



HIV among female sex workers in the Central Asian Republics, Afghanistan, and Mongolia: Contexts and convergence with drug use[☆]



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ABSTRACT

Background: Central Asia is culturally and demographically diverse, both between and within its respective countries. That diversity is represented in the range of individual, network, community, and structural risks for female sex workers (FSWs) regionally. FSWs have several risk factors for HIV acquisition and transmission including behavioral, biological, and structural risk factors. Across Central Asia, sexual risks have become conflated with risks associated with injection and non-injection illicit drug use.

Methods: Peer-reviewed literature databases and gray literature were searched for articles on sex work in Central Asia. The medial subject heading (MeSH) of “sex work” was cross-referenced with terms associated with Uzbekistan, Tajikistan, Turkmenistan, Kazakhstan, Kyrgyzstan, Mongolia, and Afghanistan.

Results: HIV prevalence data for FSWs suggest sustained or increasing prevalence in the region. There are increasing data directly linking HIV among FSWs to injection drug use; odds of HIV are up to 20 times higher among FSWs reporting injecting drug use. Though injecting drug use among FSWs is rare in some settings, recreational drugs and alcohol use limits other risk reduction behaviors, such as condom use.

Conclusions: The Central Asian HIV epidemic has traditionally been assumed to be driven nearly exclusively by drug use, resulting in surveillance systems focused on parenteral transmission. The reviewed data highlight limited attention to characterizing the burden of HIV and risk factors for HIV acquisition and transmission among FSWs who use drugs. Moving forward will require enhanced HIV surveillance and research to inform HIV prevention approaches to address all levels of HIV risks affecting FSWs in Central Asia.

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1. Introduction

Central Asia is culturally and demographically diverse, both between and within borders of the respective countries. Broadly, the Central Asian Republics (CARs; Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) have had limited HIV epidemics among reproductive-age adults based on monitoring data for progress toward United Nations General Assembly Special Section on HIV/AIDS (UNGASS) targets (Joint United Nations Programme

on HIV/AIDS, 2012a). The diversity of Central Asian region is represented in the wide range of HIV-related risks for female sex workers (FSWs).

As a group, FSWs are defined as women who, either themselves or through a representative, provide sexual services for financial compensation, potentially including goods or services. Women receiving recreational drugs as compensation are not included in this definition, as the distinction between people who inject drugs (PWIDs) who exchange sex for drugs and FSWs who also inject has been made, but few data are available to delineate these groups by risk category and number (Godinho et al., 2005; Renton et al., 2006; Thorne et al., 2010; Joint United Nations Programme on HIV/AIDS, 2011). Further, multiple sex work venues have been described in the CARs, though there are few recent data regarding trends in or characterization of sexual or parenteral risks by venue type.

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Table 1
HIV surveillance approaches and burden of HIV among female sex workers in Central Asia.

	Mongolia	Kyrgyzstan	Tajikistan	Uzbekistan	Kazakhstan	Afghanistan	Turkmenistan
Surveillance strategies	HCR, RP, SS	HCR, RP, SS	HCR, RP, SS	HCR, RP, SS	SS, RP	SS, RP	RP
Population Size Estimation	6770	5707	11907	30151	20000	9171	N/A
Proportion of FSW who inject (2011)	N/A	8.70%	12.60%	N/A	2.80%	N/A	N/A
HIV prevalence among FSW	N/A	3.5% (2011) 1.6% (2009) 1.4% (2007)			1.2% (2012) 1.5% (2011) 1.4% (2009) 2.4% (2007)	0.3% (2012)	N/A
HIV prevalence among injecting FSW	N/A	N/A	3.7% (2012) 4.4% (2011) 2.8% (2009) 3.6% (2007)	2.2% (2011) 2.2% (2009) 4.6% (2007)	7.9% (2011) 6.5% (2010) 10.0% (2009) 4.1% (2008) 9.7% (2007) 6.1% (2006)	N/A	N/A
HIV prevalence among non-injecting FSW	N/A	N/A	N/A	N/A	1.1% (2011) 1.1% (2010) 1.4% (2009) 1.7% (2008) 2.0% (2007) 2.1% (2006)	N/A	N/A

HCR, HIV case reporting; RP, research project; SS, sentinel surveillance; N/A, not available.

FSWs have several risk factors for HIV acquisition and transmission including behavioral factors like high numbers of sexual partners and limited condom use, biological factors like untreated sexually transmitted infections (STIs) potentiating HIV transmission, and social factors at the network, community and structural levels, like criminalization of sex work limiting access to HIV prevention, treatment, and care, migration, poverty, and gender inequities limiting employment options. In the Central Asian region, sexual risks become conflated with risks associated with injection and non-injection drug use. However, limited data are available to define HIV prevalence and contextualize risk among Central Asian sex workers. A recent systematic review of HIV prevalence among FSWs in low and middle income countries included Central Asia, but reported no data from these countries (Baral et al., 2012).

Similarly, there is limited information available concerning male sex workers (MSWs) in the region, though MSWs have been observed along drug trafficking routes (Beyrer, 2002). The Kazakhstan Ministry of Health HIV sentinel surveillance system in 2006 reported that 11% of men who have sex with men (MSM) had commercial sex partners (Ministry of Health, 2012). A convenience sample of 372 sex workers in Samarkand included 43 MSWs, among whom reported injecting drug use (7.0%) and HIV prevalence (2.3%) were not significantly different from that detected among FSWs (Todd et al., 2009). Given limited published information regarding MSWs, this assessment is restricted to a review of the burden of HIV and associated risk factors, including drug use, among FSWs in Central Asia. Though there are risks on multiple levels, the exploration of and the interplay between individual, network, community, and structural risk factors is beyond the scope of this paper (Baral et al., 2013). The purpose of this manuscript is to describe the current burden of and the impact of drug use upon HIV among FSWs in Central Asia and identify gaps for future research and programming.

2. Methods

A comprehensive review of relevant peer and non-peer reviewed materials including country-level reporting to the United Nations relevant to HIV among FSWs in Central Asia was used to inform this commentary. A detailed description of the methods are available as [Supplementary Material](#).

Supplementary material related to this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.drugalcdep.2013.07.004>.

3. Results

3.1. Burden of HIV among FSWs in Central Asia

HIV prevalence data for FSWs reported to UNAIDS is summarized in Table 1. Briefly, prevalence among FSWs remains stable in Tajikistan and Kazakhstan, decreased in Uzbekistan, and is rising in Kyrgyzstan.

The age disaggregation of HIV prevalence in countries reporting to UNAIDS generally reveal higher prevalence among FSWs aged 25 years or older (Fig. 1). However, data from Kyrgyzstan show similar or higher prevalence among younger FSWs, suggesting these individuals are infected relatively early. Data directly linking FSWs to injection drug use are only available for Kazakhstan, with substantially higher prevalence among FSWs who are also PWIDs (Table 1). In the same population, hepatitis C antibody prevalence was 50% among FSW-PWIDs and 11% among FSWs not reporting drug injection (Ganin et al., 2012).

Mongolia has not reported HIV prevalence for FSWs and the overall HIV prevalence in the country is low (<0.1%); however, the number of new infections has risen significantly in recent years. The epidemic is mainly concentrated in two populations: FSWs and MSM, representing 8% and 67% of the 137 cases reported as of May 1, 2013, respectively. In a survey of 179 FSWs in three urban centers, high STI prevalence was detected (67% had ≥ 1 infection),

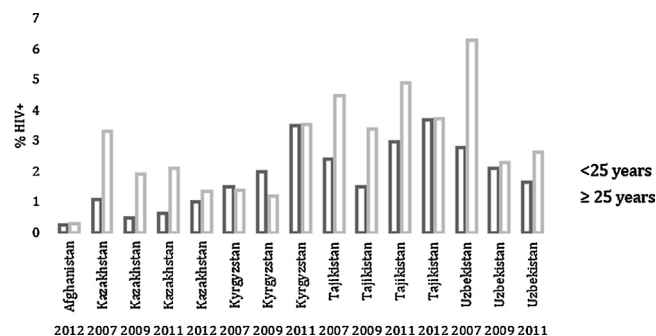


Fig. 1. HIV prevalence among female sex workers by those less than and equal to or older than 25 years in Central Asia, 2007–11.

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