

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/321033815>

KNOWLEDGE, ATTITUDES AND PRACTICES OF SEX WORKERS AND MEN WHO HAVE SEX WITH MEN IN HONDURAS

Technical Report · July 2001

CITATIONS

0

READS

102

1 author:



[Muyiwa Oladosun](#)

Covenant University Ota Ogun State, Nigeria

55 PUBLICATIONS 355 CITATIONS

SEE PROFILE

**KNOWLEDGE, ATTITUDES AND PRACTICES OF
SEX WORKERS AND
MEN WHO HAVE SEX WITH MEN
IN HONDURAS**

**PAN AMERICAN SOCIAL MARKETING ORGANIZATION
(PASMO)**

2001

Muyiwa Oladosu
Sara Alden

ACKNOWLEDGEMENTS

The authors acknowledge the contributions made by several individuals and organizations to the successful completion of this report. Many thanks to Daun Fest who made the study possible, from the planning phase to the data collection, analysis and report. We would also like to thank Elizabeth Beachy and Giovanni Meléndez Mollinedo for their helpful suggestions and Megan Klien for editing. We are grateful to the Instituto Latinoamericano de Prevención Educativa en Salud (ILPES) for doing the data collection. We would also like to acknowledge the financial assistance from the U. S. Agency for International Development.

TABLE OF CONTENTS

TABLES AND FIGURES

ACKNOWLEDGEMENTS

ACRONYMS

EXECUTIVE SUMMARY

CHAPTER 1: INTRODUCTION

- 1.1 Background on PASMO
- 1.2 Study objective
- 1.3 Background on Honduras
- 1.4 HIV/AIDS in Central America
- 1.5 HIV/AIDS in Honduras

CHAPTER 2: METHODOLOGY

- 2.1 Sample design
 - 2.1.1 Sampling design for MSM
 - 2.1.2 Sampling design for SW
- 2.2 Data collection
- 2.3 Data analysis

CHAPTER 3: MEN WHO HAVE SEX WITH MEN

- 3.1 Sample characteristics
- 3.2 Risky sexual behavior
- 3.3 Awareness and knowledge of HIV/AIDS
 - 3.3.1 Exposure to information about HIV/AIDS
 - 3.3.2 MSM's reasons for using condoms
- 3.4 Exposure to specific social marketing programs
- 3.5 Participation in PASMO activities
- 3.6 Condom availability and accessibility
 - 3.6.1 Usual and preferred source of condoms
 - 3.6.2 Opinion about the price of condoms
- 3.7 Self-efficacy
- 3.8 Demonstration of skills in condom use
- 3.9 Participation in PASMO skills demonstration and condom use
- 3.10 Condom use
- 3.11 Knowledge and use of lubricants

CHAPTER 4: COMMERCIAL SEX WORKERS

- 4.1 Demographic Characteristics of Sex Workers
- 4.2 Risky sexual activity
- 4.3 Awareness and knowledge of SW about HIV/AIDS
 - 4.3.1 Exposure to HIV/AIDS information
 - 4.3.2 Sex workers' reasons for using condoms
- 4.4 Exposure to social marketing programs
- 4.5 Participation in PASMO programs
- 4.6 Condom availability and accessibility
 - 4.6.1 SW usual and preferred source of condoms
 - 4.6.2 SW opinions about the price of condoms
- 4.7 Self-efficacy
- 4.8 Sex workers' skills in condom usage
- 4.9 Condom demonstrations and use
- 4.10 Condom use
- 4.11 Knowledge and use of lubricants

CHAPTER 5: CONCLUSIONS & PROGRAM IMPLICATIONS

- 5.1 Men who have Sex with men
- 5.2 Sex workers

REFERENCES

TABLES AND FIGURES

Table 1: Demographic Characteristics of Men who have Sex with Men in Honduras

Table 2: Trends in MSM's Risky Sexual Activity

Table 3: Trends in MSM's Type of Sexual Partners

Table 4: Trends in Exposure of MSM to Information on HIV/AIDS

Table 5: Trends in MSM's Reasons for Using Condoms

Table 6: Percentage of MSM Exposed to Specific Social Marketing Advertisements

Table 7: Percentage of MSM who Participated in PASMO Activities

Table 8: Trends in MSM's Reported Availability and Affordability of Condoms

Table 9: Trends in MSM's Intended Condom Use with Various Partners

Table 10: Trends in MSM's Skills in Condom Use

Table 11: Percentage of MSM who Participated in a PASMO Activity by
Demonstration of Correct Use of Condoms (2000)

Table 12: Trends in the Percentage of MSM who Used a Condom in Last Sex
Act by Type of Partner

Table 13: Trends in MSM's Knowledge and Use of Lubricants

Table 14: Demographic Characteristics of Sex workers in Honduras

Table 15: Trends in Risky Sexual Activity of SWs

Table 16: Trends in the Proportion of SWs who Currently have Sex with Men

Table 17: Trends in SWs' Exposure to Information on HIV/AIDS

Table 18: Trends in SWs' Reasons for Using Condoms

Table 19: Percentage of SWs Exposed to Specific Social Marketing Programs

Table 20: Percentage of SWs who Participated in PASMO Activities

Table 21: Trends in Reported Availability and Affordability of Condoms Among SWs

Table 22: Trends in SWs' Intended Condom Use with Various Partners

Table 23: Trends in SWs' Skills Demonstration of Correct Condom Use

Table 24: Percentage of SWs who Participated in a PASMO Activity by
Demonstration of Correct Use of Condoms (2000)

Table 25: Trends in SWs' Condom Use in the Last Sex Act by Partner Types

Table 26: Trends in Indicators of Lubricants

ACRONYMS

AIDS	=	Acquired Immune Deficiency Syndrome
HIV	=	Human Immunodeficiency Virus
IEC	=	Information, Education and Communication
ILPES	=	Instituto Latinoamericano de Prevención y Educación en Salud
KAP	=	Knowledge, Attitudes and Practices
LACEN	=	Latin American and Caribbean Epidemiological Network
MOH	=	Ministry of Health
MSM	=	Men who have Sex with Men
NGO	=	Non-Governmental Organization
PASMO	=	Pan American Social Marketing Association
SWs	=	Sex Workers
UNAIDS	=	United Nations Program on AIDS
WHO	=	World Health Organization

EXECUTIVE SUMMARY

Objective

This study was conducted to understand the extent to which the knowledge, attitudes and practices of men who have sex with men (MSM) and sex workers (SWs) in Honduras have changed since the program intervention on HIV/AIDS by Pan American Social Marketing Organization's (PASMO) and other Non-governmental organizations (NGOs). PASMO began working in Honduras in September 2000.

Study Design

This study was conducted with representative samples of 300 low-income MSM and 400 SWs in San Pedro Sula metropolitan area. It discusses any changes among the two groups that occurred between 1997 and 2000 in the exposure to information on HIV/AIDS, the perceived risk of contracting HIV/AIDS, the perceived self-efficacy, condom use skills, and condom use.

Changes among MSM

- Risky sexual activity declined among MSM and their male partners but there was no change in risky sexual activity with female partners.
- There was a significant increase in the percentage of MSM exposed to information on the advantages of condoms through the mass media, interpersonal communications, and NGOs.

- The proportion of MSM who know that condom prevents STDs and AIDS increased significantly, but this did not translate into increased condom use with female partners.
- There was an overall improvement in MSM's ability to demonstrate basic condom skills. MSM who participated in PASMO activities were more likely to demonstrate the four essential skills of correct condom use than those who did not.
- MSM now think that condoms are less expensive than they did in 1997.
- Few MSM buy condoms from pharmacies because of free unbranded supplies.
- An increased number of MSM prefer to buy condoms from the pharmacy and increasing numbers would like to receive them from NGOs.

Changes among SWs

- The proportion of SWs who had self-efficacy to use condoms with clients increased, but few used them with clients who look healthy or their lovers.
- While exposure to condom information via the mass media has increased among SWs, only a few received information through interpersonal communication
- The SWs who participated in PASMO activities were more likely to demonstrate four essential skills of condom use than those who did not.
- SWs received condoms from health establishments, and would prefer to purchase condoms in pharmacies.
- Half of SWs believe that condoms are inexpensive.

Conclusions

MSM: Significant improvement in risky sexual behavior, AIDS awareness, condom skills and condom use with men. While risky sexual behavior with men decreased, there was no change in unprotected sex with their female partners. MSM who have female partners are potential bridge to the spread of HIV among the general population. Program interventions that focus on sensitizing MSM to the need for consistent condom use with all partners may reduce the spread of HIV to the general population. Program intervention that use multiple communication channels, including interpersonal communication, may be more effective.

SWs: Significant increase in the knowledge and the self-efficacy to use condoms with clients but these did not translate into consistent condom use with all clients. There is need for more information on modes of HIV transmission and symptoms including correct skills in condom. These may increase consistent condom use with all partners. SWs need improved negotiation skills to implement consistent condom use, specifically with spouse and lovers.

CHAPTER 1

INTRODUCTION

1.1 Background on PASMO

Established in 1996, the Pan American Social Marketing Organization (PASMO) is dedicated to increasing demand for and consistent use of priority health products and services among low-income consumers and other vulnerable populations in the Central American region through the use of social marketing technology. Its goals are to:

- Increase knowledge of condoms and correct, consistent use.
- Increase access to affordable condoms, especially among high-risk groups
- Establish an effective regional social marketing organization that will a) maximizing the public health impact, b) minimize financial vulnerability, and c) strengthen institutional capacity
- Create positive behavior change by implementing PSI's targeted communication and behavior change models.

VIVE (Live!) condoms hit the Costa Rican market in 1997 and have since been launched in Guatemala, El Salvador, Belize, Nicaragua, Honduras and Panama. Affordable *VIVE* condoms—which range in price from US \$0.30 per 3-pack in Nicaragua to US \$0.85 per 3-pack in Panama—are made available through a variety of traditional and non-traditional outlets including pharmacies, supermarkets, bars, and nightclubs. The slogan *VIVE Tu Mejor Momento* (Live your best moment) appears on *VIVE* packaging and

accompanies print materials and mass media activities such as TV, radio, billboard and newspaper ads.

To accomplish its goals, PASMO employs targeted communication and behavior change strategies, condom social marketing techniques, community-based distribution networks, and continuous research and program evaluation. PASMO also works through local NGOs to reach target groups.

1.2 Study Objective

Since 1996, PASMO has developed and maintained an effective regional social marketing program with the goal of enhancing the Central American capacity to respond to HIV/AIDS. In order to assess overall progress toward this goal, PASMO has conducted baseline (1997) and follow-up (2000) knowledge, attitude and practice (KAP) surveys among men who have sex with men (MSM) and commercial sex workers (SWs) in the region. This study examines the changes in key behavior change indicators among the target populations. These indicators include condom usage, perceived access to affordable condoms, understanding of correct condom use, perceived self-efficacy in condom use, and knowledge of HIV/AIDS prevention.

Survey results for 1997 and 2000 provide valuable information on the impact of governments' and NGOs' HIV/AIDS intervention programs among the high-risk groups in Honduras. PASMO started working in the Honduras in September 2000 and this evaluation will help PASMO to develop appropriate intervention programs.

1.3 Background on Honduras

Honduras is the second largest country in Central America, covering an area of 112,088 square kilometers. This coastal country borders Nicaragua, El Salvador and Guatemala. Honduras has a population of approximately 6.25 million. The birth rate in 2000 was 33 per 1000, the death rate was 5 per 1000 and the annual growth rate was 2.5%. The average life expectancy at birth was about 70 years and the total fertility rate was 4.3 (US Census Bureau, 2000b). With approximately half of its citizens living below the poverty level, Honduras is among the poorest countries in the Western Hemisphere and is heavily dependent on foreign financial assistance.

1.4 HIV/AIDS in Central America

Available data suggests that HIV/AIDS is increasing in Central America. However, due to a lack of adequate surveillance, the actual number of HIV/AIDS cases in the region is unknown. Estimates from UNAIDS (2000c) suggest that nearly 200,000 adults and children in Belize, Costa Rica, Guatemala, Honduras, Nicaragua, and Panama could be infected. As of December 2000, UNAIDS estimated that 200,000 people throughout Central America were living with HIV/AIDS (2000c). The prevalence rates in the region range from 0.20 % in Nicaragua to 2.01% in Belize (UNAIDS, 2000). Key goals include increasing the amount of quality surveillance data, and promoting prevention among high risk groups in the region (UNAIDS, 2000).

1.5 HIV/AIDS in Honduras

Over the past twenty years, Hondurans have suffered among the highest HIV prevalence rates in the Central American region. The Honduran government reported that as of 1997, a total of 10,537 people were infected with HIV (Sierra, 1997), and 8,217 cases of AIDS had been reported (US Census Bureau, 2000). It is believed that between 30% and 50% of all cases go unreported, indicating that the actual number of cases may have been between 10,617 and 12,250. The incidence rate in the country has increased from approximately 50 cases per million in the late 1980s to 229 per million in 1993. In 2000, UNAIDS and the World Health Organization published a total prevalence rate of 1.9% for Honduras (UNAIDS, 2000).

The growing epidemic has spread quickly among both sexes, with an estimated 80% of all infections occurring during unprotected heterosexual (Latin American and Caribbean Epidemiological Network et. al. [LACEN], 2000). One important factor in the rapid spread of HIV/AIDS is the early infection of bisexuals, sex workers, soldiers, sailors, and other groups with histories of multiple sex partners (Sierra, 1997).

The number of infected adults is significantly greater among Honduras' high-risk populations. Between 1989 and 1997, the rate of infection among sex workers increased from 13% to 21% in San Pedro Sula and from 6% to 14% in the capital city of Tegucigalpa (LACEN, 2000). While Honduras was one of the first Central American countries to organize a national response to HIV/AIDS, there remain cultural, religious and institutional barriers to effectively combat the epidemic (Sierra, 1997).

Although little data is available about homosexual men in Honduras, the rate of HIV infection appears to be high among homosexual men. A study consisting of only Honduran men who had sex with men reported an HIV prevalence rate of 8%, compared to the estimated national prevalence rate of 1.9% (LACEN, 2000). A study of truck drivers suggests that those who had sex with men were six times more likely to be infected with HIV than those who had not (LACEN, 2000). Efforts to change the sexual behavior of sex workers and men who have sex with men may contain HIV infection in the general population.

CHAPTER 2

METHODOLOGY

2.1 Sample Design

Due to differences in their sexual life styles, identification, visibility and location, the sampling design for MSM and SWs were different. This was especially true for the construction of the sampling frame. To ensure the comparison of results, the sample design for 1997 and 2000 were comparable for both target populations.

2.1.1 Sampling Design for MSM

The 300 MSM included in this survey were adults of at least 18 years of age who lived around San Pedro Sula or visited the metropolitan area at the time of the survey. Since this sub-group was difficult to identify and locate, consideration was given during the construction of sampling frame to easy access to areas where they usually congregate. The sampling frame was constructed by interviewers who were also MSM since they were more likely to know where to find other MSM.

Since only two clubs were exclusively for MSM, the study included other bars, discotheques, taverns and meeting places that were also visited by heterosexual men. Seven establishments were included in the study. The cooperation of establishment owners enabled the collection of detailed information on days opened during the week,

hours of operation, and an estimate of the number of people who visit the establishment per day.

The estimated number of patrons was used to apportion the sample with the probability proportional to the size of the estimated population that visit the establishments. Since the volume of traffic to any establishment may depend on the hour of the day, hours for interview were selected at random to reduce this bias. At a randomly selected hour, the first five MSM that visited the establishment were interviewed. Since the probability of inclusion in the sample depends on frequency of visits, the study attempted to weight the sample. Despite the weight, the distribution of the weighted sample was not significantly different from that of the unweighted sample.

2.1.2 Sampling Design for SWs

The study includes 400 sex workers who lived around the San Pedro Sula metropolitan area at the time of the interview. The sample was drawn to represent sex workers in the low socioeconomic group and who meet their clients at either known sex establishments or on the street. The sampling design includes a listing of social meeting places, sex establishments, and street areas where sex workers gather (bars, tarvens, saloons, and other meeting places).

Two lists were compiled, the first included known sex establishments, their opening and closing times, the average number of sex workers that worked there per day, and their work schedule. The second list included information on location, meeting and possible

pick up area, addresses of blocks covered, days worked and the working hours for sex workers who meet clients on the street. Additional information was collected from street SWs on whether they were limited to only one street or whether they could work freely in the area.

The information on 14 establishments and information on street sex workers were used to estimate the total number of sex workers in the area. The bias in estimation was recognized since sex workers especially those who meet clients on the streets were very mobile. The estimate of sex workers in the area was used to select sex workers with probability proportion to size. The first five sex workers in the establishment at a randomly selected hour were interviewed. For sex workers on the street, interviews were conducted with the SWs at a given location at a randomly selected hour of the day. Information on the frequency of visits was intended to weight the data but this was not necessary since weights did not significantly alter the distribution of the sample.

2.2. Data Collection

The implementation of the surveys for both MSM and SWs was done by ILPES (Instituto Latinoamericano de Prevencion y Educacion en Salud) a research agency in San Jose, Costa Rica. A coordinator and five interviewers based in Honduras collected the data collection. The questionnaire was pre tested and checked for inconsistencies. Questions were on demographic characteristics, types of partners, sexual behavior, use of condoms with clients, self-efficacy, awareness and knowledge of HIV/AIDS, and channels of information on HIV/AIDS. Other questions were on knowledge and use of lubricants,

drug and alcohol use, awareness and participation in HIV/AIDS activities, and knowledge and attitudes about cocktail medication. The final pre-coded questionnaire consisted of approximately 200 questions. Each interview lasted roughly 27 minutes and data collection lasted about three weeks. The degree of cooperation among SWs and MSM was generally high (above 90%).

2.3 Data Analysis

Most of the tables in this report present adjusted percentages for 1997 and 2000. Other tables show percentages for only 2000 reflecting indicators on programs activities introduced after 1997. Multiple classification analysis (MCA) was used to derive percents adjusting for sample differences in age, level of education, and residence. The statistical significance (P-trends) of changes in percentages between the two time periods was determined with the F-test.

CHAPTER 3

MEN WHO HAVE SEX WITH MEN

3.1 Sample Characteristics

The majority of MSM interviewed were young men younger than 30 years old (87%). Most had some secondary education or higher (84%). Fifty-nine percent defined themselves as homosexual men, 26% defined themselves as bisexual and 15% considered themselves to be heterosexual. The majority of MSM were single (94%), had no children (85%), and had one or more dependants (42%). Most MSM (86%) were in the low-income category earning less than \$400 per month.

3.2 Risky sexual behavior

As Table 2 shows, between 1997 and 2000, there were significant decreases in the risky sexual behavior of MSM. The percentage of MSM who had penetrated a man without using a condom in the last 12 months decreased significantly from 39% to 17% ($p < .001$). Also, the percentage that had been penetrated by a man without a condom decreased from 50% to 16% ($p < .001$). There was no significant change in other indicators of risky sexual behavior.

Table 1: Demographic characteristics of MSM in Honduras

	%
Age Group	
< 20	26
20 – 24	40
25 – 29	21
30 – 34	7
35 or more	6
Total (N)	296
Level of Education	
Some primary/completed primary	16
Some secondary or more	84
Total (N)	295
Religion	
Catholic	59
Other Christians	41
Total (N)	227
Marital Status	
Not married	94
Married/living with partner	6
Total (N)	296
Number of Children	
None	85
One or more	15
Total (N)	296
Number of Dependents	
None	58
One or more	42
Total (N)	293
Estimated Income (per month in dollars)	
200 or less	49
201 – 400	37
401 or more	14
Total (N)	293
Self Definition	
Heterosexual	15
Homosexual/Gay	59
Bisexual/Other	26
Total (N)	295

Table 2: Trends in MSM’s risky sexual activity (adjusted percentages)*				
Indicators		Baseline 1997	Follow-up 2000	P(trend)
Penetrated a man in the last 12 months without Using a condom	%	39	17	.000***
	N	298	296	
Penetrated by a man in the last 12 months without using a condom	%	50	16	.000***
	N	298	296	
Had vaginal sex last 12 month without using a condom	%	21	21	.906
	N	298	296	
Had anal sex with a woman in last 12 month without using a condom	%	9	9	.842
	N	298	296	
Had oral sex last 12 month without using a condom	%	39	31	.074
	N	298	296	
*Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = p < .05, ** = p < .01 and *** = p < .001				

Table 3 shows increased heterosexual activity among MSM between 1997 and 2000. The percentage of men who had sex only with men decreased from 73% to 62% ($p < .01$), while the percentage that had sex with both men and women increased from 27% to 38% ($p < .01$). This increase in heterosexual activity may increase the rate of infection of HIV to the larger population.

Table 3: Trends in MSM's type of sexual partners (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
Currently have sex with men, women or both:				
Have sex with only men	%	73	62	.008**
	N	298	296	
Have sex with men and women	%	27	38	.008**
	N	298	296	

*Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

3.3 Awareness and Knowledge of HIV/AIDS

3.3.1 Exposure to Information about HIV/AIDS

By 2000, MSM had received significantly more condom information through the mass media than they had in 1997 (Table 4). The percentage that learned about condoms on television doubled from 39% to 83% ($p < .001$), and the percentage that heard about condom on the radio nearly tripled from 26% to 71% ($p < .001$). Furthermore, the percentage of MSM who received information about condoms through the newspaper increased dramatically from 16% to 71% ($p < .001$), and the number exposed to pamphlets and posters promoting condom use increased from 77% to 97% ($p < .001$).

There was an increase in interpersonal communication about condoms among MSM.

The percentages of MSM who received information about condoms from their partners/lovers, friends, or family all increased (65% to 79% ($p < .001$), 72% to 95% ($p < .001$) and 9% to 46% ($p < .001$), respectively.)

**Table 4: Trends in the exposure of MSM to information on HIV/AIDS
(adjusted percentages)***

Indicators		Baseline	Follow-up	P(trend)
Have you received information about condoms from:		1997	2000	
TV	%	39	83	.000***
	N	298	296	
Radio	%	26	71	.000***
	N	298	296	
Newspapers	%	16	71	.000***
	N	298	296	
Pamphlets/posters	%	77	97	.000***
	N	298	296	
Friends	%	72	95	.000***
	N	298	296	
Partner/lover	%	65	79	.000***
	N	298	296	
Family	%	9	46	.000***
	N	298	295	
Organizations for gays	%	47	74	.000***
	N	298	296	
Church or church minister	%	3	8	.002**
	N	298	296	
Workshop activity with MOH	%	40	36	.299
	N	298	296	
Govt. phone line on AIDS	%	6	5	.684
	N	298	295	
NGO phone line on AIDS	%	34	13	.000***
	N	298	296	
NGO workshop on AIDS	%	34	45	.010**
	N	298	296	
The internet	%		13	
	N		294	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

The percentage of MSM that received condom information from organizations for homosexuals increased (47% to 74%; $p < .001$), from NGO workshops on AIDS (34% to 45%; $p < .01$) and from the Church (3% to 8%; $p < .01$). NGO phone lines on AIDS became less important during this period, decreasing from 34% to 13% ($p < .001$).

3.3.2 MSM's Reasons for Using Condoms

In this study, knowledge of the advantages of condoms was measured by series of questions asking respondents why they used condoms with partners. Findings in Table 5 show an increase in the percentage of MSM who used condoms to prevent AIDS (78% to 91%, $p < .01$). MSM who used condoms with occasional male partners to prevent AIDS increased from 81% to 92% ($p < .01$).

At the same time, the percentage who used condoms with stable male partners because of hygiene declined from 42% to 12% ($p < .001$), and those who used condoms with occasional partners for hygiene also decreased (from 33% to 16%, $p < .001$).

Table 5: Trends in MSM's reason for using condoms (adjusted percentages)*

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Use condoms with stable male partner:				
For hygiene	%	42	12	.000***
	N	104	153	
To prevent STDs	%	72	80	.153
	N	104	153	
To prevent AIDS	%	78	91	.003**
	N	104	153	
For other reasons	%	7	13	.188
	N	104	153	
Use condoms with occasional male partner:				
For hygiene	%	33	16	.000***
	N	145	241	
To prevent STDs	%	84	78	.183
	N	145	241	
To prevent AIDS	%	81	92	.002**
	N	145	242	

Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

3.4 Exposure to Specific Social Marketing Programs

Table 6 shows a high recall of *VIVE* condom advertisements among MSM (77%).

Between the time that PASMO began activities (September 2000) and the data collection, 67% of MSM were exposed to the “tu eliges” campaign, 50% the “bus” advertisement, and 41% to the “birthday” advertisement. Only 7% remembered seeing or hearing the “la seguridad tiene muchos nombres” campaign.

Table 6: Percentage of MSM exposed to specific social marketing advertisements

Indicators	Baseline 1997	Follow-up 2000
Seen or heard advertisement on <i>VIVE</i> condom	% N	77 296
Have seen on TV advertisement about: The bus	% N	50 296
The birthday	% N	41 295
“Tu Eliges”	% N	67 296
“La seguridad tiene muchos nombres”	% N	7 296
Other commercials	% N	2 296

3.5 Participation in PASMO Activities

Aside from social marketing advertisements, 33% of MSM participated in a PASMO outreach program (Table 7). Twenty-eight percent of MSM had seen *VIVE* condoms displayed in stores and also had participated in a “Noches *VIVE*” event. Twenty-seven percent participated in a correct condom use demonstration, and 23% attended an AIDS prevention workshop.

Table 7: Percentage of MSM who participated in PASMO activities

Indicators	Baseline 1997	Follow-up 2000
Participation in PASMO Activities		
Any PASMO activity	% N	33 296
Prevention of AIDS	% N	23 296
To promote correct condom use	% N	27 296
Seen any <i>VIVE</i> condom displays	% N	28 296
Las “Noches <i>VIVE</i> ”	% N	28 296
Seen <i>VIVE</i> Movil	% N	1 296
Other activities	% N	1 297

*Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

3.6 Condom Availability and Accessibility

3.6.1 Usual and Preferred Source of Condoms

Table 8 shows a decrease in the number of MSMs who buy condoms from pharmacies (62% to 52%, $p < .01$) or the stores/supermarkets (9% to 5%, $p < .01$). MSMs were less likely to have other sources of condoms as well (22% to 2%, $p < .001$). This decline in the percentage of MSM who buy condoms from store and supermarkets, private pharmacies or other private sources may be due to the supply of free unbranded condoms

by MOH and some NGOs. The proportion of MSM who prefer NGOs as sources of condoms increased from 10% to 18% ($p < .001$).

Table 8: Trends in MSM's reported availability and affordability of condoms (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
Usual Source of Condoms				
Source of condoms is store/supermarket	% N	9 298	5 294	.003**
Source of condoms is private pharmacy	% N	62 298	52 294	.008**
Source of condoms is NGO	% N	5 298	6 294	.784
Other sources of condoms	% N	22 298	2 294	.000***
Preferred Source of Condoms				
Preferred source of condoms is store/supermarket	% N	2 298	3 291	.255
Preferred source of condoms is private pharmacy	% N	66 298	63 291	.514
Preferred source of condoms is NGO	% N	10 298	18 291	.000***
Preferred other sources of condoms	% N	15 298	15 291	.841
Opinions about the Price of Condoms				
Condoms are expensive	% N	24 263	13 270	.002**
Condom prices are average	% N	38 263	43 270	.268
Condoms are cheap	% N	38 263	44 270	.186

*Percentages are adjusted for sample differences in age, level of education, and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < 0.001$

3.6.2 Opinion about the Price of Condoms

Results in Table 8 suggest increased affordability of condoms, with a decrease from 24% of MSM who considered condoms to be expensive to 13% ($p < .001$).

3.7 Self-efficacy

Table 9 indicates significant improvements in most indicators of self-efficacy during the study period. The percentage of MSM who would use a condom after consuming drugs or alcohol increased from 77% to 88% ($p < .001$). Furthermore, the percentage who would use condoms with a known partner and a stable partner increased from 54% to 78% ($p < .001$) and 35% to 68% ($p < .001$), respectively. The number who would use a condom if their partner did not ejaculate inside them increased from 68% to 94% ($p < .001$). There was a similar increase from 72% to 92% ($p < .001$) in the percentage of MSM who would use condom even when not ejaculating inside a partner.

Table 9: Trends in MSM's intended condom use with various partners

(Adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
% who would use condoms if:				
Use drug or alcohol	%	77	88	.001***
	N	276	293	
Partner is known	%	54	78	.000***
	N	289	294	
Use condom with lover	%	35	68	.000***
	N	293	292	
Partner will not ejaculation inside	%	68	94	.000***
	N	288	293	
I will not ejaculate inside	%	72	92	.000***
	N	279	292	
If practice masturbation	%	37	36	.677
	N	276	279	

Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

3.8 Demonstration of Skills in Condom Use

Respondents in this study were asked if they would like to participate in demonstrating their condom use skills with an anatomical model. Table 10 presents results of only those who participated in the demonstration. Four components of skills were examined in the analysis: 1) the ability to open a condom wrapper with fingers at the corner, 2) the ability to remove air by holding the condom at the tip with fingers, 3) the ability to roll the condom completely to the base of the dildo, and 4) the ability to remove the condom from the dildo while holding the ring.

The findings suggest improved skills in condom use between 1997 and 2000. The percentage of MSM who correctly opened the wrapper increased from 69% to 89% ($p < .001$) and those who pinched the tip increased from 60% to 83% ($p < .001$). Furthermore, there was an increase from 75% to 84% ($p < .05$) in the percentage of MSM who removed the condom while holding the ring. Overall, the percentage of MSM that correctly demonstrated two, three, and four condom skills increased from 86% to 94% ($p < .001$), 71% to 88% ($p < .001$) and 43% to 72%, respectively.

Table 10: trends in MSM's skills in condom use (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
MSM demonstrated how to use a condom				
Tear condom wrapper with fingers at the corner	%	69	89	.000***
	N	261	274	
Hold the end of the condom with fingers	%	60	83	.000***
	N	261	275	
Unroll the condom correctly to cover the entire dildo	%	94	97	.127
	N	259	275	
Remove the condom from the dildo holding the ring	%	75	84	.012*
	N	261	275	
Correct demonstration of at least two skills of condom use	%	86	94	.001***
	N	261	275	
Correct demonstration of at least three skills of condom use	%	71	88	.000***
	N	261	275	
Correct demonstration of condom use (four basic skills)	%	43	72	.000***
	N	261	275	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = p < .05, ** = p < .01 and *** = p < .001

3.9 Participation in PASMO Skills Demonstration and Condom Use

PASMO began implementing interpersonal activities emphasizing correct and consistent condom use with this population in October 2000. PASMO also reach the population by working with other NGOs in Honduras. Table 11 shows findings on MSM who participated in any PASMO activity and those who did not. The findings suggest a strong positive association between participation in condom demonstrations and condom skills. Eighty-two percent of MSM who participated in PASMO activities successfully demonstrated four basic skills of condom use compared to 65% of non-participants (p < .01).

The observed positive association between participation in condom demonstrations and condom use may be due to the activities of PASMO and as well as other NGOs in the area.

Table 11: Percentage of MSM who participated in a PASMO activity by demonstration of correct use of condoms (2000)

Indicators		Participated in any PASMO activity		
		No	Yes	P-value
MSM:				
Tear condom wrapper with fingers at the corner	%	86	94	.053
	N	181	93	
Hold the end of the condom with fingers	%	78	90	.012*
	N	182	93	
Unroll the condom correctly to cover the entire dildo	%	96	98	.455
	N	182	93	
Remove the condom from the dildo holding the ring	%	80	89	.058
	N	182	93	
Correct demonstration of at least two skills of condom use	%	92	98	.063
	N	182	93	
Correct demonstration of at least three skills of condom use	%	85	91	.115
	N	192	93	
Correct demonstration of condom use (four basic skills)	%	65	82	.004**
	N	182	93	

Note Chi Square statistics; * = $P < 0.05$, ** = $P < 0.01$ and *** = $p < 0.001$

3.10 Condom Use

Table 12 shows a significant increase in MSM's condom use in last sex acts.

Specifically, the percentage that used condoms in their last sex act with a stable male partner increased from 48% to 69% ($p < .001$), and those who used them with sporadic male partners increased from 56% to 80% ($p < .001$). As expected, those who had used condoms with all male partners increased from 34% to 55% ($p < .001$) and those who had

used a condom with all male and female partners during the last sex act increased from 17% to 26% ($p < .01$).

Table 12: Trends in the percentage of MSM who used a condom in last sex act by type of partner				
Indicators		Baseline 1997	Follow- up 2000	P(trend)
Used condoms in last sex act with:				
Stable male partner or lover	%	48	69	.000***
	N	297	295	
Sporadic male partner	%	56	80	.000***
	N	296	295	
All male partners	%	34	55	.000***
	N	298	295	
All partners (male and female)	%	17	26	.005**
	N	298	296	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

3.11 Knowledge and Use of Lubricants

The findings in Table 13 show that MSM's awareness and use of lubricants increased between 1997 and 2000. The awareness of lubricants increased from 66% to 77% ($p < .01$), ever use increased from 37% to 58% ($p < .001$), and current use increased from 19% to 28% ($p < .001$). The level of awareness attained may be a result of other NGO activities in the area.

**Table 13: Trends in MSM's knowledge and use of lubricants
(adjusted percentages)***

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Knows what a lubricant is	%	66	77	.003**
	N	298	295	
Ever used a lubricant	%	37	58	.000***
	N	298	295	
Currently using a lubricant	%	19	28	.009**
	N	298	295	

*Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = p < .05, ** = p < .01 and *** = p < .001

CHAPTER 4

COMMERCIAL SEX WORKERS

4.1 Characteristics of SWs

Most of the sex workers interviewed were young women in their 20's (56%). A quarter (27%) were over 30 and 18% were under 20 (Table 14). Seventy-one percent had at least some primary school education, while 15% had no education. Most SWs (77%) were unmarried, only 23% were married or in a stable relationship. Only 10% of SWs had no children; 51% had one or two, and 39% had three or more. Sixty-three percent of the women had three or more dependents. The majority of SWs (82%) charged more than \$10 per client and 54% make less than \$200 per month. According to the U.S. department of Labor (2000), this places SWs at or near poverty level of \$5 per day. Sixty-one percent define themselves as sex workers, 18% as prostitute and 21% gave a less common definition or did not characterize themselves.

4.2 Risky Sexual Activity

The findings in Table 15 show a decline from 54% to 32% ($p < .0001$) in the percentage of CSW who reported unprotected vaginal sex in the past 12 months, but a slight increase (6% to 10%) in the percentage who had unprotected oral sex. Unlike the MSM, nearly all CSW interviewed (94%) reported having sexual relations exclusively with men (Table 16).

Table 14: Demographic characteristics of sex workers

	%
Age Group	
< 20	18
20 – 24	32
25 – 29	24
30 – 34	11
35 or more	16
Total (N)	388
Level of Education	
No education	15
Some primary/completed primary	71
Some secondary or more	14
Total (N)	386
Religion	
None	27
Catholic	54
Other Christians	19
Total (N)	390
Marital Status	
Not married	77
Married/living with partner	23
Total (N)	389
Number of Children	
None	10
Two or less	51
Three or more	39
Total (N)	387
Number of Dependents	
None	8
Two or less	29
Three or more	63
Total (N)	388
Estimated Income (per month in dollars)	
200 or less	54
201 – 400	35
401 or more	11
Total (N)	390
Average payment by client	
Less than 9 dollars	18
10 dollars or more	82
Total (N)	390
Self Definition of Work	
Others/Don't know	21
Women in prostitution/prostitute	18
Sex worker	61
Total (N)	387

Table 15: Trends in risky sexual activity of SWs (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
Had vaginal sex last month without condoms	%	54	32	.000***
	N	291	383	
Had anal sex last month without condoms	%	12	11	.941
	N	291	380	
Had oral sex last month without condoms	%	6	10	.050*
	N	291	385	

* Percentages are adjusted for sample differences in age, level of education and residence ; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

Table 16: Trends in the proportion of SWs who currently have sex with men (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
Currently have sex with men:				
Have sex with only men	%	97	94	.069
	N	291	385	

*Percentages are adjusted for sample differences in age, level of education, and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

4.3 Awareness and Knowledge of SWs about HIV/AIDS

4.3.1 Exposure to HIV/AIDS Information

Table 17 shows a tremendous increase in the percentage of SWs who received information about condoms from television and radio between 1997 and 2000. The percentage of SWs who received information about condoms on television increased (66% to 81%, $p < .01$), as did the percentage who received information from the radio (57% to 74%, $p < .001$). The role of friends as a source of information about condom declined for SWs from 68% to 56% ($p < .01$). The percentage of SWs who receive information from NGO workshops on AIDS is decreasing (48% vs. 50%, $p < .001$).

Table 17: Trends in SWs' exposure to information on HIV/AIDS (adjusted percentages)*

Indicators		Baseline	Follow-up	P(trend)
Have you received information about condoms from:		1997	2000	
TV	%	66	81	.004**
	N	291	385	
Radio	%	57	74	.000***
	N	290	384	
Newspapers	%	56	65	.036*
	N	291	381	
Pamphlets/posters	%	71	67	.269
	N	291	383	
Friends	%	68	56	.002**
	N	290	383	
Partner/lover	%	44	41	.473
	N	291	383	
Family	%	28	34	.099
	N	291	379	
Organizations for sex workers	%	57	61	.335
	N	291	380	
Church/ministry	%	8	9	.664
	N	291	377	
Workshop activity with MOH	%	68	66	.686
	N	291	384	
Govt. phone line on AIDS	%	12	17	.084
	N	291	383	
NGO phone line on AIDS	%	18	21	.474
	N	291	385	
NGO workshop on AIDS	%	50	48	.000***
	N	291	382	
Internet	%	-	2.6	
	N	-	388	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

4.3.2 SWs' Knowledge of the Advantages of Condoms

Table 18 shows that there are high levels of SWs using condoms as a means to preventing STDs and AIDS (90% and 83% respectively in 2000) although there was no significant increase between 1997 and 2000. While the percentage who use condoms with clients to prevent pregnancy has significantly increased (39% to 48%, $p < .001$), the percentage who use them for hygiene purposes declined from 31% to 20% ($p < .01$) and percentage who use them for other reasons increased (9% to 18%, $p < .01$).

**Table 18: Trends in SWs' reasons for using condoms
(adjusted percentages)***

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Use condoms with clients:				
To prevent pregnancy	%	39	48	.020*
	N	272	377	
To prevent STDs	%	92	90	.398
	N	273	377	
To prevent AIDS	%	83	83	.865
	N	273	377	
For hygiene	%	31	20	.002**
	N	273	376	
For other reasons	%	9	18	.004**
	N	272	375	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

4.4 Exposure to Social Marketing Programs

Only one-third (36%) of the SWs had seen or heard a *VIVE* condom advertisement, 25% reported seeing the “bus” advertisement, 22% had seen the “tu eliges” spot, and 19% recalled seeing the “birthday” advertisement. Only 9% had seen “la seguridad tiene muchos nombres”.

Table 19: Percentage of SWs exposed to specific social marketing programs

Indicators	Baseline 1997	Follow-up 2000
Seen or heard advertisement on <i>VIVE</i> condom	% N	36 387
Have seen on TV advertisement about: The bus	% N	25 387
The birthday	% N	19 386
“Tu Eliges”	% N	22 386
“La seguridad tiene muchos nombres”	% N	9 386
Other commercials	% N	2 387

4.5 Participation in PASMO programs

Twelve percent of the SWs participated in any PASMO activity, including training, seminars and demonstrations on correct condom use (Table 20). Only 7% participated in AIDS prevention activities, 11% participated in correct condom use demonstration, and only 3% participated in “Noches *VIVE*.” Low participation is because PASMO, in

conjunction with consultants and local NGOs, only started working with SWs in December 2000, few months before the survey.

Table 20: Percentage of SWs who participated in PASMO activities

Indicators	Baseline 1997	Follow-up 2000
Participation in PASMO Activities		
Any PASMO activities	% N	12 387
AIDS Prevention	% N	7 386
To promote correct condom use	% N	11 386
Seen any <i>VIVE</i> condom displays	% N	7 387
Las “Noches <i>VIVE</i> ”	% N	3 386
Seen <i>VIVE</i> Movil	% N	0.5 386
Other activities	% N	2 386

4.6 Condom availability and accessibility

4.6.1 SWs’ Usual and Preferred source of condoms

Between 1997 and 2000, health establishments became the main source of condoms for SWs (9% to 28%, $p < .001$) replacing pharmacies, which decreased as a source (42% to 22%, $p < .001$) and NGOs (34% to 3%, $p < .001$). Bars and discos are also becoming a less likely source of condoms (2% to 6%, $p < .05$). An increasing number of SWs do not

buy condoms (2% to 25%), this may be due to the free, unbranded condoms provided by the ministry of health.

Most SWs prefer to buy condoms from pharmacies. The only no significant change in preference between 1997 and 2000 was a decrease in the percentage who prefer (65% and 60%, respectively).

4.6.2 SWs' Opinion about the price of condoms

Results in Table 21 (panel three) do not show any significant differences in the price of condoms.

4.7 Self-efficacy

There was a notable improvement in indicators of self-efficacy during the study period. The findings in Table 22 show the increase in SWs who would use condoms with regular clients (78% to 90%, $p < .001$). The percentage of those who would use condoms with husband or lover also increased significantly from 48% to 58% ($p < .05$). The percentage who intended to use condoms, even if clients offered them more money for sex increased between 1997 and 2000 (80% to 92%, $p < .001$). The percentage of SWs who would use condoms with clients who insist on not using them also increased (84% to 94%, $p < .001$). However, the percentage of SWs who would use condoms with healthy looking clients declined at the same time (78% to 48%, $p < .001$). This indicator (use condoms with healthy looking clients) cast doubt on the ability of SWs to use condoms with all clients.

Table 21: Trends in SWs' reported availability and affordability of Condoms (adjusted percentages)*

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Usual Source of Condoms				
Private pharmacy	%	42	22	.000***
	N	272	358	
Health establishment	%	9	28	.000***
	N	272	358	
Bar or Disco	%	6	2	.039*
	N	272	358	
NGO	%	34	3	.000***
	N	272	358	
Business or brothel	%	11	10	.923
	N	272	358	
Do not buy condoms	%	2	25	.000***
	N	272	358	
Preferred source of condoms is:				
Private pharmacy	%	65	60	.194
	N	273	374	
Health establishment	%	4	2	.098
	N	273	374	
Bar or disco	%	11	3	.000***
	N	273	374	
NGOs	%	8	6	.209
	N	273	374	
Business or brothel	%	4	7	.249
	N	273	374	
Opinions about the price of condoms				
Condom price is expensive	%	29	27	.494
	N	282	354	
Condom price is regular	%	19	24	.172
	N	282	354	
Condom is cheap	%	51	49	.605
	N	282	354	

*Percentages are adjusted for sample differences in age, level of education, and residence; p(trend) * = p < .05, ** = p < .01 and *** = p < .001

**Table 22: Trends in SWs' intended condoms use with various partners
(adjusted percentages)***

Indicators		Baseline 1997	Follow-up 2000	P(trend)
% who would use condoms if:				
Used drug or alcohol	%	89	92	.210
	N	282	371	
Partner is regular client	%	78	90	.000***
	N	282	368	
Partner is husband or lover	%	48	58	.024*
	N	272	368	
Client pay more	%	80	92	.000***
	N	277	373	
Client insists	%	84	94	.000***
	N	281	374	
Client looks healthy	%	78	48	.000***
	N	281	350	

* Percentages are adjusted for sample differences in age, level of education and residence ; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

4.8 SWs' Skills in Condom Usage

As Table 23 shows, the percentage of CSW who opened the condom wrapper at the corner declined (81% to 68%) as did the percentage of those who unrolled condom correctly to cover the entire dildo declined (89% to 72%). The percentage of SWs who were able to demonstrate two condom use skills significantly decreased from 83% to 73% ($p < .01$). An increased proportion of SWs removed condoms from the dildo holding the ring (29% to 49%, $p < .001$).

Table 23: Trends in SWs' skills demonstration of correct condom use (adjusted percentages)*

Indicators		Baseline 1997	Follow-up 2000	P(trend)
SWs:				
Tear condom wrapper with finger at the corner	%	81	68	.001***
	N	288	307	
Hold the end of the condom with her finger	%	41	41	.986
	N	288	305	
Unroll the condom correctly to cover the entire dildo	%	89	72	.000***
	N	288	307	
Remove the condom from the dildo holding the ring	%	29	49	.000***
	N	288	308	
Correct demonstration of at least two skills of condom use	%	83	73	.007**
	N	288	309	
Correct demonstration of at least three skills of condom use	%	46	48	.707
	N	288	309	
Correct demonstration of condom use (four basic skills)	%	15	19	.227
	N	288	309	

* Percentages are adjusted for sample differences in age, level of education and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$; the Ns in this table are SWs who participated in condom demonstration.

1.9 Condom Demonstrations and Use

Overall, SWs who participated in PASMO activities demonstrated correct condom use more than those who did not participate (Table 24). Sixty-nine percent of those who participated in a PASMO activity held the end of the condom with the finger compared to 38% who had not participated in an activity ($p < .001$). More SWs who had participated in a PASMO activity (68%) correctly removed the condom from the dildo than 46% who had not. Those who had participated in PASMO activities also did better in demonstrating at least three skills of condom use (69%) than those who had not (46%). PASMO participants were more than twice as likely to be able to demonstrate the four basic skills for correct condom use than non-participants (48% vs. 15%, $p < .01$). These

results suggest an association between that participation in PASMO activities and correct skills in condom use.

Table 24: Percentage of SWs who Participated in PASMO activity by Demonstration of Correct Use of condom (2000)

Indicators	Participated in any PASMO activity			
		No	Yes	P-value
SWs demonstrated how to use condom				
Tear condom wrapper with fingers at the corner	%	69	81	.105
	N	268	42	
Hold the end of the condom with fingers	%	38	69	.000***
	N	265	42	
Unroll the condom correctly to cover the entire dildo	%	72	81	.224
	N	268	42	
Remove the condom from the dildo holding the ring	%	46	68	.009**
	N	269	41	
Correct demonstration of at least two skills of condom use	%	73	86	.075
	N	269	42	
Correct demonstration of at least three skills of condom use	%	46	69	.006**
	N	269	42	
Correct demonstration of condom use (four basic skills)	%	15	48	.000***
	N	269	42	

Note Chi Square statistics; * = $P < .05$, ** = $P < .01$ and *** = $p < .001$

4.10 Condom Use

As Table 25 shows, the majority of SWs used condoms in their last sex act with both regular and sporadic clients. While there was a significant increase from 90% to 94% ($p < .05$) in the number of SWs who used condoms with their last sporadic client, the number who used them with their spouses or in free union decreased from 42% to 21% ($p < .001$). Use with regular clients remained fairly constant (91% vs. 86%) but no

significant difference. Although these results suggest a high level of consistent condom use clients, this does not translate to consistent condom with spouse or in free union.

Table 25: Trends in SWs' condom use in the last sex act by partner types (adjusted percentages)*

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Use condoms in last sex act with:				
Regular client	%	86	91	.068
	N	288	359	
Sporadic client	%	90	94	.041*
	N	278	337	
Spouse or free union	%	42	21	.000***
	N	206	169	
All clients in last sex act	%	79	73	.088
	N	291	381	

*Percentages are adjusted for sample differences in age, level of education, and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

4.11 Knowledge and Use of Lubricants

The findings in Table 26 show that few SWs have ever used or are currently using lubricants. Less than 30% reported knowing about lubricants and the number who currently use or ever used is declining. SWs who ever used lubricants decreased from 23% in 1997 to 8% in 2000 ($p < .001$). Only 3% are currently using lubricants, compared to 16% in 1997 ($p < .001$).

Table 26: Trends in Indicators of Lubricants (Adjusted percentages)*

Indicators		Baseline 1997	Follow- up 2000	P(trend)
Knows what a lubricant is	%	27	21	.198
	N	291	385	
Ever used a lubricant	%	23	8	.000***
	N	290	383	
Currently using a lubricant	%	16	3	.000***
	N	289	383	
Frequency of use of lubricant	%	5	7	.002**
	N	289	383	

*Percentages are adjusted for sample differences in age, level of education, and residence; p(trend) * = $p < .05$, ** = $p < .01$ and *** = $p < .001$

CHAPTER 5

CONCLUSIONS AND PROGRAM IMPLICATIONS

5.1 Men who have Sex with Men

While risky sexual behavior with men decreased during the study period, there was no change in MSM's tendency to have unprotected sex with female partners. MSM who had unprotected sex with a female partner are a bridge population for the spread of HIV to the general population. Program efforts focussed on increasing consistent condom use with both male and female partners may reduce both the spread of HIV to the general population as well as the incidence rate among MSM.

The mass media have been an effective vehicle for reaching MSM. The increase in the visibility of condoms on television, radio, and in newspapers may strengthen interpersonal communications about condoms and sexual health among MSM. Program efforts that take advantage of multiple communication channels to provide quality information may improve the risk perception and self-efficacy of MSM to consistently use condoms with their partners.

An increased knowledge of condoms' benefits probably led to a reduction in risky sexual activity among male partners but it did not ensure consistent condom use with all partners. Program efforts that emphasize benefits such as hygiene and other benefits, with explanations on the modes of HIV transmission, may improve consistent condom use among MSM.

MSM who participated in a PASMO activity had better condom use skills than those who did not participate. These findings indicate that the continuation and expansion of condom use demonstrations may be effective at improving condom use skills among MSM. The strategy for the demonstration exercise should be fine-tuned to improve the proportion of MSM that can demonstrate the four basic skills. Correct condom use may contribute to a reduction in the incidence rate of HIV and boost confidence among MSM that condoms are an effective method for preventing sexually transmitted infections and HIV/AIDS.

5.2 Sex Workers

SWs' condom use self-efficacy was high, with the exception that many would have unprotected sex with a healthy looking client. This finding suggests misinformation that need to be corrected along with a sensitization on the need to consistently use condoms with all partners.

Contrary to the findings for MSM, interpersonal communication declined over time among SWs. Interpersonal communication is an important strategy that may be used to increase knowledge of the advantages of condoms, risk perception, and self-efficacy among SWs. Peer education may be used to reduce perceived barriers to condom use. Peer education may also help to internalize condom use skills and to increase consistent condom use among SWs.

The findings suggest that SWs who participated in any PASMO activities were more likely to be able to use condoms correctly than non-participants. Program efforts on demonstration of condom skills need be intensified to cover a larger number of SWs. The techniques for teaching condom skills may be evaluated to increase the proportion of SWs who internalize the four essential components of correct condom use.

Condom use with a spouse or free union declined over the study period even as use with regular or sporadic clients increased. Program efforts geared towards increasing consistent condom use with a spouse or free union will help to reduce the spread of HIV/AIDS in the general population.

REFERENCES

Latin American and Caribbean Epidemiological Network et al (LACEN). (November 2000). HIV and AIDS in the Americas: An Epidemic with Many Faces. [On-line]. Available: <http://www.census.gov/>.

Sierra, M. (1997). Epidemiología de VIH/SIDA en Honduras: Situación Actual y Perspectivas. [On-line]. Available: <http://www.pasca.org/cd/pasca/Informacion/Honduras/ Analisis%20honduras.PDF>.

UNAIDS. (2000). Epidemiological Fact Sheet: Honduras. [On-line]. Available: <http://www.unaids.org/>

UNAIDS. (2000c). "Table of country-specific HIV/AIDS estimates and data." Report on the global HIV/AIDS epidemic - June 2000. [On-line]. Available: http://www.unaids.org/epidemic_update/

U.S. Census Bureau. (June 2000). "HIV/AIDS Profile: Honduras". International Data Base. [On-line]. Available: <http://www.census.gov>

U.S. Census Bureau (2000b). "IDB Summary Demographic Data for Honduras." International Data Base. [On-line]. Available: <http://www.census.gov/>

U.S. Department of Labor: Bureau of International Labor Affairs. (February 2000). Wages, Benefits, Poverty Line, and Meeting Workers' Needs in the Apparel and Footwear Industries of Selected Countries. p. I-46. [On-line]. Available: <http://www.dol.gov/>