

**SKILLS AND DEXTERITY OF THE SEXUAL WORKERS
OF SANTO DOMINGO IN THE USE AND
HANDLING OF CONDOMS**

Santo Domingo, Dominican Republic

October 1988

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SANTO DOMINGO, DOMINICAN REPUBLIC, OCTOBER 1988

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This work has been made possible thanks to the collaboration of the following organizations:

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Academy for Educational Development, Inc. (AED)

Program for the Control of Sexually Transmitted Diseases and AIDS (PROCETS)

WE ARE GRATEFUL FOR THE COLLABORATION OF:

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I N D E X

	<u>PAGE</u>
I. BACKGROUND	
1. Status of AIDS in the D.R.	1
2. Purpose of the Study	1
II. OBJECTIVES OF THE RESEARCH	
1. General Objective	2
2. Specific Objectives	3
III. METHODOLOGY	
1. Questionnaire Design Process	3
2. Structure of the Final Questionnaire	3
3. Selection of the Sample	4
4. Selection of the Interviewers	6
5. Interview Process	6
IV. ANALYSIS OF RESULTS	
1. Socio-economic Profile of the Interviewers	7
2. Knowledge with Regard to Condoms	11
2.1 Visual Recognition of the Product and Generic Name	11
2.2 What are Condoms For?	12
2.3 Generic Information about Condoms	13
1) Which Condoms Are You Familiar With?	13
2) Which Do You Have in Your Possession?	13
3) Where Did You/Would You Obtain Them?	14
4) Judgement as to Preferences and Quality	15
5) Knowledge Regarding the Date Imprinted on the Condom	16
2.4 Pattern of Use of Condoms	17
1) Number of Times Used with Customers	17
2) Who Normally Provides the Condom?	18
3) Who Puts the Condom On? Who Removes It?	19
4) Post-penetration with Condom	20
5) Where is the Used Condom Disposed Of?	20

3.	Attitudes toward Condoms	20
3.1	Complaints of Men and Women	20
3.2	Personal Problems with regard to the Use of Condoms	22
3.3	Do Condoms Break Frequently?	22
3.4	Oral Sex with Condoms?	24
3.5	After All This, Do You Still Like Condoms?	26
3.6	What Would Improve the Quality of Condoms?	26
4.	Skills and Dexterity in Putting On/Removing Condoms	26
4.1	Putting the Condom On	26
4.2	Removing the Condom	28
5.	Information and Knowledge Regarding AIDS	29
5.1	Sources of Information	29
5.2	Knowledge Regarding AIDS	30
5.3	Concerns Regarding Condoms and AIDS	31
V.	CONCLUSIONS AND RECOMMENDATIONS	31
VI.	REFERENCES AND CITATIONS	32

I. BACKGROUND

1. Status of AIDS in the D.R.

A total of 647 cases of AIDS have been recorded in the Dominican Republic through the end of August 1988, with an estimated level of underreporting of close to 50%.

The number of cases has been increasing yearly and has been doubling in a period of less than 9 months. It is estimated that by the year 1992 there will be 12,000 new cases, for an accumulated total of more than 22,000 cases of persons who will have died or been diagnosed as having the disease. Of the total number of cases, 32% are women, i.e., of every three (3) cases, one is a woman, a fact which supports heterosexual transmission; 10% of the cases have been recorded in natives from the neighboring Republic of Haiti. As regards the risk factors identified, 37% of the cases are homosexual or bisexual men; 64% involve heterosexual relations with multiple partners or with sexual workers, and 8.3% of the cases are individuals who have received blood transfusions.⁽¹⁾

Seroepidemiological research carried out among different population groups shows that the prevalence of antibodies to the virus in 1985 was particularly high (15 per thousand) among blood donors.⁽²⁾

In 1988, the number of persons infected with the virus in the Dominican Republic is estimated to be between 45,000 and 60,000.⁽³⁾

2. Purpose of the Study

2.1 Groups with Higher Risk Behaviors

The Program for the Control and Prevention of AIDS currently being implemented by PROCETS, a unit created by the Ministry of Public Health and Social Assistance (SESPAS) of the Dominican Republic provides for direct actions with high risk groups on the basis of the nature of their sexual behavior, i.e., the exercise of their sexuality in a relatively indiscriminate fashion and generally without much protection. This high risk group has been identified as sexual workers (men and women)*, homosexuals and adolescents. The particular characteristics of the Dominican Republic -- homosexual tourism, Haitian migration, Dominicans traveling frequently to the United States and vice versa, and the significant exportation of sexual workers -- are the reasons that the Program has made the decision to work on a priority basis with these groups demonstrating high risk behavior.

2.2 Prophylactic = Protection

To date, there is no cure or vaccination for AIDS; the only effective actions are knowledge and preventive behavior. These have been defined as protective, low risk sexual activities. The systematic use of prophylactics

* Sexual workers: refers to men or women who demand payment for a sexual service.

has, so far, been the most effective means for preventing transmission of the HIV virus (as well as venereal diseases) in all sexual relationships, especially if one of the partners is infected. Thus, it is the systematic and permanent use of condoms (especially in the case of sexual relations with strangers) which constitutes the preventive practice having the greatest impact due to its ability to reduce the chain of contagion. PROCETS decided to implement an educational intervention in the use of condoms with sexual workers because they are easily accessed, have a more "organized" system of labor and constitute a more homogeneous target audience. In addition, the low current prevalence of infection among this group makes this a very timely intervention and one with considerable preventive repercussions for the future.

2.3 Level of Skills Regarding the Use of Condoms

If the use of condoms is to be intensified and generalized, it will be necessary to determine the steps which sexual workers are familiar with or ignorant of as regards the correct use of condoms. Determining their cognitive level and manual dexterity of these women in the process of putting on and removing the prophylactic is essential for implementing a process of mass education regarding the correct use thereof.

2.4 Final Product

It is difficult to teach a correct procedure without knowing what it is that is being done incorrectly, or to try to teach something without having identified what it is that is not known. This study, therefore, forms a part of a process which will attempt to design a set of instructional materials which will effectively teach these sexual workers the correct use of condoms. This set of instructions will be developed subsequently on the basis of the results obtained.

The pictorial design, text and format of the instructions will be defined by working with a group of sexual workers who will provide guidance to an artist in the production of the initial sketch. As soon as a good, finished drawing is obtained, it will be subjected to pre-testing with other sexual workers in order to make any necessary corrections which would improve the quality and clarity of the instructional materials. Once these corrections have been made, the final artwork, printing and mass distribution of the instructions to the sexual workers and/or placement of the material in hotel and brothel rooms will be carried out.

II. OBJECTIVES OF THE RESEARCH

To summarize, the following objectives may be identified:

1. General Objective

Determine the cognitive level and manual dexterity of sexual workers in the handling of condoms in order to define the contents of a set of instructional materials on the correct use of condoms.

2. Specific Objectives

- 2.1 Determine the mistakes most frequently made by sexual workers in Santo Domingo in putting on and removing condoms. In essence, establish the degree of dexterity of this group in the use of condoms.
- 2.2 Define what specific deficiencies in dexterity exist as regards putting on and removing condoms correctly.
- 2.3 Determine who provides, suggests, initiates, and puts on and removes the condom: the woman or her customer.
- 2.4 Identify the most common complaints regarding condoms in this group.
- 2.5 Obtain a better understanding of how and why condoms break.
- 2.6 Identify the key vocabulary required to provide to this group educational materials on condoms which are both attractive and effective.

The designers of the study recognize that there are a number of other factors which might influence the sexual workers to use condoms effectively, including price, availability, sense of personal risk and peer support. These factors, however, do not form a part of this study. Hopefully, these aspects will be dealt with in other research already proposed.

III. METHODOLOGY

1. Questionnaire Design Process

With no prior experience or models on which to base the study, the researchers designed a pre-pilot questionnaire which posed questions regarding general knowledge about condoms, their advantages and disadvantages, practice reported in their use, and direct observation of the level of dexterity of the interviewee in putting on and removing a condom from a plastic penis.

This pilot questionnaire was tested on 36 sexual workers. The test allowed the researchers to eliminate repetitive questions, integrate the observation exercise (which was originally divided) into a single sequence, and include as part of the survey drawings used with another group, all of which allowed the interview to be shortened.

2. Structure of the Final Questionnaire

The final questionnaire consisted of 123 closed questions and 17 open questions, of which 27 were observational. The first page contained an introductory guide in which a detailed explanation was given to the interviewee as to the fact that her answer would be recorded anonymously and confirming her right to not answer a given question or to stop answering entirely whenever she wished.

The questionnaire was divided into several modules, each one containing the following nuclei of subject matter:

2.1 Module A: This Module contained the identification of the condom, the determination of its use and benefits, the number of times it was used during the preceding week, and the number of customers with which it was used. This Module also contained questions which allowed a determination to be made with regard to who provides the condom and who puts it on the penis prior to the initiation of a sexual encounter, as well as the place most used for disposal. Some additional questions summarized the most common complaints of both men and women with respect to the use of condoms.

2.2 Module B: In this Module, the interviewee was asked to identify which condoms she used most on the basis of the samples shown to her. It also allowed her to define her choice in terms of the perceived quality of the condoms.

2.3 Module C: This Module contained the observation of how the interviewee put the condom on, and removed it from, a plastic penis. The interviewer observed the action and later codified her observations in a guide which classified both correct and incorrect actions.

2.4 Module D: Following the preceding exercise, the interviewer used a series of sketches in which the man has penetrated the woman without a condom, withdraws the penis, puts a condom on, and again effects penetration. The corresponding questions attempted to determine whether this was common in real life or not.

2.5 Module E: Several drawings showing various coital positions were aimed at determining in which of these positions the condom broke most easily or in which position the condom most often came off inside the vagina. Other complementary questions defined the incidence of breakage of condoms in the course of the professional practice of the interviewees.

2.6 Module F: Several points were touched upon in this section: the practice or non-practice of oral sex with the condom in place on the penis, whether the man or the sexual worker generally used a lubricant on the condom, and whether the sexual workers had any concrete suggestions for improving the quality of condoms.

2.7 Module G: In this final section, socio-demographic data was obtained from the interviewees and they were asked questions about specific aspects of AIDS.

3. Selection of the Sample

The work being carried out by PROCETS, through the Center for Integral Orientation (COI), with high risk sexual workers in Santo Domingo enabled the identification of four groups or types in which these high risk women may be classified. There are sufficient differences between each of the groups to be able to establish the following specific segments:

3.1 Sexual workers in brothels. They may receive a salary, but we also found that they are in this business for the benefits which they obtain from the type of customers that normally frequent these places, which consist of foreign tourists, foreign residents, public functionaries, and Dominicans residing abroad.

3.2 Salaried sexual workers, located in public business establishments such as cafeterias, bars, hotels, and restaurants. They have fixed working hours and in most cases have no say over the selection of customers, inasmuch as they are required to accompany whomever requests them, in addition to the fact that the customer must pay extra if he wishes the woman to accompany him off the premises.

3.3 Sexual workers working on their own or as streetwalkers. They can be found on streets of major tourist or economic activity or on beaches, and occasionally a given number of these women establish what they call a "sala" (parlor) in certain business establishments, based on a prior agreement with the owner of the business.

3.4 A variant of the above are women who frequent first class hotels and restaurants, either alone or accompanied by "a maipiolo" or "chulo" (pimp), for the purpose of "picking up" customers.

In view of the objectives of the study, the difficulty in making contact with these women and the unusual nature of the conditions of the interview, it was decided that an initial sample would be taken of 80 sexual workers, numerically grouped according to the overall percentage which these women represented in the sites selected. Subsequently, for a variety of reasons, the number was increased to 91, distributed as follows:

TABLE NO. 1

SITE	No.	%
Brothels	30	33
Bars	39	43
Street: Duarte	9	10
Feria	<u>13</u>	<u>14</u>
TOTAL	91	100

NOTE: No first class hotels were included due to the difficulty of access and the fact that these particular sexual workers constitute a relatively small percentage of the total number.

4. Selection of Interviewers

In view of the delicate nature of the subject matter -- asking a woman questions about her commercial sexual activity, asking her to carry out a demonstration consisting of placing a condom on an artificial penis, and asking her to respond to particularly intimate questions -- a group of interviewers was required who could handle the subject matter with relative ease and who could generate considerable trust and as broad a climate as possible for the interview.

Personnel of this quality were found in the APEC Institute for Sexual Education (INSAPEC), an organization already active in carrying out educational activities in the area of human sexuality. Thus, the INSAPEC trainers offered from the outset the basic qualities required.

Two (2) health educators already working with PROCETS and in the COI and already very well trained to handle themselves in this environment were added to the INSAPEC research team. Both women had had to give health education classes in a number of brothels and other places frequented by sexual workers.

5. Interview Process

During the testing of the pilot questionnaire, it was clearly evident that this type of interview, in order to generate high quality, reliable responses, would have to be carried out in the actual places of work of the interviewees rather than taking advantage of an opportunity such as the day on which they have their monthly checkup in the clinic for control of sexually transmitted diseases.

Thus, all interviews were carried out in the brothels where the interviewees lived, in the proximity of the bars where they normally carried out their professional activities, or on the streets where they waited for customers. As was logical, the fixed work sites were visited beforehand by a field coordinator who explained to the owners of the establishments the purposes of the study and obtained their permission for the visits by the interviewers. In order to do away with any doubts and anxieties which the interviewers might have, faced with a setting unknown to them and certainly different from anything they had experienced previously, they were taken on a prior "familiarization" visit which, it was hoped, would allow them to make contact with some of the girls that they would be interviewing on the following day and, if this were not possible, at least determine the best place for the interview, obtain a feeling for the environment and meet the owner of the establishment. This is a precautionary measure with many positive benefits, inasmuch as it generates in the interviewers a level of confidence which enables them to carry out a better interview.

On the day of the interview, a sufficient number of vehicles were provided to carry the interviewers to the various bars, brothels or streets, with care being taken that a male member of the Program staff be stationed close by in order to provide any necessary support.

IV. ANALYSIS OF THE RESULTS

1. Socio-economic Profile of the Interviewees

1.1 Place of Origin

The majority of the sexual workers come from the urban zones (73%), and of these, 18% are from the capital and the remaining 55% are from other cities, which, in the national context, are not judged to be "cities" per se. The remainder are from rural areas. It could be said, then, that our sample is basically subject to urban influences.

1.2 Age

As can be observed in the following table, the age group where most of the sexual workers are concentrated is that between ages 21-25 (37.4%). The youngest was 16 years old and the oldest was 41, with an average age of 21.

TABLE NO. 2

AGE	No.	
16-20 years	23	25.3
21-25 years	34	37.4
26-30 years	21	23.1
31-35 years	6	6.6
< 35 years	5	5.5
No response	<u>2</u>	<u>2.1</u>
	91	100.0

It should be emphasized that the youngest group of women represents one fourth (1/4) of all the interviewees. If to this group we add the age group of 21-25, we are talking about more than half (63%) of the total. And, as will be seen further on, the majority of these women are already mothers at this age. This is an additional factor which, when added to their sexual activities, make this audience a high risk group.

1.3 Level of Education

The following table shows levels of education attained, as reported by the interviewees. The high percentages could well be a positive element in

terms of the Program's need to use written language as the means for communication-education.

TABLE NO. 3
LEVEL OF EDUCATION

	% YES	% NO	% NO RESPONSE	TOTAL
READ	75	24	1	100
WRITE	75	23	2	100
	%	OTHER	NO RESPONSE	
PRIMARY	39.6			
SECONDARY	15.4			100
OTHER		4.3		
NO RESPONSE			14.3	

Unfortunately, no codification was made of the grade levels of primary or secondary school which the interviewers has attained; it can be seen that one fourth (1/4) of the women reached the secondary school level, an additional one third (1/3) reached the primary school level, and 15% reached the intermediate school level. This is a ratio which, although high (75%), is nonetheless reported here but without any means of proof to validate it. The conclusion which can be drawn, with caution and subject to subsequent verification, is that the instructional materials could perhaps be supported by written text.

1.4 Children of the Sexual Workers

As has already been pointed out, the majority (78%) of the interviewees were mothers (see the following table).

TABLE NO. 4

NUMBER OF CHILDREN	NUMBER OF WOMEN	%
None	20	22
1 Child	25	27.5
2 Children	23	25.3
3 Children	12	13.2
4 Children	4	4.4
5 Children	2	2.2
6 Children	3	3.2
7 Children	1	1.1
No Response	<u>1</u>	<u>1.1</u>
TOTAL	91	100.0

What is most surprising is that those having from one to three (3) children make up more than half (66%) of the total. Of these, one third (1/3) have at least one (1) child and, if the average is 2.3 children per mother, this means that this group of sexual workers will have one additional child, thus increasing the level of risk for the potential transmission of perinatal AIDS, in the event that the mothers are already infected.

The ages of the children are also grouped with relative clarity in four (4) age groups (see Table No. 5), with the group from 0 to 5 years of age being the most numerous (45%) and therefore the group most requiring the care of a mother who perhaps is unable to provide it due to the nature and demands of her sexual activities.

TABLE NO. 5

AGES OF THE CHILDREN OF THE SEXUAL WORKERS

<u>AGE GROUP</u>	<u>No.</u>	<u>%</u>
0 - 5 years	66	41
6 - 10 years	57	35
10 - 15 years	27	17
15 - 24 years	12	7
	162	100

1.5 EARNINGS

With regard to the question of approximately how much the women charged per customer, the following results, without being definitive, constitute a good indication of the high economic yield offered by this profession and the reason why it is not profitable for the women to leave the profession (see Table No. 6).

TABLE NO. 6

<u>AMOUNT CHARGED</u>	<u>NO. OF SEXUAL WORKERS</u>	<u>%</u>
DR\$ 2 - 25	18	19.8
\$26 - 50	20	22.0
\$51 - 75	4	4.4
\$76 - 100	6	6.6
- \$100 or more	15	16.5
\$400	<u>13</u>	<u>14.2</u>
Refused to give a price	1	1.1
Depends on the customer	<u>14</u>	<u>15.4</u>
	91	100.0

US\$1.00 = DR\$6.28

One third of these sexual workers earn more than DR\$100 per customer. If they had only one customer per night for 15 working days a month, their average monthly income would be DR\$1,500 or the equivalent of the salary of a highly qualified executive secretary. But this group is not in the majority.

Almost half of the women interviewed (42%) charge up to DR\$50 per customer and belong to the group of those who work in the street. They normally have an average of two customers per night, which represents for them an average income of DR\$400-500 per week.

This is the monthly salary which one of these sexual workers would be earning by working at a job in which women of similar backgrounds are engaged: cafeteria waitress, cashier, shop salesperson, and other similar jobs. It is not surprising, then, that 83.5% indicated that they perform no additional work outside of their profession as sexual workers or that scarcely more than a third (34%) mentioned having performed any other type of work prior to entering this profession.

1.6 Significance of These Data

Although the principal reason for this study is not to obtain a socio-economic and cultural profile of sexual workers, but rather information regarding their level of manual dexterity and knowledge regarding condoms, these data serve to paint a rough picture of the human condition in which they exist and how that same condition helps them to continue on in a profession which carries risks for their own health as well as for that of their children. Let us proceed now to analyze these skills and this knowledge, which will assist in determining the contents to be included in the instruction materials, which, even though they don't convince these sexual workers to abandon their dangerous activity, will at least aid them in protecting themselves against possible contamination from the AIDS virus.

2. Knowledge with Regard to Condoms

2.1 Visual Recognition of the Product and Generic Name

The majority of the interviewees (94.5%) were able to identify a condom when shown a drawing of one. The reason for showing a drawing instead of a real condom was that the researchers wished to determine whether or not the drawing of the condom adequately represented the product. The drawing, without being of excellent quality, demonstrated that it is an appropriate visual medium for the recognition of this product.

In order to ascertain the name most commonly used by the sexual workers when referring to a condom, they were asked two questions which permitted an inventory of names to be established. The term "condón" (condom) ranked first (77%) and "preservativo" (prophylactic) ranked second (22%). The former clearly manifested itself as the term to be used in the instructional material.

2.2 What Are Condoms For?

In order to determine what condoms are used for, the interviewees were asked about the uses to which people put them. The majority of these sexual workers overwhelmingly perceived their principal use as being to "prevent diseases" (95%).

It behooves us to analyze the breakdown of the diseases mentioned, as this will allow us to visualize the status of AIDS with respect to the other sexually transmitted diseases identified by the women.

TABLE NO. 7

DISEASES AGAINST WHICH THE CONDOM PROVIDES PROTECTION

DISEASE	NO. OF SEXUAL WORKERS	%
Gonorrhea	76	88.4
AIDS	74	86.0
Syphilis	36	41.9
Others	27	31.4
Don't Know	2	2.0

NOTE: Each percentage is based on 86 of the total number of interviewees.

The knowledge which these sexual workers possess regarding sexually transmitted diseases places gonorrhea at the top of the list of diseases mentioned (88.4%). It is followed very closely in second place by AIDS, which was mentioned by 86% of those who said that the purpose of the condom is to prevent diseases. In third place, somewhat more distant, 42% of the women mentioned syphilis.

For purposes of this study, it is clear that there exists a strong basis to promote the use of condoms as a medium of protection against sexually transmitted diseases, by making reference to gonorrhea and AIDS. These are two diseases which can be mentioned in the instructional material, inasmuch as they were clearly identified with respect to the protection afforded by condoms. If one wished to add another reason for using condoms which would serve to reinforce their regular use with customers of sexual workers, one could also include the argument that they protect against undesired pregnancies, since 62% mentioned this as another of the reasons for using a

condom, and we have already seen the high birth rate corresponding to this group (see Table No. 4).

2.3 Generic Information about Condoms

1) Which condoms are you familiar with?

In order to ascertain the brand name of the condom most recognized by these sexual workers, they were shown samples of the six best selling condoms in pharmacies in accordance with the criteria of the sellers (Tahiti, Skin Less Skin, For Your Security-R3, Sultan, Watson and Durex). The samples were placed in a box and the women were asked to identify those with which they were most familiar. Very few women (10) were familiar with only one brand of condom (principally Tahiti) and one woman was familiar only with Sultan. The remainder of those who were able to identify any of the condoms shown (89 women) mentioned more than one. The results referred to the number of women that mentioned each of the condoms, even in combination. The most recognized condoms are Tahiti (88%), followed by For Your Security-R3 (64%) and Sultan (36%). The remaining brands were evenly distributed, as can be seen in the following summary table.

TABLE NO. 8
CONDOMS RECOGNIZED

BRAND NAME OF CONDOM	%
Tahiti	88
Skin Less Skin	25
For Your Security-R3	64
Sultan	36
Watson	23
Durex	25
No Response	4

2) Which do you have in your possession?

The sexual workers were asked whether at that particular time they were in possession of condoms and 86% answered affirmatively. They were asked to show them and among the 72 women that produced a condom, Tahiti ranked first with 65%, Sultan ranked second with 24% and Durex was in third place with 6%

(the latter is more expensive and in more limited supply). Those sexual workers producing the largest number of condoms showed more than 30.

What can be gleaned for purposes of the objective of the research is that a picture of Tahiti or Sultan would be quite effective in the instructional materials if a decision were made to emphasize a particular brand of condom which is widely recognized, in order to leave no doubt as to what is being depicted.

3) Where did you/would you obtain them?

The most common source of supply for condoms is an important detail if a decision is made to suggest a place where they may be obtained. In order to determine this, a couple of questions were included regarding the place where the condoms shown had been obtained. Three sources were clearly identified: first, health centers; second, the work place; and third, pharmacies. These, then, are three places in which the instructions may be made available, inasmuch as they are places frequented by these women.

TABLE NO. 9

SOURCES OF SUPPLY FOR CONDOMS

REGULAR SOURCE	%	EMERGENCY SOURCE	%
Health Center	54	Pharmacy	37
Hotel/Brothel	22	Friend at Work	31
Pharmacy	19	Hotel/Brothel	31
Gift from Customer	4	Other	12
Other	9		
No Response	3		

NOTE: Each percentage is based on 81, which is the number of interviewees who have used condoms: multiple responses were accepted in this question.

This ranking of sources of supply is entirely logical since it is the health system which widely distribute condoms, free of charge, for these sexual workers. In addition, PROCETS has succeeded in convincing the owners of hotels and brothels to maintain a permanent supply of two condoms per room, without the customer having to request them. The fact that the majority (76%)

have found condoms available in these two places is consistent with the current distribution system.

However, information was also desired regarding emergency sources of supply. The first option was pharmacies (37%) and tied for second place were "friends at work" and "the work place" (hotel, brothels) (31%).

The preceding conclusion -- that both pharmacies as well as the women's work places may be optimum places for distribution of the instructional material -- is thereby once again reinforced.

4) Judgement as to Preferences and Quality

As can be seen in Table No. 8, the most recognized condom was Tahiti, followed by For Your Security-R3 and, in third place, Sultan. However, this is not the same order of preference nor the same order of judgement regarding their quality. Let's look at a comparison.

TABLE NO. 10

PREFERENCE	QUALITY		
	<u>No.=91</u> <u>%</u>	<u>GOOD</u> <u>%</u>	<u>BAD</u> <u>%</u>
Tahiti	33	36	43
Skin Less Skin	6	12	7
For Your Security-R3	10	6	2
Sultan	21	32	24
Watson	10	8	-
Durex	26	11	-
No Response	11	11	-

Although Tahiti continues to be the most preferred brand (33%), Durex ranks second (26%) in preference and Sultan is in third place (21%), which is identical to their order of recognition. But when the women make a judgement as to whether the condoms are "good" or "bad", Tahiti, although it is the most widely known, is nonetheless the brand which leads the list of "bad" (43%). On the other hand, Sultan is considered to be much less "bad", since only 24% classified it as such. This may be due to the fact that the Tahiti condoms currently in circulation date from 1983; i.e., their useful life has expired.

Judgments regarding safety again change the ranking by the interviewees inasmuch as the FYS-R3 condom was considered to be "safest" by 43%, whereas Tahiti (ranked first in recognition and in preference) not only dropped to second place (21%) but did so in virtue of the fact that the women who named it "are familiar with only that brand", which is not the best of reasons to prefer a given product. Durex, which had been ranked second in preference, dropped to fourth place (9%).

It was important that we discover the criteria used by the women to determine whether a condom is in satisfactory condition or not. The reason most mentioned by 76% of the women who responded that condoms can become damaged was that the condom is unsafe if it has holes or is punctured (18%). Fifteen per cent of the sexual workers mentioned a variety of changes in the condom which represented something other than a normal condition: bad odor, change in color, texture of the lubricant, or consistency of the latex, with the latter becoming soft or cracking. This is important because if there is a need to include some mention in the instructional material of the signs of deterioration of a condom in order to show that it should not be used, a choice can be made between change of color, texture, or presence of holes.

5) Knowledge Regarding the Date Imprinted on the Condom

In addition, information was sought regarding the level of knowledge of the sexual workers with respect to the production date of the condom, which appears clearly imprinted on Tahiti brand condoms. The women were asked if they were aware of the significance of the printed numbers (while the numbers were being shown to them). Only 20% indicated that they knew the significance. Of these, the majority (72%) indicated that it was the expiry date, but it must be remembered that these women represented only 14% of the total women interviewed.

Reconfirmation of these data was sought by asking the interviewees whether they had ever heard that a date is imprinted on condoms. Inasmuch as these questions followed the preceding questions, it is easy to believe that the questions regarding the numbers influenced responses regarding the date, because the percentage of women responding that they did know that a date was imprinted on condoms increased to 39%, whereas only 20% had previously affirmed that they knew the significance of the numbers imprinted on the condoms.

When queried as to the significance of the date, the majority (74%) responded that it was the "expiry date," which is very close to the percentage of women who had responded similarly with respect to the significance of the printed numbers (72%).

It is clear that the number of sexual workers aware of the existence of numbers imprinted on condoms is very low and that those able to interpret the numbers do so inversely to their significance, inasmuch as this number represents the production date and not the expiry date. If this is judged to be important knowledge, it will be difficult to teach something which is not perceived as existing and even more difficult to teach the opposite of what is normally the significance of the date imprinted on most medicines; i.e., that

it is the expiry date of the product and not the production date, as is the case with the date imprinted on condoms.

2.4 Pattern of Use of Condoms

Several questions were asked to determine the frequency of use of condoms and which of the two partners normally provides the condom, and also to determine the various uses and what appears to be the predominant pattern as regards this behavior.

1) Number of Times Used with Customers

In order to determine the frequency and number of times that a condom had been used, several questions were posed: if a condom had been used, with how many of her ten most recent customers and how many days ago did this occur?

The information obtained is summarized in the following table.

TABLE NO. 11

		<u>%</u>	
Have You Ever Used a Condom?	YES	89	No.=91
	NO	11	
With 10 Most Recent Customers:			No.=81
- None		3.7	
- 1 - 4 customers		38.3	
- 5 - 9 customers		24.7	
- 10.0 customers		33.3	
How Many Days Ago Did You Use a Condom?			No.=81
- Within last three days		60.5	
- Within last week		18.5	
- More than 1 week ago		7.4	
- More than 2 weeks ago		6.2	
- More than 1 month ago		7.4	

What immediately stands out on the basis of these data is the fact that one third of the women (33%) confirmed that they use a condom with each customer and that an additional 25% do so with more than half of their customers which, although not an ideal behavior, is still a good indication that there exists a group of women who could be motivated to increase the use of condoms so as to include all customers.

The high one third (38%) of the women who are using a condom with less than half of their customers (and the additional 4% who did not use a condom with any of their customers must be included here) certainly define a significant group whose behavior reflects a great deal of risk.

The behavior of these women is confirmed by the fact that more than half of them (69%) admitted having gone out with between one and six men during the week preceding the interview. Half of them (32%) had gone out with more than four customers. If within this group were included those women who had not requested that the customer use a condom, it could be concluded that potentially one third of these sexual workers are truly at risk. It is very possible that this is the case, because 42% of them would be willing to have sex without a condom if the customer were to so insist. Of the ten reasons given for this behavior, only two stand out: "fear of not being paid (losing the customer)," and trust in the customer "because she knows him."

Even though 96% of the women affirmed that they request that the customer use a condom, 42% of the customers do not accept this; in view of the fact that the women are willing to consent to having sex with them in spite of this attitude, it becomes imperative that the message to "use a condom with each customer" appear in the instructional material as one of the principal themes.

In virtue of the fact that 42% of the men refuse to use a condom, it behooves us to likewise attempt to reach the customer with an argument regarding protection in order to attempt to reduce the numbers of these men who insist on having sex without protection.

2) Who Normally Provides the Condom?

It is very important to know, in this customer-sexual worker relationship, which of the two partners actually controls the situation from the point of view of supplying the condom. The response is quite clear: 83% of the interviewees confirm that it is they who provide the condom and that they do so because "a woman must take care of herself" (99% of those who supply the condom). Appearing clearly once again is the argument of protection, which appears to be one of the most consistent motivating factors to induce women to use a condom systematically with each customer. The argument has equal validity for men, from the point of view of the interviewee, since that half of the women who affirm that it is the man who provides the condom believe that he does so "to protect himself and his family." Both the customer and the sexual worker could appear in the instructional material withdrawing a condom from the pocket or purse, although this should preferably be done by the man, in order to reinforce the image that it is the man who can and should do so.

3) Who puts the condom on? Who removes it? Lubricant?

Just as it is important to determine who provides the condom, it is equally important to know who normally puts it on and who removes it.

Both actions can be visualized in the following table.

TABLE NO. 12

Who Puts It On?	%	No.=81	Who Removes it?	%
She	70		She	31
He	30		He	69
Is it always this way?			Is it always this way?	
Yes	70		Yes	73
No	3		No	4
Sometimes	25		Sometimes	19
Depends	-		Depends	1
No response	3		No response	4

It is clear from the table that the woman is predominant in putting the condom on (70%) whereas the man is predominant in removing it (69%). The pattern of behavior is very consistent with regard to putting the condom on, inasmuch as it is "always that way" for 70% of the women, just as it is for the man in 73% of the cases as regards removal of the condom.

This means that in the instructional material a woman should be shown placing the prophylactic on the man's penis and a man must be shown removing it correctly, since it is the man who performs this act most frequently and apparently when the penis is in a semiflaccid, or soft, state (74% were of this opinion).

The researchers were also curious to determine whether there was any generalized knowledge with regard to lubricants as an additional means of protection (the one containing no-noxinol 9) in the event that it were decided to make it available to the sexual workers.

The women were shown a drawing in which the hand of a man is squeezing an ordinary tube in order to spread something on the condom which has been placed on his penis. The drawing was shown to the interviewees and they were asked whether they could identify what was being spread on the condom. Thirty-three percent did not know what was being spread on and 34% thought that it was Vaseline or grease, both of which are products which can damage

condoms. But inasmuch as 80% of the women indicated that the customer had never spread anything on the condom, it appears inappropriate at this time to include in the instructional material a message referring to lubricants except possibly to warn that grease or Vaseline should not be used.

4) Post-penetration with condom

Since there may be customers who wish to engage in "foreplay" without the use of a condom prior to ejaculation, the women were shown three drawings and were told that the first depicted penetration without a condom but also without ejaculation; in the second drawing, the man withdraws in order to put on the condom; and in the third drawing, he penetrates again, this time with the condom on in order to proceed to ejaculation.

The purpose of this question was to ascertain whether this had occurred personally to any of the women interviewed or to any of their friends. The majority (88%) affirmed that this had not happened to them, nor had they ever heard this mentioned by their friends (76%). Accordingly, it does not appear that it should be included as a specific message in the instructional material, although it might be mentioned in training sessions.

5) Where is the used condom disposed of?

The sexual workers were queried as to who normally throws the condom away. Half of the women interviewed indicated that they themselves did so; the other half indicated that the customer did, although they had already indicated that 69% of the customers removed the condom themselves (and it can be assumed that if they remove it, they probably also throw it away).

Three places were identified for throwing the condom away: the wastebasket (58%), the toilet (21%) and the floor (5%). Accordingly, the condom should be shown in the instructional material as being thrown away in a wastebasket.

3. Attitudes toward Condoms

Just as a clear pattern has been seen with regard to the use of condoms, so also do several attitudes stand out, not only as regards the sexual workers themselves, but also as regards their perception of the various attitudes of their customers with regard of the use of condoms. Several questions, distributed throughout the questionnaire, enabled the interviewers to discover these attitudes. Presented in summary fashion, the following are the most relevant.

3.1 Complaints of Men and Women

The women were asked explicitly about the complaints which they had heard from men and women in general with respect to condoms. The principal complaints can be observed in the following table.

TABLE NO. 13

COMPLAINTS REGARDING CONDOMS		MEN %	WOMEN %
No.=81	Yes	81.5	25
	No	18.5	72
	No Response	-	3
- Not the same sensation		82	45
- Irritating		5	10
- Does not like to wear them		11	-
- Does not get excited		6	-
- They come off inside		-	30
- They break		-	20
		No. = 66	No. = 20

The percentages are of sexual workers mentioning these complaints. Each woman was allowed to mention more than one complaint.

It can easily be seen how men generally complain more (82%) than women (25%). Different reasons for complaining also stand out.

The predominant complaint of men, according to the sexual workers, referred to the fact that they feel no sensation or do not feel the same sensation when they use a condom (82% of those who complained) or simply that they do not like to use a condom (11%).

On the other hand, the sexual workers are of the opinion that women complain particularly about those things which are related to their condition as women: that the condoms come off inside (30% of those who affirmed that they have complaints), or that they break (20%), or that the condom irritates them (10%). The principal reason mentioned by men, "that there is no sensation," must not be underestimated, inasmuch as 42% of the women also confirmed having this complaint. Generally speaking, however, the sexual workers are of the opinion that women had fewer complaints.

Other reasons mentioned by men (a low 11%) included arguments such as: unable to achieve an erection, unable to ejaculate, do not need to use a condom since they are not sick (do not have AIDS) or do not wish to show a lack of trust toward the sexual workers.

From this distribution of complaints, it is clear that it is the man (the customer) who complains most about the use of condoms in sexual relations. It is confirmed once again that the instructional materials should include the customer among the target audience along with the sexual workers, because it is in men that a more negative attitude predominates, at least from the point of view of those women interviewed.

3.2 Personal Problems with Regard to the Use of Condoms

Complaints about condoms can also be expressed in terms of personal problems. For this reason, the sexual workers were asked if they had had any problems. Thirty-seven per cent responded affirmatively. The problems identified are remarkably consistent with the preceding complaints.

TABLE NO. 14

PERSONAL PROBLEMS		%	
Yes = 37%	No. = 59%	No Response = 4%	No. = 81
Breakage (internal/external)			67
Came off inside			27
Irritation/vaginal pain			6
(No. = 30)			-

The researchers, with a prior awareness of the constant complaints identified by the PROCETS personnel regarding breakage of condoms, felt that it would be important to determine the experience of the interviewees in this regard. The fact that breakage of the condom appears conspicuously among the complaints (67%) is in itself a confirmation that the anecdotal complaints, prior to the interview, have a basis in fact.

3.3 Do Condoms Break Frequently?

In order to learn more about this important aspect, the sexual workers were offered several opportunities during the interview to refer to this problem. The first opportunity was when they were asked to identify condoms which, in their experience, broke more easily, and it was observed that Tahiti ranked first with 39%, followed by Sultan with 31%. At another point, the women were asked how they knew that the condoms could become damaged and among the significant responses was the fact of breakage (38%). Finally, they were asked if they had ever heard mention that condoms sometimes break, and

95% said yes. The researchers wished to insist on the matter of frequency by asking about the number of times the women recalled having a condom break. Sixty-two percent affirmed that they had had an experience with broken condoms while 38% indicated that they had not. Those who had had experiences with broken condoms provided the following frequency as to number of instances.

TABLE NO. 15

TIMES (No.=50)	%
0 times	-
1-3 times	62
4-6 times	18
7-10 times	6
> 10 times	4
No Response	10

Although there is no specification in this question as to the number of instances in which a condom broke in relation to a given period of time (for example, during the preceding week or preceding month), the recall of these sexual workers indicated that they had had frequent experiences with breakage and the reason most mentioned was that "the condoms were too old" (36%). One hypothesis of breakage, in addition to the expiry date and poor storage conditions of the condoms, is the possibility that there are coital positions in which the condom, as a result of the energy and force exerted by the penis in those positions, might break.

In order to determine whether the interviewees associated a given position with breakage or with the condom coming off inside the vagina, they were shown a series of drawings of the most common coital positions. They were asked to identify the position which they most often assumed and those which they never assumed; they were then asked in which of the positions they had experienced condom breakage or a situation in which the condom had come off inside.

The interviewees identified four (4) positions. The position commonly known as the missionary position (the man on top of the woman and the woman lying on her back) was the position indicated as being the one in which condoms broke most frequently (27%), whereas the rear penetration position ("doggie" style) ranked second, mentioned by only by 12%; the third position mentioned, mentioned by a low 7%, was that in which the woman sits on the penis while the man is seated on a bench or chair, and 5% mentioned the position in which the woman is on top and the man lying down.

A similar pattern emerged with respect to the position in which the women (30% of them) had experiences with the condom coming off inside the vagina. They affirmed that the most common occurrence was in the missionary position (71% of those having this experience), with rear penetration ranking second (17%). In third place was the position in which the woman straddles the man in a kneeling position while the man is lying down (12%).

If anything of value is to be obtained from this section of questions, it is that these sexual workers, using condoms after their corresponding expiry dates (this was known prior to the survey, as was the fact that this was the most frequently used brand of condom), run the risk that the condom might break in any of the positions which they commonly use (and which are the same positions in which breakage occurred).

3.4 Oral Sex with Condoms?

As an alternative for protection there exists the possibility that oral sex may be engaged in with a condom placed on the penis. In order to determine whether this image was valid as a suggestion, a drawing was included in which the woman was performing this act and the sexual workers were asked whether they had ever done this or had ever wished to do it. Their responses can be summarized as follows:

TABLE No. 16

HAVE YOU DONE IT? No.		%	WHY?	%
Yes	32	35	- To please the man	31
			- To protect against diseases	34
No	56	62	- Don't like it	21
			- Repulsive	14
			- Didn't know it could be done	7
No Response	<u>3</u>			
	91			
WOULD YOU LIKE TO DO IT?			WHY?	
Yes	32	35	- To be able to have that sexual experience	61
			- To protect against diseases	22
No	33	59	- Is repulsive	46
			- Don't like it	10
			- Tastes bad	6
	<u>56</u>			

It is not very surprising that only 35% indicated ever having had oral sex with the condom in place. It is apparent that, among this population, this is not a desirable practice. Rather, it is surprising that affirmative responses were as high as they were, since the stronger reasons for not wishing to perform the act are concentrated around "don't like it," "find it repulsive," and "bad tasting." These reasons would be difficult to overcome in the event it should be desired to include this preventive practice as part of the instructional material.

3.5 After All This, Do You Still Like Condoms?

After having gone through all of the questions with respect to breakage, discomfort, pattern of use, defects, and complaints by men and women, the sexual workers were asked a question which was designed to reveal their true attitude toward condoms. They were asked literally: "After all we have talked about, I would like to know if you really like condoms or prefer not to use them."

We were pleasantly surprised to find that 69% of those interviewed indicated that "they really like them," and 24% felt that it is necessary to use them. These are two extremely positive attitudes which can be very favorable with respect to the thrust which the researchers would like to give to the systematic use of condoms with each customer. The reasons given make their systematic use more feasible: to protect against diseases, provide more security, avoid pregnancy. The three reasons mentioned coincide fully with the recognition of the purpose served by the condom about which they were questioned at the beginning of the interview. These are very valid arguments to be incorporated into the instructional materials.

3.6 What Would Improve the Quality of Condoms?

If the quality of condoms could be improved, the responses given by the sexual workers to this question would be worthy of consideration, inasmuch as they reflect their judgement of the quality which they would like to see in this product.

According to these women, improvements should be made in taste (50%), lubrication (29%), odor (26%) and thickness (23%).

4. Skills and Dexterity in Putting On/Removing Condoms

Just as it was important to make an inventory of all of the details making up the usage pattern of condoms, it now behooves us to analyze in detail the steps taken in the process of putting on and removing a condom from a plastic penis (dildo), which provides a good measurement of the ability and dexterity of the sexual workers interviewed in performing this act.

4.1 Putting the Condom On

1) Open the packet

Eighty per cent of the women interviewed opened the packet with their hands and 11% did so using their teeth. Although this latter practice is not incorrect, there is always the possibility that they might bite through the condom. For this reason, the instructional material should indicate that the condom packet should be opened with the hands, emphasizing that there are "notches" where the packet is to be opened (most condoms have this feature).

- 2) Unroll the condom in its entirety before placing it on the penis

This was one of the incorrect alternatives which we had foreseen might occur during the demonstration. In effect, 78% of the women interviewed actually unrolled the condom in its entirety before placing it on the plastic penis, which made placement difficult, in the judgment of the women interviewed.

- 3) Place the condom on the glans and then unroll it

Eighteen per cent proceeded in this way; i.e., they placed the condom on the head of the penis and then proceeded to unroll it. They did so using both hands in almost all cases. Only six of the women interviewed placed the condom backwards before unrolling it.

Inasmuch as this is the easiest way to place the condom on the penis, i.e., to unroll it over the penis rather than unroll prior to placing it on the penis, it is suggested that this step be emphasized in the instructional material, especially since the act of placing the tip of the condom against the penis helps prevent the accumulation of air inside the condom.

- 4) Hold the tip/leave air inside

After the condom has been correctly placed (rolled down) over the head of the penis, the next step is to hold on to the tip with two fingers while the other hand is used to completely unroll the condom.

Through observation, we were able to determine that 63% of the women did not hold on to the tip of the condom while placing it on the penis and that as a result 52% allowed air to accumulate in the tip, a practice which might later prove to be the cause of breakage of the condom.

It follows from these figures that it is necessary to show clearly in the instructional material how the tip of the condom must be held with the fingers of one hand while the other hand unrolls the condom.

- 5) Does the condom cover the penis?

Regardless of whether the condom is completely unrolled prior to placement or is unrolled over the penis, the majority (85%) covered the penis entirely; an additional 13% covered three quarters of the length of the plastic penis, which appears to indicate that this aspect does not need to be highlighted in the instructional material.

What appear to be more important is a warning with respect to the danger of tearing or other similar damage caused by long finger nails in the process of placement of the condom; inasmuch as 31% of the women did have long finger nails, it would be wise to stress this danger in the instructional material.

6) Is this always the case?

Imperfections in the process of placing the condom on the penis are something which requires correction. This is even more important in view of the fact that 84% affirmed that this is the way that they normally place the condom on the customer's penis, in those cases when it is the woman who performs this function. Maximizing the effectiveness of the condom as a preventive measure is also in direct relation to the correct placement thereof. Errors or imperfections in the use of condoms should be corrected to the greatest extent possible.

4.2 Removing the Condom

There are several steps in the process of removing the condom which, although simple, are truly essential in order for this function to be performed well. Observations made while the practice session was under way provided the following overview:

TABLE No. 17

STEPS	%			
		Yes	No	No Response
- Remove with one hand	8			
- Remove with two hands	90			
- Rolled condom up while removing it	65	65	33	2
- Held on to tip while pulling on condom	63	63	36	1
- Tied a knot in the condom	3	3	93	4
- Spilled semen while removing condom this way	57	57	41	2

1) Do you use one or two hands to remove it? ,

The first thing which stands out is that 90% of the interviewees used both hands to remove the condom from the plastic penis.

2) How do you remove it?

Most notable is the fact that more than half (65%) roll up the condom while they are removing it, which in effect makes removal of the condom much easier. However, there remains a significant group (33%) which may be trained

in this technique. Accordingly, it is suggested that this step be shown explicitly in the drawing.

The percentage of women interviewed who did not hold on to the tip of the condom while removing it is almost equal to the preceding group (36%). For the same reason, this correct action should be depicted graphically in the same picture showing that the condom should be rolled up while being removed from the penis.

This is also clear on the basis of these data that almost all of the interviewees (93%) do not tie a knot in the tip of the condom once the latter is removed. This action, if judged necessary for instructional purposes, should appear in the drawing prior to the sequence in which it is shown that the condom should be disposed of in the wastebasket. The precaution which much be taken is that the knot must be tied above the level of the semen.

3) Judgement of the interviewer

The interviewers were asked to determine whether the way in which the sexual workers removed the condom might have caused semen to be spilled in the event they were actually to remove a condom in this fashion. Slightly more than half of the interviewers (57%) were of the opinion that the semen would have spilled.

However, when the sexual workers were asked to indicate the differences they observed between what they had done and what actually occurs, 53% indicated that the customer's penis is softer than the plastic penis and it is consequently easier to remove the condom and, at any rate, it is the man who usually removes it (20%). This observation by the women may diminish somewhat the judgement of the interviewers with respect to the possible spillage of semen in the event that the condom were actually removed in this fashion.

4) Breakage of the condom

During the process of placement and removal of the condom from these plastic penises, six condoms broke (7% of all those used).

The principal reason for this, in the judgement of the observers, was the expiry date of the condom.

5. Information and Knowledge Regarding AIDS

5.1 Sources of Information

We decided to determine what information the sexual workers possessed regarding AIDS and, if they had any knowledge at all, to ascertain what type and from whom they obtained it. Eighty-five percent had some type of information regarding AIDS, while the remaining 14% knew nothing at all about the disease. The sources of information for this group varied greatly, but it should be mentioned that, after health professionals (48%), the most important source was friends or colleagues (14.3%), which highlight the importance of this source in any educational effort focusing on this sector.

Other sources were family members, members of the clergy and owners of business establishments. Many of the women have spoken with customers about AIDS (73%) and equal numbers (73%) talk about AIDS with their colleagues or friends at work (73%).

Among the non-interpersonal sources of information, i.e., mass media, the majority mentioned television (71%), followed by radio (48%), newspapers (37%), and other printed material (15%). This ranking confirms the empirical intuition of the Program in the use of these media and supports what has been confirmed by so many other studies: that the audiovisual media constitute one of the most effective channels of communication.

5.2 Knowledge Regarding AIDS

With respect to these comments, it is interesting to observe that the majority (60.5%) see AIDS as something dangerous, while others speak of how one should protect one itself (17%); however, there is a small, but important, group of 10.5% which denies the existence of AIDS. It is this group which should be of greatest concern to us, inasmuch as when it is added to the low percentage having knowledge regarding the symptoms, transmission and forms of contagion, the total increases to 20%. The percentage that feel that AIDS occupies the top ranking with regard to the danger of death or contagion is 60%, whereas 22% consider some other disease to be more dangerous.

When asked why they believed AIDS to be more dangerous, 34% indicated they are aware that it has no cure and 23% spoke clearly about death. In addition, one group of 15% indicated that it causes a great deal of suffering.

It was important to determine precisely the level of knowledge which these sexual workers had regarding the forms of transmission. The following table summarizes their responses.

TABLE No. 18

FORMS OF TRANSMISSION KNOWN BY THE INTERVIEWEES
(adding together combined responses)

Forms of Transmission	Number of Women
Sexual Relations	76
Infected Needles	28
*Other	24
Don't Know	7

* NOTE: The composition of the "other" category varied greatly and was very imprecise, in addition to which some "other" form was mentioned 19 times in combination with the identification of one of the previously described forms.

It is encouraging to confirm that, at least in terms of knowledge, the majority of these women were aware of the two principal forms of transmission: sexual relations (76%) and infected needles (28%). Technically speaking, the latter is not as dangerous as transfusion of contaminated blood. Even so, there exists a relationship with contaminated needles which may occur with drug addicts.

While it was important to determine the number of women who were able to identify sexual relations as the principal form of transmission of AIDS, it was equally important to determine whether they knew how to protect against it. Although they had already been queried previously, the condom once again ranked as the chief means of protection (77%).

5.3 Concerns regarding Condoms and AIDS

With regard to condoms, only twelve interviewees had questions, which revolved around how and how often they should be used, how to determine their quality and condition, and where to obtain them.

With regard to AIDS, most of the questions dealt with transmission and contagiousness (24%), while 7% asked how to recognize AIDS and 8% asked about the existence of AIDS.

In this regard, everything appears to indicate that there is a need to reinforce information with respect to AIDS, especially as regards the emphasis on the use of condoms and the ways in which it is transmitted.

V. CONCLUSIONS AND RECOMMENDATIONS

The conclusions which are summarized below are presented as a function of the findings made from the point of view of the knowledge or contents to be included in the instructional materials to be developed, both because they constitute knowledge which the sexual workers do not possess with regard to the use of condoms or because these women do indeed have this knowledge but it needs to be reinforced. This is not knowledge which has been obtained for its own sake or which is of interest solely from a research perspective, but is important rather as a function of the educational intervention to be carried out; i.e., the production of an instructional mechanism for the correct use of condoms which is as instructionally clear, as visually simple, as comprehensible and as motivational as is possible in order to achieve the permanent, consistent and correct use of condoms with every customer.

1. Target Audience

It is clear that sexual workers constitute the primary audience, but at the same time their customers constitute an equally important secondary

audience. This is so in virtue of the fact that a very high portion of these customers insist that the sexual workers not use a condom, that sometimes it is the customer who provides the condom and effects placement, and that it is also the customer that normally removes the condom and determines how it is disposed of.

2. Generic Name

"Condón" (condom) is the name used by the majority and the one which should therefore appear in the text of the instructional material.

3. Drawing of the Condom

Any drawing similar to the one utilized in the visual test will be sufficient for the sexual workers to identify the condom as such. However, it might also be beneficial to add some of the characteristics of the Tahiti or the Sultan brands, which are the two most recognized and preferred condoms.

4. What is the Purpose of the Condom?

Two fundamental purposes were identified: to prevent and protect against diseases, including AIDS (identified by name) and to avoid unwanted pregnancies. Both arguments might form a part of the motivational text of the instructional material and should be presented as positive aspects of the relationship and not as something negative to be complied with.

5. Source of Supply

If deemed necessary, and if there is an opportunity to include the sources of supply in the instructional material, the health center, the work place and the pharmacy should be identified, in that order of priority. These are also excellent distribution centers for the instructional material.

6. Production Date

In virtue of the fact that few of the sexual workers were able to correctly identify the numbers appearing on the condom as the production date, and inasmuch as those few that were able to recognize the numbers interpreted them incorrectly as being the expiry date, we advise against including this message as part of the instructional material. No purpose will be served, since the complexity of that which much be re-taught exceeds the capacity of the instructional material.

7. Poor Condition of the Condom

Since most of the interviewees felt that condoms can in effect become damaged, it would be wise to include a warning with respect to condoms which are in poor condition. Mention could be made of changes in color, texture, and the appearance of the condom as signs of deterioration since these aspects were correctly identified. The same signs can be used to indicate the need to throw away the bad condom and use another.

8. Number of Times Condoms are Used

Given the significant risk group among those women interviewed that ventures to have relations with customers without the protection of a condom when the customer so insists, it should be strongly emphasized that condoms are useful as protection only when used with each and every customer.

9. Who should Provide the Condom?

Since it is men that show most resistance to using a condom, it is a man that should appear in the drawing taking a condom from his pocket and handing it to the woman. It should be evident that this is being done naturally, as if it were the expected thing to do.

Text: Reference should be made to be mutual protection of the customer and the sexual worker when a condom is used. "If the customer uses it, both are protected."

10. Who Puts It On?/Who Removes It?

The sexual worker should be shown in the instructional material placing the condom on the man's penis because it is the woman who most often performs this action, and the man should be shown correctly removing it since it is the man that performs this function most frequently.

11. Sequence Showing Correct Placement Performed by the Woman

Based on the preceding observation, the sequence for correct placement is as follows:

- a. The woman opens the packet with her hands, utilizing the notch provided. Text: "Open at the notch."
- b. While holding the tip of the condom with the fingers of one hand, the woman unrolls the condom over the erect penis. Text: "Do not unroll the condom before putting it on." "Hold the condom by its tip, do not let any air inside."
- c. The woman smiles while she finishes rolling the condom down to the base of the penis. Her facial expression is important in order to imply an extended and acceptable situation between both the woman and her customer. Text: "There is protection for both partners only when a condom is used for every act of sexual intercourse."

12. Correct Sequence for Removing the Condom by the Man

- a. The man must hold the tip of the condom with the fingers of one hand, being careful to show that he is applying pressure above the level of the semen inside the condom. With the other hand, he rolls the condom up and pulls outward on the condom. The penis must appear semi-erect. Text: "Take hold of the condom. Squeeze it with your fingers above the semen."

- b. The man ties a knot in the condom above the level of the semen. Text: "Tie a knot in the condom so that the semen will not spill out."
- c. The man throws away the condom in the wastebasket. Text: "Throw away the used condom. Don't leave it lying around."

13. Lubricant

In view of the percentage of women interviewed who are not familiar with lubricants, nor have ever seen one before, it is felt that this element should not be included in the instructional material. If it is felt that it would be beneficial to reach those few who place grease or Vaseline on the condom, a warning could be included to not use either of these two products, since they will destroy the condom, although perhaps the space available will preclude this.

14. Foreplay

Inasmuch as the majority had never experienced a situation in which the customer penetrated without a condom, withdrew, placed the condom on his penis, and penetrated again, and since the majority had not heard of this having happened with any of their friends, it is not considered necessary for this message to be included in the instructional materials. We suggest that this be dealt with in training sessions.

15. Oral Sex with the Condom in Place

In view of the large number of women who do not do this, the reasons being "repugnance" and "revulsion", it is not recommended that this possible preventive practice be included in the instructional material. The risk of rejection is too great.

REFERENCES AND CITATIONS

1. PROCETS, SIDA - Epidemiological Bulletin, July 1988
2. Guerrero, De Moya, SESPAS, 1986
3. PROCETS, SIDA - Epidemiological Bulletin, January 1988