



Male sex workers in Antwerp

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Objectives

- To describe the burden of STI (sexually transmitted infections), including hepatitis B among male sex workers (MSW)
- To describe their knowledge of STI and high risk sexual behaviour

Methods

- Prospective study
- Cohort of MSW 16-25 years
- Interviews with the target population
- Data-analysis:
 - prospective interview data
 - retrospective STI screening data
- The study was approved by the Ethics Committee of the University of Antwerp (January 2008)

Results

- 32 MSW involved (16 – 41 years old)
- **Age of onset:**
 - 21% started before the age of 15 years,
 - 34% before the age of 20 years
- **Geographical distribution:**
 - 2 largest groups are Belgian and South-East European men (Roma)
- **Sexual preference:**
 - Older (>25y) MSW are more likely to belong to Men who have Sex with Men (MSM) (red light district),
 - younger MSW rather heterosexual (street and bar prostitution)
- **STI prevalence:** (see Table 1)
- Hepatitis B burden:**
 - 36% has naturally acquired immunity (high endemicity country of origin);
 - in MSW <25y:
 - only 27% immune through vaccination
 - 45% unprotected despite the adolescent hepatitis B vaccination programme since 1999.
- **Safe sex** (table 2):
 - Oral contact is more often unsafe (39%) than anal (21%);
 - >25 years perform safer sex than <25 years (oral sex: p=0.02; anal sex: p=0.05)
 - Knowledge of STI is limited
 - <25y : 29% never heard of HIV, 71% never of Hep B
 - >25y : they all heard of HIV and Hep B

Setting

- Gh@pro vzw offers preventive health care and social support for female and male sex workers:
 - free of charge
 - anonymously
 - through outreach programmes
 - according to the occupational risk model.
- Boysproject vzw offers social support for MSW through:
 - individual guidance (e.g. look for another way of income)
 - outreach activities
 - an open house and chatsite on internet.

STI	HIV	Syphilis	Gonorrhoea	Chlamydia
Tested persons	25	24	24	24
Pos	4 (19%)	4 (17%)	3 (12,5%)	6 (25%)

Table 1: STI prevalence (screening data)

Oral sex	Safe	Unsafe	Total
<25y	5	8	13
>25y	12	3	15
Total	17 (61%)	11 (39%)	28

Anal sex	Safe	Unsafe	Total
<25y	6	4	10
>25y	13	1	14
Total	19 (79%)	5 (21%)	24

Table 2: Safe Sex (interview data)

Conclusions

- The prevalence of STI is substantial. There is a need for a targeted STI prevention programme and a specific hepatitis B vaccination programme.
- The knowledge about STI and safe sex is limited. The prevention message is not strong enough; there should be more specific ways to reach and inform special traditional cultures and ethnical groups (e.g. Roma population).
- Specific prevention and information campaigns are also needed for the clients of sex workers.