in the past 3 months

Most common perpetrators:

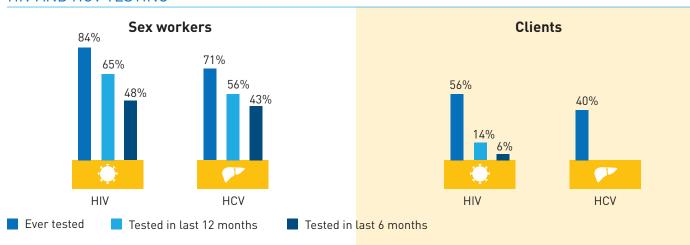
Occasional clients: 63% Intimate partners: 28%



13 women (2%) reported experiencing sexual violence in the past 3 months

Most common perpetrator: Occasional clients: 69%

HIV AND HCV TESTING

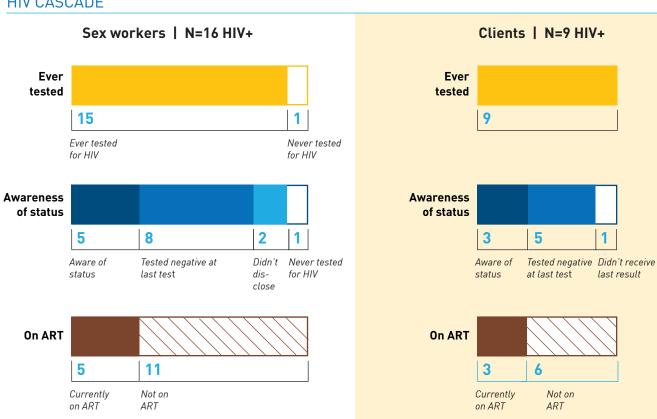


UTILIZATION OF PREVENTION AND SEXUAL HEALTH SERVICES PROVIDED BY PROGRAMMES FOR SEX WORKERS

67% of sex workers are not clients of prevention programmes



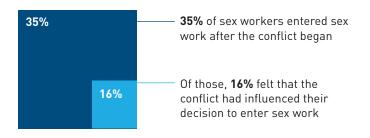
HIV CASCADE



^{*}Each of the 5 sex workers who were aware of their HIV status were also taking ART and were registered with an AIDS Centre

^{*}Each of the 3 clients who were aware of their HIV status were also taking ART and were registered with an AIDS Centre

Influence of Conflict





	Women for whom conflict influenced sex work entry	Other sex workers
Reported a poor financial situation	22%	5. 4%
Reported a poor infancial situation	V3	470
General health is worse now than	19%	
before conflict	VS	5. 2%
	44%	
Access to essential health services is worse now than before conflict	VS	15%
is worse now than before connect		
	69%	
Uppurge of say worker, specific		47%
Unaware of sex worker- specific prevention programmes	vs	5.

MILITARY CLIENTS



sex workers reported seeing 1 or more military clients in the past 30 days



clients lived in the conflict zone



clients actively took part in the conflict

Implications and Next Steps

- HIV prevalence among clients of sex workers was more than twice that of the general population, yet there are no programmes targeted specifically for clients
- · Although the majority of sex workers had ever tested for HIV/HCV, frequent testing was reported by less than half
- · While approximately half of clients had ever tested for HIV/HCV, frequent testing was very uncommon
- HIV/HCV prevention programmes need to increase reach and coverage of HIV/HCV prevention services both for female sex workers and clients of sex workers and ensure a broad range of services including drug support, violence reduction and response in addition to condom distribution, HIV/HCV testing and HIV/HCV care
- · For both sex workers and clients living with HIV, awareness of one's status and access to treatment was very low
- The cascades for both sex workers and clients highlight the need to strengthen all steps of the cascade- from prevention, to testing, to care
- Our preliminary data suggests that the conflict is influencing the patterns and practices of sex work with a high proportion of sex workers reporting military clients, suggesting the importance of understanding that network
- The findings from both waves will be examined to assess for changes over time and the overall results will be shared to inform policy and programmes













