



EAST-WEST CENTER



Geographic and Social Mapping of Commercial Sex: A Manual of Procedures

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Introduction

IMPROVING LOCAL UNDERSTANDING OF THE RELATIONSHIP BETWEEN COMMERCIAL SEX AND HIV RISK

The importance of commercial sex to HIV transmission has been well established in many places. Because sex workers and their clients change partners frequently, they are potentially exposed to HIV at much higher rates than others in the population. As a consequence, unless precautions are taken to prevent transmission of HIV in commercial sex encounters, HIV prevalence in sex workers and their clients can grow rapidly to very high levels. However, in most countries commercial sex is illegal, often with substantial “underground” components that remain invisible to much of society. Far too little is known of the number and distribution of sex workers and clients, the determinants of risk in commercial sex, and the most appropriate avenues and approaches for designing and implementing effective programs to reduce HIV transmission in commercial sex settings.

This manual provides a set of guidelines for rapidly obtaining the information necessary to begin the development of effective prevention programs for sex workers and their clients. The two essential components of this process are:

- *Geographic mapping - the location and characterization of places where commercial sex services are sold through rapid assessment.* The data collected during this process is valuable to understanding the local distribution of different commercial sex settings, establishing listings for each different type of setting which can later guide the implementation of prevention programs, and providing a baseline to examine changes in the distribution of settings which may occur as the HIV/AIDS epidemic evolves in the country.
- *Social mapping - the rapid assessment of key determinants of risk in a setting and of effective messages and approaches for reducing HIV transmission.* The idea of social mapping is to use qualitative research techniques, including in-depth interviews with sex workers and key informants and focus groups, to collect information on the current situation, risk behaviors, and factors influencing risk in different types of commercial sex settings. This is a

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bottom-up approach that seeks to actively involve sex workers and other key actors in the commercial sex industry in identifying prevention needs and developing effective avenues for reducing the risk in commercial sex interactions. The findings are then used to identify important “segments” of the commercial sex industry, which require different messages and approaches for effective prevention and to develop these messages and approaches.

This manual is intended to be used by those interested in improving the understanding of commercial sex in their cities or countries, by NGO and government HIV/AIDS prevention program staff who wish to apply geographic and social mapping approaches* to design and implement their programs, and by policymakers who wish to understand the methods and limitations of geographic and social mapping work done by others. While this manual is devoted to examining geographic and social mapping methods in commercial sex settings, these same methods can also be applied to analyze risk in other situations, e.g., to study risk in a village community or among students in a school setting.

* The geographic and social mapping approaches may have many different applications, e.g. study of methamphetamine use or estimation of numbers and vulnerability of street children.

SEGMENTATION OF SEX WORK FOR EFFECTIVE PREVENTION

The Concept of Segmentation

The idea of social mapping had its origins in the concepts of “social marketing”, developed for improving the sales of products. In social marketing, one of the fundamental concepts is market segmentation, that is, dividing the potential customers for your product into definable “segments”. *Segments* are portions of the overall market sharing common characteristics that allow them to be identified and accessed in a practical way. The product is then adapted to fit the needs and preferences of customers in each segment through repeated improvement or adaptation followed by testing of customers’ impressions and attitudes toward the product and their willingness to buy or adopt it. Approaches commonly used for this testing include focus groups, in-depth interviews, and quantitative tracking of sales or use of the product. Those products developed and tested so that they fit the specific needs of a given market segment have a greater chance of succeeding than those which do not succeed.

***Segments* are portions of the overall market sharing common characteristics that allow them to be identified and accessed in a practical way**

In the early days HIV/AIDS prevention materials and programs were developed using a very top-down approach. Instead of using approaches in which members of the target population participated in the design and evaluation of the appropriateness of posters, pamphlets, or prevention skills training programs, materials were designed based on standard approaches or past experience with other populations, sometimes populations from other countries. Often this meant the programs were not appropriate for the risk behaviors of the new target population or the messages were not meaningful or acceptable to them. The failure to determine the needs and preferences of specific population segments, e.g., out-of-school youth, in HIV/AIDS prevention materials or activities led to ineffective messages and programs.

This lack of effectiveness led prevention communications specialists to recognize that in reality HIV/AIDS programs and messages were *products*, that is, something you were trying to “sell” to your target population. With this realization, the ideas that worked so effectively in commercial product marketing were applied to the design and implementation of prevention programs and materials. The total population was segmented into specific sub-populations and the levels and forms of risk behavior in each sub-population determined. Focus groups, in-depth interviews, and interviews with key informants in each segment help to provide the basic information needed to develop effective programs for persuading people to reduce their risk behaviors. These programs, like products, are then tested and adapted using focus groups, field evaluations, and other techniques to improve their acceptability and effectiveness.

In developing prevention activities to reduce risk in sex work settings, the sex workers and their clients can also be thought of as customers who must adopt or buy into the activities. The overall “market” consists of all sex workers and clients in a country or city, but in order to reach this market effectively, one must identify those segments of the population with the greatest needs and develop a series of prevention strategies which fill the needs of the particular sex workers and clients in that “market segment”. How these segments are defined must be based upon local knowledge of the commercial sex industry in a given country or location, and of the comparative risks, needs, and factors influencing the adoption of safer sex practices in sex work interactions. By choosing and working on the segments with the most urgent needs, the overall prevention program will have the greatest impact.

Local Segmentations

Lao PDR

- 1. Nightclubs**
- 2. Restaurants**
- 3. Guesthouse type 1: service available**
- 4. Guesthouse type 2: clients bring sex workers in from outside**

Nepal

- 1. Lodge/Hotel/ Guesthouse**
- 2. Private house/Rented room**
- 3. Beauty Parlour**
- 4. Street/Park/Temple site**
- 5. Restaurant**

Taiwan

- 1. Hotels, Hostels, Brothels.**
- 2. Massage and Beauty Parlours**
- 3. Bars and Clubs**
- 4. Disguised: Restaurants, Tea Houses, Coffee Shops**
- 5. Freelance Sites**
- 6. Model agencies, On-line Services, Call Services**

Approaches to Segmentation in Commercial Sex

The segmentation of the commercial sex industry may be done in a number of ways, depending on the local situation. Possible ways of breaking it down would include by type of sex work site, sex worker income, average numbers of clients, age, avenues for intervention, etc. That is, one segments the market according to the most important locally relevant factors that determine risk and the ability to mount effective prevention in sex work interactions. Figure 1 shows some of the possible ways in which this market might be segmented. (See also Attachment 1: Segmentation of Commercial Sex Venues by Comparison).

For example in a hypothetical country where there were three different types of establishments which sell commercial sex, e.g., brothels, massage parlours, and barber shops, close examination of the risk in each of these different settings might help to identify that sex workers at brothels have high numbers of clients and low rates of condom use, while those at massage parlours have high numbers of clients with high condom use, and those in barber shops have few customers with low condom use. Such segmentation would help to identify brothels as one of the highest priority intervention sites. Follow-up qualitative and quantitative research of the factors influencing risk in the brothel sites might suggest further segmentation in terms of factors strongly influencing risk. For example, low-income brothel workers might be less likely to use condoms than high-income brothel workers, making income an important way to segment the sex worker population. Or perhaps, education level would be found to be a major contributor to risk with low-education brothel-based sex workers less likely to use condoms correctly than those with high education are. In some sites with large numbers of very young girls, their specific needs may be different from those of the older sex workers and this may suggest segmenting according to age. This sub-segmentation can be continued for other locally important factors affecting risk.

If resources were unlimited, a large number of segments could be defined to cover all the possible ways in which the sex work industry might be broken down. Then targeted prevention programs might be developed for each of those segments. However, in practice this would be prohibitively expensive. Designing and implementing prevention programs takes time and effort, thus a more realistic approach is to determine what are the most important factors on which to segment the target population of sex workers and clients and then to design activities for the most important segments in terms of overall

Local Segmentations

Thailand

1. Brothel, Hotel, Tea House
2. Massage Parlour, Traditional Massage Parlour
3. Restaurant, Barber Shops, Cafes
4. Bars, Karaoke Bars, Clubs, Cocktail Lounges, Coffee Shops Pubs

Sub-segmentation may be difficult in the beginning and may become easier after the collection of some data that will help identify the sub-segments.

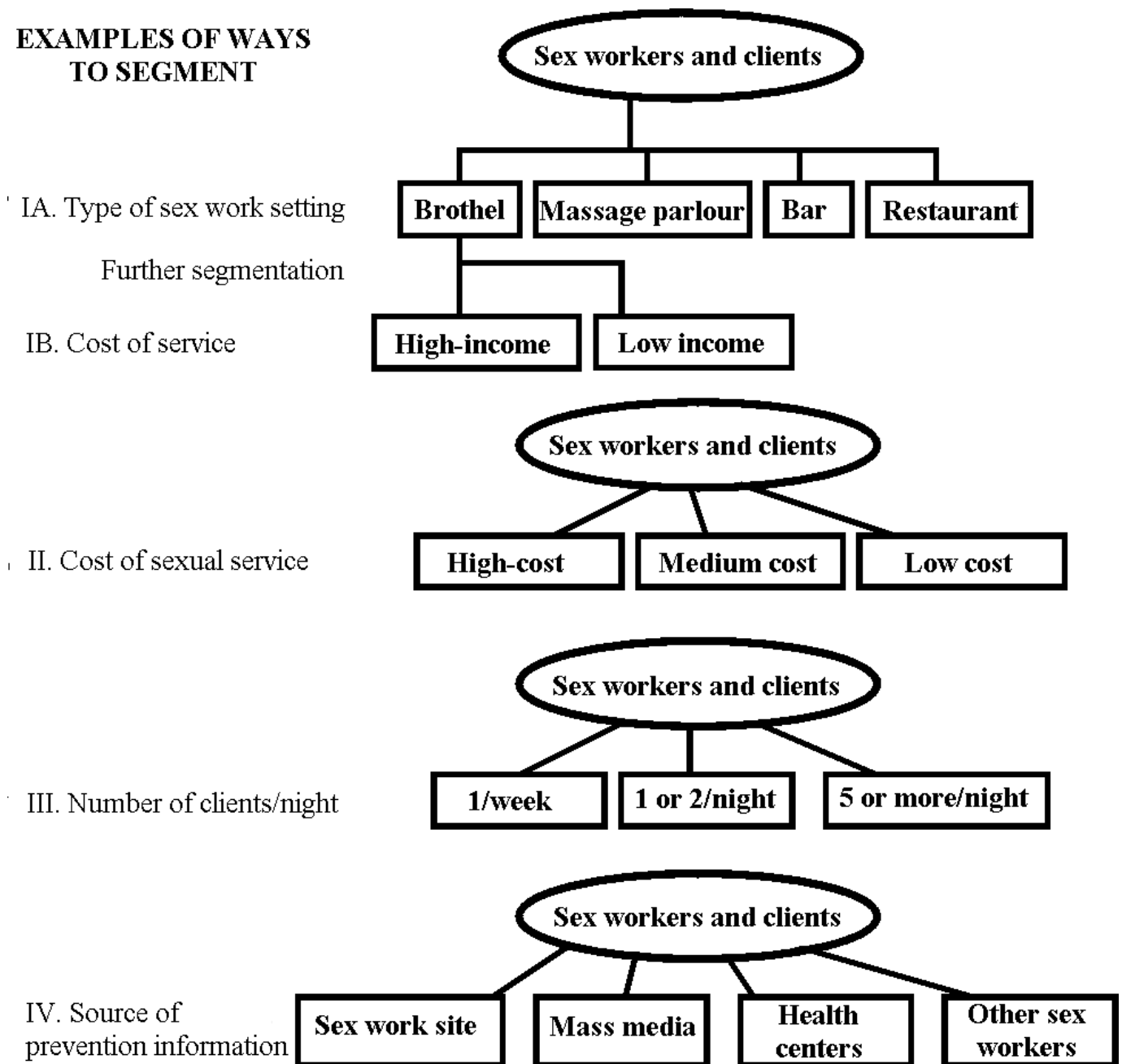
The Taiwan field team has to test existing theories about where commercial sex takes place or is negotiated, i.e. brothels and hotels. Numbers of sex workers counted, however, did not match the numbers reported by the police.

A set of indicators were developed to identify other settings where commercial sex-related activity was suspected.

risk and the impact that working with that segment will have on overall HIV transmission. However, each additional level of segmentation used in designing prevention activities involves additional cost. So it becomes important to determine the 2 or 3 most important factors influencing risk in commercial sex and use them to define the segmentation locally. How to determine the important factors rapidly and efficiently is the subject of this manual on geographic and social mapping.

Figure 1 - Possible segmentation of the sex work “market”

EXAMPLES OF WAYS TO SEGMENT



Once the segmentation is decided, one develops prevention activities for each segment. In designing prevention activities for a particular segment, one then gathers additional knowledge of social and environmental factors affecting risk in that segment (using the social mapping methods described later) and uses the improved understanding of the

factors influencing risk in that particular segment to develop programs. These programs are then tested with sex workers and clients from that sex work segment and evaluated for effectiveness before moving to larger scale implementation. This approach will allow the design of prevention programs that fit the needs of sex workers and clients in a particular segment and are therefore more likely to be effective.

The Questions to Be Answered

In general then in the design of intervention programs for sex workers and clients, we wish to answer a series of questions:

1. Where are the sex workers and clients and how do we locate them?
2. Who are the sex workers, that is, what defines a sex worker in the local context, and who are their clients?
3. How should we segment the “market” of all sex workers and clients?
4. What are the levels and forms of risk behavior of sex workers and clients in each segment?
5. What are the factors that predispose or push them into riskier behaviors or which can be used to enable safer behavior?
6. How best can we reach them to reduce overall risk behavior?
7. What are the most effective messages, training activities, and prevention approaches to change their behaviors?

The answers to these questions will help in the design of effective prevention programs. This manual proposes a methodology to answer these questions in two stages. First, geographic mapping of sex work sites is undertaken in order to determine the actual distribution of different types of sex work settings and to gather information about the number of women, risk involved, etc. This data in combination with existing studies of levels of risk in different types of settings allows an initial segmentation of the sex work industry in that location. Using this initial segmentation, a series of focus groups, in-depth interviews, and discussion with key informants are undertaken in those segments determined to be making the greatest contribution to HIV transmission to refine the understanding of the risk in each situation and to develop an improved segmentation, which forms the basis for targeting and designing effective prevention program. In the process, this social mapping will help to determine the factors influencing risk in each segment and what types of prevention programs are likely to be effective. The remainder of the manual describes the steps in this process.

The Questions to Be Answered

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GEOGRAPHIC MAPPING

Answering the First 3 Questions

The basic idea of geographic mapping of commercial sex sites is to exhaustively locate and list all sex work sites, determine their important characteristics, and use this information to perform an initial segmentation of those sites according to the most important factors which distinguish one class of sites from another. The various classes of sites, e.g., brothels, bars, restaurants, streets, or parks, will be referred to as “settings” in this document. Thus, brothels constitute one type of setting. The definitions of settings will of necessity be location specific, since the forms and characteristics of sex work vary greatly from country to country and often from place to place within a country. In some places, it may pay to define settings even more specifically according to other factors, e.g., low-cost brothels versus high-cost brothels, if these more specific settings have substantial variations in level of risk, the sex workers in these settings have different characteristics, or the environment and atmosphere varies greatly with these settings. All of these factors will need to be taken into account in designing prevention programs that have a reasonable chance of success in a given setting.

It is important that the listing be as complete as possible. This will provide valuable information on the distribution of sites among the various types of settings, one of the essential factors in deciding where to focus one’s efforts when only limited resources are available. This list will also serve as the basis for identifying sites later for the social mapping phase of the project, which will attempt to characterize the various settings in terms of their level of risk and important factors influencing risk and prevention program design in that setting. Finally, once the information used in the social mapping phase has been used to design prevention programs, the list will serve as a means of locating sites in a given setting for implementation of those programs.

Steps in the Geographic Mapping Process

Briefly, the fundamental approach of geographic mapping is to:

1. Map out the city or region being explored;
2. Thoroughly search area to be studied: in cities, search every street, lane, alley and floors of buildings without exception for sex work sites; in villages, search every walkway or pathway.

Geographic Mapping Process

1. **Map out the city or region being explored;**
2. **Search every street, lane, and alley without exception for sex work sites;**
3. **Examine and characterize the sites detected; and then**

Make a complete listing of all of these sites and their essential characteristics

3. Examine and characterize the sites detected; and then
4. Make a complete listing of all of these sites and their essential characteristics.

In the process of mapping out sites, members of the field team will often inconspicuously visit sites posing as potential clients or interested passersby in order to obtain more information, determine key characteristics of the site and the way sexual services are made available there, and to talk with key informants who can provide them with information about the site or help them to locate other sites nearby.

A number of approaches will generally be applied simultaneously to locate sex work sites in order to obtain the most complete information possible. These include:

1. *Walking surveys.* Members of the team walk through the neighborhood observing and asking around.
2. *Motorcycle, bicycle or driving surveys.* The field team (normally two people) goes around the area on a motorcycle, bicycle or in an automobile, locating sites. They later visit the sites to characterize them and attempt to locate other sites. Usually the passenger functions as the record keeper while the driver serves as an observer and questioner. [Pocket tape recorders or other methods may be used to record data to be transcribed later.]
3. *Discussions with key informants in the area.* Making inquiries at motorcycle taxi queues, local street vendors, with taxi drivers, or with persons knowledgeable about the sex industry, such as clients, touts (those attempting to attract people to sex work sites), etc. Others who often know a lot about the local organization of commercial sex include hotel employees, hostesses, and waiters and waitresses in restaurants.
4. *Direct participant observation at the site.* Acting as a client entering the sex establishments, and inquiring of other clients about where other sites in the neighborhood are. (NOTE: members of the field team do not utilize the sexual services at the site).

Preparing for Geographic Mapping

A number of steps are necessary in preparing to conduct a geographic mapping. This section discusses these preparatory steps and explains important considerations at each stage.

1. *Recruit your teams.* Normally a fieldwork team will have 2 members to ensure safety. While roles are not fixed, one person will function as the driver and the other as the

Key Informants

Lao PDR

- Mamasans and Captains
- Provincial and District AIDS Committees
- Restaurant and guesthouse owners
- Village headmen
- Tricycle Taxi
- Police
- Lao Mass Organizations
- Ministry of Information and Culture

Nepal

- Taxi Drivers
- Hotel/Lodge/Restaurant Attendants
- Small Local Vendors
- Rickshaw Pullers
- Ex-Clients of Sex Workers
- Brokers
- Guards of Hotels and Lodges
- NGO Workers

Taiwan

- Taxi Drivers
- Sex Workers
- Brokers
- Parking Boys
- Pub Customers

Thailand

- Motorcycle Taxi Drivers
- Trishaw Drivers
- Clients of Sex Workers
- Hotel Employees
- Waiters and Waitresses
- Small Local Vendors

notetaker. To get total coverage of the geographic region, 3 to 5 teams (or sometimes even more) may be necessary. The job of the team members is to map out the sites in their assigned area through observation and discussion with key informants. They will also be responsible for visiting the sites in order to characterize them and obtain some preliminary information about them. It is essential that these be people who are comfortable in a sex work setting because they will need to be able to enter sites without appearing nervous or otherwise drawing attention to themselves. Fieldwork team members must be people who are motivated to find the sites, recognizing the importance of this work to addressing risk in sex work. They must also be willing to work in potentially difficult situations and be willing to respect the confidentiality of everyone involved. Social science students are one possibility, as are people who themselves are clients of sex workers (although these team members must be cautioned that they are not to engage in sex at these sites for ethical reasons). The driver should be skilled in asking his way around and locating sites. The notetaker should take complete and accurate notes to allow the sites to be located and characterized easily.

2. *Decide your definition of a sex worker and ensure all team members understand it.* Who might be defined as a sex worker is something that must be decided locally. A usual definition is those who exchange sex for money regularly and have done it or intend to do it for some period of time. Other definitions might include exchange of sex for goods or services if this is common in a place, e.g. women who sleep with a fisherman to obtain the best fish. It is important to realize that not all women selling sex will identify themselves as sex workers and the field teams must be sensitive to these self-perceptions in talking with them. Although they may not think of themselves as sex workers, in some places they can contribute substantially to HIV transmission. The research team also needs to carefully consider how they want to characterize women who sell sex intermittently, e.g., women who work out of parks on an infrequent basis. You may instead want to limit your definition for this project to those groups that you actually have a chance of working with.
3. *Sign a contract with each field worker to abide to confidentiality, ethical standards and safety rules.*

Local Definitions of Sex Worker

Lao PDR:

“Sao Ran Gin Dum” – women who work in restaurants, nightclubs, entertainment places, and guesthouses who exchange sex for money.

Nepal

Any person who sells or exchanges sexual services for money or materials at least once every two months.

Taiwan

Any person who sells or exchanges sexual services for money or materials once every two months.

Thailand

Any person who sells or exchanges sexual services for money or materials at least once a month.

4. *Decide how to characterize sites into locally relevant settings and ensure the field team understands them.* In most places commercial sex is available at a number of different establishments: brothels, bars, restaurants, cafes, barber shops, beauty parlours, etc. The field team needs to have clear and unambiguous definitions of these settings in order to characterize the sites as they do the mapping. Usually these definitions should be based on functional characteristics, e.g., how women are selected at the site, what other duties they have, whether sex occurs on site, etc., rather than on the name of the establishment. If dealing with outdoor sites, e.g., parks or streets, try to characterize them into separate sites according to how the workers or locals define the boundaries of that site.
5. *Obtain the most recent maps of the geographic locale from an accurate source.* Sources of these maps might include the city planning offices or national statistical offices. The maps should be the most up to date ones available that show all streets, lanes, alleys and other important geographic landmarks. Even if they are relatively new, they will still need to be updated before the fieldwork commences to ensure complete coverage.
6. *Prepare field data entry sheets to simplify the process and decide how the data will be entered into the computer for later analysis* (see Attachment 2: Fieldwork Work Survey Form). The information on this form is as follows:
 - a. *Name of the establishment offering sexual services*
 - b. *Address and location* - an address, if available should be specified. If not available, any nearby identifying landmarks should be specified to make it easy to locate the site later.
 - c. *Type of establishment.* This needs to be based on the careful definitions of settings decided earlier. If the team is unsure how to characterize a given site, they should write down whatever descriptive information they can to allow the site to be characterized later. Additional types of sites may be added later if they don't fit the standard characteristics of other sites. The final characterization may sometimes require a second visit by the supervisor of the team. It is better for the team to err on the side of writing down too much data rather than too little. It is better to have an explanation of what's going on rather than an automatic classification that may be incorrect or inconsistent with what other teams are doing. NOTE: the typology should be based on the organization of the site not the name - it might be called a "sauna" but if it is organized internally like a brothel, then it should be

classified as a brothel. The idea is to describe what's happening inside rather than the name of the place.

- d. *Approximate price of sexual services at that site.* Variations in price of service are often associated with variations in levels of sexual risk.
- e. *Type of sexual services available.*
- f. *Approximate number of sex workers at the site.* NOTE: triangulate where possible to get the best estimate (if you see 30, but are told 200 by the owner, maybe ask the customers or the taxi drivers about it). Be aware of fluctuations over time and note them down if found, e.g., weekends may have more workers, paydays may attract more.
- g. *Important characteristics of clients.* Note down any significant characteristics of the clients observed at the site, e.g., age, occupation, etc.
- h. *Reasons for classifying as sex establishment or as a place of contact and any additional comments.* Again field teams should err on the side of putting too much information rather than too little. If there is anything they feel worth noting, including difficulties encountered in attempting to visit the site, it should be explicitly written out.

Maintaining the confidentiality of these data sheets is essential, thus the supervisor should collect these sheets *each day* from the field team, review them for completeness, and then store them in a secure location for later analysis. The protection of this data is essential because should it fall into the wrong hands, it could have serious adverse consequences, including harassment or imprisonment, for the owners and workers at these sites. Each member of the research team has a special responsibility to protect the populations they are studying from any harm resulting from this work.

Plans should also be made to regularly enter the information from this form into a spreadsheet program such as Excel to provide a permanent record and to make for easier analysis and classification at some later point in time. However, in storing the data in the computer, care should be taken that it remains confidential and that unauthorized copies are not made and distributed.

Conducting the Field Work

The steps in conducting the fieldwork are reasonably straightforward.

Each member of the research team has a special responsibility to protect the populations they are studying from any harm resulting from this work.

1. *Update the maps obtained during the preparation phase.* The first step in fieldwork in any area is to spend the first day with the map, walking or driving around the region, and ensuring that every street, alley, lane, walkway or pathway is marked on the map. If they are not there, the maps should be updated and corrected copies stored in the project office.
2. *Divide the entire region to be covered into areas of responsibility.* The supervisors of the study decide which teams will be responsible for which areas.
3. *Divide staff into data collection teams.* As mentioned earlier, these will normally be two person teams, one driver and one notetaker.
4. *Train the team and then do a pilot mapping in an area outside of the study area.* Field teams need to learn how to move about inconspicuously, stop into sites without being identified, and take notes in a non-obtrusive manner so as not to create problems. They must also be trained on how to talk to customers and other key informants to obtain information about what is going on at a site. Field workers must learn to answer questions raised by outsiders innocuously without revealing what they are doing. This is why not taking notes in an obvious fashion is important (maybe go into a dark alley and write up notes out of site - or write them up in the car while moving from site to site - these things can be learned, so training is important). If this is done in the final study area, it may affect the ability to conduct the research. Thus, the team should train by going to an adjacent town or area away from where the actual mapping will be conducted following the training.
5. *The team covers every street, lane, and alley without exception, preferably on foot.* Driving in a car or on a motorcycle should only be used when things are too far separated to walk. Even then parking and getting out to examine things on foot is essential.
6. *The team talks with key informants to locate sites.* Key informants include taxi drivers, customers, motorcycle drivers, etc. The team then follows up every lead in their area obtained from a key informant and notes down any leads which are in adjacent areas to pass them on to the team responsible for that area. Sometimes, this will require visiting a site without making oneself obvious. Possible approaches to this include:
 - Go in “looking for friends” and hang around for a little while
 - Go in to look around and then say you’ve changed your mind
 - Ask customers about what’s going on inside

Pose as a tour guide who is scouting out spots to bring people later

Go in and pay for a drink or for service (drinking companion or sexual service in order to obtain an interview - without utilizing the services, of course)

These approaches clearly require a significant degree of comfort with sex work and with being in these types of establishments. People who cannot handle this do not belong on the field work teams.

The Key Role of the Supervisor

The supervisor has an essential role to play in this project. A good supervisor will be motivated to undertake this project, good at organizing tasks, follow-up on any problems or inconsistencies quickly, and regularly check to ensure that the quality of the work is good. The supervisor's essential responsibilities are:

1. *Selecting and training the field work team.*
2. *Overseeing the teams' training in locations not part of the actual fieldwork*
3. *Collecting and checking the maps and the field work sheets daily.* This is needed to ensure the maps and sheets are legible, are capturing all sites, contain the correct information and sufficient detail to allow the sites to be located again, are completely filled in with all requested information, are protected from accidental discovery or copying by anyone outside of the project team.
4. *Organizing spot checks of the work for each team.* Since complete coverage is a desired goal, it is essential that the supervisor ensure that the mapping is capturing all the sites. There are three ways to do this: a) the supervisor his or herself checks the area; b) the supervisor organizes the teams to check some sub-portion of the area covered by another team and compares the results; or c) the supervisor hires an independent spot checker and compares the results. The second approach is preferred - it gives the teams the opportunity to compare notes, learn from each other, and correct their methodology as they go. Thus everyone benefits.

A Typical Field Work Cycle

Normally a field work cycle will proceed as follows (after training has been completed for the teams):

The Key Role of the Supervisor

1. *Selecting and training the field work team.*
2. *Overseeing the teams' training in locations not part of the actual fieldwork*
3. *Collecting and checking the maps and the field work sheets daily*
4. *Organizing spot checks of the work for each team.*

Day 1 - Photocopy and update the map for a given district (keep multiple copies for use in later cross-checks for consistency - one for field work team, one to be kept in the office for reference, and one to be used for cross-checking this area later). This *is* a field work day. The team goes with one of the supervisors to scout the area out and make sure all streets, side alleys, etc. are on the map. If something is missing, then the map should be modified to reflect it.

Day 2 - Begin the actual fieldwork. Start in the early evening and work as late as necessary to cover the assigned area. The area covered in an evening may need to be adjusted after a couple of days of experience.

Day 3 - Continuing field work.

Day 4 - Spot-checks on some of the areas done in the first 2 days. Swap the field teams and have them do a subset of the area covered by the other teams.

Day 5 - Entire team meets to discuss and compare mappings, identify inconsistencies, and clarify the factors in missing sites or problems which have arisen in the process. When one team discovers a site the other team missed, each team should discuss and understand the reason for the disagreement. This will allow them to correct their approach to ensure the mapping is done in a consistent manner across all teams.

Days 6 and 7 - Fieldwork

Day 8 - stop and compare notes. Continue this process of 2 or 3 days of fieldwork followed by a team meeting until finished with the entire area.

Key principles of geographic mapping:

In conducting the mapping there are a few key principles which should be kept in mind:

1. *Decide on Target Area.*
2. *Total complete coverage of the target area is essential.*
If large numbers of sites are missed, incorrect distributions of settings will be obtained. This will result in incorrect assessments of where prevention programs will have the greatest impact and result in misdirection of resources. In practical terms, this means that members of the field team can never *assume* that they know the local commercial sex situation well and conduct their mapping based on those assumptions. When people operate in a community they know well, they automatically think they know where everything is or that they know all the sex work sites. However,

depending on site visibility, their own socioeconomic backgrounds or other factors, they may badly misunderstand the actual situation in its full complexity. Thus, it is better if the staff chosen to do the geographic mapping in a specific part of the city or town do not know the sex work sites in that area.

3. *The supervisor must verify that every street and alleyway has been covered.* The field teams should walk every street in the city (or if buildings are widely distributed, at least drive the area). Also use follow-up checks and quality control checks on some subset of the sites. Identify the streets or areas that have not been covered and send field teams to these areas as a follow up.
4. *At all times, information obtained from different sources should be compared to identify and correct discrepancies (that is to say, triangulate to ensure accurate data collection).* In addition to their own efforts, the team should use key informants and others to help them locate sites. If they fail to identify a site that a key informant does, they should try to understand why and thereby improve their skills at locating sites.
5. *Choose field team members carefully.* The people doing the mapping must want to do it well and completely. They must recognize the importance of complete mapping to your overall prevention strategy and to reducing HIV transmission in sex work sites.
6. *Collect fieldwork reports every day.* This will ensure the timely preparation of the reports, help to avoid problems with confidentiality (someone not on the team accidentally seeing the sheets), legal problems with police or other authorities attempting to obtain the sheets from the team member, etc.
7. *Confidentiality.* Information obtained from informants and participants is to be kept strictly confidential. Team members are not to discuss confidential information with anyone other than project staff.
8. *Safety considerations for the field team.* Fieldwork should always be conducted in pairs in order to insure the safety of field team members.
9. *Visit the sites personally.* All information on settings needs to be verified. Never assume that information obtained is complete and accurate.
10. *Project team should maintain ethical standards and not make use of commercial sexual services.* Staff should never contact study participants for non-study purposes.

Key principles of geographic mapping:

1. ***Decide on target area***
2. ***Total complete coverage of the target area is essential.***
3. ***The supervisor must verify that every street and alleyway has been covered.***
4. ***Triangulate at all times to ensure accurate data collection. .***
5. ***Choose field team members carefully.***
6. ***Collect fieldwork reports every day.***
7. ***Confidentiality***
8. ***Safety considerations for the field team***
9. ***Visit the sites personally***
10. ***Project team should maintain ethical standards***

If these principles are kept in mind and the procedures outlined earlier followed, then good coverage of all sites in the area should be attained and the information needed to move to the social mapping phase collected.

SOCIAL MAPPING

Approaches to Answering the Remaining Questions

In the opening section, it was noted that we wanted to answer 7 questions in developing prevention programs for sex workers and clients. The process of performing the geographic mapping provides initial answers to the first three. It tells us where the sex workers are and in the process of mapping much more will be learned about how to locate places where sexual services are available. Before fieldwork begins a practical definition of “sex workers” will have been developed in the local context. And the information gathered by the field work teams in visiting the sites and talking with people there will provide an initial idea of how to segment the sites in terms of setting type, risk, and commonalities for determining where prevention programs need to be implemented most urgently.

However, designing effective prevention programs requires a much better understanding of the situation in each of the important segments identified. As the last 4 questions indicate, one needs to know the risk behaviors in each segment, the factors which enhance or inhibit changes in behavior which reduce risk, the best avenues for implementing prevention programs, and the most effective messages and prevention activities in a particular segment. Obtaining answers to these questions clearly requires more than just the brief visits done during the geographic mapping phase in order to understand the real factors influencing risk, what motivates people to adopt safer behaviors, and how best to achieve the goal of safer behaviors.

A number of approaches exist for answering these questions. One is to conduct an extensive research project involving qualitative work, surveys, and implementation and evaluation of various prevention alternatives in each setting. However, this is likely to be costly, time consuming, and require expertise often not available in a local setting. Given the need to start prevention efforts as quickly as possible, a faster way of gathering information is needed which is not as resource intensive or as lengthy as long term, high cost research projects.

The approach which this manual proposes is to use social mapping, the collection of data using a number of qualitative

Designing effective prevention programs requires a much better understanding of the situation in each of the important segments identified.

approaches, including a series of discussions with key informants, in-depth interviews, and focus group discussions in each important segment of the overall target population. Use of these qualitative research approaches in parallel allows information to be collected quickly and in a manner that can reflect the true complexities of the situation. The use of multiple approaches allows the field team to “*triangulate*”, that is, to examine the situation from a number of different perspectives to look for inconsistencies. If all these different sources are finding the same results, the probability increases that the results are an accurate reflection of the true situation. If inconsistencies are seen, e.g., if key informants tell the team that sex workers rarely take condoms from the establishment when they leave while the sex workers say that they use condoms all the time, then the team must follow up this inconsistency carefully to determine what is really happening. This careful attention to resolving inconsistencies is absolutely essential to ensuring that the social mapping approach gathers accurate data.

Different Methods for Gathering Data

Information about risk and factors influencing and determining risk in sex work interactions can be obtained with a number of different approaches. These are generally divided into *quantitative approaches*, which seek to obtain representative samples and quantifiable information, e.g., the number of times a condom has been used in the last 3 sex work interactions, and *qualitative approaches*, which seek to obtain in-depth information about certain aspects of the situation, e.g., an in-depth interview which asks sex workers to explain the reasons they have not used condoms with some of their clients.

Quantitative approaches require significant understanding of the situation in order to develop detailed questionnaires and access to the population in order to obtain a representative sample. They must then be administered, the data entered, and analysis conducted. This process can take a long time. The strict format requirements of a structured questionnaire means that only a limited set of information is gathered - only that which is directly asked about. If one does not yet know the situation well, which is the assumption here (since this project is trying to get a first look at levels of risk and the factors influencing it), then this process is not efficient for gathering information quickly and effectively. It is also unlikely to provide the depth of understanding of the situations putting sex workers and clients at risk, the factors that motivate safer sex behavior, or the preferred avenues for intervention.

In studying commercial sex settings in many countries, quantitative approaches have some additional serious limitations:

1. Defining a representative sampling frame is difficult. It is not easy to identify and count sites; the definition of a sex worker varies from place to place and is often not clear, etc. In many places sex work is not organized into establishments that are easy to deal with from a survey-logistics' point of view.
2. Permission to conduct studies is sometimes hard to obtain. Both authorities (police, policymakers, etc.) and gatekeepers in commercial sex including owners, managers, etc. may present barriers to access to the sex workers. Often sex work sites are illegal and underground, making it difficult to elicit cooperation from sex workers, authorities, and gatekeepers.

This is not to say that quantitative approaches are not useful, they can still provide useful information on distributions and determinants of risk in different sex work settings, among different categories of sex workers, and in varying types of commercial sex interaction. However, the limitations outlined above must be kept firmly in mind when analyzing the findings.

Three qualitative methods are of particular value in social mapping of commercial sex. Each should be applied in the process of coming to understand the situations and risks involved in commercial sex. As the data is collected with each method, their findings should be compared carefully to identify inconsistencies for further research. These methods are:

1. Key informant interviews,
2. In-depth interviews with sex workers and clients, and
3. Focus group discussions

Key informant interviews locate individuals who are particularly knowledgeable about the commercial sex scene. These key informants are not members of the target population, but they are people who interact with it closely and thus know a great deal about what is happening. For example, taxi drivers who regularly take clients to sex sites can be valuable key informants. They often talk with the clients about their desires, wishes, and the types of site they prefer. They can also describe the characteristics (age, occupation, income level, etc.) of the clients they deal with. Bartenders at bar or nightclub sites offering sexual services frequently talk extensively with both the clients and the sex workers and are thus in a good position to understand what is important to each. Because they talk with the sex workers

Qualitative methods are of particular value in social mapping of commercial sex:

1. **Key informant interviews,**
2. **In-depth interviews with sex workers and clients, and**
3. **Focus group discussions**

often, bartenders are also likely to have a better view of what concerns the women, what they talk about when among themselves, and have a good sense of what influences condom use or STD health care seeking behavior. This can give valuable clues to what might be used to motivate the sex workers to take up preventive activities. Clients as key informants can provide information about other clients and also about the sex workers. (See Attachment 3: Key Informant Interviews).

Talking with key informants using a set of open ended questions can allow the field team to gather some information they might have a hard time getting from the sex workers themselves. It also provides a valuable crosscheck on information that is gathered from discussions with sex workers and clients. One advantage to key informant interviews is that the key informant is usually being asked about someone else's behaviors, so response biases related to self-image are less likely. It should be noted that these interviews need not always be formal affairs. In some cases they might be undertaken as informal discussions with clients and employees at sex work sites while visiting them and having a drink or two. (NOTE: in these circumstances, the field team members must train carefully to do this in a manner that is unobtrusive and does not raise suspicions at the site. Notes should be taken off-site from memory as soon after leaving the site as possible). In other cases, especially if questions are quite detailed, a more formal interviewer-interviewee relationship might be preferable, with recording if it is acceptable to the respondent. This can be extremely valuable in the later analysis of qualitative data because written transcripts can be prepared and then coded for important concepts using computer software.

In-depth interviews actually ask members of the target populations, e.g., sex workers and clients, about their own behaviors, motivations, and needs in prevention and care. Because they are done with open-ended questions and interesting comments can be followed up in detail, they are good at providing answers to the “whys” and “hows” of sex work. That is, instead of only asking if the sex worker doesn't use condoms, they can ask why she chooses not to use them in some circumstances while she does in others. Because the in-depth interview is talking directly to the person engaging in risk behavior, the information is first person, however, one must be careful to watch for biases such as trying to make a good impression on the interviewer by telling him or her what you think they want to know. (See Attachment 4: In-depth Interviews and Focus Group Discussions).

Confidentiality

Information obtained from participants is to be kept strictly confidential. Team members are not to discuss confidential information with anyone other than project staff, and then only when it is necessary to share that information. Confidential information should never be shared between staff or between staff and the establishment personnel at the site.

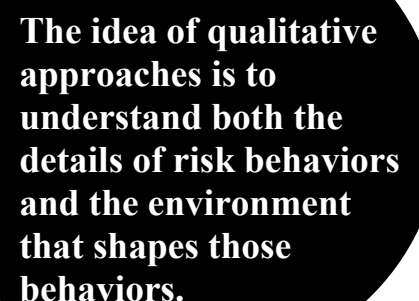
Staff may never contact study participants for non-study purposes using contact information obtained during the study, even after the study has ended. In addition, information about participants or obtained during the course of this study cannot be used for any personal gain.

Staff may not discuss personal information about potential subjects with anyone outside the study. If you see a participant outside of a study setting, you should not let it be known how you know that person and should not acknowledge that person unless she first acknowledges you.

Focus group discussions bring together between 6 and 10 members of the target group to discuss what is normal practice or what common motivations are among members of their group. (Details of focus groups are in the focus group manual already provided). The advantage to focus groups is that they generate cross-discussion and use group dynamics to bring out the multiple facets of the topic. Thus, new concepts and ideas can surface easily. Because the participants are members of the target population, it opens a window on how they think about the issues at hand. It should be noted that focus groups are different from “group interviews”. They are not seeking to ask the members of the group about their own behavior, but are asking about “those who are like you” to determine norms and shared attitudes or disagreements. Again because they are in a discussion format with a limited number of topics they give time to go into depth on the issues and address the how and the why. (See Attachment 4: In-depth Interviews and Focus Groups Discussions).

All three of these qualitative methods should be used in the social mapping process. Each provides sources of information that may not be available through the other approaches. Key informant interviews provide an outside window on the target population. In-depth interviews are typically very deep because they are focused on the situation of one individual, thus they are likely to provide the most detailed information. Focus groups are deep but fairly wide because they are discussing shared beliefs and attitudes rather than exploring an individual’s own situation in depth, but the group dynamics allows new ideas and conflicts to arise and be explored. (Sample training schedules for these methods are provided in Attachment 5 and a training curriculum is provided in Appendix B).

It should be kept in mind that the idea of qualitative approaches is to understand both the details of risk behaviors and the environment that shapes those behaviors. Thus, with qualitative methods, the key is not to obtain representativeness, but to instead obtain *typical members* of or *identify good examples* from the study population. (NOTE: in some cases, if one is examining a behavior which is uncommon, e.g., anal sex among sex workers, one might want to select “good examples” of those sex workers who practice anal sex. Another advantage to these qualitative approaches is their flexibility). This also means that one should not generalize too quickly from qualitative work until the findings have been either triangulated from a number of different sources or examined in more depth with detailed quantitative survey follow-ups on topics of interest.



The idea of qualitative approaches is to understand both the details of risk behaviors and the environment that shapes those behaviors.

Determining What We Need to Know

To begin the social mapping process, one first needs to decide what one needs to know to target, design, and implement programs in a particular segment. The necessary information falls into 4 broad categories (the answers to the last 4 of the 7 questions above):

- The levels and forms of risk behavior of sex workers and clients
- Factors which increase risk or which enable adopting safer behaviors
- The best avenues for reaching the sex workers and clients to reduce risk
- The most effective messages, activities, and prevention approaches for changing behavior.

Levels and forms of risk behavior of sex workers and clients

The first and most fundamental question to be answered is what are the actual risk behaviors in a given segment, that is, how do sex workers and clients contract HIV? The possible avenues are sex without a condom, sharing of needles either in injecting drug use or in medical settings, and unscreened blood transfusions. Thus information must be gathered on the frequency and conditions under which sex without a condom is practiced or needles are shared. This will include numbers and types of sexual partners over a period of time (clients, regular clients, non-commercial regular partners, etc.) and condom use with each of these types of clients. In exploring these issues recall that levels of condom use are likely to be different with different classes of partners.

Factors increasing risk and vulnerability

A number of factors have been identified in past studies which lead to increased risk of contracting HIV, and questions should be included regarding these if they are deemed relevant in the local context. For example, these include:

- Use of alcohol during sex work leading to reduced condom use, by either the sex worker, the client, or both.
- Pressure from clients, peers, and management to engage in sex without a condom
- Economic pressures to support children, family, or parents
- Past experiences with sexual violence or abuse
- The place where sex actually takes place
- Inability to obtain a condom when one is needed
- A history of other sexually transmitted diseases (syphilis, gonorrhea, etc.)

RISK

The level at which an individual or population engages in activities which place them at risk of HIV

- vaginal intercourse with or without STD
- anal intercourse
- needle sharing

Beware of turning programming for at risk populations into “risk group” approaches that tend to place blame and cause stigma.

VULNERABILITY

A person’s ability or lack of ability to act on the decisions they make

Factors which reduce the ability to act increase vulnerability, e.g.,

- economic pressure on families
- lack of AIDS information
- lack of skills to make rational decisions or to carry them out
- inability to access health services and commodities

Factors enabling behavior change and allowing it to be sustained

Experience in HIV prevention over the years has found a number of other factors that are necessary for people to change behaviors related to HIV and sustain it. These are:

1. Correct basic knowledge about HIV/STD and its prevention.
2. Understanding of how the disease would affect their life and the lives of family members.
3. Motivation to act on prevention, care and support.
4. Prevention skills including decision-making, negotiation, proper condom use, and appropriate health care seeking behavior for STD.
5. Support from societal values, family members, friends, community members, and employers.
6. Access to appropriate services that are easily accessible and friendly, e.g., STD care, condoms (male or female), and counseling.
7. Concern from others and non-discriminatory attitudes
8. Positive living messages which cast HIV prevention in a positive light as ensuring a long and healthy life for them and their families.

Prevention programs will be maximally effective if all 8 of these components are incorporated. Programs that lack one or more of them will have less impact. Thus, in designing prevention messages and training programs, implementers should strive to address all 8 areas in one way or another. However, designing these programs requires that the prevention planner know something of the current situation as regards these issues in a given segment.

Thus, after ascertaining levels of and factors influencing risk behavior, the next set of questions should address these 8 issues. For example, one would include questions on whether they know how HIV is transmitted, how they think their lives would be affected if they contracted HIV, what's important to them in their lives, etc.?

The best avenues for reaching the sex workers and clients to reduce risk

Over the years a number of different alternatives for prevention programs have been developed and fielded, including:

Factors Enabling Behavior Change

- 1. Correct basic knowledge about HIV/STD and its prevention.**
- 2. Understanding of how the disease would affect their life and the lives of family members.**
- 3. Motivation to act on prevention, care and support.**
- 4. Prevention skills including decision-making, negotiation, proper condom use, and appropriate health care seeking behavior for STD.**
- 5. Support from societal values, family members, friends, community members, and employers.**
- 6. Access to appropriate services that are easily accessible and friendly.**
- 7. Concern from others and non-discriminatory attitudes**
- 8. Positive living messages which cast HIV prevention in a positive light as ensuring a long and healthy life for them and their families.**

1. Mass media (television, radio, newspapers, magazines, etc.)
2. Small media (targeted pamphlets, posters, booklets, etc. based on the specific information needs of the sex workers)
3. Peer education (use of friendship and other networks to disseminate important prevention and referral information)
4. Outreach programs (skills-based prevention education, non-formal counseling and referral services)
5. Counseling (formal, non-formal and hotline services should be made available in locations and during hours convenient to the sex workers).
6. Group dynamics or small group discussions (building supportive environment for discussion of sensitive issues, development of skills and promotion of prevention behavior)
7. Integration of prevention activities into existing services or provision of new services to ensure access

During the social mapping process the objective is to determine which of these avenues is acceptable and which the sex workers or clients prefer. This is not an either/or situation; more than one or, in some cases, all these alternatives may prove accessible and useful. This question of the best avenues would be addressed by inquiring about past media exposure (where they have gotten HIV/AIDS information in the past) and media taste (how they prefer to receive information). One might also inquire if they thought they would utilize services if they were made available, e.g., “if counseling services were offered at the local STD clinic would you use them or not? If not, why not?”

The most effective messages, activities, and prevention approaches

During the initial social mapping, one might inquire about what the sex workers or clients think might be the most useful programs or efforts from their points of view. However, we will return to this issue in more depth later as it is more important in the context of implementing and evaluating prevention programs.

Steps in the Social Mapping Process

The social mapping process will now apply key informant discussions, in-depth interviews, and focus groups in order

Avenues for reaching the sex workers and clients:

- 1. Mass media**
- 2. Small media**
- 3. Peer education**
- 4. Outreach programs**
- 5. Counseling**
- 6. Group dynamics**
- 7. Integration with existing services**

to gather the types of information outlined above. Before starting, other existing sources of information on commercial sex in the local context should also be explored, as many of the issues mentioned above may have been addressed in some detail in previous work. The researcher who starts with an analysis of secondary data available will be better prepared to understand the local situation. With this in mind, the essential steps in the social mapping process are then:

1. Conduct a thorough review of existing data on commercial sex in the local context.
2. Design and pretest the guidelines for key informant interviews.
3. Conduct key informant interviews.
4. Design the guidelines for the in-depth interviews.
5. Collect informed consent from in-depth interview respondents.
6. Conduct the in-depth interviews.
7. Design the guidelines for focus groups.
8. Conduct the focus groups.
9. Analyze the data collected from each of these sources using an analysis grid.
10. Write the report and disseminate.

In designing guidelines for key informant interviews, in-depth interviews, and focus group discussions, one should keep in mind the primary strengths and weaknesses of each approach as outlined earlier. For example, do not try to use focus groups to get at the individual participants' actual behaviors (sex workers generally do not want to reveal their behaviors/sexual practices to their peers), that is better done using in-depth interviews. The focus groups should concentrate on community norms, shared attitudes and beliefs, and understanding the social context of risk. Key informant interviews should concentrate on issues that that particular key informant is likely to know about. One may actually want to use different guidelines for interviews with different key informants depending upon what they know. For example, one might ask taxi drivers about clients, while the managers of the sites could be asked about both sex workers and clients. However, in designing these keep in mind that it is important to triangulate (get the same information from multiple sources so you can check for consistency), so data on the same issue, e.g., sex workers' use of condoms, might be discussed in two or more of the three methods.

Determine what type of informed consent is needed, i.e. written or verbal. Many countries already have ethical guidelines for social research.

Informed consent may indicate the respondent's confidence that her confidentiality will be maintained.

Table 1. Example of designing guidelines for in-depth interviews with sex workers.

Content Area	Possible questions for the guidelines
General characteristics of the target population	How old are you? Where were you born? How well can you read?
<i>Risk Behaviors</i>	
Levels and forms of risk	Do you use condoms with everyone who visits here? If not, what are some of the reasons why not?
Factors influencing risk	Do you drink before or during sex with the men who visit you here? Do the men you visit with here usually drink before sex? Do you have any men you see on a regular basis? Do you use condoms with them every time? Are there some people who depend on you for support? Who are they? Are there some men who visit who don't like to use condoms? What are they like? Where do you usually have sex? (If off site, inquire about condom use) How many customers do you have per day/week? (may be several questions here depending on local situation)
<i>Factors enabling behavior change</i>	
Awareness of HIV and STD	Have you heard of HIV/AIDS? What are all the ways of contracting HIV you know? (Probe for knowledge of sexual transmission and needle sharing if not mentioned)
How HIV affects their lives	How would your life change if you got AIDS? What are your personal goal and expectations? How would infection with HIV or STD affect these goals?
Motivation for prevention	In your life, what's the thing you care about the most? Who is the most important person in your life? How would this person be affected if you got AIDS?
Prevention skills	How do you deal with a man who won't use a condom? What do you do when you get a sexually transmitted disease?
Social support	If a man refuses to use a condom, what does the management do? Do the other workers in this site encourage you to use condoms?
Access to services	Can you always get a condom when you need one? Have you ever had difficulty getting treated for a STD? Why?
Compassion/non-discrimination	Has one of your friends here ever gotten HIV? How did everyone treat her? Do you still keep her as a friend? How can you show support to her?
Avenues for prevention	Where do you get your information about HIV/AIDS? Where do you think would be the best place for you to learn more about HIV/AIDS?
Preferences in prevention activities	What type of programs would be most valuable for you?

Your set of guidelines for the questions in each case should explore all of the areas outlined above: 1) risk and factors influencing it; 2) enabling factors for behavior change; 3) preferred avenues for prevention; and (to a lesser extent at this stage) 4) possible prevention activities and messages. In designing these guidelines, it will be helpful to form a sheet containing each of the critical factors above and filling in questions which might help to provide the needed information as shown in Table 1. (NOTE: the questions here are examples only, you should develop your own questions to address these issues and test them with a few members of the target population before using them in the field).

Once this sheet is filled out, one should take the questions listed and organize them in a logical fashion which starts with less sensitive questions first, moving to the more sensitive ones only after a good interviewer-interviewee rapport has been established. One should also remember that one wants to ask only the questions on which you will be able to act later. The purpose here is not academic research, but the design of prevention programs. Thus, questions that do not have any relevance to the identification of characteristics and factors affecting risk or to the design of prevention programs should not be asked at the expense of relevant questions. Given the usual time constraints in interviewing sex workers or clients, the fewer questions needed to cover all relevant areas, the better. Also, keep in mind that during in-depth interviews one is free to explore issues in more detail. When one is discussing factors affecting condom use, for example, a simple question such as “Why don’t you use condoms with every client?” may take some time to discuss in depth. However, in recording the results the interviewer should record as much detail as possible (recording the interview if acceptable to the respondent) because this will allow others to get a better understanding of what was said during the analysis process.

Once you have defined your guidelines, you will then conduct key informant interviews, in-depth interviews, and focus groups in each important segment of the sex industry identified in the geographic mapping phase. Given the limited resources available, you do not want to do large numbers of these interviews and focus groups, but enough to allow you to gather the information required and triangulate from the multiple sources to determine its accuracy. Thus as a general guide, within each site you might want to do at least 2 key informant interviews, 3 to 5 in-depth interviews, and 2 focus group discussions. The resources available will determine the number of sites you

The purpose here is not academic research, but the design of prevention programs.

can cover in a given segment, but normally you will want to do at least 2 or 3 sites in each segment and preferably more. This will provide sufficient data for triangulation and help to build your understanding of what is important for effective targeting and prevention.

Analysis of Your Findings - Filling in the Social Mapping Form

Once all of the key informant interviews, in-depth interviews, and focus groups are completed, the information must be put together in a form which feeds into intervention design. This is most easily done by creating and filling in a “Social Mapping Analysis Form” as shown in Attachment 6. This form, which lists important factors across the top and the results found in each site selected for social mapping work in the vertical column, can be used to organize the data. The interviewers upon returning from their field work should fill out this form for a site as soon as possible after completing the work, while the interviews and focus groups are still fresh in their minds. The key headings here cover the areas of risk, important variables for segmenting the site (e.g., education level, duration of work as a sex worker, or other factors that may influence risk), the enabling factors for behavior change, and the prevention approaches which might prove successful in this site. These last 7 columns on “how best to reach the workers” are intended to include the field teams assessment of which avenues are likely to be effective in this particular site or setting. In filling out this form, the team should try to put information into it in as close to verbatim form as possible. They should also err on the side of entering too much information here instead of too little.

When this form has been filled out for all the sites in a particular segment, you can proceed to the analysis of possible intervention programs discussed in the final section of this manual.

Key Principles in Social Mapping

1. *Ask only questions that will allow you to implement effective prevention programs.* Do not ask for the sake of knowledge, every question you ask is expensive. Thus, if you’re not going to use the data to design programs or it doesn’t contribute to your understanding of the situation,

Key Principles in Social Mapping

1. *Ask only questions that will allow you to implement effective prevention programs.*
2. *Triangulate at all times.*

don't bother asking. Ask yourself -will I use this data or not?

2. *Triangulate at all times.* Watch for inconsistencies between what two informants or respondents say, and always follow up on them. If focus groups seem at odds with what you hear in in-depth interviews conduct more interviews or focus groups to resolve the discrepancy. This is essential to obtaining accurate information, especially since the total number of key informants, in-depth interviews, and focus groups is limited here.

Designing Prevention Programs with What You Have Learned

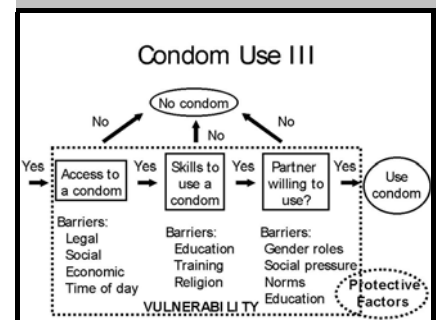
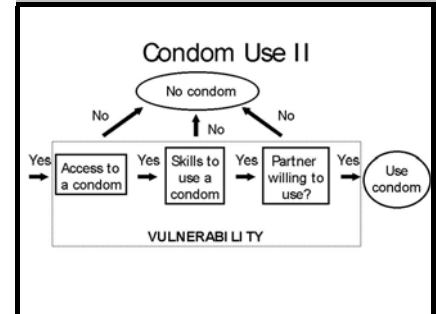
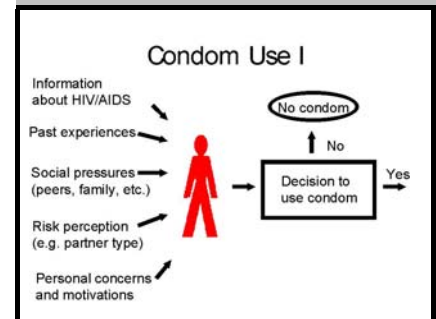
The Best Avenues for Reaching Them

Once the social mapping is complete, the design of intervention programs can begin. As previously mentioned a number of alternatives are available:

1. Mass media (television, radio, newspapers, magazines, etc.)
2. Small media (targeted pamphlets, posters, booklets, etc.)
3. Peer education
4. Outreach programs
5. Counseling
6. Group dynamics or small group discussions
7. Integration of prevention activities into existing services or provision of new services to ensure access

Each of these has their advantages and disadvantages. Mass media provides broad coverage, but usually only a limited number of key messages can be sent this way. Small media can be adapted to fit the needs of a specific segment, but problems often arise if the messages are not appropriate for that segment or if levels of illiteracy are high. Peer education may be effective if concerned members of the community are available, but may be difficult to maintain unless some incentives are available. Outreach programs can be targeted for the needs of a specific segment, but may prove expensive on a large scale. Counseling, especially when done by those with compassion and understanding, can be extremely effective, but counselors must be trained and supported. Small groups allow the opportunity to act out or practice skills in a friendly setting, but not everyone responds well in these settings. Integration of services can offer some cost savings, but can be less effective than targeted HIV prevention programs if the staff members in

Can one intervention approach target all factors of risk and vulnerability?



Probably not

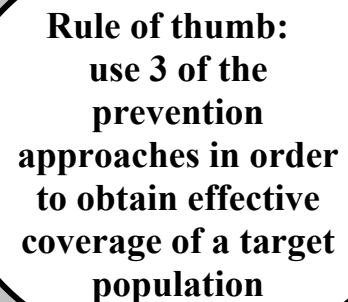
the integrated services are not well-trained in and supportive of risk reduction approaches.

In general, because of some of the limitations outlined above no one prevention activity is likely to address all 8 of the factors influencing behavior change discussed earlier. It is not surprising then that experience in HIV prevention has found prevention programs which include activities drawn from more than one of these categories to be more effective in producing sustained behavior change. As a rule of thumb, one should attempt to use 3 of these approaches in order to obtain effective coverage of a target population.

A total prevention program should then address the 8 factors influencing behavior change using an overall program with activities drawn from at least 3 of the categories listed above. These should be designed in a complementary fashion so that the activities chosen each address several of the factors necessary for behavior change in such a way that the overall collection of activities provides something addressing each and every one of the 8 factors.

For example, one might design a pamphlet (small media) which provides correct basic knowledge, stresses the consequences of HIV infection, builds upon the motivations and concerns identified in the social mapping, and sends positive living messages in a compassionate and non-discriminatory fashion. Mass media might be used to increase understanding of the consequences of HIV infection for one's life through stories which show the impact of HIV on some women's lives and the benefits of support from those around them. One might provide condoms and STD care, along with improved basic knowledge through integration into existing services or by providing new on-site services. Small group discussions might be held which make sure that everyone has correct knowledge, allow the practice of negotiation and condom use skills through play acting, discuss how HIV will affect their lives, talk about their individual motivations for avoiding HIV, and emphasize solidarity among workers at the site to support each other in HIV prevention.

This overall package of activities would address each of the 8 factors influencing risk behavior, with several of these factors being strongly reinforced through multiple activities. This mutual reinforcement of the messages and skills through multiple avenues is more likely to produce effective behavior change than any one activity alone. (This is illustrated in Table 2).



**Rule of thumb:
use 3 of the
prevention
approaches in order
to obtain effective
coverage of a target
population**

Table 2: PREVENTION APPROACHES

	Content (need all 8 to change behavior)	Mass media	Small media	Peer education	Outreach program	Counseling	Group dynamic small group discussion	Integration into existing services or provision of new services
1.	Correct basic knowledge		X				X	X
2.	Understanding how disease will affect their life	X	X				X	
3.	Motivation to act on prevention, care and support		X				X	
4	Skills in prevention (e.g., decision making or condom use)						X	
5.	Support from societal values, family, friends, community	X					X	
6.	Access to needed services (e.g., condoms, STD care, etc.)							X
7.	Compassion and non-discrimination		X					
8.	Positive living messages		X					

Whenever feasible, past prevention activities and their outcomes among similar populations in other locations or countries, and the adaptation of existing materials to fit the needs of the particular segment being addressed will speed the task of designing and implementing activities. However, in each case, the materials and activities designed should be reviewed by members of the target audience using focus groups, in-depth interviews, and effectiveness evaluations. Remember that these prevention activities are a product. If they are not acceptable to your customers, the sex workers and clients, then they will not produce behavior change.

CAUTIONS AND IMPORTANT INFORMATION FOR FIELD STAFF

The Importance of Confidentiality and Respect for the Community

Project members must remember that they must maintain a professional relationship with the participants. Staff will be in the position of learning personal and sensitive information about the participants. Thus, it is important for staff to recognize a clear boundary between themselves and the participants.

In order to gain an understanding of what is going on in the sex industry, staff members must occasionally act as part of the “scene” to gather information, i.e. act as participant observers. This, however, does not require them to become clients. When invited to participate in commercial sex, staff should always decline gently, e.g. by saying they prefer different type of women and want to go to another place.

Information obtained from participants and potential participants is to be kept strictly confidential. Staff are not to discuss confidential information with anyone other than project staff, and then only when it is necessary to share that information. Confidential information should never be shared between staff or between staff and establishment personnel at a venue. For more information, see sections on *Ethical Guidelines for Interviewers/Staff* and *Ethical Issues* in Appendix B.

Definitions

Setting - a class of sex work establishments or locations where sex is sold. For example, brothels are one type of setting, parks might be another. The definitions of settings will vary from country to country and from place to place, and locally relevant definitions should be used in deciding which sites belong in a given setting.

Site - a specific location or establishment where sex is sold. This site may be dedicated exclusively to sex work, e.g., brothels in many countries; offer other services as well, e.g., massage parlours; or be a specific geographic location, e.g., a park or a particular street in a given city where sex is frequently sold.

Attachments

- 1: Segmentation of Commercial Sex Venues by Comparison**
- 2: Field Work Survey Form**
- 3: Key Informant Interviews**
- 4: Focus Group Discussions and In-depth Interviews**
- 5: Sample Training Schedules for Key Informant Interviews,
In-depth Interviews and Focus Group Discussions**
- 6: Social Mapping Analysis Form**
- 7: Confidentiality Agreement and Sample Informed Consent Forms**

Segmentation of Commercial Sex Venues by Comparison

This table will help in the comparison of some of the factors that determine risk of HIV and STD infection in venues attached to the local sex industry for the purpose of segmentation. Initial segmentation is conducted with what is already known or assumed about the different types of venues. Venues may then be grouped together in “segments.” The segmentation may change as the analysis of the social mapping is undertaken.

The following is a sample legend to simplify comparison. “Brothel” has been marked just as an example and may not reflect all situations.

Rates of service

H = High Charge

M = Medium Charge/Going Rate

L = Low Charge

Services provided

Direct = sex only

Indirect = other + sex/other + negotiation

Where sex is performed

IN = on premises

OUT = off premises

Payment of services

FIXED = Fixed fee (paid to management)

OFF +TIP = “off” fee paid to management, tip negotiated with SW

TIP = fee negotiated with SW

Number and type of clients

1/W = one per week

1-2/N = one or two night

5+/N = five or more per night

R = regular, **L** = local, **F** = foreign

NR = non-regular

Business hours

RH = regular hours (6-8 hours)

E/AH = extended/after hours

24H = 24 hours

Type of Establishment*	Rates (service / income)	Services provided (direct / indirect sex work)	Where sex is performed	Payment of services	Average age of workers	Number and type of clients	Business hours	Sources of HIV and STD information	Other avenues for Intervention
Brothel	L	Direct	IN	FIXED		5+/N NR	24H		
Tea House									
Hotel									
Bar									
Pubs									
Nightclubs									
Cocktail Lounge									
Restaurant									
Coffee Shop									
Café									
Barber Shop									
Karaoke									
Discotheque									
Snooker Hall									
Street/Park									

- List of establishments based on situation in Thailand

FIELDWORK SURVEY FORM

District/Sub-district/ Province _____

Date: _____

Start Time: _____

Ending Time: _____

Field Work Team Members: _____

Supervisor: _____

Name of Site	Address of site (number, street, cross-street if needed)	Identifying markers nearby for easy location	Type of site (if not sure, note down characteristics in detail and write RECHECK)	Brief description of place (size of building, floor, appearance, distinguishing features)	Approximate number of workers selling sex (give source of estimate*)	Reasons for classifying as a sex establishment. Additional Comments	Brief description of clients.
1.							
2.							

* Estimate given by gatekeepers, clients, sex workers and other key informants

Additional columns may be added as needed.

Be certain to also mark this location on the map.

Attachment 3:

Key Informant Interviews

Key Informant interviews can provide needed information through out the geographical and social mapping exercises. In the geographical mapping stage, key informant interviews can be important in locating the commercial sex settings and the general nature of the commercial sex available in those settings. In the social mapping exercise ethnographic observation and interview methods will be used both to strengthen instruments and strategies to be used in focus group discussions and in-depth interviews, and to develop broader understanding of the perceptions of SW, clients, mediators and beneficiaries, and authorities, concerning reproductive health, commercial sex, and HIV/AIDS risk education strategies.

Participant observation is the format in which trained investigators establish relationships of familiarity and trust with members of the target communities. These relationships with “Key informants” develop through repeated interaction, over time, in “natural settings” (i.e. settings normally frequented by the informants). This approach to data collection permits the target population to habituate to the investigator. The dynamic permits a dialogue between informants and researchers, in which the informants teach the investigators, revealing their perceptions, rationales, and cultural meanings of conditions and events that the investigators can only see as outsiders.

Ethnographic methods will serve five purposes in these studies:

- To determine location, type and size and business hours of commercial sex settings, the steps needed to obtain sexual services (negotiation with whom SW, waiter, manager, off fee, room fees etc.), the approximate numbers of SW on a given day.
- To develop understanding of the insiders’ views of commercial sex, from the perspective of SW, clients, mediators and beneficiaries, and authorities, including the different types of SW, how they differ from one another, etc.
- To identify ways of gathering information on sensitive but important topics and learn how to broach subjects those are unmentionable in polite speech and the language appropriate or accepted in the commercial sex settings.
- To systematically elicit collective norms regarding sexuality, gender roles, family obligations, economic and educational careers and other socio-cultural and economic factors which comprise the context in which SW’s and clients decisions are made.
- To investigate the broader ethno-medical background of reproductive health perceptions and use of health services.

Through repeated informal contacts with key informants, the field team will be able to engage in explicit discussion of the project hypotheses concerning pressures toward and against commercial sex. This will be an important validity check on the interpretations of data derived from focus group discussions and surveys. Through return visits, further observations, and/or direct interviews, the team will be able to verify hypotheses about behavior patterns, beliefs regarding HIV risk-behaviors. The areas identified for first exploration by suggested informants (based on the Thai experience) include the following:

Taxi Drivers

- ◆ Location of commercial sex settings
- ◆ Type of commercial sex setting
- ◆ Number of SW in setting (guesstimation)
- ◆ Origins of SW
- ◆ Types of clients frequenting commercial sex settings

Food Vendors

- ◆ Location of commercial sex settings
- ◆ Type of commercial sex setting
- ◆ Number of SW in setting (guesstimation)
- ◆ Origins of SW
- ◆ Types of clients frequenting commercial sex settings

Gatekeepers/Captains/Waiters/Others in Friendship Network

- ◆ Number of SW in setting (weekdays vs. weekends)
- ◆ Origins of SW
- ◆ Types of clients frequenting commercial sex settings
- ◆ How much contact there is among establishments in different areas, or different kinds of workplaces?
- ◆ Mobility across types of SW and across locations/establishments - how much? What promotes or constrains?
- ◆ How much competition there is among SW and establishments within and/or across their boundaries?
- ◆ Community relations of/with establishments.
- ◆ Who controls client access, workload, and profits in the different kinds of workplaces, and for different “kinds” of SW, how tight is this control, how it is exerted.
- ◆ Places frequented “after hours” and who is included.
- ◆ Availability of condoms and support of condom use.

Owners/Managers

- ◆ Number of SW in setting (weekdays vs. weekends)
- ◆ Origins of SW
- ◆ Types of clients frequenting commercial sex settings
- ◆ How much contact there is among establishments in different areas, or different kinds of workplaces?
- ◆ Mobility across types of SW and across locations/establishments - how much? What promotes or constrains?
- ◆ How much competition there is among SW and establishments within and/or across their boundaries?
- ◆ Community relations of/with establishments.
- ◆ Who controls client access, workload, and profits in the different kinds of workplaces, and for different “kinds” of SW, how tight is this control, how it is exerted.
- ◆ Availability of condoms and support of condom use.

Sex Workers (SW)

- ◆ Origins of SW
- ◆ Diverse life histories of SW
- ◆ Details of SW-Client interactions

Motivations and expectations

- ◆ Why sex work rather than other type of work?
- ◆ Do SW have another type of job?
- ◆ Is sex work only part time?
- ◆ How SW perceive their work - what they expect to get out of it (money, autonomy, husband, lifestyle, etc.)
- ◆ How women get started in SW, and how long they expect to continue.
- ◆ How they feel about quitting, and what they need in order to quit.

Social Organization of SW

- ◆ Amount of solidarity or antagonism among SW of different economic means, ethnicity, type of work, and type of setting, etc. and the classification they use to describe each other.
- ◆ How much contact there is among SW who work in different areas, or different kinds of workplaces?
- ◆ Mobility across types of SW and across locations/establishments - how much? What promotes or constrains?
- ◆ How much competition there is among SW within and/or across their boundaries?
- ◆ Community relations of/with SW.
- ◆ Who controls client access, workload, and profits in the different kinds of workplaces, and for different “kinds” of SW, how tight is this control, how it is exerted.
- ◆ Availability of condoms and support of condom use.
- ◆ Places frequented “after hours” and who is included.

SW experiences and perceptions of clients

- ◆ Clients' motivations for buying sex rather than going with non-commercial partners
- ◆ Important differences among clients such as age, social status, wealth, and types of work places frequented, etc.
- ◆ Client networks in the commercial sex setting (establishments frequented, regular selected partners, occasional partners, and destinations after "offing" partner, etc.)
- ◆ Availability of condoms and support of condom use.

SW perceptions of their personal sexual relations

- ◆ Kinds of partnerships, stability or instability of partnerships, and reasons.
- ◆ Contrast meaning of sexual relations within their personal relations and in their commercial contacts.
- ◆ Availability of condoms and support of condom use.

SW experiences and expectations regarding their families and communities

- ◆ Concealment or openness about their commercial sex work.
- ◆ Obligations to family
- ◆ etc.

Introductory questions for key informants

Taxi Drivers

- ◆ "I'm new to the area and am feeling a little lonely. Can you suggest anyplace to go where I can meet someone?"
- ◆ "What type of place is that?" "Is it popular?"
- ◆ "Is it expensive?"
- ◆ "I'm not really interested in establishing a long-term relationship. Any short-term possibilities?"
- ◆ "Until what time are they open? I may get something to eat first."
- ◆ "What are the women like? I am not particularly fond of older women. I prefer ..."
- ◆ "Is there anyone special who I should look for?" "What is so unique about her?"
- ◆ "All the bars are closed around here. Can you suggest any after-hours places?"

Food Vendors

- ◆ “That pub over there seem popular. What type of entertainment do they have there?”
- ◆ “That place over there seems very quiet. Is it a good place to spend an evening?”
- ◆ “Is it expensive?”
- ◆ “Until what time are they open? I’d like something to eat first.”
- ◆ “What are the women like there?”
- ◆ “I’m not really interested in meeting anyone for a long-term relationship. Any short-term possibilities?”
- ◆ “All the bars are closed around here. Can you suggest any after-hours places?”

Clients

- ◆ “Wow, there is some selection of women here... Is there an even larger selection on the weekend?”
- ◆ “We didn’t have a place like this near where I used to live. So, this is my first time... Can you suggest anybody?”
- ◆ “Do you come here often?”
- ◆ “I really don’t like the idea of using a condom. Is there anyone you can suggest...?”
- ◆ “What do I need to do to get some company?”
- ◆ “What is the fee?”

Captains/Waiters (Bar)

- ◆ “Wow, there is some selection of women here... Is there an even larger selection on the weekend?”
- ◆ “This place is packed [with people]. The women must be very popular...”
- ◆ “Why are there so few people here?”
- ◆ “We didn’t have a place like this near where I used to live. So, this is my first time... Can you suggest anybody?”
- ◆ “I like someone who ... and sometimes ... Can you suggest anybody?”
- ◆ “I really don’t like the idea of using a condom. Is there anyone you can suggest...?”
- ◆ “What do I need to do to get some company?”
- ◆ “What is the [off and/or service] fee?”
- ◆ “Is there a show?”
- ◆ “Are there any women from...? I’d like to meet someone from my home province/county.”

**Captains/Waiters
(Restaurant)**

- ◆ “The waitresses and singers sure are good looking. Are any of them still single? Perhaps you could introduce me to one of them. I’m new in the area and feeling a bit lonely...”
- ◆ “Or, maybe you could suggest someplace to go for companionship?”
- ◆ “Where is that one from? She looks like an old girlfriend from back home.”

**Gatekeepers
(Doormen, Agents,
Touts)**

- ◆ “What is the selection of women here?”
- ◆ “This place is packed [with people]. The women must be very popular...”
- ◆ “Why are there so few people here?”
- ◆ “Can I have a look first before deciding whether to stay?”
- ◆ “What makes this place different from others?”
- ◆ “Is there a show?” “At what time?”
- ◆ “What is the entry fee?”

Managers/Owners

- ◆ “This place is packed [with people]. The women must be very popular...”
- ◆ “Why are there so few people here?”
- ◆ “What makes this place different from others?”
- ◆ “Is there a show?” “At what time?”
- ◆ “What do I need to do to get some company?”
- ◆ “What is the [off and/or service] fee?”
- ◆ “Are there any women from...? I’d like to meet someone from my home province/county.” “Where are the women from?”
- ◆ “I really don’t like the idea of using a condom. Is there anyone you can suggest...?”

Attachment 4:

IN-DEPTH INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Two qualitative research techniques that are commonly used with collecting data from sex workers are in-depth interviews and focus group discussions. In-depth interviews are characterized by extensive probing and open-ended questions and are conducted on a one-on-one basis between the respondent and a highly skilled interviewer. Focus group discussions capitalize on group dynamics and allow a small group of respondents to be guided by a skilled moderator into increasing levels of focus and depth on the key issues related to the HIV/AIDS-related risk and vulnerability of the sex workers.

In-depth Interviews

Objectives of the in-depth interviews

To learn to what extent friends in the commercial sex environment may influence the sexual and prevention attitudes, norms and behaviors of their friendship network in relation to HIV and other sexually transmitted diseases.

To examine basic knowledge about HIV/AIDS and personal behaviors and practice that may either increase or decrease risk of HIV infection. [When time is limited, greater emphasis should be placed on behaviors and practice rather than placing too much focus on knowledge.]

To examine the personal bonds between peers (sex worker - sex worker, sex worker - other worker, (wait staff, disc jockey, gatekeeper, etc.), owner - sex worker, manager - sex worker, etc.) and pressure from friendship group dynamics within the sex establishment.

To examine the levels of acceptance among sex workers to various strategies for information on HIV/AIDS and other health issues.

To survey the other health issues or "life issues" that are important to the target group population.

To survey attitudes of sex workers if they are faced with working in close proximity to someone who has HIV/AIDS. [The responses of workers who have been "trained" through other interventions will be compared. The different approaches to intervention should also be recorded.]

In-depth Interview Guidelines

Number of Persons

The best strategy is one-on-one communication. In order to conduct the in-depth interviews, the field staff should have the questions to be asked memorized and well rehearsed so that the conversation may be as "natural" as possible. In most cases, it will not be possible to take notes. The staff must learn to pick out the key elements of the interview for purposes of memory and then write down notes as soon as possible after the interview. In some cases, a few interviews may involve two participants at one time. Sometimes the participants may

request to have a friend present at the interview. In these cases it may be appropriate for two field staff to be on hand for each interview, one to conduct the interview while the other takes mental notes.

Time

Ideally, one to two hours that fit the schedule of the sex worker should be made available for conducting a single interview. Due to the sensitive subject matter, the research team should not expect to complete an interview in less than one hour.

Location

The in-depth interviews need to take place in a location that is comfortable and free from disruptions. Although it may be convenient to conduct the discussions in the commercial sex establishments, the interviews must be free from disruptions and interference from the owners, managers, and workers not participating in the discussion group. Again, alternative sites for the interviews may be in the “after house establishments.” Privacy needs to be assured in order to maintain confidentiality.

Questions

The questions should not be revealed to the person being interviewed beforehand. The questions should not be read but should be brought up as “naturally” and informally as possible in conversation. The first set of questions should be used to build rapport with the person being interviewed. A second set of questions may be used to examine different intervention approaches for use in the planning the intervention. Other questions may be used to examine bonds and relationships with others that may either increase or decrease risk and vulnerability.

Suggestions

During the first half of the discussions, basic information about the target group’s information/knowledge levels about HIV/AIDS, STDs, and Reproductive Health will be collected. During the second half of the discussions, questioning will center on intervention content, materials, and presentation.

At least one male and or one female moderator who do not otherwise have contact with the study participants will be thoroughly familiarized with the project hypothesis and with the objectives of the focus groups. Focus groups involving female sex workers will be led by male or female moderators (depending on appropriateness), with a male-female support team (i.e. rapporteurs). All sessions should be recorded on audiotape with the prior informed consent of the participants. Participants will be compensated for their time (small fee, gift or services) and, if necessary, their travel costs.

The focus group audiotapes will be transcribed onto word processing software, using only nicknames to protect the participants. Portions of the transcripts may be translated into English.

Key Elements - In-depth Interviews

- The in-depth interviews will be conducted with female sex workers representing different segments of the commercial sex industry in each country. The main objective of this procedure is to collect information for the design and implementation of an intervention strategy appropriate to each of the segmentations.
- For the participants who have previously participated in peer education trainings it will be assumed that they possess a basic level of information/knowledge about HIV/AIDS, STDs and/or Sexual and Reproductive Health. Some basic review information will be collected. During the second half of the discussions, questioning will center on intervention content, materials, and presentation.
- For the interview participants who have not previously participated in HIV/AIDS intervention programming, basic information about the target group's information/knowledge about HIV/AIDS, STDs, and Sexual and Reproductive Health will be collected. During the second half of the discussions, questioning will center on intervention content, materials, and presentation.
- During the presentation, the coordinator will stress that the objective of the interview is to obtain information in order to develop strategies for health promotion. HIV/AIDS should not be the central focus of the discussions. Participants will be asked if they agree to have the session tape-recorded and the reasons for doing so. While the participants will be encouraged to express themselves freely, judgmental attitudes will not be permitted.
- The members of the field/research team will carry out a content analysis of the focus group discussions. Key elements will be identified and analysis will be done according to the type of activities engaged in and socio-economic strata (including education, access to health services, etc.).

Focus Group Discussions

In each focus group discussion or in-depth interview, participants may be asked to suggest formats and materials for delivering the messages they recommend in order to communicate effectively with the largest possible number of their peers. Models of materials and workshops may be presented and available services should be described. Participants should be asked to discuss the advantages and disadvantages of these methods for member of their reference groups. Issues related to access to condoms, water-based lubricants, and other medical services should also be raised.

The objectives of the focus group discussion or in-depth interview should be explained clearly to the participants. However, no promises should be made about the intervention program to be developed.

Objectives of the focus group discussion

To learn to what extent friends in the commercial sex environment may influence the sexual and prevention attitudes, norms and behaviors of their friendship network in relation to HIV and other sexually transmitted diseases.

To examine the personal bonds between peers (sex worker - sex worker, sex worker - other worker, (wait staff, disc jockey, gatekeeper, etc.), owner - sex worker, manager - sex worker, etc.) and pressure from friendship group dynamics within the sex establishment.

To examine the levels of acceptance among sex workers to various strategies for information on HIV/AIDS and other health issues.

To survey the other health issues or "life issues" that are important to the target group population.

To survey attitudes of sex workers if they are faced with working in close proximity to someone who has HIV/AIDS.

Focus Group Discussion Guidelines

Number of Persons

In order to conduct the focus group discussions, the field worker will need to interview two separate groups within each of the segmentations. It is suggested that each group be limited to 8-10 persons. There should be a moderator and notetaker.

Time

Each focus group discussion will take approximately 1½ hours.

Location

The focus group discussions need to take place in a location that is comfortable and free from disruptions. Although it may be convenient to conduct the discussions in the commercial sex establishments, the discussions must be free from disruptions and interference from the owners, managers, and workers not participating in the discussion group. An alternative site in which the field staff may approach the sex workers and possibly even conduct discussions or interviews are "after hours" establishments (pubs, restaurants, etc.) which the sex workers frequent after working hours. Because persons in their friendship networks are nearby, these establishments provide a safe environment for the sex workers when talking to strangers.

Questions

The questions should not be revealed to the focus group discussion participants beforehand. The questions should not be read but should be brought up as "naturally" and informally as possible in conversation. Questioning should be ordered in a logical progression.

Suggestions

During the first half of the discussions, basic information about the target group's information/knowledge levels about HIV/AIDS, STDs, and Reproductive Health will be collected. During the second half of the discussions, questioning will center on the intervention content, materials, and presentation.

Moderation: At least one male and or one female moderator who do not otherwise have contact with the study participants will be thoroughly familiarized with the project hypothesis and with the objectives of the focus groups. There should also be one notetaker. Focus groups involving female sex workers will be led by male or female moderators

(depending on appropriateness*), with a male-female support team (i.e. rapporteurs). All sessions should be recorded on audiotape with the prior informed consent of the participants (See Attachment 7). During the discussions, only the participants' nicknames should be used and no names should be used in the final document. Participants will be compensated for their time (small fee, gift or services) and, if necessary, their travel costs. [*Note: In some circumstances, the female sex workers may respond better to a male moderator because they are seen as less judgmental].

In the end, the assistant moderator should summarize the discussion by directing attention to the topics of critical concern to the study. The participants will then be asked if the summary was complete.

Notetaking: While transcribing the focus group discussions, notetakers can do several things to insure the quality of the data collected. These points should be communicated to the notetakers prior to the start of the focus groups. It is important to remember that the attitudes, concerns, language and other responses of the target population may be quite different from the observers in both social and professional background.

- Notetakers should not expect to experience a consensus within a group or among groups. Qualitative research is designed to generate a range of responses, develop hypotheses and deepen understanding. All opinions stated by the respondents should be thoroughly transcribed.
- It is important for notetakers to listen carefully to what is being said – that is, to avoid selective listening to support a preconceived point of view and to avoid projecting personal meaning and values into what is being said. In listening, it is important to be alert to shades of meaning and to word selection. Transcription of the discussion should be word for word, using the language of the respondents.
- Notetakers should also try to watch as well as listen. Nonverbal cues can sometimes be more meaningful than verbal responses. These cues should also be documented.
- During the discussion, notetakers should make notes of key impressions for discussion during the debriefing after the focus group.
- Notetakers may suggest additional probes or insert new questions during the discussion or at the end of the discussion.

Due to the high level of skills needed to conduct focus group discussions effectively, the research team may wish to enlist the assistance of experts in moderating and transcribing the discussions, such as marketing firms for social research institutes.

Key Elements - Focus Group Discussions

- A number of focus group discussions will be conducted with female sex workers representing different segments of the commercial sex industry in each country. The main objective of this procedure is to collect information for the design and implementation of an intervention strategy appropriate to each of the segmentations.

- Each group will be as homogeneous as possible (same gender, level of responsibility and socio-economic status) and from the same segmentation of sex work. All sessions will be conducted by a moderator and an observer who will provide guidance to the moderator and will take notes for feedback. All sessions will be tape recorded, if agreeable to the participants, and transcribed.
- During the presentation, the moderator will stress that the objective of the meeting is to obtain information in order to develop strategies for health promotion. HIV/AIDS should not be the central focus of the discussions. Participants will be asked if they agree to have the session tape-recorded and the reasons for doing so. While the participants will be encouraged to express themselves freely, judgmental attitudes will not be permitted.
- A content analysis of the focus group discussions will be carried out by the members of the field/research team. Key elements will be identified and analysis will be done according to the type of activities engaged in and socio-economic strata (including education, access to health services, etc.).

SAMPLE

FOCUS GROUP DISCUSSION / INDEPTH INTERVIEW QUESTIONS

(From the different country surveys)

HIV/AIDS Knowledge and Attitudes

1. Have you ever heard of HIV/AIDS? If so, from where have you heard about it?
2. What information do you already have about HIV/AIDS?
3. Do you think that this disease is dangerous?
4. In your present profession, are you afraid of any diseases?
5. Do you think that you or a friend could be at risk of HIV infection?
6. Do you know how to prevent HIV infection? What are the ways to prevent infection?
7. Has a public health worker or another individual ever come to talk to you about AIDS? If so, when and where? How many persons were involved in this activity?
8. What was the format of this activity? (e.g. lecture, drama performance, etc.)
9. What materials or teaching aids were used in the mentioned activity? (e.g. video, brochures, etc.)
10. What do you feel is important to know about HIV/AIDS and other sexually transmitted diseases? What is most important? Why?
11. If one of your co-workers were infected with HIV, would you cease having contact with that person? Why?
12. If a friend tells you that he/she is infected with HIV, what suggestions would you give to him/her?
13. If you were infected with HIV, what would you do?
14. If a person is infected with HIV, should that person be dismissed from work? If yes, what would they do?

Relationships and Perceptions of Risk

11. With whom do you currently live?

12. Do you have anyone that supports you financially?
13. How may HIV/AIDS education help you and your family?
14. How many persons are dependent on your income?
15. Have you ever been afraid when you work?
16. How long have you been working in your current profession?
17. When you have a problem, with whom do you usually speak?
18. On average how many clients do you have in a day/night?
19. Are your clients primarily regular customers/non-regular customers?
20. Have you ever suggested using condoms with clients?
21. Do clients agree or refuse to use condoms?
22. Who do you think is at risk for HIV infection? Regular customers, Non-regular customers? Why?
23. Do you think that a person may be infected with HIV if a condom is not used only once?

Condom Use

19. Are you able to negotiate for condom use or other safer sex behavior?
20. Have you ever heard of a condom? What is one for?
21. Have you ever seen a condom? What does one look like?
22. Have you ever used a condom?
23. Does your manager support condom use?
24. Do your friends like to use condoms?
25. Do your clients agree to use condoms?
26. Why don't clients like to use condoms?
27. If a client offers to pay you more not to use a condom, would you agree?
28. Do you ever feel uncomfortable if a client uses a condom? Why?
29. When you are with a client, who supplies the condom?
30. Do you believe that using condoms will protect you and your clients? Why or why not?
31. Where can you get condoms?
32. Has anyone ever told you about inexpensive condoms?
33. Do you have access to free or inexpensive condoms?
34. Do you use a lubricant? What kind?

HIV/AIDS, STDs and Access to Testing and Treatment Services

25. Have you ever been tested for HIV? If so, where were you tested?
26. Have you ever been tested for a sexually transmitted disease? If so, where were you tested?
27. Where can you be tested for HIV and STD?
28. Have your friends ever told you that they have been tested for HIV?
29. Has anyone ever suggested that you get tested?
30. What would make you consider having your blood tested?
31. Have you ever had a disease that affected your private parts?
32. With what different sexually transmitted diseases do you know about? (e.g. gonorrhea, condyloma, herpes simplex, syphilis, NGU, chancroid)
33. Have you ever been infected with any of these diseases?
34. If you are infected with a sexually transmitted disease, what treatment will you seek?
35. If you or a friend suspect that you are infected with HIV, what would you do?

36. Have you ever had any of the following symptoms: Unusual vaginal discharge, discharge with itching, Discharge with pain and burning, discharge with pain in the belly, ulceration or genital sores, genital redness or inflammation, genital warts, etc.
37. If you have previously had any of these symptoms, what treatment did you seek?
38. How were you treated? (injection, oral medication, topical cream, etc.)
39. What was the cost of treatment?
40. Who paid for your treatment?
41. Are you satisfied with the treatment services available?

Intervention Development

35. What are the different ways to prevent HIV and STD infection?
36. If you were to attend a seminar on HIV/AIDS, what types of materials would you like to see used? Why?
37. Do you need or do you want information materials on HIV/AIDS and STD?
38. What would be the best way to help you understand and prevent infection with HIV and STD?
39. If you were to have the opportunity to learn about HIV/AIDS through an activity that holds your interest, what format would this activity take? (e.g. lecture, drama performance, etc.) And, what teaching aids and other media should be used? (e.g. video, brochures, etc.)
40. How much time do you have to spare for this activity?
41. If you were to have the opportunity to learn about HIV/AIDS what would you be interested in learning? (e.g. AIDS, you and the person you love / sex, love and AIDS/ communication and negotiation on AIDS and sex / situation of AIDS in the country, the world, etc.) Why?
42. If you were to have the opportunity to learn about other related subjects, would you be interested in learning about the care of individuals with HIV/AIDS in the home?
43. If you were to have the opportunity to learn about other public health issues, in which other subjects would you be interested? (e.g. family planning/maternal-child health/child care/child raising/general communicable diseases/prevention of other serious diseases, such as tuberculosis, diphtheria, polio, etc.)
44. If you were able to participate in an activity about AIDS and other subjects already, do you think that you would be able to then provide the information to your co-workers and family members?
45. In your opinion, how enthusiastic would you and your co-workers be about learning about HIV/AIDS or self-prevention?
46. What would make a training / seminar interesting for you?
47. How long should the duration of the training be? One hour? One-half hour? Or, 2-3 hours over several days?
48. If there is a training / seminar, would you go?
49. If you were able to participate in an activity about AIDS and other subjects and it is necessary to have the training in your free time, would you still be interested in participating?

The Choice between In-depth Interviews and Focus Group Discussions

Issue to Consider	Use In-depth Interviews when	Use Focus Group Discussions when
Group Interaction	Group interaction is likely to be limited or non-productive	Interaction between the sex workers may stimulate a richer response or new valuable thoughts
Group/Peer Pressure	Group/peer pressure would inhibit responses and cloud the meaning of results	Group/peer pressure will be valuable in challenging the thinking of sex workers and illuminating conflicting opinions
Sensitivity of Subject Matter	Subject matter is so sensitive / revealing about personal behavior would be unwilling to talk openly in a group	Subject matter is not so sensitive / revealing that sex workers will temper responses or withhold information
Depth of Individual Responses	Greater depth of response per individual is desirable, as with complex subject matter and very knowledgeable respondents	The group of sex workers can say all that is relevant or all they know in less than 10 minutes
Interviewer Fatigue	Interviewer will not become fatigued after conducting one or more interviews	One interviewer will become fatigued after conducting one or more groups
Continuity of Information	It is necessary to understand how attitudes and behaviors link together on an individual pattern basis	A single subject area is being examined and strings of behaviors are less relevant
Logistics	Sex workers are geographically dispersed and not easily assembled for other reasons	An acceptable number of target sex workers can be assembled in one location

For more detailed methodology see:

Debus, Mary and Proter Novelli, *Methodological Review: A Handbook for Excellence in Focus Group Research*, Washington, Academy for Educational Development, 1997.

Attachment 5:

Sample Training Schedules for Key Informant Interviews, In-depth Interviews and Focus Group Discussions

Below are some sample schedules for training in key informant, focus group discussion and interviews. One of the major problems encountered is that staff members are not accustomed to talking about sensitive issues. The interviewer's or discussion leader's comfort level with this issues will directly influence the answers received or may cause suspicion among persons targeted for interview. Therefore the first segment of each training workshop will deal with desensitization to issues to be discussed in the interviews and in non-formal counseling which will aid in the interview process. The next biggest hurdle to conducting interviews or discussions is practice. For the key informant interviews confidence in interviewing can be built through role-play. However, nothing can take the place of actual on site interviews. For key informant interviews, it should be fairly easy to spontaneously conduct interviews in or around commercial sex settings. [It is recommended that practice interviews take place in areas not included in the first round of geographical or social mapping].

For focus group discussions and in-depth interviews, it is more difficult to arrange for a discussion group than an interview session. However, the process of conducting the interview or discussion here is perhaps more important than the subject matter being discussed provided that the field staff is already desensitized to sensitive issues. Therefore, practice focus group discussions may be arranged on a wide variety of subjects and not limited to person working directly in the commercial sex industry. It may be worthwhile to arrange discussions or interviews with persons in the "outer network" or persons not directly involved in commercial sex but can play and influential or supportive role.

Sample Schedule for Key Informant Interviews

Day 1

Morning

Introduction to the project and project objectives

Training objectives and expectations (data collection, time frame, etc.)

Afternoon

Desensitization to sensitive subject matter and vocabulary relating to sensitive subject matter.

Role-play: Practice speaking on sensitive issues.

Day 2

Morning

Fundamentals of Non-Formal Counseling

Role-play: Non-Formal Counseling

Ethnographic Methods Guidelines

Key Informant Interviews

Geographical Mapping

Social Mapping

Afternoon

Approaching “outer network” key informants (taxi drivers, food vendors, after hour’s venues)

Role-play: Practice interviews

Evening

Practice “outer network” key informant interviews in the field

Visit to commercial sex area and determine other possible key informants

Day 3

Morning

Experience sharing from previous evening & peer review

Approaching “inner network” key informants (waiters/captains and gatekeepers)

Role-play: Practice interviews

Afternoon

Approaching “inner network” key informants (managers/owners)

Role-play: Practice interviews

Evening

Practice “inner network” key informant interviews in the field

Day 4

Morning

Experience sharing from previous evening’s activities & peer review

Approaching sex workers as key informants

Role-play: Practice interviews

Afternoon

Role-play: Practice interviews

Evening

Practice CSW as key informant interviews in the field

Day 5

Morning

Experience sharing from previous evening’s activities & peer review

Fine tune discussion techniques

Afternoon

Review methodology for geographical mapping

Assign duties for geographical mapping

Sample Schedule for Focus Group Discussions and In-depth Interviews

Day 1

Morning

Introduction to the project and project objectives

Training objectives and expectations (data collection, time frame, etc.)

Afternoon

Desensitization to sensitive subject matter II.

Role-play: Practice speaking on sensitive issues.

Day 2

Morning

Fundamentals of Non-Formal Counseling

Role-play: Non-Formal Counseling

Afternoon

Focus group methodology

Role-play: focus group discussion

Day 3

Morning

Practice focus group discussion, training participants

Review taped discussion

Afternoon

Practice focus group discussion, external participants

Review taped discussion

Evening

Practice focus group discussion with sex workers

Day 4

Morning

Experience sharing from previous evening's activities & peer review

Practice focus group discussion, external participants

Review taped discussion

Afternoon

In-depth interview methodology

Role-play: in-depth interview

Day 5

Morning

Practice in-depth interviews, external participants

Review taped interviews

Afternoon

Practice in-depth interviews, external participants

Review taped interviews

Evening

Practice in-depth interviews with sex workers

Day 6

Morning

Experience sharing from previous evening's activities & peer review
Fine tune interview techniques

Afternoon

Review methodology for geographical mapping
Assign duties for geographical mapping

SOCIAL MAPPING ANALYSIS FORM

Key ideas to keep in mind in filling out this form:

1. From the qualitative data (in-depth interviews, focus group discussions, key informant interviews, and observation) you want the “big picture” from this chart. You should not attempt to do a quantitative analysis on this data recalling that you have a set of “good examples” not a representative sample.
2. It is better to put too much information in the table than too little – inform field workers to capture the information reported as accurately as possible.
3. In preparing this table, do NOT change the wording used by the sex worker, enter it as accurately as possible (quote – unquote preferably).
4. In looking at the issue of how best to reach them, there are two concerns: a) their media exposure, that is what media sources are they exposed to, and b) media taste, from which media channels do they prefer to receive information.
5. Once this analysis grid is completed, it should be used to fill in the intervention planning grid.
6. After this chart and its analysis are completed, you should try to involve someone from a commercial marketing firm to prepare effective messages and materials and work with sex workers and others from the target site.
7. You don’t need to fill in each column from all 3 or 4 methods (in-depth interviews, focus group discussions, key informant interviews, and observation) – you might apply different methods for different subsets. Using different methods will also help you to cross-check the findings.
8. Watch for contradictions or inconsistencies and try to resolve them – you want to build a consistent picture.

Sex worker target site	Risk behaviors (how sex workers get HIV into body)	SEGMENTATION WITHIN SITE			Availability of condoms at site (for sale, free, or not available)	Does the owner manager/pimp verbally encourage SW or customer to use condoms	Other factors important for prevention at the site (as many as needed)
		Important variations at site					
		FACTOR 1	FACTOR 2	FACTOR n			
Barber shops (10 done) Barbershop 1 (2 key inform) Key 1 Key 2 (3 interviews) G 1 G 2 G 3 (2 focus groups) FGD 1 FGD 2							

...NEXT PAGE

Sex worker target site	Age range, average age	Ability of SW to read	Native dialect / language	Price or price range (how much customer pays, SW received, how money divided)	Number of customers per week	Where sex takes place	Other factors that affect risk or which are important for distinguishing the site type (as many as needed)
Barber shops (10 done) Barbershop 1 (2 key inform) Key 1 Key 2 (3 interviews) G 1 G 2 G 3 (2 focus groups) FGD 1 FGD 2							

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Sex worker target site	Factors Enabling Behavior Change						
	Basic knowledge of HIV and STDs	How HIV would affect their lives	Motivations for behavior change	Prevention skills	Support from societal values, friends, family	Access to appropriate services – condoms, STD treatment, etc.	Compassion and non-discrimination
Barber shops (10 done) Barbershop 1 (2 key inform) Key 1 Key 2 (3 interviews) G 1 G 2 G 3 (2 focus groups) FGD 1 FGD 2							

...NEXT PAGE

Sex worker target site	How to get workers at this site to change their behavior – multiple channels (need to identify at least 3 in this site – check one only if looks like it will be used, that is, it is what they want)						
	Mass media	Small media	Peer education	Outreach Program	Counseling	Group Dynamic / Small group discussion	Integration into existing services
Barber shops (10 done) Barbershop 1 (2 key inform) Key 1 Key 2 (3 interviews) G 1 G 2 G 3 (2 focus groups) FGD 1 FGD 2							

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Attachment 7:

SAMPLE INFORMED CONSENT and CONFIDENTIALITY AGREEMENT FORMS

Before conducting interviews with, the field team must obtain the permission of the gatekeepers of the entertainment/hospitality establishment and from the sex workers themselves. Some time must be spent on explaining the objectives of the project, interview procedures, possible risks/discomforts, confidentiality, benefits, and rights of the respondent during the interview. The following is only a sample respondent consent form that may be adapted to a variety of situations.

RESPONDENT CONSENT TO BE IN A RESEARCH STUDY ON WOMEN'S HEALTH INCLUDING STD AND HIV/AIDS

A. PURPOSE AND BACKGROUND

Rates of HIV and STD infection are higher in particularly vulnerable populations such as sex workers. The high rates of partner exchange and high levels of STD associated with sexual services can lead to a rapid spread of HIV among sex workers, their clients, and non-commercial partners. As such, efforts are urgently needed to avert the transmission of HIV among sex workers and their partners.

With the target of interviewing 1,500 sex workers, this study aims to identify effective methods in health development and the prevention of sexually transmitted diseases, including HIV/AIDS among sex workers and their clients.

Objectives

1. To determine the levels and forms of risk behavior of sex workers and their clients in each type of establishment.
2. To determine the factors which predispose or push these persons into riskier behaviors or which can be used to enable safer behavior.
3. To determine the best way in which to reach this population and reduce overall risk behavior.
4. To determine the most effective messages, training activities, and prevention approaches to motivate a change in behavior.

B. PROCEDURES

If you agree to be in this study, what will happen is:

1. You will be interviewed by a Project field worker. You will be asked questions about your health, legal and illegal drug use, sexual practices, and your sexual relationship(s). This interview may take up to two hours.

2. Your interview will be transcribed in writing or recorded on audio tape. The tapes will be used to make a written transcript of the interview. Tapes and transcripts will be labeled with an interview identification code only. Any names or identifying information will be deleted from the transcripts.
3. At the end of the interview, we will provide you with basic information about HIV and STD prevention and a list of HIV/STD-related services in the local area. This information will be given to you whether or not you complete the entire interview.
4. At the end of the interview you will be given a voucher for free voluntary counseling and testing at a reputable testing center in the local area.

C. RISKS/DISCOMFORTS

1. Some of the questions and discussions may cause discomfort or make you feel upset. Some of the questions are sexually explicit. If there are questions that you do not want to answer, you do not have to answer them. Also, you can stop the discussion at any time.
2. Confidentiality: The researchers will keep information about you confidential. Your name will not be written on any of the survey forms, tapes, or transcripts. An interview identification code will be the only link between the interview and your data. This will be kept in a locked file cabinet to which only project staff will have access. This linkage will be destroyed after the data has been entered and verified in the computer. Your name and the name of your workplace will not be used in any reports or publications that may come from this study.

D. BENEFITS

There may be no direct benefit to you from participating in this study. Some people may enjoy talking about their experiences or feel good about helping researchers learn more about ways to reduce the spread of HIV. The information that you provide may help other people by improving researchers' understanding of the needs of sex workers and their clients.

E. ALTERNATIVES

You do not have to take part in this study. You may leave the study at any time. You will be given a list of referrals for counseling, support, and HIV and STD services. You can stop the interview and leave the study at any time.

F. COSTS

There will be no costs to you for being in this study except for your time for the interview and filling out the questionnaire.

G. REIMBURSEMENT

Your transportation costs to the interview site will be reimbursed. If you decide to withdraw from the study, you will still receive reimbursement for transportation.

H. QUESTIONS

You have talked to _____ about this study and your questions have been answered. If you have any more questions or problems, comments or concerns, you can call any of the following individuals: _____ at _____, _____ at _____, or _____ at _____.

I. CONSENT

I AM PARTICIPATING FREELY IN THIS STUDY. I UNDERSTAND THAT I CAN LEAVE IT AT ANY TIME. I understand that my interview responses will be transcribed in writing or tape recorded and that I will receive HIV information and referrals. I also know that I can stop the interview and withdraw from the study at any time. I have been offered a copy of this Consent Form.

If you wish to be in the study, please sign below.

Signature

Date

Name, printed

Name of person obtaining consent

Before conducting interviews, the Field Team Supervisor should obtain confidentiality agreements from all field team staff. The following is just an example:

CONFIDENTIALITY AGREEMENT FOR RESEARCH STUDY ON WOMEN'S HEALTH INCLUDING STD AND HIV/AIDS

A. PURPOSE AND BACKGROUND

Rates of HIV and STD infection are higher in particularly vulnerable populations such as sex workers. The high rates of partner exchange and high levels of STD associated with sexual services can lead to a rapid spread of HIV among sex workers, their clients, and non-commercial partners. As such, efforts are urgently needed to avert the transmission of HIV among sex workers and their partners.

With the target of interviewing 1,500 sex workers, this study aims to identify effective methods in health development and the prevention of sexually transmitted diseases, including HIV/AIDS among sex workers and their clients.

Objectives

1. To determine the levels and forms of risk behavior of sex workers and their clients in each type of establishment.
2. To determine the factors which predispose or push these persons into riskier behaviors or which can be used to enable safer behavior.
3. To determine the best way in which to reach this population and reduce overall risk behavior.
4. To determine the most effective messages, training activities, and prevention approaches to motivate a change in behavior.

B. PROCEDURES

If you agree to be in this study, what will happen is:

1. You will be conducting interviews with a number of sex workers. In the interviews, you will be asking questions about the sex worker's health, legal and illegal drug use, sexual practices, and your sexual relationship(s). This interview may take up to two hours.
2. You will either transcribed the interview in writing and/or it will be recorded on audio tape. The tapes will be used to make a written transcript of the interview. Tapes and transcripts will be labeled with an interview identification code only. The names or other identifying information about the sex workers will be deleted from the transcripts.
5. At the end of the interview, you will provide the respondent with basic information about HIV and STD prevention and a list of HIV/STD-related

services in the local area. This information will be given to all respondents or potential respondents, whether or not they complete the entire interview.

6. At the end of the interview you will present the respondent with a voucher for free voluntary counseling and testing at a reputable testing center in the local area.

C. RISKS/DISCOMFORTS

1. Some of the questions and discussions may cause discomfort or make the respondent feel upset. Some of the questions are sexually explicit. If there are any questions that the respondent does not want to answer, she does not have to answer them. Also, the respondent may stop the discussion at any time.
2. Confidentiality: The researchers will keep all of the information provided by the respondent(s) confidential. Their names will not be written on any of the survey forms, tapes, or transcripts. You will use an interview identification code to link the interview with the respondent's data. This information will be kept in a locked file cabinet to which only the field supervisor will have access. This linkage will be destroyed after the data has been entered and verified in the computer. The name of the respondent name and the name of her workplace will not be used in any reports or publications that may come from this study.

Information obtained from participants is to be kept strictly confidential. Team members are not to discuss confidential information with anyone other than project staff, and then only when it is necessary to share that information. Confidential information should never be shared between staff or between staff and the establishment personnel at the site.

Staff may never contact study participants for non-study purposes using contact information obtained during the study, even after the study has ended. In addition, information about participants or obtained during the course of this study cannot be used for any personal gain.

Staff may not discuss personal information about potential subjects with anyone outside the study. If you see a participant outside of a study setting, you should not let it be know how you know that person and should not acknowledge that person unless she first acknowledges you.

D. BENEFITS

You will explain to the respondents that there may be no direct benefit to them from participating in this study. However, some people may enjoy talking about their experiences or feel good about helping researchers learn more about ways to reduce the spread of HIV. Explain that the information that they provide may help other people by improving researchers' understanding of the needs of sex workers and their clients in HIV and STD prevention.

E. ALTERNATIVES

Potential respondents have the right not to take part in this study. Those who do participate may leave the study at any time. All potential respondents and participating respondents will be given a list of referrals for counseling, support, and HIV and STD services, regardless of whether they complete the interview.

F. COSTS

There will be no cost to the respondent for participating in the interview except for her time needed for the interview.

G. REIMBURSEMENT

At the end of the interview, reimburse the respondent’s transportation costs to the interview site. If a respondent decides to withdraw from the study, she will still receive reimbursement for transportation.

H. QUESTIONS

If the respondent has any questions about this study that you cannot answer, provide her with a list of names and contact information for the following individuals:

_____ at _____, _____ at _____, or
_____ at _____.

I. CONSENT

I UNDERSTAND MY DUTIES AND RESPONSIBILITIES AS AN INTERVIEWER IN THE _____ PROJECT. I understand that I must keep all information obtained from the interviews confidential and must not discuss the project with anyone not associated with the project before the project comes to a close.

If you agree to all terms, please sign below.

Signature

Date

Name, printed

Signature of Field Supervisor