

# ATTITUDES TOWARDS HIV/STI PREVENTION, DIAGNOSIS AND TREATMENT AMONG MALE CLIENTS OF FEMALE SEX WORKERS IN ESCUINTLA, GUATEMALA



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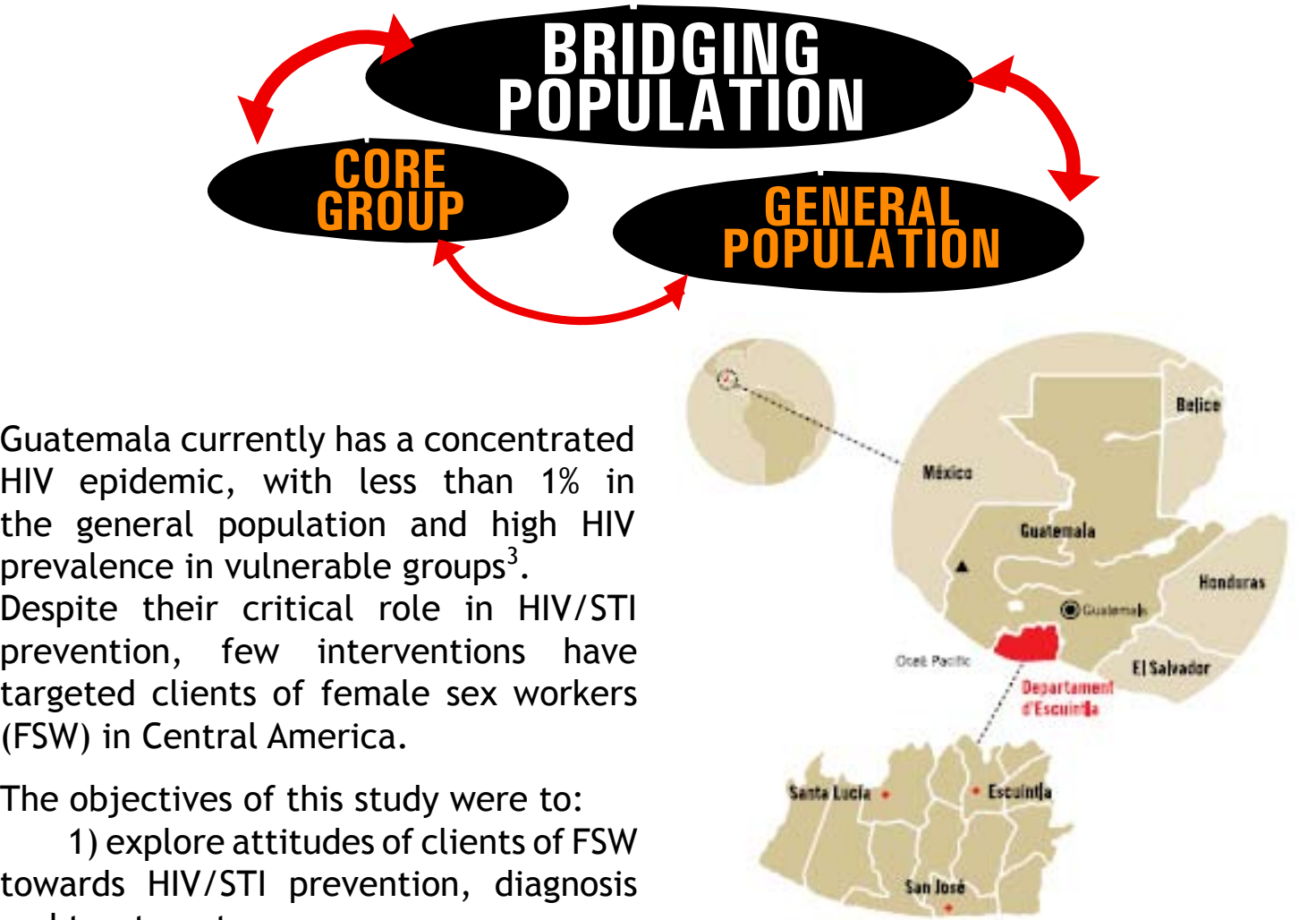


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## Introduction

Clients of female sex workers (FSW) could potentially act as a “bridge” of HIV and sexually transmitted infections (STI) transmission between FSW and the wider population of women through unprotected sex (FIGURE 1)<sup>1</sup>. Previous studies have shown that this group is hard to reach and encounters barriers to access HIV testing<sup>2</sup>.

Figure 1 - HIV/STI transmission dynamics



Guatemala currently has a concentrated HIV epidemic, with less than 1% in the general population and high HIV prevalence in vulnerable groups<sup>3</sup>. Despite their critical role in HIV/STI prevention, few interventions have targeted clients of female sex workers (FSW) in Central America.

The objectives of this study were to:

- 1) explore attitudes of clients of FSW towards HIV/STI prevention, diagnosis and treatment.
- 2) identify socioeconomic factors and gender issues that could explain their sexual behavior.

## Methods

The study was undertaken within the UALE project (UALE means ‘health’ in Latin), a multilevel intervention launched in 2005 and whose overall aim is to prevent and control HIV/STI particularly among vulnerable groups in Guatemala<sup>4</sup>.

Clients of sex workers were recruited at sex establishments and public places where clients meet sex workers in 3 municipalities of Escuintla province using a convenient sampling method. An independent researcher conducted semi-structured interviews that examined prevention attitudes towards HIV/STIs, behaviors towards STI testing and treatment and gender issues associated with sexual behaviour (the role of males in sexual practices). Data were analyzed using a modified grounded theory approach.

## Results

Between September and November 2008, thirty clients of FSW were interviewed. The characteristics of subjects are described in Table 1.

Table 1 - Characteristics of the 30 clients of FSW interviewed, n (%)

	N=30
Mean age, [range] (years)	32 [18-51]
Married or in union	22 (73%)
Place of recruitment	
Sex establishments	18 (60%)
Public places	12 (40%)
Country of origin	
Guatemala	26 (87%)
El Salvador/Nicaragua	4 (13%)

## References

- 1 Alary M, et al. AIDS 2004; 18: 945-7.
- 2 Diserens E.A., et al. BMC Infect Dis. 2010; 10: 74.
- 3 UNAIDS/WHO. AIDS epidemic update: November 2009. Geneva, Switzerland: UNAIDS, 2009.
- 4 Sabido M., et al. J Acquir Immune Defic Syndr. 2009; 51 (Suppl 1): S35-41.

## Attitudes towards prevention of HIV/STIs

Clients had good knowledge of STIs, their routes of transmission and how to prevent it, although this knowledge did not translate into safer sex practices. In general, clients reported using condoms more frequently when sex encounters were anonymous and punctual, and less when the relationship with a sex worker was more regular.

*“Not with my wife (does not use condoms), no, because I trust her and all...It feels better and that’s why (many clients) don’t use, they trust the person”* (David, 18 years, partner of a sex worker, sex establishment).

Since sex work is regulated in Guatemala, FSW are required to visit the health clinic periodically to obtain a health stamp in their health card which includes a medical examination and HIV/STI testing. Interestingly, the periodical medical checks that FSW are required to undertake provided clients a sense of protection towards infections.

*“I didn’t know she had that (HIV)... since she was going to the doctor and she was never sick according to what she was telling me”* (Gustavo, 22 years old, partner of FSW and HIV-positive, sex establishment).

*“I prefer not to use condoms, you can trust the girls (FSWs), they visit the health center, I think they don’t have diseases”* (Daniel, 31 years old, sex establishment).



## Behavior towards HIV/STI testing and treatment

Clients who had a prior STI frequently reported self-perceiving embarrassment and culpability, highlighting the social and ideological burden of this moral discourse. Some clients reported self-medication due to lack of money to seek care or to avoid embarrassment when attended by health personnel.

*“When I am sick sometimes by word of mouth of someone who had the same I bought the drug in the pharmacy and I self-medicated. If it’s very serious I go to a private doctor”* (Fernando, 46 years old, public place).

## Sexuality and gender issues

Despite men’s sexual behavior is culturally acknowledged to be more “promiscuous”, the responsibility towards STI prevention is attributed to the women and FSW are made responsible when the client acquires an infection.

*“With clients she does use condoms (...) but with me she didn’t, maybe to tie me down”* (Gustavo, 22 years old, partner of FSW and HIV-positive, sex establishment).

## Conclusions

The socio-cultural context regarding sexuality and gender is a clear obstacle for the prevention, diagnosis and treatment of HIV/STIs in Guatemala. Clients of FSW are a hard group to identify and reach but the methodology used in this study suggests that subset of clients were open to discuss sexual health.

A multilevel intervention (UALE Project) has proven to be effective with FSW in this setting in terms of STI/HIV prevention, but according to our results new approaches are needed to reach male clients. Outreach programs offering HIV counseling and testing could increase test uptake, health-seeking behavior and care and eventually reduce HIV/STIs transmissions to the general population.

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