

# **Sex Work Situation in Klaipeda City, Lithuania**

## **Report on the Outcomes of the Rapid Situation Assessment Vilnius – Klaipeda**

September 18 – 28, 2003

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For

The Klaipeda Addiction Treatment Center  
and The Baltic Sea Program, Family Health International





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This survey had been conducted as the joint action of Klaipeda Addiction Treatment Center and Baltic Sea Program, FHI.

## Summary

On August 18 – 28, 2003 there was Rapid Situation Assessment of sex work conducted in Klaipeda city (Lithuania). Sex work in Klaipeda is relatively well-developed and structured. Sex workers (SWs) arrange deals in the port, at the parking places of long distance commercial truck drivers, in bars and restaurants, at flats and through the newspaper advertisements. The important groups of clients for poorly-paid SWs, including drug users, are *moryaki* (*commercial ship crews*) and long distance commercial truck drivers (highly mobile groups, having multiple sexual contacts on their journeys), and also contract workers who are separated from their families for long periods. At the time of the assessment there were two HIV-infected women known as sex workers. Injecting drug use is also common among poorly-paid SWs. Sex workers can not control client's behavior and often suppose that they have to fulfill everything that is demanded of them. Clients predominate in negotiations for the nature and conditions of sex services. The awareness of probability of being infected with HIV is rather high and in many cases really influences women's attitude towards less risky behavior. At the same time the SWs virtually are uninformed on issues regarding the STIs. SWs have positive attitude to use condoms, but due to financial reasons or because of the fear of violence they usually yield to clients, insisting on unprotected sex. Clients of poorly-paid IDU SWs are not aware of HIV/AIDS. There are no special education programs targeted to SWs. Most of SWs have no real access to STI services. But voluntary counseling and testing is accessible to SWs who participate in Syringe Exchange Programs. There were no attempts undertaken to address prevention actions to SWs' clients. Public attitude to SWs is negative and affects all the prevention actions for them. This makes the probability of rapid HIV-infection spread among SWs and their clients strong. At the same time the capacity of city in developing the prevention programs among SWs (first of all IDUs) and their clients is high. IDU SWs have access to Syringe Exchange Program and Methadone Program. They also can receive condoms distributed under these programs. Existing programs for IDUs are experienced in developing peer education programs. Tolerance of police is also important. The effective program on restriction the spread of HIV-infection among SWs and their clients can be developed in the city.

## 1. Introduction

**The Purpose of the Survey:** Assessment of the situation with sex work in Klaipeda, Lithuania and identifying the capacity for developing the program on restriction the spread of HIV infection among SWs and their clients.

**The Objectives of the Survey:**

1. Assessment of the sex work situation in Klaipend on following:
  - Total number of sex workers
  - Structure of sex work (including street SWs, SWs working in saunas etc.)
  - Key people associated with sex work (including pimps, bars' and saunas' personnel), etc.
  - Behavioral risks
  - Level of condoms' use
  - Level of awareness of HIV/AIDS and STIs
  - Access to education, information and voluntary counseling and testing
  - Access to medical service

2. Assessment of potential accessibility and acceptability of good quality condoms for SWs and their clients in Klaipeda
3. Identifying the key persons in the community to initiate the sustainable dialogue with local authorities' representatives in Klaipeda
4. Preparation of the Mission Report and Recommendations after its completion

**Survey Team.** Assessment was conducted by the team comprised of social worker of the Syringe Exchange Point, Deputy Chief Doctor of the Addictions Treatment Center, and consultant. Local specialists established contacts with sex workers at the beginning of the consultant's visit. In the course of the assessment the latter were involved as experts.

**Methods.** There were qualitative survey techniques applied (individual and group interviews, observation and participant observation). All the available documentation was analyzed. Russian–Lithuanian and vice versa interpretation was provided when necessary.

That kind of assessment was undertaken in Klaipeda for the first time.

## 2. Findings

### 2.1. General Description of the Situation

**Klaipeda** (population is about 196000 people<sup>1</sup>) is the center of Klaipeda District of Lithuania. This is the third in size city in the country and the largest sea port. Port determines significantly the business activities of the population. Important highways link the city with other Baltic countries, and also Byelorussia, Russia and Germany. The share of ethnic Russians living in this city is higher compared to any other place in Lithuania and constitutes about 30%. Regardless of the ethnic attribute city residents have no communicative problems in their common life, and speak rather fluently both Russian and Lithuanian.

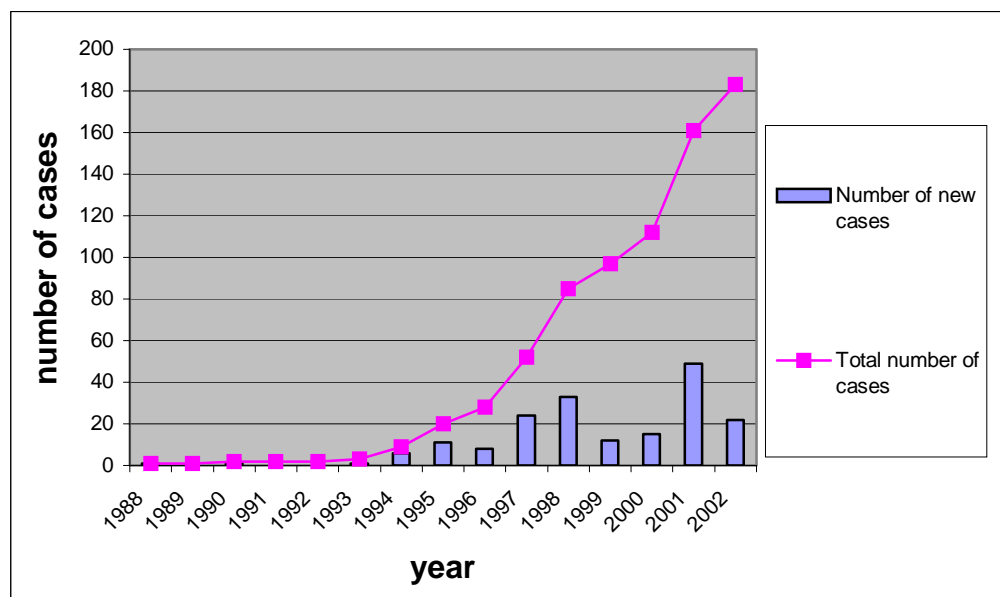
**HIV-infection.** At the end of 2002 there were 188 HIV-infection cases registered (diagram 2.1.1), including 148 (79%) men and 31 (29%) women. 25% of all registered HIV-infected people were officially employed, 46% were unemployed, and as for 29% of cases, information on their employment was not available. For 72% cases they were presumably infected by drug injecting, for 24% - sexually, and for 4% cases the way of infection transmission is unknown<sup>2</sup>. The percentage of sexual infection is rather high and continues growing. This indicates that HIV-infection has started to get outside the IDUs group into the general population.

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<sup>1</sup> Unofficial data. Due to intensive immigration in recent years the city population decreased and official statistical data reflects the real situation inadequately. Information is provided by the Director of the Klaipeda Addictions Treatment Center.

<sup>2</sup> Data given in this paragraph was taken from the materials that were kindly provided by the Deputy Chief Doctor of the District.

Diagram 2.1.1. HIV-infection in Klaipeda. Number of newly registered cases and total number of cases by year.

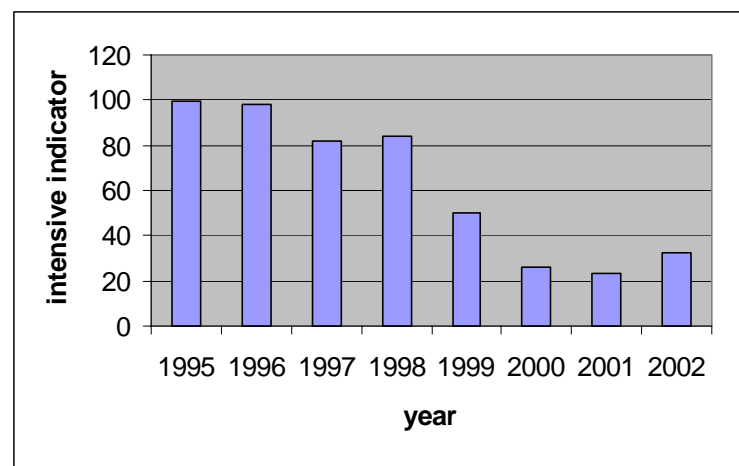


Medical institutions identify 7 female IDUs as sex workers. One of them is known as HIV-infected. Besides, at least one more SW who has contacted the medical institutions but not identified as SW was HIV-infected (it was diagnosed when that woman was imprisoned). One woman of those who contact the medical institutions has not been identified as HIV-infected but has a very high risk, because her regular partner is HIV-infected and she has unprotected sex with him.

**STI.** Despite the general trend towards the reduction in number of registered STI cases their prevalence is still high. The diagram 2.1.2<sup>3</sup> shows the dynamic of registered syphilis incidence in Klaipeda District. Cases registered in Klaipeda itself take the major part. In 2002 there was the slight rising trend noticed towards the number of registered cases. It is not known what part of total incidence is being registered. Many people, especially poor and homeless, are not aware of STI. They have no money and no access to compensations and that is why they do not come for testing and treatment. Therefore the real syphilis prevalence can be much wider.

<sup>3</sup> Based on the materials that were kindly provided by the Deputy Chief Doctor of the District.

Diagram 2.1.1. Syphilis Dynamics in Klaipeda District



According to venerologists, asymptomatic STI forms can come to 30 – 40% of total cases which doctors know about<sup>4</sup>.

**Drug Use.** Drug use coverage is not known. In local experts' opinion the total number of injecting drug users (IDUs) in the city can amount to 4000 people<sup>5</sup>.

## 2.2. General Description of the Group

SWs of Klaipeda at the time of assessment didn't make a *community* in the true sense because: (1) there were no virtually any horizontal (particularly communicative) links between SWs and SW subgroups; (2) many SWs (among IDUs) didn't identify themselves as so; (3) therefore there were no leaders stood out that could take on the responsibility for the development of the *community* and negotiations with any outside people or structures.

**2.2.1. Ethnolinguistic Description.** Over a half of (five-six out of ten) SWs in Klaipeda are ethnic Lithuanians. The rest are Russian speaking Caucasians<sup>6</sup>. All SWs understand clearly and speak well both Russian and Lithuanian languages. At the same time the interviewed SWs – ethnic Russian – said that it was easier for them reading Russian rather than Lithuanian.

**2.2.2. Education.** Almost every SW of the full legal age has complete secondary education (12 grades). Many of them made unsuccessful attempts to continue their education in vocational schools (for example, *to learn cooking*). Major constrain to continue education, to their opinion, was drug use. Under age SWs can be with incomplete secondary education. The reasons could be both the young age (14-15 years old) and social problems (drinking parents or lack of parents and unfavorable conditions at boarding school). Education of SWs, who were brought up in problem families, can be limited to eight grades of secondary school.

<sup>4</sup> Thus, the venereology doctor informed us that out of 16 syphilis cases, which the clinic dealt with in 2003, there were 6 asymptomatic cases.

<sup>5</sup> Reported by the Director of Klaipeda Addictions Treatment Center.

<sup>6</sup> Estimation given by two *kvartirnaye (flat)* SW.

**2.2.3. Age and Experience.** Often women are involved in sex work at early age. SWs of elder age (over 35 years old at the time of assessment<sup>7</sup>), who reported on their length of service, indicated that they started *rabotat* (*working in sex service*) at 15 – 16 years old. Younger women (25 – 27 years old) told that they first started to use drugs and came *to work* when they faced lack of money (after 3-4 years since they had started using drugs regularly). Majority of active sex-workers are at the age of 17-20. Women of elder age (over 30 years old) also can provide services. Several (five-six) under age girls (of 14-15 years old) work in the port. Pimps of *firma* also do not mind dealing with juvenile SWs, because services of the latter are in greater demand<sup>8</sup>. If the SW is not an IDU she can work rather long. Thus, there are women over 40 among active sex-workers; usually they are *odinochki*<sup>9</sup>. If woman uses drugs (is IDU), she can be active as a sex-worker in average from 3 to 7-8 years<sup>10</sup> long. After that she loses the ability to sustain effectively the competition at the sex service market. Usually female IDUs have large breaks in work related with their imprisonment or due to temporary support from their relatives or regular partners, who can provide them with housing, food and drugs.

**2.2.4. Places of Residence, Families, Regular Partners.** Adult sex-workers live with their regular partners at flats of last ones, or share renting costs between two friends, or live in rooms that can be rented in *obshezhiteeye*<sup>11</sup>. If they don't use drugs they can live at pimp's flat together with her family (children). If they are IDUs and have no regular partner, as a rule, they have no place to live. This mainly refers to juvenile and young SWs (with time most of SWs find regular partners). Usual reasons for lack of housing are: *turned out of the house by parents, graduated from the boarding school and didn't know where to go*. Parents in those cases usually have a problem – alcohol abuse. Homeless women spend overnights in occasional places, at flats of their acquaintances, together with other IDUs *na yama*<sup>12</sup>, i.e. everywhere, where they don't need to pay for overnight stay and can *think only about food* (female IDU SW). The conveniences in such places can be very poor that makes impossible for woman to practice usual hygiene. Though the flats in Klaipeda are not very expensive (one room flat can be rented for USD60-70 per month), IDU SWs cannot afford this expense, as they need money to buy *dosa* (*drug dose*).

Regular partners of female IDU SWs also use drugs. The latter often demand money for drugs from a woman, take away, or swindle money out of SW.

Some SWs have children. Children usually live with the mother and her partner (if there is any), and seldom – with the mother's parents.

## 2.3. Group Structure and Number

**2.3.1. Group Structure.** There are no as such *ulichny* (*street*) SWs in the city. Those female IDU SWs who usually arrange deals in the port or work at flats can go into the street. In bad

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<sup>7</sup> At the times of «*shestnadsatoi divizee*» (local expression designating sex-workers who practiced 15-20 years ago)

<sup>8</sup> Information from commissioner – juvenile officer of city police; and also: Skripkauskas U. “Sex services will go up”. Klaipeda, № 220 (16818), September 20, 2003.

<sup>9</sup> Those who have no pimp or are not part of the group of SWs. Also: Skripkauskas U. “Sex services will go up”. Klaipeda, № 220 (16818), September 20, 2003

<sup>10</sup> Depending on the drug dose

<sup>11</sup> Former hostels of companies. At present poor citizens and newcomers reside permanently in *obshezhiteeye*.

<sup>12</sup> *Yama* is a place where drugs are sold.

days when they fail to get money some other ways or when they simply *are in the mood (port SW)*, they can stroll (usually on their own) along the city streets, stopping the passing by cars. For them this is not a regular way of getting money.

- *Portovye (port) SWs*. At the time of assessment that was small subgroup (not more than 20 people). Not more than 10-12 people work at the same time. Replacement of members is rather high: thus, just in 2003 port police registered 4 new SWs. The subgroup comprises two unrelated and conflicting with each other groupments: (1) IDU SWs of elder age (22 – 30 years old), around 12 people; (2) under age SWs, who do not use drugs (14 – 16 years old), 5 – 6 girls. The latter are the alumni of local boarding school. They provide services to *moryaki (commercial ship crews)* who arrive in the city with freight ships. In groups of 2-3 people they slip through into the port<sup>13</sup> after 22:00 pm and then –into the ship. They come back not later than 06:00 am when checkup starts at the ship.
- *SWs, servicing furisty* (long distance commercial truck drivers). This is small group (several women) who come during a daytime, seldom at night, by cars to DFDS terminal or to the ferry. They offer their services to truck (*fura*) drivers. *Furisty* can also use services of *trassovye (route) SWs* practically all along their journeys. There are no *trassovye SWs* within the precincts of the city.
- *Kvartirnye (flat) SWs*. Subgroup with rather vague confines. It includes SWs who arrange deals at flats. These are flats that they rent in the city for living. Many of them have no telephones (neither usual nor mobile), that is why clients come to their homes.
- *SWs of bars, disco clubs, nightclubs and cafes*. SWs who stay constantly and arrange deals in places that are open at night (after 21:00 – 22:00 or at least till 23:00). The most known *rabocheye (work) places*, where the arranging of deals has been confirmed by the inclusive observation, are «Plus-Minus», «Piter», «California», «Dada»<sup>14</sup>. Among other venues there were small cafes mentioned as «Nyamunas», «Kablis»<sup>15</sup>, pizzeria and Chinese restaurant at «Maksima» supermarket, «Pyampeninkai» night club (where the group of young Russian speaking SWs work), «Paradoxas», «Morskoi klub», restaurant at «Klaipeda» hotel, «Jarde», «Nese», «Debretzen» restaurants (two last ones have striptease – bars). It is well known also the club «Nochnaya lady» that is attended by gays in order to find new acquaintance. There can be five-six SWs in one venue at the same time. SWs of *firma* who arrange deals in more posh places usually have male pimps and security guards. It is considered that there are no *firma bez kreeshy (firms without umbrella)* in the city. The groups of SWs providing services to one posh place include 3 – 4 people. The territories are divided and the SWs from one venue can't *sidet (to pick up the clients)* in another one.
- *SWs of massage salons*. These are women who advertise their contact details (usually mobile phone numbers) in local newspapers. These advertisements are placed in Section “Massage”<sup>16</sup> with quite open offers of sexual nature (for example, offering erotic massage made by *simpatichnaya and seksualnaya devushka (pretty and sexual girl)*). Usually highly paid SWs publish such advertisements, working in firms, but they are also can be placed by IDU *odinochkee* (woman on her own) in the hope of finding the well-off client.
- *Male SWs*. Usually several deals are arranged in «Nochnaya lady» during the closed parties (that takes place four times a week). Clients are men of elder age (40 years old and

<sup>13</sup> Through the fence, mainly in the place called «Bega», named after one servicing the port firm that operates in this place.

<sup>14</sup> Place is known for easily available ecstasy. Here the deals can be arranged with *expressnye (express) SWs* who offer one sexual contact.

<sup>15</sup> Situated in the area of truck drivers' parking.

<sup>16</sup> This Section mainly includes the advertisements of sex-workers.

elder). It is not clear whether arranging these deals young men are regular male sex-workers, or they are looking for the long-term patrons for themselves. There were no any deals arranged in «Blue Angel» gay-club at the time of assessment. We have received one report that deals are arranged at *pleshka*<sup>17</sup> located at the basketball ground near conservatoire. But that information should be additionally checked.

**2.3.2. Group Size (Numbers).** Group size (numbers) was estimated based on experts' estimation. Experts' estimations have been represented by four key informants: two sex-workers and two police officers.

According to the estimation the total group numbering minimum 250 people and maximum – 350 people, including:

- *Portovye (port) SWs*: 12 - 20 people
- *SWs, providing services to furisty (truck drivers)*: around 10 people
- *Kvartirnye (flat) SWs*: around 50 people (unverified estimation)
- *SWs of bars, disco clubs, nightclubs and cafes*: around 100 people
- *SWs of massage salons*: 100 – 150 people. According to police estimation the numbers of firms, which place the advertisements in newspapers vary from 25 to 40<sup>18</sup>.

Number of female IDU SWs involved in sex work during different periods of a year can come to 100 people.

Given estimations should be verified by the special survey.

**2.3.3. Group Dynamic.** Since recently, in the opinion of naval police representatives', women working in the port are reducing in number. Police relates this with introduction of private security which complicates penetration of women into the port. Another important factor is local fall in prices for sex services due to which port has become less attractive to major part of SWs. However in general the city demand for sex services exceeds supply and the clients have to spend certain time to find a sex-worker. In view of this there could be forecasted the growth of the service and increase in number of people involved in it.

**2.3.4. Migrations.** Most of SWs in Klaipeda are locals. Certain number of women come to the city from neighboring Kaliningrad, and also from nearby areas - Šilalės, Priekulės, Plungės and some from other places<sup>19</sup>. They are attracted by the high local prices for sexual services. This is a long procedure that requires having some identity documents. Usually SWs from the Russian side cross the border illegally. To do this it is enough just to rent a boat for a small payment at the Russian bank of the river Neman that demarcates the countries. In summer SWs go to the nearby Palanga<sup>20</sup>, but usually as soon as the deal is arranged they come back to Klaipeda where more entertainments are available.

**2.3.5. Drug Use and Alcohol.** At the time of assessment opium was practically the only injecting drug that SWs and their partners used. Opium has local origin. It is harvested in summer in villages, where local residents grow poppies as ornamental plants. IDUs also use poppy straw (*kooh*) to make the solution that remains virtually the only raw stuff for

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<sup>17</sup> Venue of MSM

<sup>18</sup> Skripkauskas U. "Sex services will go up". Klaipeda, № 220 (16818), September 20, 2003.

<sup>19</sup> Materials provided by the Project «Socialinės, medicininės paslaugos komersinio sekso darbuotojoms, priklausomoms nuo narkotinių medžiagų», Snieguolė Gelžinytė, Addictions Treatment Center, draft, Klaipeda, 2003

<sup>20</sup> About 20 km far from the city

extracting opium in winter and spring periods. Opium is usually sold as the ready solution. The price for 1 cm<sup>3</sup> of the solution is 6 Lit. Female IDU who needs 15 – 18 cm<sup>3</sup> of opium solution per day spends accordingly around 100 Lit<sup>21</sup> every day to buy it. Heroin was not in demand at the time of assessment due to its poor quality. Nevertheless most of IDUs, who use drugs for longer period, had experience in using heroin two-three years ago when it was widely available. Besides, SWs use comparatively inexpensive amphetamines (including solutions that are used *per os*), and ecstasy. Ecstasy pill can be bought for 10 Lit<sup>22</sup>, amphetamine dose – for 15 – 20 Lit. Amphetamines are not considered as «serious» drugs, and are used when, for example, opium is not available or as addition to the latter. But amphetamines are usually used by younger age SWs. Flat SWs and SWs working in saunas do not use drugs. One of the reasons that keep them from injecting drugs is the necessity to undress at clients' presence. Clients of these subgroups are aware of injecting drug using and prefer not to resort to the service of women who have marks of injections at their bodies or other evidence of drug use<sup>23</sup>, beware of being infected, first of all of AIDS<sup>24</sup>. Men and women use opium in mixed groups. In opinion of informants from amongst IDUs, syringe sharing is often the case despite that they try to avoid situations risky in respect of being infected with HIV.

## 2.4. Group Environment

**2.4.1. Those Who Arrange Sex Work.** Poorly-paid SWs work on individual basis, in pairs or in equal groups. Sometimes those who arrange sex-work for IDU SWs can be their regular partners - IDUs. They impel or force women to go to the ship, take them by cars to the place where women can get through the fence, collect the stolen things and drive women back home. It is not clear how systematic is this interaction. SWs of *firma* have pimps, mainly men. *Devochka* (female SW) gives 50% (sometimes over) of money received from the client to the male pimp. Female pimp may control *girl's* health, forcing her to test for STIs. If *devochka* happens to be infected or if she refuses to test, female pimp turns her out. At that female pimp first of all tries to protect against the infection her own family (children), with whom *devochka*, who usually lives in pimp's house, inevitably has everyday domestic contacts. Other considerations (care about *the girl's* health, fear of the conflict with client) are either of secondary importance or not taken into account at all. Male pimps usually do not care about such control.

*Firma* usually employs a man, who fulfils the functions of driver and security guard.

**2.4.2. Clients.** Main groups of clients:

- *Moryaki* (commercial ship crews), men arriving in Klaipeda with commercial ships, both the officers and (mainly) the ranks. Especially popular among SWs are Philippine and Russian ships, because the clients from these countries are notable for lack of fastidiousness and for generosity. Less attractive are American and European crews. Commercial ship can stay for a week when loading on or unloading the cargo. All this time ship crews can use sex-services either in the city or right at the ship. Frequency of Philippine ships stopping is once–twice a week. Frequency of Russian ships stopping is

<sup>21</sup> Over USD30. Current exchange rate is USD1:Lit2.98.

<sup>22</sup> It is a little bit more than USD3. Lithuania is the producer and exporter of amphetamines and they are easily accessible.

<sup>23</sup> «It is necessary to undress in sauna, and then the sores are visible, especially on legs. Clients don't want such ones». - SW

<sup>24</sup> Information collected from *flat* SWs.

irregular. The crew can comprise 20 people and more. Approximately half of them use the SWs services in Klaipeda.<sup>25</sup> Thus, the annual clients' turnover just of *moryaki* from Philippine ships can make minimum 500 people (10 clients per 50 weeks).

- *Furisty* – drivers of *fury*, long distance commercial trucks. They are related with the port and ferry. *Fury (trucks)* (together with the driver) can stay in the city from several hours to several days, waiting for entrucking or unloading. All this time drivers have the opportunity to use the services of sex-workers. They park their trucks at parking places or just along the road near ferry. Before they arrive to the port, most of trucks drive through Lithuania and other Baltic countries, Byelorussia, and also Western countries as Poland, Germany and Sweden. Work at the Russian territory is considered dangerous because of racket, brigandage and abuse of power by the custom officers. On their journey drivers can use the services of *trassovye* SWs of those countries which they pass through. As for Russian territory, drivers pass through only the neighboring Kaliningrad Region. In average the driver spends on the journey 3-4 days per week.
- *Workers* of the graving-dock. Many of them are incomers who permanently live and have families in other countries, including Russia, Ukraine, or Kazakhstan. They work at the graving-dock on contract basis. The duration of contract is up to one year. All this time workers are separated from their families. They live in cheap hotels<sup>26</sup>.
- "Youth" – young people, usually with no certain occupation, partially criminalized, obtaining means of subsistence by stealing or in other illegal ways, and partially children of prosperous parents.
- *Officials and businessmen*, often visitors (entrants).

*Moryaki* and long distance drivers (highly mobile groups having multiple sexual contacts on the journey) and also contracted workers separated from their families for long periods are the important groups of clients for poorly-paid SWs, including female IDUs. Usual problems that SWs can have with clients are that the latter do not pay or can hit a woman. Demand of the client for unprotected sex is the problem of *portovye* SWs. Clients predominate in negotiations for the kind and conditions of sex services. Sex-workers can not control the client's behavior. Often woman thinks that she is obliged to fulfill all the demands, even in those cases when she doesn't want to do something, and she has no right to refuse because the client "has bought" her.

**2.4.3. Establishing of Contacts and Mediators.** SWs working in the port establish the contacts without mediators. Taxi drivers, including female ones, take SWs who service the long distance truck drivers to transport terminals. Within the city the mediators are taxi drivers who have telephone lists of *flat* SWs. SW can have *friendly* driver who takes clients only to her flat. In hotels and saunas the staff can mediate if necessary, however it is not so common. Mediation can come to information that the client may find the necessary telephone numbers in a newspaper. More often the client brings woman with him. SWs of *massage salons* place their advertisements in «Vakaru ekspresas» local newspaper. They usually give their mobile phone numbers and rare – the stationary one. Mobile phones are used mainly for the safety reasons because their numbers can be easily changed. Mediators get money neither from client for information provided nor from SW for the client found. If mediator is a taxi driver he gets only the amount that he is paid for the trip. Police does not persecute mediators. Mediators are well informed and rather open to communicate. They can enable first contacts with sex-workers. The exception is the personnel of small hotels.

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<sup>25</sup> Opinion of the Commissioner of the Naval Police

<sup>26</sup> There, where they can take a room for 40 Lit/night.

## 2.5. General Description of Sex Work

**2.5.1. Places of Sex Servicing.** SWs of **massage salons** provide their services in salons. There are about twenty **saunas** in the city, which are known as *rabochiye*<sup>27</sup>, and approximately the same number of **hotels**. Saunas and hotels do not have resident SWs. Client can bring a woman with him or ask personnel (sauna man or hotel administrator) to find and invite her. Posh *rabochiye* hotels are «Europa» and «Klaipeda»<sup>28</sup>. SWs working in «Klaipeda» arrange deals in the hotel restaurant. Poorly-paid SWs provide their services in cheap hotels, including those which belong to different organizations or companies. *Kvartirnyye* SWs can service the client at their **flats**. Poorly-paid SWs provide sex services in clients' **cars** or in truck **cabs**. *Portovoye* SWs work straight at **ships**. In summer SWs can simply go with the client **out of town** («*v kusty*», *to the bushes*).

**2.5.2. Working Load.** Working loads of SWs, especially female IDUs, are irregular. Working in the port, SW can have 5 – 6 sexual contacts per night, but usually she has long breaks in work during a year (from 2 days to several months). The average load needs to be additionally assessed in the quantitative research.

**2.5.3. Sexual Practices.** All sexual practices are considered by sex-workers as acceptable. Many clients think that oral sex is not sex as it is but “a game” and do not take seriously the idea that oral sex should be protected.

**2.5.4. Price for Sexual Services.** In general the prices for sex services in the city are quite high. They are much higher than in neighboring Kaliningrad.

- *Portovoye* SWs are considered as the poorest group, however formally the prices they ask for sexual services are very high. Thus, at the time of the assessment *portovoye* SWs asked for EU50 or USD70 per hour assuming that personnel of foreign ships have no idea about the real prices ashore. However as naval police officers reported they usually did not find much money when searching the detained women. Often woman for several times one after another has no money even to pay the small fine (50 Lit) imposed for illegal stay at the port territory. Police officers report that women can try to take food out from the ships. They also can work illegally at the ship for several days (helping in galley or cleaning). They are given food and paid some money. Informants amongst IDUs, who are associated with *portovoye* SWs assert that in reality in many cases woman can get 15 – 20 Lit in her hand or nothing at all. The same is the opinion of the police<sup>29</sup>.
- *Expressnyye* SWs (for example, who arrange deals in «Dada» club) charge 40 Lit per one sexual contact (usually oral).
- *Kvartirnyye (flat)* SWs charge 120 – 150 Lit<sup>30</sup> per hour. SWs arranging deals in small bars (such as «Nyamunas») charge the same price.
- *Highly-paid* SWs get minimum 200 Lit per hour<sup>31</sup>, and in some groups - at least USD100 per hour.

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<sup>27</sup> *Rabochiye* (work) are called places (saunas, hotels) where deals are arranged and/or sexual services are provided straight away.

<sup>28</sup> At the time of assessment SWs did not work in the third posh hotel – «Navalis».

<sup>29</sup> Skripkauskas U. “Sex services will go up”. Klaipeda, № 220 (16818), September 20, 2003.

<sup>30</sup> USD 40 – 50.

<sup>31</sup> Up to USD 70.

SWs usually pay deductions for pimp from the money the clients paid to them (usually 50%). Female IDUs spend practically all the money they earn on drugs.

## 2.6. Context

### 2.6.1. The Legal Status of SWs

**Lithuanian Legislation.** The Administrative Code provides for penalty: (1) for prostitution<sup>32</sup>; (2) for drug use. Therefore both sex work and drug use are criminalized in the country. Keeping of *pritony* (brothels) is also prosecuted<sup>33</sup>.

**Criminal Situation.** From time to time SWs face with the attempts to take away the money they have earned or with violence, including sexual. More often these attempts are made by their own regular partners, particularly IDUs. In other cases they can be hooligans, often juvenile (there were cases registered when SWs fell victims of 15-16 year old teenagers).

IDU SWs themselves are highly criminalized. For them the basic income sources are mainly thefts rather than sex-work. They steal money, clothes, valuables (watches, chains) from clients, video and audio sets from ships, perfumery, hygiene remedies and food from shops. Then stolen things are sold for half a price at the market or among acquaintances. Even to take from the ship the plastic bags with food SWs can use clofelinum<sup>34</sup>. They steal also passports which are in demand at the local market. Clofelinum is being used by SWs who service the *furisty*, arrange deals in bars and restaurants or work at flats. SWs can be involved in criminal groupments that arrange robberies. Though in recent times, at least according to the data of naval police, such groupments operating in the port reduced in number<sup>35</sup>, but they still exist. Usual offence committed by the SWs is staying at the ship or at the port territory. Formally SWs have no right to be there.

**Law Enforcement Practices.** Despite the strict legislation, the law enforcement practices can be considered as moderate. When taking measures against the law infringement the police have an opportunity to be guided by common sense<sup>36</sup>.

Crews do not take any special measures against sex-workers visiting their ships. Property that can be stolen is insured and crews think that larceny is the problem of local police. An exception are Chinese ships that maintain the order at the shipboard by own strength. SWs do not work at Chinese ships. SWs penetrate to the port territory climbing over the fence. Sometimes they have to pay to the guard if he tries to stop a woman. Guard can demand for

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<sup>32</sup> Article 182 of Administrative Code (AC): prostitution is punishable with fine or administrative detain. Article 44 of AC: illegal use of drug with no medical prescription is punishable with fine and confiscation of drug or by administrative detain. If person gives his/her small dose voluntarily which he/she has bought and kept not for sale, he/she is relieved from responsibility for this Article.

<sup>33</sup> Article 182 of AC

<sup>34</sup> Remedy with a strong sedative and soporific effect.

<sup>35</sup> According to the naval police commissioner there were at least 4 groups at the end of 2001-beginning 2002 where men forced SWs to take the valuable things away from the port territory, when they were waiting with their cars at the outside of the port fence. If the woman refused to participate in these actions she was threatened, beaten and as one case known she was clean shaved (closely cropped) so that she would not be able to work.

<sup>36</sup> «It is virtually evident that if police starts undertaking more serious actions against this illegal business then the prices for sex services in Klaipeda will go up just due to the only simple reason – the demand will exceed the supply». - <sup>36</sup> Skripkauskas U. “Sex services will go up”. Klaipeda, № 220 (16818), September 20, 2003.

USD10-20. Naval police officers, when disclosing the SW at the port territory, take from her an explanatory note and can impose a fine of Lit 30 - 200 (usually 50 Lit)<sup>37</sup>. Woman pays this fine in the nearby bank. If she has no the needed amount with her, she is sent on her way out of port after filling in the documents on her detain. In this case SWs usually come back to the port immediately, again climbing over the port fence. This can repeat two – three times during the night. When the debt increases, the woman after the next detain can be imprisoned (for a period from 2 days to 2 months, depending on the amount of indebtedness). But this happens rare (1 case per year).

**Prevention Programs.** Police take a position of tolerance regarding the prevention programs and do not impede to conduct actions. There were practically no problems with police when implementing the Methadone and Syringe Exchange Programs<sup>38</sup>.

**Passports.** Majority of IDU SWs have no passports<sup>39</sup>. They lost their passports by different reasons, including selling them to get money *for drugs*<sup>40</sup>. Receiving a passport is not an easy procedure that requires beside many other things the declaration of the place of residence. It is practically impossible for poorly-paid SW, especially IDUs, to recover the lost passport following the set procedure.

**2.6.2. Public Opinion.** Public opinion regarding sex-worker as well as drug users is rather negative. It can be displayed as direct aggression towards women. For example sex-workers may be thrown out from the small bar where they come to drink coffee. This happens even if women do not disturb the public order and do not arrange deals with clients in the place. When women resist then force can be used against them. Negative attitude is applied also to the programs for IDUs and sex-workers. Thus, from time to time the inhabitants of the houses neighboring to the Centers for IDUs protest against placing these Centers close to their domiciles, and demand to *imprison drug users in separate places*<sup>41</sup>. About five years ago the Addictions Treatment Centre on its initiative that was supported by the municipality made an effort to establish in the city the Center for sex-workers. It was proposed that gynecologist, psychologist and social worker would provide their services to sex-workers in that Center. That idea was contested by the public, including the mass media. Resulting from that the Center had not been opened. The members of the District Committee on HIV/AIDS and STIs who still share the idea about urgency of opening such a Center express their misgiving that placing of the Center in the residential area can cause the protest of local inhabitants against it. Passive non-acceptance<sup>42</sup> can be shown by doctors if they disclose that their patient is IDU.

## **2.7. Knowledges, awareness and risky behavior towards being HIV infected.**

**2.7.1. HIV/AIDS.** All the interviewed SWs knew about HIV-infection and AIDS. Among the main ways of infection transmission there were mentioned the sexual and injecting. None of respondents knew about the possibility of the vertical transmission. Awareness of probability

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<sup>37</sup> Around USD17

<sup>38</sup> Information from the Manager of the Project on Syringe Exchange among IDUs.

<sup>39</sup> Among 11 female IDU SWs, about whom the information was collected when two key informants were interviewed, only three had passports.

<sup>40</sup> Passport of the person who come of 18 years old *with local registration* can be sold in the city for 120 – 150 Lit, i.e. for the amount that is enough to buy drugs for one – two days. *«It seems a lot of money for IDU» - ex-SW, the client of the Methadone Program.*

<sup>41</sup> Reported by the Head of the polyclinic and hospital of the Addictions Treatment Center

<sup>42</sup> The expression used again by her; it shows the wish to shift off the treatment of such patient to narcology doctors: *“this is your patient; you deal with her”*.

of being infected with HIV is rather high and it really influences the attitude of women towards less risky behavior. In particular one of them reported that concern about her infant daughter prompted her to make sure that syringes that she used to inject drugs were always clean. Women can express their interest in discussing this topic or vice versa can avoid it showing indifference and negativism. The latter behavior is typical for those who know their status of HIV-infected, or for those who consider their personal risks as very high<sup>43</sup>.

**2.7.2. Condoms and Clean Syringes.** All the interviewed SWs had positive attitude to use condoms and always answered to the question about condom use that they *always* tried to work with condoms. But in reality it does not always work due to the following reasons:

- *Demand of the client.* Many clients of poorly-paid SWs (especially sailors of foreign ships) are sure that they can demand of unprotected sex from the woman. Just few of the latter (HIV-infected or those who had other serious negative experience) are ready to resist the client's demand of unprotected sex. However they also yield to demand, especially if they have no other way to obtain money for the needed *dose* of drugs.
- *Financial considerations.* Often the client agrees to pay higher for sex without condom. Especially this refers to the clients of relatively well-paid SWs.

SWs including IDUs try to take care of that all the SWs who comprise the group of associated SWs would use condoms (they *catch in* when somebody works without condom). In some cases these attempts to influence the behavior of other SWs are effective, in other cases – are not. Nevertheless these attempts are of interest as spontaneously developed practice of group self-protection. IDU SWs are informed that use of clean equipment for injections reduces the risk of being infected with HIV.

**2.7.3. STIs.** The SWs' knowledge and therefore awareness of STIs is low. The interviewed SWs knew just about words *syphilis*, *gonorrhoea* and *trichomoniasis*. One SW knew about *candidosis* and had an idea about the infectious nature of this disease. SWs could not mention any other STIs. Only one of the respondents could tell about the infectious nature of gonorrhoea. None of the interviewed SWs knew about asymptomatic STI cases and the necessity of the systematic medical examination at the absence of obvious disease symptoms. Interviewed SWs supposed that they never had any STI. Some of them mentioned that they had unusual vaginal discharge in the past. It was difficult for women to describe these discharge and they did not think that plentiful and with smell discharge can be symptoms of the disease<sup>44</sup>. SWs also had difficulties discussing available for them sources of information about STIs. Only one referred to her sister who had the certificate of a nurse as the certain source of information.

## 2.8. IEC Resources

**2.8.1. IEC Materials.** Syringe Exchange Program has IEC materials targeted at IDUs<sup>45</sup>. Materials have not been piloted for relevance to SWs needs. One of the leaflets is targeted at

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<sup>44</sup> «What kind of them [discharge. – K.G.]– I did not look closely... Then gave a birth – it means that everything is all right» – IDU SW

<sup>45</sup> «Moterys ir narkotikai», Lit.; «Vazhnaya informacia dlya uchastnikov program snizheniya vreda ot upotrebleniya nelegalnyh narkotikov», Rus.; «Veny» (Fragment from a famous booklet «Zashiti sebya sam», developed in Netherlands), Rus.; «Heroinas», Lit.; «Svirkseiamu narkotiku saugesnio vartojimo vadovelis», translation into Lithuanian language of a famous manual written by A. Preston and J. Derricott on safe behavior for IDUs.

women («Moterys ir narkotikai»). The main topics of this material are: HIV and STIs, less risky drug use, general health status, and contraception. Leaflet does not cover specific information needed for SWs. There is also a brochure translated into Lithuanian “Venera Pandemos” that was developed in Kazakhstan. This brochure also has not been piloted for its appropriateness to be disseminated among SWs.

**2.8.2. Condoms.** In Klaipeda it is only possible to buy condoms in pharmacies. These would be condoms: (1) European produced ones of good quality like *Sico*; (2) cheap (50 Lithuanian cents) low quality condoms. If SWs buy condoms, they usually limit themselves to the second ones.

SWs who are in contact with Syringe Exchange Points, receive condoms there. However, these condoms are not enough. Usually SWs hope that the client will buy a condom. IDU SWs do not buy condoms because usually they do not plan going out to work. They go to work only if they had not succeeded to find money for drugs from elsewhere.

Condoms for distribution among clients of Syringe Exchange Points are purchased by the Addictions Treatment Center from the city pharmaceutical network. There is no possibility to test the quality of condoms. Men, who received condoms, were complaining that they were *small*. In fact, a condom of standard European size, but has a too tight, cutting ring. There were no complains from women about the quality of condoms received from the Points.

**2.8.3. Syringe Exchange Points.** There are two Syringe Exchange Points in the city. At the time of assessment their operation has been supported by «DAPG” NGO in close collaboration with Addictions Treatment Center. The first one was opened in 1997 in the central area of the city, not associated with places of residence of IDUs or other places important for them. The Point is located far from residential buildings and does not cause any conflicts with residents. The attendance of the Point is 300 visitors a month. Since 2000 the second Point has been operating in a separate building in a residential area of the city. This Point has 500 – 600 visitors a month. Both Points are located very conveniently for IDUs and have an separate entrance. The Points employ qualified personnel, among which those who have special education in social work. They also have a well-trained and dedicated volunteer (ex SW, participant of the Methadone Program). This group maintains good contacts with female IDU SWs. They also have experience in developing peer education.

**2.8.4. The Methadone Program.** IDUs have access to the Methadone Program if they meet the general requirements set for participants of such programs. At the time of assessment there were 33 clients of the Methadone Program, 10 of which were female. These women are either being or have been involved into sex work, are well informed and maintain links among SWs. The clients pay for the methadone. However, even 30 Lit, which have to be paid every month, could be a problem for women. Most of women, participating in the Methadone Program, used drugs additionally that is why participating in the Program does not eliminate the problem of finding the money for buying the drugs. The drugs are available very close to the Center, where the Methadone Program is based.

**2.8.5. Detoxification.** Detoxification is provided to IDUs in the hospital of Addictions Treatment Center. There are 8 beds in the Center for this purpose. Men resort to detoxification, while women do not find it very convenient for them.

**2.8.6. Accessibility of the STI Service.** There are three Venereology Consulting Ambulatory Departments<sup>46</sup> and one hospital. There is a possibility to diagnose syphilis, trichomoniasis and gonorrhea. Possibility of diagnosing the other pathologies is limited due to the lack of necessary test systems.

Venereologists believe that some SWs visit them, even regularly. However, the doctors do not know for sure whether this or that female patient is a SW or not. This question is not asked during the process of collecting anamnesis information, so that women do not get offended. Visiting doctors SWs are usually those who are worried about their health status and are well-to-do enough to afford anonymous chargeable service.

None of the female IDU SW respondents reported that had ever visited a venereologist or a gynecologist, except for the cases when giving birth.

Treatment of syphilis is free of charge for all patients, including those who do not have medical insurance<sup>47</sup>. However, in this case a patient goes to the hospital for two weeks, which is absolutely unacceptable for SWs, especially IDUs. Ambulatory STI service, as any other medical service in Lithuania, can be provided to the country citizens on the condition of compensating of 80% the expenses by medical insurance. However, in order to get access to such a service a person needs: (1) to show a passport and (2) to have a place of employment or be registered with the Labour Exchange (in order to receive insurance). SWs who do not have passports for different reasons, cannot receive compensation. They also may simply not know that there are terms providing for the treatment costs to be reduced, even if they have a passport. Anonymous ambulatory STI service is chargeable. The cost of treatment could be from 100 to 120 Lit<sup>48</sup>. Syndrome treatment is not officially permitted.

Subdivisions of clinics and doctors, who provide STI services, are stigmatized. Patients are embarrassed to walk into venereologist office. The situation is also complicated by the fact that doctors neglect *free* patients and give them less attention<sup>49</sup>.

### **2.8.7. Accessibility of Voluntary HIV Counseling and Testing**

Officially a SW can find out about the HIV-status: (1) by the usual way, voluntarily going to a city Treatment and Prevention Institutions which take blood for HIV testing; (2) in the course of regular testing, conducted for the clients of Harm Reduction Program; (3) while being imprisoned.

**Usual Testing.** Blood taking is performed by all city Treatment and Prevention Institutions: Dermatology and STI Dispensaries, Central Regional Hospital, Gynecology Clinics, etc. In these cases a patient does not receive a full pre-test counseling. It is not known whether SWs actually apply for the usual HIV testing.

**Testing Within the Programs for Drug Users.** IDU SWs who participate in the Prevention Programs for Drug Users, are tested for HIV twice a year on the basis of the Programs<sup>50</sup>. In

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<sup>46</sup> Under the district and region hospitals and 3<sup>rd</sup> city polyclinic.

<sup>47</sup> Statement of the venereologist from Klaipeda City Hospital

<sup>48</sup> Recently contracted, uncomplicated syphilis. Including consultations and treatment.

<sup>49</sup> Statement of the venereologist

this case, pre-test counseling is given by the Syringe Exchange Point employee. This person had been specially trained at the Addictions Treatment Center. The following is discussed during an interview:

- The reasons for HIV-testing
- The process of testing, the time it takes and possible results
- Time, which passed since assumed HIV-infection
- Client's plans for future in case if the result of test is positive.

**Testing of Prisoners.** Prisoners do not have access to pre-test counseling.

In all those cases SWs are not identified as such. Accordingly, specific risks are not defined, and recommendations on how to reduce them are not given. Possible medical help in case of a positive result is not discussed. Testing is linked and confidential. Personal data is registered upon blood taking and is sent together with the blood sample to the Laboratory of Immunology of the city hospital. If the result is positive the samples are sent for confirmation to Vilnius, to the laboratory of the National AIDS Center. In this case a second blood taking is not conducted, because the necessary samples are kept in Klaipeda.

As for main groups of SWs' clients, it is known that, commercial ship crews have to pass obligatory HIV-testing during medical examination. If the result of the test is negative, sailor receives the respective certificate. If the result is positive, sailor is not allowed to go to the sea, which basically means that he loses his job. Sailor, who is planning to go out to the sea, cannot avoid such testing.

HIV-testing for truck drivers is not provided on any mandatory basis or during other official medical examination.

## **2.9. Possibilities of Developing the Programs on HIV/AIDS and STIs Prevention among SWs and their Clients**

**Political Support.** At the time of assessment in Klaipeda District a Commission on HIV/AIDS/STIs was established under the Administration. Its objectives, in particular, include developing and ensuring the implementation of an appropriate program.

**Rationale of Intervention.** Alliance of the Addictions Treatment Center and "DARG" NGO has the best potential for developing interventions. These organizations employ experienced specialists trained in relevant fields, have good political support from the local administration and are willing to work with SWs and their clients. They need to be supported in following: research training, special training for volunteers and staff on working with SWs and clients, financing the development of informational programs, and supplying of good quality condoms for free distribution among SWs. The necessary STI service can be provided by local specialists, who work part-time in these organizations. Providing of STI service requires medical supplies. Special possibilities for prevention on the working places are provided by the acting port safety program. Upon arrival of the ship in the port, a Commission goes onboard, which is able to contact with each member of the crew. Only after the work of the Commission has been finished, the crew can go out to the city. Ship visits can be used to

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<sup>50</sup> Such testing is carried out in accordance with the instructions of the Ministry of Health recommended by the Lithuanian AIDS Center. It is considered by the governmental institutions as an attempt to monitor the situation.

disseminate information among ship crews about STIs/HIV/AIDS, ways of transmitting of these infections and protection<sup>51</sup>.

**Public Opinion.** Addictions Treatment Center has a wide experience in cooperation with mass media. Specialists of the Center explain to journalists the essence and specific features of prevention programs that are being developed. At the time of assessment specialists of the Center had regular interaction with the mass media, but that interaction was limited to “reaction to cases”; and had no defined positive objective and planning. There is a capacity to develop this activity, including planning of the mass media campaigns, and focusing at development of tolerant attitude towards the vulnerable groups in general, and SWs in particular.

**Other NGOs.** There are at least two groups in the city, whose activity is either directly or indirectly related with HIV/AIDS prevention. These include: “Vtoroe Rozhdenie”<sup>52</sup> NGO, where mothers, other relatives and close friends of drug users have united. It provides consultations on the issues related to drug use. Both groups do not practically interact with existing programs for drug users under the Addictions Treatment Center, although the clients of the Syringe Exchange Points have access to the materials published by these NGOs. Representatives of the City Administration and specialists of the District Hospital suppose that the Catholic Center of Spiritual Support to Youth and the Women Crisis Center have useful resources. Readiness of these organizations to cooperate in the development of programs for SWs is yet to be assessed.

### 3. Conclusions

1. Sex work in Klaipeda is relatively well-developed and structured. The probability of HIV-infection spread among SWs and their clients is high, that is why there is a persistent need to focus the prevention programs at these groups.
2. Injecting drug use is widely common among poorly-paid and homeless SWs. Access to IDU SWs is possible through existing programs of the narcological service.
3. SWs are informed on the general issues, related to HIV/AIDS. Awareness of AIDS exists and in some cases results in real actions, aimed at lowering the risk of being infected (using condom, exchanging syringes). At the same time, the knowledge and actions undertaken are not enough to restrict the spread of infection within the group.
4. There is no awareness of STIs at all. The knowledge on STIs is utterly low.
5. Local organizations, which develop programs for drug users, have experience in developing IEC programs for vulnerable population groups. Peer education and dissemination of IEC materials are well developed, and could be targeted at SWs who are not using drugs. There are no IEC materials acceptable for SWs and clients.
6. At the time of assessment SWs have limited access to good quality condoms. Local organizations, which develop programs for drug users, are able to ensure the condom distribution directly among SWs on the condition of regular supply.
7. Most of SWs, especially poorly-paid SWs, have no access to good quality STI service and it is not in demand among them, first of all due to the low knowledge about STIs.
8. Voluntary counseling on HIV/AIDS-testing is accessible to a limited number of SWs and not to full extent.

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<sup>51</sup> Suggestion made by the Commissioner of the Naval Police

<sup>52</sup> «Andresis Gimimas»

9. Tolerance of the local police enhances the development of prevention programs.
10. Public opinion towards the SWs, drug users and prevention programs, implemented within these groups, is negative in general. It is necessary to target these groups for prevention programs without further increasing stigma. A targeted advocacy campaign policy makers is necessary to ensure adequate funding for prevention programs.

#### **4. Recommendations**

1. Preparing by the local experts with participation of a specialist in social sciences a detailed description of SWs groups and their clients, including their behavioral characteristics. Mapping of venues where deals are arranged. Assessing the possibility of carrying out sentinel surveillance among SWs.
2. Initiate intervention, aimed at restriction of HIV/AIDS spread among SWs and their clients, on the basis of existing interventions among drug users. Wherever this is appropriate, to separate services provided to male IDUs and female SWs.
3. Assess the possibility of initiating the HIV/AIDS prevention programs at the work places for ship crews and long distance commercial truck drivers.
4. Develop information and education programs for SWs with use of peer education. Ensure provision of educational programs with IEC materials. Focus on the topics related to STIs prevention and treatment.
5. Ensure access of SWs to good quality condoms by expanding the existing network of outreach workers and volunteers from the target group. Find sources, conclude appropriate agreements and build up the stock of good quality condoms.
6. Establish a Treatment and Counseling Center for SWs. Provide consultations and treatment of STIs on the basis of this Center, and train volunteers from SWs to work within groups based on peer education.
7. Ensure access of SWs to good quality voluntary HIV counseling, especially pretest counseling.
8. Initiate an advocacy campaign for policy makers to increase resources for prevention activities for IDU and SW.