

Report on Some Aspects of Commercial Sex Work in Armenia

(2001)

PREFACE

The subject of this report is not well studied yet in Armenia, despite the fact that it is gaining more weight as a social and public health factor at the current stage of “Transition”. For many decades, this issue was a taboo for assessment and discussion both because of the restrictions of the former regime and traditional conservatism of the Armenian society. The state policy in respect of the women of “licentious behavior” or “prostitutes” during the Soviet period was based on repressive measures towards the latter and their public condemnation.

With the beginning of “perestroika” and “glasnost” in mid 80-ies, the opportunity to speak, discuss and debate this and other underground social and societal problems such as drug abuse, homosexuality, etc. widely expanded. The atmosphere of public condemnation that existed for decades was gradually replaced by attempts to look into the causes and identify the extent of the problem, as well as to assess the significance and the role of these “social diseases” (as they were qualified) in the rapidly changing society.

In parallel to this, liberalization and democratization of public life, twinned with collapse of economic and social systems throughout the former Soviet Union, pulled prostitution out of the “shadow”, and this phenomenon began to expand rapidly, forming its genuine characteristics.

Further cardinal changes in political, economic and social spheres following the collapse of the Soviet Union at the beginning of 1990s, emergence of newly independent states and formation of markets considerably influenced the nature of the phenomenon. In the goods market this service as well became an item for purchase and sale, and is now commonly defined as “commercial sex work”.

This report is an attempt to shed a light on socioeconomic, legal, public health , and moral/cultural aspects of the rapidly growing sex “business” in Armenia, focusing on the largest, and relatively “easy-to-access” group of the commercial sex workers – “street” prostitutes. The analysis of the official statistical data and the results of the survey aim at further opening this topic for discussion from different perspectives.

I. THE PRINCIPLE FACTORS OF EXPANSION OF COMMERCIAL SEX

The political events, taking place during decades, of course brought changes in the perception and attitude towards the phenomenon of commercial sex, as briefly described in the preface. In this part of the report we will review the economic and social-demographic basis of the expansion of commercial sex in Armenia. Studying the research data and other existing research and analytical materials on this subject, the group of experts has come to a conclusion that the following factors have influenced the expansion of commercial sex in Armenia:

1.1. Hard economic situation, which is the consequence of the disastrous earthquake (December, 1988), of the conflict over Nagorno-Karabakh (1989-1994), of the economic blockade, of the deterioration of traditional economic relations and loss of markets, of the mass closure of the industrial enterprises and of the deep financial crisis. As a result, the national labor market is characterized with profound reduction in employment: the official unemployment rate is as high as 11-12%, and the real unemployment is reportedly up to 30% of economically active population; “hopeless workers”¹ constitute 18-19% of the unemployed labor force, the average duration of job searching is more than two years. It is important to note, that the economic crisis has first of all hit the women: *60% of unemployed people registered with the employment services are women, especially those, who have never worked or have lost their professional qualification.*

1.2. The fact that the population becomes poor is the social consequence of the economic crisis, unemployment and unequal distribution of the most important social services – education, healthcare, market relations, corruption, income, etc. According to the official statistical data 55% of the population is poor, 23% out of it is very poor. Even having job will not save from poverty because of the low level of wages: the average salary constitutes 35-40 US dollars. The scanty amount of pensions and unemployment allowances (US \$4-10), the insufficiency of family benefits (less than \$20 per household) aren’t enough to satisfy the minimum requirements of a person.² *The proportion of women in Armenia in the low paid jobs and the level of poverty of women is higher than of men.*³

1.3. Income stratification, measured by Jini coefficient, which is calculated for all countries in transition in Europe and Central Asia was considered to be the highest in

¹ According to the definition of the International Labor Organization (ILO) “hopeless” are considered those unemployed people who are at active employment age, who are eager to work, but have stopped searching job, because they have lost their hope to find it.

² The minimum consumer budget per capita is US \$60, according to the official calculations of the RoA statistical service.

³ See “The Social Snapshot of Armenia and Poverty”: NSS, RoA, 2001.

Armenia.⁴ The international experts estimate the level of corruption in Armenia to be too high as well. The income stratification created such a group of population, who got the opportunity to “purchase” sex services, that is, to form a part of the demand of that market. Simultaneously, getting more and more poor, the female representatives of the opposite “pole” of the society filled the offering part of the market of the sex services with the purpose to earn their living.

1.4. As a result of liberalization of the economy the private entrepreneurship invaded all the spheres of the economy, opening diverse and different leisure and rest places. The cities of the republic, and sometimes even some rural places are full of private small hotels, motels, restaurants, night-clubs, striptease-bars, gambling houses-casinos, steam baths - saunas, where almost everywhere it's a mandatory requirement to have comfortable, correspondingly furnished rooms for sexual leisure as well. Housing resources that became available in free market contributed to the expansion of commercial sex, as the apartments, that were considered to be the citizens' property, could already be utilized as meeting places. It means, that *market relations in the economy prepared a ripe soil for the creation of the corresponding private places for sexual leisure and commercial sex.*

1.5. The development of the sex-culture and the sex-industry, which with the right of a separate branch of market economy has stuffed the market of the republic with erotic and porno video clips, journals, photo albums and commercial centers selling those items. During the first years of transition to market economy sex industry production was imported mainly from the West. However, at present, some local journals print explicit sex materials and even general newspapers don't abstain from inserting erotic pictures, to ensure the newspaper sales. Cinema halls show erotic movies, and even illegal porn firms. Reportedly, shooting of erotic films and their exporting to Arab countries is becoming one of the developing underground businesses in Armenia. Of course, all these have *had deep influence on the formation of mentality of people in the reinterpretation of widely introduced new sexuality values.*

1.6. The intensive migration of men, the first and the biggest wave of which happened in 1992-1994. Different estimations state that the number of population migrated from Armenia is about one million. Official sources register the level of emigration in between 15-20% out of the number of permanent population in the country at that time. Demographic studies witness that the essential part of the migrating contingent is of active employment age, 25-35 year old men, and to every

⁴ See “Making Transition Work for Everyone”. Poverty and Inequality in Europe and Central Asia. The World Bank, 2000:

1000 woman who is at reproductive age, 20-39 year old, falls 760-700 men of the same age, and in vulnerable population groups, 40-50% of women older than 16 haven't currently got husbands.⁵

1.7.Homelessness and the lack of temporary shelter, as a grief social problem which emerged as a result of the 1988 earthquake and Nagorno-Karabakh conflict in 1989-1994. Tens of thousand people from the earthquake zone were left without houses, 26-27 thousand families, who still live in temporary shelters – wagons, domiks, patially destroyed buildings.⁶ 9-10 thousand refugee families, who are placed in communal buildings, are living in the same conditions, with their relatives and friends.⁷ *The inconveniency of the temporary shelters and the lack of elementary living conditions are serious motivators for women, and especially for young girls to easily abandon those shelters and have a liking for comfortable “leisure places”.*

1.8.Lack of family and spiritual upbringing is the direct result of the tangible decline of family, cultural and Christian morality values. Year by year there are less marriages; in 2000 as compared to 1985 they have decreased for more than 4.4 times. Simultaneously one could notice an increase in the correlations between officially registered divorces and marriages – in 1999-2000 12-20 divorced per100 marriages (in comparison to 1970-ies, when this correlation was 7-8%). There is an extreme decline in the birthrate, more that 3 times in 1985-2000.⁸ The role of the family in the society is losing its value. Along with this, the number of the non-registered marital unions, out-of-marriage relations and number of children born as a result of these relations have been constantly increasing over the last decade.

The increase in mortality of economically and sexually active men throughout 1990s, as per the official health data, as well as soldiers killed during the Karabakh conflict, added the number of young women widows in the country. *As compared to men, there are 4-6 times more widows and divorced among women, especially in the vulnerable population groups. The family status of women from the disaster zone and of refugee women is especially hard. From 10 young refugee or earthquake zone women, 2-3 are not able to form a family, or to have the next child, or are doomed to take care of their children on their own, since their potential or actual husbands are absent.*⁹

⁵ See “Poverty of Vulnerable groups in Armenia”, UNDP/UNHCR, 1999

⁶ The data are presented on the basis of the 4 big cities in the disaster zone – Gyumri, Vanadzor, Spitak and Stepanavan. See “A New Housing Strategy for the Earthquake Zone”. Urban Institute (Washington D.C.), Center for Policy Analysis (Yerevan), Institute for Urban Economics (Moscow), 1999:

⁷ See “Poverty of Vulnerable groups in Armenia”, UNDP/UNHCR, 1999

⁸ Calculated according to the official data of National Statistic Services of the Republic of Armenia

⁹ See “Poverty of Vulnerable groups in Armenia”, UNDP/UNHCR, 1999 p.p. 19, 22:

It is natural that under these conditions the role of a family in upbringing the young generation has been steadily declining. And if we add to it the noticeable decline in the inclusion of 15-25 year old young people in the educational system, and the desperate situation in transferring the moral and spiritual values in that system, then the principle reasons of demoralization of young people becomes obvious.

1.9. Liberalization of traditionalism, which is the part of the liberalization policy of the country. The ideology of the economic liberalization was reflected in the liberalization of societal relations as well, i.e. weakening of some traditions, re-evaluating, debating and applying the principles of gender and human rights in family and public relations, etc. During the process of social regression, which is taking place in Armenia, the high idea of liberalization is being depreciated and vulgarized, connected with the narrowing of mentality range and indifference or even disregard towards moral and cultural values. The proliferation of the phenomenon of commercial sex is the result of all these, and we will speak about its manifestations in the next part.

II. MANIFESTATIONS OF COMMERCIAL SEX IN ARMENIA

Commercial sex is not institutionalized in Armenia, which means that no official statistics is being conducted. The department of “Control on illegal circulation of drugs and commercial sex” of the Ministry of the Internal Affairs of the Republic of Armenia is the only official source, where information on commercial sex is being collected. The official public announcements of the latter inform that the number of the commercial sex workers only in the city of Yerevan is about 900 women, and in the whole republic the number it reaches to 1800 women. But the expert estimate that this phenomenon is more expanded. For example, according to the situational analysis conducted in the framework of the “Assisting Program to Strategic Planning of HIV/AIDS Control” project, the number of the commercial sex workers in the country is estimated in between 7,000-8,000.¹⁰

If we base on the classical definition of the commercial sex, which is as follows: “Commercial sex in the provision of sex services for any award – money, drugs, alcohol and etc”¹¹, then we can fix the following types of manifestation of this phenomenon in Armenia:

2.1 “Street”. This is the most widely spread form of the commercial sex, especially in the capital. The majority of the commercial sex workers in Yerevan gather in the special places in the evenings, waiting for the clients. Usually the gathering palaces are pavements near the summer cafés or big crossroads. The composition of the commercial sex workers in the gathering places is usually stable, 5-10 people. The location of the gathering place is being protected from possible competitors. 75% of researched commercial sex workers in Yerevan state that the main place for the acquaintance with the clients is “the street” (40% from total number of responses). The working hours of the street commercial sex workers mainly start late in the evening.

2.2 “Home”. The clients of this type of commercial sex workers get in touch with them through phone-calls or visit their houses themselves. For example, in Gyumri there are almost no street gathering places. Instead, the majority of the commercial sex workers come together in the neighborhoods of temporary shelters, where they usually live, or in the apartments of the pimps. The clients, taxi drivers, hotel employees are well aware of this gathering places. Home commercial sex workers

¹⁰ “Situation Analysis of HIV/AIDS in Armenia”, National AIDS Center, UNAIDS/UNDP, Yerevan, 2000

¹¹ This definition of the commercial sex is provided in the research survey form as well.

usually don't have specific working hours. 17% of all the surveyed commercial sex workers (and 23.8% in Gyumri) wait for their clients at home.¹²

2.3 “Elite”. This is a special group of home commercial sex workers, who serve a limited and, as a rule, wealthy or high positioned group of people, or foreigners, who frequently travel to Armenia. Elite commercial sex workers are the most expensive ones and never get into accidental contacts and therefore are considered to be most hidden groups of commercial sex workers and hard to be researched. Usually they have an “influential” sponsor, who is providing them with the clients selected by him.

2.4 “Accidental”. This type of commercial sex workers is operating from time to time because of the material needs or any accidental “convenient” acquaintances. The place of acquaintance can be the street, the house and the “leisure and rest” places where they go with their CSW friends to have “a good time” and simultaneously to get some benefits (often non-financial).

2.5 “Migrants”. As the research data show¹³, the majority of commercial sex workers prefer working outside in any foreign country. During the interviews the respondents bring the following argumentations. First, in their opinion, they have the chance to hide their disreputable business from their relatives and friends from Armenia. Second, the purchasing power of the clients in the foreign countries is much higher, and therefore, they can earn more. And the third and the most important is that the foreign clients cheat and deceive them less. According to some pilot interviews 5-6% of women leaving for outside work go into commercial sex business.¹⁴

The division of commercial sex into the above-mentioned types is conventional, as in reality there is a constant exchange among the groups, of course. Though, anyhow, it gives us some idea about the principle types of manifestations of the commercial sex in Armenia.

The enumerated types of commercial sex workers in the reality operate within two main schemes: **individually and through the mediation of the pimps.** Among the

¹² Facts are brought in one of the researches conducted in four cities of the earthquake zone, that 74% of households who have moved to new apartments are simultaneously keeping their temporary shelters, using them for different purposes. (See “A New Housing Strategy for the Earthquake Zone”). Our research showed that one of these purposes is to use them for commercial sex.

¹³ Besides this UNFPA-sponsored, the Armenian office of IOM has conducted a special survey on irregular migration of women. Currently they are studying the issues of regular exporting of commercial sex workers.

¹⁴ See “Issues of Irregular Migration of Women in Armenia”, IOM, Yerevan, 2000, p. 11.

cities surveyed, individually operating commercial sex workers were more spread in Yerevan and in Vanadzor, whereas, those operating through the mediation of pimps- in Gyumri and especially in Kapan. So, for example, the pimps, according to the client's request, can take the "girls" to the places of the service, especially to the "leisure places" outside the city. Taking into consideration the geographical position of Kapan, commercial sex workers gather at the trucks' terminals as well.¹⁵

Those commercial sex workers in the regions who are operating through the mediation of the pimps are considered to be "privileged", because they helped them ensure more stable income.

¹⁵ The trucks arriving to Armenian from the Near East and Iran pass through Kapan.

III. STATE REGULATION OF THE COMMERCIAL SEX

If the public attitude towards the commercial sex in almost of the countries of the world, as a rule, is negative, then the state policies regulating this phenomenon are quite different according to the countries.

Based on the characteristics of public, political and moral norms and level of awareness on commercial sex, the general policies towards the phenomenon can be:

a) Prohibiting directly and totally; b) preventing indirectly and regulating partially; c) non-prohibiting directly and regulating totally. In practice, according to the general direction of the state policy, the commercial sex work may be:

- **Considered as a criminal misdeed,**
- **Subject to administrative penalties**
- **Regulated by a legal framework as an economic activity,** in the case, when commercial sex is not considered a prohibited type of economic activity.
- **Observed only through the lenses of human rights,** which means that any restrictive or punitive measures against commercial sex workers and /or their clients are considered as violations of human rights.
- **To be placed within the framework of STIs and HIV/AIDS prevention,** which can be applied especially for poor, underdeveloped and developing countries. This type of regulation moves the target of state regulation from the phenomenon of commercial sex to the endangering consequences of that phenomenon towards public health.

Regardless of the policies towards the commercial sex itself in the given country, souteneurism in almost all the cases is being prohibited and considered as a criminal offence.

As for the government policy applied in Armenia toward the phenomenon of commercial sex in the sub-context of mentioned classification, it can be classified under the point b) - “preventing indirectly and regulating partially”. In the existing national legal framework,

a. Commercial sex business is not directly prohibited, however, but the 226 article of the Criminal Code sets as a punishment deprivation of liberty up to 5 years or exile

from 2 to 5 years with or without confiscation of property, for running brothels and pimping (Edition of 09.06.97).

b. Commercial sex business is considered to be legal violation under the Civil Code, which provides for fines “from 50% of the stated amount of the minimal salary up to its total amount”, and in case of repeating the activity during one year period- “ from total amount of stated minimal salary up to its double amount” (Code of RoA on Administrative legal violations, article 179.1, prevailing for people at the age of more than 16).¹⁶

c. It is prohibited to wrench adolescents up to the age of 16. This is the only article, where theoretically the client can be deprived from his liberty for 4 years because of wrenching (Criminal code of RoA, article 115), but it is not easily enforced in the cases of adolescent commercial sex workers.

d. It is directly prohibited to prepare and/or sell pornographic items.¹⁷ The 228 article of the criminal code of the RoA provides up to 1 year of imprisonment, or penalty of 20 or 30 times of the stated minimal salary by evicting the pornographic things and their production means (with the edition of 09.06.97).

e. The following as well are criminal offences: a) avoidance from the treatment of Sexually Transmitted Diseases (STIs), infecting others with STIs (Criminal Code of RoA, article 119, with the edition of 09.06.97), b) avoidance from medical investigation and treatment, deliberately hiding the source of infection of STIs (article 119.1, with the edition of 19.06.97), c) obviously imposing the danger of being infected with Acquired Immune Deficiency Syndrome (AIDS), purposefully infecting others with HIV/AIDS (article 119.2, adopted on 23.10.87).

The Department of Control over commercial sex and Illicit Drugs Trafficking of the Ministry of Interior is in charge of monitoring the commercial sex activities. It develops and implements special measures to reveal pimps and impede commercial sex activities. The latter includes establishment and management of a data bank on commercial sex workers, collection of information on their morbidity with STIs and HIV/AIDS, records of CSW’s medical checks and treatment, etc.

Corresponding sub-divisions dealing with the issues of commercial sex operate in the city and regional departments of the Ministry of the Internal Affairs as well. The

¹⁶ The stated amount of the minimal salary as of 01.12.2000 constitutes 1000 dram, or less than \$2, on the basis of which penalties and fines are calculated.

following main control measures are taken on regular basis: organization and conduct of aids in the gathering places of commercial sex workers, impediment of such gathering places, application of administrative penalties to CSWs, sending them to dermatological center for obligatory medical investigation. In many cases the administrative pursuit and impediment of the commercial sex workers is executed on the basis of the existence of a special information on the CSW in the data bank of the Ministry of Internal Affairs or on the “suspicion” of policemen.

¹⁷ Preparation, dissemination or advertising, selling or keeping them for the purpose of selling or dissemination of pornographic stories, printed publications, pictures or other things of pornographic feature is prohibited.

IV. COMMERCIAL SEX AND PUBLIC HEALTH

As the present survey is first of all directed to the study of the reproductive health and specifics of the behavior of the commercial sex workers of Armenia, some issues connected with STIs, HIV/AIDS included, then it is purposeful to introduce the current status of these issues in the Republic of Armenia.

The broad net of healthcare facilities in Armenia is spread in almost all settlements of the republic and provides as primary outpatient services, as well as specialized inpatient hospital healthcare services. For some diseases and conditions the government guarantees free medical assistance and healthcare provision in the existence of any criteria introduced below: a) if the patient is socially vulnerable and belongs to special groups of the population such as handicaps, pensioners, etc.; b) if the disease has a special social importance, i.e. malaria, tuberculosis, syphilis, perinatal care; c) if the patient is in emergency situation and/or has applied for outpatient emergency aid.

However, it should be noted that insufficient financing of the health care results to recurrent practice of “undertable payments”, even in the cases of guaranteed state funded medical care.

A paid system for medical services is in place in case of other health services, which includes both the official and private payments to the physicians and the health workers.¹⁸ But the majority of healthcare facilities, when they don't get the state funding for their activities, are driven to decrease the list of free services and/or request payment for them.

The specialized healthcare assistance to syphilis and gonorrhea is organized and provided in marz STI clinics, and in Yerevan through Medical Scientific Center of Dermatology and STIs. Other types of STIs are also diagnosed and treated at STI cabinets in polyclinics, and Reproductive Health Counseling Centers. Testing on STIs is normally a for-pay service. The inpatient treatment of all the types of syphilis and complex gonorrhea is provided free of charge (“About free medical assistance and services guaranteed by the state, 2000”, decree of the Government of Armenia No 299). However, as already mentioned above, this is not always the case.

The costs for the obligatory medical tests of the commercial sex workers are covered by the local budget allocated to healthcare. Nevertheless, if the CSW or any

¹⁸ In 1997 the Ministry of Statistics of the Republic of Armenia has conducted survey among 200 patients who have passed treatment in the hospitals, to find out inpatient treatment expenditures and their structure. According to the research data the average amount that the patient has spent was US \$234, and only 5% of which were official payments. The distribution of the left of the money was as follows: 33% for purchasing medication, 33% non-official payment to the physician, 11-12% payments to medical

other person applies for STIs testing on voluntary bases, then they have to pay about US \$6-8.

The only anonymous STI cabinet in Armenia established by the Greek “Medicines San Frontiers” NGO is operating in Gyumri. It conducts free testing and prescribes treatments for STIs to all the clients.

According to the data of the National STI Center, the discovery of STIs among investigated commercial sex workers constitute according to the years: in 1995 – 56.5%, in 1996- 58.7%, in 1997 – 53.7%, in 1998 – 56.8%, in 1999 – 37.5%. The indicator of morbidity with syphilis and gonorrhea in Armenia in 1999 has correspondingly been 14.2 and 31.9 per 100,000 population. It is well known that there usually are complications parallel to STIs, and they provoke such changes in the reproductive system of people which end up in infertility and impotence for women and men.

In table 1 statistic data on the results of medical tests of investigated commercial sex workers on STIs is introduced.

Table 1. Diagnostics of STIs among Commercial sex workers*

	1993		1994		1995		1996		1997		1998		1999	
# of investigat.	71		101		270		448		510		668		681	
Diagnosed	total	%												
Syphilis	7	9.8	21	20.7	56	20.7	87	19.4	76	14.9	91	13.6	32	4.7
Gonorrhea	9	12.6	7	6.9	17	6.3	27	6.0	26	5.1	48	7.2	23	3.4
Trichomoniasis	24	33.8	12	11.8	46	17.0	97	21.7	102	20.0	143	21.4	106	15.6
Other STIs	0	0.0	0	0.0	31	11.5	52	11.6	70	13.7	98	14.6	94	13.8
Total	40	56.4	40	39.7	150	55.5	263	58.7	274	53.7	380	56.8	255	37.4

* Source: Official data of the National STI Center

As it was mentioned at the beginning of this part, commercial sex workers are considered to be a high risk group for HIV/AIDS. The registration of morbidity cases in Armenia with infection of Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) started from 1988. During 1988-2000 already 128 HIV virus carriers were registered, only 25% of which were women. 81% of all the virus carriers are young people at the age of 20-39.

The Armenian National Aids Prevention Center announces, that starting from 1999 epidemic tendencies are observed in the country, as only at that year more than

staff, and 20% for other expenses (transport, food, etc). See “The social Indicators of Poverty”, Ministry of Statistics, RoA, 1998. p. 68

27% of HIV cases were registered, which is 4 times more than of those registered in 1998.

The survey conducted by the Center shows that HIV/AIDS infection in our country is mainly transmitted through heterosexual way – the way of transmission of 47.7% of all the virus carriers. It means that the commercial sex, which is mostly based on heterosexual relations, poses higher risk of spreading HIV/AIDS into general population, than other modes of transmission.¹⁹

¹⁹ “Situation Analysis of HIV/AIDS in Armenia, UNAIDS/UNDP, National AIDS Prevention Center, update as of December 2000.

V. THE METHODOLOGY OF THE PRESENT SURVEY

“Street” and “home” commercial sex workers have become the principle object of the survey. The limitation of the study with only the mentioned group of the commercial sex workers has a simple justification: other manifestations of the commercial sex (listed and described in the II part of the report) are quite hidden, and contacts with that group of commercial sex workers is practically impossible.

- Taking into consideration the selection of the above-mentioned object of the survey, Armenian cities have been selected to be the location of the survey, as the phenomenon of the commercial sex work has mainly “city” origin. Four cities of Armenia have been selected for the survey- Yerevan (the capital), Gyumri (Shirak marz), Vanadzor (Lori marz), Kapan (Syunik marz). The selection of the cities was done according the following principles:
- Extremely high rates of women unemployment,
- Big extent of migration activity of the population,
- Large expansion of street and home commercial sex,
- Presence of STI regional centers.

Selection of commercial sex workers has been done through use of the random networking method. First, the lack of any concise qualitative and quantitative indicators about the surveyed sample group, and second, the difficult contacts, have conditioned the selection of the networking method, whereas it was especially important to maintain confidentiality. This method allows to establish direct contact with the members of marginal groups and conduct the survey in the atmosphere of trust and sincerity. **Those people who have explicitly admitted that their business is commercial sex have become the objects of the survey.** No age or other limitations have been stated for the surveyed.

The surveys have been conducted through a questionnaire, which was prepared by working group experts. The questionnaire consisted of 4 main blocks: 1. Demographic, social-economic characteristics; 2. Sexual and social behavior; 3. Specifics of sex work; 4. STIs prevention and morbidity.

The interview was the survey method, during which the interviewers were filling the answers of the respondents. On the basis of the results of the survey, a data bank was created and was statistically analyzed through the corresponding computerized processing programs (Access, SPSS).

The survey was conducted in two phases. During the preparatory phase we have looked for information agents in the selected settlements, who have helped to establish contacts

with the commercial sex workers. The healthcare workers, police officers, and clients of CSWs, and commercial sex workers themselves were the key information agents. The main precondition for CSWs cooperation with the interviewers was anonymity of the survey.

After that, gathering places of the commercial sex workers have been identified through observation. In parallel, in-depth interviews have been conducted with the employees of local healthcare facilities and the local departments of the Ministry of Interior. The goal of the interviews was to find out the level of expansion of the phenomenon, facilitating factors and conditions, morbidity of the commercial sex workers and other related issues, which could be beneficial to the survey.

During the main phase of the survey, 175 interviews with the commercial sex workers were conducted -- 53 in Yerevan, 46 in Vanadzor, 47 in Gyumri, and 29 in Kapan. The interviewees' sample distribution was stipulated by the level of accessibility of CSWs in different places. It was much more difficult for the interviewers to get into contact with Kapan commercial sex workers.

VI. THE MAIN FINDINGS OF THE SURVEY

The data obtained in the result of the survey was first summarized to characterize the general picture of the studied phenomenon within the scope of the surveyed group. And so:

1. General characteristics of the surveyed commercial sex workers

6. 1.1. The age of the surveyed: The surveyed commercial sex workers were in between 15 to 50. The average age of them is 28.8. The age group of 25-29 years old was the most representational – 28% out of all the surveyed. The commercial sex workers of this age group were prevailing in Yerevan and Kapan sampling groups. The majority of the commercial sex workers in Gyumri were in between the age of 20-24 (31.9%), in Vanadzor in between the age of 35-39 (26.1%). See the table 2.

Age	Total		Yerevan		Vanadzor		Gyumri		Kapan	
15-19	10	5.7	4	7.5	4	8.7	2	4.3	0	0
20-24	46	26.3	17	32.1	5	10.9	15	31.9	9	31
25-29	49	28	18	33.9	8	17.4	12	25.5	11	37.9
30-34	35	20	10	18.9	11	23.9	9	19.1	5	17.2
35-39	23	13.1	3	5.7	12	26.1	5	10.6	3	10.3
40-44	9	5.1	1	1.9	5	10.9	2	4.3	1	3.4
45<	3	1.7	0	0	1	2.2	2	4.3	0	0
Total	175 (people)	100%	53(peopl	100%	46(peopl	100%	47(peopl	100%	29(peopl	100%
The average age	28.8		26.4		31.1		27.6		27.4	

Table 2. Distribution of the surveyed commercial sex workers according to the age group

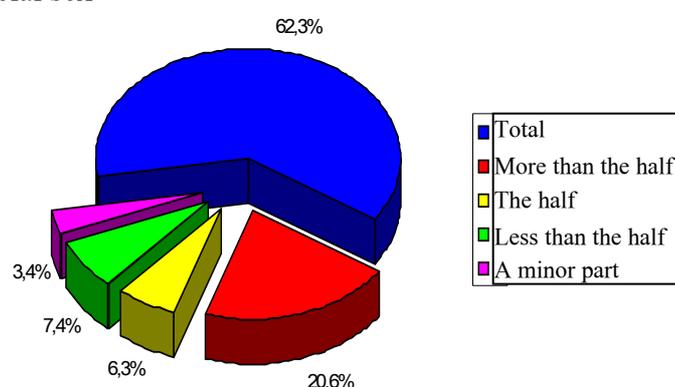
6.1.2. Residence places and conditions of the surveyed: 97.3% of the surveyed are permanently living in cities, and 27% of them are living in rural areas. At the moment of the survey 13.1% of the commercial sex workers had individual housing space. 26.3% were living with their parents (a parent), 21.1% doesn't have permanent shelter and is living on rent, 11,4% of the surveyed is living together with their friends. Almost 1/3 of the commercial sex workers in Gyumri and Vanadzor are living in temporary shelters.

6.1.3. Educational level: About half of the surveyed (44.3%) has secondary education, and 40.0% of them has incomplete secondary education; only 5 people (2.9%) had university education. The commercial sex workers with secondary education were prevailing in all the regions.

6.1.4. Other employment: At the moment of the survey 13.1% of the surveyed, besides the commercial sex work, used to have other permanent or temporary work, though, many of the surveyed (49.1%) have worked in different spheres of economy in the past.

6.1.5. Income: 62.3% of the surveyed commercial sex workers have stated that commercial sex is the only source of their income, 19.4% of them was getting family benefits as well. For 20.6% of CSWs it constitutes more than the half of their total income.

Figure 1. Distribution of commercial sex workers according to the portion of income from the commercial sex

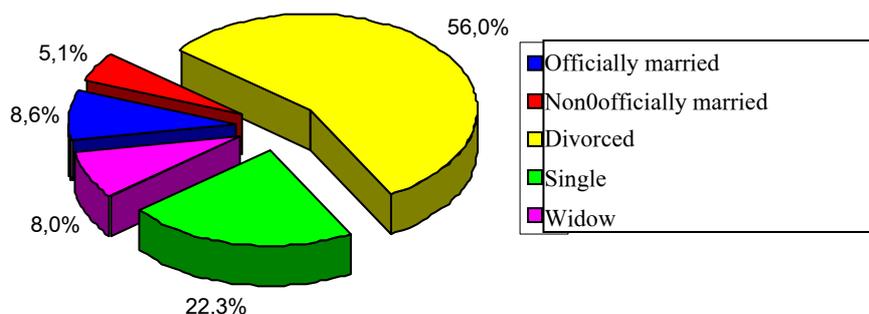


6.1.6 CSWs with dependants 30.8% of the commercial sex workers have got no dependents. Out of the group with dependents, the majority is taking care of children only(53.7%), 32% -- of their parents, 3.4% -- of their husbands (or of a sister or a brother (6.2%), as well as other relatives (14.8%)²⁰

/ There were given more than one answers/.

6.1.7 Marital status: The majority of the commercial sex workers (56.0%) are divorced. It was unexpected to see that about 14% of the surveyed group were presently married, and the marriage of the 8.6% of them was officially registered. Only 22.3% of the surveyed have never been married and the majority of them were from Vanadzor (33.3%). The proportion of widows (8%) was quite high.

Figure 2. Distribution of surveyed according to marital status



6.1.8. CSWs with children: 114 out of all the surveyed commercial sex workers or more than 65% of them have got children, who are mainly living with them (76.3%). 6.9% of their children are living with their parents' families, 5.2% of children are up-brought in the orphanages, 5.2% of children are living in the family of the former husband, and 6.4% have other arrangements for their children.

6.1.9. Parents' family: The mothers and fathers of 56% of the commercial sex workers are alive and are living in the status of a married couple. Even more, 65.1% of the commercial sex workers have lived with their parents before their adulthood (16-year-old). In means, that the majority of the commercial sex workers have been brought up in a full-fledged family conditions (from the viewpoint of the presence of the parents). 1.7% of the surveyed have been brought up in the orphanages, 3.4% of the surveyed haven't lived permanently with any of the parents, and 4% of them have answered that in general they have no information about their parents.

²⁰ The percentage is calculated on the basis of all positive answers

The parents of 27.4% of the commercial sex workers (or one of them) have been jailed, the husbands of 21.4% of the surveyed have had a criminal record, and among 33.3% of them-other relatives. By the way, 17.9% of the commercial sex workers have had criminal records.

If we try to summarize the answer to the question of “ Who are the surveyed CSW” the answer would be:

The Commercial Sex Workers are mainly 25-30 year old women with secondary education (44%), who have used to have (64%) or still have (14%) husbands, and 65% of them have got a child or children, have been raised and up-brought in the presence of both the parents (65%), and currently take care of their relatives – children, parents, sisters, brothers and others (69%), with the income from their commercial sex work.

2.What is their sexual and social behavior?

6.2.1. Beginning of the sexual life: 77% of the surveyed commercial sex workers have started their sexual life at the age of 15-19. The average age of the commercial sex workers starting their sexual life is in average 17.3 years, and among the surveyed in Gyumri it is 16.6 years. The earliest age of starting sexual life is 9, as a result of incest rape (The case was registered in Yerevan).

Table 3. The average age of starting sexual life among different age groups of the Commercial sex workers

Age	Total		Yerevan		Vanadzor		Gyumri		Kapan	
	people	%	people	%	people	%	people	%	people	%
<14	15	8.6	7	13.2	1	2.2	7	14.9	0	0
15-19	132	75.4	38	71.7	40	86.9	35	74.5	19	65.5
20-24	27	15.4	8	15.1	5	10.9	5	10.6	9	31
25>	1	0.6	0	0	0	0	0	0	1	3.5
Total	175	100	53	100	46	100	47	100	29	100
Average age	17.3		17.15		17.2		16.57		18.9	

6.2.2. The motivations to start sexual life: Marriage is stated most frequently as the motivator for the first sexual intercourse – 50.3% answers. The rest of the answers is classified in the rate of decrease: promise of marriage –16.6%, sexual violence (rape)- 6.9%, kidnapping- 6.9%, and only 7.4% of the surveyed have stated that “sexual

attraction” was the motivation for their first sexual intercourse, 4.6% mentioned other reasons 4% -- promise of material support, and 3.4% mentioned curiosity.

6.2.3. Sexual satisfaction: It is not surprising that the majority of the commercial sex workers (37.1%) seldom get, and 21.1% of them never get sexual satisfaction.

6.2.4. The applied forms of sexual intercourse: The commercial sex workers state, that usually they apply the form of vaginal sexual intercourse (77%), oral form of sexual intercourse is applied by 21% of the surveyed, and the anal form of sexual intercourse is applied by 1.8%. And 1.1% of all the surveyed have stated, that they are applying all the possible forms of sexual intercourse. 36.6% of the surveyed have stated that they are getting into sexual intercourse during the menstrual periods, 9.7% is doing it frequently.

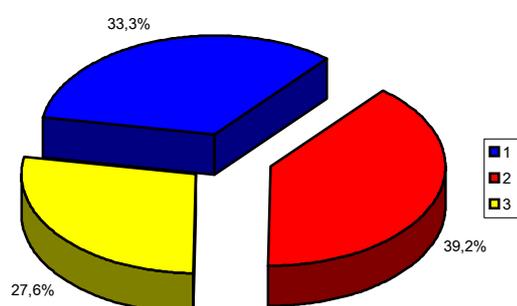
6.2.5. Pregnancy and delivery: 144 surveyed commercial sex workers or 82% of them have got pregnant during their life, 3 of the surveyed have stated, that at the moment of the survey they are pregnant. From CSWs who have got pregnant, 18.8% of them have had one pregnancy, 19.4% two pregnancies, 22.2% of three pregnancies (see table 4). 65% of all surveyed, or 79.2% of those who ever got pregnant, gave birth to babies during their life, 53.5% of the pregnant CSWs have had abortions, whereas 6.5% out of this group had 10 and more abortions; 45.1% of the surveyed have had miscarriages. (See Table 4).

Table 4: Distribution of commercial sex workers according to the cases of pregnancies

Cases of pregnancies	1	2	3	4	5	6	7	8	8>
Number of the surveyed (people)	27	28	32	19	10	2	5	9	12
%	18,8	19,4	22,2	13,2	6,9	1,4	3,5	6,3	8,3

Only 33.3% of all the pregnancies have ended with deliveries. Abortions have been made in case of 39.2% of pregnancies, miscarriages of fetus have happened in 27.6% cases. (Note that the total number of all the pregnancies of the surveyed CSWs was 613).

Figure 3. of the



Distribution of the outcome pregnancy

- 2.5.1.1 Delivery
- 2.5.1.2 Abortion
- 2.5.1.3 Miscarriage

6.2.6. Use of contraceptive methods: The results of the answers to this question are summarized in table 5.

Table 5. Use of contraceptive methods

Answer	Total		Yerevan		Vanadzor		Gyumri		Kapan	
	Number	%	Number	%	Number	%	Number	%	Number	%
Intro Uteri device (IUD)	9	4.8	2	3.6	2	4.2	2	4	3	9.7
Contraceptive pills	5	2.7	2	3.6	3	6.2	0	0	0	0
Withdrawal	9	4.8	5	8.9	0	0	1	2	3	9.7
Condom	96	51.6	35	62.5	13	26.5	36	72	12	38.7
Douching	22	11.8	3	5.3	10	20.5	2	2	7	22.6
Aren't protected	45	24.3	9	16.1	21	42.6	9	18	6	19.4
Total*	186	100	56	100	49	100	50	100	31	100

* Given more than one answer

As we can see from the data in the table, the majority of the surveyed is using condoms as a contraceptive means- 51.6% of all the answers. Among the surveyed commercial sex workers it is almost not accepted to use contraceptive pills, and the surveyed in Gyumri and in Kapan have never used them. Such unreliable method as douching is rather popular – 11.8% of all the answers.

6.2.7. Use of Drugs and Alcohol: 14.3% of the commercial sex workers are using drugs, and less than 1% out of them is utilizing them permanently. Mainly this is a type of a drug called “Kanabis” (92.0%) or tranquilizing pills (4%). Only one person stated use of intravenous drugs. Intake of alcohol during the sex work is more common. 80% of respondents answered positively to the question on use of alcohol, whereas 31% use it frequently, 18% - always, and 31% -- rarely

Summary: The surveyed commercial sex workers, as compared to the criteria of the country, start their sexual life earlier (at the average age of 17-18), and as a rule, because of a marriage (50.3%). The vaginal form of the sexual intercourse is mostly applied in their sex work (77%), they are having pregnancy(ies) (82%), and for several times (60% for 4 and more times). They widely resort to abortions (54%). Among contraception methods, condom is the most preferred (51-52%), and they are not “fond of” drugs (86% do not use drugs, as per their statements). However, during the sex work they normally use alcohol (80 %).

3. Characteristics of sex work in the surveyed sample

6.3.1. About one third of the surveyed engaged into the commercial sex work already in their adulthood – at the age of 25-30. This age group is prevailing in all the surveyed cities, with the exception of Kapan. The other considerable group is the age group of 20-24 – 27.4% More than half of the surveyed in Kapan (55.2%) have started to go into commercial sex work earlier, than other surveyed. 3.4% of the surveyed started to work before the age of 14. The surveyed cluster, in average, has started to deal with the commercial sex at the age of 24.4.

Table 6. The initial age of dealing with commercial sex work

Age	Total		Yerevan		Vanadzor		Gyumri		Kapan	
	Number	%	Number	%	Number	%	Number	%	Number	%
<14	6	3.4	1	1.9	1	22.3	4	8.5	0	0
15-19	39	22.3	12	22.7	11	23.9	12	25.5	4	13.
20-24	48	27.4	16	30.2	6	13	10	21.3	16	55.
25-30	57	32.6	19	35.8	17	36.9	14	29.8	7	24.
>31	25	14.3	5	9.4	11	23.9	7	14.9	2	6.9
Total	175	100	53	100	46	100	47	100	29	100
Average	24.4		23.6		29.1		23.5		22,2	
Min.	13		14		14		13		16	
Max.	38		33		37		38		32	

6.3.2. The principal motivation for being involved in commercial sex work was

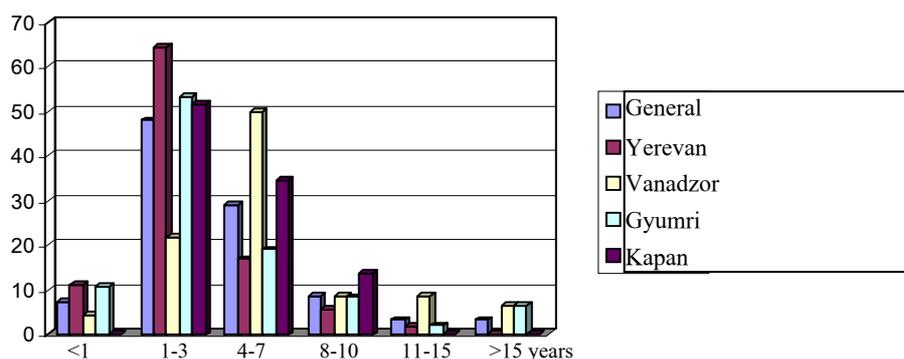
considered to be material benefits (85.5%). The people stating this motivation among all the surveyed were much more in Kapan – 90.6%. Only 5.4% have stated the opportunity of having a good time, and 6.5% have answered that have sexual inclination.

The majority of the surveyed estimate their current job as a temporary opportunity to earn their living. Almost 50% of them are ready to quit this job, if they manage to find any other employment opportunity to afford their material needs. 19% of the commercial sex workers are ready to give up this business in case of their marriage. And only 12% have answered that sex work is the lifestyle that they have selected; and 5% have lost their hope that they can live with another life, they have adjusted themselves to the reality and can't imagine any other status.

6.3.3. The period of working in commercial sex: 48% of the surveyed are involved in commercial sex from 1 to 3 years, 29.1% from 4 to 7 years. More than 15% of the surveyed are working in this business for more than 10 years, the “work experience” of 7.4% is less than one year. Actually, the overwhelming majority has been involved in commercial sex work during the years of social economic crisis. The analysis of the data shows, that there is a tendency of quantitative expansion of the commercial sex, at the expense of new people being involved in this business year by year.²¹ The majority of the surveyed (78.3%) have stated that they haven't had interruptions in the period of working in commercial sex. Those who have had interruptions have mainly stated the fact of getting another job, pregnancy and the care of the child as well, as a reason.

²¹ 13 women have started commercial sex work during one year prior to the survey. during the 3 year period the increase constitutes (in descending sequence) 8 women, 27 women and 34 women for each year correspondingly. During the previous 3 years the annual increment has been 15 women, 14 women and 12 women correspondingly.

Figure 4. The average duration of dealing with commercial sex



6.3.4. The main place for the acquaintance with the clients is the street. 40% of all the surveyed have answered this way, 75% of the surveyed in Yerevan included. 19.9% of commercial sex workers get into contacts with their clients through their “sponsors”, 17.2% are waiting for the clients at home (see Table 7).

46.3% of the “street” commercial sex workers usually go to work with their friends.

Place of acquaintance	Total		Yerevan		Vanadzor		Gyumri		Kapan	
	People	%	People	%	People	%	People	%	People	%
In the street	87	37,5	48	66,7	14	19,2	17	30,9	8	25,0
In the hotel	8	3,4	1	1,4	3	4,1	3	5,5	1	3,1
Discot. Bar. Restaur.	10	4,3	6	8,3	0	0,0	1	1,8	3	9,4
By phone	30	12,9	10	13,9	6	8,2	10	18,2	4	12,5
In sauna	7	3	4	5,6	1	1,4	1	1,8	1	3,1
Sponsor	46	19,9	3	4,2	23	31,5	10	18,2	10	31,3
At home	40	17,2	0	0,0	26	35,6	13	23,7	1	3,1
In the auto stop	4	1,7	0	0,0	0	0,0	0	0,0	4	12,5
Total*	232	100	72	100,0	73	100,0	55	100,0	32	100,0

Table 7. The main places for the acquaintance with the clients

*Selected more than one answer

6.3.5. Venue of sex-services: The most preferred “servicing places” for the commercial sex workers is sauna: 20.6% of them are serving their clients there. For 55.2% of the commercial sex workers in Yerevan saunas are considered to be the main placed for service provision. In Gyumri the services to the clients are often provided in hotels, in Vanadzor- in the houses of the commercial sex workers. (See Table 8).

Table 8. The main places for service provision to the clients

Place for service provision	Total		Yerevan		Vanadzor		Gyumri		Kapan	
	people	%	people	%	people	%	people	%	people	%
Client's house	34	10.3	7	8,0	20	18,7	4	4,6	3	6,1
Her house	49	14.8	4	4,6	23	21,5	10	11,5	12	24,5
In the car	39	11.8	6	6,9	15	14,0	8	9,2	10	20,4
In the sauna	68	20.6	48	55,2	5	4,7	9	10,3	6	12,2
In the Communal house	5	1.6	0	0,0	3	2,8	0	0,0	2	4,1
In the parks	15	4.5	1	1,1	4	3,7	9	10,3	1	2,0
In the restaurant	33	10	11	12,6	11	10,3	5	5,7	6	12,2
In the hotel	53	16.1	10	11,5	8	7,5	28	32,2	7	14,3
In the forest, field	34	10.3	0	0,0	18	16,8	14	16,1	2	4,1
Total*	330	100,0	87	100	107	100,0	87	100,0	49	100,0

*-Selected more than one answer

6.3.6. Frequency of service: As the commercial sex workers have stated, during one working day usually they have one client (65.7% of answers). The calculated average has constituted: 1.6 client/day in Yerevan, 1.3 client/day in Vanadzor, 1.5 client/day in Gyumri and 1.2 client/day in Kapan. 60% of the commercial sex workers have regular clients.

6.3.7. Sex work abroad: 13.1% of the commercial sex workers have sometimes left for foreign countries with the purpose of sex work. In Gyumri the proportion of such commercial sex workers is higher- 17.1%. 15% of the surveyed have intention to leave for foreign countries to work; such commercial sex workers are comparatively more in Vanadzor. 15% of the surveyed as well have worked “outside” in different places of Armenia; and 34.9% have intention to go to other places in Armenia, for sex work.

Thus, the commercial sex work in the surveyed group has the following basic characteristics:

- **Women start to deal with commercial sex at comparatively adult age (in average at the age of 24-25);**
- **The main motivation to deal with commercial sex is material vulnerability (85-86%);**
- **The majority of the commercial sex workers (69%) consider sex work as a temporary source to make ends meet and is ready to leave it in case of having a well paid job (50%) or marriage (19%);**
- **The street is the main place for getting acquainted with the commercial sex workers in Yerevan (75%); and the places for providing services are saunas (55-56%);**

- **During one working day one commercial sex worker is providing services in average from 1.2 (in Kapan) to 1.6 (in Yerevan) clients;**
- **13-15% of the surveyed has left for sex work (outside of the country and inside of it), and about 15% of them as well have intention to leave.**

VII. STIs MORBNIDITY RATE AND THEIR PREVENTION

The survey questionnaire had a substantial set of questions related to the above topic which provides us with notably rich information. For processing this information the experts have conducted not only one-dimensional, but also two-dimensional, and for some important questions, even three-dimensional analysis.

7.1.1. The STIs morbidity situation:

According to the answers of the surveyed commercial sex workers, almost half of them (45.7%) have been infected with at least one STI during their life, and the one fourth of them have suffered with two and more diseases. The highest rates of the spread of morbidity with STIs have been observed among Yerevan Commercial sex workers: 68% of them have been infected with any kind of STIs. The analysis according to the age groups indicates that the highest level of morbidity is observed among the commercial sex workers between the age of 22-25 and 36-40: Their 65% and 67% correspondingly have been infected with STIs.

At the same time we would like to mention, that according to the data of Medical Center of Dermatology and STIs, the real level of morbidity among the checked-up commercial sex workers is higher (see table 1, chapter IV).

Among the general sickness rate most of all we have come up to gonorrhoea - 39% of all the cases, then syphilis – 32%, trichomoniasis – 23%, and other STIs – 6%.

Table 9. The level of sickness rate with STIs according to the surveyed cities

	Total	Yerevan	Vanadzor	Gyumri	Kapan
Answers	%	%	%	%	%
Yes	45,7	67,9	28,3	44,7	34,5
No	54,3	32,1	71,7	55,3	65,5
Total	100	100	100	100	100

1.2. CSWs with STI Symptoms

More than 58% of the surveyed commercial sex workers state, that they have pains at the bottom part of the abdomen, 18-19% have disorders in periods, and 35% suffer from different inflammation diseases. Similar complaints can be the symptoms of STIs or their complications.

1.3. Treatment of STIs with CSWs.

Concerning the disease, 81% have received treatment at the STI cabinets, 10% have applied to a conversant doctor, 4% have conducted self-treatment. Such a big number of those who have received their treatment in those cabinets is explained mainly not with the preference of the commercial sex workers toward these facilities, but with the police forcing them to these facilities, according to the set procedures. Two out of surveyed in Gyumri have been treated in the anonymous treatment cabinet of the “Medecins Sans Frontieres” Greece.

Table 10. The location/ means of treatment of STIs

	Total	Yerevan	Vanadzor	Gyumri	Kapan
Answers	%	%	%	%	%
STIs Dispensaries	81,25	83,3	84,6	85,7	60,0
Conversant doctor	10	13,9	15,4	0,0	10,0
Self-treatment	3,75	0,0	0,0	4,8	20,0
Other	5	2,8	0,0	9,5	10,0
Total	100	100	100	100	100

* more than one answer was given

1.4. Usage of preventive methods.

To protect themselves from STIs, 56% of surveyed more frequently use condoms as a preventive measure. Douching and use of other drugs correspondingly have constituted 26% and 13% of all the answers.

1.5. Frequency of condom usage.

When having an intercourse with a client, only 40% of the surveyed are “always” using condoms, 14.6% are using “often”, 23% are using “sometimes”, and 23% is “never” using condoms. The number of commercial sex workers using condom is especially low in Vanadzor: more than half of the surveyed here, is never using a condom as a preventive measure. And more that 60% of commercial sex workers in Gyumri are constantly using them (see table 11).

Table 11. Frequency of condom usage

	Total	Yerevan	Vanadzor	Gyumri	Kapan
Answer	%	%	%	%	%
Never	22,9	3,8	52,2	6,4	37,9
Sometimes	22,9	9,4	30,4	21,3	37,9
Often	14,9	32,1	4,3	8,5	10,3
Always	39,4	54,7	13,0	63,8	13,8
Total	100	100	100	100	100

In reality, the number of those who are using condoms is much less, which is evidenced by the distribution of the answers to the question of “With how many clients

have you used condoms during the last week”. Less than one third of the surveyed have had sexual intercourses protected by a condom (more accurate – 29.1%).

It is interesting to see that frequency of condom usage by those CSWs who have been infected by STIs during their lifetime and those not infected is the same. The latter used the condom with 30.6% of the clients during the last week, while STI positive CSWs used it with 32.6% of the clients. However, the latter serviced in average 4.85 clients, while non-infected ones serviced 3.53 clients, i.e. less by 1.4 client per CSW.

As the two-dimensional analysis shows, the STIs morbidity rate among the surveyed commercial sex workers depends not only on the frequency of the condom usage, but also on the frequency of the sex service.

1.6. Refusal to provide sex-service without a condom.

If the client has not got a condom or is not willing to have an intercourse with a condom, then the majority of the commercial sex workers, almost half of them, agrees to provide a sex-service without a condom. Especially this is peculiar to Vanadzor commercial sex workers (87%). A very little part (1.7%) of the commercial sex workers, estimating the risk factor, are increasing the price for the service.

The promoters of the “condom” sex-services have constituted a very small number of the surveyed – only 12.6%, and more than half of them are at the age of 25. According to their responses, they refuse to get into any contact without a condom. Such commercial sex workers in general are not registered in Vanadzor. The more the age of the commercial sex worker, the easier she agrees to have an intercourse without a condom. In the age group of 31-35, the number of “non refusing” commercial sex workers equals 53%, among the age group of 36-40 it equals 62%, and in the age group of 46 and more, there isn’t any one who is refusing to get into contact without a condom.

The majority of the commercial sex workers – 78.3% is not having a condom-protected sexual intercourse with their regular sex partners.

1.7 Obtaining condoms.

Usually commercial sex workers are not buying condoms for their own security. This is evidenced by the following distribution of their responses: a) the response “I never buy condoms” occur among 59% of the surveyed; b) the response “sometimes I buy condoms” occur among 28% of the surveyed; c) the response “I often buy condoms” occur among 6% of the surveyed. The number of those who are buying condoms is too

little, only 6-7% of all the surveyed. 60% of Gyumri commercial sex workers state that they receive condoms from the office of the Greek “Medicins Sans Frontieres”.

The above quoted data prove that the CSWs do not assess realistically their health risks, do not value the latter as an asset, and do not prioritize their health protection. The described picture corresponds to the data received from another research which shows that 70% of the those who get sick do not apply for medical care. And this is considered to be one of the most important indicators of the poverty of the society²².

It is important to mention that, according to the responses of the commercial sex workers, 25% of the clients are having and using condoms. If we try to compare this factor with the weight of those commercial sex workers, who refuse to get into any intercourse without a condom (see point 5.6), then, unfortunately we have to conclude that the overwhelming majority of the commercial sex workers in comparison with the clients, are not making use of their right of choice, being afraid to lose the opportunity to earn money. This can be one more proof of the fact, that commercial sex is more a manifestation of poverty, than of a professional business in Armenia.

5.8. Preventive STI testing among CSWs.

44-45% of the surveyed commercial sex workers have stated, that during the last year they have voluntarily applied for the check up of the STIs prevention. The number of such women is higher in Gyumri – 53.3%. Usually, for the voluntary medical check-ups the commercial sex workers apply to STI centers and private physicians, correspondingly 58.6% and 31% of the surveyed. As for women consultancy/gynecological departments, only 5.7% have mentioned about them.

During the same period of time, almost the same amount of commercial sex workers (41.1%) have been forced to a medical check-up by the police: In Yerevan (87%), which is relatively 2.5-3 times more than in Gyumri (34%) or in Kapan (31%). The Vanadzor police does not resort to such means for monitoring the health status of the commercial sex workers (here only 2.2% of commercial sex workers were forced for medical tests).

Below introduced table summed up data are brought, that express the behavior of the commercial sex workers towards the prevention of STIs, according to the main age groups.

Table 12. Behavioral characteristics for the prevention of STIs according to age groups,

%-in the corresponding age group

²² See “social Indicators of poverty: Education, healthcare, pensioners, households” UNDP/ RoA ministry of statistics, 1998.

Behavioral characteristics		Age groups					
		Up to 18 years old	19-21 years old	22-25 years old	26-30 years old	years old	36 and more years old
1	Don't use condoms	66.6	45.5	40.0	40.9	50.0	66.6
2	Are infected by STIs	66.6	40.9	65.0	34.6	26.4	51.8
3	Voluntarily have applied to a doctor for STI check-up	33.3	50.0	50.0	46.0	38.0	37.0
4	The police has forcefully delegated for check-up	100.0	36.3	67.5	40.8	35.2	0.0
5	The frequency of not using condoms during the last 7 days, % compared to the number of clients	60.0	39.0	24.7	29.7	29.5	38.4

5.9. Awareness on STIs and AIDS.

The majority of the commercial sex workers, 90.3% of them, are somehow aware (have heard) about sexually transmitted diseases. To the question: “What kind of Sexually Transmitted Diseases do you know?”, the most frequent responses were syphilis, stated by the 35% of the commercial sex workers, gonorrhoea – 24%, AIDS-21%, trichomoniasis – 17%, chlamydeous, candidosis - 1-2%.

Mainly the friends of the surveyed have been the source of information about the STIs- 55%, and much rarely – healthcare providers and mass media, in 12-13% cases. 59% of the surveyed commercial sex workers have chosen the right answer about the ways of transmission of STIs.

It is important to mention, that one fifth of the women who are in the sex business are not even aware of what “sexually transmitted disease” means, and only 4% of the surveyed have an idea about the main ways of the transmission of AIDS. It means, that there are a lot of things to be done to raise the awareness and the knowledge of the society about the issues introduced above, which will be conducted by the state healthcare agencies and by non-governmental organizations. There is a vast need of organizing long term and high-level professional campaigns directed to the formation of the safe sexual behavior in the society in general, and in the special risk groups, in particular.

Table 13. The sources of gaining knowledge about STIs and AIDS*

Sources of knowledge	The number of answers	%
Television	29	11,5
Press	23	9,1
Friends	73	34.0
Radio	63	24,9
Trainings	21	8,3
Leaflets	5	2.0
I don't want to know	26	10,3
Total	253	100

* More than one answer were given

Thus, the analysis of the data of the sickness rate of STIs and their prevention allows us to conclude, that :

- *Among the surveyed commercial sex workers the sickness rate of STIs is considerably high- 45.7%, according to their answers;*
- *The highest level of sickness rate of STIs is registered among the commercial sex workers of Yerevan – 68%;*
- *According to the age group, 22-25 and 36-40 years old are at the highest risk, whose morbidity rate has constituted to 65-67%;*
- *The number of commercial sex workers , who have complaints on the disorders of their reproductive system is quite high- 58%. This proves the fact that the latter are not aware of the STIs and have inconsistent attitude towards their health;*
- *The level of the usage of the contraceptive methods is very low, taking into consideration the special risk of this business to get infected with STIs and HIV/AIDS;*
- *23% of the surveyed never use condoms, and 26% think that washing is a contraceptive method for STIs, which is evidenced by the lack of knowledge on this issue at least among one fourth of the surveyed commercial sex workers;*
- *Among the surveyed commercial sex workers the attitude toward protecting their own health is very low: Even those who have once or more times been infected with STIs, still continue to get into a sexual intercourse without a condom with each third client;*
- *The number of those commercial sex workers who are refusing to get into any sexual intercourse without a condom is very low – only 12.6%;*

- *According to the responses of the commercial sex workers, 44-45% of them have voluntarily applied for medical testing on STIs;*
- *Only 41% of the surveyed commercial sex workers have been forced by the police to have medical examination;*
- *One fifth of people in the sex business is totally unaware about the sexually Transmitted Infections, and 96% has no idea about the ways of the transmission of AIDS.*