

HIV RISK AND VULNERABILITY IN FEMALE SEX WORKERS IN MUMBAI

REFLECTIONS FROM THE FIELD



CHARME Working Paper No. 8
April 2010

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The CHARME Project is a project of the Centre Hospitalier / *affilié* / Universitaire de Quebec (CHA), Quebec, Canada. Key partners in this project are Imperial College London UK, the London School of Hygiene and Tropical Medicine, London UK, the University of Manitoba, Winnipeg Canada, St John's Medical College (St John's Research Institute) Bangalore India, and the Karnataka Health Promotion Trust (KHPT), Bangalore India

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ABBREVIATIONS

CBO	Community based organization
CHA	Centre Hospitalier <i>affilié</i> Universitaire de Québec
CHARME	CHA HIV/AIDS Research, Monitoring and Evaluation
FHI	Family Health International
FSW	Female sex worker
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
KHPT	Karnataka Health Promotion Trust
MDACS	Mumbai District AIDS Control Society
MSACS	Maharashtra State AIDS Control Society
NACO	National AIDS Control Organization
NGO	Non-governmental organization
PSI	Population Services International
SAI	Social Activities Integration
SBS	Special Behavioural Survey
STI/STD	Sexually transmitted infection/ disease
TISS	Tata Institute for Social Sciences
VKM	Vijay Krida Mandal

INTRODUCTION

India has approximately 40% of Asia's population, but 60% of the continent's HIV infected people. The HIV epidemic in India can be characterized as a truncated epidemic, driven by commercial sex, where men engage in risky sexual behaviours with female sex workers (FSWs) and then go on to infect their other female partners. However, because of the low rate of multiple partnerships in women in the general population, the epidemic remains largely contained within high risk or core populations (Moses et al., 2006). Mumbai is one the most densely populated cities in India with a high concentration of FSWs, many of whom are trafficked from all over India and Nepal (Joffres et al, 2008). The HIV prevalence rate among these FSWs was estimated to be 28% among brothel based FSWs and 19% among street based FSWs in 2006 (Indian Council of Medical Research & Family Health International 2007), figures similar to the NACO HIV FSW sentinel surveillance prevalence estimate of 19.4% in 2007, and much lower than earlier estimates that ranged from 30-54% between 2003 and 2005 (NACO 2007), though these are not strictly comparable due to data being taken from different sites.

Sex worker interventions in India and Mumbai – the Avahan Project

The Bill & Melinda Gates Foundation is currently funding a 5-year HIV-prevention programme called *Avahan*, which is being implement in the six Indian states most affected by the HIV epidemic. The *Avahan* Project has intentionally focused its interventions in the four southern states (Maharashtra, Karnataka, Tamil Nadu and Andhra Pradesh), on core and bridging populations (sex workers and their clients) in order to efficiently reduce the spread of HIV in these populations and as well as in the general population. The key components of the prevention services are outreach, behaviour change messaging on safe sex, needle and syringe exchange (for injecting drug use)¹, treatment of STIs, and free or socially marketed condom distribution (Avahan 2008).

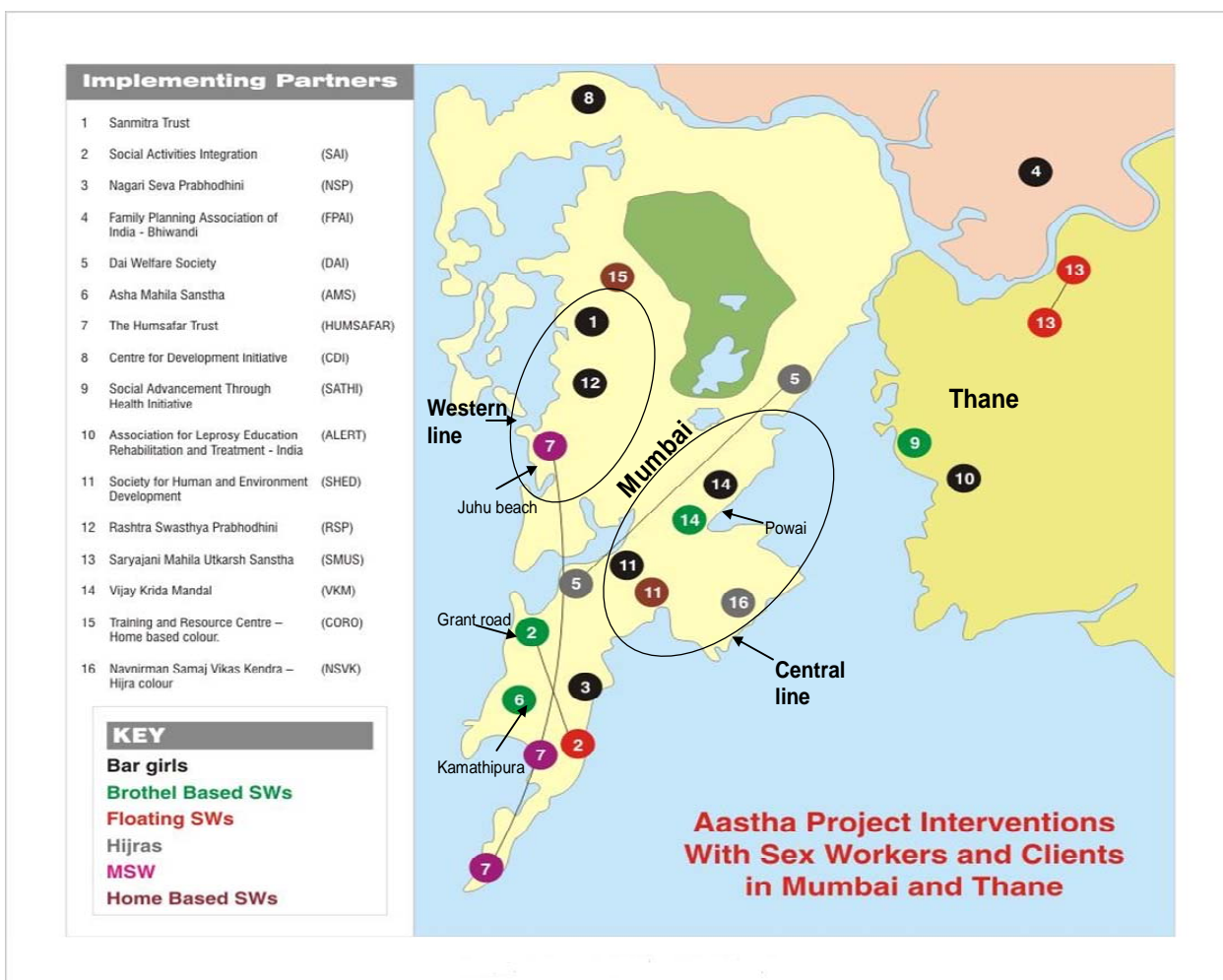
The *Avahan* programme began the Aastha Project in Mumbai (and Thane) districts in March 2004. Working with existing non-governmental (NGO) and community based organizations (CBOs), the main aims of Aastha have been behavioural communication and provision of condoms. There are altogether 15 NGOs working on HIV related issues in Mumbai, but there are five main NGOs that work in the areas that were sampled for this study. These include Asha Mahila Sanstha, Social Activities Integration (SAI), Sanmitra, Population Services International (PSI), Adithi, and Vijay Krinda Mandal (VKM). Among these only SAI, Asha Mahila Sanstha, and Sanmitra are supported by *Avahan*. Asha Mahila Sanstha is an organization that has been working with FSWs since 1998. It is the biggest CBO dealing with FSWs and now has 15,000 members: it is supported by both FHI (*Avahan*) and MDACS (non-*Avahan*).

¹ Injection drug use is mostly a problem in north-east India

Each NGO works in a particular area in Mumbai and with particular FSW populations. The brothel areas in Mumbai are divided in such a way that each NGO works in a particular lane or streets. Asha Mahila Sanstha (FHI) mainly works with brothel based FSWs who live in the Simplex area of Kamathipura, whereas MDACS supports Asha Mahila Sanstha to cover other brothel FSWs in different lanes from the same area. PSI

also works with brothel based FSW in the Kamathipura area. SAI and Sanmitra work with street based FSWs (Figure 1). The Avahan programme in Mumbai focuses on risk assessment and problem solving. Along with providing clinical services to sex workers and their children, the programme has facilitated their children's school admissions, helped them acquire government ration cards, and provided literacy and tailoring classes. The programme has been able to show an increased sense of sex worker project ownership and agency (Avahan 2008).

Figure 1: Aastha Interventions in Mumbai and Thane



Sex work and condom use

A key objective of HIV/AIDS intervention programmes is to increase the frequency that people with multiple partners, such as sex workers, use condoms. Studies based on face to face interviews have shown that sex worker interventions targeting behaviour change that include consistent condom use, have been successful (Basu et al., 2004; Dandona et al., 2005). This is especially true when behaviour change and promotion of consistent condom use are incorporated into a more comprehensive and locally relevant community intervention that promotes “agency”, empowerment and self-esteem, and targets structural issues (Evans and Lambert 2008). However, even where there has been sustained intervention, FSWs tend not to use condoms with all partners all of the time, for several reasons.

First, level of knowledge about HIV and condoms plays a significant role in whether FSWs use condoms or not. In a study conducted among 6,648 FSWs in Andhra Pradesh, there was a direct correlation between knowledge that HIV could be prevented, and consistent use of condoms (Dandona et al 2005; Ravisankar and Sambasivam 2006). Misconceptions

about HIV play a significant role in condom non-use with clients. In many contexts, client cleanliness is associated with good health and being HIV-free; there is evidence that FSWs are less likely to use condoms with clients who look healthy (Basuki et al 2002).

Even where knowledge and intention to use are high, some FSWs have poor access to condoms, especially those women who solicit on the street or out of their homes and who may lack support networks and are less visible to intervention programs. Most FSWs engage in different behaviours with their commercial and non-commercial partners. While they might insist on using condoms with clients, whom they view as a source of income, they are less likely to use them with their non-commercial partners (such as husbands, boyfriends, and lovers) who provide intimacy and whom they “trust” not have sexual relationships with other partners. (Evans and Lambert 2008). The IBBA in Mumbai in 2006 found that only 14% of FSWs reported consistently using condoms with their regular non-paying partner and only 66% used consistently with other non-paying partners (Indian Council of Medical Research & Family Health International 2007). A study conducted in Mumbai by the CHARME project in 2007 found that condom use among both street based and brothel based FSW with non-commercial partners was even lower; less than 1% of street based sex workers and 6% of brothel based FSWs reported consistent condom use with husbands and cohabiting partners. Less than 2% of street based FSWs and only 3% of brothel based women reported consistent condom use with other non-commercial clients (unpublished data).

One study in Andhra Pradesh found that brothel-based FSWs used condoms with their paying clients more consistently than non-brothel FSWs (Dandona et al 2005). The 2007 IBBA study in Mumbai similarly reported that 78% brothel based and 72% street based FSWs used condoms consistently with new clients; 75% of brothel based sex workers and 56% of street based FSWs consistently use condoms with their regular clients (Indian Council of Medical Research & Family Health International 2007). In the CHARME study, 75% of brothel-based women and 59% of street based FSWs reported always using condoms with new clients; with their most recent regular client 57% of brothel based and 39% of street based FSWs reported always using condoms (unpublished data).

Client refusal is one of main reasons for FSW inconsistent condom use. Sexual intercourse with condoms is perceived by clients to reduce sexual pleasure and FSWs are often offered more money for unprotected sex (Basuki et al 2002). A study in Mexico found that FSWs could boost their income by 23% (or up to 46% if the FSW was considered very attractive) by agreeing to unprotected sex. The authors, Gertler et al suggest that if some clients are willing to pay substantially larger sums for unprotected sex, supply-side interventions alone are less likely to sufficiently reduce unprotected commercial sex; even knowledgeable sex workers with condoms, who are free to turn down clients, might be willing to supply unprotected sex if the price is right (Gertler et al 2005). FSWs may also be reluctant to insist on condom use if they fear they might lose a client or face violence. Experience has shown that consistent condom use and behaviour change, particularly in brothel settings, and where pimps are involved, also depends on the support and motivation of external gatekeepers within the sex work industry (Evans and Lambert 2008). Madams and pimps sometimes support non-use of condoms in order to boost their own income.

There is also a close relationship between alcohol use and risky sexual behaviour. A study conducted among 1,741 men in Mumbai revealed that men who drink alcohol when visiting FSWs tend to engage in riskier behaviour, including unprotected sex and anal sex, and maintain large numbers of FSW relationships (Madhivanan et al 2005). Furthermore, FSWs who also use alcohol with clients and other partners become more vulnerable as they are less able to be assertive about condom use even if that had been their intent (Beattie et al 2009). Many studies show that a high proportion of FSWs face physical assault, rape, gang rape, and sexual coercion (Panchanadeswaran et al 2006; Banarjee et al 2005). Furthermore, physical and sexual abuse, including forced unprotected sex, is inherent to the experience of being trafficked, a common problem in Mumbai (Silverman et al 2006; Zimmerman et al 2003). In such circumstances sexual and condom negotiation becomes extremely difficult or even impossible. Relations with police also affect sex worker use of condoms – sometimes police officers force sex workers to have (risky) sex with them in lieu of paying a fine; sometimes extortion and the payment of heavy fines can force sex workers into more (risky) sex with others (Biradavolu et al 2009).

Sex workers find it easier to practice safe sex with clients in an environment in which all the vested parties, including other FSWs, clients and sex work brokers, are in agreement about consistent condom use. Furthermore, where condom use is the social norm, stakeholders find it easier to adhere to those norms. Sex worker collectivization has been shown to strengthen “agency”, their individual ability to negotiate with clients, in the knowledge that their fellow workers are negotiating the same way (Blankenship et al 2008; Halli et al 2006). Collectivization also helps intervention program staff to access sex workers, to provide education and free supply of condoms and STI drugs. By advancing such structural interventions - increasing sex worker personal and community agency and empowerment - it is thought that sex workers are then better equipped to negotiate safer sex (Blankenship et al 2006; Blankenship et al 2008; Evans and Lambert 2008; Evans, Jana and Lambert 2009; Cornish and Ghose 2007; Gupta et al 2008; Biradavolu et al 2009; Ghose et al 2008). Exposure to such sex worker interventions has shown to affect not only behaviours, but also biological outcomes (Reza-Paul et al 2008) and recent studies have shown that these kinds of interventions can be achieved at scale (Ramakrishnan et al 2010; Verma et al 2010).

The SBS study undertaken among Mumbai FSWs in 2007 found that some sex worker interventions had reached the target population. All those interviewed reported knowing about HIV/AIDS: 53% reported that they had known about HIV/AIDS for 2-5 years while 37% reported that they had known about it for more than 5 years. More brothel based FSWs (84%) reported ever having taken a HIV test than street based FSWs (60%). However, although all brothel based women had heard of NGO HIV programmes in the area, 18% of street based FSWs reported that they had never heard of any. Sixty two percent of brothel based FSWs had visited the NGO clinics, compared with only 34% of street based women. Similarly almost all brothel based women had seen a condom demonstration, compared with 90% of street based women. Periodic presumptive treatment for gonorrhoea and Chlamydia (“grey packs”) are given at program clinics.

However, of all the brothel based women, only 35% of brothel based women and 30% of street based women had received these at a clinic (unpublished data).

Study objectives

The objectives of this study were: to provide contextual and qualitative data on Mumbai female sex workers' (FSW) knowledge and perceptions of HIV; to describe behaviours and practices with different commercial and non-commercial partners; and to document sex worker perceptions of HIV prevention interventions. These data were used to supplement the SBS quantitative survey of 395 sex workers in the same area, described above.

METHODOLOGY

Study tools

The data were collected using two qualitative methods. First, focus group discussions (FGDs) were conducted among sex workers, as well as peer educators employed by the NGOs, to explore issues and to gain a broader understanding about sex work within the Mumbai context (Appendix 1). The findings from these FGDs were then used to assist in the development of an in-depth interview (IDI) guide for other female sex workers. Both tools were pre-tested before use and were administered by experienced interviewers who were trained in FGD facilitations skills and in in-depth qualitative interviewing, and who were given ample opportunity to practice using the tools during pre-tests. Both the FGD guide and the IDI guide were developed in English, translated and administered in Hindi, the local language².

The FGD guide focused on topics not covered, or not adequately explained, in the earlier quantitative survey. Using largely open-ended questions, we sought information on key issues such as the meaning of HIV/AIDS in a FSWs life and how this perception affected their sex work; perceptions and knowledge of HIV/AIDS; condom use facilitators and barriers; and perceptions of program interventions. Key themes were introduced with a main question, followed by an additional set of questions to be used for probing and gathering more detail. Respondents were asked if and how their perception of HIV had changed over time and moreover how these attitudes affected their behaviours with clients and other partners. The questions also tried to assess condom use with different sexual partners and to ascertain what situations prevented FSWs from being able to use condoms. Questions around stigma, mobility, and violence were also asked to understand and contextualize risky sexual behaviours. The section on HIV intervention programs ranged from FSW perceptions of interventions, to their relationship with the programmes, their familiarity with and accessibility to facilities, and ideas for programme improvement.

The in-depth interview (IDI) questionnaire was fine-tuned after reading the FGD transcripts, to gain a deeper understanding of individual life histories and experiences of sex work. One of the main foci of the IDIs was to understand risk behaviours within different sexual partnerships. Respondents were specifically asked to describe relationships and sexual behaviours with all their sexual partners, including husbands/cohabiting partner, occasional/new/repeat commercial clients, and lovers/boyfriends (Appendix 2).

Sampling for FGD participants

Six FGDs were conducted with sex workers, with each FGD consisting of 6-8 participants (total 43). Three FGDs were undertaken with brothel-based FSWs and 3 with street-based FSWs. Sexually active sex workers were selected on the basis of several criteria 1) by typology of sex work – half street based solicitation and half brothel-based solicitation 2) by age – attempting at least one FGD with younger brothel based women and 3) representing different geographical areas.

² Though many of the respondents were Bengali and Nepalese, they understood Hindi and so the FGDs and IDIs were all conducted in Hindi.

With the help of peer educators (PEs) of local NGOs, brothel based FSWs were recruited from brothels located in Kamathipura, Pandumal, and Grant Road areas. Efforts were made to identify young women in the brothels, so as to have at least one group of young FSWs, aged between 18-25. This was an important consideration, especially for brothel based sex work, as brothels in Mumbai tend to have large numbers of young FSWs. This age group (and younger) may be particularly vulnerable and have different experiences to older FSWs. However gatekeepers of brothels such as owners, brokers, and madams were very protective of young FSWs and were unwilling to let them leave the brothel premises or participate in the FGDs or IDIs. Although an FGD specifically for this age group was not possible, some young FSWs, aged under 21, were recruited into a mixed age group FGD.

Peer educators also helped to identify and recruit street-based FSWs. Street based FSWs were selected from the Western and Central Lines areas, including “hot spots” in *Juhu* Beachside and Powai area. We ensured that FGDs were somewhat homogeneous and consisted of FSWs who operated in the same geographic areas. For example, FGDs conducted in the Western Line consisted only of FSWs who operated in that area.

It was quite difficult to obtain a truly random sample of women for the FGDs, and they tended to be selected either purposively or if conveniently available, especially in the brothels where gatekeepers provided the respondents. However, as the data from these participants were only used to inform the in-depth interviews, we felt it was not so crucial to have a proper random sample.

Peer educators were also included in the study because they tend to be more articulate and forthcoming about sex work than FSWs, and have a wider perspective on the issues of different women with whom they work. Two FGDs with peer educators (PEs) were conducted, with 8 participants in each (total 16). One FGD was done among PEs who worked with brothel-based FSWs. They were identified by the local NGOs working with brothel-based FSWs (Asha Mahila and Astha). As we were able to obtain a list of the peer educators, we were able to randomly select FGD participants. Those PEs who had helped to recruit brothel-based FSWs for the sex worker FGDs, were excluded from participating in the PE FGDs; because they had prior knowledge of the study and of the kinds of questions which were asked in the FGDs, we felt they would have been a biased group. Similarly, one FGD was done among street-based PEs. Street-based PEs were selected at random from a list given by the NGOs working with street based women (Sanmitra and Social Activities Integration (SAI)). Again, those PEs who had been involved with the FSW selections were excluded from the PE FGDs.

Sampling for IDI respondents

Purposive sampling of different geographic areas, ages and ethnicities was used for both street-based and brothel-based FSWs. Sex workers in Mumbai hail from many regions of India and the FGDs had revealed that FSWs from West Bengal and Nepal were rumoured to have different sexual practices and increased risk behaviours. We decided to purposively include women from these parts of India.

The sampling was done in several stages. First, we decided to select brothel-based FSWs from Kamathipura and Central Area that include well-known, large brothels such as Deensha and Simplex. Though respondents were recruited from the same geographic areas as the earlier SBS quantitative study, specific locations varied. So, for example in Kamathipura, we focused on the same general area of the city, but we chose different streets from which to sample respondents to ensure that we did not sample the same FSWs who had participated in the SBS quantitative study in 2007. Next, we decided to select half of the respondents 25 years and below, and half over 25 years. Furthermore, we attempted to recruit approximately half of each group from north and east India and Nepal and half from other locations including Mumbai. Once we had set the criteria, we asked brothel madams to introduce us to any woman who fit the criteria. In this way, our primary sampling framework was purposive and the secondary stage of sampling was at the whim of the madams. This was not ideal, but was the only way to obtain a sample in this setting. A total of 16 IDIs were done with brothel-based FSWs in these 2 areas of Mumbai. Seven were conducted among FSWs aged between 18-25 and 9 among FSWs aged over 25. Seven IDIs were conducted with FSWs from Nepal and West Bengal, 9 IDIs with FSWs from other states.

We selected street based sex workers from the Western and Central Lines areas of the city, areas well-known for their large concentrations of street-based sex workers. The Western Line included mostly the Juhu Beachside, and the Central Line consisted of areas in Powai. Again we sought a mixture of age and ethnicity. A total of 21 IDIs were completed among street-based FSWs. Ten IDIs were conducted with FSWs aged between 18-25 and 11 IDIs with FSWs aged over 25. Ten IDIs were undertaken with FSWs from Nepal and West Bengal, and 11 IDIs with FSWs from other states (Table 1).

Table 1: FSW in-depth interview samples

TYPOLOGY	GEOGRAPHIC AREA	AGE AND ETHNICITY	
		18-25	>25
Street based (21)	“Western Line”, mostly Juhu Beachside (9)	7 (4 from north east India or Nepal and 3 from other place)	2 (2 from north east India or Nepal and 0 from other place)
	”Central Line” – mostly Powai (12)	3 (1 from north east India or Nepal and 2 from other place)	9 (3 from north east India or Nepal and 6 from other place)
Brothel based (16)	Kamathipura (10)	5 (3 from N/E and 2 from other place)	5 (1 from N/E and 4 from other place)
	“Central line”, mostly Deensha & Simplex (6)	2 (2 from N/E and 0 from other place)	4 (1 from N/E and 3 from other place)

Efforts were made to recruit street-based FSWs half during each of two specified time periods; between 10:00AM- 6:00PM and 7:00PM-11:00PM. FSW were approached by a peer educator to find out whether they fit the study criteria. Selected participants who were

willing to take part were asked to come back for an interview at a time agreed between them and SAI or Sanmitra. Because many FSWs did not show up for the interviews, the field team resorted to recruiting FSWs during health camps set up by SAI and Sanmitra, resulting in a somewhat biased sample.

Data collection

The fieldwork activities started in March 2008 and were coordinated by the Tata Institute of Social Sciences (TATA), Mumbai. A team from the Research Methodology Department at TATA comprised a supervisor and 8 members who shared the responsibility for interviewing, community liaison, translating and transcribing.

Privacy, confidentiality and ethics

All the FGDs and IDIs were done confidentially and in a private setting. No respondent names were recorded. Before each FGD and IDI, individual witnessed verbal consent was taken from each participant. All the FGDs and IDIs were tape-recorded. For the FGDs, group verbal consent was also sought prior to turning on the tape recorder. Demographic information (age, marital status, number of children, place of origin, education, duration of sex work, and involvement in intervention) was obtained for each respondent. Asking these brief life history questions before broaching issues relating to sex work, aided in rapport-building between the interviewer and respondents and provided important contextual identifier information. In the analysis presented below, all the names used are pseudonyms.

The study was approved by the Health Ministries Steering Committee of the Centre Hospitalier *affilié* Universitaire de Québec (CHA), Canada, by the Institutional Review Board of the Tata Institute of Social Sciences, Mumbai, and by the University of Manitoba, Canada. In addition, a member from the Community Monitoring Board of TATA held a de-briefing session with respondents after each FGD and IDI to address ethical issues and ensure that the consent process and research activities had been followed correctly.

Data analysis

FGDs and interviews were audio-taped, and later translated and transcribed verbatim by social work students from the TATA Institute. These transcripts were later analyzed thematically by staff of the CHARME Project. The FGD transcripts were analyzed first in order to inform the design of the IDI guides. To analyze the IDIs, we identified major themes running through the respondent narratives, and then topics within these themes were teased out and compiled. This report details the results of the IDIs.

RESULTS

As the FGDs were held mainly to inform the development of the IDI questionnaire, we will not report on the FGD findings here. This section focuses on the 37 in-depth interviews.

Respondent demographic profile

We interviewed a total of 37 women, of a planned 40; 21 were street based sex workers and 16 were brothel-based sex workers. About 46% of the FSWs were aged 25 or less and 54% were aged over 25 years, with mean age of 28 years. The proportion of FSWs under 25 was slightly higher among the street based sample (47.6%), compared to brothel based FSWs (44%), with a lower mean age: street based mean age 27: brothel based mean age 29 (Table 2)

The majority (70.3%) of the respondents were illiterate, while 24.3% had primary and 5.4% had secondary education. About 40.5% of the respondents were currently married; 37.9% were either separated/divorced/ widowed, and 21.6% had never been married. More than half (56.8%) reported that they mostly solicited their clients in the street, and 43.2% mostly solicited their clients in brothels. All knew about the HIV intervention programmes in Mumbai; nearly 37.8% knew of, or had accessed the services of HIV intervention programs for less than one year (50% of these for less than 6 months); 35.2% had been accessing for 2-4 years and 21.6% had been accessing for more than 5 years.

Table 2: Respondent profiles

	Total (n=37)
Usual place of solicitation	
Street	21 (56.8%)
Brothel	16 (43.2%)
Age	
25 and less	17 (45.9%)
Over 25	20 (54.1%)
Mean age	27.9 years
Literacy and education	
Illiterate	26 (70.3%)
Standard 1-5	8 (21.6%)
Standard 6-10	3 (8.1%)
Marital status	
Never married	8 (21.6%)
Currently married	15 (40.5%)
Separated/widowed/divorced	14 (37.7%)
Ethnicity	
East (includes West Bengal and Orissa)	15 (40.5%)
North (includes Nepal and Himachal Pradesh)	5 (13.5%)
Southwest (includes Andhra Pradesh, Gujarat, Karnataka, & Maharashtra)	17 (50.0%)
Awareness/involvement in HIV intervention programmes	
1 year or less	14 (37.8%)
2-4 years	13 (35.3%)
More than 5 years	8 (21.6%)
None	2 (5.4%)

Emerging themes

The sections below focus around major themes identified in the transcripts of the respondents interviews: poverty and initiation into sex work; violence; police harassment; sexual behaviour and sexual practices with different partners; condom use; HIV/STI knowledge and perceptions; and impact of HIV intervention programmes. For each respondent's voice, we note their region of origin, their usual place of solicitation and their age.

Poverty, trafficking and initiation into sex work

By examining how women begin sex work, we can begin to understand the context within which they presently live and work. At the start of the interviews, respondents were asked to describe how they began sex work. Almost all respondents (31/37) started sex work either due to economic necessity or as a result of being trafficked and sold to brothels by someone they knew. Those who had been sold into sex work at a young age reported significant harassment and violence from brokers, garhwalis (brothel madams), and clients. This group appeared especially vulnerable and at risk when first starting sex work.

Of those who mentioned economic necessity as a primary reason for starting sex work (19), most were widowed or had been abandoned by their husband, and had no support from family. Many faced harassment from their in-laws. Poverty and desperation, especially around feeding and educating children, were key themes in many of their narratives. Kavitha (Karnataka, street based, 26) explained how she ran away from her husband's house to escape her abusive in-laws:

“I spent my childhood with my parents. When I grew up my brother brought me to Kolhapur. There I got married. Six months after marriage, my in-laws started beating me. They said that I was not able to bear a child. I ran away from that house and came to Mumbai.”

The narrative of Fatima (Karnataka, street based, 26) below illustrates how the burden of becoming the sole provider for the family, together with violence from her husband and his family was a significant influence on her decision to start sex work.

“It was a difficult childhood. I have faced lots of hardships since childhood days. My parents are very poor and now they are old. They married me off, but my husband was an alcoholic/ drunkard. I had two children with him. Then he left me. How would I have taken care of them alone? Who would have taken care of my old parents? So I started to work in a hotel. The wages I earned there were very meagre, I didn't even save a single rupee. I could not even give anything to my children when they cried. Then I met a woman from my own village. She asked me if I would like to come here and do this business. I asked her about the kind of work, since I did not know what work she was talking about. Ever since my husband left me, I knew only how to clean and wash, household work. My brother could not speak or hear, nor did he work. He too was an alcoholic and used to beat my parents; he even used to beat me. So, to get away I went with the woman.
Interviewer: *Where did she bring you?*

Respondent: *She brought me to the Kurla³ bus stop. I did this because I was helpless. I had to pay for my children to go to school. I never wanted to work in this business. I used to earn whatever I could but never saved any money [before I started to do sex work].*

Anoo (West Bengal, street based, 38) shared a similar experience of her husband's unsupportive family after his death, and the struggle to support her children:

“My childhood was spent in Gulbarga, Calcutta. When I was very young my parents expired (died). Other people looked after me, and found me a husband. After my marriage, I had two boys and one girl and then my husband died. When he was alive, everything was very good, but after my husband's death I faced so many hardships. After his death I worked a lot, but still I was not able to give my children a proper education. I had many relatives, like mother-in-law, brother-in-law, but nobody supported us; in fact they all behaved badly towards me. I had no clothes, not one single sari to wear. I had to start begging them.....one day I begged my brother-in-law to give me a sari, I told them I will go and beg on the street with my children, but still they did not give me sari. They had enough money and all I asked for was a piece of clothing. I felt very hurt and so I took my children and came to Mumbai. After coming to Mumbai, I started to work as a housemaid, then I worked in a factory. After that I worked in a steel company, but I had great difficulty taking care of my children. Then I went and saw in VT⁴ that this kind of business (sex work) was being done. So then I joined this business. Over a period of time I managed to give my children an educationso by working a little bit I try to manage and just live my life. What to do? My life is anyway spoiled.”

Of the 37 women we interviewed, 12 (one third) reported that they had been trafficked. Most of these respondents said they were brought to Mumbai under false pretences, having been told they would be working as housemaids. The following excerpt from Shona (West Bengal, brothel based, 21) illustrates how the respondent was trafficked by her husband's family:

“...I did not have anybody, neither father, nor mother. They died when I was a child. My grandparents, uncle etc used to trouble me a lot. They brought me up and then they married me off..... Then my sister's husband told me that he will bring me to Mumbai and find me a household job .But when we got here, he told me that I have to work in this line (sex work). So I said that I will not do, take me to my village. Then he said “where will you get the money to go to the village?” He kept saying things like that. Then I said let it be I will do this business. They ate away all my money, my brother-in-law and my sister.”

Jenny (Andhra Pradesh, brothel based, 32) reported that she was brought by her lover to Mumbai at the age of 12, and left there to do sex work:

³ A well-known FSW solicitation area in Mumbai

⁴ Victoria Terminal Railway Station, a place of solicitation in Mumbai

“I am from Hyderabad. When I was 12, I was in love with a boy. That boy brought me here and left me in this business [sex work]. The one I loved, he just sold me here and then left. After that the madam told me "you are not going to leave here now, you have to pay the debts." That's how I came to this line (sex work).”

Seven of the trafficked women reported that they were forced to stay at the place where they were sold and faced the threat of harassment and violence if they tried to leave. The following extract describes Deepa's (Andhra Pradesh, brothel based, 28) feeling of helplessness and fear after being sold to a brothel by her neighbour at a very young age:

“Then that woman said 'you will do cooking, work for neta (politicians), for elections.' She told my mother, 'you are poor, let me take your daughter and my daughter, they can work as cooks. Your daughter will get Rs.1000'. So I went with her to Mumbai and she told me 'tomorrow morning I will get you the job'. I thought she was telling the truth and came here with her. At that time I was 15 years old. She brought me and sold me at Simplex Building in Grant Road. She sold me and her daughter also.

Earlier when I did not agree to do this business, the garhwali (madam) used to say 'why won't you do the business? If you don't do business, I will kill you, will hand you over to the police. You will be put in the lock up in a cell' she used to scare me and keep me here. Now the woman's daughter and I have paid back a lot of money to the madam in the brothel. Once, after I had TB, the garhwali gave me Rs.2000 and said 'your debt is over, you can go.' ...I was very poor, I had lost my father, so I had to undergo and bear a lot of things alone.....If my father was there he would have taken care of me.”

In association with being trafficked, some (7) respondents described client violence, especially in the early days of sex work, that they felt was overlooked and even encouraged by the madams. Aparna (West Bengal, 22) spoke of being sold into prostitution, forcibly detained and forced into having sex with her first client:

“... I had heard of big 'bazaars' in Kolkata. She took me there. She took me to a Bihari's house [brothel]. There she sold me for Rs. 50,000/-. I did not know Hindi then. But I understood everything in Bengali. I asked her not to sell me and I told her that I would just run away. Then she brought me to Mumbai. Here in Mussa building I was locked up on the second floor. A man from the hotel came up and I was forced to have sex with him.”

Deepa (Andhra Pradesh, brothel based, 28) who was sold to a brothel narrated a similar experience of forced sex with a client who took her virginity:

“When I came here at age of 15 years, my garhwali beat me and sent me to a customer. Then blood came out..... That was my first time. Then garhwali got me medicines from the doctor. After two days she put me to work again.”

Client violence

Violence seemed to be perpetrated against the respondents on a regular basis, particularly when starting sex work. Both street based and brothel based sex workers mentioned that they frequently had violent clients, who demand different kinds of sex (other than vaginal sex), and who want sex without a condom. The respondents described that they had been unable to resist these men in the early days of sex work, and that is clearly a time of risk, not just of violence but of exposure to STIs and HIV. Seven women disclosed that they had suffered abuse from their families, husbands, as well as by in-laws, and by garhwalis and clients when first sold to brothels. A few (3) of the respondents described violence from clients as a regular occurrence once they got into the job. For some, like Juhi (Maharashtra, brothel based, 25) physical abuse was part of the job, associated with her resistance to perform certain sex acts.

***Interviewer:** So you have come in this business. How do you feel?*

***Respondent:** I do not feel good.*

***Interviewer:** Why do you not feel good?*

***Respondent:** This is useless line.*

***Interviewer:** Why do you feel it is useless?*

***Respondent:** People of many types come and go. Everybody works in different way. People have with different (bad/good) intentions. Some look like a hungry, angry dog.*

***Interviewer:** What do you mean by that?*

***Respondent:** They will ask for the sex in any way [asking for different kinds of sex like oral, anal]. If I do not have sex then they beat me. They say ‘do I give money for not doing anything?’*

Many (10) respondents reported that after the first few years, they faced less abuse from clients, madams, brokers and other gatekeepers, or that they learned how to cope, how to avoid difficult situations, or to find support from their co-workers. Eight women described times when they had had to deal with violent or forceful clients. However, when recounting these experiences, they also described how they were able to get support from others. Lakshmi (Maharashtra, street based, 22) and Chanda (Maharashtra, street based, under 25⁵) said they had had clients who wanted to force them to have sexual intercourse without condoms and that they had relied on for help from the lodge owner:

***Interviewer:** Some days it happens that you don’t get any work [any clients] and then you may think to do it without condom. Has this ever happened with you?*

***Respondent:** Lakshmi (Maharashtra, street based, 22): Yes it happens. Customers say that they will give so much money, they even force us, hold our hands, still I don’t sit (have sex)⁶ with him. I swear at them and send them away.*

⁵ Respondent was not sure of her age. The interviewer calculated that she was less than 25 years of age.

⁶ The Hindi term to sit has been translated to refer to sex.

Interviewer: *Have you ever been forced?*

Respondent: *Yes it happens. Then I call the owner of the lodge and he comes and beats him up...*

Interviewer: *Has any customer forced you to have sex without a condom?*

Respondent: *Chanda (Maharashtra, street based, <25): Yes. There are plenty. They say 'I will not allow you to sit (have sex) with a condom' so then I go to call Seth [lodge owner]. Seth comes and says 'does your father rule (are you in charge here?) Is she your woman, who would sleep (have sex) with you without a condom?' He talks to them like this, beats them and throws them out.*

Similarly, Nandini (West Bengal, street based, 25) explained that if she fights with a client and fears he is about to become violent, she calls on other sex workers to help defend her.

When customers ask to sit (have sex) without a condom then I don't sit (have sex). If they try to force me, I don't fight with them inside the room. My friends who are around [referring to other sex workers] come and catch hold of him and beat him.

Suki (West Bengal, street/brothel based, 32) recounted a time when a client beat her and forced her to have anal sex, and she sought help from the madam and other sex workers, although it appears that the help came too late:

Interviewer: *Do they ask to have different types of sex?*

Respondent: *Yes, they ask. They ask to have sex in reverse way (anal sex). How to do anal sex? One has to push the penis from back for anal sex. One day he forced me to have anal sex. He was very dangerous. He was beating me also during the sex. He was very cruel; he turned me over once and did vaginal sex also, but with lot of force. I started getting lot of pain. So I pushed him back, started weeping and knocked on the door of the house owner (garhwali). I shouted, but he did not get up. This has happened once in my life.*

Interviewer: *So didi, how do solve such problems when you have to face them?*

Respondent: *All my friends and the garhwali came when I started shouting and they drove him out.*

Interviewer: *How does the garhwali usually help you?*

Respondent: *If somebody shouts for help, then all girls from the house/room and drive him away with a stick.*

Police harassment

The interviews included a lot of discussion about the respondents' relationship with the police. While a few reported never having any difficulties, most (30/37) described regular and habitual police harassment. Much of this harassment was associated with brothel raids, or being caught soliciting on the street, and having to pay fines; this was similar for brothel and street based FSWs. Both groups shared similar narratives of problems with the police.

Respondents were asked if they had ever had to entertain policemen for free or had been forced to have sex in order not to be arrested. Only a few (5) said that this had happened:

Kiran (West Bengal, street based, 22) *“There is one policeman I heard about. He tortures girls a lot when they won’t pay him a bribe”.*

Kavitha (Karnataka, street based, 26) *“Yes, it happened once, with a havaldar (constable)... Once it happened, when I was new.... that time the havaldar did it without paying”.*

Jenny (Andhra Pradesh, brothel based, 25) *“Yes. One day a constable came. He asked me ‘Will you do French⁷?’ I told him, ‘for your Rs.50, why should I risk my life?’ I fought with the constable and took him to the big officer. Then that officer beat me saying that I was lying.”*

Deepa (Andhra Pradesh, brothel based, 28) explained that regularly, the police physically beat her and threaten to arrest her if she does not comply to have sex with them for free.

“Yes they do. Some policemen say, don’t do it here. If I stand there, they catch me and take me away. The policemen also beat me with their stick... they pull the girls’ hair and ask ‘do you sit for free?’...then they say, ‘our duty is over now. If you are coming then come (and have sex with me) or else I will book a case against you ... He will hit and beat; many policemen have done like this.”

Though Priya (West Bengal, brothel based, 30) had never had to give free sex to any policeman, she was once beaten very badly by police:

If police catch us (soliciting)s, then they fine us Rs1200. If we don’t pay, then we are put in jail, and they book us. The police don’t let us stand in the street. They beat us. Once the police beat me badly.... Just see [respondent shows her scarred arm to the interviewer].

Similarly, Dhara (Gujarat, brothel based, 35) reported that she had heard about other FSWs being beaten by police:

“Yes some of them come. If they pay, then it’s ok. If they don’t pay, then I don’t do it with them. They beat us when they catch us soliciting.....not me personally, but it has happened to others...”

So while police violence was not common, most of the women had experienced it at some time. However, most of the problems with police were associated with having to pay fines, noted by 27 of the respondents, both brothel and street based FSW.

The excerpt below illustrates Rathnamma’s (Maharashtra, brothel based, 30), troubles with police and having to constantly pay large fines.

⁷ A colloquial term used referring to oral sex.

Interviewer: Look didi now that you are in this business, do you think you are safe in this business?

Respondent: Yes I am safe. I am only afraid of policemen.

Interviewer: Why are you afraid of policemen?

Respondent: They eat our money. They catch us and take us away...it happens a lot. Those people make us run away again and again. They don't let us stand. They don't understand at all. I have been to jail three times. Those lady police come at midnight, catch us and take us away. Then I have to pay Rs 1250 as fine. They trouble me a lot. I have to give them so much money.

Champa (Maharashtra, brothel based, over 25) said on a good day she gets about four to five clients. Each client pays between Rs. 80 to 100, and after paying the brothel owner she is able to earn Rs. 300 in total. Her narrative describes the financial burden, however, of paying fines or bribes for soliciting, demanded by police, including times when the fines result in not being able to afford to eat that day:

“The police come and then I have to give them a bribe. They take from everyone. They ask me to come to police station; they say they have to charge me. Then I pay Rs1200 and come back here. Sometimes I can only pay them Rs 400-500. Whether I have business or not, I have to pay the police first... I don't cheat anyone, I don't steal from anyone. I eat from whatever I earn. If I don't get money for food, I sleep without food that day. They harass me like this.”

Suki (West Bengal, street based, 32) has learned from experience that she can avoid paying the full, official fine of Rs. 1,200 if she bribes the police.

“Yes, earlier they were harassing us too much. When I was standing on the road they were catching me and were taking to _____. There we had to pay a fine of Rs.2500/-. Now I am acquainted to them. If I am caught, they take Rs.100-200Rs and release me. Now there is not that much tension.”

Jhumpa (West Bengal, brothel based, 30) said that she had never had to give free sex to police to avoid a bribe or fine. She had learned that she could avoid police raids by soliciting at specific times of the day:

Interviewer: Have the police ever asked you for sex?

Respondent: They don't ask. They only catch me sometimes when I stand with my customers. They sometimes catch the customer too and take Rs.250 from him and then leave.

Interviewer: What do the police do after catching you?

Respondent: They take me away and fine me Rs. 1200/-.

Interviewer: Can you tell me about such an experience.

Respondent: When I was new here, I was standing on the road. I didn't know that the women coming were police women, though now somebody usually warns us that there are coming and we run away. That has happened to me many times..

Interviewer: *What did you do when you were taken away by the police?*

Respondent: *He took me to the police station. I paid fine there and came back... now I take lot of care. I go only one time in the evening on the road. Now I do not have sex with more customers. I go to the room in the evening from 5-6pm and have sex with 2-3 customers. Police catch many people at 09.00 pm, at 10.00 pm and at 12.00 pm. Who will release me if I am caught? So I do not stand on the road in the night due to fear. It is dangerous.*

Overall it seems that violence perpetrated by police or having to provide free sex, were occasional, but not major problems. However, the financial implications of regularly being caught for soliciting and having to pay bribes or fines had serious implications. Although not explicitly stated, many women are struggling from day to day to feed themselves and their children: paying fines means to have more customers to make up for the financial loss or to compromise safe sex practices.

Behaviour and sexual practices with different partners

Respondents' views and perceptions of various sex acts were explored to try to understand their limits and taboos, and how these related to safe or unsafe sex. Some sex acts were perceived as deviant and even immoral, by most, if not all the respondents, associated with cultural notions of what they perceive as acceptable and unacceptable sexual behaviours. Most (19) of the respondents told the interviewer explicitly that vaginal sex was the correct way to have sex and that anal sex was wrong. Yet there were many accounts of clients demanding anal, oral sex, and body sex⁸ which most of them said they rejected. One woman expressed the views of most:

Rani (West Bengal, brothel based, 30) *"...I do not like to do sex in the wrong way [referring to anal sex]. Some costumers say they like that. Customers who come regularly to me have sex in the right way [vaginal intercourse]."*

Another respondent even suggested that human beings do not or should not engage in anal sex:

Aparna (West Bengal, brothel based, 22) *"no, we do not do any of that [referring to anal sex]. We have it only from front [vaginal intercourse]. We are human beings after all."*

Nagrathna (Andhra Pradesh, brothel based, 40) also felt that anal sex was wrong and an act mainly associated with hijras⁹:

"no, I don't do any intercourse which is wrong. Hijras do it from back. With me customers ask me to bend like a house. But (for me) it (penis) goes here, in vagina only."

⁸ Body sex refers to having sex without clothes and the client is allowed to touch the sex worker anywhere he pleases.

⁹ Refers to a person who is transgender or transsexual.

Similarly, women revealed that they think of oral sex as “wrong” and “unclean”. Priya (West Bengal, brothel based, 30) and Deepa (Andhra Pradesh, brothel based, 28), as well as others showed disgust at the idea:

“they ask to take it in the mouth. They say “I will give you Rs 70, Rs. 90”. One should not take a customer in the mouth. We eat from the mouth so we shouldn’t do it.”

Kavitha (Karnataka, street based, 26) related how shocked she was to first learn of oral sex:

“yes it happened once. I did not know that you can take it in the mouth. The first time, one man has asked me, ‘will you do choco-bar?’ So I said yes. I thought it was something you eat....that is why I said yes. He said he will give me Rs. 1000, so I took him inside my room. Later, I hit him and ran downstairs. That was the first time.”

Many respondents also noted that these different kinds of sex were associated with pain and discomfort, and disease transmission. For example Konkana (West Bengal, 43) shared that she did not engage in different types of sexual acts to avoid physical discomfort and pain:

“No matter how much a customer insists, I don’t sit (have sex) in any other position [besides vaginal intercourse]. I say if you want to sit front way then sit, or else go. Doing these unnecessary things gives a pain in the abdomen. So I don’t do. Sitting front to front doesn’t give any problem.”

Urmilla (Maharashtra, street based, 27) and Shona (West Bengal, brothel based, 21) expressed a fear of something happening to them if they engage in types of sex¹⁰ other than vaginal sex:

Urmilla (Maharashtra, street based, 27): *“First, he will say do it open (vaginal from the front), then he will say do it from the back. Some say to do it lifting the legs. But I have never done it like that. So I say if you want, do it straight [vaginally]. I will not do it any other way. I have children and had an operation. If I do that for love of money and tomorrow if something happens to me, what will I do?”*

Shona (West Bengal, brothel based, 21): *I sit (have sex) with the customers carefully...I am very afraid. I don’t let costumers do body sex. I am very afraid of that. Many ask to do it from mouth and other kind but I don’t do it, because I am not in need of so much money.”*

¹⁰ Other types of sex acts refer to anal, oral, body sex. It can also refer to having vaginal sex in different positions as in from the back, with legs spread and over the head, etc.

Nandini (West Bengal, street based, 25) shared the perception of potentially becoming infected with diseases if she engaged in anal, oral, and/or other types of sex:

“they [clients] ask if you do without condom, you take it in mouth, do it from back? Then we (girls) scold the men. Then also we don’t do when clients offer more money. We may get infected with disease.”

Although most of the respondents said that they refuse clients’ constant demands for anal, oral, and other types of sex due to perceptions of right and wrong, fear of getting disease, and wanting to avoid physical problems¹¹ associated with certain sex acts, some respondents described being willing to engage in sex other than vaginal intercourse. The following five respondents said that they engage in anal, oral and other types of sex if the client is willing to pay more money.

Anoo (West Bengal, street based, 38): *“Yes, one has to do. They will give more money, then I do. With the condom on, I take it in the mouth”.*

Kiran (West Bengal, street based, 22): *“Some do French¹² and also they do back side [anal sex]. Not all the girls here allow such things. Maybe 25% do French style and 10% do anal.”*

Urmilla (Maharashtra, street based, 27): *“Whatever the customer asks me to do, I just do it that way. If the customer gives me more money, I do it whatever way they want. Some do it from the front, some from the back. For Rs200 I do it straight [vaginal intercourse]; for Rs.300 I do it the open way [I remove my clothes], they give Rs. 300. If he is a good customer, then he might give me more too.”*

Anupama (Andhra Pradesh, brothel based, 35): *“When it’s about helplessness I have to do it.....I have not done in any other ways except for French. If I don’t do these things, how will I take care of my kids?”*

Nagarathna (Andhra Pradesh, brothel based, 40): *“Nowadays it’s happening much less often. But still, if the customers give more money then we do it. But it is rare.”*

According to many local respondents, Bengali and Nepalese women were rumoured to engage in other types of sex (including oral and anal for more money), more than local women.

Juhi (Maharashtra, brothel based, 25) *“Some women do it out of greed for money or necessity. Look, these Bengali people have lot of greed for money so they do it. But we Marathas¹³ won’t do it. Our customers demand it but we make them to understand. When some customers bother us a lot, we just give them their money back.”...*

¹¹ Physical problems such as abdominal pain, discomfort and disease.

¹² French refers to the term used in Mumbai for oral sex

¹³ Marathas are the dominant caste in Maharashtra.

“I had a friend Rupa. She was Bengali. She used to tell me everything. They [clients] make her like a horse, pull her legs up and suck her breasts.”

Riti (Andhra Pradesh, street based, 22) *“Some ask will you to do French (oral sex). Some say to sit from behind, some say to lift the legs. They trouble us a lot. If they ask to lift leg then I do that. But I don’t do French. Those Nepalis and those who drink do it. Bengali girls also do it.”*

Champa (Maharashtra, 25) *“No I have not done it. But many men have asked me for it. They show us sexy posters, in the mobile (cell phone). I tell them no, I will die. I have young children. I tell them to sit straight and fool them like that. Then the customers say ‘why are you like this.....the Bengali girls sit (have sex) in a very good way. They really enjoy.’”*

Riti (Andhra Pradesh, street based, 22) also remarked how sex work had changed and how the number of clients had decreased because of increasing numbers of Bengali sex workers who they felt were more willing to engage in different sex practices. Our study, however, showed that the Bengali women were just as unlikely to engage in different types of sex as other women, suggesting that these are just rumours associated with dislike of women from outside, or jealousy around client preference for women of another culture, especially those with lighter skin:

“because of Bengalis there are problems. Nothing is like before. Earlier we used to do good business. Now all the clients go to Bengalis. They come much less to us. They (the Bengalis) do French sex and so on. Also they open fully (remove all their clothes) for only Rs. 60.”

In summary, all the women we interviewed understood the different types of sex, but most denied engaging in other than vaginal sex unless they really had to, as they had strong beliefs that it was animalistic, deviant, and morally wrong behaviour. However, they suggested that women coming from other parts of the country were more willing to perform such acts as total undressing, oral sex or anal sex, and for lower fees than they would charge. Interviews with Bengali FSW did not substantiate this, and many of the stories may be just rumours. When we discussed sexual relations with husbands and lovers, no respondents reported that husbands and lovers ever requested anal, oral, or other types of sex.

Condom use

Discussions of condoms included several different topics: perceptions of condoms and changes in those perceptions over time; condom use with clients; situations when condoms are not used; condom use with non-commercial partners; double condom use; and female condoms.

Learning about condoms

There is no doubt that the majority of sex workers did not use condoms when they first started doing sex work. Some (9) of the street based respondents first acquired HIV and STI awareness and were taught to use condoms by their clients, *after* starting to do sex work. The brothel-based women told us they mostly learned from other FSWs or the garhwali. The following 6 street based respondents shared their experiences:

Sapna (Karnataka, street based, 26) *“I was not aware of HIV and condoms until I came here. My family members were not aware of it. I stayed in Kolhapur for a month, doing sex work and I did not know this...A customer told me these things after coming here [coming into sex work]. He gave me condom and he informed me that I should not sit (have sex) without a condom, or I could get a disease.”*

Lei (West Bengal, street based, 25) *“First I did not know how a condom is used. The customers used to use it on their own. I didn’t know, so how could I put it on for them? Back in Kolkata I stayed in village and these things are never found there. When a girl gets married there, everything is done without a condom.”*

Bipasha (West Bengal, street based) *“I saw it (a condom) after I came to Mumbai. I had seen it in the village too, but I did not know about it very much. It was a customer who brought it. He opened it and gave it to me and showed me how to put it on.”*

Urmilla (Maharashtra, street based, 27) *“The lodge people gave it to the customer. They took Rs 40 for it, for two condoms. But I didn’t know how to put it. I had never done this kind of job in my life. When the customer said ‘put it on me’, I said ‘I don’t know how’. Then he asked when I came into this line (sex work). So I said ‘from today only’. Then he said ‘everybody has some problem or the other, but you should not do this sex work..... Then he told me I will find good and bad people here...and then he taught me to put on a condom.”*

Madhuri (Maharashtra, street based, 26) *“When I came here, I came to know about condoms for first time. That time I didn’t know what a condom is, how it feels... Once a customer came and he taught me to use it. He asked me to use whenever I sit (have sex) with someone, otherwise I might get infected.”*

Other women (11) said that they were first told to use condoms by other sex workers or their garhwali (if operating from brothels).

Rani (West Bengal, brothel based, 30): *“There is a neighbour here. There are many girls staying here. One girl friend told me about it for the first time.*

Priya (West Bengal, brothel based, 30): *“Other girls told me about how to open the condom, how to put the condom on. They said ‘do not have sex without condom, otherwise you will get disease.’”*

Dhara (Gujurat, brothel based, 30): *“The garhwali told me about condoms first. She herself told me how to use it. She said ‘one has to use Nirodh (condom) to avoid pregnancy. She would get tense about becoming pregnant.”*

Lakshmi (Maharashtra, street based, 22): *I have known about condoms since I came in this line, since I started this business. Other sex workers told me about them. Earlier I used to do it without a condom.....I did not know about it. The women (other sex workers) said I will not get any diseases if condom is used. Since then I have been using condoms.”*

Kavitha (Karnataka, street based, 26): *“I saw [condoms] for the first time from the girls [other sex workers] who sit at _____ lane. When we were talking, one of the girls told me. They were showing it among themselves, and she told me how to put it on and take it off.”*

Initial perceptions of condoms

When asked to describe their initial reactions to using condoms, the majority of respondents described fear, uncertainty and negative experiences, much associated with lack of knowledge of condoms, with the stickiness of the lubrication and with the unpleasant condom smell. Madhuri (Maharashtra, street based, 26) described feeling scared the first time she used a condom with client:

Interviewer: *How did you feel when you saw it for the first time?*

Respondent: *I was scared when I saw it for the first time. I didn't know how to use it, what to do with it. I shut my eyes tightly, when I had sex for the first time with it.*

Interviewer: *If you close your eyes, how do you know whether the customer has put the condom on or not?*

Respondent: *Earlier I used to close my eyes, now I don't.*

Interviewer: *Who puts the condom on?*

Respondent: *The customer puts it.*

Interviewer: *Who taught you how to use it?*

Respondent: *Once a customer came, and he taught me how to use it. He asked me to use it whenever I go with someone, otherwise I might get infected.*

Interviewer: *So when you used the condom for the first time, how did you feel? Did you feel any pain?*

Respondent: *I was very scared. I shouted out aloud.*

The following five narrative excerpts illustrate negative experiences with initial condom use, associated with dislike of the condom lubrication, pain and irritation:

Sneha (Maharashtra, street based, 24) *“Earlier it used to give me pain inside. When customers took it out, then it used to give pain.”*

Sapna (Karnataka, street based, 27) *“It burns at the time of sitting (when having sex) with customers. I do not know if this condom contains medicine in it and that's why it burns? It is oily, that's why it burns.”*

Kavitha (Karnataka, street based, 26) “When I used it first, it pained me a lot. It used to feel oily, so I used to find it strange. I had boils inside so it used to pain a lot.”

Anshu (Himachal Pradesh, brothel based, 40) “I didn’t like it. I used to think, why should I use this if it sticks inside? When I first used it with customer it felt kind of oily.”

Roopa (Orissa, brothel based, 32) “Right now I don’t have any problems, but initially I had problems. When the customer used to use a condom, it used to pain me in my stomach. So I used to get worried.”

Changes in perceptions of condoms

Although many (16) described fear and uncertainty when they first started to use condoms, most (>29) reported now feeling more positive. These attitudes appeared to be linked to an increased knowledge of HIV and STIs and the protection afforded by condoms.

Lakshmi (Maharashtra, street based, 22) who had been using condoms since she first started doing sex work four years ago initially felt scared to use condoms and perceived them to be even dirty. After coming to know about HIV, she no longer felt afraid about using condoms.

Interviewer: How did you feel when you saw a condom for the first time?

Respondent: It felt very sticky. At first I did not use it, I used to feel afraid. Now I use it.

Interviewer: Why were you afraid?

Respondent: I use to feel dirty so I did not use it. I did not use it for 6-7 months. After that I started. I started using it since I came to know about the disease (HIV).

Interviewer: Now when you use it, how do you feel?

Respondent: Now I feel good. I am not afraid.

Though Madhuri (Maharashtra, street based, 26) reported feeling pain and discomfort while using condoms, she told us that she feels good about using condoms because they save her life.

Interviewer: So when you used the condom for the first time, how did you feel? Did you feel any pain?

Respondent: I was very scared. I shouted aloud.

Interviewer: Did you experience any pain in your body?

Respondent: Yes. I had a stomach ache. I still get it. I’ve even visited the doctor, but no relief. It still aches, so I have the medicine.

Interviewer: So you feel good now that you use condom?

Respondent: Yes, I feel good.

Interviewer: What does it feel like?

Respondent: The semen doesn’t enter, so it can save our life from of any infection.

Current condom use

The majority (>33) of the respondents reported that although most clients are aware of condoms, they are still reluctant to use them because it reduced their sexual pleasure. Madhuri (Maharashtra, street based, 26) explained “*they (clients) ask to perform without condoms on. They don’t like it. They say they don’t enjoy.*” Similarly Jhumpa’s clients (West Bengal, brothel based, 30) tell her that they cannot ejaculate when using a condom: “*Some (clients) say I will have sex without condom. I do not ejaculate with condoms. I ejaculate late.*”

One of the main strategies clients use to dissuade the sex workers from using condoms is to offer more money. When respondents set their price at Rs. 100 or 200, but clients are willing to pay as much as Rs. 1000 to have sex without a condom. Despite this, respondents claimed that they continue to urge clients to use condoms. Talking to clients about preserving their respective health is one tactic respondents use to convince clients to use condoms.

Roopa (Orissa brothel based, 32): “*Yes they do (offer money to do without condoms) but I do not agree with it. They offer Rs. 1000-1500 to do without condom. But I say no. You will give me money, if tomorrow anything happens to me, so what is the use? If my health is fine, I can earn more money for more days also.*”

Lakshmi (Maharashtra, street based, 22): “*Even if some say that they will pay me so much, I won’t sit (have sex) without a condom. I will get the disease. There is this HIV disease. That disease you can also get (she tells the clients).*”

Kavitha (Karnataka, street based, 26): “*One of my customer said ‘I will give you Rs. 1000.’ I said my rate is Rs. 100, so give me Rs. 100 only. I do not want to construct a building with Rs. 1000, 2000. I want to progress. If I remain healthy, I can earn more. But I do not want to fall sick by having sex without condoms.*”

Anoo (West Bengal, street based, 38): “*I give information about condoms to the new customers. When they say they will give more money and not use condoms, then I tell that I use for the betterment of our body. It is for you and also for me, and I will not sit (have sex) without condoms. Few customers complain that it is not fun with condoms on. Then I explain to them that you too have family and children. There we should use condoms for them.*”

Juhi (Maharashtra, brothel based, 25): “*If customers refuse to use it, then I explain politely, ‘Look if I have this disease, you can also get it, if you use Nirodh¹⁴, it is safe for you and me.’ And I explain to the customer that you too have children and wife. If you use condom then your wife will also be safe.*”

¹⁴ Nirodh is the name of free condom provided by the government and by most of the HIV prevention programs.

Respondents agreed that some clients can be convinced to use condoms, but when this fails, they rely on lodge managers and brothel madams to help convince the clients. Basu (West Bengal, street based, 27) explained that she refuses to have sex without a condom:

“Some customers do not listen; they create problems. I give them back the money and ask them to leave. I tell them that if you do not want to do it (use a condom), go. I tell the landlord of the lodge that they want to do without a condom. I tell them beforehand, ‘if you want to do it, use a condom and sit.’”

According to the respondents, most clients can be persuaded to use condoms. However, they said that they have to be constantly vigilant of clients purposefully tearing condoms. Many (18) of the respondents described times when a client had deliberately torn the condom, and so as a result they do not let clients put the condoms on, but ensure they do it themselves:

Rani (West Bengal, brothel based, 30) *“After seeing it (checking it), I put it on. It so happens that some customers break the condoms with their nail. Therefore I myself put it on.”*

Jenny (Andhra Pradesh, brothel based, 25) *“Some agree (to use condoms). Some tear it off. In front of us they wear it. But in between sex they tear it off. They say that with Nirodh they do not enjoy.”*

Lakshmi (Maharashtra, street based, 22) *“They also put it, I also put it on. But I have to be cautious because they tear it off with their nails. I tell them ‘if you want to put it on, do it, or else I will do it.’ Then I only put it on.”*

Konkona (West Bengal, street based, 43) *“I put and customer also puts. Some customers say they feel shy if I put it on. So then he only puts it. Sometimes when they put it on they tear it off with their nails.”*

Jhumpa (West Bengal, brothel based, 30) *“...some men tear it with their nails. Sometimes it breaks. If the customer is not good then he tears it. If the customer is good then sits properly (he has sex without tearing condoms).”*

Situations when condoms are not used with clients

All but 6 of the respondents reported using condoms with all clients, and always refusing to entertain any clients who do not comply. However, a minority (6) of respondents described times when they do not use condoms, always relating to having few or no clients and being in desperate need of money.

Lakshmi (Maharashtra, street based, 22) and Riti (Andhra Pradesh, street based, 22) both admitted to entertaining clients without condoms when they were in desperate need of money. Both felt they had no other choice:

Lakshmi (Maharashtra, street based, 22) “Some days when I don’t get money, I get very tensed. Then I go with the costumer. I sit with him without condom. Then I wash it off with Dettol¹⁵ and water. Madam says if you wash with Dettol then nothing will happen. If you drink a lot of water, then everything will come out of with urine.”

Riti (Andhra Pradesh, street based, 22) “...I have done it without condoms. Out of 10 clients I have done 4-5 times (without condoms). I had no choice so I did it. I had to pay rent, my daughter was also ill. She was admitted in the hospital. So I did it for my girl.”

Riti’s (Andhra Pradesh, street based, 22) perception of the clients’ appearance and cleanliness is one reason she gave for her not using condoms. Overall, her narrative contained feelings of dejection, hopelessness and depression associated with being rejected by her family. Her carelessness and inconsistency in using condoms seemed to reflect an acceptance of necessity to do whatever is needed to secure an income.

Interviewer: Suppose 10 customers come to you, then out of them with how many you do it without condom?

Respondent: Like that I have done 4-5 times

Interviewer: How much money do you get when you sit without condom?

Respondent: If I do it without condom then I get Rs.1000.

Interviewer: How much time do you give them?

Respondent: I sit with him for half hour. Whether it be old customer or new customer.

Interviewer: When you had done without condom, what had happened?

Respondent: I had no choice so did it. I had to pay rent, my daughter was also ill. She was admitted in the hospital. So I did it 2-3 times, for my girl.

Jenny (Andhra Pradesh, brothel based, 32) also reported that she has sex with clients without condoms when she does not have enough money to buy food. However, she also has sex without condoms if the clients look clean; cleanliness is associated with being free of disease and infection. Still, Jenny maintains a fatalism that her life will end badly.

Interviewer: Do new customers use a condom?

Respondent: Some ask, “how much money you want. You take Rs.60? Take Rs.10 more and sit without condom” Then I say to them. “No I will get pregnant, will get boils, disease, use condom.” I make them understand and use condom. Now if I don’t get any business, have nothing to eat then at times I have no choice and I sit without condom.

Interviewer: How many times have you done like that?

Respondent: Sometimes such mistakes have happened with me.

Interviewer: Now, think if you have 5 customers then out of them with how many customers do you do like that?

¹⁵ Dettol is an antiseptic liquid

Respondent: Now if 4 customers use condom, one customer does not use it, then its ok. I don't sit like that with everybody. First I see, whether he is clean or not. Whether he has got any boils. Then I sit and after the work, clean that place with water.

Interviewer: So you sit without condom?

Respondent: I sit without condom when I have no option. I wash it with water. The men also wash it off.

Interviewer: How many condoms do you use with one customer?

Respondent: I use one condom. For some two condoms are used. Some do it with force then it breaks. Sometimes I sit without condom. When at times I have not got a single customer then I do sit without condom. What to do? For our stomachs I have to do that. Now I think that I am doing wrong. I wash it off immediately. Still some semen goes inside. Now what is my life? I will die, one more dead body will be taken away. I know that for sure because I don't have anybody here...

Although not admitting to it themselves, some respondents commented that there are many other sex workers who have sex without condoms. Chanda (Maharashtra, street based, <25) thinks “there are many girls who do it for money, meaning if customers give Rs. 500-1000 they are ready to do without condoms.” Urmilla (Maharashtra, street based, 27) suggested that “girls who do it without condoms are plenty in Kurla”

Jhumpa (West Bengal, brothel based, 30) said that she knows her colleagues have not used condoms when the beds in brothels have wet spots. She seems to feel it compromises her own position and resolve to use condoms all the time.

Interviewer: What do other girls say about use of condom?

Respondent: There are so many girls like that. They know that we do not have sex without condom. Some girls have sex without condom due to temptation of money. How did we come to know? At one place there are 3 rooms. They bring customers to their homes. The bed sheet gets wet on the bed. From that it comes to know that some girl has sex without condom. Nobody ask about it. If you say anything about it there will be problem. She will say 'how are you concerned about it'? If the bed is all right then you come to know. When you have sex without condom semen falls down. They do it secretly. Some old women say that they are not getting business. What can we do? Therefore we will have sex without condom. Therefore we are afraid. Many people do like that.

Interviewer: What do you mean by many people? Out of 10 how many will be having sex without condom?

Respondent: See, I don't look at it. If one customer brings condom, one condom is taken out. If bed sheet is wet, how can we know who had sex without condom? In a day I see this two to four times.

Condom use with husbands and lovers

Most (>25) claimed that they had either left their husbands, did not live with their husbands, and did not have lovers and it was difficult to determine if respondents regularly had sex with other non-commercial partners.

Among those respondents (6) who said they were living with a husband or had lovers, four reported not using condoms with them at all. Jhumpa (West Bengal, brothel based, 30) has a lover whom, she said, sometimes helps her financially by paying her rent and other bills. She explained “*No. I do not use condom (with him)... he says ‘I am not your customer, I am like your husband’. He says like that.*”

Chanda (Maharashtra, street based, <25) said she tried using condoms with her lover, but does not use them because he objects:

“... He comes once in a week, on Sundays. Meaning, he spends Sunday night here. (I have sex) without condom. Sometimes I have a condom with me, then he laughs. He says ‘show me how to put it up.’ Then one day he used it. It did not feel good. His water (semen) did not come out, and he said he did not like it. Since then we do not use it. He says ‘I am not going to use it’.”

Basu’s (West Bengal, street based, 27) cohabiting lover knows she does sex work. She does not like to use condoms with him because he feels like a husband.

“No (I don’t use condoms with lover). Yes, he knows I do this work (referring to sex work). First, he used to say that we should use a condom, but now he does not, I don’t like it.. He stays in the same house (meaning he stays in the same house like a husband so she doesn’t like to use condoms with him).

Double condoms and female condoms

Double condom use seemed to be a common practice among the respondents. Many (20) respondents said that double condoms were used due to a fear of condoms breaking. For the rest of the respondents, they either did not know about double condoms, did not practice double condom use, or it was not discussed. Double condoms were most commonly used with drunk clients and as a precautionary measure for those clients whom they suspect will be forceful during intercourse.

Nagarathna (Andhra Pradesh, brothel based, 40) “*At times it tears off, so we people wear two condoms at a time. If the person is drunk he does it with force. Then it breaks. Some men have bigger ones (penis) and then it tears very easily. So we use two. If the first one gets torn then the second one comes into work. Even if one gets torn off, the inner one stays.*”

Aparna (West Bengal, brothel based, 22) “*Yes I use double. When drunkards come, then double condoms are used. They are drunk and have sex with force. And so the condom can tear. So double condoms are used while having sex with them.*”

Bipasha (West Bengal, street based, age unknown) *“Those customers who drink and come, I use two condoms with them because they do it with force. So it might tear. So if one tears at least at the other is all right. Their way of doing, it is not good. Those who do it well do not drink. We use only one with them.”*

Most (>20) of the respondents did not know about, or had not used female condoms. Among the brothel based respondents, some said they used the female condom when customers refused to use condoms or when male condoms broke easily. Some respondents reported that some male condoms tear easily because they are too thin or not lubricated enough. When they know that the male condom is not good, they use female condoms instead.

For Dhara (Gujarat, brothel based, 30), female condoms allow her to duplicitously get more money from her clients:

Interviewer: *Didi, how many condoms do you use with your customers?*

Respondent: *I use two-two (double) condoms. I put two because if one tears off then the one on the top will be okay. If the customer doesn't use Nirodh then we use the ladies condom.*

Interviewer: *So does the customer know about it?*

Respondent: *No, they don't know. I tell them that if you want to sit without condom then you will have to pay double the amount. When he doesn't understand, then we trick him like that. After the customer leaves, I take out the condom, in which the customer's semen has collected and put it in the dustbin. And then I go to the bathroom, pass urine and wash it off with Medimix¹⁶ soap.*

According to Riti (Andhra Pradesh, brothel based, 22) clients feel cheated and start quarrelling if they discover she has used a female condom.

“They say that it's good without Nirodh. Then what can I say? They say we don't enjoy without Nirodh. Then we get a ladies condom. PSI¹⁷ people give it...there is a ring like a bangle. That has to be put inside the body then it sits properly inside our body. Then customer can do without condom (male condom). They don't know. But if they come to know that we have used it, then they fight with us.”

It was not altogether clear if female condom use was common or to what extent they replace male condoms. For the majority (>25) of the interviews, there was no mention of female condoms, and overall, our discussions on female condoms were not too revealing.

HIV knowledge and perceptions

The majority (15) of the 20 respondents who were over 25 years of age had very good knowledge about HIV transmission, though their knowledge was principally about HIV

¹⁶ A brand of cleansing bath soap

¹⁷ PSI refers to Population Services International, an agency managing an HIV intervention program in Mumbai

transmission through sexual contact than other modes of transmission. When interviewers asked respondents what they knew about HIV, the responses were almost always “*HIV is a disease caused by having sex without a condom.*” Subsequently most of the discussions about HIV revolved around the use of condoms and fear of HIV.

Juhi (Maharashtra, brothel based, 25): “*Because of this disease we use condoms. I feel afraid, afraid of the disease. Without a condom we don’t sit with the customer... I am afraid in this business now because of the disease that has come up. HIV AIDS that has come up. Now see, if I have got this disease and if I sit with another man then he can also get HIV.*”

Priya (West Bengal, brothel based, 30): “*People say that AIDS is a disease that is caused due to having sex without condom. I did not ask in details about how it is caused. I am afraid about the HIV. Because of it I use condom and take my care. If I get it even then, then what can I do?*”

(West Bengal, brothel based, 25): “*If I have sex without condom I will get disease. I know only this much.*”

Shona (West Bengal, brothel based, 21): “*I know this much that if a person has HIV then, you will get HIV if you sit with him without condom. I have heard that because of this disease people die. There are no medicines to cure it. If you sit without condom you can get HIV. I know only this much. I was very afraid. If something like this happen to me then what would I do?*”

Chanda (Maharashtra, street based, <25): “*I do not know anything about it. Just I know that there is no treatment for persons suffering with HIV. It is better not to have sex without condom. I know only this much.*”

Kiran (West Bengal, street based, 22): “*That is a very secret disease. It is impossible to come out of it. To keep oneself away from it is necessary to use condom. It is not only condom but if I have the disease if a guy will have sexual relationship with me, he will have the disease also. If I do without condom then man’s disease will come to me.*”

A few (9) respondents were also aware of how HIV is not transmitted. Lei (West Bengal, street based, 25) explained how “*the disease does not spread by being nice to others, sharing their food, talking to them.*” She went on to debunk transmission myths that she had heard from others.

“*...that [HIV] spreads through blood; sex; if any person has HIV then if our blood touches his blood then you can get HIV. Some girls say that if you go near them then you will get HIV. Then I tell them that you will not get it if you stay with them eat with them or even wear their clothes. It does not happen like that. Some say "you should not go near them, not to touch them. If you talk to them then the*

*keeda*¹⁸ will go inside your body and you will also get it. I tell them it will not happen if you talk to them.”

Some respondents (17) told us that they felt at risk for HIV. Although they reported condom use, they still felt they could become infected. Aparna (West Bengal, brothel based, 22) was worried she might get infected if the condom breaks: “I get scared. Even now I am scared. I worry all the time when the customer’s condom breaks and then I will get exposed to the virus.”

Anoo (West Bengal, street based, 38) explained how she fears HIV because condoms sometimes break and because she can never know the client’s health status.

“Yes, there is this constant fear that the condom might break. If the condom breaks we will get infected with diseases. Who has what disease? We don’t know. What is there in their body how do we know? That is why there is this fear. It has never happened in my case (condom breaking).”

There were a few (8) respondents who strongly felt they were not at risk for HIV infection because they used condoms. Divya (Nepal, brothel based, 22) and (Maharashtra, street based, 26) both felt protected from infection.

Divya (Nepal, brothel based, 22) “I will not get it. Because I use condoms. I don’t do anything without using condom. So I cannot get disease...whatever I can do to stay safe I do.”

(Maharashtra, street based, 26) “No I won’t get anything like that. I use condom every time. I also wash myself after the work [after sex]. Since I am in this business I can get infected. That’s why I always use condoms. Now my life is like so that I have to use condom. So I use condom.”

It was difficult to determine whether, other than condom use, the respondents engaged in other risk-reducing behaviours, such as partner reduction. For the most part discussions of HIV focused on condom use. This perhaps reflects the fact that condom promotion is the key component of intervention programs.

Misconceptions about HIV/AIDS

Respondents for the most part did not have any misconceptions about HIV. However, a few (6) of the respondents were clearly unaware or unsure about HIV, and of these, five were young (<27), street based women. Urmilla (Maharashtra, street based, 27), for example, claimed she had never heard of HIV, although she said she used condoms. When probed about this, she said that condoms are used to prevent illnesses associated with having sexual intercourse with clients who smoke and drink.

Interviewer: Do you know about HIV?

Respondent: No.

¹⁸ Keeda literally translates to *insect* in Hindi, but it also refers to a virus.

Interviewer: *HIV is a very dangerous illness, they say .Do you know about it?*

Respondent: *I don't know. I don't know nor have I heard.*

Interviewer: *Some people say that to stay away from HIV they use condoms.*

Respondent: *Why do they use condoms, well, sometimes there are people who drink beer, liquor, and some smoke ganja, some use drugs. To stay safe, we use condoms. It is better to be take precaution. If we use condom, no illness can be transmitted from the man or woman. That is why in this line (sex business) we always use condom.*

Three women noted that HIV was associated with discharge/STI. Though Sneha (Maharashtra, street based, 20) knew that condoms prevented HIV and that there was no cure, her ideas about symptoms reflect confusion between HIV and STIs.

Interviewer: *What is HIV?*

Respondent: *That's AIDS disease. Granules develop at urinary place, white fluid gets discharged, and it stinks. This is AIDS.*

Interviewer: *Then what is HIV?*

Respondent: *I have been told about AIDS. If we have sex without condom and sleep with someone else, then granules develop at urine place, white fluid gets discharged, it stinks, and it feels untouchable. This is known as AIDS and there no medicine that we will ever survive.*

Like Sneha, Sheela (Maharashtra, street based, 25) also associated HIV transmission with not using condoms. However she also associated HIV with not being clean.

Interviewer: *How HIV is caused?*

Respondent: *HIV is caused due to not using condom and dirtiness.*

Interviewer: *What do you mean by dirtiness?*

Respondent: *Means don't not take bath; sleep on the street, bad smell comes from their body.*

Interviewer: *How does HIV spreads?*

Respondent: *If one does not do good then HIV spreads.*

Interviewer: *What do you mean by good?*

Respondent: *I mean eating good food, if one sleeps on the road, if one does not take bath. HIV is caused due to it. If condom is not used HIV is caused.*

Interviewer: *Who gave you this information?*

Respondent: *I came to know by myself. Because if we people remain dirty, if we people do not take bath then it will be caused.*

Interventions

All respondents were aware of one or more of the following intervention programs that are present in the major Mumbai sex work areas: Asha Mahila Sanstha, PSI, and Sanmitra, although some could not name any of the organizations. Nine respondents who started sex work in the last four to five years reported accessing one of these NGOs as soon as they got involved in sex work, indicating that the programs have been quite successful in identifying and recruiting new FSWs as they start sex work. Descriptions of these

programs varied from minimal contact to life-changing support. Five women reported having minimal or no relationship with these NGOs, or having recently registered. For them, the NGOs were perceived largely as places that distribute condoms. They knew little of other program components, such as the drop-in centres, peer educators, STI services, etc.

For more than one-third of respondents (13), the NGOs were crucial health care providers. They reported that they accessed the NGO health facilities periodically when they felt ill or during screening camps/drives set up by the NGOs. When asked to describe what the NGOs do for them, respondents were overwhelmingly positive about access to medicines, injections, and free condoms. Rathamma (Maharashtra, brothel based, 30) explained that she appreciated being able to go to the *SAI Sanstha* clinic whenever she had any ailments.

“Here a vehicle comes (from the NGO). If I have even a small problem, I get medicines from that vehicle. One day I got an internal check up(speculum examination) because I had white discharge and boils. They then put their hands in and checked. They gave medicines for that. So now I am fine. They give medicines for itching, coughing, stomach pains and others....I get help from SAI NGO....they give medicines for any ailments.”

Roopa (Orissa, brothel based, 32) *“When I had a scratching problem (STI), the doctor there gave me medicines...I told the doctor I had a fever, and I could not eat food. Then he gave me medicines. He gave two injections also. Sometimes I go and they give condoms also.”*

Divya (Nepal, brothel based, 22) *“Yes I know them. I know the SAI people. They come and talk to us nicely. They give us free condoms and medicines. Since I have known them, they have been doing check ups free of charge.”*

Priya (West Bengal, brothel based, 30) *“Condom vehicle comes...doctor is also there in the vehicle. They give medicines in the vehicle only. They do check ups and give medicines. If you are not well, they give medicines... If you are not well they give red tablets.”*

Such narratives were more common among brothel based FSW who spoke of NGO vehicles and uniformed staff coming to their areas during screening/health camps or to distribute free condoms. It was noteworthy that few of the street based FSW described the same easy accessibility to NGOs.

Below, Paro (West Bengal, street based, 22) described her experience with *Sanmitra*. It is also interesting to note that the first thing she mentioned in describing the benefits of the NGO was medicines. This was a common response (of more than 18 women).

Interviewer: *How is the staff from this organization [referring to Sanmitra]?*

Respondent: *They talk nicely. They ask how you are and then talk about health.*

Interviewer: *How you feel when you are given these facilities?*

Respondent: *I feel nice.*

Interviewer: *What is good?*

Respondent: *It feels nice because these all are for our good. They do these things so that we remain healthy. That's why they say so many things.*

Interviewer: *What does the organization do for you?*

Respondent: *They give medicines so that diseases won't spread. When white fluid gets discharged they give medicines and also for dizziness. People who have HIV they ask to have blood test.*

While the intervention program NGOs were regarded largely as health care providers, some (11) respondents described the way the NGOs had helped them obtain new knowledge or given them a sense of community or helped them to make changes in their lives.

Rani (West Bengal, brothel based, 30) said:

Interviewer: *...you told me about the organization people just now. What is the difference between today and before you knew them? How are they helping you now?*

Respondent: *If I tell them they will help. They say to come to them when I have a problem. They say tell us your problem, we will help you. Tell us and we will help you. I have come to know about it just now. I have some knowledge now.*

Interviewer: *So organization people help you. You are happy with them. What should they do for you or your friends? What do you feel about it?*

Respondent: *I think what they tell me is for my good. They show me how to save my life from the disease. If I hear this, it is good for me.*

Divya (Nepal, brothel based, 22) having learned about HIV and condoms from NGO staff, revealed that she now felt confident to talk to her clients about condoms.

Interviewer: *Now since the organization has come and before when it was not there what is the difference in you?*

Respondent: *Before I didn't know anything. Now I know everything about HIV, and condoms. Since they had come many of my problems are solved.*

Interviewer: *What were the problems?*

Respondent: *I didn't know about the clients who used to come, how to talk to them about condoms. Now they give us condoms for free. They give us medicines and tell us to keep healthy.*

Similarly, Anupama (Andhra Pradesh, brothel based, 35) described how she had learnt from the NGOs, and later was able to turn down clients:

Interviewer: *What changes have come in you because of these NGOs?*

Respondent: *Because of them I have got some knowledge. Meaning, now not many people work (have sex) without condom. Earlier many used to do it without*

condom. Later when (peer educator) came and explained, I used to hear it and I left lot of clients (who didn't use condoms.)

For Chanda (Maharashtra, street based, <25) and Anoo (West Bengal, street based, 38) it was equally important that the program had helped them with other aspects of their lives, such as acquiring a ration card¹⁹, opening a bank account and providing health information.

Chanda (Maharashtra, street based, <25) said:

Interviewer: *What benefits have you had after attending their meetings and programmes?*

Respondent: *I get information that I can't get by just sitting at home. I get to know so many things after attending their meetings. It feels nice.*

Interviewer: *What else apart from this?*

Respondent: *That's it*

Interviewer: *What changes have happened because of this?*

Respondent: *Due to these people, lots of changes have come. I could get a room because of their bankbook, because I myself had no documents or proof. But with the help of these people I got the room. Soon my ration card will be issued to me.*

Anoo (West Bengal, street based, 38) described why she liked Asha Mahila:

Respondent: *They give me condoms. They conduct thorough body check up. They test blood once in every 3 months. Initially they used to take Rs. 3.50 for testing blood, but now they do it free. They also provide travelling allowance to visit the clinic. They put our children in boarding school. They have helped me to open account bank. So I am happy with them.*

Interviewer: *The organization helps you so much. How do you feel about it?*

Respondent: *I feel very nice.*

Interviewer: *What you feel nice about it?*

Respondent: *They do so much for our life.*

For Nadini (West Bengal, street based, 25) the NGO Asha Mahila had also helped solve some of the community's problems with the police:

Interviewer: *What service do you get from Asha Mahila?*

Respondent: *They help us. I mean they help us with medicines, Nirodh etc.*

Interviewer: *Has there been any change because of this NGO?*

Respondent: *Everything is good. They give us Nirodh and information. If some policemen troubles us and don't let us stand there then we tell the NGO workers. Then they come and talk to them and say that we are their sisters.*

Roopa (Orissa, brothel based, 32) expanded on this, and also described how the programme had raised her self-esteem:

¹⁹ Used as an identity card for verification of residence (for voting during elections). It can also be used to get free or subsidized prices for food provisions based on number of people in the family.

Interviewer: Do you notice any change in you as the organization people are here? Like before they were not there and now they are here...

Respondent: Before nobody used to listen to me. Now I feel that I also have some value. They support me somewhat. Therefore I feel good.

Interviewer: Is there any change in you?

Respondent: ... when they tell me to go anywhere, or to the hospital and help, I feel nice. I also have become a part of their family. Before, I didn't know anybody who has respect in the society. When we used to visit the doctor nobody used to respect to me. In the police station also I got no respect. Because of them (NGO), I even have respect in the police station.

Interviewer: How come you have gained respect in the police station?

Respondent: Now whenever these organization people visit there, they take me with them, and they tell them that I belong to this organization, and that if I have any problem they should please co-operate with me. Then even the big, big officers say that we will co-operate with you. So now I am with them (Asha Mahila). After talking to them now I'm less scared of them. Before, I was very much scared of police. Now I can easily talk with the big, big officer when I go with Asha Mahila people.

Interviewer: Where the police people harassing you before?

Respondent: No, but I was scared to go to them. Also, when we used to visit the doctor they used to ask us from, 'where are you coming from'? And if we say that we are coming from here, then they used to say 'leave now, come later'. And now when the organization people go with us, then they allow us to enter first. Now for that it has become better. Since the organization people have come we are given respect when we visit to the police or doctor. We just show the card and we are allowed to enter.

For FSWs like Shona (West Bengal, brothel based, 21), knowing that someone cares enough to enquire about her problems is the most important way she has been affected by the NGO:

"They ask us about our problems. They ask us "why are you angry, what are your problems? Have you eaten? Have you taken medicine? How are you? Did you go to your native place?" They at least ask all this. I feel good. Because these NGOs are run by women. They are working for poor people and help us a lot."

One or two women described how the organization had given them more respect in the community. Sunita (Andhra Pradesh, brothel-based, 40) said:

Respondent: When they tell me to go anywhere, or to the hospital and help, I feel nice. I also have become a part of their family. Before, I didn't know anybody who has respect in the society. When we used to visit the doctor nobody used to respect to us. In the police station also we had no respect. Because of them in the police station also we have respect."

Interviewer: How come you have gained respect in the police station?

Respondent: *Now whenever these organization people visit there they take me with them. And tell them that I belong to there house, if she has any problem please co-operate with her. Then even the big, big officers say that we will co-operate with you. So now I stay with them. After talking to them now I'm less scared of them. Before, I was very much scared of police. Now I can easily talk with the big, big officer when I go with Asha Mahila people.*

SUMMARY

Study limitations

This study suffered from a few limitations. First, peer educators from the local intervention programs were asked to help in selecting and recruiting respondents, which possibly introduced a selection bias. We initially tried to randomly sample women who fit our selection criteria. However, peer educators invariably approached those sex workers who were somewhat known to them and who were more likely to take part in the interview. For street based sex workers, we had initially planned to follow time-location sampling. However we found it impossible to do this because selected FSWs did not keep their interview appointments. Street based FSW were thus recruited during health screening camps, which introduced more selection bias. In the brothels, we were confined by the brothel owners to interviewing women of their choosing and we suspect there were many others who were hidden to us. Given the harrowing stories of the women we interviewed, we can assume that the stories of those secreted women were even worse. Furthermore, although the interviewers were well trained, we suspect that there may have been some social desirability bias around the issue of condom use.

Key findings

Violence

The study has several important key findings. First, the women who sell sex in Mumbai have come into the profession largely through channels of violence and abuse. More than one third had been trafficked by friends and relatives at a young age; many were from Bengal and Nepal, and often did not know that sex work was expected at the destination. Most of the rest had felt forced into sex work out of economic necessity after being abandoned by spouses and family. Nearly three-quarters were illiterate and nearly 40% were separated, widowed or divorced. Few women were married or have a cohabiting partner or lover. Most reported that they survive alone, raising children. Poverty engulfs them – those in the brothels often have to repay the cost of their “purchase”, and those in the street are harassed by police and have to frequently pay fines or bribes.

Violence was shown to be particularly prevalent at the start of sex work, when the women are young, innocent, isolated and vulnerable. Mistrust and suspicion surrounded women from different ethnic backgrounds, but generally women reported finding solace and sisterhood in other women with whom they work. Violence has been a part of these women’s lives, yet some recent reduction in violence reportedly stems from this support network and from growing confidence in being able to solicit help and avoid potentially violent situations. Our interviews revealed that the police still play a key role in sex worker vulnerability through contributing to their poverty during frequent raids that involve fines or bribery. FSWs report less violence from police in recent times, though harassment continues, from them but also from peers. One woman (Maharashtra, street-based, 26) summarized her perilous situation that was not too dissimilar from that of other respondents:

“I just want to say, that I come here to stand and do business. All other woman out there threaten me - if I say anything about them or this business, they would kill me. Who do I have here in Mumbai? I am alone here. They say that would cut me, they threaten me a lot. I don’t reveal anything to anybody, because when you will go, they will beat me, they say they would get me murdered. There is one woman, by the name of Meena, she had borrowed 1500 Rs from me, she hasn’t returned it to me. I fear to tell anything to anyone. I told this to Sandhya Madam (the staff of the NGO) today, what if she beats me then if something happens to me? Sometimes customers come and compel me to have sex without a condom. I ask them, you want to have sex without paying and for free without a condom? They say they won’t let me stand here. They take me for granted, I lent 100-50 Rs to Meena or she would have taken my life. I don’t have anyone to take care of me. All around are either from Bengal or Karnataka. I alone am a Maharashtrian. I fear all those threats to me.”

Condoms and HIV/AIDS

Knowledge of condoms was universal and all respondents knew about HIV/AIDS and feared infection with HIV. Some women reported that clients had been the ones to teach them about condoms, while many others said that clients still routinely asked that a condom not be used. This was particularly true in situations where alcohol was involved. Most women seemed to know that the way a client looked (healthy, clean) was not an indication of HIV status, as reported in other studies (Basuki et al 2002). There were some misconceptions though, for example, some women thought that it was safe not to use condoms as long as they washed or used a disinfectant afterwards; and many women mentioned that they routinely used double condoms especially with men with large penises, if they expected the client to be rough, or if they thought that the client might try to make a hole in the condom.

Access to condoms appeared to be good for all respondents: in brothels and lodges these were provided, and street based women also got condoms from clients and from the NGOs. Respondents reported no difficulties in accessing condoms and health care since the start of the HIV/AIDS interventions. Condoms were also widely *used*, with most women reporting consistent or almost consistent use, and many reporting spending considerable time convincing reluctant clients to use them. However some women said there were still times they did not use condoms. Most reported that when they first started sex work, they did not know about condoms, or were too young to negotiate use. Often they learned about them from clients, from co-workers or from brothel madams. Non-use of condoms was generally not associated with ignorance or lack of access or violence/rape or alcohol, but was associated with an informed, deliberate choice either when faced with an economic necessity (not enough clients, paying police bribes, older women with fewer clients), by the temptation to make extra money even when not desperate, or as part of a fatalistic view of having a life not worth living.

Sexual practices appeared to be generally straightforward and routine, with little interest in naked sex, oral sex or anal sex, and although these were reported to be practiced by other sex workers of different ethnicity, we found no evidence of this when we interviewed

them. Not practicing anal sex is similar to observations in Mysore, Karnataka (unpublished data) but very different to what was observed in another area, Guntur district in Andhra Pradesh, where anal sex was reportedly widely requested and practiced (Beattie et al 2009).

HIV/AIDS interventions

The interventions have clearly impacted many lives. Access to NGO clinical services appeared to be good and condoms were readily available. The NGO staff seemed to be generally perceived as wonderful, helpful and kind people. Most of the discourse around the NGOs, however, focused on information, moral support, condom distribution and help with physical ailments. There were many narratives that described the relationship with the NGO staff as life altering, sources of important health information, and sources of strength leading to respondents' increased sense of ownership over their own health. This translated into FSWs wanting to protect themselves from harm and disease. There was also evidence that a few respondents benefited from some of the structural, "social agency" interventions (work with police, help with food stamps and schooling for their children).

Discussion

Our study showed that life for sex workers in Mumbai has improved to some extent as a result of information, advice and clinical services provided by government and NGOs. However in most of the discussions, we noted that the sex workers appeared as passive actors receiving services from the "yellow coats" and others, and found no evidence of collective identity as observed in other settings (Blankenship et al 2008; Evans et al 2009; Ghose et al 2008). Shah, writing in 2003, suggested that collective identity is non-existent in Mumbai "despite the significant presence of NGOs engaged in the welfare of sex workers" (Shah 2003).

Writers argue that violence will continue to underpin sex work as long as sex work is a criminalized activity; in this context, sex workers will continue to be stigmatized, sex work will be driven underground and thus violence against sex workers is implicitly permitted, not only by clients but by protectors of the law, the police (Shah 2004). They argue that only when such structural issues are confronted, only when programmes take a rights-based approach and sex workers gain constitutional rights and privileges as human beings and as workers, will this kind of institutionalized violence reduce (Shah 2004).

Furthermore, Shah argues that this necessitates an alternative lens through which we view sex work, that it should be seen as a form of labour, understood within the contexts of economic globalization, migration, agency and rights (Shah 2004). The successes in Calcutta (Sonagachi) are attributed to the programme there, with its explicitly rights-based and anti-abolitionist orientations. Strategies for replicating successes there, for example, the high levels of condom use in many brothels, widespread establishment of savings cooperatives and self-regulating boards of sex workers, which provide advocacy and counselling for trafficked and non-trafficked women and girls alike in the red-light areas (Shah 2004, quoting Sleightholme and Sinha 1996) are needed. However, others, in comparing with successes in Calcutta, have noted that though the notion of collective identity fits into the Marxist ideology of West Bengal, it will not work in the more capitalistic city of Mumbai (Ghose et al 2008). Our interviews with sex workers in

Mumbai revealed rumours, differences, jealousies between women of different ethnicities, not helped by language and other cultural barriers; within the city, certain brothels and lanes only house FSWs from particular regions of India, thus producing ghettos of different ethnicities, traditions and social mores. The intervention itself does not appear to achieve any cohesion or community social capital: it appears fragmented, and sex workers are confused about the many NGOs and the different interventions operating in the city.

The issue of trafficking, especially of under-age sex workers is also a major concern in cities like Mumbai. It is estimated that 150,000 women and girls are trafficked each year in south Asia, that half of all trafficked women in India are under 18 years of age and that Mumbai is the largest centre of sex trafficking in India (Silverman et al 2006). In our study we were unable to gain access to very young sex workers, and the NGO staff working there recounted the difficulties in reaching younger girls in brothels with interventions. In some programs, such as the Ashodaya program in Mysore, Karnataka, there are initiatives to have the local sex worker collectives self-monitor and regulate such activity and this is having some success (Rob Lorway, personal communication). Our observation of the lack of community identity and collectivization in Mumbai, and the more commercial and exploitative nature of sex work in Mumbai, suggest that the potential for efforts in this area may be far in the future.

It is difficult then to know what types of interventions can mitigate the fact that much of sexual commerce is connected to the politics of global migration and sex trafficking, and because economic survival is increasingly mediated through some element of movement between villages and cities to search for any viable work (Shah 2007) as well as cultural notions of shame associated with being a widow or deserted/divorced woman. Structural interventions are needed at many levels to reduce the need for women to do sex work: poverty reduction interventions especially for women who have been kept out of the sphere of economic self-determination (Shah 2007); efforts to address decreasing economic stability for poor communities in rural areas; education for women; changes in social mores that leave abandoned wives without any family or societal support; decriminalization of sex work and penalties for abuses against women. The lives of sex workers can be improved tangentially by health interventions, but in the long term it is these structural changes that are needed to really make a difference.

Our study found that the sex workers felt their health needs were being addressed at some level, but their “agency” did not appear to have been significantly enhanced by the programmes. In the short term, it seems that programmes could do more to work with gatekeepers so as to access young, possible trafficked women when they first come into sex work, though this can only be done in a situation of trust and non-disclosure of illegal events; work more with the police to reduce harassment of sex workers and payment of fines; work with the wider community to decrease stigma and discrimination; work with the sex workers to try to collectivize and empower the women to solve their own problems as a group; and work with older sex workers and other vulnerable groups to find alternative employment.

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APPENDIX 1: Focus Group Discussion Guide

INTRODUCTION:

Namaskara. My name is _____ and I work for _____. I am here to mainly understand your perceptions and experiences related to health. I would like to know things like about your experiences of pregnancy, what you know about HIV and AIDS. I will ask what HIV means to you; I would also like to know from you what you think of existing HIV prevention program (NGO). The information that you share will help us to make recommendations to the programme implementers to make the services even better and improve them.

First and foremost I would like to thank you for your valuable time in taking part in this discussion today. What we are doing now is called focus group discussion. Like this we will be doing in other state also like Karnataka and AP. In this group discussion we should all speak and share our feelings and opinions openly. Here there are 7, 8 women and we all might have different ideas and opinions. This is ok. But we can't say one person is right or wrong. Let's all respect one another and encourage everyone to be open and not be shy or embarrassed. Also it is important to listen when someone is speaking. If everyone shares what they have to say openly and speaks well, this discussion might take one or one and half hours.

Because there are so many of us here, please speak loudly and clearly. Everyone should participate and feel comfortable. You can talk about your personal experiences and opinions and also you can share what you might have heard from someone else or in the community. But please let's not use names of friends or those you know. Also, let us not discuss what we spoke here today after we leave this room or to others.

I have a tape recorder here. Because there are 6-8 women here and everyone will be talking, I can't remember what everyone said. Similarly, I can't write down everything that is said. I will switch the tape recorder on because you have given me permission to turn it on. Please be assured that no names or anything identifying will be recorded. I will listen to the tape recorder after this discussion and write down what you have told me here today. After that the recording will be destroyed.

Please feel free if you have any questions or doubts. *Make sure to allow time for women to ask any questions.*

If you have any questions or doubts or you didn't understand what question I asked, please feel free to ask me even in the middle of the discussion. I won't force anyone to answer any questions.

If no one has questions, can we start? Shall I switch the tape recorder on?

1. MEANING OF HIV/AIDS:

In this section, try to bring out attitudes and knowledge of HIV/AIDS among sex workers. The point is to understand the meaning of HIV/AIDS in sex workers' life- how does this attitude affects their sex work, behaviour and practices with clients and other partners. Also it is important to see how this perception has changed over time. What were sex workers saying about HIV/AIDS ten years ago and now what are they saying? If there is a change, what are the reasons? Similarly, has the knowledge changed? If so, how? Some questions to start could be....]

- When sex workers first heard of HIV/AIDS, how did they react? What did they think it was?
- Changes in the perceptions over time- what is the reaction now when sex workers hear the word AIDS or come to know what it is? What are the reasons for this change?
- What kind of knowledge do sex workers have about HIV/AIDS (about transmission routes, prevention)

Sometimes they might suggest alternate methods of prevention as in taking particular tablets/pills, tradition medicine etc. Probe accordingly to whatever crops up.]

[Explore if perceptions differ among older sex workers compared to younger ones. If group consists of mostly older, more experienced sex workers probe what they know about younger sex workers who might have recently started.

- How do experienced sex workers perceive younger girls who have just started? Why?
- What do younger sex workers know and think about HIV/AIDS? What are the reasons for this?

Explore if younger sex workers acquire some sort of “sex education” with regards to behaviour with clients, sex acts that are practiced, knowledge/awareness of HIV/AIDS, condoms etc. This may differ from brothel based sex workers to street-based sex workers.

- Do more experienced sex workers “teach” younger, inexperienced sex workers? About what? What do sex workers tell younger ones about safe sex, HIV/AIDS, condoms, negotiation tactics, avoiding violence? Probe accordingly

2. CHANGES IN LIFE AND BEHAVIOUR

Make a connection of the previous topic of MEANING OF HIV/AIDS to how this has affected the lives of sex work. Do they think HIV/AIDS has increased or decreased over the years? Why? Explore relationships that sex workers have with different partners in light of HIV/AIDS? Are sex workers more or less hesitant to be with clients, what kinds of partners are they more or less likely to entertain? Try to understand the behaviours and practices of sex workers and their partners because of how they perceive HIV/AIDS.

- How AIDS as such affected the sex workers?

This could be anything from their health, burden on family, frequency of clients and other partners to use of condoms, awareness of prevention & programs, accessing more health services, etc.

- Changes in personal life (discuss relationships with non-commercial sex partners like husbands, lovers, boyfriends)
- Changes within sex work (behaviors of sex workers and clients; what do clients say about HIV/AIDS and how does this affect sex workers)

This might have to do with condom use, sex [practices, convincing strategies to using condoms, frequency of clients so are more/less clients being entertained (have they seen any changes in this respect); what is the trend in activity/frequency level that they have noticed over the years.

- Are sex workers more or less willing to do certain sex acts because of HIV/AIDS?
- How has HIV affected the mobility of sex workers (are more sex workers coming into Mumbai or leaving it)?
- Changes with other gatekeepers in the sex work (police/madams/pimps/brokers/lodge owners and managers). What do they have to say about HIV/AIDS; how does their perceptions affect sex workers and their behaviour in sex work.

For example, sex workers might be able to garner more support from madams or pimps against clients who are unaware of HIV and unwilling to use condoms.

3. STIGMA

Explore how sex workers are treated in relation to HIV/AIDS and otherwise. Several topics may arise here. For instance, participants might talk about general ill treatment from society towards sex workers/prostitutes or more closely link sex work with HIV/AIDS (i.e. they might say that sex workers are blamed for HIV/AIDS, as in it came about because of prostitution but do not necessarily lead with this.) Explore both possibilities. How are sex workers perceived by others (general public, health providers, clients, madams, pimps, police, other gate keepers whom they come in contact). Also try to get at the different forms of stigma faced by sex workers. Note that this topic might even be brought out during the previous topic. Some starting questions could be...

- How are sex workers generally treated or looked upon? By whom? Why is this so?
- Probe if and how you experience stigma? How often? By whom? Why do they think this is the case?
- What has been the experience of infected sex workers?

Explore whether infected sex workers readily disclose their status and how does this affect her sex work. Where do infected sex workers go for treatment? What do they have to say about health providers? What do clients say? Are families aware?

4. RISK PERCEPTION

This topic is to understand whether sex workers feel if they are at risk of getting HIV infection. If so, what are they doing about it? In other words, does their perceived risk affect their behavior in sex work with relation to condom use, other prevention methods, and activity with clients or certain partner?

- Do sex workers feel they are at risk for getting HIV/AIDS? Why/why not?
- Do sex workers get tested? Regularly? In what situations more likely to get tested?
- How does this affect their sexual practices/acts with their partners (clients, husbands, boyfriends, lovers, police, rowdies, etc)
- What are the prevailing practices among sex workers to prevent HIV/AIDS?

Some alternative methods to condom use might crop up for the above question, as in taking pills or injections.

- Who according to them are most at risk? Why?

5. CONDOM USE AND SEXUAL EXPERIENCE

This section will be long and will have to include several components. Begin by trying to understand general views on condoms. When did sex workers first hear about condoms? What were they saying? Why? Now has this perception changed over the years? Why? Do they think sex workers are using more or less condoms regularly? Sometimes participants will suggest that certain sex workers will not use condoms regularly (i.e. perhaps younger ones because they are less confident or inexperience; those who will take more money and not use condoms; sex workers from a certain location or brothel) Do they think it is effective? Start with questions such as...

- What were sex worker's initial reaction when they learned of condoms or when they first used it? What were the experiences? What do sex workers say about condoms now? Has there been a change in how condoms are perceived?
- Do sex workers use any form of lubrication? What are they? How often are they used? What do they like about it?
- What do sex workers like and dislike about condoms?

Most often participants will say they like that it keeps you healthy and prevents HIV/AIDS and pregnancy. It is also important to understand what sex workers prefer or not prefer about condoms as in that it is easy/difficult to use, it feels good/bad during intercourse, flavors, comments on lubricant in condom, preference of bought condoms versus those distributed freely. Also discuss availability- how easy is to get condoms and from where sex workers access condoms?

- According to you what proportion of sex workers are using condoms regularly? Why?

Here probe for those sex workers who aren't using condoms according to participants and why they think so. After exploring some relevant background, move on to topics of

clients and condoms. Information on what clients have to say about condoms and sex workers' experience with clients using condoms is important. Simultaneously try to incorporate discussions of sexual experiences and practices with clients. How often do sex workers have sex with clients? How long in terms of time do they spend with each client? What kind of sex do clients ask for (vaginal, oral, anal, hand jobs, thigh job, etc) some questions could be...]

- With whom do sex workers prefer using condoms? Why?
- What do clients have to say about condoms? Why?
- How do sex workers convince clients to use condom?
- Do clients readily wear condom? Why? How do sex workers handle difficult clients?

This is an important part and requires careful and persistent probing. Probe for tactics such as particular sex acts/favors or methods of coaxing used to change partners' minds. Which strategies are more or less successful? Do clients readily accept to wear condoms? Subsequently, explore inconsistent condom use...

- Under what circumstances do sex workers normally compromise using condom with clients?

This could be situations where clients offer more money, forced sex, violence, when drinking is involved, there is no protection from garhwali, pimp, madam, etc.

- What do sex workers do in such situations? How often do they happen?

After generating some discussion on clients, move on to condom use among other partners such as HUSBANDS, REGULAR PARTNERS, PIMPS, BOYFRIENDS, POLICE, ROWDIES. Follow similar line of questioning...what do these partners have to say about condoms, how does this affect whether condoms is used or not during sex with that partner, frequency of condom use among these partners, reasons for not using condoms, and tactics used to convince partner to use condoms. Also probe for sexual practices and experience with these non-commercial partners. How often do sex workers have sex with non-commercial partners? How long in terms of time do they spend with each non-commercial partner? What kind of sex do these partners ask for (vaginal, oral, anal, hand jobs, thigh job, etc.

Some sex workers might have experience with using female condoms. Generate a discussion that gets at what sex workers are saying about the female condom and how they feel about it.

- Have sex workers seen or heard of the female condom? What do they think and feel? What are sex workers saying about it? Why?
- Where do they get the female condom? Is it affordable?
- What do sex workers like or dislike about the female condom? What has been their experience using it? Is it easy or difficult to use

- What do clients or other partners say about it? What do clients and other partners like or dislike about the female condom?

Try incorporating some questions about contraception in this section. Try to see if women try to link condoms as contraceptive and as well as preventative measure. No need to emphasize or excessively probe. If women are readily forthcoming, let the discussion take that direction. Do not focus too much as time may not allow it.

- What BCM do sex workers normally use? Why is this so common or preferred?
- Access to BCM? Easy or difficult? Where?
- What BCM do you prefer? Why? What is common practice?
- Connection between contraception and HIV prevention:
- How are condoms perceived as a BCM? Do sex workers prefer this or other BCM? Is condom perceived more as a prevention method rather than a BCM?
- Sterilization and condoms: more or less likely to use if sterilized?

6. VIOLENCE

Though it could be that discussions of violence might have already cropped up previously, probe according if otherwise. Try to understand if sex workers face violence within the realm of sex work.

- Are sex workers ever beaten or forced to have sex? How often does this happen? From whom do they experience violence (clients, lovers, husbands, pimps, madams, police)?
- Do sex workers ever feel threatened? In what situations? Why? How do they handle such situations?
- Is a condom used in such situations?

7. PERCEPTIONS OF INTERVENTION

In this section, obtain information regarding their knowledge and perceptions about the intervention programs (PROVIDE NAMES). Try to understand how familiar women are with these programs and how they perceive it. Also probe for specific services provided by the programme such as the clinic, staff, treatment, etc. One way of evaluating how sex workers perceive these services is ask what they like and dislike about the services? Accordingly probe why and what are the reasons for this and how it can be improved.

- Are sex workers aware of (PROVIDE NAMES OF PROGRAMMES)? For how long?
- How did they come to know about this? From whom did they hear?
- What do sex workers think about this programme? What are they saying about the programme? Why? *Probe accordingly to whatever crops up in discussion*
- How has sex worker's lives in terms of their sex work, relationship with partners, health, etc changed because of the programme?
- What kind of information is given by the programme? Regarding prevention, STI, condoms (demonstration), safe sex practices?
- What goes on during condom demonstration and what kind of tactics for using condoms are disclosed during these demonstrations? Do women think this is useful? Why?
- What kind of support do they receive?
- How are sex workers treated by the staff...the nurses, doctors, counselors, peer educators?

Obtain information which reveals the relationships between staff and sex workers? Is it an open relationship where sex workers are comfortable to speak open with doctors and counselors? Or are they hesitant to disclose their problems? Do sex workers seek support from programme in their sex work (i.e. if sex worker face violence in their sex work, do they seek support from programme)

- In what capacity are peer educators helpful or supportive? What kinds of information do they receive from peer educators?
- Probe specifically about drop-in centers, clinic, the treatment they receive...the presumptive treatment?

Sometimes women will report dissatisfaction about the PPT because of the severe reactions women at times suffer. Probe for what women are saying about the treatment and what kinds of treatment they prefer.

- What do sex workers know about STIs?

Probe for their knowledge and actions they take to prevent STI or to seek treatment. Generate a discussion surrounding improvements in services and generally to better the lives of sex workers. This can be health related, community/organization empowerment, their sex work, economic assistance? What are their ideas of improvements and where

do they see themselves in the future? Are sex workers better of today or before? Why? What are the reasons for this?

10. EXPERIENCE OF PARTICIPATING IN IBBA, SBS:

- How do sex workers feel about participating in the IBBA and SBS surveys?
- How do they come to know about the survey? Who tells them and what is told to them about the surveys?
- Do they think that the sex workers who participate in the survey give the correct answers (how about the condom related questions)?
- What are the sex workers who participated in any of these survey talking about the Survey?

Thank you for your time and willingness to participate

APPENDIX 2 - In Depth Interview Guide

Introduction

Namaskara! My name is..... and I work for We are here mainly to understand your perceptions and experiences related to health. We are interested in learning about your understandings of HIV – the infection that causes AIDS. We will ask you about the meaning of HIV in your life, and your attitudes and behaviours related to HIV and AIDS. We would also like to know from you what you think of the existing HIV prevention programme or programmes in your district. The information that you share will help us to make recommendations to the programme implementers for the refinement or improvement of the services.

First and foremost I would like to thank you for your valuable time to take part in this interview. The interview will be conducted by one of our team members and it will take approximately 1 to one and a half hours.

I request that you express your ideas and feelings openly and honestly. The information you provide will be valuable and it will not be shared/ discussed with any one outside the research team. We will be tape recording this discussion, but any identifying items (names mentioned, locations, etc) will be erased when we transcribe the information. Also, if at any point you want us to stop the tape recorder, just ask and it will be done. We also assure that you will not be judged on the views that you hold with respect to the topics discussed here. Please feel free to seek clarification if you have any doubts.

Well, if you all are ready we can start the interview.

1. *Life history: tell me a little about yourself...*

Issues to include in your discussion

- Where did you grow up? If not native of Mumbai, when did you come to Mumbai? Why did you come here?
- How old are you?
- Until what standard did you complete?
- Are you married? If yes, how old were you when you got married?

2. *History of and current involvement in sex work: now I would like to ask you some questions about your sex work. Can you tell me the story of your life as a sex worker...*

Issues to include in your discussion

- How long have you been doing sex work?
- Why did you get into sex work? Regrets yes/no?
- How do you feel working as sex worker? What is good about sex work? What are the hardships in being a sex worker?
- Where do you get most of your clients? And where do you have sex with them? Where do you solicit and entertain clients?
- On average how many clients do you entertain per week? How much do you charge per client?
- Are you doing different kinds of sex work (as in public-based and public places)? Why or why not?

3. *First sexual experience: can you tell me something about when you first had sexual intercourse?*

Issues to include in your discussion

- Do you remember when?
- Was it consensual or forced?
- With whom (husband, friend, boyfriend/lover, client, family member)? Was a condom used that time?

4. Mobility: now I would like to ask some questions about the places you go for sex work. Can you tell me something about that? Please tell me how/what is different about doing sex work in other places than here [place of interview]?

Issue to include in your discussion

- Do you currently go to any other places for sex work? Which are those places? Where do you stay there and how long?
- Why do you go to those places? How do you go? With whom do you go?
- Did you go to any places in the past to do sex work where you are not going currently?
- Why did you stop going there (reasons)?
- How long ago did you work in those places? Where did you stay there?
- Who are the costumers in the places you visit?
- Have you ever engaged in “group sex” or had to entertain more than one client at “parties”?

5. Condoms: Do you use condoms? Can you tell me something about using condoms?

Issues to include in your discussion

- How long have you been using condoms? Who first taught you to use it? What was your initial reaction? Now how do you feel about condoms?
- What do you like/dislike about condoms? Why?
- What are the problems with using condoms: smell, breakage, slippage, less pleasure, other?
- Do you use two condoms at a time, double condoms? If yes why? How did you learn about using double condoms? From whom did you hear this? Do you experience condom breakage when you use double condoms? How often does this happen? Can you tell me about one incident when this happened? What did you do then?
- Who provides the condoms?
- Who puts the condom on when you want to use? (client or FSW)

6. Clients’ perceptions about condoms: tell me about what clients say/think about condoms?

Issues to include in your discussion

- What do clients say about using condoms? How do they react when you insist on condom use?

- Is it easy or difficult to use condoms with them? What are the difficulties and how do you overcome them?
- Why do you think clients don't want to use condoms?
- What are the reasons they tell you for not using condoms when you offer?
- What tactics do you use to convince them? Do these tactics work?
- What do you do when your tactics don't work? Tell me about one incident with a stubborn client.

7. Situations that make respondent to compromise condom use: can you tell me about situations when it is difficult to use condoms?

Issues to include in your discussion

- Tell me about situations in which it is difficult to use condoms. Why is it like that? What do you do in that situation?
- Are there times when you go out of station for sex work, when do you don't use condoms? Tell me about that.
- (probe/list for all the situations and then ask the following questions for each situation)
- How often does it happen like this? How do you manage?

8. Partnerships: now I would like to ask about different partners you might have. First, about your current husband/co-habiting partner /ex-husband: tell me about him.

Issues to include in your discussion

- How long have you been married? How long having you been living with your husband?
- ex-husband**
- When she separated (divorced?) from husband? Why?
 - When did he die (in case she is widow)?
- co-habiting partner**
- How long has she been living with partner?
 - How was this relationship first established? How did they make contact?

9. Current partner - Following topics needs to be explored for the current partner (either husband or co-habiting partner)...

Issues to include in your discussion

Sexual experience

- How often do you have sex with him? Why so often or less?

- What types of sex do you have with him? (anal, vaginal, oral, etc)
- Does he know about your sex work? Does he help you in your sex work? How? (financially, support against *goondas*, getting clients)
- Do you know if he has other women with whom he has sex? Can you tell me about that?

Condom use

- Do you use condoms with him? Do you want to use condoms with him? Why or why not?
- What does he say about condoms? Does he like/dislike condoms? Why?
- What are the reasons he tells you for not using condoms when you offer them? (if issues of trust and faith come up, probe what she means by it)
- Tell me about a situation where he refused to use a condom. How do you and him manage?
- How many such experiences might you have?

Violence/drug use/alcohol

- Have you ever experienced violence with your husband or cohabiting partner? What were the reasons?
- How often does that happen? When was the last time? Can you tell me about an incident when this happened? What do you do in that situation?
- What role do alcohol / drugs play – for you, for him in these situations? Had you or him taken alcohol?

10. *Lovers*: now I would like to ask you about any men in your life that you call lover or boyfriend? Men from whom you don't receive money...

Issues to include in your discussion

General issues

- Do you have any lovers? How many at present? How long have you been with your lover (s)? How and when was this contact first made?
- Where is he from? How do you see this relationship?
- Does he know that you are a sex worker? Does he provide support regarding sex work?
- What kind of support you get from lovers?

Ex-lovers

- When was the last time you had a lover? Please talk about the lovers you had in the past(how many, what was the duration of the relationship, why did you break up etc)

Sexual experience

- How often do you have sex with them? Why so often or less?
- How long do you spend with them? Why so less or more?
- What kind of sex (vaginal, oral, anal, etc) do you have with you lovers?
- Do you know if he has other women?

Condom use

- Do you use condoms with him? Do you want to use condoms with him? Why? Why not?
- Please talk about condom use with lovers?

Violence/drug use/alcohol

- Have you ever experienced violence with your lover? What were the reasons?
- How often does that happen? When was the last time? Can you tell me about an incident when this happened? What do you do in that situation?
- What role do alcohol / drugs play – for you, for him in these situations? Had you or him taken alcohol?

11. Repeat or regular clients: can you tell me something out repeat or regular clients? How are they different from your other clients...

Issues to include in your discussion

General issues

- Do you have any repeat clients? How many? How do you distinguish them from your new clients?
- How long have you had them? How were these contacts made?
- Where do they come from?
- Why do you think that they come to you repeatedly?

Sexual experience

- How often do you have sex with them? Why so often or less?
- Typically, how long do you spend with them? Why so less or more?
- What types of sex do you have with repeat clients (vaginal, anal, oral, etc)?

Condom use

- Please talk about condom use experience with your repeat clients(How different/how similar with that of new clients)

Violence/drug use/alcohol

- Have you ever experience violence with your repeat clients? What were the reasons?
- How often does that happen? When was the last time?
- What do you do in that situation?
- What role do alcohol / drugs play – for you, for the repeat clients in these situations? Had you or him taken alcohol

12. New clients: talk to me about your new or occasional clients

Issues to include in your discussion

General issues

- Typically how many new clients do you get in a day/week?
- Where do they come from?

Sexual experience

- How long do you spend with them? Why so less or more?
- What types of sex do you have with them (anal, vaginal, oral, etc)?

Condom use

- Please tell me about recent experience of condom negotiation with your new client? What happened in that situation? How did you manage to convince him?
- Is there ever a situation when the madam asks you not to use condoms? Why? When does this happen? How often does this happen? Can you tell me about an incident when this happened and what you did?

Violence/drug use/alcohol

- Have you ever experienced violence with these new clients? What were the reasons?
- How often does that happen? When was the last time?
- What do you do in that situation?
- What role do alcohol / drugs play – for you, for the client in these situations? Had you or him taken alcohol?

13. *Meaning of HIV in her life (general and as sex worker):* lets talk about HIV. Tell me what you know about HIV and when you first heard about it. (Transmission routes, misconceptions, perceptions about HIV, fear)

Issues to include in your discussion

- What changes have you seen in sex work as a result of HIV? Do you know anyone who is HIV+ or died of this disease (ask for details, tell me what happened to this person)?
- Do you think you are at risk for HIV? Why? What are you practising to keep you safe from HIV? (Specifically probe about medicine and treatment, which they might associate with STI)

14. *Experience with intervening programs and NGOs.* Tell me about which NGO you are currently accessing? What is it called? What do you generally think about this NGO? Why?

Issues to include in your discussion

NGO peer educators

- How did you come to know about this NGO?
- Have you been approached by a peer educator? In what context? What do you think of peer educators? What kinds of information do they give you? How often do you come in contact with them?

NGO clinic and treatment issues

- Have you visited the clinic? If yes, how often? For what reasons do you visit the clinic?
- What do you think of the clinic and the care you have received?

- Have you undergone speculum examination? How many times? What is your experience?
- Do you understand the presumptive treatment (treatment for STI which comes in grey packets) – what it is, what do you think about it? What does the doctor tell you about these medicines?
- What else do they give you to make you healthy? What about injections?
- Do they talk to you about birth control? What do you do?
- Have you been tested for HIV? How many times? Where? What do you think about that? Do they tell you your results and give you treatment if needed? What kind of treatment?

Opinions of care and program as a whole

- What are your opinions / thoughts / quality of treatment, rapport, usefulness – peer educators, clinic, clinic staff, etc (do you trust them, feel as though you can discuss anything with them?)
- Do you think this NGO is helping sex workers? Why?

Changes since NGO started work with FSWs

- Since knowing about this NGO, what are the changes that you have notice in yourself?
- How has it made a difference with respect to your behaviour as a sex worker? With clients, self-confidence, condom use, prices, access to condoms? Condom use?
- What other improvements do you want to see made for sex workers?

Is there anything else you would like to talk with me about?

Do you have any questions?

Thank you so much for your help