



NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

Regushevskaya Elena (ed.)

Prostitution and Health in Finland

DISCUSSION PAPER

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Foreword

Prostitution is related to various negative health consequences. The harms of prostitution to health and health care include physical abuse, psychological and sexual abuse¹⁻⁶, spreading sexually transmitted infections (STIs)^{1,2,7-16} and HIV and violation of victim's rights. The most common type of prostitution is a man buying sex from women. In Finland a considerable change in prostitution occurred in the beginning of the 1990s after opening borders for its southern EU neighbour Estonia and a growing supply of sex workers from the politically and economically unstable Russia¹⁷. These cause sexual services, especially in border cities, easy and accessible for Finnish men.

Studies on customers' health perception and risk awareness are limited. We do not know whether health issues are concerns for prostitutes and their customers. Also in Finland the information on those who buy sex services is limited. Previous studies have been on the transnational nature of prostitution and sex buyers' attitudes to prostitution¹⁸⁻²⁰.

In spite of the growing literature on prostitution customers, the gap in research is due to difficulties in accessing customers, to social stigma for using sex services, and to the overall hidden nature of prostitution^{21,22,23}.

Prostitution is a sensitive and controversial subject, thus making it difficult to interview prostitutes and their customers or to get a representative sample of them. Existing studies on prostitutes' customers are mostly based on those imprisoned²⁴ or convenience samples²⁵ and population based studies are rare¹⁰.

The main aim of the study was to provide information on in which context prostitutes' customers see health issues, how they position health, whether they are concerned about health, which particular health topics they are concerned are and how these topics are addressed.

The study was performed in several steps, which included reviewing previously published literature on prostitution in Western Europe and the legal regulations of prostitution in Finland and neighbouring countries, Estonia and Russia; studying experts' opinions, views and attitudes on health and health risks in prostitution; studying customers' characteristics, behaviour and attitudes to prostitution, their expectations and experiences in prostitution, health risks and health risk perception among customers in Internet chats and sex service advertisements.

In some parts of the project we used opinions and views of professional experts working with prostitutes on prostitutes and their clients because of the minimal possibilities to obtain a representative sample of prostitutes or their clients in Finland. Experts in Estonia were also interviewed, as Estonia is an important destination for Finnish men buying sex and many Estonian prostitutes also come to Finland.

Our study raises awareness of the health effects of prostitution and provides information in which context prostitutes' customers see health issues, how they position health, whether they are concerned about health, which particular health topics the concerns are and how these topics are addressed. The results of our study can be used in programs for prostitution prevention and for diminishing the harms for health.

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Abstract

Elena Regushevskaya (ed.). Prostitution and health in Finland. National Institute for Health and Welfare (THL). Discussion paper 5/2017. 41 pages. Helsinki, Finland 2017.

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Background Various problems relate to prostitution. However, health-related matters are often not considered to be the most serious danger compared to other types of risks that people face in prostitution. Previous scientific literature on health aspects in prostitution concentrate mostly on the characteristics of street prostitutes, the main reasons for entering prostitution and the ways of involving women in to prostitution. Studies on customers' health perception and risk awareness are also limited. There is no previous research on customers' and prostitutes' views and opinions on how they value/position health and whether it is central concern when buying/selling sex in Finland.

Objectives of research The main aim is to study in which context prostitutes and their customers see health issues, how they position health, whether they are concerned about health, what particular health topics of concern are and how these topics are addressed. More specifically:

1. To study the experts' opinion's, views and attitudes on how they think prostitutes and their customers value health, what is the importance of health to them, what attention is given to health risks involved and how important health checks are for prostitutes and their customers in Finland
2. To study customers' views on prostitution, their expectations and experiences in prostitution, perception of health risks and precautions taken
3. To study health and health risk issues in sex service advertisement

The data for the first task are qualitative and come from experts' interviews in 2012 and of internal reports of experts' organizations. Experts include those who work in a state or private organizations dealing with prostitution in Finland and Estonia, and also personnel from health centres and women's clinics in border cities (St. Petersburg and Vyborg). Focus in interviews is on health, health risks and their prevention in prostitution.

Studying customers is done analyzing data collected from Internet chats where prostitutes' customers share their experiences and other information.

Studying how health issues in sex service advertisement are taken into account and addressed is done using freely accessible webpages advertising sex services in Finland.

The research is based in the National Institute for Health and Welfare (THL), which has functioning and friendly circumstances and a multidisciplinary research environment for the type of research described.

Keywords: Prostitution, men, health behaviour, sexual behaviour, sexually transmitted infections, survey, advertising, health

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Prostitution and health in Finland

Background Various problems relate to prostitution. For example, sexually transmitted infections (STIs) are an important cause of morbidity among prostitutes and their customers¹⁻⁶ and may serve as vector for spreading diseases in the community⁷⁻¹⁰. Sex workers are one of the high-risk groups for HIV programs¹¹. Other serious health consequences among prostitutes are pelvic inflammatory diseases, infertility and high mortality^{12,13}, physical, sexual and drug abuse and psychological disorders^{1,2,14-17}. However, health-related matters are often not considered to be the most serious danger compared to other types of risks that people face in prostitution¹⁸.

Previous scientific literature on health aspects in prostitution concentrate mostly on the characteristics of street prostitutes, the main reasons for entering prostitution and the ways of involving women in to prostitution¹⁹⁻²². Studies on customers' health perception and risk awareness are also limited. We do not know whether health issues are concern for prostitutes and their customers. Also in Finland the information on those who buy sex services is limited. The main emphases have been on the transnational nature of prostitution and sex buyers' attitudes to prostitution²³⁻²⁵. There is no previous research on customers' and prostitutes' views and opinions on how they value/position health and whether it is central concern when buying/selling sex in Finland. This, however, would be important to change prostitutes' and their customers' behaviour²⁶.

In Finland a considerable change in prostitution occurred in the beginning of the 1990s after opening borders for its southern EU neighbour Estonia. There was a growing supply of sex workers from the politically and economically unstable neighbouring countries, Estonia and Russia. Open borders with Estonia and closeness of Russia, particularly St. Petersburg, causes sexual services, especially in border cities, easy and accessible for Finnish men.

Because of the limited body of the literature on the importance of health among prostitutes and their customers in Finland and the growing market in prostitution due to globalization and easy access to many travel destinations where health risks are of great concern, we aimed to know how prostitutes and their customers value health and see health-related problems.

Prostitution is a sensitive and controversial subject, thus making it difficult to interview prostitutes and their customers or to get a representative sample of them. Existing studies on prostitutes' customers are mostly based on those imprisoned²⁷, or convenience samples²⁸, and population based studies are rare⁶.

Because of the minimal possibilities to get a representative sample of prostitutes or their customers in Finland, it was decided to conduct an explorative study using opinions and views of professional experts who work with prostitutes and/or with their customers and support these interviews with the data from Internet chats of prostitutes' customers and webpages advertising sex services. This study may bring up topics which would not be possible to study in surveys and are not possible to quantify. It may highlight nuances and understandings of the position of health in contemporary prostitution in Finland.

Objectives The main aim is to study in which context prostitutes and their customers see health issues, how they position health, whether they are concerned about health, what particular health topics of concern are and how these topics are addressed. More specifically:

1. to study study customers' characteristics, health and health behaviour, their views on prostitution, their expectations and experiences in prostitution, perception of health risks and precautions taken;
2. to study the experts' opinion's, views and attitudes on how they think prostitutes and their customers value health, what is the importance of health to them, what attention is given to health risks involved and how important health checks are for prostitutes and their customers in Finland;
3. to study health and health risk issues in sex service advertisement.

The situation about the health issues related to prostitution is studied by collecting and analyzing data from different sources. Synthesizing collected data may help to learn and understand new ways, principles and approaches to prevent prostitution and its negative health consequences.

Experts (Objective 1)

The analysis of both confidential personal interviews and analysis of organizations' internal reports collected in 2012 was done to learn on current situation on prostitution and experts' opinions, views and attitudes. In addition, interviews with experts from women's clinics and other organization working I prostitution field in border cities (ex., Tallinn) were collected and analyzed. This helped to build a picture on prostitution in Finland and to understand what changes have taken place in the last years. Focus in interviews was on health, health risks and risks and their prevention in prostitution.

The informants in border cities were localized by contacting the institutions. Furthermore, after each interview, further experts and/or names in other institutions were asked.

Analysis of internal reports in 2011 and 2012 from each expert's organization was done after obtaining a permission to analyze them.

Customers (Objective 2)

Data collected from Internet chats where prostitutes' customers share their experiences and other information were analyzed.

In the analysis, framework-analysis was used. After familiarization with the transcripts of the interviews, an overview of the collected data was obtained. Then a thematic framework was formed by using the key issues, concepts and themes that have been expressed by the participants allowing to filter and classify the data. Then sections of the data that correspond to a particular theme using a numerical system were indexed. Charts were made by placing the original textual context that has been drawn during the thematic framework. The charts were used to describe the similar and divergent beliefs, attitudes and opinion, develop explanations and find association between them.

Sex service advertisement (Objective 3)

Data collected on sex service advertisement in freely accessible Internet web-pages were analyzed using the framework analysis approach.

Challenges of research project

Topics related to prostitution are not straightforward. Many questions related to prostitution are not possible to ask and new ways to ask sensitive questions are needed. We used different approaches to choose the population and to assess the extent of the problem.

Another challenge was language. Prostitution is a transnational problem and many foreigners are involved. Part of the project was done abroad where Finns buy sex services. Being a Russian and able to speak Russian will help me to conduct this study, including the areas, which supply prostitutes to Finland. Part-time Finnish speaking assistant helps to analyze data from national documents (regulations and Acts) and to conduct analyses for articles.

Scientific and social impact

There are debates whether it is possible to prevent prostitution or weaken its negative consequences. But without knowing the characteristics and peculiarities of all sides involved in prostitution it may be difficult to find the ways of dealing with this problem.

This research raises awareness of the health effects of prostitution in Finland. The study provides information in which context prostitutes customers see health issues, how they position health, whether they concern about health, what particular health topics of concern are and how these topics are addressed.

The study supplies further information to understand the ways of limiting harms from prostitution and ways to prevent prostitution.

The results of the research can be used in programs for prostitution prevention and for diminishing the harms for health from prostitution.

The results of research are published in peer-reviewed scientific journals and in this report.

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Lifestyle, sexual behaviour and sexually transmitted infections among men who buy sex in Finland

Regushevskaya E, Hemminki E, Haavio-Mannila E.

Background The scarcity of information on men buying sex led to study the lifestyle, sexual behaviours and self-reported STIs associated with buying sex among Finnish men.

Methods A population-based questionnaire survey among Finns 18–74 years old in 1999, with a response rate among men of 38%. The data on 575 men were analysed with descriptive statistics and logistic regression.

Results In raw analyses, men who had bought sex were more often current smokers and got drunk more often than men who had not bought sex, but no difference was found in regard to physical activity. First sexual encounter at an early age, having multiple sexual partners in the last year or at any time, experience of oral sex, anal sex, STIs and HIV testing were more common among men who had bought sex than among other men. In analyses adjusted for age and marital status, men who had at any time bought sex were significantly more likely to be heavy alcohol drinkers, to have had multiple sexual partners in the last year or at any time, to have experienced anal sex, watching sex movies, reading pornographic magazines (but less likely pornographic books), to have had STIs and self-initiated HIV testing than men in general. There were no differences in relation to smoking and physical activity. There were no big differences in the analysis by residential area.

Conclusion Men who had bought sex differed from men who had not bought sex in most lifestyle, sex-related behaviour and STIs. In Finland, more research is needed on men buying sex.

Key words: Prostitution, men, health behaviour, sexual behaviour, sexually transmitted infections, survey

Introduction

Buying sex is common. Between 8% and 17% of men in developed countries have at some time bought sex¹⁻⁶. The public health concerns of prostitution include sexually transmitted infections (STIs) and HIV, drug abuse, physical and sexual violence and needs for social services.

In both quantitative and qualitative studies, it has been discussed whether men buying sex are similar to or different from men in general. Some studies have looked mainly at the social profiles, selected personal characteristics and attitudes to prostitution of men buying sex, their motivational factors 7-8 showing more liberal attitudes towards sex and prostitution among men who had bought sex. Other studies concentrated on sociodemographics, sexual behaviour characteristics and lifestyle^{1,9-11}. In Western Europe and Australia, clients of prostitutes smoked and drunk alcohol frequently and more heavily than non-clients^{2,11,12}. By contrast, another Australian study¹⁴ found that men who have at some time bought sex consumed less alcohol than those who have not. In general, men buying sex were more likely to have had their first sexual encounter at an early age^{1,2,11}, to have multiple sexual partners^{1,2, 9-11,14}, to have had anal intercourse^{2,11}, to have had an HIV test^{1,2} and to have STIs^{1,2,10,11} than men in the general population. In two studies in the USA⁹ and in Finland⁶, men who had bought sex watched sex videos and read pornographic magazines and pornographic books more frequently than other men.

One of the concerns in prostitution is the risk of HIV and other sexually transmitted infections (STIs). In developed countries, many women who sell sex come from countries with a higher rate of infection. In addition, travelling abroad to buy sex is increasing, and condoms are not regularly used¹⁵, which raises the risk of STIs among sex buyers. Studies have shown that men who buy sex are more likely to meet their partner abroad than in their home country^{4,6,10}. According to the Finnish study, 10% of men have bought sex abroad and 3% in their home country⁶.

In Finland, very little data exist on the characteristics, lifestyle and sexual behaviour of men buying sex. Data from before to the 2000s show that 11% to 14% of men have at some time bought sex^{6,16,17}. The latest population-based study in Finland with questions on buying sex and associated behaviours was conducted in 1995⁶. It showed that men who buy sex live in the Helsinki metropolitan area, smoke, are heavy alcohol users and use illegal drugs more frequently than other men. But little is known whether men who buy sex differ from other men in Finland with regard to their everyday physical activity, risky sexual behaviour, history of sexually transmitted infections and HIV.

Noting the scarcity of data in Finland on sexual behaviour and health among men who buy sex, we set out to analyse the latest population-based study with questions on buying sex (1999). Even though the survey is so old, its data on sexual behaviour, lifestyle and STIs among men have not been analysed. We thus studied the lifestyle, sexual behaviour and self-reported sexually transmitted infections associated with buying sex among men in Finland. The sociodemographic characteristics of men buying sex have been reported previously¹⁷.

Methods

This study is a re-analysis of the population-based postal survey in Finland conducted in 1999. A random sample of all Finns aged 18–74 years was taken from the central population register. The response rate was 52% for all respondents and 38% for men. For a detailed description, see a previous publication¹⁶. The survey was not handled by a research ethics committee, as anonymous surveys were not customarily reviewed by ethics committees in Finland at the time.

Measures

The survey contained questions on lifestyle, sexual behaviour, the history of sexually transmitted infections, and buying/paying for sex. Paying for sex was addressed with the question “Have you ever offered money or similar economic advantages in exchange for intercourse?” The time of most recent paid sex was gauged with the question “When was the last time you paid for sexual intercourse?” the possible

responses being: during the last year; 1–5 years ago; more than 5 years ago; I do not remember. The origin of the prostitute and the country where sex was bought was addressed with the question “The person whom you paid for sexual intercourse was?” the possible responses being: a foreigner abroad; a foreigner in Finland; a Finn in Finland; a Finn abroad.

The lifestyle variables were physical activity, smoking and drinking alcohol. Smoking was assessed with the question “Have you ever smoked regularly, at least one cigarette, cigar or pipe a day, for one year?” The responses were: never; I used to but not any more; I smoke currently; never. Alcohol use was assessed with the question: “How often do you drink alcohol until you are drunk?” The responses were: daily; a couple of times a week; once a week (grouped into frequent); a couple of times a month; once a month; once every two months; 3–4 times a year (grouped into sometimes); once a year or less often; never (grouped into seldom). Physical activity was assessed with the question “How often do you exercise at least for half an hour at a time, to get or stay fit?” The responses were: from one to several times a week (frequent); several times a year (seldom); never; and disabled.

The variables of sexual behaviour were: age at first intercourse, numbers of sexual partners in the last year and at any time, the practice of oral and anal sex, and condom use with the prostitute. The first was an open question: “How old were you when you first had sexual intercourse?” Age 16 or less was defined as early age at first intercourse. The number of sexual partners in the last year and at any time was also addressed with an open question: “Altogether, in the last year, with how many partners have you had intercourse, even just once?” and “Altogether, in your life so far, with how many partners have you had intercourse?” Experience of oral sex was assessed with the question: “During the last five years, how often have you had oral sex, that is, engaged in sex where a man’s or a woman’s genitals are stimulated orally?” The responses were: frequently; sometimes; seldom; not at all. Experience of anal sex was assessed with the question: “Have you ever had anal intercourse (anal penetration)?” The responses were: never; yes, once; yes, many times. The latter two were grouped into ‘yes’.

The pornography questions were as follows: “During the last year, have you read a book that in your opinion could be seen as pornographic?”, “During the last 12 months, have you seen sex videos?”, “During the last 12 months, have you read or looked at sex magazines?” The responses for these were: not at all; once or twice; several times.

The history of STIs was assessed with the question “Have you ever had any of the following diseases or infections?” The infections listed were gonorrhoea, syphilis, chlamydia, genital herpes and condyloma. Self-initiated HIV testing was assessed with the question “Have you ever had an HIV test on your own initiative?” The responses were: never; yes, once; yes, many times. In the analysis, the latter two alternatives were grouped into ‘yes’.

The respondent’s area of residence was established with the question “You live in...”, the possible responses being: Helsinki; some other city with over 100,000 inhabitants; a city or town with 20,000 to 100,000 inhabitants; a city or town with under 20,000 inhabitants; a rural centre or elsewhere in a rural area. These were grouped into three groups: big towns (over 100,000 inhabitants), small towns (100,000 or fewer inhabitants), and rural centres or rural areas.

Statistical analysis The data were first analysed by cross-tabulation to examine bivariate associations between paying for sex and lifestyle, sexual behaviour and STIs, comparing men who had bought sex and men who had not bought sex. T-test was used to test the statistical significance of the differences between those who had bought and had not bought sex.

Those who had bought sex had a different age and marital status distribution than other men¹⁷. Logistic regression was used to adjust for age and marital status, which were confounders for the lifestyle and sexual behaviour characteristics. Logistic regression analyses were done for all men and separately for each area of residence, producing adjusted odds ratios and 95% confidence intervals. In the analysis for all men, adjustment for the area of residence was added. All analyses were conducted with PASW Statistics version 18.

Results

Of the total 575 men, 81 (14%) had at some time paid for sex. Of those 81, eight reported that their latest intercourse was with a prostitute. Only 18 provided information on the country of the prostitute's origin. In the case of the most recent intercourse being with a prostitute, the majority (12 men) had paid for sex to a foreign prostitute abroad, three had paid for sex to a foreigner in Finland and three to a Finn in Finland (not shown in a table). In all these identified 18 cases, the prostitute was a woman.

Lifestyle and sexual behaviours of men by residential area are shown in Table 1. Men who had bought sex were more often current smokers and more often got drunk than men who had not bought sex, but no difference was found in regard to physical activity. In big and small towns men who had bought sex reported drunkenness more often than those who had not bought sex. In rural areas, no such difference was found. Among men whose most recent intercourse was with a prostitute (n=8), two men consumed a moderate amount and two men had a lot of alcohol before sex with a prostitute; four men used condoms in their sexual encounter with a prostitute (not shown).

Overall, the sexual behaviour of men who had bought sex was more risky than those who had not bought sex: early age at first sex (16 years or less), having multiple sexual partners in the last year and at any time and experience of oral sex and anal sex were more common among men who had bought sex comparing to those who had not bought sex. The differences by residential area were small.

Men who bought sex had watched sex movies and read pornographic magazines more often than men who had not bought sex (Table 1). There were no differences by residential area. Reading pornographic books was rare, but unlike movies and magazines was more common among those who had not bought sex than among those who had.

Overall men who had bought sex had had STIs and HIV testing at their own initiative more often than those who had not bought sex (Table 2). This applied to all areas and all infections, even though the small numbers of each specific infection create uncertainty. Combining all infections, having at least one STI was significantly more common among men who had at some time bought sex than among those who had never bought sex in all areas (borderline significance in small towns).

After adjusting for the confounders in all areas, alcohol drinking habits, smoking and physical activity did not differ from the descriptive analysis in the effect on buying sex (Table 3). In all areas, there was no significant association between buying sex and smoking status. In general, the association between drinking habits and buying sex was strong and had a dose-response effect.

Sexual behaviour differed between men who had and had not bought sex. Adjusting for age and marital status showed the association between buying sex and sexual behaviours. Overall, men with risky sexual behaviours were more likely than other men to buy sex. However, in the analysis by area the significant association between buying sex and early first sex was found only in big towns, while in rural areas the association between buying sex and multiple sexual partners in the last year was at the borderline. Although the effect of having anal sex on buying sex by residential area was non-significant the tendency was similar in all areas.

In general, watching sex movies and reading pornographic magazines were positively associated with buying sex, while reading pornographic books was negatively associated. Only in big towns was watching movies associated with buying sex, and only in small towns and rural areas was reading pornographic books associated with buying sex.

Overall, having STIs was associated with buying sex. However, the associations between buying sex and STIs were non-significant in big towns in relation to gonorrhoea and herpes and in rural areas in relation to gonorrhoea, chlamydia and condyloma. In small towns, the tendency was same as in the other two areas but never reached statistical significance. In towns but not in rural areas, having had an HIV test was associated with at some time having bought sex.

Discussion

This study explored the data from a population-based survey on buying sex and associated lifestyle and sexual behaviours, conducted in 1999. Our data showed that many characteristics and risky sexual behaviours were associated with buying sex. Men who had at some time bought sex were significantly more likely to be heavy alcohol drinkers, to have had multiple sexual partners in the last year or at some time, to have experienced anal sex, to have watched sex movies, to have read pornographic magazines (but less likely pornographic books), to have had STIs and to have had self-initiated HIV testing than men in general. There were no differences in relation to smoking and physical activity. There were no big differences in the analysis by residential area.

Because in some studies clustering and accumulation of lifestyle and risky sexual behaviours in adolescence¹⁸⁻²⁰ and adults^{2,21,22} has been documented, our interest was to understand whether lifestyle characteristics and buying sex also cluster and accumulate. Our hypothesis on the accumulation of lifestyle, sexual behaviour and buying sex was supported by the findings but not fully, as there was no association between physical activity and smoking and buying sex.

Population-based studies on prostitutes' clients are rare. Comparisons across studies on buying sex are difficult, as different studies assess different indicators or time frames. However, below we attempt to reflect our findings against results of studies conducted in Europe, North America and Australia. We ignored studies from other parts of the world, as the contexts there are very different.

Although the percentage of smokers in our study was higher among men who had bought sex than among those who had not bought sex, after adjustment for age and marital status we did not find an association between smoking and buying sex. In previous studies in Finland⁶ and in the UK¹¹, in unadjusted analysis men buying sex smoked more often than those who had not bought sex. In Australia, however, buyers were more likely to be smokers².

We found in our study that buyers were more likely to drink frequently and heavy than men who had not bought sex. The findings on drinking habits of men buying sex differ in different studies depending on the samples, measurement tools in assessing the frequency and amount of alcohol consumption, and time frames. In Finland, a strong dose-response association was previously found in relation to alcohol consumption and multiple sexual partners²¹, which indirectly supports our findings. In a study in Australia¹⁴, the clients of sex workers consumed less alcohol than controls. But in another study in Australia² and studies in Europe^{6,11,23}, most sex buyers drank alcohol more frequently and more heavily than non-buyers. Men who had bought sex seem to be more often in circumstances which facilitate drinking and buying sex, or where drunkenness may lead to buying sex, or else buyers have personalities that in general are prone to various risk taking behaviours.

We found that men who had bought sex did not differ from men who had not bought sex in their physical activity. We did not find any previous studies to which to compare our results. Physical activity is considered a 'good' health behaviour, while buying sex is considered a 'bad' behaviour. We cannot explain the absence of a difference in the association between physical activity and buying sex.

Echoing studies in the UK^{10,11}, Australia² and Norway¹, in big towns Finnish men who bought sex were more likely to report an early first intercourse (at age 16 or earlier). Our finding that men who had bought sex were more likely to have had multiple sexual partners in the last year and at some time than other men were similar to previous findings in Europe^{1,10,11}, North America⁹ and Australia^{2,14}.

Similar to a study in USA⁹ and a Finnish study in 1995⁶, we found in our study that watching sex movies and reading pornographic magazines were associated with buying sex. The effect of reading pornographic books, on the other hand, had an opposite association, contrary to the findings in the USA⁹. Whether a condom was used with a prostitute was not easy to assess in our study. We asked about condom use in the most recent intercourse to eliminate memory bias. However, there were only eight men who reported that their most recent sexual encounter was with a prostitute (four men used condoms with prostitutes), not allowing certain conclusions. In other studies, the findings on condom use with prostitutes show much variation. In two Australian studies^{2,14}, clients of sex workers were more likely to use condoms than other men. However, in one of the studies¹⁴ only one third of the men used it consistently, while another one third of them never used a condom. In the other study², condom use with a sex worker

was found to be frequent but depended on the place of prostitution transaction. In a UK study, depending on the location of paid sex, from 14% to 75% of men had unprotected vaginal intercourse²⁴.

In all available studies, unprotected sex with a prostitute was more common abroad^{2,10,24}. This is alarming in view of the spread of STIs, as it is likely to increase sexual mixing and to make men who had bought sex abroad a bridge population for STI transmission to other populations. We made a similar finding in our study, even though the numbers were small. The majority of men whose most recent intercourse was with prostitutes paid for sex abroad to a foreign woman.

In a previous study in Finland, casual sexual relationships were found to be common especially among single men and often occurred without a condom²⁵. However, very likely most casual sexual relationships occur with persons other than prostitutes.

Oral and anal sex without a condom may facilitate the transmission of STIs. In our study, we were unable to assess condom use in these types of sex. But as in other studies^{2,11,24}, the percentage of men having had oral and anal sex was higher among those who had bought sex than among other men.

We found out that having had STIs at some time was associated with buying sex. This is in accordance with previous studies from Australia², Norway¹ and the UK^{10,14}.

Voluntary HIV testing reflects the level of perceived HIV risk. In our study, a third of men who had bought sex were tested on their own initiative and were more likely to do it than other men (one-tenth tested). In the UK, 15% of buyers had HIV testing in 2000^{10,24}. We do not know whether Finnish men are more aware of their HIV risk than UK men or whether the difference is due to study methods or availability of testing. Findings that men who had bought sex were more likely than men in general to be HIV tested have been reported from Norway¹ and Australia².

Strengths and limitations

Our study is based on a survey and thus studies associations and not causal relationships. The history of STIs was self-reported, which may lead to an underestimation of risky practices; aspects of sexual behaviour and lifestyle can only be assessed by asking people. The response rate among men was low, and response bias can distort our results, as among non-respondents there may be more or fewer men who had bought sex. The data are already more than 20 years old, and we do not know how valid the results are for the situation today. We think that the actual frequency may vary, but the relations between variables are less sensitive to time. However, a low response rate is a common limitation in many surveys on sexual behaviour. The strength of the study was that the survey was not specifically about prostitution but about general human relationships, including attitudes to sexuality.

Conclusion

Based on our findings, we conclude that in Finland men who have bought sex are different from men who have not bought sex with regard to some lifestyle factors and sexual behaviour. There were no big differences by residential area.

As prostitution in Finland became more mobile^{7,26} (Regushevskaya 2013 unpublished manuscript), it would be of great scientific interest to examine the lifestyle and sexual behaviour of men buying sex nowadays. The findings of our study may serve as a basis for hypothesis generation and comparison.

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Table 1. Table 1. Lifestyle and sexual behaviour among men in Finland, %

	Big towns		Small towns		Rural		All areas	
	Bought sex n=25	Not bought sex n=151	Bought sex n=32	Not bought sex n=182	Bought sex n=24	Not bought sex n=161	Bought sex n=81	Not bought sex n=494
Smoking regularly								
Never	24.0	40.4	21.9	36.3	33.3	42.9	25.9	39.7
I used to but not anymore	36.0	33.1	34.4	33.5	25.0	27.3	32.1	31.4
I smoke currently	40.0	25.8	40.6	30.2	37.5	29.8	39.5	28.7
Missing	0	0.7	3.1	0	4.2	0	2.5	0.2
Getting drunk								
Frequent	28.0	9.3	22.6	10.4	8.4	8.7	20.0	9.5
Sometimes	36.0	31.1	58.1	22.5	50.0	25.5	48.7	26.1
Seldom	20.0	22.5	6.5	25.3	20.8	26.1	15.0	24.7
Never	16.0	37.1	12.9	41.8	20.8	39.8	16.3	39.7
Physical activity								
Frequent	68.0	68.2	64.5	68.1	54.2	64.0	62.5	66.8
Seldom	24.0	26.5	29.0	24.2	45.8	28.0	32.5	26.1
Never	8.0	4.0	6.5	4.9	0	3.7	5.0	4.3
Disabled	0	1.3	0	2.7	0	4.3	0	2.8
Age at first intercourse								
16 or less	40.0	21.9	37.5	22.0	37.5	19.3	38.3	21.1
17-18	60.0	76.2	59.4	75.3	58.3	75.8	59.2	75.7
19 and more	0	1.3	3.1	2.2	4.2	3.7	2.5	2.4
Missing	0	0.6	0	0.5	0	1.2	0	0.8
Number of partners, last year								
1	48.0	73.5	40.5	72.5	62.5	76.4	49.4	74.1
2	28.0	7.9	18.8	8.2	12.5	9.3	19.8	8.5
3	8.0	5.3	18.8	5.5	12.5	4.3	13.6	5.1
4+	16.0	9.3	18.8	7.8	12.5	2.5	16.0	6.5
Missing	0	4.0	3.1	6.0	0	7.5	1.2	5.8
Number of partners at any time								

1	0	15.2	0	14.8	0	21.7	0	17.2
2	4.0	5.3	3.1	7.7	4.2	11.8	3.7	8.3
3	0	13.2	3.1	3.8	4.2	7.5	2.5	7.9
4+	88.0	59.0	87.5	64.3	91.6	52.8	88.9	58.9
Missing	8.0	7.3	6.3	9.3	0	6.2	4.9	7.7
Oral sex, last five years								
Frequent	28.0	17.9	12.5	10.4	12.5	9.9	17.3	12.6
Sometimes or seldom	60.0	47.7	75.0	48.9	62.5	39.8	66.7	45.5
Some years ago, not at all	12.0	34.4	12.5	40.7	25.0	50.3	16.0	41.9
Anal sex ever	48.0	32.5	37.5	24.7	41.7	24.2	42.0	26.9
Watching sex movies, last year								
Not at all	20.0	45.7	18.8	43.4	37.5	50.3	24.7	46.4
Once or several times	80.0	53.6	81.3	55.5	62.5	49.1	75.3	52.8
Missing	0	0.7	0	1.1	0	0.6	0	0.8
Reading pornographic magazines, last year								
Not at all	32.0	36.4	9.4	36.8	16.7	44.1	18.6	39.1
Once	52.0	45.7	65.6	47.3	79.1	47.2	65.4	46.7
Several times	16.0	17.2	25.0	14.8	4.2	7.5	16.0	13.2
Missing	0	0.7	0	1.1	0	1.2	0	1.0
Reading pornographic books, last year								
Not at all	64.0	62.3	90.6	62.1	66.7	53.4	75.3	59.3
Once-several times	36.0	37.1	9.4	37.4	33.3	46.0	24.7	40.1
Missing	0	0.7	0	0.5	0	0.6	0	0.6
Total	100	100	100	100	100	100	100	100

Table 2. Table 2. Having ever had sexually transmitted infections (self-reported) and done HIV testing, %

	Big towns		Small towns		Rural		All areas	
	Bought sex	Not bought sex	Bought sex	Not bought sex	Bought sex	Not bought sex	Bought sex	Not bought sex
	n=25	n=151	n=32	n=182	n=24	n=161	n=81	n=494
Gonorrhoea	20.0*	6.0	9.4	4.4	16.7*	5.0	14.8**	5.1
Syphilis	0	0.7	3.1	0.5	0	0	1.2	0.4
Chlamydia	20.0*	6.6	15.6	7.1	20.8**	1.9	18.5***	5.3
Herpes	20.0**	1.3	0	3.8	4.2	1.9	7.4*	2.4
Condyloma	20.0	7.9	12.5	4.4	16.7*	3.1	16.0**	5.1
At least one STI	44.0**	19.2	28.1	15.9	41.7***	8.7	37.0***	14.6
HIV test by own initiative	52.0***	15.2	31.3**	8.8	16.7	6.2	33.3***	9.9

*p-value<0.05,

**p-value<0.01,

***p-value<0.001 comparing men who bought sex with men who had not bought sex

Table 3. Table 3. Comparing health behaviour, sexual behaviour and STI history of men having bought sex to that of other men, adjusted¹ odds ratios and 95% confidence intervals

	Big towns	Small towns	Rural	All areas
Smoking regularly				
I smoke currently	1.91 (0.61-6.03)	1.42 (0.50-4.05)	1.35 (0.46-3.96)	1.71 (0.93-3.15)
Getting drunk				
Frequent	11.53 (2.55-52.14)	7.68 (1.67-35.24)	1.66 (0.26-10.46)	6.24 (2.63-14.78)
Physical activity				
Seldom	0.87 (0.31-2.46)	1.21 (0.49-3.01)	1.89 (0.78-4.60)	1.31 (0.77-2.22)
Never	2.43 (0.40-14.65)	1.10 (0.20-6.04)	na	1.21 (0.39-3.78)
First intercourse <16 years	3.10 (1.17-8.20)	1.79 (0.76-4.21)	2.31 (0.86-6.19)	2.92 (1.34-3.87)
Number of partners, last year 2+	6.12 (2.02-18.53)	3.56 (1.51-8.38)	2.72 (0.99-7.51)	3.39 (1.99-5.77)
Number of partners at any time 4+	12.23 (1.58-94.72)	5.44 (1.21-24.45)	10.03 (2.06-48.92)	7.55 (2.96-19.23)
Oral sex, last five years	5.93 (1.53-23.02)	5.24 (1.51-18.21)	3.16 (1.08-9.24)	4.47 (2.25-8.88)
Anal sex ever	2.05 (0.82-5.12)	1.62 (0.70-3.76)	2.10 (0.82-5.35)	1.79 (1.07-2.97)
Watching sex movies, last year	10.16 (2.66-38.85)	2.84 (0.99-8.16)	1.61 (0.61-4.24)	2.92 (1.61-5.29)
Reading pornographic magazines, last year	1.79 (0.65-4.95)	5.43 (1.45-20.43)	4.06 (1.27-12.99)	3.14 (1.67-5.91)
Reading pornographic books, last year	0.69 (0.26-1.78)	0.18 (0.05-0.66)	0.63 (0.24-1.70)	0.44 (0.24-0.78)
STIs ever				
Gonorrhoea	3.64 (1.02-13.01)	1.95 (0.42-9.10)	4.52 (1.20-17.00)	3.27 (1.52-7.04)
Chlamydia	3.26 (0.95-11.24)	1.52 (0.47-4.93)	11.26 (2.21-57.34)	3.50 (1.72-7.16)
Condiloma	3.05 (0.90-10.31)	2.41 (0.64-9.08)	5.82 (1.33-25.35)	3.33 (1.59-6.99)
At least one STI³	3.51 (1.38-8.95)	1.50 (0.60-3.74)	7.29 (2.65-20.05)	3.23 (1.90-5.49)
HIV test at own initiative	7.14 (2.63-19.41)	4.89 (1.77-13.50)	2.47 (0.64-9.55)	4.20 (2.35-7.48)

¹ Adjusted for age and marital status, and in all areas, in addition to area of residence

² Numbers of men are given in Table 1;

³ Including syphilis and herpes in addition to those tested

Expert views on prostitutes, prostitutes' clients and health – a Finnish qualitative study

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Background There are only a few studies on whether health issues are a concern for prostitutes and their clients, and what their health perceptions and health awareness are. Our aim is to describe how experts think prostitutes and their clients value health.

Methods In-depth interviews with experts in the field of prostitution, conference speeches and articles in the lay press by experts, and documents in Finland and Estonia.

Results According to the experts, prostitutes had a better knowledge of health and health risks than their clients. However, the prostitutes' actual behaviour was said to depend on their personal characteristics, country of origin and whether a drug abuser or not; usually, health becomes an important issue after several years in prostitution. General knowledge of health among clients was said to vary as in the Finnish general population. Clients did not consider health a priority, other issues such as gratification, entertainment and price being more important. Some experts said that clients were often intoxicated while using sex services and requested unprotected sex. Most experts believed that many prostitutes and their clients are aware of the health risks related to prostitution but few do anything to minimise them. Most experts did not know whether and how often prostitutes use health services, but they said that prostitutes' use of health services depended on their personal characteristics, drug abuse and HIV status.

Conclusion The experts considered that prostitutes and their clients do not value health and do not pay enough attention to health risks in prostitution. This finding should be confirmed at first hand with the prostitutes and their clients themselves. If true, this has implications for health protection measures in the sex trade.

Background

Prostitution involves a variety of health issues. For example, sexually transmitted infections (STIs) are an important cause of morbidity among prostitutes and their clients¹⁻⁶, who may serve as vector for spreading diseases in the community⁷⁻⁹, and they are high-risk groups in HIV programmes¹⁰. Other health problems over-represented among prostitutes include pelvic inflammatory diseases, infertility and deaths^{11,12}, physical, sexual and drug abuse and psychological disorders^{1,2,13-15}. However, health-related matters are often not considered to be the most serious danger compared to other types of risks that people face in prostitution¹⁶, such as violence, crime and social problems.

Previous scientific literature on health aspects in prostitution mostly concentrates on the characteristics of street prostitutes, the main reasons for entering prostitution and the means by which women become involved in prostitution^{17,18}. A recent Finnish survey on health among prostitutes¹⁹ showed variation in the health of prostitutes and the availability of health services for them. Most foreign prostitutes and prostitutes of Thai origin only had limited access to public health care. HIV and hepatitis C prevalence were higher among prostitutes than in the general population.

There are very few studies on clients' health perception and risk awareness. We do not know whether health issues are a concern for prostitutes and their clients. The principal focus, in Finland as elsewhere, is on the transnational nature of prostitution and clients' attitudes to prostitution^{20,21}. Although a recent Finnish survey found health differentials between various groups of prostitutes¹⁹, there is no previous research on clients' and prostitutes' views and opinions on how they value or appreciate health and whether it is a central concern when buying or selling sex. This information is vital for efforts to guide the behaviour of prostitutes and their clients so as to decrease the level of risk²².

Because of the lack of literature on the importance of health among prostitutes and their clients in Finland, and because of the growing market in prostitution due to globalisation and easy access to many travel destinations with 'endemic STIs' where health risks are of great concern, we wanted to find out how prostitutes and their clients value health and how they see health-related problems.

Prostitution is a sensitive and controversial subject, and it is thus difficult to interview prostitutes and their clients or to get a representative sample of them. Existing studies on prostitutes' clients are mostly based on prison inmates²³ or convenience samples, and population-based studies are rare⁶.

Because of the minimal possibilities to obtain a representative sample of prostitutes or their clients in Finland, we decided to conduct an exploratory study of the opinions and views of professional experts who work with prostitutes and/or with their clients. The aim of the present study was to describe experts' views on how prostitutes and their clients value health, how important health is to them, what attention they pay to the health risks involved and how important health checks are for prostitutes and their clients in Finland. We also interviewed experts in Estonia, as Estonia is an important destination for Finnish men buying sex and many Estonian prostitutes also come to Finland.

Study context: Finland and Estonia

Finland is an affluent Nordic welfare state with a population of 5.3 million. Selling and buying sex services by adults is not punishable by law²⁵⁻²⁷. Estonia is a post-Soviet neighbouring country with a population of 1.3 million. Estonia is one of the most popular destinations for Finnish tourists, while Finland is the preferred destination for Estonian workers because of the higher income level²⁸. There are fast and frequent shipping services between Tallinn, the capital of Estonia and Helsinki, the capital of Finland. Connections between Finland and Estonia have historically been close, and since the borders opened in the early 1990s, the flow of tourists and workers increased; another surge occurred when Estonia joined the European Union in 2004. Open borders also enable prostitutes and their clients to travel easily back and forth between Finland and Estonia.

Finland has also experienced an influx of prostitutes from the politically and economically unstable Russia. Due to the open border policy, Finnish men can easily purchase sexual services from Russian women in border cities and in the Helsinki metropolitan area²⁹.

Sexually transmitted diseases have been more common in Estonia than in Finland, though gonorrhoea and syphilis decreased in Estonia from the late 1990s onwards³⁰. In Finland, the rates of STIs have been relatively stable, and overall the rates of gonorrhoea and syphilis are low. Chlamydia is currently the most common STI in both countries. Estonia has the highest reported incidence and prevalence of HIV in the European Union³¹, much higher than in Finland³². Most HIV infections among Finnish men contracted through heterosexual contact were obtained abroad³³. Risky sexual behaviour among men and women in Estonia and Finland has been documented^{34,35}. The increasing incidence of STIs originating from the tourist destinations, one of them being Estonia, is a cause for concern in Finland.

Methods

The present study forms part of the project 'Prostitution and health in Finland', for which data are collected from three neighbouring areas: Finland, Estonia and Russia. Data from Finland and Estonia are included in the present paper. The material includes transcripts of in-depth interviews, articles in the lay press and conference speeches by experts working in the field of prostitution. The data were collected by two researchers, one (ER) having a medical background and the other (TT) having a background in public health. A positive ethics statement for the study was obtained from the National Institute for Health and Welfare (Helsinki, Finland).

Experts were sought through the websites of relevant organisations and using a snowball technique. Some organisations were known to work in the field of prostitution, and their websites were visited first. Other organisations were searched for using Google.

A total of 20 in-depth interviews were conducted, 16 in Finland and four in Estonia. One Finnish expert approached refused to participate; her opinions were retrieved from her interviews and speeches reported in the press. A pilot interview was conducted with one expert in Finland to test the research instrument. In Finland the interviewees were health care professionals (2), specialists working with marginalised groups (6), representatives of immigrant organisations (3), police officers (4) and a person from the Ministry of Internal Affairs. In Estonia the interviewees were a health care professional, specialists working with marginalised groups (2) and a person from the Ministry of Social Affairs. Data collection was performed in Finnish or English in Finland and in English in Estonia. Interviews in Finnish were translated into English by a native Finnish speaker.

The interviews were conducted at the informants' workplaces (in an office or meeting room) or hotel meeting rooms. The researchers used a topic guide in conducting the interviews. The purpose and confidentiality of the interview was explained at the beginning of the interview. Informed consent was implicit by agreeing to be interviewed. With the permission of the participants, all interviews were recorded and later transcribed. In transcripts, participants were identified by codes instead of names. Original records, the list of codes and the list of names were stored in separate places.

In addition to the interviews, we collected and analysed written material. We found four relevant articles on experts' views in the lay press and four conference speeches, including speeches given by the expert who refused to be interviewed. Official documents of the interviewees' organisations relating to prostitution were also analysed.

Our approach was exploratory and descriptive. Framework analysis was used to organise responses into categories and to identify themes. After familiarisation with the transcripts of the interviews, we gained an overview of the collected data. We then outlined a thematic framework by using the key issues, concepts and themes that had been expressed by the participants, allowing us to filter and classify the data. Then, using a numerical system, we indexed the sections of data that corresponded to a particular theme. Charts were made using the original textual context that was drawn during the thematic framework. The charts were used to describe similar and divergent beliefs, attitudes and opinion, to develop explanations and to find associations between them. The analysis was carried out in English.

Results

Prostitution in Finland

According to the experts' opinions, prostitution in Finland has low visibility: it is well hidden, and its extent is unknown. Prostitution is considered to be concentrated in the Helsinki metropolitan area. Some experts said that in Tampere (the third largest city in Finland with a population of 220,609) there are 30 to 50 prostitutes working through the Internet and some street prostitutes. Experts in Helsinki said that the number of prostitutes working on the streets and at Thai-massage establishments is impossible to state with certainty. Establishments change quickly according to fluctuating demand and police activities. We received conflicting information on whether changes in the number of prostitutes had occurred in the last decade. Some experts believed that the number of prostitutes had not changed since the 1990s, while others said that the number of prostitutes is growing as global mobility and opened borders in the last decades had increased the number of travellers, including those who sell sex services in Finland. Based on interviews and additional materials, finding a prostitute seemed to be very easy. Most experts said that the Internet was the best source for finding both foreign and Finnish prostitutes.

Police experts interviewed reported that street prostitution in Helsinki had grown in the last two or three years, and the Helsinki police had started a project to 'clean up the streets'; the City of Helsinki prohibits prostitution in public places. Some success was achieved, but there were still prostitutes operating at least on two well-known streets and in several clubs.

Most experts believed that the structure of prostitution had changed in Finland. In the past, most prostitutes were Finnish women working out of their own flats. Nowadays, there are only few of these 'luxury' prostitutes who use their own apartments or studios and travel with a client after making a special agreement. These prostitutes are usually Finnish citizens. Foreign prostitutes tend to work in rented flats or in clients' homes. In addition to these, the most common locations were hotels without a reservation system, guest houses, rental flats and cars. Many sex transactions were believed to occur in Thai massage parlours, but none of the experts could venture a reliable estimate, as these places change very quickly.

Some experts were concerned about what they said is a growing number of students who are involved in prostitution temporarily to support their studies.

Most foreign prostitutes in Finland come from Estonia, Ukraine, Russia and other Eastern European countries. In recent years, more African prostitutes have arrived in Helsinki (mainly from Nigeria), mainly operating in the streets. Women who immigrate to Italy and obtain a Schengen visa may move freely from one European country to another, but the experts interviewed did not know whether prostitutes from African countries worked independently or had been trafficked to Finland. According to the 2011 annual report of the Finnish National Rapporteur on Trafficking in Human Beings, among the eleven reported human trafficking cases there were five persons from African countries (Nigeria and Somalia)³⁶. However, the report does not describe whether these persons were trafficked for sexual exploitation or for some other purpose.

Some experts said that prostitutes working in private apartments can probably better control their work environment and select clients. Experts believed that drug abuse among prostitutes is rare, mostly occurring among street prostitutes. These are mostly young Finnish girls who earn money for drugs by selling sex.

In the more remote areas of the country, indoor prostitution is prevalent. As an example, some experts mentioned prostitution in Lapland having special features: a woman from Russia may arrive to live with a Finnish man for several days, being paid for sex and for taking care of the household.

The experts said that Estonia is a common destination for Finnish sex buyers. The Internet, hotels, taxi drivers, unofficial brothels and streets were mentioned as sources for finding a prostitute in Estonia. Many taxi drivers appear to have a deal with unofficial brothels to solicit clients. Some prostitutes could be found in parks and at petrol stations where they sometimes also performed the sex transactions. Usually these prostitutes were considered to be drug abusers.

The Estonian experts thought that most clients come from Finland, usually by boat. By contrast, foreign prostitution clients are rare in Finland.

When we asked experts what kind of men buy sex, they often described them as naive, ignorant, drunk, usually of a low educational attainment and reckless in their behaviour. These men were said to be ignorant that they may be supporting international crime, especially when using foreign prostitutes. The experts said that the international criminal prostitution trade is well organised and professional. It manipulates both clients and prostitutes by force and with unlimited financial resources. Some experts noted that pimps usually exercised control by violence, rendering the women dependent and too frightened to leave.

Health

Clients When we asked the experts about clients' general health knowledge, we received conflicting answers. Some said that usually clients do not know much about health, are naive about health issues and do not take responsibility for their own health. Others said that overall the general health knowledge among clients was the same as that of an average Finnish man.

When we asked whether clients understand and know about the health risks involved in prostitution, we again received conflicting answers. According to some experts, most men who buy sex have only a limited understanding and knowledge of the particular health risks related to prostitution, such as sexually transmitted infections (STIs) and HIV. They said that in practice health negligence is a rule: men are willing to pay more for unprotected sex (intercourse without condom), more likely to buy sex when drunk and have parallel relationships with prostitutes and other partners. On the other hand, some experts said that clients do not form a homogenous group and that some men have a good knowledge of health and care about it. Some experts said that young clients may have a better knowledge of health and awareness of health risks in prostitution than older clients.

The experts also said that many of those for whom health is otherwise important ignore it when using sex services, other interests such as sexual gratification and entertainment becoming more important. This is especially the case when under the influence of alcohol or other intoxicants. Many of the experts also said that many clients were willing to pay more for unprotected sex even when they were not aware of the prostitute's state of health.

Two experts said that some clients would like prostitution to be more controlled to minimise health problems. These clients would like to use brothels (which are not currently legal in Finland) as they thought that in brothels health issues would be managed better.

Some Estonian experts said that some clients pay attention to health risks by visiting places which they believed to be safe. Other men travelled to Estonia specifically to use a drug-addicted street prostitute, as they charge less. We were also told that a minority of clients brought their own condoms because they did not trust the quality of the condoms provided by the prostitutes.

Prostitutes The Finnish experts believed that prostitutes of Finnish origin are well aware of health and of how to protect themselves, their level of knowledge being similar to that of Finnish women in general. Prostitutes from abroad have a poorer knowledge of health and usually ignore prostitution-related health problems. Some experts said that the level of knowledge depended on age and education. They assumed that young and educated prostitutes had a better knowledge of health. However, most prostitutes, especially those coming from abroad, have only a limited education. Several experts said that it is not certain whether a good health knowledge is of any help in real situations, because the actual behaviour is often driven by the clients' manipulation and intimidation. In addition, some experts said that drug and alcohol abuse influence actual behaviour in many cases and that usually health-related risks were ignored.

The experts differed in their opinions on whether health is valued by prostitutes. Some believed that most prostitutes have little understanding and appreciation of health. Others believed that there are women who are concerned about health to some extent but do not think that health is as important as other things in their lives. Some experts said that prostitutes, like their clients, believed that introducing more control to the field, i.e. brothels, could improve several issues in prostitution, including health. However, the experts themselves doubted whether brothels would have a positive impact on health issues.

Based on the interviews, the majority of prostitutes in Estonia do not think of and do not value health, especially when the payment for unprotected sex is higher. One expert said that prostitutes who come to health check-ups do value their health, but because check-ups are often not regular, health concerns do not help much in preventing health problems. However, many Estonian experts said that it was hard to judge how prostitutes really value health, as prostitutes do not want to talk about their problems. The experts said that prostitutes often protect themselves psychologically by claiming that they are not affected by their work. This was not credible, considering how prostitutes attempt to cope with their situation and to look better in the eyes of others.

All Estonian experts said that the importance of health to prostitutes usually varied by age (the young had better knowledge but did not always protect themselves well), place of work (lowest attention to health among street prostitutes) and drug and alcohol abuse (abusers had higher health risks). Other factors affecting how important health was considered included the general level of health knowledge (better knowledge may help in using condoms consistently), priorities given and whether the prostitute works independently (more attention to health) or is pimped. However, in real situations health concerns became secondary to earning more money, as in selling unprotected sex.

Many experts, both Finnish and Estonian, said that prostitutes generally know more about health than their clients but have limited potential for controlling risks. Prostitutes starting out often do not value their health at all and do not think about it; an understanding of the risks and a concern for their own health usually only arise after several years in prostitution and with the emergence of health problems.

Many experts mentioned self-esteem of each individual as a factor in valuing health. This does not always help, however, as a client may demand unprotected sex or use violence. In some instances, mental instability may stem from a pattern of sex abuse in childhood or later in life, influencing the decisions of taking or not taking risks in prostitution. Some experts said that for some prostitutes health issues include not only STIs but also violence and mental health. However, the experts did not give any specific examples of how prostitutes behave in various situations when selling sex.

Use of health care services

Clients The experts reported that many clients were not concerned about health check-ups (STIs and HIV tests) and did not know where they could get tested. The experts did not know where information on health checks in relation to prostitution would be available.

The experts considered that clients often prefer uncertainty with regard to disease over knowledge and treatment. Probably clients assume that it is the prostitutes' responsibility to stay healthy and to screen themselves. Some experts believed that sometimes clients consult a health care service if a condom broke.

Some experts considered that prostitutes' clients should be advised against risky health behaviour, especially if drunk or under the influence of other intoxicants. However, we did not gain any clear suggestions on how to identify potential clients or on who should approach them and talk to them and in which circumstances.

Prostitutes The Finnish experts were uncertain about how important prostitutes considered health check-ups and whether they knew where to get them. Some experts reported that some prostitutes knew about health care specially provided for them, but it was unclear how many of them use this service and how often. The experts thought that stigmatisation may play a role in why they do not use health care services. According to experts, health checks are the prostitutes' own responsibility, as health is an attraction factor in their profession. Whether prostitutes use health care services, including regular health check-ups, depends on their income and on whether they work on their own or as a pimped worker. Some experts said that sometimes prostitutes did not have health check-ups because they were afraid of finding out that they have a disease.

The Estonian experts reported that specialised care for prostitutes in Estonia is well-organised but that it is not clear how regularly prostitutes use it. Like the Finnish experts, the Estonians could not say whether prostitutes attend voluntary health check-ups and how often. In addition, they reported that only a minority of prostitutes have regular health check-ups and come to talk about health issues in prostitution. Those who

do are young and working independently. However, one health expert noted that many health appointments are missed. Several experts noted that disadvantaged women get tested very rarely, and they did not know how to change this situation. They said that the importance of health checks differs according to the personal characteristics of the prostitutes, such as drug abuse or HIV status. Drug abusers and HIV-infected persons usually have health check-ups less regularly. HIV-infected women come to health check-ups only when severe symptoms appear.

Discussion

In this qualitative study, we aimed to explore topics that could not be studied in a survey and are impossible to quantify. The study highlighted nuances and understandings of the status of health in contemporary prostitution in Finland. It described experts' views on how they think prostitutes and their clients value health, what the importance of health is to them, what attention is given to the health risks involved and how important health check-ups are for prostitutes and their clients in Finland.

There are previous studies on prostitution in Finland based on interviews with prostitutes, prostitutes' clients and experts²¹ and interviews with experts and prostitutes²⁰, but none of them discuss the value of health. A recent Finnish survey¹⁹ shows significant differences in health and access to health services among different groups of prostitutes, but it did not include questions about how health is valued, and it only involved prostitutes, not their clients.

The findings on the prostitution trade in the present study are in line with previous Finnish studies. For example, we found a poor knowledge of the extent of prostitution. Some authorities have their internal statistics (e.g. the number of fines imposed on prostitutes and their clients by the police), but these do not reflect the real situation in prostitution in Finland. Kontula²⁰ stated that the number of women in prostitution is unclear and estimated that 8,000 prostitutes work in Finland each year. It is interesting that according to other estimates³⁷, the prevalence of female prostitutes in Finland is around 0.3% of the adult female population (15-49 years), while the figure is 0.5% in Russia and 1.1% in Estonia. We believe that these estimates may fluctuate considerably depending on the season, the prostitutes' income from other sources, legislative changes and other reasons.

In interviewing experts, we wanted to understand how sex work is organised and the ways prostitutes operate in Finland, as such an understanding is crucial for developing health promotion. We found that the structure of prostitution in Finland changes over time and that the number of foreign women selling sex in Finland has increased in recent years. The increase in the number of foreign prostitutes in Finland is significant, as previous studies have shown that migrant prostitutes may serve as a bridge population in the global spread of HIV^{7,8}.

Our experts reported that the number of prostitutes who are drug abusers has decreased. This concurs with a Finnish study²⁰ that showed a decreasing number of addicted prostitutes. Previously this trend was explained with the effective substitution treatment.

Health

Our experts reported that young clients may have a better knowledge of health and awareness of health risks in prostitution than older clients. However, we could not assess whether this is generally true or only an opinion based on individual cases. Modern sex education in schools and widespread public debate on the subject has probably made younger men more aware of the risks. Men differed in their health knowledge, and not all acted riskily. However, most experts said that the percentage of prostitutes' clients who value health is very small, and our conclusion is therefore that health is not valued among clients. In an earlier Finnish study²¹, while the focus was not on health, the description of how clients think of minimising health risks in prostitution was similar to what we learned from our interviewees: clients believe that they can minimise the risks of STIs by selecting a prostitute who appears to be healthy; this reflects a very limited knowledge and understanding of the risks involved.

Some findings in our study, such as risky sexual behaviours, were similar to those in earlier surveys^{6,38-40}. According to our experts, men who buy sex usually have several sexual partners, including regular or marital relationships; some men do not use condoms and even actively search for contacts without condoms. Apparently the fear of HIV is not as strong as it was at the beginning of HIV era. Studies in Europe have similarly showed that men buying sex were more likely to have multiple sexual partners^{6,38-40}, concurrent regular relationships⁴⁰ and higher rates of STIs than men in the general population³⁸. In the UK^{6,38,41} and Norway⁴ a lack of condom use among men buying sex has been also reported.

Our interviews indicated that many Finnish men travel abroad (to Estonia, Russia, Thailand and other destinations) for the purpose of buying sex. This may increase the sexual mixing and make men buying sex abroad a bridge population between different populations⁹. In addition, unprotected sex among prostitutes' clients and among those who travelled abroad^{6,38} and risky sexual behaviour on holiday^{42,43} are documented in the UK.

Based on our interviews, health is not a priority for men buying sex, as getting sexual gratification and entertainment are the main things. This was very similar to the findings of a survey in Australia³⁹, where sexual gratification (44%), entertainment (36%), relief (44%) and easy sex (14%) were given as the principal motives for using sex services.

According to the experts, prostitution clients would prefer to use brothels (which are not currently legal in Finland), as they think that in brothels health issues would be managed better. However, we believe there are no reliable data on how health issues are addressed in brothels, and it is not clear whether prostitution in brothels is healthier than anywhere else. In an Australian study, prostitutes at licensed brothels reported lower rates of some infections than prostitutes working in the street or in private flats⁴⁴. This was explained by the fact that young women more often work in brothels and have a lower cumulative risk of infections than older prostitutes in the street. In addition, infection rates were lower among clients attending brothels than other clients⁴⁴. This, however, may reflect response bias due to social desirability and the bias of convenience sampling which did not represent all prostitutes and clients. In another study in UK⁴⁵, no significant differences were found in STI prevalence between prostitutes in brothels and prostitutes in the street.

We received conflicting information on whether prostitutes had a good health knowledge and whether they valued health. Although the general health knowledge of prostitutes was reported to be better than that of their clients, many factors influencing behaviour were mentioned – age, alcohol and drug abuse, independence of work, manipulation by clients, money for unprotected sex, etc. In a Finnish survey¹⁹, condom use among prostitutes was high. This may be due to the sample, in which 80% of the respondents were clients of a non-governmental organisation (NGO) specialising in treating prostitutes. In our study, condom use among young women was less common than among older women and varied by nationality: prostitutes of Finnish origin were reported as using condoms more often than prostitutes of Thai, Estonian or Russian origin.

Health care services

In Finland and in Estonia, prostitutes and their clients can use both public and private health care facilities. In practice, however, legal, medical and other assistance for prostitutes is mainly provided by NGOs working in prostitution and related fields. This is because many prostitutes are stigmatised, are resident in the country illegally or have no valid documents or health insurance. The percentage of foreign prostitutes in Finland is growing; they are excluded from public health care services in Finland¹⁹, and we do not know whether and how they use health care services in their countries of origin. NGOs provide information, develop working methods for sexual and reproductive health, and support and promote the rights of prostitutes.

In our study, the use of health care services was difficult to assess. Our interviewees were very uncertain about how often and which facilities prostitutes and their clients use. The impression we received was that, on the whole, health check-ups are not considered important among people involved in prostitution. Similarly, in a previous study in the UK⁶, it was found that fewer than one in five men who

had paid for sex in the past five years had attended an STI clinic during that time and only 15% reported having had an HIV test. This indicates that clients ignore health risks in prostitution.

It is possible that prostitutes differ from their clients in their use of health care services. We did not get a clear picture from the interviews on how important health check-ups are for prostitutes. However, a recent Finnish survey¹⁹ showed that almost 60% of the prostitutes had been tested for HIV or STIs in the last 12 months; most of those tested were Finns. Based on a saliva sample, the prevalence of HIV and hepatitis C was higher among prostitutes than in the general population. This study also found a significant difference in the availability of health services for different groups of prostitutes, prostitutes of Thai origin having the lowest frequency of attending health care services and prostitutes of Russian origin often being excluded from public services. Finding it difficult to talk to a physician about sex work was mentioned as a barrier to using health care. Prostitutes visiting NGOs tend to be vaccinated and to have health check-ups more often than those who never attend this special health care. On the other hand, we do not know what percentage of all prostitutes in Finland is covered by this special health service.

Based on our interviews in Estonia, young and independently working prostitutes use health care more often than other prostitutes. However, many health care appointments are missed, which may indicate that among prostitutes health has a lower priority than other things. In a UK study, brothel-based prostitutes were more likely than street prostitutes to be registered with a general practitioner, to be screened for STIs and to use contraception⁴⁵.

Strengths and limitations of the study

There are limitations in the present study. We did not interview prostitutes or their clients directly, instead collecting the opinions of experts working in the field of prostitution to explore the perceptions of prostitutes and their clients of the value of health. We chose this approach because it is challenging to get a representative sample of prostitutes or men buying sex. The previous population-based study in Finland with questions related to buying sex was conducted in 1999⁴⁶.

Many findings in our study were similar to those in previous surveys. However, our qualitative study brought up topics which are difficult to study in surveys. Among them are whether health is an important value, what the most important aspects are for men when buying sex, and how men use health care services in relation to prostitution.

Conclusion

Based on experts' opinions in Finland, prostitutes and their clients do not value health and do not pay enough attention to health risks relating to prostitution. This finding should be confirmed with first-hand information from the prostitutes and their clients themselves. If true, this has major implications for health protection measures in the sex trade.

List of abbreviations

STIs sexually transmitted infections
HIV human immunodeficiency virus
UK United Kingdom
USA United States of America
NGO non-governmental organisation

Competing interests

None declared

Authors' contributions

ER originated the idea, planned the analysis and prepared the draft manuscript. TT participated in designing the study, collecting the data and commented the manuscript. EHM discussed design of the study and commented the manuscript. EH participated in the designing the study and commented the manuscript. All authors read and approved the final manuscript.

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How health issues are portrayed in sex service advertisements on the Internet

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Background The internet is a platform used for advertising sex services online. This study aims to explore how health issues are taken into account in online sex service advertisements.

Methods. A purposive sample (n=132) of free-to-access webpages advertising sex services available in Finland in winter–spring 2012 was used.

Results Online sex service advertisements were by escort agencies and private sex workers. Various sex services were advertised, though health issues were commonly neglected. Key messages in commercial adverts were sexual satisfaction and entertainment for the customer. In private advertisements, health issues were mentioned more often than in escort advertisements, but even there health was not a top priority. Most of those mentioning health described women's preferences for men to be clean and hygienic. Both escort and private advertisements almost entirely neglected to mention condom use and other health precautions. Only one private advertisement contained a clear demand for condom use. Many adverts offered sex services without a condom, increasing the possibilities for STIs transmission.

Conclusion Health was not a priority in online sex service advertisements. In Finland, more research using direct contact with prostitutes and their customers is needed to clarify the health-related issues and impacts of prostitution.

Key words: Advertising, Prostitution, Health, Risky sexual behavior

Background

Numerous studies have highlighted the health risks of prostitution. Sex workers and their customers can serve as a bridge for sexually transmitted infections (STIs) to enter the general population^{1,2,3}. Health consequences for sex workers include pelvic inflammatory diseases, infertility, high mortality^{4,5}, physical, sexual and drug abuse, and psychological disorders^{6,7,8,9,10,11}.

We have previously studied the characteristics of prostitutes' customers and whether prostitutes and their customers value health in Finland. In a population-based survey in 1991, 14% of men in Finland had bought sex at some time¹². They were more likely to be aged 30–39 or 50 years or over, with 13–15 years of education, to be entrepreneurs, and with higher income than other men. Prostitutes' customers differed from other men in most lifestyle and sex-related behavior and in STIs (Regushevskaya 2014, unpublished manuscript). Based on experts' interviews we found that prostitutes and their customers did not value health and did not pay enough attention to the health risks involved in prostitution (Regushevskaya 2014, unpublished manuscript). An analysis of Internet chats among prostitutes' customers showed that discussions on health were not common and health was considered secondary to sexual satisfaction and entertainment. To complete the picture on whether health is important for people involved in prostitution, it is useful to look at health information as depicted in advertisements for sex services.

The Internet has become the main vehicle for advertising and selling sex services^{13,14}. The success of the Internet lies in its easy accessibility, inexpensiveness, anonymity and paucity of regulation. However, Internet-based research looking at health in prostitution in Europe remains scarce. Previous Internet based-studies have looked at safe sex in sex advertisements for men who have sex with men^{15,16} and in gay and lesbian communities¹⁷. A study in the USA on risk behaviors among sex workers gathered data from sex worker websites¹⁸ and showed that most sex workers operating through the Internet were well-educated, had health insurance, and were engaged in relatively low levels of risky sexual practices.

The role of webpages in positioning health within prostitution has not been previously studied in Europe. We aim to study how health issues are taken into account and addressed in sex-service advertisements: Is health an important issue and in which contexts? What particular health topics are of concern?

Context

Finland has a population of about 5.3 million and follows the Nordic welfare state model. In Finland, selling and buying sex services is not in general punishable by law. However, it is illegal to buy sex services from a person under the age of 18 years¹² and, since 2006, also from a victim of human trafficking. A foreigner can be refused entry into Finland and be deported from Finland if it can be assumed he/she will sell sex-related services. Brothel ownership, pandering, and procuring are illegal. Up to 2003, municipalities could prohibit street prostitution under their by-laws. Since 2003 these local ordinances were substituted by a law that prohibits purchasing sex services or offering sex services against payment in public places.

Currently in Finland many prostitutes advertise their services on webpages and operate indoors, such as in private flats, massage parlors and in hotels; street prostitution occurs only in a few areas in Helsinki.

In Finland, between the years 2000 and 2009, the proportion of the adult population using the Internet increased from 58% to 88%¹⁹. Since the 1990s, the Internet has become an important vehicle for advertising sex services. Advertising sex services is not illegal in Finland unless it is done for procuring sex services, running brothels and for other forms of organized prostitution²⁰. Police tracking of sex advertisements is done only in the case of a suspected crime or for monitoring the sex service market (unpublished data, Regushevskaya). In 2002 a leading newspaper in Finland made a decision to stop publishing the section "other entertainment services", as there was no means to differentiate whether sex advertisements were by a pimped or a private person.

Methods

The study forms part of the project “Prostitution and health in Finland”. In winter–spring 2012 we collected online data from Finnish webpages using Finnish and their equivalent English search keywords: escort, sex club, sex, sex forum and their combinations. The word Finland was used only in searching for webpages in English, as the use of Finnish search words directs to Finnish pages and users on those pages are likely to read and write in Finnish. We followed the hyperlinks in the first 47 results in the Google search and identified 132 advertisements found on those linked pages. We accessed and analyzed only links that did not require a payment.

For our exploratory descriptive analysis, data from all sex advertisements were extracted into a word processor file. Data were organized into categories and processed to identify the main themes and concepts. Using a numerical system, we indexed sections of the texts corresponding to the identified concepts and themes. Charts were constructed from original textual content extracted while drawing up the thematic framework.

In studying the importance given to health issues in the 132 advertisements, we documented information relating to risky sexual practices and to health precautionary measures, as well as listing the priorities as presented in the advertisements.

The research team consisted of two researchers with knowledge of Finnish and English, one of whom had a medical and the other a public health background. Data collection was done by one of the researchers and the analysis was done by the two researchers independently. After analyzing the data independently, a consensus was arrived at for the data interpretation. There were no disagreements between the researchers in interpreting the data.

A positive ethics statement for the study was obtained from the National Institute for Health and Welfare (Helsinki, Finland).

Results

Advertisements offering sex services and entertainment. Online advertisements were made by escort agencies (n=74) and by private persons (n=58). Usually advertisements described the women’s appearance, sexual skills, and the types of sex services offered, while also promising high sexual gratification (Table 1). The advertisements by escort agencies usually described a wide range of sex services, both incall (where clients go to the premises of those offering services) and outcall (in hotel rooms, men’s apartments, cars, etc) services. A telephone number and/or email address were always offered as contact information. In several escort webpages, 24-hour availability was guaranteed. Prices were given in a minority of advertisements. Several webpages advertised different types of massage, but were nonetheless still clearly prostitution services, as different sex activities were offered as additional services.

When escort agencies advertised a sex worker as having had a short stay in a locality it was usually to indicate the exclusivity of services and to highlight high demand for the woman in other destinations. In addition, advertisements could describe the visit “as the first to the area”, in an attempt to exploit the freshness of a new sex worker.

In some advertisements the origin of the sex worker was made known (Finnish, Estonian, Latvian, Latina, Italian, Czech, etc.) and the authenticity of the woman’s picture was guaranteed. A picture was always seen in the advertisement. In a few escort advertisements, freshness was mentioned as the main characteristics of a woman. The meaning of freshness related to the “quality” of the sex service and that she had only a few clients.

Interestingly, some escort advertisements mentioned that the sex worker worked independently, meaning they were not controlled by a third party. However, some of these advertisements contained the same SMS and phone numbers for different women with different personal descriptions. In addition, in several escort webpages, 24-hour availability was guaranteed. These facts raise questions about the independence of the sex worker and may indicate that the prostitute was controlled by a third party. In a few adverts, safety was mentioned as an important issue, but it was unclear what was meant by safety.

In the advertisements posted by women operating privately, more descriptions of the prostitute's personal characteristics and appearance and their preferences in regard to their client's characteristics and economic status were given (Table 1). The advertised age of sex workers ranged from 15 to 45 years, while the preferences for clients' age varied significantly.

Many private advertisements were from students with no possibility for incall services. Sex services were usually not specifically described, but the readiness to be creative and passionate was often guaranteed. In some cases, private advertisements displayed prices based on time, while some had no prices. Many women wrote their advertisements as though they were searching for a partner, but at the same time they suggested different sex acts. Some private advertisements described their activities not as prostitution, but more as finding a "win-win" situation for both parties.

Health Usually health issues were neglected in sex advertisements, especially in escort webpages. In all escort webpages the main focus was on providing sexual gratification to clients.

Among the health-related issues dealt with, hygienic practices and cleanness were mentioned, though more commonly in private advertisements and rarely in escort advertisements (Table 1). Only a few private advertisements stipulated that only healthy customers were accepted. Only one private advertisement mentioned that a client should be healthy, respect the sex worker's health, and that condom use was a prerequisite for all sexual acts. However, how the client's health status was assessed and how a potential client might prove his health status to the sex worker was not described. In addition, the prices in this private advertisement were extremely high (EUR 500–800, depending on the service) in comparison to other sex service advertisements (EUR 100–250), thus maybe attracting fewer clients.

Cleanness was mentioned as one of the main conditions for accepting men as clients but the meaning of it was unclear. In one advertisement, only healthy men and men following hygienic practices were accepted. In a few private advertisements, women expressed a preference that men should be sober and not smoke in meetings. In some advertisements women requested that men be well mannered, clean, sane, and that they would respect the woman. Women also advertised the same qualities and attributes in themselves. Some webpages stated that the woman was sporty and followed a healthy lifestyle, and expected similar characteristics in the client.

Risky health behavior In many escort and private advertisements, providing unprotected sex services was guaranteed, according to the wishes of the client. Condom use was an option but not necessary in the suggested services. Sometimes unprotected sex at a low price was advertised. In many private advertisements, anal sex was excluded from the list of services, although other unprotected sex acts were possible without extra payment. Only in a few private and escort advertisements was it clearly mentioned that condom use was a requirement in vaginal and anal sex. Many escort advertisements featured sex services with several participants at the same time (group sex in Table 1).

Discussion

Our study is the first to explore the importance of health in sex service advertisements using a sample of online advertisements aimed at clients in Finland.

Sex advertisements from both escort agencies and private persons were equally frequent. The advertisements focused on the appearance and sexual skills of women and advertised different sex acts. One advert provided information on age that declared the woman to be 15 years of age, even though the law prohibits buying sex from a person under the age of 18 years. A preference regarding the man's age was mentioned more often in private advertisements. This may reflect a longer-term preference for a potential partner, while it may also be seen as an attempt to control the potential clientele where prostitution is the core activity.

In escort advertisements, the independence of the activity was often mentioned. It is likely that advertisers are aware that in Finland it is a crime to buy sex from a victim of human trafficking 20 or from a person under the age of 18 years 20. However, it was not clear from the advertisements whether the service was controlled by a second party.

The origin of women who advertised sex services seemed to be important. Many women were foreigners and their visits to Finland were described as “the first in the area” and the freshness of a new sex worker was guaranteed in order to attract clients. This may reflect the phenomena of “city-tour” women, which operates in Finland, with women usually working under a pimp and having to change operating locations often ²¹. We do not know if the stated origins were truthful, but open borders do enable travel within the EU and both independent sex workers and controlled or trafficked women move easily around the world.

Health concerns were not commonly stated in the advertisements. Furthermore, many advertisements suggested activities that were harmful to health, such as sex without a condom. Condom use is an effective strategy for preventing STIs ²², but some escort and private advertisements clearly offered unprotected vaginal and anal sex. Only one private advertisement stated that all sex acts were only permitted with a condom.

Some privately operating prostitutes mentioned that men should be clean, healthy and hygienic. We do not know exactly what is meant by clean and hygienic in sex advertisements, but it may lead to a falsely assessed health status and it is possible that in practice, the health risks are high.

We found that some advertisements from private women suggested a concern about health risks. Overall it seemed that private prostitutes had fewer health risks than escort women. This is in accordance with two previous studies showing that privately operating women had fewer health risks ^{18,23} than escort and street sex workers. It may be due to more self-control and smaller differences in status between themselves and their clients. However, those who face economic difficulties may have a high number of clients ²³, increasing the risks of STIs and other health problems ²⁴.

It is possible that some prostitutes operating privately may later work in escort services, where clients may have more control and a condom is not always used. We do not have reliable data from Finland but in a previous study in the UK ⁴, only a minority of women worked within the same sex service sector over time, while one-third had worked in all the sectors.

Privately operating prostitutes, escort services and massage services may pose variable health risks in relation to STIs ²³. Escort services are usually relatively expensive compared to street prostitution. The clientele may have more control over an escort than over a privately operating prostitute and escorts often take clients in any condition ²³, which increases the risks of STIs and violence. A low turnover of clients in escort services may bring women from escort services to street prostitution, where the health risks are higher ²⁵.

We could not ascertain prostitutes’ substance use status. However, we think it is possible there were women who support their addiction through a high number of clients. In addition, the client flow on the streets, in escort services and for women working privately fluctuates depending on the economic and social climate. Thus, we believe the mixture of different categories of sex workers and their clients increases health risks.

Strengths and limitations We studied whether health issues are important in sex service advertisements in the context of where and how they appear. However, we do not know if the information in adverts influences people’s choice of safe sex or how those who sell and buy sex actually behave in practice.

We do not know if all women who work in prostitution are advertising their services via the Internet, but taking into account its easy accessibility and inexpensiveness we believe that those who advertise are representative of those who sell sex.

Conclusion

In Finland, online advertising of sex services is done by escorts and by women operating privately. Health was not among the priorities expressed in online sex services. Typically in advertisements, references to condom use were lacking and unprotected sex was advertised, making services a health risk in terms of STIs.

More research on the health of sex workers and their customers using direct contact with them should be conducted in order to understand the extent of possible health-related problems, their need for health services and their utilization among different groups working in prostitution in Finland.

List of abbreviations

EU European Union

STIs sexually transmitted infections

UK United Kingdom

Competing interests

None declared

Authors' contributions

ER originated the idea, planned the analysis and prepared the draft manuscript. TT participated in designing the study, collecting the data and commented the manuscript. All authors read and approved the final manuscript.

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Table 1. Mentioning of different topics in sex service advertisement, by the type of advertiser, N

	Escort (74)	Private (58)	Total (132)
Characteristics of the prostitute			
Appearance	55	46	101
Age	6	24	30
Student status	4	7	11
Marital status	0	1	1
Characteristics of the customer			
Preferred characteristics	7	30	37
Desired age	0	21	21
Economic status	0	9	9
Respect to woman desired	4	18	22
Sex service			
Sexual skills of the prostitute	35	16	51
Locality	17	13	30
Promise of sexual gratification	35	10	45
Independency of prostitute	25	0	25
Quality of sex service	20	7	27
Prices	19	4	23
Incall service ¹	10	2	12
Outcall service ²	11	5	16
24 hours availability	2	1	3
Vaginal sex	20	8	28
Anal sex	13	1	14
Group sex	17	1	18
Health			
Cleanness and hygiene of customer	3	14	17
Customer has to be healthy	0	4	4
Prostitute is healthy	1	4	5
Condom use			
Vaginal sex (protected/unprotected/unknown)	4/14/2	0/4/4	4/18/6
Anal sex (protected/unprotected/unknown)	2/10/1	0/1/0	2/11/1

¹ Incall service - inviting men to apartments organized by the agency

² Outcall service - in hotel rooms, men's apartments, cars, etc