



Government of India





IDENTIFYING CHANGING TRENDS IN THE SEX WORK DYNAMICS AMONG FEMALE SEX WORKERS (FSWS) IN INDIA

Bal Rakshase¹, Priyanka Dixit¹, P. Saravanamurthy², Vinita Verma³, Shobini Rajan³

EXECUTIVE SUMMARY

Since the last couple of decades, there has been a rapid transformation in the use of technology, and how it is influencing people's lives in various ways. Sex work is no exception. The traditional forms (National AIDS Control Organization (NACO) defined*) of solicitation practiced by Female Sex Workers (FSWs) are undergoing a change and the role of mobile based technology and social media has become crucial now. Hence, existing intervention strategies must be changed or modified to address the changing dynamics of female sex work in India. A study was conducted in seven states of India to capture the characteristics of FSWs associated with Targeted Interventions (TI) and who operate in non-TI settings. Using gualitative and quantitative methods, the study aimed to identify current forms of solicitation, analyse condom use and levels of comprehensive knowledge about HIV and associated safe sex practices among FSWs.

The study found that apart from the existing traditional forms of solicitation, there are now new physical spaces such as massage parlours or spas where solicitation takes place. Further, the use of mobile phones and various social media fora through information technology now play prominent roles in solicitation. This use of technology makes FSWs more independent and helps them to hide their identity, thus making it difficult for the TIs to reach them. The study also found that the populations of FSWs not linked to the TI programme have more inconsistent use of condoms in various sexual activities including anal sex and also have inadequate knowledge about HIV and other safe sex practices compared to other FSWs who fall under the TI programme. These findings highlight the need to reach FSWs through new physical (massage parlours, spa, etc.) and virtual venues; to strengthen the consistent use of condom among FSWs; to provide differentiated prevention and support services to these subgroups of FSW and to provide training to TI, Non-Governmental Organizations (NGOs) / Community Based Organizations (CBOs) on virtual and new physical venue outreach.

THE ISSUE

NACO under the Ministry of Health Family Welfare and (MoHFW), Government of India (Gol) implements TIs among Key Populations (KPs) - FSWs, Men who have Sex with Men (MSM), and Injecting Drug Users (IDUs), in order to control transmission of HIV infection. TIs comprise a structured HIV/STI prevention programme designed by NACO and implemented by NGOs among KPs and Bridge Populations (BPs) in India. KPs include FSWs, MSM, Transgender/ Hijra (TG/H) and IDUs, whereas BPs include Migrants and Truckers.

Out of the above, NACO subcategorises FSWs into seven major categories, in the context of HIV interventions - brothel-based,

Typologies of FSWs also play a crucial role in designing interventions for FSWs as their risk varies depending upon their typology \hat{k}

¹Tata Institute of Social Sciences, Mumbai | ²Public Health Expert, New Delhi | ³National AIDS Control Organisation, New Delhi ^{*}NACO Defined: NACO TI guideline for FSWs, defined six sub-typologies of FSWs for programmatic interventions, including brothel-based, lodge-based, street-based, dhaba-based, home-based and highway-based. These are called "traditional forms" as solicitation. street-based, lodge-based, dhaba-based, homebased, bar-based or and highway-based FSWs. This categorisation is specifically based on where the FSWs 'solicit' the clients and is not based on her place of residence or the place of entertaining clients. Place of solicitation is important vis-à-vis her 'place of residence' or 'place of entertaining clients' especially if the sex worker is "anonymous" at her home and practices sex work without knowledge



of her family, in that case providing services at her residence can be problematic.

Typologies of FSWs also play a crucial role in designing interventions for FSWs as their risk varies depending upon their typology. For instance, brothel-based and lodge/dhaba-based FSWs have higher client loads as compared to home-based sex workers.

To document the extent of use of nontraditional mode of solicitation among FSWs inside and outside the TIs. To understand and compare the characteristics of the FSWs inside and outside TIs (i.e. solicitation, condom use, comprehensive knowledge and services). To capture the changing trends in the nature of sex work among FSWs, operating mechanism and their Knowledge, Attitude and Practice (KAP) regarding safe sex practices. To recommend strategies for reaching out to FSWs outside TIs, and to identify additional strategies to strengthen service uptake among FSWs within TIs.

THE METHODOLOGY

This study was conducted in rural and urban districts in seven states of India – Punjab, Delhi, Maharashtra, Kerala, Manipur, Andhra Pradesh and Tamil Nadu - and was conducted in two phases. Since there is very little literature available about the changing dynamics and trends in sex work in India, formative research was conducted in Phase I using exclusively qualitative methods like in-depth interviews and focus group discussions among KP as well as other stakeholders to understand ground realities.

On the basis of the findings from Phase I, purely quantitative research was conducted in Phase II to quantify the new dimensions of solicitation practices.





Solicitation:

The study found that a majority of the FSWs covered in the study were using mobile phones for solicitation across all seven states. Majority of the FSWs are using mobile phones, though most of them use basic keypad phones and not smart phones for solicitation out of fear of revealing their identity to their families. Contact numbers are shared by FSWs themselves with the agents and with clients who, in turn, share the FSWs' numbers with other potential clients.

"Some clients, I meet them regularly for this act so I have their number. With the clients who I met before for this work, we exchange phone numbers. When I don't get clients and need money I call them on their phones. I ask them to share my number with their friends if they want to come to me." (Manipur, Rural, IDI) Majority of the FSWs are using mobile phones, though most of them use basic keypad phones and not smart phones for solicitation out of fear of revealing their identity to their families $\hat{\chi}$

"They ask for the pic first on WhatsApp. They see first pic and then decide. I send the pic with short dresses and one the deal get finalised, give the timings. I give the calculated timings to all customers, as sometimes it take 1-1.5 hrs to reach that place from one person to another" (Primary Respondent, Delhi, Urban)

• Churachandpur • Imphal

Andhra Pradesh
Anantpur
Vishakapatnam



QUALITATIVE

Formative, qualitative research was conducted among #FSWs and the associated identified stakeholders, with **#Focus** Group Discussions (FGDs) and #In-Depth Interviews (IDIs). The study gathered the information on various decided themes and around traditional new approaches of sex work, changing role of mediators, the use of technology, etc.



Cross-sectional survey to quantify emerging forms of sex work, KAP, risk behaviours, and risk perception of acquiring HIV infection.

Eight seed participants contacted from each typology discovered during Phase-I. Seed participants recruited 3-5 eligible FSWs from their respective network.

Sample size: 1750 FSWs from 14 districts of seven states included using snowball sampling.

The study also explored various types of solicitation practiced among FSWs (Figure 1) - traditional (NACO-defined) as well as non-traditional forms. Traditional forms included non-technology-based solicitation (Physical venue-based solicitation included, pimps, existing clients, theatre and 'Tamasha' (In rural Maharashtra only), and business outfits rental homes, etc.). Non-traditional forms included technology-based solicitation such as solicitation through basic keypad phones, smartphones, WhatsApp, Facebook, LinkedIn, Instagram, and video calls. Significant numbers of FSWs are now exclusively doing internet-based solicitation by using various social media apps including WhatsApp, Facebook, sex escort sites, etc. While some use technology along with other ways of solicitation, some have entirely shifted to WhatsApp-based or internetbased solicitation. WhatsApp is also used to communicate with and share pictures with clients. The study also found that the type of solicitation varies according to whether or not FSW are associated with TIs. (Figure 2).





Figure 2: Major type of solicitation currently practiced by FSWs according to TI and non-TI, India



Condom Use:

Condom use was widely reported by most FSWs, to the extent that some respondents even said that they insist on condom use, while denying lure of more money by clients. Some shared that although they were ignorant about condoms earlier, they now do not practice sex work without condoms. Some respondents also reported that they insist on using two condoms during a sexual act to ensure safety. However, respondents also reported that there are times when agents/pimps force them to have sexual encounters without condoms in return for more

> "Here in this hotel, there is one HIV positive women. I said if she is positive then why doing such things (sex work). I knew her she was once healthy and good looking but now she has turned ugly. Here she will be with a man and she would do anything the man ask, ahh... she said she even use her mouth if the man wants...if the clients says that he will give extra Rs. 500 more to sleep without condoms, then she (that HIV positive women) will do it" (Primary Respondent, Manipur, Urban)

"See there is a way of doing sex. Girls do it without packets, but they don't allow clients to ejaculate inside. They use cotton or some cloth for that...If sperms will not get in, there will be no infection" (Primary Respondent, Delhi, Urban)

money. Low condom usage was also reported with trusted clients, permanent partners or boyfriends. Very few reported not using condoms for more money. The study also found that some FSWs who agree to no condoms, insist on withdrawal method.

There was a 10% difference in condom use between the FSWs associated with TIs (33%) and those not associated with TIs (44%) (*Table 1*).

Comprehensive knowledge about HIV/AIDS and STI:

The formative study identified that awareness about HIV was significantly different, with higher levels among FSWs associated with TI than among FSWs not associated with TI. It was also observed during the study that some FSWs were availing services from TIs but did not want to be enrolled in the programme.

Table 1: Use of condoms according to TI and non-TI FSWs

Condom Use	TI	Non-TI
Condom Usage with in last month with paid partner	402 (77%)	810 (66%)
Anal sex in the last one month	107 (21%)	250 (20%)
Condom usage during anal sex (Everytime)	54 (51%)	102 (41%)
Oral Sex in last one month	33%	50%
Condom usage during oral sex (Everytime)	43%	27%
Total	521	1229

There is an advertisement by Mohanlal (an actor) about HIV-related issues. "I have seen such advertisements, which speak of safe sex. On hearing such things we become more aware about the need and use of condoms. When men come, they leave after their needs are satisfied. But we are not like that. Now sex-related diseases are of many kinds. It will be more problematic if we catch any such disease. How can we openly say it to another person? So we try our best not to get infected with such diseases." (Kerala Urban)



The majority of FSWs soliciting through nontraditional modes (social media and new physical and virtual venues like spas and massage parlour), were not associated with TIs as observed from Figure 2. Significant numbers of the FSWs are exclusively using internet-based solicitation. Relatively higher condom use was seen among FSWs associated with TIs than those not associated with TIs.

LEARNINGS

Comprehensive knowledge about HIV/AIDS was low among TI and non-TI FSWs. However, the level of knowledge about HIV/AIDS was relatively higher among TI FSWs than non-TI FSWs.

High consumption of alcohol and low condom use were noted among non-TI FSWs, however this association needs to be further analysed. FSWs Comprehensive knowledge about HIV/AIDS was low among TI and non-TI FSWs. However, the level of knowledge about HIV/AIDS was relatively higher among TI FSWs than non-TI FSWs $\hat{\chi}$

not associated with TI were significantly reported of higher proportion of sexual encounter under the influence of alcohol.

The study observed that some FSWs avail services from the TIs but do not want to enroll with them.



Reach FSWs not covered by TI programmes as well as those covered through new physical (e.g. massage parlours, spa, etc.) and virtual venues

The study found new physical solicitation venues such as massage parlours, spas, catering services, railway stations and trains as well as many different business outfits through which FSWs solicit clients. These new physical venues and business outfits need to be targeted through trained peer educators, outreach workers and other stakeholders.

Strengthen capacities of TI, NGOs/ CBOs on virtual outreach and new physical venues

Frontline workers in the existing programme need to be equipped with new knowledge, information and interventions about the changing dynamics of the sex work in FSWs in India. They can be

Recommendations

- Reach out to FSWs, whether covered by TIs or not, through physical and virtual venues, to ensure better coverage, given the new modalities of sex work.
- Strengthen capacities of TI, NGOs/CBOs on virtual outreach and new physical venues.
- Strengthen consistent use of condoms among the FSWs covered by TIs, also those not covered by TI, including condom use in anal sex.
- Offer differentiated prevention and support services (including IEC, testing, condom lubes, link to STI/RTI) for diverse sub-groups of FSW.
- Ensure better reach and coverage of HIV services.
- Design innovative strategies to involve those closely associated with FSWs and who influence their networks and sex work practices.

empowered with knowledge of new technologies and how they are defining new trends in sex work. Some NGOs and CBOs are designing innovative approaches to capture and work proactively with populations that are on virtual platforms. These need to be improved and replicated.

Strengthen consistent use of condom among the FSWs covered by TIs and those not covered by the TIs, including condom use in anal sex. (need for extra lubricated condoms for anal sex)

The study found that there is inconsistency in the use of condoms for sexual activities including anal sex, both among FSWs covered under TIs and those outside TI purview. Orientation and refresher programmes can be organised for peer educators, outreach workers and other stakeholders to promote condom usage.

📀 Utilise differentiated prevention and support services [including information, education, communication (IEC), testing, link condom-lubes, to STI/RTI] for diverse sub-groups of FSWs

Support services need to be tailored according to the newly emerging, non-traditional types of solicitation and practice of sex work. The IEC material and programme need to be customised accordingly, and frontline workers need to be sensitized and trained in delivering prevention messages and services effectively.

The National HIV programme may consider adopting newer programmatic approaches and developing newer strategies to reach out to those 'not reached' with HIV services. The national programme also needs to develop new strategies through which people who are closely associated with FSWs, who are an integral part of their ecosystem, who influence their behaviour and are a part of their operational networks of sex work, can be a part of the intervention programmes.

REFERENCES

- Zierler, S., Witbeck, B., & Mayer, K. (1996). Sexual violence against women living with or at risk for HIV infection. American Journal of Preventive Medicine, NACO 2013: National AIDS Control Organization, Ministry of Health and Family Welfare 12(5), 304 C310.
- Changing Dynamics among Female Sex Workers in India: A Rapid Assessment. The HIV/AIDS Partnership: Impact through Prevention, Private Sector and Evidence-based Programming (PIPPSE) Project. Public Health Foundation of India (PHFI). Technical Brief 03, 2017
- NACO, 2016. Annual Report, 2015-16. National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India.
- Ghys PD, Jenkins C, & Pisani E, (2001). HIV surveillance among female sex workers AIDS. 2001; 15 Suppl 3:S33-40.
- Bernstein, E. (2007). Temporarily Yours: Intimacy, Authenticity and the Commerce of Sex. Chicago: University of Chicago Press (Bernstein, 2007).

- Jayaraman G C et al., (2013). Changing dynamics of female sex work in India has implications for HIV prevention Demographic changes and trends in risk behaviours, HIV and other sexually transmitted infections among female sex workers in Bangalore, India involved in a focused HIV preventive intervention. Sex Transm Infect. Sep 17. doi: 10.1136/ sex trans-2013-051203. Sex Transm Infect. 2013 Dec;89(8):635-41. doi: 10.1136/sextrans-2013-051203. E pub 2013 Sep 17.
- Mahapatra, B., Saggurti, N., Halli, S.S. & Jain, A.K. (2012). HIV Risk Behaviors among Female Sex Workers Using Cell Phone for Client Solicitation in India. J AIDS Clinic Res S1:014. doi: 10.4172/2155-6113.S1-014).
- National AIDS Control Organisation (2015). National Integrated Biological and Behavioral Surveillance (IBBS) 2014-15. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.
- National AIDS Control Organisation (2015). HIV Sentinel Surveillance 2014-15. A Technical Brief, New Delhi. NACO, Ministry of Health and Family Welfare, Government of India.

ACKNOWLEDGEMENT

The study was undertaken as part of National HIV/AIDS Research Plan under NACP. We thank NACO and particularly, Strategic Information Division (Research & Evaluation) for providing support to the study. We also thank USAID and FHI 360 through LINKAGES for supporting the study. We also wish to thank FSW Community, All India Network of Sex Workers, concerned State AIDS Control Societies and its officials, DAPCU officials, NGOs/CBOs in the study sites for smooth facilitation of the study. We further thank Dr Venkatesan Chakrapani, Ms Nalini Chandra, Ms Sophia Khumukcham and Ms Neha Kapoor in developing the technical brief. We would also like to acknowledge the support of development partners – UNAIDS, CDC, WHO, USAID, LINKAGES, FHI 360, ACCELERATE and JHU– in finalising the technical briefs. Printing was supported by UNAIDS using the Cooperative Agreement Number NU2GGH001971-01-00 funded by the CDC.

Note: For any information on the study, kindly contact Dr Bal Rakshase, Associate Professor, TISS, Mumbai at bal.rakshase@tiss.edu and/or Ms Vinita Verma, Programme Officer (Evaluation & Operational Research), National AIDS Control Organisation at vinitaverma.naco@gmail.com





Across the Continuum of HIV Services for Key Populations











