

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

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

**2001**

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## ACRONYMS

AIDS =	Acquired Immune Deficiency Syndrome
HIV =	Human Immunodeficiency Virus
ILPES =	Instituto Latinoamericano de Prevencion y Educacion en Salud
KAP =	Knowledge, Attitudes and Practices
LACEN =	Latin American and Caribbean Epidemiological Network
MCA =	Multiple Classification Analysis
MOH =	Ministry of Health
MSM =	Men who have Sex with Men
MSPAS =	Ministerio de Salud Publica y Asistencia Social
NGO =	Non=Governmental Organization
PASMO =	Pan American Social Marketing Association
STD =	Sexually Transmitted Disease
SWs =	Sex Workers
UNAIDS =	United Nations Program on AIDS

## **EXECUTIVE SUMMARY**

### **Objective**

The objective of this study is to examine the extent to which the knowledge, attitudes and practices of commercial sex workers SWs and men who have sex with men (MSM) have changed since the initiation of the Pan American Social Marketing Organization's (PASMO) HIV/AIDS prevention campaign in 1997. PASMO launched VIVE condoms in April 1998, started mass media campaigns in August 1999 and in January 2000, initiated inter-personal behavior change activities working with partner NGOs.

### **Study Design**

This study was conducted with representative samples of 300 low-income MSM and 400 SWs in San Salvador City. This report compares the results of the baseline study conducted in 1997 with those of the follow-up study conducted in 2000.

### **Changes among MSM**

- More MSM engaged in risky sexual behaviors between 1997 and 2000
- More MSM were exposed to condom information through multiple communication channels
- The percentage of MSM who had knowledge about the benefits of condoms did not change during the study period
- The percentage of MSM who had correct condom use skills did not change during the study periods
- The percentage of MSM who reported condom use had self-efficacy declined during the study periods
- MSM are now less likely to consistently use condoms than in 1997

- Pharmacies are the usual and preferred source of condoms for MSM.

### **Changes among SWs**

- There was significant decrease in SWs' risky sexual behavior between 1997 and 2000
- More SWs were exposed to condom information through interpersonal communication
- Although the majority of SWs used condoms to prevent STDs and AIDS, there was no significant change in condom use during the study period
- More SWs had correct condom use skills in 2000 than in 1997
- The percentage of SWs who reported condom use self-efficacy increased
- More SWs consistently used condoms during the study period
- More SWs buy condoms from the brothel but their preferred source is pharmacies.

### **Conclusions**

*MSM:* There was a significant increase in risky sexual activity among MSM despite the fact that more of them were exposed to information about condoms through multiple communication channels. Knowledge of the benefits of using condoms and self-efficacy to use condoms did not improve. Programs that focuses on improving the quality of information on the benefits of condoms and demonstrations of correct condom use skills may increase the number of MSM that use condoms consistently.

*SWs:* Risky sexual activity decreased among SWs. Knowledge on condom benefits was high but there was no significant change during the study periods. Although self-efficacy to use condoms increased, only a third of SWs demonstrated the four basic condom use skills. Programs that increase condom use skills in conjunction with activities geared to improve self-efficacy may increase the number of SWs who consistently use condoms.

# CHAPTER 1

## INTRODUCTION

### 1.1 Background on PASMO

Established in 1996, the Pan American Social Marketing Organization (PASMO) works to prevent HIV/AIDS among high-risk groups and adolescents throughout Central America. Its goals are:

- to develop and expand partnerships with commercial, public and non-profit groups
- to leverage regional comparative strengths and reproductive health resources, and
- to create a more sustainable and effective condom social marketing program in the region.

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 \$0.24 per 3-pack in Nicaragua to US \$0.75 per 3-pack in Panama—are made available through a variety of traditional outlets— pharmacies, supermarkets, bars, and night clubs. The slogan, *VIVE Tu Mejor Momento* (Live your best moment) appears on the VIVE package and accompanies print materials and mass media activities, including radio, billboards and newspaper ads and articles.

To accomplish its goals, PASMO employs targeted communication strategies, condom social marketing, community-based distribution networks, continuous research, and program evaluation.

## **1.2 Study Objective**

Since 1996, PASMO has developed and maintained an effective regional HIV/AIDS condom social marketing (CSM) program with the goal of enhancing the capacity for Central America 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 trends in key indicators of behavior change – condom use, condom use skills, perceived condom use self-efficacy, risky sexual activity, knowledge of HIV/AIDS prevention, and perceived access to affordable condoms.

Research is a critical component in PASMO's condom social marketing program. Survey results from 1997 informed the program interventions and findings from the follow-up study in 2000 will help PASMO evaluate its efforts and those of partner NGOs. Research findings will help PASMO to develop appropriate promotional materials; create appropriate interpersonal models; and fine-tune the information and behavior change strategy.

### **1.3 Background on El Salvador**

El Salvador covers an area of approximately 21,041 square kilometers. The population of approximately 6,122,515 is largely mestizo (90%) with small populations of whites and Amerindians. The birth rate is 29 per thousand, the death rate is 6.3 per thousand and the growth rate is 1.87 per cent (US Bureau of the Census, 2000b). The country's official language is Spanish. Forty percent of the population is under 15 years old. Forty-eight percent are living below the poverty line and 28% of adults are illiterate (UNAIDS, 2000).

### **1.4 HIV/AIDS in Central America**

Available data suggest 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 the World Health Organization (1999) suggest that nearly 200,000 adults and children in Belize, Costa Rica, Guatemala, Honduras, Nicaragua, and Panama could be afflicted. As of December 1999, UNAIDS estimated that 1.3 million people throughout Latin America were living with HIV/AIDS. The prevalence rates in the region range from 0.20 % in Nicaragua to 2.01% in Belize (UNAIDS, 2000). Key challenges include increasing the amount of quality surveillance data, meeting the needs of high-risk sub-populations, and promoting prevention efforts throughout the region (UNAIDS, 2000).

### **1.5 HIV/AIDS in El Salvador**

El Salvador's first AIDS case was diagnosed in 1984. Between 1991 and 1997, the AIDS prevalence rate increased from 2.46 to 7 per 100,000 inhabitants (Ministerio de Salud Publica y Asistencia Social, [MSPAS] 1999). By 1999, approximately 20,000 people were believed to be HIV positive and 2378 had been diagnosed with AIDS (UNAIDS, 2000). In 2000, UNAIDS

estimated an adult prevalence rate of 0.6%. HIV is mostly transmitted through sexual relations (90%), with 78% of the infections resulting from heterosexual contact, 12% from homosexual or bisexual contact and 4% from mother-to-child transmission (MSPAS, 1999). Nearly two-thirds of all HIV cases were reported in the capital city of San Salvador, 6% in both Santa Ana and La Libertad, 5% in Sonsonate and 4% in San Miguel. Projections in 1999 indicate that the number of HIV cases will increase to between 25,000 and 50,000 in 2000 (MSPAS, 1999).

SWs are among the population most at risk of HIV infection. The findings in a study of San Salvador SWs suggested a range of infection rate of 1.1% to 3.4% between 1991 and 1995 (MSPAS, 1999). HIV infection rate was 2.3% among SWs in Barrio Zurita (MSPAS, 1996), and 7% among SWs who visited Flor de Piedra clinic in San Salvador between 1994 and 1997 (MSPAS, 1999).

MSM are also a population vulnerable to HIV infection but little information is available about them. One government study of 341 MSM in 1998 found that 98% had heard of HIV/AIDS, 73% could name the ways in which people become infected, and 85% claim to use condoms. Over half 56% considered themselves to be at risk for contracting HIV; of this group, 32% had multiple sexual partners and 22% believed that their partner(s) engaged in high-risk behavior (MSPAS, 1999).

## **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 our ability to compare 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 age 18 or older who lived in the San Salvador 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. Interviewers who were MSM constructed the sampling frame since they were more likely to know where to find other MSM.

In total, seven establishments where MSM were likely to visit were included in the study. The cooperation of establishment owners enabled the collection of detailed information on days and hours of operation, and an estimated number of visitors per 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, interview times 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 weighting, 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 SWs who lived in the San Salvador metropolitan area at the time of the interview. The sample was drawn to represent SWs in the low socioeconomic group and who meet their client 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 SWs gather (bars, taverns, saloons and other meeting places).

Two lists were compiled. The first included known sex establishments, their opening and closing times, the average number of SWs that work 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 of SWs who meet clients on the street. Additional information was collected from street SWs on whether they were limited to one street or whether they worked freely an area.

The information gathered was used to estimate the total number of SWs in the area. The bias in estimation was recognized since SWs— particularly those who meet clients on the streets— were very mobile. The estimated number of SWs in the area was used to select SWs with probability proportion to size. The first five sex workers in the establishment at a randomly selected hour

were interviewed. For SWs on the street, interviews were conducted with them at a randomly selected hour of the day. Information on the frequency of visits was intended to weight the data; however, this was not necessary since weights did not significantly alter the sample distribution.

## **2.2. Data Collection**

Implementation of the surveys for both the 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 El Salvador pre-tested the questionnaire, checked for inconsistencies, and collected the data. 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 included knowledge and use of lubricants, drug and alcohol use, awareness and participation in HIV/AIDS activities, and knowledge and attitudes about treatment (cocktail). The final pre-coded questionnaire consisted of approximately 200 questions. Each interview lasted roughly 30 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 program 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

As Table 1 shows, the majority of MSM interviewed were men under 30 years old (73%). Most had some secondary education or higher (96%). Sixty-three percent defined themselves as homosexual, 31% defined themselves as bisexual and 6% considered themselves to be heterosexual. The majority of MSM were single (92%), and had no children (84%), only a third (34%) had one or more dependents. Most MSM (63%) 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 increases in risky sexual behavior by MSM. The percentage of MSM who had penetrated a man without using a condom in the last 12 months increased from 26% to 45% ( $p < .000$ ). Those who had been penetrated by a man without a condom increased from 27% to 41% ( $p < .001$ ) and those who had had vaginal sex in the last 12 months without using a condom increased from 19% to 28% ( $p < .021$ ). The number who had had anal sex with a woman in the last 12 months without using a condom increased from 4% to 11% ( $p < .007$ ), and those had oral sex in the last 12 months without using condoms increased from 21% to 32% ( $p < .007$ ). These increases in risky sexual behaviors are indications that MSM may be a bridge population in the transmission of HIV/AIDS and other STDs to the general population.

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**Table 1: Demographic Characteristics of MSM in El Salvador**

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	%
Age Group	
< 20	13
20 – 24	34
25 – 29	26
30 – 34	16
35 or more	11
Total (N)	300
Level of Education	
Some primary/completed primary	4
Some secondary or more	96
Total (N)	295
Religion	
Catholic	63
Other Christians	22
Total (N)	289
Marital Status	
Not married	92
Married/living with partner	8
Total (N)	299
Number of Children	
None	84
One or more	16
Total (N)	300
Number of Dependents	
None	66
One or more	34
Total (N)	296
Estimated Income (per month in dollars)	
200 or less	38
201 – 400	25
401 or more	38
Total (N)	299
Self Definition of Work	
Heterosexual	6
Homosexual/Gay/Ambiente	63
Bisexual/Others	31
Total (N)	299

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**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 condoms	%	26	45	.000***
	N	298	298	
Penetrated by a man in the last 12 months without using condoms	%	27	41	.001***
	N	298	297	
Had vaginal sex last 12 months without using condoms	%	19	28	.021*
	N	299	299	
Had anal sex with a woman in last 12 months without using condoms	%	4	11	.007**
	N	299	299	
Had oral sex last 12 months without using Condoms	%	21	32	.007**
	N	297	296	

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

Table 3 shows no significant difference in the proportion of MSM's who had sex with only men between 1997 and 2000. There was no significant difference in the number of MSM who were bisexual and the majority of men had sex only with men.

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Currently have sex with men, women or both:</b>				
Have sex with only men	%	71	63	.057
	N	299	299	
Have sex with men and women	%	29	37	.057
	N	299	299	

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

### **3.3 Awareness and Knowledge of HIV/AIDS**

#### **3.3.1 Exposure to Information about HIV/AIDS**

Between 1997 and 2000, MSM had received significantly more condom information through multiple communication channels (Table 4). The percentage that learned about condoms through television ads increased from 37% to 78% ( $p < .000$ ), through radio ads 28% to 71% ( $p < .000$ ), and through newspapers 33% to 69% ( $p < .000$ ). The number of MSM who received condom information from friends increased from 63% to 83% ( $p < .000$ ), this also increased for partner/lovers (60% to 74%,  $p < .001$ ), family (16% to 37%,  $p < .000$ ), and the church (2% to 13%,  $p < .000$ ) during the same period.

Significant numbers of MSM learned about condoms from MOH (21% to 61%,  $p < .000$ ), government phone lines on AIDS (4% to 23%,  $p < .000$ ), and NGO phone lines (20% to 29%,  $p < .026$ ). NGO workshops on AIDS became less important 1997 to 2000 (34% to 25%,  $p < .041$ ).

#### **3.3.2 MSM's Reasons for Using Condoms**

In this study, knowledge of the advantages of condoms was measured by a series of questions asking respondents why they used condoms with partners. Findings in Table 5 show significant increase in the number of MSM who used condoms with both stable and sporadic male partners for hygienic purposes (26% to 61%,  $p < .000$ ; and 27% to 47%,  $p < .000$ ). The number of MSM who used condoms with stable partners for other reasons decreased from 20% to 2% ( $p < .003$ ). Those who used condoms with sporadic male partner to prevent AIDS decreased from 90% to 76% ( $p < .001$ ).

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

Indicators		Baseline	Follow-up	P(trend)
<b>Have you received information about condoms from:</b>		1997	2000	
TV	%	37	78	.000***
	N	299	298	
Radio	%	28	71	.000***
	N	299	299	
Newspapers	%	33	69	.000***
	N	299	299	
Pamphlets/posters	%	84	81	.470
	N	299	298	
Friends	%	63	83	.000***
	N	299	299	
Partner/lover	%	60	74	.001***
	N	299	299	
Family	%	16	37	.000***
	N	299	299	
Organizations for gays	%	55	55	.909
	N	299	299	
Church or church minister	%	2	13	.000***
	N	298	299	
Workshop activity with MOH	%	21	61	.000***
	N	299	299	
Govt. phone line on AIDS	%	4	23	.000***
	N	152	299	
NGO phone line on AIDS	%	20	29	.026**
	N	264	299	
NGO workshop on AIDS	%	34	25	.041*
	N	299	299	
The internet	%	-	19	-
	N		300	

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

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Use condoms with stable male partner:</b>				
For hygiene	%	26	61	.000***
	N	100	76	
To prevent STDs	%	83	80	.624
	N	100	76	
To prevent AIDS	%	80	83	.678
	N	100	76	
For other reasons	%	20	2	.003**
	N	90	76	
<b>Use condoms with sporadic male partner:</b>				
For hygiene	%	27	47	.000***
	N	222	176	
To prevent STDs	%	79	74	.278
	N	222	176	
To prevent AIDS	%	90	76	.001***
	N	222	176	

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

### 3.4 Exposure to Specific Social Marketing Programs

Table 6 shows that 76% of MSM recalled VIVE condom advertisements, 64% of MSM were exposed to the “tu eliges” campaign, 48% had seen the “bus” advertisement, 40% recalled the “la seguridad tiene muchos nombres” campaign, and 34% had seen or heard the “birthday” advertisement.

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

Indicators		2000
Seen or heard advertisement on VIVE condom	%	76
	N	300
Have seen on TV advertisement about:		
The bus	%	48
	N	300
The birthday	%	34
	N	300
“Tu Eliges”	%	64
	N	300
“La seguridad tiene muchos nombres”	%	40
	N	300
Other commercials	%	11
	N	300

### 3.5 Participation in PASMO Activities

As Table 7 shows, only 12% of MSM had participated in any PASMO activity, 9% had participated in HIV/AIDS prevention activity, 10% had participated in correct condom use demonstration, 11% had seen any VIVE condom display, 7% attended a “Noches VIVE,” 7% had seen “VIVE Movil” and 2% had participated in other activities. These findings may be due to a lack of direct PASMO involvement in these inter-personal activities which were implemented by NGOs.

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**Table 7: Percentage of MSM in PASMO activities**

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Indicators		2000
<b>Participation in PASMO Activities</b>		
Any PASMO activities	%	12
	N	300
Prevention of AIDS	%	9
	N	300
To promote correct condom use	%	10
	N	300
Seen any VIVE condom displays	%	11
	N	300
Las “Noches VIVE”	%	7
	N	300
Seen VIVE Movil	%	7
	N	300
Other activities	%	2
	N	300

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### **3.6 Condom Availability and Accessibility**

#### **3.6.1 Usual and Preferred Source of Condoms**

Table 8 shows that the percentage of MSM who buy condoms decreased from 1% to 8% ( $p < .000$ ) between 1997 and 2000. Pharmacies, the major source of condoms, became less important (81% to 51%,  $p < .000$ ), as did NGOs (7% to 2%,  $p < .000$ ) and other sources (11% to 3%,  $p < .000$ ).

The number of MSM’s who preferred to buy condoms from the store or supermarket decreased from 22% to 5% ( $p < .000$ ) while preference for other sources increased at the same time (10% to 18%,  $p < .011$ ). Pharmacies remained the preferred source but there was no significant change between the study periods.

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Usual Source of Condoms</b>				
Source of condoms is store/supermarket	%	1	8	.000***
	N	299	296	
Source of condoms is private pharmacy	%	81	51	.000***
	N	299	296	
Source of condoms is NGO	%	7	2	.006**
	N	299	296	
Other sources of condoms	%	11	3	.000***
	N	299	296	
<b>Preferred Source of Condom</b>				
Preferred source of condoms is store/supermarket	%	22	5	.000***
	N	299	298	
Preferred source of condoms is private pharmacy	%	59	62	.593
	N	299	298	
Preferred source of condoms is NGO	%	2	8	.207
	N	299	298	
Preferred other sources of condoms	%	10	18	.011*
	N	299	298	
<b>Opinions about the price of condoms</b>				
Condom price is expensive	%	41	9	.000***
	N	283	282	
Condom price is regular	%	23	40	.000***
	N	283	282	
Condom is cheap	%	36	51	.001***
	N	283	282	

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

### 3.6.2 Opinion about the Price of Condoms

Results from Table 8 suggest an increased perceived affordability of condoms between 1997 and 2000. The percentage of MSM who believed that condom is expensive decreased from 41% to 9% ( $p < .000$ ), the percentage who believed that condom prices were regular increased from 23% to 40% ( $p < .000$ ) and the percentage who think that condoms were cheap also increased (36% to 51%,  $p < .001$ ).

### 3.7 Self-efficacy

Table 9 indicates significant decreases in five indicators of self-efficacy during the study period. The percentage of MSM who would use a condom after consuming drugs or alcohol decreased from 86% to 77% ( $p < .011$ ), the percentage who would use a condom with a known partner decreased from 79% to 62% ( $p < .000$ ), the number who would use condoms with a lover also decreased from 72% to 51% ( $p < .000$ ). The number who would use a condom if their partner did not ejaculate inside them decreased from 88% to 79% ( $p < .010$ ), likewise those who would use condoms even if they would not ejaculate inside their partner decrease from 88% to 76% ( $p < .001$ ). The reported decrease in self-efficacy corroborates the increased risky sexual activity during the study period.

**Table 9: Trends in MSM's intended condom use with various partners (adjusted percentages) †**

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>% who would use condoms if:</b>				
Use drug or alcohol	%	86	77	.011*
	N	286	278	
Partner is known	%	79	62	.000***
	N	296	288	
Use condom with lover	%	72	51	.000***
	N	293	282	
Partner will not ejaculation inside	%	88	79	.010**
	N	290	283	
I will not ejaculate inside	%	88	76	.001***
	N	289	285	
If practice masturbation	%	22	29	.080
	N	294	284	

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

### 3.8 Demonstration of Skills in Condom Use

Respondents in this study were asked if they would like to participate in demonstrating their condom 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.

In general, the findings in Table 9 did not show improvement in condom use skills of MSM in the study periods. There was significant decrease in the number of MSM who correctly tore the condom wrapper with their fingers at the corner (80% to 68%, p < .011). The percentage of

MSM who removed condoms from the dildo holding the ring increased from 81% to 91% ( $p < .007$ ). There was no significant change in the number of MSM that demonstrated all four elements of correct condom use.

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>MSM demonstrated how to use a condom</b>				
Tear condom wrapper with fingers at the corner	%	80	68	.011*
	N	273	210	
Hold the end of the condom with fingers	%	70	72	.599
	N	273	210	
Unroll the condom correctly to cover the entire dildo	%	91	95	.079
	N	273	210	
Remove the condom from the dildo holding the ring	%	81	91	.007**
	N	272	208	
Correct demonstration of at least two skills of condom use	%	91	96	.061
	N	273	210	
Correct demonstration of at least three skills of condom use	%	79	79	.936
	N	273	210	
Correct demonstration of condom use (four basic skills)	%	53	51	.730
	N	273	210	

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

### 3.9 Participation in PASMO Skills Demonstration and Condom Use

Table 11 shows percentages of correct condom use skills by MSM who participated in any PASMO activity and those who did not. The findings do not suggest significant differences between participants in a PASMO activity and those who did not.

**Table 11: Percentage of MSM who demonstrated correct use of condoms (2000) by participation or non-participation in a PASMO activity**

Indicators	Participated in any PASMO activity			P-value
	No	Yes		
<b>MSM demonstrated how to use condom</b>				
Tear condom wrapper with fingers at the corner	%	69	84	.100
	N	180	31	
Hold the end of the condom with fingers	%	72	87	.071
	N	180	31	
Unroll the condom correctly to cover the entire dildo	%	96	97	.756
	N	180	31	
Remove the condom from the dildo holding the ring	%	90	94	.523
	N	178	31	
Correct demonstration of at least two skills of condom use	%	96	100	.231
	N	180	31	
Correct demonstration of at least three skills of condom use	%	79	94	.062
	N	180	31	
Correct demonstration of condom use (four basic skills)	%	51	68	.077
	N	180	31	

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

### 3.10 Condom Use

Table 12 shows a significant decrease in the percentage of MSM who used condoms with stable male partners or lovers in their last sex act (51% to 36%,  $p < .001$ ). Those who used condoms in their last sex act with any male partner decreased from 38% to 24% ( $p < .001$ ), and those who used them with sporadic male partners declined from 72% to 61% ( $p < .016$ ). There was no significant change in the percentage who used condoms with any partner in the last sex act. The decline in condom use may be the outcome of the increased risky sexual activity and decreased self-efficacy during the study period.

**Table 12: Trends in the percentage of MSM who used a condom in the last sex act by type of partner(adjusted percentages) †**

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Used condoms in last sex act with:</b>				
Stable male partner or lover	%	51	36	.001***
	N	299	298	
Sporadic male partner	%	72	61	.016*
	N	298	297	
Any male partners	%	38	24	.001***
	N	299	299	
Any partners (male and female)	%	20	26	.113
	N	299	299	

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

### 3.11 Knowledge and Use of Lubricants

The findings in Table 13 show that MSM's awareness and use of lubricants did not change significantly between 1997 and 2000. The majority of MSM knows what a lubricant is and has tried one. Nearly half of MSM reported currently using lubricant.

**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	%	87	86	.664
	N	299	299	
Ever used a lubricant	%	72	68	.290
	N	297	298	
Currently using a lubricant	%	46	48	.639
	N	299	298	

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

## **CHAPTER 4**

### **SEX WORKERS**

#### **4.1 Characteristics of SWs**

Most of the SWs interviewed were women younger than age 30 (64%, Table 14). Forty-nine percent had at least some primary school education, and 38% had some secondary education or more. Seventy-eight percent of SWs were single, 51% had one or two children and 40% had at least three children. Ninety-seven percent of SWs had at least one dependant. The majority (62%) charged at most \$9.00 per client, and 82% earned less than \$400 a month. According to the U.S. department of Labor (2000) this places SWs at or near the poverty level. Sixty-eight percent defined themselves as a SW, 23% as a prostitute, and 10% did not know or used another term.

#### **4.2 Risky Sexual Activity**

The findings in Table 15 show that risky sexual behavior declined among SWs between 1997 and 2000. There is a decline from 78% to 35% ( $p < .000$ ) in the percentage of SWS who reported unprotected vaginal sex in the last month. There was no significant change the percentage of SWs who had unprotected anal or oral sex in the last month. Nearly all SWs reported having sexual relations with only men (Table 16).

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**Table 14: Demographic characteristics of SWs in El Salvador**

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	%
Age Group	
< 20	12
20 – 24	30
25 – 29	22
30 – 34	16
35 or more	19
Total (N)	392
Level of Education	
No education	13
Some primary/completed primary	49
Some secondary or more	38
Total (N)	398
Religion	
None	23
Catholic	53
Other Christians	24
Total (N)	400
Marital Status	
Not married	78
Married/living with partner	22
Total (N)	400
Number of Children	
None	9
One or twos	51
Three or more	40
Total (N)	400
Number of Dependents	
None	3
Two or less	30
Three or more	67
Total (N)	400
Estimated Income (per month in dollars)	
200 or less	41
201 – 400	41
401 or more	18
Total (N)	400
Average payment by client	
9 dollars or less	62
10 dollars or more	38
Total (N)	400
Self Definition of Work	
Others/Don't know	10
Women in prostitution/prostitute	23
Sex worker	68
Total (N)	400

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**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	%	78	35	.000***
	N	300	388	
Had anal sex last month without condoms	%	6	9	.214
	N	300	387	
Had oral sex last month without condoms	%	6	9	.247
	N	300	389	

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

**Table 16: Trends in Indicators of Types of Sexual Partners (Adjusted percentages) †**

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Currently have sex with men, women or both:</b>				
Have sex with only men	%	98	98	.677
	N	300	389	

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

### 4.3 Awareness and Knowledge of SWs about HIV/AIDS

#### 4.3.1 Exposure to HIV/AIDS Information

Table 17 shows no significant change between 1997 and 2000 in the number of SWs exposed to mass media except those who received condom information from newspapers (44% to 53%,  $p < .043$ ). More SWs were exposed to interpersonal communication in 2000 than in 1997. Those who received information about condoms from their family increased from 20% to 29% ( $p < .009$ ), and those who received from organizations for sex workers increased from 47% to 74% ( $p < .000$ ). SWs who received information on condoms from NGO phone lines on AIDS significantly increased from 7% to 14% ( $p < .024$ ) and those who received information from NGO workshops on AIDS increased from 15% to 24% ( $p < .008$ ).

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

Indicators		Baseline	Follow-up	P(trend)
<b>Have you received information about condoms from:</b>		1997	2000	
TV	%	53	51	.490
	N	300	389	
Radio	%	47	53	.168
	N	300	389	
Newspapers	%	44	53	.043*
	N	300	388	
Pamphlets/posters	%	63	69	.141
	N	300	389	
Friends	%	77	77	.846
	N	300	388	
Partner/lover	%	57	60	.487
	N	300	388	
Family	%	20	29	.009**
	N	298	300	
Organizations for sex workers	%	47	74	.000***
	N	300	388	
Church/ministry	%	7	9	.343
	N	298	386	
Workshop activity with MOH	%	68	70	.645
	N	289	387	
Govt. phone line on AIDS	%	9	12	.502
	N	4	388	
NGO phone line on AIDS	%	7	14	.024*
	N	300	389	
NGO workshop on AIDS	%	15	24	.008**
	N	300	388	
Internet	%		2	
	N		400	

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

### 4.3.2 SW's Knowledge of the Advantages and Attributes of Condoms

Table 18 shows a significant increase in the number of SWs who used condoms with clients to prevent pregnancy (14% to 23%,  $p < .008$ ). There was no significant change in the percentage who used condoms to prevent STDs, to prevent AIDS, for hygiene, and other reasons.

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Use condoms with clients:</b>				
To prevent pregnancy	%	14	23	.008**
	N	300	386	
To prevent STDs	%	87	92	.051
	N	300	386	
To prevent AIDS	%	65	69	.280
	N	300	386	
For hygiene	%	4	5	.659
	N	300	385	
For other reasons	%	6	7	.655
	N	300	381	

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

### 4.4 Exposure to Social Marketing Programs

The majority of SWs (71%) had seen or heard the VIVE advertisements, 57% knew of the “tu eliges” advertisement, 46% reported seeing the “bus” campaign, 40% recalled the “la seguridad tiene muchos nombres” spot, and 38% had seen the “birthday” TV advertisement, only 6% saw or heard other condom commercials.

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

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Indicators		2000
Seen or heard advertisement on VIVE condom	%	71
	N	400
Have seen on TV advertisement about: The bus	%	46
	N	400
The birthday	%	38
	N	400
“Tu Eliges”	%	57
	N	400
“La seguridad tiene muchos nombres”	%	40
	N	400
Other commercials	%	6
	N	400

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#### **4.5 Participation in PASMO programs**

Table 20 shows that only 13% of SWs participated in any PASMO program, 12% attended condom skills demonstrations, 10% attended AIDS prevention activities, 10% reported seeing any VIVE condom displays, 6% recalled seeing a VIVE Movil, and 2% reported any other activities. The reason for the low recall may be due to the fact that most PASMO activities were through partner NGOs.

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**Table 20: Percentage of SWs who participated in PASMO activities**

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Indicators		2000
<b>Participation in PASMO Activities</b>		
Any PASMO activities	%	13
	N	400
Prevention of AIDS	%	10
	N	400
To promote correct condom use	%	12
	N	400
Seen any VIVE condom displays	%	10
	N	400
Las “Noches VIVE”	%	2
	N	400
Seen VIVE Movil	%	6
	N	400
Other activities	%	2
	N	400

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## **4.6 Condom availability and accessibility**

### **4.6.1 SWs’ Usual and Preferred source of condoms**

Table 21 shows an increased perceived availability of condoms between 1997 and 2000. Brothels became the main source of condoms as the percentage of SWs who buy condoms from them increased from 10% to 38% ( $p < .000$ ). Those who buy condoms from pharmacies increased from 12% to 22% ( $p < .000$ ), and those who buy from health establishments increased from 12% to 20% ( $p < .007$ ). The number of SWs who buy condoms from NGOs declined from 41% to 11% and those who report not buying condoms declined from 25% to 8% ( $p < .000$ ).

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>Usual Source of Condoms</b>				
Private pharmacy	%	12	22	.001***
	N	300	364	
Health establishment	%	12	20	.007**
	N	300	364	
Bar or Disco	%	-	-	-
	N			
NGO	%	41	11	.000***
	N	300	364	
Business or brothel	%	10	38	.000***
	N	300	364	
Do not buy condoms	%	25	8	.000***
	N	300	364	
<b>Preferred source of condoms is:</b>				
Private pharmacy	%	44	71	.000***
	N	300	387	
Health establishment	%	5	4	.515
	N	300	387	
Bar or disco	%	2	3	.024*
	N	300	387	
NGOs	%	38	2	.000***
	N	300	387	
Business or brothel	%	2	15	.000***
	N	300	387	
<b>Opinions about the price of condoms</b>				
Condoms are expensive	%	23	31	.034*
	N	288	382	
Condoms prices are regular	%	11	14	.365
	N	288	382	
Condoms are cheap	%	66	55	.011*
	N	288	382	

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

While in 2000 most SWs would prefer to buy condoms from private pharmacies (71%), fewer (22%) reported that pharmacies were their usual source of condoms. The percentage of SWs who preferred pharmacies as their main source of condoms increased from 44% to 71% ( $p < .000$ ), those who preferred brothels increased from 2% to 15%, and those who preferred bars or discos increased from 2% to 3%. The number of SWs who preferred NGOs as their source of condoms declined from 38% to 2% during the study period. SWs may prefer to buy condoms from pharmacies because they believe that they offered a wider variety of brands.

#### 4.6.2 SWs' Opinion about the price of condoms

Table 21 (panel three) show that more SWs believe that condoms are expensive in 2000 and that there was a decline in those who think that condoms are cheap (66% to 55%,  $p < .011$ ). This may be due to less free condom distribution since 1997.

#### 4.7 Self-efficacy

Findings in Table 22 show that in general, there were significant improvements in SWs' condom use self-efficacy over the study period. The percentage of SWs who would use condoms with regular clients increased from 71% to 85% ( $p < .000$ ), and those who would use condoms with their husbands or lovers increased from 29% to 38% ( $p < .024$ ). The number of SWs who would use condoms even if clients appeared healthy increased from 77% to 85% ( $p < .009$ ). The only reported decrease in condom use self-efficacy was in the use of condoms while under the influence of drugs or alcohol (99% to 94%,  $p < .004$ ). These overall positive results corroborate those indicating declines in risky sexual activity over the study period.

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>% who would use condoms if:</b>				
Used drug or alcohol	%	99	94	.004**
	N	300	383	
Partner is regular client	%	71	85	.000***
	N	300	387	
Partner is husband or lover	%	29	38	.024*
	N	297	383	
Client pay more	%	82	86	.218
	N	300	386	
Client insists	%	82	87	.107
	N	300	387	
Client looks healthy	%	77	85	.009**
	N	300	384	

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

#### 4.8 SWs' Skills in Condom Usage

As Table 23 shows, the percentage of SWs who demonstrated correct condom skills increased between 1997 and 2000. The percentage of SWs who unrolled the condom correctly to cover the dildo increased from 65% to 95% ( $p < .000$ ), and those who removed the condom correctly from the dildo increased from 58% to 93% ( $p < .000$ ). The number of SWs who correctly demonstrated at least two condom use skills increased from 79% to 94%, the percentage who correctly demonstrated at least three skills increased from 54% to 82% ( $p < .000$ ), and the percentage who demonstrated all four correct condom use skills increased from 29% to 38% ( $p < .027$ ). The percentage of SWs who correctly opened the condom wrapper however, declined from 88% to 74% ( $p < .000$ ).

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

Indicators		Baseline 1997	Follow-up 2000	P(trend)
<b>SWs demonstrated how to use condoms</b>				
Tear condom wrapper with finger at the corner	%	88	74	.000***
	N	287	333	
Hold the end of the condom with her finger	%	45	50	.247
	N	287	333	
Unroll the condom correctly to cover the entire dildo	%	65	95	.000***
	N	287	333	
Remove the condom from the dildo holding the ring	%	58	93	.000***
	N	287	333	
Correct demonstration of at least two skills of condom use	%	79	94	.000***
	N	287	335	
Correct demonstration of at least three skills of condom use	%	54	82	.000***
	N	287	335	
Correct demonstration of condom use (four basic skills)	%	29	38	.027**
	N	287	335	

† Percentages are adjusted for sample differences in age, level of education, residence and country; p(trend) \* = p < .05, \*\* = p < .01 and \*\*\* = p < 0.001; the Ns in this table are SWs who participated in condom demonstration.

#### 4.9 Condom Demonstration and Use

The findings in Table 24 showed that, SWs who participated in PASMO activities were no more likely to have correct condom use skills than non-participants.

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

Indicators	Participated in any PASMO activity			P-value
	No	Yes		
<b>MSM demonstrated how to use condom</b>				
Tear condom wrapper with fingers at the corner	% N	75 298	79 47	.534
Hold the end of the condom with fingers	% N	51 299	57 46	.447
Unroll the condom correctly to cover the entire dildo	% N	95 298	98 47	.379
Remove the condom from the dildo holding the ring	% N	93 298	96 47	.522
Correct demonstration of at least two skills of condom use	% N	95 299	98 48	.330
Correct demonstration of at least three skills of condom use	% N	82 299	81 48	.953
Correct demonstration of condom use (four basic skills)	% N	38 299	44 48	.458

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

#### 4.10 Condom Use

The findings in Table 25 show that condom use in their last sex act increased among SWs between 1997 and 2000. The percentage of SWs who used condoms with regular clients improved from 75% to 95% ( $p < .000$ ), the percentage who used with sporadic clients increased from 89% to 97% ( $p < .000$ ), the percentage who used with spouses or free unions partners increased from 14% to 27% ( $p < .009$ ). SWs who used condoms in the last sex act with any types of client increased from 64% to 82% ( $p < .000$ ).

**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)
<b>Use condoms in last sex act with:</b>				
Regular client	%	75	95	.000***
	N	268	354	
Sporadic client	%	89	97	.000***
	N	296	379	
Spouse or free union	%	14	27	.009**
	N	127	177	
Any type of client	%	64	82	.000***
	N	300	388	

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

#### 4.11 Knowledge and Use of Lubricants

There was a decreased knowledge and use of lubricants over the study period. The findings in Table 26 shows that the percentage of SWs who know what lubricants are declined from 60% to 32% (p < .000) between 1997 and 2000. Those who ever used lubricants decreased from 43% to 17% (p < .000), those currently using lubricant declined from 26% to 5% (p < .000), and those who frequently use lubricants declined from 8% to 2% (p < .000).

**Table 26: Trends in indicators of lubricants (adjusted percentages) †**

Indicators		Baseline 1997	Follow-up 2000	P(trend)
Knows what a lubricant is	%	60	32	.000***
	N	300	389	
Ever used a lubricant	%	43	17	.000***
	N	300	388	
Currently using a lubricant	%	26	5	.000***
	N	299	389	
Frequency of lubricant use	%	8	2	.000***
	N	299	389	

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

## CHAPTER 5

### CONCLUSIONS AND PROGRAM IMPLICATIONS

#### 5.1 Men who have Sex with Men

- Risky sexual behaviors increased among MSM during the study period. If these trends continue, MSM may facilitate the spread of HIV/AIDS among themselves and the general population.
- Although more MSM were exposed to multiple channels of condom information, this did not translate to increased knowledge on the benefits of condoms. In fact, MSM's knowledge on some benefits for using condoms actually declined during the study period. Programs that emphasize the benefits of using condoms may lead to increased consistent condom use among MSM.
- Over two-thirds of MSM's were exposed to specific condom advertisements in 2000 but only a few participated in a PASMO activity and the percentage who demonstrated correct condom use did not change during the study period. Although findings did not show any significant difference in condom use skills between MSM who participated in a PASMO activity and non-participants, program interventions that increase participation in PASMO activity (especially condom skills demonstration) may increase MSM's self-efficacy to use condoms.

- Self-efficacy and consistent condom use declined during the study periods. These findings corroborated the increased risky sexual activity and decreased knowledge of condom benefits despite the increased number of MSM exposed to condom information through multiple channels. Programs that improve on the quality of information provided through communication channels, and increased participation in correct and consistent condom use activities may increase consistent condom use among MSM.
- Pharmacies are the usual and preferred source of condoms, and MSM believed that condoms were less expensive in 2000 than in 1997. Programs that increase the visibility of condoms at pharmacies and non-traditional outlets may increase condom use among MSM.

## **5.2 Sex Workers**

- There was significant decrease in SWs' risky sexual behavior between 1997 and 2000. This may be in part, due to the fact that more SWs were exposed to interpersonal communications during the study period.
- Although the majority of SWs used condoms with clients to prevent STDs and AIDS, there was no significant increase in knowledge about condom advantages during the study period. Only a few used condoms for pregnancy prevention, for hygiene, or for other reasons. Programs that focus on increasing SWs' knowledge of the benefits of condom use may increase their consistent condom use.

- The proportion of SWs' who reported condom use self-efficacy increased during the study period, including those with spouses or lovers. This finding supports the declining risky sexual activity among sex workers.
- The proportion of SWs who demonstrated correct condom use skills increased between 1997 and 2000. This increase in skills may have contributed to the increased consistent condom use observed in the study period. Programs that scale up activities that emphasize correct and consistent condom use may increase the percentage of SWs that consistently use condoms with partners.
- The findings on SWs sources of condom show that more SWs preferred buying condoms from the pharmacies in 2000, despite this preference, their main source was brothels. Also, more SWs believe that condoms are expensive at the end of the study period. Program interventions that increase the visibility of condoms at pharmacies at affordable prices may increase condom use among SWs.

## REFERENCES

- UNAIDS. (2000). Epidemiological Fact Sheet: El Salvador. [On-line]. Available: <http://www.unaids.org/>
- 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/>
- 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/>.
- UNAIDS. (2000b). "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/](http://www.unaids.org/epidemic_update/)
- U.S. Census Bureau. (June 2000). "HIV/AIDS Profile: El Salvador". International Data Base. [On-line]. Available: <http://www.census.gov>
- U.S. Census Bureau (2000b). "IDB Summary Demographic Data for El Salvador." International Data Base. [On-line]. Available: <http://www.census.gov/>
- Ministerio de Salud Publica y Asistencia Social (MSPAS). (1999). Situacion del VIH/SIDA en El Salvador. Proyecto AccionSIDA de Centroamerica, PASCA, USAID. Junio 1999.