SEXUAL AND GENDER RELATIONS AND THEIR INFLUENCE ON THE RISK OF HIV TRANSMISSION IN SOUTH INDIA

Testimonies from clients of sex workers

CHARME Working Paper No. 4
August 2009
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Joanne Aubé-Maurice

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The CHARME Project is a project of the Centre hospitalier affilié universitaire de Québec. Key partners in this project are Imperial College London, the London School of Hygiene and Tropical Medicine, the University of Manitoba, Canada, and the Karnataka Health Promotion Trust (KHPT), Bangalore, India.
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Foreword and acknowledgements

If studies concerning the vulnerability of sex workers to HIV in India are plentiful, those of clients are much more rare. Studies of masculine identity, however, suggest that through the affirmation of their masculinity, they sometimes adopt behaviours that render them very vulnerable to HIV. Using qualitative methodology, the objective of this project was to explore and to increase our understanding of HIV transmission in south India through the testimonies of clients of sex workers. The project aimed to use this novel approach for studying clients in south India, to complement earlier quantitative studies, which have already produced results that have helped us better understand HIV transmission in south India. The potential synergy of these two approaches toward their common objective seems crucial in recognizing circumstances that underlie risk, which appear more human than strictly biomedical. In addition to using a qualitative methodology, we adopted a theoretical frame of reference linked to gender models and sexual roles.

This report therefore seeks to contribute to the understanding of the transmission of HIV in south India. It is the summary of a study undertaken as part of a Masters project from the University of Laval, Québec. The study was undertaken in a geographically limited area of India, but we think that the results have relevance to other research projects in other similar places. It should be noted that certain local cultural particularities, notably sexual taboos, required great delicacy with regard to contact with the sex worker locales, and sometimes limited the content of the conversations or complicated their interpretation. Language differences generated other difficulties, notably around initial interpretation of the clients’ testimonies by the interviewer and translators. These few difficulties were limited, however, thanks to frequent adjustments.

For assisting with this project, we would like to thank the directors and the numerous partners of the project, notably, the members of the CHARME-India team: Dr Michel Alary, Jan Bradley, Catherine Lowndes and Anu Shetty. We would also like to extend a sincere thank you to Michèle Clément and Kaveri Gurav, anthropologists and specialists in qualitative research. Finally, we would like to warmly thank our precious field research partners: Brian Gilligan, director of the project CORRIDORS; the NGO "Belgaum Integrated Rural Development Society" (BIRDS), its director, Ganapati B Butappagol, and all its members; the sex workers collective Shakti Sangha, and Mr S.L. Guruprasad, interviewer for the project. We would also like to warmly thank Raluca Buzdugan for her helpful advice.

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Synopsis

HIV transmission in south India takes place primarily during unprotected sexual intercourse between sex workers and their clients. The gender relationships that underlie such contacts and that influence the risks of the transmission of HIV have been little studied. This current research study, undertaken as part of the CHARME-India project, supported by the Bill & Melinda Gates Foundation, aims to better understand how gender relations within sexual partnerships influence the risks of HIV transmission in this region. To this end, semi-structured interviews were conducted with 30 clients from Belgaum district, who were selected with respect to their diversity: age group, marital status, and place of solicitation. A qualitative thematic analysis was then undertaken with the help of a content analysis program.

Our results show that clients perceive sexual relations with sex workers as a transgression, a vice that implies infidelity, loss of control and contact with women at the bottom of the social ladder. Paradoxically, this activity allows them to conform to their masculine ideals by giving sexual satisfaction to a woman, in a social context that is characterized by an incompatibility between the perceived and real models of masculinity and femininity. Contact with a sex worker is characterized by an imbalance of power, which most often favours the client. However, both reciprocal affection and business acumen that underlie this commercial relationship allow for a certain rebalance of power towards the sex worker herself. Unfortunately, this partial reestablishment seems to engender a relaxation in the use of condoms: affection often leads to a reduced perception of the need for condoms and the business relationship possibly leads to the negotiation of higher payment in exchange for unprotected sex. Furthermore, the loss of sexual control, experienced by the client when he surrenders to his impulses, and by the sex worker when confronted with the imbalance of power, seems to lead to the most risky sexual practices.

The contradictions around gender models and power relations, held by both men and women thus contribute to client sexual contact with sex workers. What is more, although favourable to sex workers, the partial re-establishment of the power imbalance during intimate contact can result in sexual practices which carry the most risk. Finally, strategies that seek to improve the sexual control of clients and sex workers could lead to safer sexual practices in south India.
Introduction

HIV, the human immunodeficiency virus and AIDS, the acquired immunodeficiency syndrome, constitute an epidemic in numerous developing countries. In 2007, UNAIDS estimated that HIV affected approximately 33.2 million people in the world, of whom two thirds are located in sub-Saharan Africa. Every day, 6800 new cases of HIV are reported while 5700 people die due to AIDS-related complications. Incidence is often associated with limited access to preventive resources and treatment (UNAIDS 2007). According to UNAIDS, although the global rate of HIV seems relatively stable, HIV/AIDS remains the most serious contagious disease and public health hazard in the world.

Apart from some countries in sub-Saharan Africa, the HIV epidemic that occurs in most regions of the world affects specific groups who are at risk: intravenous drug users, men who have sexual relations with other men and sex workers, as well as their partners and clients (UNAIDS, 2007). This is true in India, the second most populated country in the world (UNAIDS, 2006), where some 2.5 million people belonging to the above-mentioned risk groups are likely infected with HIV/AIDS (UNAIDS, 2007). The rate of HIV in India is highest in two regions of the country; the northeast, due to the widespread use of intravenous drugs, and the south, due to unprotected heterosexual sex with sex workers. In the south, heterosexual intercourse accounts for as much as 85 % of HIV transmission.

In order to address the issue of HIV in the southern part of the country, numerous quantitative research studies and several qualitative research studies have been conducted, particularly with sex workers, who are associated with transmission of the disease in the region. However, quantitative research studies of their clients are much less numerous (Chandrasekaran et al., 2006), and those with a qualitative perspective are almost non-existent. Nevertheless, sex workers’ clients are also part of disease transmission, so research around their perspectives is important.

This gap in knowledge is disquieting. Indeed, studies more and more indicate the importance of deepening our comprehension of gender relations and of male and female sex roles so as to better understand what fuels HIV transmission and to better confront identified problems. Such an orientation becomes particularly interesting in a context like India, where the male-female relations are generally imbalanced (Rosario, 2000; Steinbrook, 2007). In this study, we explored in greater depth what underlies the relationships between sex workers and their clients in south India from the clients’ perspective. The goal was to identify and better understand how gender relations within sexual partnerships influence the risks of HIV transmission in this region in order ultimately to better confront those risks in trying to prevent the spread of HIV. It should be added that, despite the intended objectives, this thesis does not subscribe to a belief or hope of abolishing sex work in the south India, but rather to a process of developing preventive strategies better adapted to groups most threatened by HIV.

In order to undertake this project, we chose to conduct semi-structured, individual interviews with clients of sex workers. This was done in a region particularly affected by HIV in south India: the northern part of the state of Karnataka. The contents of the interviews that we will present here, principally address ‘ideal’ representations of men and women, the motives for sexual liaisons with sex workers, the relationships developed with sex workers and use of condoms. It should be noted that other themes linked to HIV were also touched upon in the interviews, the contents of which will inform another analysis, not presented in this paper. These are: education and beliefs of the clients with respect to HIV; their former experiences with sexually transmitted infections; their use of medical services; and HIV prevention.
measures. It should also be noted that these elements are already quite well documented in existing quantitative studies. Furthermore, given the relatively limited period of time in which this research took place, it was impossible to cover the totality of subjects linked to the problem of HIV/AIDS in south India. In addition to this, the context in which we interviewed clients, who were often anxious to return to their occupations or work and who are influenced by numerous sexual taboos, did not allow us to conduct very extensive interviews.

This report documents work in Québec and south India from 2007 to 2009. We begin by discussing the problem of HIV in south India and the local context of the sex trade. The first chapter will allow the reader to develop a familiarity with the problems, to better understand the importance of the issues, as well as to grasp the pertinence of the methodological choices discussed further on. In the second chapter we present the selected frame of reference and clarify certain concepts. This chapter allows for a better understanding of the relevance of the research conducted. The third chapter presents more precisely the methodological stages that underlie this work within the context of the field work. The fourth chapter presents the results, in which we report on the testimonies of the participants. To conclude, we present a more interpretative analysis of the data in order to respond to our research questions.
1. Context and problem

In order to ensure a solid understanding of the study's objectives and methodology, it is necessary first to describe HIV/AIDS and sex work in south India and the results of mostly quantitative studies on this subject.

1.1 HIV in India, in Karnataka and the district of Belgaum

The majority of HIV cases in India, roughly around two thirds (UNAIDS, 2006) are concentrated in 6 of the 28 Indian states: Manipur and Nagaland, in the northeast of the country, and Maharashtra, Karnataka, Tamil Nadu and Andhra Pradesh, in the south and the industrialized west (Chandrasekaran et al., 2006, UNAIDS, 2007; Moses et al., 2006). While the transmission of HIV is largely attributable to the use of intravenous of drugs in the northeast of the country, this form of transmission is virtually unknown in the south, where unprotected heterosexual sex predominates as the main driver of the epidemic (Kumar et al., 2006, cited by UNAIDS, 2007; Chandrasekaran et al., 2006; Moses et al., 2006).

The following graph shows the percentage of HIV/AIDS cases attributable to different modes of transmission: perinatal transmission, or from a mother to her child, transmission via intravenous drug use (IDU), transmission via blood products and sexual transmission. It can be noted that sexual intercourse is most often the route of HIV transmission in India. In 2003, it was estimated that this mode was responsible for 85 % of all HIV/AIDS cases (Solomon et al., 2004)

**Figure 1: Different modes of HIV transmission in India, 2003**

![Pie chart showing different modes of HIV transmission in India, 2003]

Source: Adapted from Solomon et al., 2004

In figure 2, we show the rate of HIV in the 15 to 49 age range in India in general, according to a household survey, in the 5 states strongly affected by HIV (Karnataka, Maharashtra, Andhra Pradesh, Tamil Nadu and Manipur) and, as a point of comparison, in a state with a low rate (Uttar Pradesh). Nagaland, one of the states most severely affected by HIV in the northeast, is not represented in this chart due to the local resistance to testing for the infection. It should be noted that the rate of HIV in the country in the 15-49 year age group is 0.28 % overall; 0.36 % in men and 0.22 % in women.
In the four states particularly affected by HIV presented on this chart, the rate of infection among pregnant women is around five times higher than in the rest of the country (Kumar et al., 2006, cited by UNAIDS, 2007). In fact, women constitute a growing percentage of the population infected with HIV in the country; in 2005 they represented around 38% of HIV infection cases (UNAIDS, 2006). A decrease in the rate of women who consult prenatal clinics and men who consult test STD clinics was noted between 2000 and 2004. Some writers attributed this decrease to an increased use of condoms among the most at-risk populations in the south (Kumar et al., 2006), while others claim that we do not have enough information to attribute this decrease to more sexually cautious behaviour (Hallett and Garnett, 2006). Other writers are more inclined to doubt the decrease in the rate of infection, particularly what appears to be a decrease in Tamil Nadu (John, 2006, cited by UNAIDS, 2006) in order to explain this change. In 2004, AIDS was still the principle cause of death in certain districts in the northern part of Karnataka (Moses et al., 2006, cited by UNAIDS, 2006). The transmission of HIV in south India occurs especially due to sexual contact between sex workers and their clients, as shown in the following diagram, and implies potential transmission from clients to their wives.
Moreover, it should be noted that the dynamics of transmission of HIV in south India are highly diverse (UNAIDS, 2006; UNAIDS, 2007; Becker et al., 2007; Moses et al., 2004) as is the structure of sexual networks in the region (Char et al., 2003, cited by UNAIDS, 2007), which necessitates an approach that takes into account the unique and often complex local realities.

Studies from India on the context of HIV transmission indicate just how diverse is the transmission of HIV in the country. For example, some writers note the particularly urban character of the epidemic in India (NHFS-3, 2007). The World Bank, however (2005, cited by UNAIDS, 2006), underlines the relatively equal distribution of HIV among urban and rural settings. Moses et al. (2006, cited by UNAIDS, 2006) describes that in several rural sub-districts of the north of Karnataka, the rate of HIV varies between 1.1 % and 6.4 % among adults. Becker and her collaborators (2007) showed a high rate of HIV in a rural setting of a district of Karnataka that is next to Belgaum, attributable notably to particular sex work practices there. Furthermore, the same study recorded a rate of male HIV infections in the general population that was quite similar between different castes, that is between different recognized social strata of Indian society (Rosario, 2000; Kakar, 2007). Little is known about sexual structure and practices, particularly in rural settings of India, so that the distribution of infection remain poorly understood (Blanchard et al., 2007).

In the district of Belgaum, in the north of Karnataka, where there is a large population of sex workers (KHPT, 2005), it is estimated that the rate of HIV is among the highest in all the districts of Karnataka, both in sex worker populations and in the general population; the estimated HIV rate among the general population is 1.4 %, (Rajaram et al 2008), 3.1% among pregnant women (KSAPS et al., 2008), 34% among sex workers (Ramesh et al., 2008) and 6.2 % among sex worker clients (University of Manitoba & KHPT, 2008).

1.2 Sex work in India, in Karnataka and the district of Belgaum

Sex work is a very old occupation in India, with roots dating back to 300 years BC (Nag, 1996). One of the chapters of Kautilya's *Arthashastra* was dedicated to sex workers and the norms, behaviour, obligations and responsibilities to which they had to submit. One of the most important documents in the history of Indian sexuality, the *Kama Sutra*, which dates to the first millennium AD and which was written by Vatsyayana, depicts the eunuchs and courtesans who earned their living by offering various sexual favours to men of upper social
classes (Nag, 1996). Although the portrait of sex work at the time of Kautilya and Vatasyayana is probably very different from the current reality of sex work, sex work in India inscribes itself in a history with distant roots. Today, sex work is a stigmatized profession that many associate with HIV/AIDS.

In India, the pattern of HIV is complex, and it is clear that sex work plays a very important role in disease transmission. In fact, in south India, where HIV transmission occurs primarily through unprotected sexual intercourse, most HIV cases occur among sex professionals and their clients and regular partners (Kumar et al., 2005, cited by UNAIDS, 2006; Chandrasekaran et al., 2006, cited by Steinbrook, 2007; Caramel et al., 2006) as well as between clients and their spouses (UNAIDS, 2006; Steinbrook, 2007; Arora, Cyriac et al., 2004; Chandrasekaran et al., 2006; Caramel et al., 2006; Lowndes, Alary et al., 2000). The clients therefore function as a "bridge population" (FHI, 2007; Moses et al., 2006), transmitting the virus from sex workers, many of whom are infected with HIV, to the general population (fig. 4). They represent the bridge that facilitates the transmission of infection from a high-risk group (sex workers) to a low-risk group (the other sexual partners of clients). It should be noted that clients, who for the most part have a spouse or a regular or irregular sexual partner (FHI, 2007), use condoms less frequently with their partners than with sex workers (NACO, 2006).

**Figure 4: HIV transmission model for certain Indian regions**

![HIV transmission model](source: Adapted from Moses et al., 2006)

Given its complexity, the current pattern of sex work in south India and more precisely in Karnataka deserves a brief discussion. Before beginning, it should be noted that there are several reasons why women from Karnataka get involved in the world of sex work: poverty and the need for money are the primary reasons given by women; 38 % of women from the north of the state claim this against 52 % from the south. Secondly, there are many women dedicated to the practice of *devadasi*, which means traditionally that they are married to a Hindu divinity, a form of sex work recognized by some people to be sacred and somehow more acceptable. This practice is endemic especially in the northern part of the state of Karnataka, where 49 % of sex workers are *devadasi*, a practice completely absent in the
southern part of the state. A further 21% of sex workers in Karnataka report that they have been abandoned by their husbands, a problem that is more widespread in the south (32%) than the north (12%). Finally, 11% of women engaged in sex work in Karnataka have been mistreated by their husbands, and a number (20%) have been forced into the trade by their husbands. The frequency of these last two situations is roughly two times higher in the south than in the north part of the state (ICHAP, 2003).

Five different typologies of sex work can be identified in Karnataka, associated with the places that sex workers solicit their clients. The majority of women in Karnataka (around 44%) solicit men in public places such as the street, bus and train stations (Blanchard et al., 2005), and some of them take their clients to different places afterwards to render their services. Sex workers based in public places, are primarily located in the south of Karnataka (75% of sex workers) and are less numerous in the north than those who work out of their homes, who represent 45% of all sex workers there, compared to 28% in the north who work on the streets (ICHAP, 2003). In the north, 21% of sex workers work out of brothels compared to 5% of sex workers in the south (ibid). Although a lot less popular, hotels are also places to solicit, where sex workers are generally employed by the proprietors. In Karnataka, 5% of clients are approached in such places (Blanchard et al., 2005), roughly 3% in the north and 5% in the south (ICHAP, 2005). Dhabas are sites located along the highways where truck drivers stop to rest during long hauls, and where some sex workers are known to offer their services to profit the proprietor. Others are known to solicit (mostly) truck drivers along the highway, in order to avoid having to give part of their earnings to the proprietors of dhabas. Together these two categories account for only 4% of sex worker solicitation sites in the north, and 6% in the south (ICHAP, 2003).

**Figure 5: Percentage of sex workers by solicitation typology, Karnataka, 2002**

![Figure 5](image)

Source: ICHAP, 2003, cited by Population Foundation of India et al., 2004

Another type of sex worker exists, not included in the earlier categorizations and much more difficult to quantify. These are sex workers who work on call, in a rather secretive way, with the help of an intermediary. They are known as "call girls." They are generally better educated and better remunerated for their services than their counterparts of other typologies; they take better care of their health and sex work is often not their primary occupation (Nag, 1996).

Although efforts have been made by experts to categorize the different sex work typologies, there is often crossover between types, making exclusive categorization difficult. Sex worker mobility, which in some areas is considerable, (Moses et al., 2006) sometimes means that
women move from one type to another. The relevance of a certain level of categorization remains, however, given the variability of sexual behaviour and the differential HIV rates (among sex workers and their clients) in the 3 main places of solicitation (ICHAP, 2003; Blanchard et al., 2005, University of Manitoba & KHPT, 2008; Ramesh et al., 2006).

The predominance of home-based sex work in northern Karnataka is a unique practice in India that has survived history and the legal system only in this region of the country: it is called the devadasi tradition. This practice was born several centuries ago, with the oldest writings on the subject dating to the 12th century (Blanchard et al., 2005). Nag (1996) even suggests that the devadasi tradition dates as far back as the 3rd century AD. It was based originally upon the dedication of young women through marriage to Hindu gods (Blanchard et al., 2005; ICHAP, 2003; Nag, 1996), generally to the goddess Yellamma in the case of the devadasis of Karnataka (ICHAP, 2003; Nag, 1996). By being married to a deity, the young women were obliged to refuse any man in marriage for the rest of their lives. The women often became servants of their god or goddess (Blanchard et al., 2005), often re-incarnated, it seems, as priests and certain individuals who were faithful to the temple (Nag, 1996). They carried out particular tasks in the temple, such as the lighting of sacred lamps, cleaning of spaces and performing of certain dances for the priest (ICHAP, 2003). With time, sexual favours accorded to the priest were added to the list of tasks and duties of the devadasis (Blanchard et al., 2005; ICHAP, 2003). The latter also became concubines to some men who physically and financially cared for them (ICHAP, 2003). It was because of this that gradually, given the sacred character of the context in which sex took place, this practice was given the name "sacred prostitution" (Blanchard et al., 2005). Over the course of time, this system took on a commercial nature and the number of devadasis doing such work began to grow in certain regions in northern Karnataka, thanks in part to the cultural and social acceptance of this form of sex work (Blanchard et al., 2005; Blanchard et al., 2007; ICHAP, 2003). The 1980’s saw the passing of a law that forbade the dedication of young women to deities, which has gradually led to a decrease in the social and religious status of devadasis, as well as a decrease in their numbers (Orchard, 2007; O’Neil et al., 2004).

It was estimated in 2005 that roughly a quarter of the sex workers in Karnataka (though mostly in the north) had the status of devadasi (Blanchard et al., 2005). Historically, this tradition was practiced in a rural setting, and even today, the number of clients in rural regions is enough to make this custom still viable. It is estimated that the majority of sex workers in northern Karnataka live and work in a rural setting (Samastha, 2007; ICHAP, 2003), a proportion which is much lower in the south (ICHAP, 2003). In the district of Bagalkot, which neighbours Belgaum, the majority of sex workers operate in rural settings as well (Blanchard et al., 2007). Among all the districts of Karnataka, Belgaum is the one with the highest number of rural sex workers (Samastha, 2007).

In Karnataka, close to 22% of sex workers have never been married; however this is the case among all devadasis, as they are traditionally married to the goddess Yellamma. A little more than 17% of sex workers are currently married and live with their husbands, close to 26% live with a partner without being married and roughly 35% are either separated, divorced or widowed (Blanchard et al., 2005). Being separated, widowed or divorced is responsible for driving numerous women into sex work so they can support themselves. More than 68% of sex workers have one or more children at home (ibid).

Combining all the typologies, the median age of sex workers in Karnataka is 28.5 years. In the northern part of the state, sex workers are generally three years younger than their southern counterpart, which underlines the early start in sex work for numerous young
women in the north. This reality is at least in part attributable to the devadasi tradition that dominates in the north, as expressed by the median age of sex workers based at home, which hovers around the age of 27.

Devadasis, and their brothel-based counterparts, account for a good proportion of sex workers outside the formal caste system (ICHAP, 2003), the most unprivileged social group in society, traditionally known as "untouchables" and at the very bottom of the Indian socially stratified caste system (Rosario, 2000). The weak socio-economic status of the devadasis is also manifested in the low rate of literacy of sex workers in the north of Karnataka, which is only 11%. However, it is interesting to note that the devadasis are much more likely to possess property than other sex workers (ICHAP, 2003).

Salaries vary according to the typology practiced. The devadasis earn less money per client than the majority of sex workers in Karnataka, the former being paid roughly 83.41 Indian rupees per client, compared with 123.2 Indian rupees that others earn (Blanchard et al., 2005). In fact, sex workers who work in public places and hotels earn almost twice as much as those who work in brothels or from home (ICHAP, 2003). A marked difference can also be noted between the earnings of sex workers in the north and those in the south (ICHAP, 2003).

Sex workers in the north of Karnataka receive an average of three clients a day against the two that their counterparts in the south receive. Interestingly, most sex workers questioned by ICHAP (2003) in Karnataka claim that they sometimes turn down clients. Generally speaking, however, the devadasis turn down fewer clients than other sex workers, and are subject to less violence from clients than their non-devadasi counterparts (Blanchard et al., 2005). In the study by Blanchard et al. (2005), 13% of devadasis reported having been exposed to violent clients last year who sought to force them into sexual relations, against as many as 35.8% of the non-devadasis.

The main reasons cited for rejecting a client do not seem to be linked actually to sexual violence, but rather to the following factors: the clients look like bad boys, the clients are known to be "rowdies"; they look sick; they are drunk or even too thin (i.e. may be sick) (ICHAP, 2003). But the most important reason cited, accounting for 43% of the sex workers’ rejection of clients, is when a client refuses to wear a condom. According to sex worker reports, the use of condoms is now widespread among sex workers in Karnataka. Indeed, 92% claim to have used a condom with their most recent client, with an even higher percentage among those who work in brothels and hotels. The use of condoms seems, however, to be more common in the south (95%) than in the north (90%). It is also slightly less common with husbands (20%) and with lovers (47%) or with regular clients (87-88%) (ICHAP, 2003). It should be noted, however, that a study of clients by the University of Manitoba and KHPT (2008) shows a certain disconnect between the claims of sex workers and those of their clients: only 44% of clients who have a regular, commercial sex partner reported the use of a condom with that partner. The criteria used in these two situations (use of a condom with all commercial sex partners or only with the regular commercial sex partner) are of course different, but the difference in the use is nevertheless no less significant.

Furthermore, according to ICHAP (2003), it is the sex workers who generally take the initiative to use condoms (in 77% of the cases), and who supply the condoms (in 70% cases).

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1 On January 1, 2005, according the internet site FXHistory: historical currency exchange rates (http://www.oanda.com/convert/fxhistory), 1 Canadian dollar equaled about 34.7 Indian rupees.
It seems that when a condom is not used, in roughly a quarter of the cases, it is because the client refuses to wear one. Sex workers claim to use condoms out of fear of HIV (92%) and other STDs (40%).

In 2006, Ramesh et al. estimated that in Karnataka, around 23% of sex workers were infected with HIV (UNAIDS, 2006). This percentage varied quite a bit, however, according to the place of solicitation. For example, the rate of HIV infected sex workers was 47% in the brothels of certain districts in Karnataka, while for sex workers based at home or in public places, the rate was respectively 15% and 26% (Ramesh et al., 2008). Among all the districts of Karnataka studied by the University of Manitoba and KHPT, the highest rate of female sex worker infection can be found in Belgaum (2007), where, combining all sites of solicitation, the rate of HIV is estimated to be 34% (Ramesh et al., 2008).

Unfortunately, contrary to the abundance of studies conducted among Indian sex workers, very few studies have concentrated on their clients (Chandrasekaran, Dallabetta et al., 2006, Nag, 1996).

1.3 Clients of sex workers in India and other parts of the world
Among the populations identified as being at the highest risk of HIV, rates among sex worker clients are the most difficult to ascertain. Indeed, unlike homosexual men and sex workers, clients of sex workers are particularly difficult to identify and to approach (Voeten et al., 2001). They are thus often considered to be the least easy to reach with HIV prevention measures in developing countries (Lowndes et al., 2000). According to other research projects conducted in India, sub-Saharan Africa and other parts of the world, this particular part of the population may not be as inaccessible as first thought, and they collaborate with studies addressing HIV, at least in certain contexts (University of Manitoba & KHPT, 2008; Lowndes et al., 2000; Alary et al., 2004; Bédard, 2005; O’Connell Davidson, 2003).

1.3.1 Some statistics
1.3.1.1 Socio-demographic characteristics
Close to half the clients questioned in a national Indian poll were between the ages of 26 and 35, while a quarter were between 20 and 25 (NACO, 2006). Moreover, in the country as a whole, the median age of sex worker clients, was 27 in 2001 and 30 in 2006 (NACO, 2006). According to the NHFS-3 study (2007), the most reckless men with regard to their sexual health tended to be the youngest and from the lowest castes. A quantitative study led by the University of Manitoba and KHPT (2008) in the four districts in Karnataka revealed that clients of sex workers form a young population; 50% of clients are aged 20-29, and 30.4 is the median age, while in the district of Belgaum, the median age is estimated at 29.6 years (KHPT workshop, 2008). The median age of clients of sex workers in the other three states of the south the most affected by HIV is around 30 (FHI, 2007).

At a national level, it has been noted that about two fifths of all clients finished school before the 6th year, and another two fifths finished school between the 6th and 10th year, and 16% are illiterate (NACO, 2006). It has also been noted that as few as 7% of all clients completed the 12th year of school in 2006 (NACO).

At a national level, clients were seen to belong to between five broad categories of employment: 23% work in local transport; 17% work in small enterprises; 16% are truck drivers; 11% are non-agricultural labourers and 5 % work in the service sector (NACO, 2006). In Karnataka, in the four districts studied by the University of Manitoba and KHPT (2008), it seems that 29% of clients work in transport, 12% in commerce, 37% in manual
labour and 15% in the service sector, these proportions being similar in the district of Belgaum, though there are a few more men in the service sector. Certain research projects conducted in Tamil Nadu and Karnataka indicate that 11-18% of men who live in rural settings and 10% of factory workers as well as shanty town inhabitants buy commercial sex (AIDS Control and Prevention Project, 2004; Kang, Blanchard et al., cited by Chandrasekaran, Dallabetta et al., 2006).

In the district of Bagalkot, a neighbouring district to Belgaum, it was estimated in 2003 that 26% of the men had at some time paid for sexual favours, of whom around two thirds were married (ICHAP, 2003, cited by Population Foundation in India, 2004). Indian clients are more often married than single, with 50-70% belonging to the former group (AIDS Control and Prevention Project, 2004; Avert Society, 2004 and NACO, 2001, cited in Chandrasekaran et al., 2006). In the 2006 study led by NACO, it was noted that 64% of the clients are, or have been, married, and that the majority of them are still married. It seems as well that most married clients live with their spouses (NACO, 2006), a percentage which is now higher than in 2001. In Karnataka, the percentage of married men among clients was 65.5% in 2001(NACO, 2001) and in the district of Belgaum, 60% of clients are married men (University of Manitoba & KHPT, 2008). According to a study led by NACO in 2001, the median age of marriage of the clients of sex worker in Karnataka is around 23, which is also the general marriage age of Indian men in general (NHFS-3, 2007).

When it comes to men located in rural settings in India, the proportion of married men is 40% for those between the ages of 20-24, nearly 76% between the ages of 25-29 and almost 92% among the 30-34 year age group (NHFS-3, 2007).

According to the NHFS-3 (2007), the men most likely to go to a sex worker are those who are either most often not at home or are far from home, who do not live with their wife, who are more exposed to the television and other entertainment media, and those who live in urban settings, although this last tendency is not uniform in the country, as mentioned earlier.

1.3.1.2 Education and beliefs, at risk sexual behaviours and sexual health

Education and beliefs

In 2006, NACO reported that 78% of clients had heard about STDs and that almost all of them were capable of correctly identifying at least one male STD symptom. What is more, according to the NACO study led in 2001, around 96% of sex worker clients had heard about HIV/AIDS, a percentage which rose to 98.5% in 2006. Most clients (89%) also knew in 2006 that the use of a condom could prevent the transmission of HIV, a percentage that was also higher than in 2001. In 2006, 77.4% of clients knew that the fact of having a single, stable partner, who was not infected with HIV, protected them from the disease (NACO, 2006). However, only 57% of clients in Karnataka in 2001 knew this (NACO, 2001). The majority of clients seem to be aware of the potential for transmission via used needles (93%), from a mother to her child (80%) or via breast-feeding (66%).

Several misconceptions about modes of HIV transmission marked the testimonies of clients of sex workers in India and in Karnataka. Indeed, around a quarter of them believed that transmission was possible by mosquito bites and a fifth of them believed that it was possible to contract the disease by sharing a meal with an infected person. Some 25% of clients believed that a person who appears to be clean and healthy cannot be infected with HIV (NACO, 2006).
In India, around a third of clients in surveys mention having already been exposed to HIV/AIDS preventive initiatives (NHFS-3, 2007). In the district of Belgaum, 91% of clients reported having been exposed to information over the course of the previous 6 months which advocates the use of condoms, 45% to information about STDs and 22% to information about clinics. These percentages are lower than those found in the three other districts where client studies took place. However, only 11% of the clients in the district of Belgaum claimed to feel at risk of contracting HIV (University of Manitoba and KHPT, 2008). This percentage fluctuates between 7-11% according to the district studied in Karnataka; this figure raises questions about the effectiveness of preventive efforts and HIV awareness among clients of sex workers in Belgaum and Karnataka. In the rural areas, HIV risk-awareness among clients is a little higher: 22% clients see themselves as very at risk, a percentage that is significantly higher than in the study led by NACO in 2001; 25% believe themselves to be moderately at risk; 26% consider themselves barely at risk; and 24% believe themselves to be not at risk at all of HIV infection (NACO, 2006).

In other parts of the world, in sub-Saharan Africa for example, many clients of sex workers are similarly aware of risks associated with STDs and HIV, and the risks associated with secondary transmission to wives and regular partners, citing these risks among the disadvantages of having sex with sex workers. Others deplore the risks taken by young men who frequent sex workers and of ruining their future and marriage opportunities (Bédard, 2005).

**Risky sexual behaviours**

When we refer to risky sexual behaviours in the present work, we are actually referring to two different sexual behaviours that, together, put individuals particularly at risk of HIV infection. These two behaviours are the use of sex workers, which in most cases implies multiple sexual contacts with the most at risk women in the population, and the non-use of condoms. According to Nag (1996), prevention of unprotected sexual contact with multiple partners is the key to controlling the spread of HIV/AIDS in India.

We know that clients generally are aware of safe sexual behaviours, notably the use of condoms. However, education level seems to be a determining factor in the actual use of a condom (NACO, 2001 and 2006; NHFS-3, 2007). According to the NHFS-3 (2007), income (estimated according to the characteristics of the home, income and spending of individuals) also seems to be linked to condom use with sex workers: 85.5% of the wealthiest quintile of Indian men who expose themselves to such situations use a condom compared to 34% of the poorest quintile. The percentage of men who have sexual relations with non-regular partners is however also lower in the poorest quintile (NHFS-3, 2007).

In the NACO study conducted in 2001 with clients of sex workers in India, around 57% reported the use of a condom with sex workers. This percentage rose to 74% in 2006 (NACO, 2006). What is more, according to the University of Manitoba and KHPT (2008), the percentage of clients from Belgaum in Karnataka who consistently used condoms with sex workers was only 47% in 2008. Indeed, as few as 6.8% reported using a condom consistently with their regular partner (NACO, 2001). This same tendency was seen in the 2006 NACO study, in which the use of a condom was 50% during the last sexual contact with a non-regular, non-commercial partner, and 29% with a regular partner. Furthermore, in the district of Belgaum, where the majority of clients are married, it was noted that married men are less inclined to use a condom (36%) with sex workers than men who have never been married (58%) (University of Manitoba & KHPT, 2008).
Generally speaking, the reasons claimed by Indian men for not using a condom can be divided into three broad categories: the majority of clients who do not use a condom do not believe it is necessary; others believe that the use of a condom diminishes pleasure, and finally, some simply confess to not liking condoms (NACO, 2006).

Between 2001 and 2006, the percentage of clients in the countryside who had had sexual relations with any given type of non-regular partner over the course of the past three months went from 16% to 24% (NACO, 2006). In Karnataka, this percentage rose in 2001 to close to 27% and was distinctly higher than the country overall. In the four districts studied by the University of Manitoba and KHPT in Karnataka (2008), it seems that 61% of the clients questioned had frequented a single sex worker in the past month, 27% had had sexual contact with two sex workers and 12% had frequented three sex workers or more. Generally speaking, these percentages remain relatively stable whether among clients solicited by sex workers who work from home, public places or brothels (University of Manitoba and KHPT, 2008). In the district of Bagalkot, near the district of Belgaum, 12.3% of men who live in a rural setting reported having ever used sex workers, a percentage which was higher among married men (Blanchard et al., 2007).

In the studies conducted with sex worker clients in Kenya and Australia, it was reported that alcohol often disinhibited men enough for them to visit sex workers (Voeten et al., 2002; Pitts et al., 2004). It should be similarly noted that around three quarters of Indian clients report having already consumed alcohol before having sex with sex workers (NACO, 2006). This proportion was similar in Karnataka in 2001, where 31.3% said they were daily drinkers and 17.4% claimed to drink regularly before such sex (NACO, 2001).

1.3.1.3 Sexual health and HIV

On a national scale, medical consultations by clients for treatment of STDs decreased slightly from 28% to 25% between 2001 and 2006 (NACO) in government clinics and hospitals. This trend is much more marked among clients who frequent private clinics and hospitals, a percentage that went from 38% in 2001 to 24% in 2006. It seems moreover that a significant proportion of clients avoided medical consultation and borrowed prescriptions from a friend for the treatment of STDs (NACO, 2006). Despite this decrease in medical consultations, a significant number of STD symptoms were still noted among clients of sex workers in 2006, with a number of them reporting urinary burning (20%) or a genital sore (12%) over the course of the previous 12 months. This percentage has fallen slightly since 2001.

The 2007 NHFS-3 study explored the perception of men and women from the general population about the right of a woman to refuse her husband sex if he has an STD. An interesting fact was that young men and young women were less inclined than their older counterparts to find this acceptable. If intergenerational differences were noted, the difference between the sexes regarding the acceptance of such a refusal was much less significant. The acceptance level of such behaviour in Karnataka was around 78% among women and 82% among men.

Generally speaking in India, HIV testing services are much more frequently used by urban people than rural people, with a reported testing rate by men of 5.1% and 2.2% respectively (NHFS-3, 2007). Education is also strongly linked to the use of testing services; the percentage of men in the NFHS-3 who had already been tested was 7.5% for those with a secondary education, compared with 0.7% for those who were uneducated (NHFS-3, 2007). The use of testing services increased according to the income of individuals (NHFS-3, 2007), varying from 0.4% among the most impoverished to 7.4% among the most well off.
The rate of HIV among clients of sex workers varies greatly by district. In Karnataka alone, the rate is estimated at 2.4% in the urban region of Bangalore but rises to 6.2% in Belgaum, the district with the highest rate of infection among both sex workers and clients in Karnataka. Becker et al. (2007) showed a higher rate of HIV in rural settings than urban settings in the district of Karnataka, which neighbours Belgaum. It should likewise be noted that the level of education among Indian rural inhabitants is distinctly lower than that of urbanites (NHFS-3, 2007). Furthermore, Becker (2007) reported that the rate of HIV among men of the general population was fairly similar between differing castes, which is to say, between different recognized social strata that underpin Indian society. In the same study, a higher rate of HIV infection was found among illiterate men than among those with a secondary, high school education, while men in between had a much lower rate (ibid, 2007). In the four districts of Karnataka studied by the University of Manitoba and KHPT (2008), although the clients fell primarily into the category of a secondary, high-school education or higher, it was the illiterate clients who had the highest chances of contracting HIV. This can be explained in part by the more widespread use of condoms among more educated clients (ibid). We should recall however that those with an intermediate level of education are reportedly more likely to use condoms than their more educated counterparts (KHPT, 2008). Nationally, the rate of HIV among illiterate people is one and a half times higher than those who have secondary degrees or higher. However this is not the case in the University of Manitoba and KHPT study. On a national scale, the level of education is also associated with better health and a lower rate of HIV (NHFS-3, 2007). It should be noted that south India, although very affected by HIV, paradoxically has a quite high quality of education with regard to the rest of the country (Buisson and Guillon, 2004), which, yet again, encourages us to expand our understanding of this most complex problem.

Thus it should be remembered that although sex worker clients do not only suffer from limited HIV prevention initiatives, this is perhaps secondary to our poor understanding of client experiences of sex workers, the absence of which limits the effectiveness of any interventions directed toward them.

1.3.2 Attitudes toward women and to sex work

According to existing studies, several factors seem to contribute to the use of sex workers in India and in other parts of the world. Certain factors appear to be more contextual and environmental, such as the accessibility and proximity of bars and brothels (Bédard, 2005; Voeten et al., 2002), the fact of being unemployed (Bédard, 2005), far away from home (Voeten et al., 2002), or experiencing loneliness or conjugal discord (Bernstein, 2001). In addition, there are other factors related to perceptions, desires and behaviours of men vis-à-vis women and sexuality in general, and vis-à-vis sex work and sex professionals in particular.

Studies reveal a multitude of reasons of why men frequent sex workers. First, it should be noted that the biological imperative to dominate, to affirm one's identity and to be vaporized by peers, which is apparently specific to men, is one of the most important factors. The quest for sexual pleasure and romance, the choice of a particular sexual partner and the performing of the duty to procreate with one’s spouse are some of the most significant reasons invoked by men who visit sex workers. In a review of studies conducted in 2002, Anderson and O'Connell Davidson illuminated three broad categories for men's motives to seek commercial sex: “the desire for a particular kind of sexual experience; the desire for particular kinds of sexual partners; the desire for control over when and how to have sex (p. 29)” This classification seems indeed to be compatible with several apparently significant categories.
articulated in the diverse studies reviewed on the subject.

1.3.2.1 Sexual practices, the quest for pleasure, curiosity

The desire to play out sexual fantasies is one the clients’ motives for paid sex, although such sexual fantasies were paradoxically seen as bad for men and women’s reputations according to people interviewed in Bhugra's study (Bhugra et al. study 2007). This fear expressed by numerous people reveals the significance placed on breaking with social and cultural norms with regard to Indian sexual practices. The younger generation is more inclined to give in to its sexual fantasies than its older counterparts (Bhugra et al., 2007), although on the whole, very little is known about the intergenerational differences in perceptions of what sex can or should be.

According to sex workers, the request made by clients regarding the type of sex they would like to have with them seems to vary. Such practices include oral sex, with 63% of sex workers mentioning clients who seek satisfaction in this way. A little more than half of sex workers also report requests for anal sex by their clients, and 34% receive requests for group sex, with more than one man (ICHAP, 2003). Generally speaking, sex workers who work from home seem to receive clients with more conservative sexual needs (ibid) while those in the south of Karnataka receive more sexual requests of a more unusual variety.

In a study conducted in sub-Saharan Africa in 2005 with clients of sex workers, the fulfilment of sexual fantasies was among the reasons cited by men who engaged in commercial sex, in a context where sexual taboos are significant. Clients likewise mention curiosity as a motivating factor for engaging in commercial sex. Some clients interviewed reported finding greater satisfaction with sex workers than with their regular partners, and was the main motivation for buying sex (Bédard, 2005).

1.3.2.2 Romantic love

It seems that some Indian men, possibly the youngest, are tempted to have relations with sex workers when looking for love, and not only by simple physical desire (Bhugra et al., 2007).

1.3.2.3 Masculine identity

A qualitative study conducted with men and women of low socioeconomic status in the region of Delhi revealed that men are perceived as more demanding and women as being more passive and submissive in sex (Bhugra et al., 2007). As will be seen in the following paragraphs, the justifications posed in certain studies to explain this tendency deal notably with male biology, the need for sexual domination by men and the need for acceptance among peers through the affirmation of one's sexuality.

Male biology

In the Bhugra et al. study (2007) conducted in an area of Delhi, the Indian capital; men who were questioned mentioned the sexual need imperative, which would never wait to be satisfied. Nepalese immigrants working in India who were questioned in a qualitative study were convinced of the natural sexual needs of men and the impossibility for a man to live without sexual intercourse (Poudel et al., 2004), even when far from his spouse. In the same study, some participants went so far as to minimize the danger of STDs associated with intercourse with sex workers under the pretext that “having syphilis is normal for a real man” (p. 900).

A collection of studies of clients of sex workers in western countries conducted in 2001 by
Bernstein, likewise describes men’s natural need for sex as one of the motives for their recourse to sex workers.

**Male domination**

According to O'Connell Davidson (2003), sex work varies in India and other parts of the world, notably according to what kind of sex worker clients frequent. Indeed, some have a tendency to consider sex work as a free market where the consumer has the right to have any and every desire satisfied, and where sex workers represent the product, the merchandise at stake (O'Connell Davidson, 2003). “Such clients were not only more likely than others to tolerate or justify violence against prostitutes, but also more likely to express a preference for younger and/or more vulnerable prostitutes.” (ibid, p. 58) Some clients even go so far as to perceive the use of commercial sex as "the temporary acquisition of a power of property over these women” (ibid, p. 58).

In sub-Saharan Africa, some clients recognize the inequality of the relationship between client and sex worker, where the woman has, in general, a socio-economic status that is much weaker than the client, exercising her profession most often in order to meet her basic needs. According to the same study, some clients consider sex work to be a way for women to acquire their liberty (Bédard 2005, submitted).

In a review of studies of sex worker clients in several western countries, it has been reported that clients' desire for power and control are among the motives for using sex workers. However, it should be noted that some clients, on the contrary, seek to be sexually dominated by the sex worker (Bernstein, 2001).

**The influence of peers**

Young men having sex with sex workers seems to be associated, in several countries including India, with a form of rite of passage by which the young man formalizes his entry into the adult world (O'Connell Davidson, 2003). According to the O'Connell Davidson study, membership in certain male peer groups can be affirmed through visits to sex workers, with peer pressure often a determining factor affecting the actions of young men. The potential influence of peers on the recourse of sex workers is also underlined in a study conducted with Nepalese immigrants working in India.

It should be noted that the consumption of alcohol is often associated with meetings between male friends. Thus, in addition to having the effect of lowering inhibitions, the use of alcohol promotes a phenomenon of group pressure with regard to the use of commercial sex (Poudel et al., 2004). Some friends are sometimes even willing to pay for a friend if this friend does not himself have the means to pay for the services of a sex worker at the time (ibid).

In Bali, the only Hindu island in Indonesia, it has been noted that the social network is a significant influence on the adoption of sexual behaviours – whether risky behaviours or otherwise - via several mechanisms such as persuasion, information exchange, circulated norms, and the judgment of one’s behaviour by one’s peers. For example, the results of a 2002 study with clients of sex workers in Bali suggested that those who revealed to their friends that they frequent sex workers were less inclined to use a condom. What is more, the same study demonstrated that those who knew that their friends used a condom during commercial sexual intercourse were more likely to use a condom in the same situation (Ford et al., 2002). These results demonstrate yet again the influence of social networks on the behaviour of sex worker clients.
1.3.2.4 Seeking and choosing a partner
The apparent imperative of male sexual desire (Bhugra et al. 2007) appears to justify, according to those questioned, the search for another sexual partner when a man finds himself dissatisfied with his conjugal life. It is reportedly more acceptable to frequent a sex worker to salve his dissatisfaction than to satisfy himself with another woman of the family (Bhugra et al., 2007), which is sometimes customary in India (Kakar, 2007). This search for a partner equal to a man’s sexual desires, often a sex worker, seems thus sanctioned by at least a part of society, although the majority of men questioned in the Bhugra et al. study (2007) knew that extra-conjugal sexual relations where increasingly associated with STDs and HIV.

In a study conducted with clients of sex workers in sub-Saharan Africa in 2005, some participants reported that women engaged in sex work were cleaner than their regular partners (Bédard, 2005). The same study also noted that the search for a sexual partner turned out be important for single men, or for those whose partner was not physically available. Generally speaking, a number of men questioned appreciated the simplicity of a relationship with a sex worker, contrary to what they shared with their regular partners (Bédard, 2005). In a study conducted in Kenya, some clients stated that to carry on a relationship with a sex worker was in the end less expensive than with a girlfriend (Voeten et al., 2002). Bernstein (2001) and Pitts et al. (2004) reported similar findings where a number of clients stated that a relationship with a sex worker was generally simpler. These men in particular appreciated the absence of engagement that attends such a relationship (Bernstein, 2001; Pitts et al., 2004) and the company and enjoyment it affords them (Pitts et al., 2004).

In Bernstein's study (2001) it seems that clients appreciated being able to choose their partner according to certain physical criteria. O'Connell Davidson (2003) added that the choice of a certain type of sex worker, for example those of a lighter skin colour or a superior social class, represented, for some men in India and other parts of Asia, an opportunity to reaffirm a respectable social status in society (O'Connell Davidson, 2003). Thus, according to a Thai client:

“I don’t feel proud of myself if I go with migrant sex workers. Socially, it is looked down on to be with Burmese sex workers because they work in particular types of establishment which are lower, and friends look down on it. In this male society, the place you visit makes you look good or not. In places where migrants work, the conditions are poor… (p. 57)”

1.3.2.5 Procreation
Interestingly, numerous participants in the region of Delhi, questioned in the Bhugra et al. (2007) study, emphasized the decline of their marital sex life after 2 to 3 years of marriage, and after the fulfilment of procreative duty in the first years of conjugal life. This fact means we should explore the place of sexuality in marriage and the role of commercial sex to satisfy unsatisfied desires with one’s spouse, at least after the first few years of marriage.

1.4 The role of the analysis of gender in the fight against HIV
In light of these studies, the importance of gender and sexual roles slowly becomes more evident with regard to the analysis of the problem of HIV. Indeed:

“[In spite of the] provocative and insightful (p. 396)” data existing on FSW clients, this literature has often failed to explain client motives with historical specificity, or to link
these motives to social and economic institutions that might themselves structure the relations of gender domination implied by many of the explanatory categories above. (Bersntein, 2001, p. 396)”

Adding to Bernstein's suggestion cited above, Anderson and O'Connell Davidson (2002) likewise question the omnipresent influence of gender models on sex work and the way in which it is practiced. The writers call for more research on the subject, especially in developing countries where very few studies have been conducted on this issue. We will return in greater detail to concepts of gender and sexuality in the following chapter.

1.5 Synthesis

In the present chapter we have seen that HIV in India represents a troubling issue where useful interventions are elusive, without taking an interest not only in sex workers, but also in their clients, who constitute a bridge population. We have also seen that the rate of HIV in the general population in India is greater among men than women, and that the rate is particularly elevated in the southern part of India, notably in northern Karnataka, within the general population, among sex workers and their clients. The typology of sex work that prevails in north Karnataka is complex and varied, and that sex worker clients have a non-homogenous profile. What is more, the typology of sex work and the profile of clients both seem to have an influence upon the risks associated with the transmission of HIV.

Finally, we need to grasp the importance of understanding perceptions, motivations and the behaviour of clients with regard to sex work in order to identify HIV transmission risks. It has been observed that masculinity and the perception of sexual roles influence the motives and behaviours of sex worker clients. It therefore seems important to concentrate efforts on examination of the lives of clients, and with a perspective that takes into account sexual roles linked to gender in the specific context of south India. A finer understanding of that which underlies and surrounds the use of sex workers will allow us to shed light on how risk-taking can be modified by all concerned.
2. Frame of reference, questions and objectives of research
Before defining in greater detail the proposed frame of reference for the current study, it is important to clarify certain terms and concepts, the understanding of which is crucial to this research.

2.1 Some definitions and concepts

Sex work
We use this term, throughout the entire course of this study, as a synonym for prostitution, which is defined by the offer of sexual services for a material gain (Barry, 1979, cited by Rosario, 2000). What is more, in speaking about sex work, we avoid falling into the stigmatizing symbolism associated with the term "prostitution" and restore some respect to this practice by associating it more with a profession than with a vice.

Sex worker
A sex worker can be defined as a woman offering her sexual services for money. For ethical reasons, sex workers who were eligible for selection in our study had to be a minimum of 18 years old or older.

As we saw earlier, there are several types of sex worker, who are often classified according to the site where they solicits clients. These different typologies can generally be distinguished either by the number of sex workers working at the same site or by the level of control they possess, notably on their earnings and their movements (Sankalp Project and KHPT, 2005).

Sex workers based at home
As addressed earlier, sex workers based at home are those who work from their houses, and who do not solicit their clients elsewhere. The clients come to them after having heard about them from other people, sometimes even an agent who markets the services of the sex workers.

Sex workers based in public places
Sex workers based in public places are those who solicit their clients directly in public places, for example, in parks, trains and bus stations, markets, movie theatres and in the street. The client will sometimes then be taken to a hotel, a house, a brothel or to another public place. Sex workers who work in public places generally operate alone and are not under the control of intermediaries who negotiate their prices for them (Sankalp Project and KHPT, 2005).

Sex workers based in brothels
Most often, the sex workers soliciting in brothels are those who work in a place other than their residence, under the control of the owner of the place, who takes a portion of the profit. It sometimes happens that the sex worker resides in the same place where she works, for example if she comes from elsewhere. Sex workers based in brothels generally share clients. Clients are often led to a brothel by an intermediary.

Clients of sex workers
In the context of our study, clients are defined as men above the age of 18 who have paid for the sexual services of a woman identified as a sex worker, from sites of solicitation (inspired by the Sankalp Project and the KHPT, 2005).

In order to better understand the relational and sexual experiences of men with sex workers, an experience that puts them at greater risk of contracting HIV and transmitting it their regular partner, it is necessary to clarify the concepts of gender and sexuality.
Gender

Several interpretations of the subject of gender exist, but they all seem to have the same roots. According to Rao Gupta (2000), the concept of gender "refers to the expectations and norms, largely accepted at the core of a society, concerning the behaviours, roles and characteristics which are appropriated by men and women" (pg. 1). It is constituted by a set of social and cultural constructs (Gerson & Peiss, 1985, cited by Courtenay, 2000; Kimmel, 1995, cited by Courtenay, 2000; Rao Gupta, 2000) which govern the actions of men and women and the way they interact with one another.

Gerson and Peiss as well as West and Zimmerman (1987), all cited by Courtenay in 2000, add that these are relational behaviours reproduced in a recurring manner by the people of a given society. Finally, according to Kimmel (1995, cited by Courtenay, 2000), the meaning of gender, which is socially constructed in a subjective mode, is constantly changing, and varies according to time and place.

Sexuality

Although often confused with one another, the concepts of gender and sexuality have two distinct meanings, even if they are intimately linked. Here also, according to Rao Gupta, the concept of sexuality is born of a social construct. Sexuality is closely linked to the desires and natural compulsions of an individual, and is expressed through the selection of partners, by the type of sexual activities practiced, by the context in which those practices take place as well as their impact upon the people involved. It is therefore a question, still according to Rao Gupta (2000), "of a dynamic and multidimensional concept (p. 2)," largely influenced by the meaning given to gender in different societies. Indeed, "explicit and implicit rules imposed by society, as defined by one’s gender, age, economic status, ethnicity and other factors, influence an individual’s sexuality." (Rao Gupta, 2000, p. 2) We will come back to the broader elements of sexuality in more detail at the end of the chapter.

2.2 Frame of reference: gender and sexuality

According to an editorial of the journal Lancet (2006), various inequalities, such as gender inequality in India damage HIV/AIDS prevention efforts. Furthermore, as we have seen earlier, it is important to understand the motives of clients of sex workers and the dynamics that underlie male/female relationships in the cultural context of India. Indeed, the perception of roles linked to gender, determines the adoption of certain attitudes vis-à-vis sexuality (Bhugra et al., 2007) and, in all likelihood, the adoption of risky or safe sexual behaviours. The qualitative study by Bhugra et al. (2007) conducted with a population of a low socio-economic status in the region of Delhi, demonstrated in effect that the attitudes adopted toward sex workers are very linked to gender concepts (Bhugra et al., 2007).

Several other studies on HIV and sex work in other parts of the world also, in their own way, shed light on the importance of analyzing gender in order to gain a better understanding of HIV transmission dynamics (Rao Gupta, 2000; Degnan Kambou et al, 2007; Weiss & Rao Gupta, 1998; Bédard, 2005; Giguère, 2008, Parker, 2001; Anderson and O’Connell Davidson, 2002; Bernstein, 2001). This is all the more important because the negotiation of safe sexual relations is often very difficult for Indian women, even frowned upon (Steinbrook, 2007). Besides, as reported in the NHFS-3 study (2007), the application of the knowledge of safe sexual behaviour is influenced by numerous social, contextual and individual factors. "One of the more important determining factors for safe sexual practices resides in the control of one's own sexuality." (NHFS-3, 2007, p. 339) As such, adequate
awareness of safe sexual practices is not sufficient for the prevention of HIV in a context where one of the partners is not free to choose their own sexuality (Ibid).

### 2.2.1 Gender, sexuality and the sexual culture
Numerous writers insist upon the importance of studying the question of roles linked to gender in the fight against HIV/AIDS (Rao Gutpa, 2000; Degnan Kambou et al, 2007; Weiss & Rao Gupta, 1998; Bédard, 2005; Giguère, 2008, Parker, 2001; Anderson & O’Connell Davidson, 2002; Bernstein, 2001), with the goal of better understanding male-female relations, sexuality and attitudes toward sex in different cultural contexts. According to Lambert and Wood (2005) and Boyce et al. (2006), both of whom were cited by Degnan Kambou et al (2007): “few health care providers or field workers are truly equipped to address gender and sexuality” (p. 156). We would like to emphasize the importance of health care providers being comfortable with health issues linked to gender and sexuality, so that they might be able to offer information tailored to the context of different at risk populations (Boyce et al., 2006, cited by Degnan Kambou et al., 2007).

Parker (2001) underlines the influence of the sexual culture of a given society upon relations linked to gender and attitudes toward sex. Notably, he remarks that:

> “[The study of sexual interactions] has drawn special attention to socially and culturally determined differentials in power – particularly between men and women […]. Because different societies organize sexual […] inequality in specific ways, social and structural rules and regulations place specific limitations on the potential for negotiation in sexual interactions. These rules and regulations, in turn, condition the possibilities for the occurrence of sexual violence, […] for sexual negotiation, for HIV/AIDS risk reduction strategies, and so on. (p. 169-170)”.

The writer thus emphasizes the importance of analyzing these culturally determined sexual roles and the power games which surround sexuality, in the fight against HIV/AIDS. He also notes that gender and poverty interact in a synergistic way, often putting women in a precarious, socio-economic situation that, as is the case with sex workers, renders them very vulnerable to male domination.

### 2.2.2 Power and male domination
The complexity and diversity of the world of sex work does not permit us to easily generalize about what underlies the demand for commercial sex (Anderson and O'Connell Davidson, 2002). What is more, as explained by Bernstein, male domination seems to be associated with several reasons and motivations for visiting sex workers (discussed in the last chapter), as much in developed countries as in developing countries. This proposition appears to agree with the following claim by Anderson and O’Connell Davidson (2002):

> “One of the most common conclusions drawn by those who have attempted to theorise the demand for prostitution is that there is a link between the way in which “masculine” identity is socially constructed and the desire to buy sex (Pateman, 1988; Barry, 1995; Jeffreys, 1997 and Mansson, 2001, cited in Anderson and O’Connell Davidson, 2002, p. 29). The idea that prostitute use allows men to express and affirm a masculine identity may help to explain why prostitute use is common in settings where men feel that their “masculinity” is at risk (e.g., when they work in exploitative conditions over which they have little control) […]. It also suggests that there may be a link between the social devaluation of women and the demand for prostitution, in the sense that the more a society devalues “femininity”, the more
important it is for men to distance themselves from the “feminine” by asserting their “masculinity”. (Anderson and O’Connell Davidson, 2002, p. 29)

Courtney draws similar conclusions in an article addressing masculinity and health, published in 2000. The writer remarks that, for a man, the affirmation of his masculinity depends primarily on the rejection of feminine ideals and on the oppression of women.

A study conducted with truck drivers in India (Degnan Kmbou, 2007), offers some insight into the ideas they have about the ideal man. Most participants described the heroic nature of man and physical characteristics like muscles and body hair representing masculinity. Upon first glance, this representation of masculinity instinctively appears hardly linked to the concept of male domination. In referring to certain typically masculine characteristics, one of the participants went so far as to say: “the real pleasure lies within the penis. This is the transformer power.” (Degnan Kambou, 2007, p. 162). Some participants added that the power of the penis lies in the capacity of a man to sexually satisfy a woman. “If a man cannot satisfy his woman, he feels like dying – there is no point in living” (ibid, p. 162).

Rao Gutpa (2000) also speaks about power as being as fundamental to sexuality as it is to gender relations:

“Power is fundamental in both sexuality and gender. The unequal power balance in gender relations that favours men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supersedes female pleasure and men have greater control than women over when, where and how sex takes place. An understanding of individual sexual behaviour, male or female, thus, necessitates an understanding of gender and sexuality as constructed by a complex interplay of social, cultural, and economic forces that determine the distribution of power. (p. 2)”

2.2.3 **Risks associated with male behaviours**

Although several socio-cultural factors influence male health and behaviours linked to health, the concepts of gender and masculinity are, according to Courtenay (2000), among the most important factors. The writer critiques the first wave of feminism, which exclusively emphasized women during studies addressing gender and health. Let us remember that there exists much more data on the issue of HIV, on sex workers than on their clients. Courtenay also insists upon the fact that through the affirmation of masculinity, men are much more inclined than women to adopt behaviours that put their health at risk, which gives them a disadvantage with several aspects of their health as compared to their female counterparts. This does not, of course, mean that men do not possess, in numerous modes, more power than women over their life and health. What is more, although the writer approaches male health behaviours in an interesting way, he reminds us that very little is known about the deeper motives responsible for at-risk health behaviours.

The analysis proposed by Courtenay seems to overlap, at least in part, with the ideas of Rao Gupta (2000) concerning the propensity of men to expose themselves to certain health risks, particularly with regard to HIV/AIDS. Indeed, although Roa Gupta might be far from minimizing the risks of HIV transmission to which women are exposed, she equally underlines the susceptibility of men to the disease, which many writers neglect to discuss. In fact, Rao Gupta summarizes her point of view into four main points, which, in their way, all influence risks to male health with regard to HIV. Upon first glance, these factors appear to be linked to societal expectations toward men. Firstly, on par with social norms that prevail in several places, society generally expects men to be experienced and knowledgeable in
matters of sexuality. Pigeonholed by this reputation, they are too often discouraged to seek help or information in matters of sexuality. Secondly, for men to have multiple sexual partners is often largely accepted and even perceived as essential to them, which to a certain degree legitimizes at-risk sexual behaviour when adopted by men. The third point addressed by Rao Gupta concerns the homophobic reaction often created by the recognition or affirmation of one's own masculinity, which drives many homosexuals to deny their sexual preference and the sexual risks to which they expose themselves. Finally, many different societies expect men to be self-sufficient and therefore independent of any help they might receive. Yet again, this social expectation discourages men to seek needed help, and encourages them on the contrary to deny the risks they run through adopting certain behaviours.

2.2.4 Gender, sexuality and HIV
As mentioned earlier, although gender and sexuality may be two distinct concepts, they are also intimately linked, and the notion of power influences both of them (Rao Gupta, 2000). Indeed, the power imbalance that exists at the heart of gender relations tends to reassert and manifest itself at the heart of sexual relations between men and women. This often results in a more significant sense of pleasure and control for men than for women. When Rao Gupta addresses the subject of sexuality and HIV, she refers notably to the four P's of sexuality: practices, partners, pleasure and procreation. The first "P" is more directly linked to sexual behaviour per se, while those that follow are more linked to motives that underlie sexuality. The writer equally insists on another "P" which surpasses all the others - power - and this influences the expression of the four other elements of sexuality. As illustrated by this diagram, the level of power in sexuality generally weighs in on the side of men.

Figure 6: The role of power in the making of decisions linked to sexuality

Thus, the classification of men’s motives to take seek out sex workers, as proposed by Anderson and O'Connell Davidson (2002) in section 1.4.2, seems to be rather compatible with those proposed by Rao Gupta (2000) earlier. Let us remember that Anderson and O'Connell Davidson's classification sheds light on three broad categories of motivation: the quest for certain sexual experiences (practices), the desire for a certain kind of sexual partner (partner) and finally, the desire to control the context and the way that sexual relations take place (power). It should be noted that Rao Gupta adds two more categories to this: pleasure, which is intimately linked to the choice of practices and which is perhaps already implicitly
incorporated into Anderson and O’Connell Davidson's classification; and procreation, which seems to be a little more in the background when considering more specifically the relationship between men and sex workers. In Rao Gupta's representation, power is presented as influencing all the other categories, while Anderson and O'Connell Davidson create a category of its own for power. This decision seems to be perfectly justifiable, given that the quest for power can also constitute for clients a motive \textit{per se} and given the reciprocal influences that exist between categories.

Taking into account the prevalence of HIV among sex workers in south India, the suggested role of the relationship between gender and sexuality in this epidemic, the motives and behaviours of clients who use sex workers in south India, and the dearth of work around these issues in India, we decided to explore the question in more depth. In this research, we concentrated solely on the testimonies of clients of sex workers in Karnataka, in particular in Belgaum, the district where, as we have already seen, sex workers and clients are the most affected by HIV. According to the review of studies presented here, it would seem relevant to retain four broad categories for the present study: power, practice, pleasure and partners.

2.3 Question and objectives of research

In light of the information presented above, we sought to better understand the way in which clients understand their experiences with sex workers, keeping in mind the theoretical notions described above regarding the relationship between gender, sexuality and HIV.

The general objective of this study was to better determine how gender might shed light on the risks of HIV transmission.

Through contact with clients of sex workers in south India, the specific objectives of this study were as follows:

1. To understand how representations of the ideal man and woman can inform us about the risks of HIV transmission;
2. To understand how men’s motives to use sex workers can inform us about risks of HIV transmission;
3. To understand how the relationship developed with a sex worker can inform us about the risks of HIV transmission.
3. Methodology

3.1 The context of the study
As already discussed, Belgaum district, in northern Karnataka, has a large population of sex workers (KHPT, 2005), with a relatively high HIV prevalence in the general population and in the at-risk populations, compared to the Karnataka districts as a whole. Sex work sites in Belgaum are quite varied, comprising public spaces (32%), brothels (29%), and homes (39%) (KHPT, 2008). This district was also chosen because it is a study area of the CHARME-India Project (Centre Hospitalier Affilié—Research, Monitoring & Evaluation, India) and the Sankalp HIV Intervention Project, two Avahan-funded projects. There have been several studies of sex workers in this district, but there is still need for a deeper understanding of the particular situation of the clients of sex workers. We hope that the results of the present study, by contributing to this knowledge, may serve as a basis for similar studies in other regions of south India and help define potential measures to be taken on a local scale to develop programmes to reduce sexual risk-taking with sex workers.

3.2. The research team and partners
Launched in 2003, the Avahan project aims to intensify measures for populations that are most at risk—female sex workers, their clients, and men who have sexual relations with other men—in the four above-mentioned southern states of India, as well as for intravenous drug users (IDU) in two north-eastern states in which transmission of HIV due to intravenous drugs is predominant (Ramakrishnan and Alexander, 2006; Steen, Mogasale, et al., 2006). The project also puts an emphasis on the development of the target populations’ capacity to act by allowing them to express themselves and by adapting intervention strategies to their needs and realities (Ramakrishnan and Alexander, 2006; Steen, et al., 2006). In order to inform these interventions, Avahan therefore seeks to explore and gain a better understanding of the dynamics of HIV transmission within these groups. A range of preventive measures targeting a number of high-risk groups have already been put into place as part of the project (Steen, et al., 2006), and are being evaluated.

The various Avahan projects are conducted by independent groups in each of the targeted states. The CHARME-India team (Centre Hospitalier affilié Research, Monitoring & Evaluation, India), headed by Dr. Michel Alary, has been awarded one of two research grants by Avahan to implement the evaluation and monitoring of the existing interventions it has developed. The team is evaluating the efficacy of the preventive measures initiated by Avahan until now. In order to do so, it will use various sources, among which is data collected from the “Integrated Biological and Behavioural Assessments” (IBBA) (collected in the framework of the Sankalp project in the state of Karnataka, and by Family Health International (FHI) and the National AIDS Research Institute (NARI) in the other states taking part in the project). The team also relies on data gathered from existing written accounts as well as complementary information that it collects from the general population and at-risk populations in certain districts. In order to carry out its evaluation task, CHARME-India needs to gain more precise and thorough knowledge of the dynamics of HIV transmission in the survey region and among the at-risk populations targeted by the preventive measures that have been put in place. It is in this context that our study, which aims to understand more precisely to what extent gender can inform us about the risks of HIV transmission, took place.

As outlined before, this qualitative research aimed to gather statements from the population that is particularly exposed to the risks of HIV/AIDS, i.e. sex workers’ clients. To do so, data were collected with the assistance of a male Indian interviewer who speaks fluent Kannada,
the native language in Karnataka, Hindi, one of the country’s most common languages, spoken by a few people in Belgaum and, of course, English, mainly to facilitate communication with the research team.

In order to establish contact with the sex worker communities, we first presented the project ideas to community organizations engaged in the fight against HIV/AIDS at the local level and collaborating with sex workers on a regular basis. We thus established contact with the non-governmental organization Belgaum Integrated Rural Development Society (BIRDS) and Shakti Sangha, the district’s sex worker collective. The latter immediately validated our approach, offering advice and assisting our field research team to facilitate contact with sex workers in different locales.

Planning of sampling and analysis was carried out under the direction Dr Michel Alary, principal researcher of the CHARME-India project and specialized in HIV/AIDS epidemiology in developing countries, Dr. Michèle Clément, specialized in qualitative research, Jan Bradley, Executive Director of CHARME-India, Mrs. Catherine M. Lowndes, and scientific coordinator of CHARME-India. Based in Belgaum (the administrative capital of Belgaum district), Mr. Brian Gilligan, director of “CORRIDORS,” a sex worker mobility project under the auspices of the Karnataka Health Promotion Trust, was in charge of facilitating access to the area of our field research in Belgaum town and elsewhere in the district.

3.3 Sampling
Given that this study forms part of a wider project with various objectives, the choice of participants took into account a series of well-known HIV risk factors.

3.3.1 Criteria of inclusion and exclusion
The selected participants were men of 18 years of age or older who had paid at least once for sex with a woman. For ethical reasons, and for reasons pertaining to the quality of the data, we chose to exclude from our survey those men whose cognitive faculties had been impaired by the intake of alcohol or any other psychoactive drug. However, it proved impossible to exclude all men who had consumed alcohol before the interview, since a majority of clients consume at least small amounts of alcohol before engaging in sexual activities with sex workers. Excluding them would not only have made the collection of data particularly difficult, but would also probably have resulted in a much less representative sample of the population under survey. The fact remains that, however unavoidable, the exclusion of individuals whose faculties were impaired by alcohol may have biased the selection. It is likely that clients who are most prone to alcohol abuse are possibly also more inclined to engage in risky sexual activity and violent behaviour towards the sex workers (Bédard, 2005). The decision whether to include or exclude a given client under the influence of alcohol eventually rested equally with the sex workers who established the first contact with him, the peer educators who facilitated communication between the sex worker and the interviewer, and the interviewer himself, who had previously been trained to assess and deal with this kind of situation.

For pragmatic reasons, clients speaking a language not known to the interviewer also had to be excluded from the survey. However, the probability of encountering individuals speaking neither Hindi, Kannada, nor English was assessed as relatively small. Furthermore, it was decided that, should the situation arise, clients who in some way knew the interviewer would be excluded from the survey for ethical reasons and because their statements were likely to be affected in such a situation due to a potential social desirability bias (Cleland, et al., 2004,
and Carael, et al., 2004, quoted in Carael, et al., 2006). This exclusion was further motivated by our commitment to respecting the participants’ anonymity. In actual fact, such a situation never occurred.

3.3.2 Identifying participants
The survey was conducted using non-probability and purposive sampling. This method of sampling is more realistic when data are impossible or very difficult to collect randomly in the entire population under survey. The selection of participants was thus made with regard to certain criteria that are considered relevant to the study. The survey also relied on quota sampling, which meant that the selection continued until it reached a certain number of participants who matched all of the previously determined criteria. This method allowed us to ensure a certain degree of inter-group diversity (Mayer, et al., 2000).

Inter-group diversity
As we have seen, sex work in south India is often categorized according to different typologies that reflect the places of solicitation, the three most common in Belgaum district are: the home, public spaces, and brothels. Hotels, dhabas, and places by the roadside are much less frequently used in northern Karnataka. Following the advice of experts in the field of sex work typology in Karnataka, we chose not to discriminate between two sites of contact - i.e. hotels and brothels - since their functioning is very similar. According to our local partners and existing literature, it appears that in both environments the owner of the place manages the sex workers’ income and withholds a certain percentage of the profits (Sankalp Project, 2005). In both places, the sex workers may be boarding, although many actually have their own homes away from the sites. In general, hotels may also host other tenants, which is not the case with brothels. It needs to be said; however, that one of the two hotels we visited as part of the survey was particularly busy and exclusively dedicated to sex work. The physical realities of these two types of places can therefore be quite similar or totally different and the differences may be just as apparent between two brothels as between a brothel and a hotel.

On another level, this stratification aimed to determine whether the clients’ sexual behaviour and perceptions of sex workers varied according to the different typologies of professional sex workers whom they frequented.

It should also be noted that although in the literature, most clients are generally between 20 and 35 years of age, there may also be important intergenerational differences, both in male and female populations, around perceptions of sexuality and sex work (Bhugra, et al., 2007). Further, as we have previously seen, Bhugra, et al. suggests a loss of sexual interest within married couples after the first years together, possibly once the “duty” of procreation has been accomplished. In light of the statements collected from men and women from the Delhi region in 2007, it seemed to make sense to devise our stratification not merely by typology but also according to various combinations of age and marital status of the clients. This second stratification comprised three categories: single men in general, young married men, and older married men. Based on the knowledge that, in the state of Karnataka, the clients’ average age at marriage was 23.4 in 2001 (NACO), we assigned married men of 30 and under to the second category, and married men above 30 to the third. Men who were not married but who were dating at the time of the survey were included in the category of single men since, in the Indian context, this type of relation is unusual, and rarely associated with sexual relations. In fact, premarital non-commercial sexual relations are poorly accepted in this cultural context (Nag, 1996; Kakar, et al., 2007).
Based on the above, we decided to approach 27 participants, 9 of whom were identified in each of the 3 typological sites of sex work under consideration. Within each of these 3 typologies, we selected 3 clients who matched each of the age/marital status combinations. This choice meant that we could hope to gather enough information in each of the categories so as to attain a qualitatively acceptable level of analysis, while staying within our assigned timeframe.

The choice of sex worker sites and the cities and villages targeted by the survey depended in equal measure on the prevalent typology in those places, the number of active sex workers, and the contacts that could be established with the sex worker community through the help of our local partners. This method was intended to facilitate finding clients, and ensure good relations with the community. We also wanted to minimize the potential “contamination” between the different clients who were interviewed, as clients from the same social milieu are liable to express somewhat homogenous testimony, because they potentially share a common social network.

3.3.3 Recruiting participants
Participants were recruited, on a voluntary basis, with the help of the above-mentioned community organizations and sex workers in the field, the majority of whom were also members of the Shakti Sangha collective. The latter established first contact with the clients, who were subsequently guided by the peer educators towards the interviewer, who conducted the interview. Whenever possible, contact with the client was established after the sexual activity with the sex worker had taken place. This strategy was aimed, on the one hand, at avoiding affecting the client’s interaction with the sex worker and, also, at encouraging a somewhat more open discourse on sexuality and sex work. However, as reported by a number of sex workers who collaborated on the project and identified clients in the field, a certain number of clients were more inclined to take part in the interview before the sexual intercourse, without this affecting their interest in engaging in sexual intercourse with the sex worker afterwards. In brothels and hotels, the majority of clients who were interviewed before sexual intercourse had already paid for the sex worker’s services, which meant that the survey did not jeopardize the latter’s professional activity. We finally interviewed participants without taking this variable into account, although the majority of clients did engage in the interview after the sexual activity.

3.4. Participation in the survey and socio-demographic profile of the participants
The number of refusals was calculated approximately, relying on information from the sex workers and the peer educators who approached potential clients for our survey. According to the numbers reported by the sex workers and the peer educators who collaborated in the recruitment of participants on the ground, around 50 clients refused to take part in the survey. When the clients stated the reason for their refusal, the most common reason invoked was lack of time to participate in the interview. Many also showed a lack of interest. Others apparently refused for fear of being recorded, while still others were concerned that they would be asked to submit to a blood test. It should also be noted that among the 50 or so clients who refused to take part in the survey, 6 or 7 had initially agreed to take part but retracted when it appeared they would have to wait to be interviewed; the interviewer was sometimes in the process of conducting an interview at the same moment that other participants were solicited.

However, we had to ourselves refuse approximately 15 participants for various reasons. Some did not match the profile of clients that we were looking for, while others simply appeared not to be clients of sex workers. Some did not speak Kannada, Hindi or English, and were
therefore unable to communicate with the interviewer. Others presented themselves wishing to be interviewed as a group, which did not correspond to our objectives and potentially raised delicate ethical issues with regard to confidentiality.

Thus, among the 95 individuals who were approached to take part in the survey, 43 or 44 immediately refused to take part, 6 or 7 retracted after having initially agreed, and 15 or 16 were inclined to take part but did not match the profile of clients we were looking for or were simply not clients, and 30 took part in the study (fig. 7).

Our analysis thus includes the interviews conducted with 30 participants, among which 10 were young married men, aged 30 or younger, 10 were married men over the age of 30, and 10 were single men, most of whom were aged 30 or less. Among these 30 individuals, 11 were approached in a brothel, 9 in the home of a sex worker, and 10 in public spaces. For each typology, we generally managed to ensure the selection of at least 3 young married men, 3 married men over 30, and 3 single men, so as to provide for good inter-group diversity. We did however encounter difficulties in trying to meet the objectives for certain categories of clients: only 2 single men were recruited in a brothel, and only 2 married men over 30 were recruited in public spaces. We nevertheless considered we achieved a satisfying degree of heterogeneity within each of these groups.

**Figure 7: Distribution of participants in the survey according to the sex work site, age and marital status**

Most clients who were interviewed had obtained a secondary school diploma or higher (fig. 8). They were mostly rural workers or manual labourers (fig. 9). Among the 30 clients who were interviewed, 26 were residents of Belgaum district, 2 came from another district in the same state, and 2 came from areas outside Karnataka.
3.5 Data collection
In most instances, each client recruited was approached by a different sex worker, so as to obtain heterogeneous information, particularly regarding the client’s relation with, and perception of, sex workers and to limit bias. This variable was of course difficult to control, since we were not physically present when the sex workers recruited clients. We nevertheless observed that at each site being surveyed, the number of sex workers who recruited clients roughly matched the number of clients who participated.
Once the participants had been identified and recruited by the sex workers and peer educators, mostly after sexual intercourse had taken place, they were interviewed by a male interviewer with a degree in anthropology and experience in qualitative research, notably in the field of sex work. The interviewer had also undergone a four-day training prior to the collection of data so as to be familiar with the project. He was thus aware of the ethical, organizational and scientific issues in relation to field work, and was comfortable with the interview guide and the manner of conducting the interviews.

The clients were interviewed with the assistance of an interview guide encouraging a semi-structured and semi-directive approach. This choice allowed for the latitude required to ensure a more in-depth exploration of individual perceptions (Mayer, et al., 2000). The interviews were conducted in Hindi or Kannada, according to the interviewee’s preference. They took place in a quiet area next to the site where the participant had been recruited.

The topics addressed during the interview were informed by our assessment of existing literature, our research objectives and our informal discussions with experts in the field of sex work in South India as well as with the afore-mentioned community organizations. The interview guide was validated by the professional peer educators working within BIRDS and Shakti Sangha. The questions predominantly addressed three main topics: representations of the ideal man and the ideal woman, motivations to engage with sex workers, and the relationship experienced with them (cf. attachment 1). These are regrouped under sections 1 and 2 of the interview guide. Other questions, mostly relating to sexual health and their use of condoms and treatment services, were grouped under sections 3 and 4, and mainly served the general interests of the research team rather than informing this study.

Taking into account the bias inherent in working with voluntary participants, the interview guide included a more specific question about the nature of the relationship between the client and the sex worker who recruited him, as well as a question about the client’s motivations to take part in the survey. The aim of these additional questions was to contribute to a better understanding of the profile of clients who agreed to participate, and subsequently, to facilitate the interpretation of the data. On one hand, clients were suspected to entertain rather more cordial relations with the women who recruited them. In addition, those who showed interest in our survey might have been more acutely aware of issues pertaining to HIV/AIDS and sexuality than those who refused, although the specific topics addressed by our survey were only disclosed to them once they were face to face with the interviewer. It should also be noted that the general information on the participants’ socio-demographic profile was collected at the outset of the interview.

Once our interview tool had been validated and approved, the first interviews were held according to an iterative process. In other words, the first three interviews were translated before we continued to collect data, so as to allow for potentially necessary adjustments to the interview guide and/or the way in which the interviews were conducted. During the first interviews, the interviewer was assisted by an expert in anthropology and qualitative research who was working in the field of HIV and sex work in Karnataka, and who, whenever required, provided retroactive feedback after the interviews. The remaining part of the data collection process was also implemented according to an iterative process, by which the interviewer reported the issues raised during the interview, allowing us to discuss the strengths and weaknesses of both the interviewer and the interview guide. The complete translations were obtained subsequently.
In addition, the interviews, the informal conversations with the sex workers and the peer educators, as well as the field notes relating to the data collection sites and the interviewing process (cf. attachment 2), were compiled throughout the research, adding an extra richness to the data. The first strategy allowed for a triangulation of data collected from the clients’ statements with those from the sex workers’ statements (Guba, 1981). The second strategy mainly aimed at substantiating the transferability of data (Guba, 1981). While the field notes were primarily intended to facilitate the subsequent interpretation of the verbatim transcripts, they also permitted the potential use of the results in other, similar contexts. The combination of various methods of data collection, central among which remained the semi-structured interviews, allowed us to characterize the environment and context as well as to verify consistency within the collected data (Guba, 1981).

3.6 Qualitative analysis of content
Once the data collection had been completed, the verbatim transcripts were translated into English. The analysis was implemented in English using the N-VIVO 8.0 software. We then conducted a qualitative and analysis of content, i.e. without significantly predetermined expectations as to the results of the research (Bowen, 2005), in order to identify the themes that emerged from the participants’ statements in relation to our research topic.

The analysis presented in the following chapter derives from a systematic qualitative analysis. In order to make a correct assessment of the results of such an analysis, its basic principles and general characteristics need to be understood. Our approach to this survey consisted of a content analysis. Thus, our analysis was thus based on text documents, the verbatim transcripts, from which we tried to infer explicit significance (Muchielli, 2004). In doing so, we directed our attention to the manifest rather than latent content so as to avoid erroneous interpretations of the participants’ statements, whose cultural background and references were so distinct from ours that interpretations risked being biased. The analysis was therefore thematic rather than frankly interpretative (Muchielli, et al., 2003).

The first stage of the analysis naturally consisted in reading the entire corpus of data, and doing so without judging or analyzing the collected information. The subsequent stage consisted of conducting an “attentive examination [...] of the experienced and manifested or expressed reality” (Muchielli, 2004, p. 216) in the interviews. During this stage, we tried to grasp the essence of the witness accounts, asking ourselves what the main topic of the participants’ statements was (ibid.). We then divided these ideas into significance units, into sentences or groups of sentences “related to the same idea” (Muchielli, et al, 2003, p. 132). These were then subsumed under larger thematic groups, which were themselves directly related to the larger research objectives; we had previously defined (Blaise and Martineau, 2006). The topics were the following: representations of the ideal man and the ideal woman, the client's motivation for engaging with sex workers and the general characteristics of the relations between the client and the sex worker. As the analysis proceeded, our categorization was refined by the inclusion of sub-topics (ibid.), which would eventually allow for a better conceptualization of the data (Muchielli, 2004). It should be noted that, short of being purely inductive, this exploratory analysis demanded that we remain attentive to evocative, although unanticipated, content, which could add essence to our pre-established objectives.

Once the cross-comparison between the research objectives, the verbatim transcripts and the adopted categories was completed, we proceeded to do a second reading of the transcripts, which were now classified according to each of the categories. The aim of this strategy was to describe the explicit content in each of these categories. The analysis was thus rather descriptive in nature, and even in this instance, we tried to avoid any interpretation of content.
beyond the participants’ explicit statements. A more interpretative analysis was however adopted at a later stage and is discussed in a section dedicated to the interpretation of results and in the conclusion.

Throughout the process, we questioned our categories by adopting a second strategy of categorization, which helped assess whether the classification of the excerpts was consistent. This provided greater analytical accuracy and enhanced the credibility of our scientific approach (Guba, 1981). This triangulation (ibid) furthermore contributed to corroborating the credibility of our analysis. We thus compared our analysis of the participants’ statements with the sex workers’ perceptions of them, as expressed in informal conversations. The development of models and schemes also guided our reflection throughout the process of analysis.

3.7 Ethical considerations
As we have seen above, the HIV epidemic in south India is shaped by particular social, cultural, religious and sexual practices (Steinbrook, 2007). It was important to keep in mind several ethical considerations throughout the project. The present survey formed part of a wider-ranging project conducted by CHARME-India, which had previously been reviewed and approved by the ethics committees of three different organizations: the Centre Hospitalier Affilié Universitaire de Québec, the University of Manitoba and St. John’s Medical College in Bangalore. The ethical considerations arising from our survey were thus in keeping with those of the CHARME-India project and followed the guidelines adopted by CHARME-India and the ethics committees.

As we established contact with key informers and clients in the field, we made sure that the motivation behind our research was well explained. The sex workers first made contact with their clients so as to safeguard their anonymity. A male interviewer subsequently conducted the interviews in keeping with local cultural customs and practices. Participants were handed an informed consent document and the contents were read out to them (cf. attachment 3). Consent was expressed verbally in the presence of a witness. Consent was informed and not subject to any conditions. The team members were selected with respect to their experience in social sciences in the field of HIV and sex work, and their motivation to work with marginal populations with respect for their situation (Alary, 2006). Team members were also subject to a confidentiality clause, as some information collected during the interviews was potentially damaging to the participant’s reputation, particularly in a context where sex work is illegal. No names were used in the interviews so as to prevent any a posteriori identification of the participants. As mentioned earlier, we validated our data collection tool with community organizations before starting the fieldwork. The information gathered in the survey will furthermore be returned to the regional organizations working in prevention, allowing them to benefit from its results by refining their interventions accordingly.
4. Results

4.1 Representations of the ideal man and the ideal woman

4.1.1 The ideal man
Apart from the numerous references to the man’s role as a good family father, it appeared that when clients were asked to describe the ideal man, they largely dwelled on the sexually ideal man. In fact, they tended to describe their own attitude toward sex work and sexuality as well as their general lifestyle. Interestingly, several clients who were interviewed said that the ideal man does not engage with sex workers: “They should not do sex with female sex workers” (interview 35); “Men should not go to female sex workers” (interview 36).

According to some clients, engaging with sex workers was a bad habit that should be avoided, such as smoking or drinking alcohol: “If he is going outside for doing sex, then it is called as a bad habit” (interview 16); “If I have bad habits (sex work), then I fall into drinking, smoking” (interview 7); “We must not do sex with female sex workers; we must not smoke, must not use tobacco” (interview 36).

Others insisted on the fact that the ideal man should not cheat on his spouse by engaging with a sex worker or another woman: “He should not see any other lady except his wife” (interview 29); “He should not have sex with other women” (interview 30). For several clients, the ideal man must thus be faithful to his wife.

This tendency to represent the ideal man as a non-client of sex workers was present among men engaging with all types of female sex workers in the survey. It emerged from the statements of both younger and older married men, but somewhat less distinctly in the discourse of single men. One single man even stated that, if he wanted sex, the ideal man should engage with sex workers rather than chasing other girls—although it wasn’t clear whether he referred to a single man like himself or someone who, like the majority of men in India, was married: “A good man should not tease girls while going on road. […] He should think that they (girls) all are like mother and sister. If he wants to have sex, he can go to female sex workers. He must not tease or trouble innocent girls on the road. That’s all” (interview 9).

It should also be noted that for many, the ideal man was distinctly sexualized, a man idealized as someone who is able to satisfy his sexual partner, most often his spouse: “Men should give satisfaction to women in sex.” (interview 15)

– Respondent: “Good person means he must satisfy his wife.”
– Interviewer: “To satisfy means what?”
– Respondent: “He has to do sex with his wife and she must get satisfied by sex” (interview 23).

This ideal representation is shared by young clients, married clients, single men and clients who engage with female sex workers at home or in public spaces. It is nevertheless difficult to infer from this that other types of clients did not share this opinion, since the data on this issue for each of the categories of men under survey proved insufficient.

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2 Some participants were unsuitable for interview, or refused to be interviewed. However we kept the client numbers as originally designated, so some interviews are numbered beyond the number thirty.
Clients also stated that, besides being able to satisfying the sexual partner, the ideal man had to be sexually potent. One client said:

– Interviewer: “How should be a man in sex?”
– Respondent: “He should be powerful.”
– Interviewer: “Powerful means?”
– Respondent: “He must break the power of women” (interview 15).

An interesting fact is that, despite all the sexual competencies they ascribed to the ideal man, clients nevertheless underlined his capacity to control himself sexually by respecting self-imposed limits:

“He must have limits. He doesn’t do sex as he wants. If he has limits, then, he can be in a good health and he can keep his body well. If he does sex as he wants, then, he loses his power and he can’t have any power to work” (interview 16).

According to some interviewees, excessively frequent sexual relations could potentially damage a man’s health. It should be noted that no reference to this belief was found in the statements of single men or those frequenting brothels.

Besides limiting the frequency of his sexual relations, the ideal man should also be responsible and use condoms, should he engage with female sex workers. This quality was evoked quite frequently by the clients:

– Interviewer: “How should be a good man? [...] How should he be in sex?”
– Respondent: “If he goes out for sex, he must use condom. He has to take care of his health. If he does anything outside, he has to use condom. They are showing on TV that it is right” (interview 14).

A number of clients even declared that the ideal man should wear two condoms rather than one:

“Wherever he goes to female sex workers, he should use condoms while having sex, he should use two condoms instead of one while doing intercourse [...]” (interview 18).

It thus appears that the ideal man, though needing to perform sexually and potently, should adopt safe sexual practices. But while much reference was made to the use of condoms, we should not forget that, as we have previously seen, having only one sexual partner was also mentioned: “He should not have sex with other women [...] he should be secure in his sex life” (interview 30).

This tendency was observed in all categories of clients under survey. Those who referred more specifically to condoms when speaking of the ideal man were single men, older married men, and those who engaged with female sex workers in brothels or in public spaces.

It should be noted that, among other qualities, it is believed that the ideal man should not drink, consume tobacco, play the lottery, fight, etc.: “A good man should not drink; he should not quarrel” (interview 36); “In sex, he must not have any bad habit. If he is having the habit
of eating gutaka (tobacco), of drinking or smoking, it is not good. He must be like a Brahmin\textsuperscript{3} boy” (interview 28). In summary, the ideal man should have no bad habits at all: “he must not have any bad habit” (interview 7).

4.1.2 The ideal woman
Although representations of the ideal woman did not always refer to a particular type of woman, it is our understanding that in most instances, the client described the ideal partner, or more precisely, the ideal wife. It should be highlighted that, when clients started describing the ideal woman, it soon became clear that this woman was married. The ideal woman is thus generally the woman, mostly the spouse, who is referred to in conditional terms; the ideal woman is the woman as she should be, but not necessarily as she actually is. Through their evocation of the ideal woman, clients thus described the relationship they would like to experience, and not necessarily the one they have.

4.1.2.1 Emotional relationship
The two key elements of the emotional relationship between the client and the ideal woman as described by the interviewees are affection and trustworthiness.

\textit{Affection}

It should be noted that the emotional relationship with the ideal woman described by the clients did not necessarily concern love, and that love, friendship and sexuality sometimes seemed interchangeable:

“Love means feelings; a woman should understand the feelings of a man - that is love. If the man asks for sex, the woman should give sex; she must love him in sex also. She must be like a friend. [...] She must share feelings with man like a friend” (interview 32).

Clients often, though somewhat vaguely, mentioned that the ideal woman should have a good heart: “I feel she should be good in heart. [...] whatever she may be of, she should be good and kind-hearted” (interview 30).

Another emotional quality of the ideal woman is that she cares for others, particularly for her husband, by whom she is cared for in return: “A good woman should be caring; she should have feelings like brothers and sisters [...]” (interview 33); “I look after her well by giving my life also” (interview 7).

The ideal woman was furthermore described as understanding her partner once she had left her family home: “She has to understand her husband after marriage.” (interview 10)

Seeking a relationship characterized by affection for the partner does not seem specific to any of the categories of age, marital status or work typology used for the survey.

\textit{Feeling of trust}

Trustworthiness, as referred to by the respondents when speaking of the ideal woman, emerged as a primordial factor, which dominated all other aspects of the emotional relationship. It was mentioned by both single and married men from the two age groups and by clients who engaged with female sex workers in public spaces or brothels. The sense of

\textsuperscript{3} This term refers to the caste of Brahmans, which corresponds to the priestly caste in India, which corresponds to the highest rank in the Indian social hierarchy. (Le Petit Robert, 1993)
trust described by the clients can be divided into two major themes: faithfulness and solidarity.

Clients who took part in the survey thus seemed to favour an exclusive relationship with one woman. They wanted to be able to trust the faithfulness of the ideal woman: “She shouldn’t cheat on her lover because she has to be good in her mind” (interview 11). Moreover, a number of participants expressed the desire for a woman who showed solidarity with them, that is to say, on whom they could count and whom they could therefore trust: “She must be with me in good times as well as in bad times. [...] I want the girl who can be with me in happy and difficult moments of my life” (Interview 13); “[...] she (wife) should be with her husband in good as well as in bad times.” (interview 15)

4.1.2.2 Sexual relations
It is interesting to note that sexuality was almost absent from the clients’ descriptions of the ideal woman, irrespective of age, marital status, or typology of sex workers they engaged with. In other words, the ideal woman was not sexualized in the eyes of the clients who were surveyed. It should also be noted that, in keeping with the near-absence of sexuality, the ideal woman does not engage in sex for money: “Good girl means she should not do sex work.” (Interview 14)

Clients nevertheless provided physical descriptions of the ideal woman. The ideal woman does not escape the need to be physically and thus probably sexually, attractive. When speaking of the ideal woman, clients mostly described someone who, among other things, was good-looking: “She must look beautiful, that’s all. By seeing her, I must feel she’s beautiful. [...] Beautiful means she must not be so dark in colour; in looking, she should look as a girl.” (Interview 14)

– Interviewer: “Do you have any feeling about how the girl you will marry should be?”
– Respondent: “Yes, I have feelings. So she is fair in looking” (interview 7).

4.1.2.3 Utilitarian relationship
The respondents also described a utilitarian relationship with the ideal woman, by which she must assume the responsibility of helping her partner. This attitude is reminiscent of the previously mentioned solidarity that is expected of her: “Even though I am not having money, she must be with me.” (Interview 13)

In fact, the ideal woman spends little, wisely putting money aside for her husband and family:

[…]” if I give one hundred rupees to her, then what she has to do is to spend fifty rupees in that and save the other fifty. [...] The wife has to think that ‘my husband has given me this much, out of which I have to spend this much and save this much.’ If a woman has such qualities, then I will tell you, even the most drunkards will improve and become good” (interview 17).

As these statements suggest, besides the frequently mentioned financial responsibility, the ideal woman has apparently a much greater responsibility, which is to ensure her partner’s and her family’s well-being. Expectations in this respect are numerous. For one, the ideal woman serves her husband and dutifully accomplishes domestic chores: “[...] she must keep her husband happy” (Interview 9); “I need good and hot food for my meals and she should prepare it that way...” (Interview 33). It thus appears that the ideal woman corresponds to a
great degree to the traditional Indian woman: “[…] she should be traditional, a traditional Indian girl.” (Interview 15) Similarly, the ideal woman has religious faith and worships the gods:

“My friends are respecting god. Then, I am thinking ‘why these people are doing like this?’ If my wife is worshiping god in home, then, I will also feel like worshiping god by seeing her” (interview 23).

She is furthermore responsible for the happiness of her family, and therefore has to be good, especially if her partner is not:

– Interviewer: “[…] in your opinion, what is a good man like?
– Respondent: “A good man means, if the wife is good, even when he is a heavy drinker, then also he will improve. If the wife is good, then there is no need of a good husband. If the wife is bad, then the husband will be spoiled, because in the house, woman is the light of the house and the husband only earns the bread for the family. […] in the house, if the woman is on the right path, the man will also be in the right path” (interview 17).

Generally speaking, the responsible nature of the ideal woman was mentioned by all types of clients, though young married men seem somewhat more expansive on the responsibilities that the ideal woman should assume. However, no major difference was observed with regard to the type of sexual service they were seeking at the time of the interview.

4.1.2.4 Power relations
When clients started describing the ideal woman, it soon seemed that they expected her to have no power, but rather submitted to her husband’s demands: “She should listen to me. […] she should not say ‘no’; she should say ‘yes’ to whatever I tell her” (interview 7); “In home, wife should not say anything” (interview 25); “Her duty is to serve her husband. She must share everything with her husband; she has to agree to what her husband says” (interview 10).

Again, there seemed to be little difference in opinions on this theme, by marital status, age, or typology of sex work solicited.

4.2 Motivations to engage with sex workers
Firstly, some of the clients’ motives to engage with sex workers, were directly linked to his intrinsic desires. Secondly, the other motivations seemed rather external to the client, lying beyond his control, so to speak, though they were similar to the first set of motivations, largely influenced by context and culture.

4.2.1 Motivations intrinsic to the client
The clients’ intrinsic motivations were chiefly linked to desire. The content analysis of the interviews revealed three major desires expressed by the clients, which they sought to satisfy by engaging with sex workers. These desires were emotional, experiential and sexual.

4.2.1.1 Emotional desire
A number of clients described the need to satisfy an emotional desire as a reason for engaging with professional sex workers. This mainly reflected a desire for love, most frequently a desire to be loved by the sex worker with whom they engaged. This tendency was not exclusive to single men, since several married men interviewed declared they were dissatisfied with the affection provided by their spouse and so needed to find this with a sex
worker. Some explained for instance that a man could be tempted to engage with sex workers because of emotional dissatisfaction with his partner: “His wife may not be giving importance to him” (interview 5). The quest for love, or at least affection, thus becomes a motivation to engage with other women such as professional sex workers. One client even stated that he had fallen in love a woman when she was a sex worker and they were now living together: “I receive love from this female sex worker so I am living with her now” (interview 32). Another (single) man, explained that he began to see sex workers because he wanted to experience a loving relationship with a woman: “I couldn’t wait for my parents to get a girl for me and organize my marriage. Love was important for me” (interview 25).

With regard to the different characteristics of the clients interviewed in the survey, it was observed that the quest for love was a motivation to engage with sex workers for men of all ages and regardless of marital status. By type of sex work, those clients who were recruited by professional sex workers in public spaces were less inclined to talk about this subject.

4.2.1.2 Experiential desire
Clients expressed curiosity about sexual matters, saying they had been tempted to seek out a female sex worker in order to satisfy this experiential desire. One of the participants taking part in the survey stated: “Some are not doing sex, they are not having knowledge about that; they are different. They don’t have any means to learn it, but they can come to know about that (sex) by going outside (to female sex workers)” (interview 20); “Some want to do sex and want to experience that. They are having feeling like that. So they are going there to do sex and enjoy” (interview 24).

It should be noted that the majority of clients who explained that curiosity was one of the motivations for having sex with sex workers described this need in relation to others rather than to themselves. Men of all groups, marital status, age and typology of frequented sex workers, raised this issue without necessarily referring to themselves.

4.2.1.3 Sexual desire
Clients often expressed dissatisfaction with the sexual relations they experienced with their spouses, or simply at the lack of a sexual partner, and so seeking sexual satisfaction featured strongly as one of the reasons clients gave for having sex with sex workers. This quest for sexual satisfaction was indeed expressed in most clients’ statements: “They (men) are having desire to do sex with them (female sex workers) so they are coming” (interview 7). We will also see that clients, in expressing their sexual desire, were fulfilling a need that they considered to be primal, allowing themselves to lose control and yield to their male impulses by engaging in certain practices that would give them sexual pleasure, sometimes with a specific type of sexual partner.

**Satisfaction of a primal need**
For certain men, having sex with a sex worker satisfied an important need, which sometimes seemed to be almost primal: “[...] it is necessary to do this [sex]” (interview 12); “[...] that is why I come here to satisfy my sex needs” (interview 2).

**Loss of control**
Several clients even mentioned that they were unable to contain their sexual appetite, saying they were likely to lose control if they did not satisfy it, which was why they engaged with sex workers: “I will also become crazy (because I want sex)” (interview 22); “If I don’t do sex, I can’t control (myself)... I think of when to go... when to go” (interview 7); “[...] some are going because they can’t control (their) sex desire” (interview 24).
While this loss of control often seemed to motivate their actions, they did not seem to think that men should feel guilty for such behaviour, since it was deemed inherent in male nature: “They (women) can control much; men can’t control even one sexual desire. But women are controlling so many sexual desires” (interview 5).

One of the clients surveyed even spoke of a dependency that men were likely to develop towards commercial sex: “they will become addicted to that sex. The process will go on like that. They start to go again and again there” (interview 24).

**Quest for particular sexual practices and pleasure**

Among other elements that fuelled their sexual appetite, clients also admitted that they were seeking certain types of sex: “We are going there because we are not getting that type of sex in home.” (Interview 23). For clients who had a stable relationship, the sexual pleasure experienced with a sex worker appeared to be a type of pleasure that was impossible for them to obtain with their main sexual partner: “[...] she (wife) may be shy with her husband. So they (husbands) are going to have sex with female sex workers” (interview 13); “I can’t do sex like in English films with my wife. [...] And there, with female sex workers [...] no problem of sex with them, we can do sex as we like” (interview 23). It also appeared that single men engaged in commercial sexual relations because it was the only means for them to gain sexual pleasure: “If he is unmarried, he does sex for his enjoyment” (interview 15).

**Quest for a particular type of sexual partner**

We discussed rather superficially, what type of sex worker the clients seek out. Two main characteristics were evident, one of which was instinctively predictable: the sex worker must be good-looking, attractive and engaging. One client, however, described a different point of view, that some professional sex workers were practically repulsive: “Some don’t even take bath; even if they are having their periods, they are coming” (interview 5). Still another client admitted to his interest in sex workers who were not believed to be pretty or had a darker shade of skin:4

> “It will be like this: everyone wants good beautiful women to go [to], but I prefer black and average women. [...] Because, if the fruit is good, everyone eats it, you eat, I eat, and then there is nothing left in that, no enjoyment. In another way, if she is black, wheat colour, it means she will be strong and interesting and lot of enjoyment I get. [...] Actually what is important in women is whether the thing (vagina) in women is fit. If it is fit or loose, only that is important” (interview 17).

A number of clients seemed to be attracted by their sexual partner’s vulnerability. Most certainly, in our study, the clients who described this during our survey were far from being explicit about this subject, yet it nevertheless distinctly emerged during our second reading of the interviews. For instance, one client admitted his interest in very young girls:

– Respondent: “I wish to have a nice school girl; they will be nice, I want a school student.”
– Interviewer: “Ok, you like school students. Why do you want school students?”
– Respondent: “I can have more fun” (Interview 9).

4 In India, darker skin color is frequently associated with a lower social status (Rosario, 2000; Lapierre, et al., 1975).
Another client said he appreciated the fact that his lover, a female sex worker, was not rich and did not have any power over him:

– Interviewer: “What differentiates your wife and this lover (female sex worker)?”
– Respondent: “Differentiates means… my wife is rich, she wanted me to listen to her. But this lover (female sex worker), she gave me love and she listens to me. She won’t dominate me” (interview 32).

Seeking a vulnerable partner was not addressed by all clients; some clients simply did not allude at all to their choice of partner.

As for the topic of sexuality in general, no major difference was observed according to the client’s age or marital status. Young married men, older married men and single men equally spoke of a sexual desire that had to be satisfied, i.e. of a need that sometimes could not be met other than by engaging with a sex worker. Nor was the interest in sexual activities related to certain fantasies exclusive to men of a particular marital status or age. Even though one can hardly generalize, it appeared that married clients over 30 years of age were less inclined to describe a loss of control as a motivation to engage with sex workers.

Generally speaking, it is difficult to infer from the clients’ statements any difference based on the type of sex worker they were looking for on this occasion. One tendency, however, emerged somewhat more clearly among the group of clients who were interviewed after engaging with a sex worker at home. These men seemed more inclined to mention the particular sexual practices that sex workers allowed them to engage in, and it may be that these sex workers are more likely to respond to some of their fantasies.

4.2.2 Extrinsic motivations of the client
The frequenting of sex workers is also associated with a series of factors which are more specifically linked to the extrinsic context in which the client functions. In the following analysis, we present these extrinsic factors, starting with those that ranked highest in the clients’ list of concerns and then addressing those that ranked lower. It appears that, to different degrees, the marital and familial, professional, temporal, financial and socio-economical contexts all influenced the clients’ motivation to seek commercial sex.

4.2.2.1 Marital and conjugal context

Conjugal situation
As discussed earlier, several clients, regardless of what type of sex worker they sought out, stated that being single encouraged men to engage with sex workers. Several interviewees suggested that marriage came too late and yet they needed to satisfy their sexual needs at a much younger age: “I couldn’t wait for my parents to get a girl for me and organize my marriage. Love was important for me.” (Interview 25)

“Boys, in their house, they don’t have their marriage as early as possible…..if they don’t get married, they start going outside to sex workers” (interview 22).

One client said that a woman usually refused to have sexual relations with her boyfriend before marriage, insisting that he marry her first: “That girl will tell first you marry me; then we have sex. So boys go to female sex workers to have sex” (interview 9). Therefore, when a man does not feel ready for marriage yet wants to have a sex life, he may be tempted to use the services of sex workers.”
Among the reasons most frequently given by married men, independently of their age, was that, for various reasons, their spouse was not sexually available. Clients thus often said they went to see sex workers when their spouse was away visiting her family. It seemed that the men did not always accept the reasons women gave for returning to her family home:

“His wife may not be good. She will stay for two days in her husband’s house and after that, she will go to her parents’ house; then, at that time, what to do? If she does like this for a whole year, then, what to do? Then her husband starts going outside to sex workers” (interview 27).

In other instances, although the reasons given for the wife’s absence appeared to be respected by the husband, or culturally accepted, he could not resist the temptation of having sex in her absence: “I go and do the intercourse whenever my wife goes outside to her parents’ house, for delivery and for other things” (interview 19).

As a general rule, the wife’s physical remoteness was the primary reason for having commercial sex given by clients who engaged with sex workers in brothels or at home.

Another situation that was frequently described to explain a man’s separation from his wife were his professional obligations. It appears that men often stay away from their partners for long periods of time, sometimes months, for work-related reasons. This particular type of separation will be specifically dealt with in another chapter.

However, the physical absence of one’s spouse is not always the sole motivation for husbands to engage with female sex workers. Indeed, if their wife was present but did not make herself sexually available, men of all age groups were also tempted to engage with sex workers. One client for instance said: “[…] when my wife […] is menstruating […] I go to them” (interview 18). Another client related how he was tempted to see sex workers after the birth of his children: “[…] after the children’s birth [respondent is laughing], then, I started to have sex with female sex workers; that’s all” (interview 33).

Many interviewees also said that when the spouse did not sexually cooperate with her husband, he could be tempted to frequent sex workers in order to satisfy his sexual needs: “If wife is not cooperating to do sex, they are going to female sex workers” (interview 13).

“Married men are going because they might be having some problems with their wife so they may be going to sex workers. If a person is well and good in house, he gets whatever he wants in his home, then he won’t go to sex workers. Isn’t it right? You may ask in the village” (interview 26).

“[…] he is married but he is having some problems in his house. Wife is not interested. He feels somewhat bad, then he goes to do sex with sex workers. If he feels some difference in his wife’s sexual behaviour (less interest), then he goes to them (to female sex workers)” (interview 15).

This tendency was described not only by younger and older married men, but also by single men, who considered this to be a potentially important motivation for their married peers to engage with sex workers.
Jealousy within the marital relationship also prompted men to engage with sex workers. Some interviewees stated that when a wife cheated on her husband, he would be tempted to frequent professional sex workers, thus seeking in effect to avenge himself:

“[…] when a man comes to know that’ his wife has extramarital relations with other men in the community, then […] to take revenge and to get his desires satisfied, he goes to sex workers” (interview 18)

In the same vein, some clients stated that disagreements between the couple prompted them to seek commercial sex: “a man might be quarrelling for food or sex matter; if wife puts him out of house, he goes to see sex worker” (interview 26).

As we have seen earlier, the wish to engage in sexual practices that seemed impossible to experience with their spouse also prompted some men to have sex with a professional sex worker: “If I do different practices with my wife, then we both can get some problems” (interview 24). It is however difficult to ascertain whether the decision to abstain from these practices was taken by the man himself, the wife, or both.

**Familial situation**

As well as the specific marital relationship, the wider family context sometimes sets limits to the couple’s sexuality, which prompts certain men to have sex with sex workers. “We do sex with wife systematically. Timely, in dark place or sometimes, children and parents are there in home. So we have to do it silently and systematically” (interview 22); “Parents should not be seen by their children and should not do sex openly. […] They (children) will do sex openly if they see their mother doing bad habit (sex).” (Interview 28). It is interesting to note that both these statements were reported from clients who frequented home-based sex workers. As previously noted, once children are born and the family is complete, certain men turn to professional sex workers to satisfy their sexual needs.

Others stated that tensions within the family sometimes prompted men to frequent sex workers. It is difficult, however, to establish whether these tensions were related mainly to the couple or whether they derived from more general family difficulties:

– Respondent: “But in other way, if an ordinary man gets tension, then he will straight away come here (to female sex workers).”
– Interviewer: “You mean that a man comes here because of tension in his family?”
– Respondent: “Yes” (interview 2).

The family context seemed to provide a reason for men, regardless of age and marital status, to frequent sex workers in their homes or in brothels.

**4.2.2.2 Professional, temporal and financial contexts**

Married clients sometimes explained their interest in paid sex by the fact that their work kept them away from their spouse: “If we get transfers for 2 months, how can we lead a life as such? (We need sex if we are away from home for too long...)” (interview 30). Being away from one’s partner for professional reasons seemed to most frequently invoked by the soldiers who were interviewed, as a motivation to seek paid sex: “I don’t get the leaves (and the permission) to go to my place and that is why I come here to satisfy my sex needs” (interview 2). This tendency did however not appear prevalent in a particular age or marital status sub-group, nor in any typology of sex worker with whom the clients engaged.
Though less frequently, clients also discussed the time at their disposal as a reason to engage with sex workers: “When I have time, I go to female sex workers” (interview 35). Some clients even described paid sex as a mere pastime: “First time, I did it for a time-pass; I was not having anything in mind. I didn’t want to select the girl at the first time as I wanted to have sex only for time-pass” (interview 9). This motive did not seem influenced by the client’s age or marital status, nor did any of the clients who engaged with home-based sex workers refer to this motive.

Though it seems that having excess money to spend also encouraged some men, predominantly single men who engaged with home-based sex workers, this motive did not generally feature very strongly.

4.2.2.3 Socio-environmental context

Influence of peers

For all groups of men, regardless of age, marital status or sex worker typology, peers seemed to exert a strong influence in the clients’ decision to have paid sex with sex workers.

Certain clients felt literally compelled to accompany their friends on their visits to sex workers, as though they did not have the choice: “I didn’t choose by myself. I don’t want to get my life spoiled. My friends were taking me there. So I did it” (interview 12); “See, now, one of my friends brought me here forcefully” (interview 11). Others in turn stated that men often let themselves be influenced by their friends when they know they are frequenting sex workers, even when they do not really want to: “Some are like this: ‘He is going so I also have to go’” (interview 5). Furthermore, there is evidence that clients go to sex workers in groups, as a social activity to be shared with friends: “There was a friend’s party. He had purchased a new auto. He told: ‘Here are female sex workers’” (interview 14); “I had a group of friends, one day we all (six to eight people) went to sex workers” (interview 19). However, no client made clear reference to his peers being present during his sexual activity.

Several men reported that they only knew about the existence of sex workers through their friends: “Some of my friends told me like this: ‘She is a female sex worker, we can have sex with her.’ So I went to her and had sex. I use to drink with friends monthly once, at that time they told me about sex workers and where we can have sex and all” (interview 32).

Alcohol consumption

The previous excerpt also raises the issue of alcohol as an influence on paid sex. Some clients interviewed, though not all, declared that they felt greater sexual desire when under the influence of alcohol: “My friend said ‘you can select anybody, they are drinking, and if we drink, we get interested to do sex’”(interview 23); “If we drink rum, we won’t get satisfied till we do sex. […] I must do sex after drinking” (interview 12).

This seems to indicate that consumption of alcohol is sometimes associated with losing control over one’s sexual desires: “See, men are in control of the house, and when the tension becomes unbearable, he drinks and when he drinks, he loses control over himself and goes to the sex workers” (interview 2). The relationship between alcohol and paid sex does not seem to be influenced by age or marital status nor by the type of sex work sought.

The influence of pornography

It was also not unusual for the clients interviewed to report the influence of pornography as a catalyst prompting them to engage with sex workers: “[…] now, movies are there and men
are reading books. They are watching movies. I am also watching movies. It is not possible for us to do in house what they are showing in films” (interview 24).

Older married men and those engaging in paid sex in brothels did not express this reason so clearly, though it remains difficult to dissociate them entirely from this tendency.

**The presence of sex workers in the environment**
The mere presence and availability of sex workers in their home or work environment was mentioned by several men as an catalyst to engage in paid sex. In certain cases, the fact that sex workers were easily accessible, that they could be found along “one’s daily path”, seemed to motivate some clients: “I was seeing sex workers coming and going (wandering) where I was working, so I felt like going to sex workers” (interview 5).

In other instances, clients pointed out that it was the physical attraction they felt for a specific sex worker in their environment which prompted them to engage in paid sex with them: “why... means people are like that. Sex work has increased. Women are attracting men. If she looks more beautiful than before, the men do sex with her” (interview 15); “now see... girls (female sex workers) are putting make-up, and boys will go by seeing them” (interview 16).

Some clients also stated that the sex workers’ efforts to attract them were so intense that they eventually yielded to the pressure and accepted their services: “They are calling us so we are coming. See, now, they (female sex workers) called me to have sex [...] Now, she has only taken me here [...]” (interview 12).

It should be noted that the sex work environment was mentioned as a catalyst mostly by clients who engaged with sex workers in public spaces. Clients who were interested in other types of sex work were less inclined to offer this explanation. Age or marital status did not seem to influence this tendency.

4.2.3 Summary
The following chart summarizes the clients’ primary motivations to engage with sex workers.

**Figure 10: Chart of clients’ motivations to frequent female sex workers**