Prostitution in Riga, Latvia – a socio-medical matter of concern

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Objectives. To study the background and the working and socio-economic conditions, and the prevalence of some sexually transmitted diseases (STDs), among street and sex club female Latvian prostitutes.

Study design. Structured in-depth interviews, as well as clinical examination and laboratory tests for gonorrhea, syphilis, bacterial vaginosis, trichomoniasis, ectoparasites and HIV-infections.

Results. Approximately half of the 107 women stemmed from rural Latvian villages, the rest from the capital city of Riga. Of the women, aged 15–43 years, 36% were ethnic Latvians and 56% ethnic Russians, as compared to 58% vs. 32% of the population of Latvia. Poor economy with unemployment and miserly living conditions were the main reasons for recruitment to prostitution. The income per client was in the range of 25–30 USD (10–15 Ls), but the pimp and brothel/sex club owner often requires half of the women's fees. Unprotected intercourse was common. Twenty of the women were found to be pregnant. One tenth used narcotic drugs, e.g. ecstasy. The prevalences of gonorrhea, active syphilis, bacterial vaginosis, trichomoniasis and ectoparasites were 10.2%, 15.7%, 68.2%, 35.5% and 15.9% respectively. None was HIV-infected.

Conclusions. There is an urgent need for regulation of the Latvian 'sex industry', means for providing prostitutes with adequate contraceptives, and to allocate resources to clinics for investigation, therapy and counseling.

Key words: Eastern Europe; prostitution; sexually transmitted diseases; socioeconomy

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Prostitution has become an increasing social, medical and infectious epidemiological problem in the Baltic States and in other East European countries (1–4). The poor economy and high unemployment rate, the lack of laws regulating the pay-for-sex sector and the high rate of criminal activities are factors that promote prostitution in the former socialist block.

Prostitution is likely to play an important role in the spread of sexually transmitted diseases (STDs) in Latvia, where extremely high prevalence figures for gonorrhea and syphilis have been reported during recent years and where contraceptives are not widely used (5).

A rapid exchange of STD agents between the Western and Eastern parts of Europe is likely to take place after the disappearance of the Iron Curtain. This is likely to change the European epidemiological situation. One novel phenomenon in prostitution in Europe is mobility, not only of clients, but also of prostitutes, which will contribute to the extent of this exchange (2, 6).

The present study concerns female Latvian sex workers; their background, recruitment to prostitution, working and socio-economic conditions as

Abbreviations:
STD: sexually transmitted diseases; FTA: fluorescent treponemal antibody test; ELISA: enzyme immunosorbent assay; BV: bacterial vaginosis.
well as their reproductive history and genital infections. All the respondents were investigated by a pelvic examination and tests for certain STD agents were sampled.

**Material and methods**

We have investigated 107 prostitutes, 55 of whom trafficked the streets of Riga (the capital of Latvia) and 52 of whom worked in night clubs. Each woman was asked about age, for how long she had been a sex worker, nationality, marital status, if being a cohabitant, about education, reproductive history, reason for and mode of recruitment to prostitution, income from customers, prophylactic antibiotic intake if any, type of sex performances provided to clients, oral contraceptive use and use of condom with customer and pimp/boyfriend. The interview was conducted by specially educated nurses.

All the women studied were consecutive attendees to the health care center 'Semmes' in Riga, which belongs to a non-governmental organization. They had a pelvic examination and were screened for STD agents as indicated below. Thirty-one had been brought to the clinic by the police after being picked up on streets or at sex clubs, while seventy-six appeared voluntarily. The prostitutes in Riga are required by law to carry a sanitary booklet, which should contain information that they have been investigated for gonorrhea and syphilis (which should be made at given intervals).

Gonorrhea was diagnosed by microscopy of urethral and cervical secretion after staining with methylene blue. If intracellular phagocytized diplococci were detected, the diagnosis was verified by culture studies. Syphilis was diagnosed by the 16-mm Circle Qualitative and Quantitative MacroVue® Rapid Plasma Rigin Card test (Becton Dickinson, Meylan, France) and by Wassermann's reaction. The diagnosis was confirmed by fluorescent antibody (FTA)-abs tests and by *Treponema pallidum* immobilization tests. Bacterial vaginosis (BV) was detected by inspection sniff test and vaginal smear microscopy. Trichomoniasis was diagnosed by wet smear microscopy of vaginal secretion, while ectoparasites were detected by macroscopic inspection. For diagnosis of HIV-infections, ELISA was used (to be confirmed by Western blot if positive).

**Results**

The youngest of the prostitutes was 15 years old and the oldest 43 (mean age 24.9 years) (Fig. 1).

Fifty-seven (54%) had been working less than one year as a prostitute.

Forty-nine (55%) stemmed from rural villages, while the remainder came from the capital city (Riga). Thirty-six (34%) were ethnic Latvians, 56 (52%) were ethnic Russians. The majority of the rest were either Belorussians or Ukraines. Nine (8%) were married. Twelve (11%) lived with their parents, 15 (14%) with their grandparents, while 64 (60%) lived alone. Twenty-eight (26%) cohabited with a female friend, also often practising prostitution.

Fifty (47%) had only primary school education, 37 (34%) had secondary school education, while 13 (12%) were still students. Six (5%) had passed university studies.

Fifty-seven (54%) of the women had one child, two had three children and another two had six children. Ninety percent had a history of one or more legal abortions. At the time of examination, 20 (19%) of the women had amenorrhea, all of whom proved positive in pregnancy tests.

The average income of the prostitutes per client was 25–30 US$ (10–15 Lt). Many had, however, to pay half of their income to the sex club or brothel-owner and much of the remainder to their pimp. Prostitutes working in the streets usually charge a similar fee to that charged by the club prostitutes. Their pimps often take the same share from the girls as from those working at clubs.

Of the 107 prostitutes in our study population seven had an IUD, 12 used the pill. Sixty-five (61%) had at any time used condoms with clients, but such use was never regular. To increase their income, the prostitutes sometimes told the customer that they could offer intercourse without condom. In cases where they had a pimp or a boyfriend, they usually allowed the pimp or boyfriend to have intercourse without a condom. Of the prostitutes, 73 (68%) offered oral sex, while 21 (20%) also allowed anal sex.

The prevalences of gonorrhea, active syphilis, bacterial vaginosis, trichomoniasis, pediculosis pu-
often bec
they worked.
for food, beverages and lodgings at the club where tries (2, 4)
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sex club-owners. Many of the sex club prostitutes we most effective, are recommended by pharmacies.
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active recent phenomenon in Riga. acies without a prescription. If the customers can
tly to pay for the test.
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sites for working as a prostitute.
A gonococcal infection could be demonstrated in approximately one tenth of the prostitutes in our study population. It reflects the high prevalence of gonorrhea in Latvia, which in 1994 was 139/100 000 inhabitants (5). However, as in many West European countries, the reported prevalence of this infection has declined in Latvia in recent years. This is in contrast to syphilis which in 1994 had reached a prevalence of 89/100.000 inhabitants. In the prostitutes studied, the prevalence of active syphilis was frighteningly high, i.e. 15.7%. The very high (36%) prevalence of trichomoniasis we found by examining wet smears, may mirror the vast spread of STDs in Latvia in sexually high risk populations.

Table I. Prevalences of sexually transmitted diseases diagnosed in 107 Latvian prostitutes

<table>
<thead>
<tr>
<th>Disease(s)</th>
<th>No (%) (n=107)</th>
<th>Streets (n=55)</th>
<th>Sex clubs (n=52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>11 (10.2)</td>
<td>8 (14.5)</td>
<td>3 (5.8)</td>
</tr>
<tr>
<td>Syphilis</td>
<td>17 (15.7)</td>
<td>9 (16.4)</td>
<td>8 (15.4)</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>73 (68.2)</td>
<td>35 (63.6)</td>
<td>38 (73.1)</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>37 (34.5)</td>
<td>19 (34.5)</td>
<td>18 (34.6)</td>
</tr>
<tr>
<td>Combination of above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 diseases</td>
<td>29 (27.1)</td>
<td>20 (36.4)</td>
<td>9 (17.3)</td>
</tr>
<tr>
<td>3 diseases</td>
<td>7 (6.5)</td>
<td>3 (5.5)</td>
<td>4 (7.7)</td>
</tr>
<tr>
<td>Pediculosis pubis</td>
<td>5 (4.7)</td>
<td>4 (7.3)</td>
<td>1 (1.9)</td>
</tr>
<tr>
<td>Scabies</td>
<td>7 (6.5)</td>
<td>5 (9.0)</td>
<td>1 (1.9)</td>
</tr>
</tbody>
</table>

Narcotic drugs, i.e. on one or more of amphetamines, ecstasy, cocaine and marihuana, were abused by 11% of the prostitutes. Ecstasy was the most commonly used drug.

Discussion

It has often been stated that the most important reason for women to become a prostitute is economic. The reason may not only be for mere survival, but also to pay for alcohol, narcotic drugs, restaurant and disco club visits and for elegant clothes and travel. These 'attractions', apart from consumption of alcoholic beverages, have become possible to fulfill in Latvia first after the end of the communist rule; many of them also more or less being prerequisites for working as a prostitute. These reasons were also given to girls recruited for prostitution in Latvia. Many of the Riga prostitutes drank too much alcohol. Almost half of the women we studied were alcohol intoxicated when approached for the interview. Many of the prostitutes' parents were severe alcoholics and had left their children to survive on their own. Some prostitutes also used narcotics. In general terms drug abuse is, however, a comparatively recent phenomenon in Riga.

A large proportion of the income of many prostitutes was taken by the pimps, or by the brothel- and sex club-owners. Many of the sex club prostitutes we studied, lost most of their remaining income to pay for food, beverages and lodgings at the club where they worked. The club prostitutes had in practice often become slaves. This was particularly true for those who were orphans, as they generally had no place to return to. The situation was often worse for those who had to take care of a child.

Oral contraceptives are available over the counter in Latvia. They are, however, too expensive for most women to buy in relation to their average income. The high rate (20%) of unwanted pregnancies and the very common (89%) history of legal non-spontaneous abortion among the prostitutes we studied, reflects the general unsatisfactory situation with regard to contraceptives in Latvia. In a follow-up of the two pregnant women whose pregnancy was diagnosed between the 20–25 week, both delivered a child, while the remainder, who were all seen before gestational week 12, went to legal abortion.

A gonococcal infection could be demonstrated in approximately one tenth of the prostitutes in our study population. It reflects the high prevalence of gonorrhea in Latvia, which in 1994 was 139/100 000 inhabitants (5). However, as in many West European countries, the reported prevalence of this infection has declined in Latvia in recent years. This is in contrast to syphilis which in 1994 had reached a prevalence of 89/100.000 inhabitants. In the prostitutes studied, the prevalence of active syphilis was frighteningly high, i.e. 15.7%. The very high (36%) prevalence of trichomoniasis we found by examining wet smears, may mirror the vast spread of STDs in Latvia in sexually high risk populations.

Latvia, along with the other Baltic countries, spends a comparatively low percentage of the national budget on health care: approximately 4%. Even highly desirable tests, like amplified DNA tests for C. trachomatis, and serological tests for hepatitis B and C virus cannot generally be taken due to the poor economic resources among the clients (who generally have to pay for any proposed laboratory tests themselves) and also by health authorities. Another obstacle is the limited diagnostic possibilities available in Latvia even if the client is able to pay for the test.

As an etiological diagnosis is seldom available, the failure rate in treatment of STDs may be as high as 30% in patients presenting at STD clinics. Treatment of prostitutes creates special problems as they may not come back to the clinics again.

In Latvia antibiotics can be bought at pharmacies without a prescription. If the customers can afford them, often the most novel and most expensive antibiotics, but not necessarily those proven most effective, are recommended by pharmacies. In contrast to prostitutes from some other countries (2, 4), the prostitutes in Riga do not use antibiotics prophylactically.

HIV has until now been rather 'dormant' in Latvia as compared to many other countries (8).
Some prostitutes working in Riga have a proven HIV-infection. The clients of prostitutes in Latvia generally believe that there is a low risk of becoming infected by HIV.

In the city of Riga, with its 840,000 inhabitants, there are at least one hundred sex clubs, often visited by local customers. Middle-class businessmen, in commerce, and sex tourists are the most common customers. At the 'Semmes' clinic, counseling on sexual risk behavior and safe sex adapted to the prostitution scene is given.

There is an urgent need for regulation of the Latvian 'sex industry', means for providing prostitutes with adequate contraceptives and allocation of resources to clinics for investigation, therapy and counseling.

References


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