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## Understanding low levels of condom use between female sex workers and their regular partners: Timing of sexual initiation in relationships as a differentiating factor in Karnataka, South India

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### ABSTRACT

Evidence shows that low condom use is the norm in relationships between female sex workers (FSWs) and their regular partners. We investigated the timing of sexual initiation in a relationship with a regular partner as a critical factor in determining condom use. Three rounds of Integrated Behavioral and Biological Assessment (IBBA) surveys were used to derive whether regular partner relationships began before or after sex work initiation. Of the 7,015 FSWs surveyed, 33% started an intimate partner relationship before sex work initiation, 27% after beginning sex work, and the remaining 40% did not have a regular partner. Condom use was significantly higher in a FSW's relationship after sex work initiation ( $p < 0.01$ ), compared to a relationship with a regular partner before sex work. Programmatically, more efforts and resources are necessary toward promoting condom use among FSWs who have regular partner relationships before their initiation of sex work.

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condom use; female sex workers; India; intimate partner; Karnataka; timing of relationship

## Introduction

The HIV epidemic in India is largely driven by the heterosexual sex route of transmission, with unprotected commercial sex being an important driver, particularly in the southern states (Arora, Cyriac, & Jha, 2004; Halli, Blanchard, Satihal, & Moses, 2007; UNAIDS, 2008). While the rate of new infections has declined in recent years, evidence suggests that most new infections acquired by female sex workers (FSWs) occur either during the early period of sex work or later, due to exposure to regular partners as compared to their other commercial clients (Alexander et al., 2014; Isac et al., 2015). According to recent estimates, India is the third largest country in terms of the number of people living with HIV. The most recent numbers

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indicate about 2.3 million HIV infected persons in India (NACO, 2011, 2012; NIMS, 2012) account for almost 60% of South Asia's epidemic (Moses et al., 2006). Within India, the four southern states Andhra Pradesh, Karnataka, Tamil Nadu, and Maharashtra have the highest HIV prevalence. Although the country has witnessed a decline in HIV prevalence in recent years, the levels of reduction differed according to the geography and among different population subgroups (i.e. Female Sex Workers [FSWs], Men having Sex with Men [MSM], and Injecting Drug Users [IDUs]) (Kumar et al., 2006; NACO, 2011, 2012; Potty et al., 2012).

The University of Manitoba, in partnership with the Karnataka Health Promotion Trust (KHPT), implemented the *Avahan* program (a large scale HIV prevention program in India, funded by the Bill & Melinda Gates Foundation) in 18 of the 29 districts of Karnataka, from 2004–2014. The program, at its peak, reached over 60,000 FSWs and about 20,000 men who have sex with men and transgenders (MSM-T) on a regular basis. The main HIV prevention strategies among FSWs and their clients included peer-led communication strategies to promote safer sex behavior through the promotion of condom use, enhanced management of sexually transmitted infections (STIs), and the creation of an enabling environment to adopt safer sex practices (Gurnani et al., 2011).

Similar to the other HIV prevention programs implemented in India and elsewhere, promoting condom use among FSWs was the mainstay of preventing STIs and HIV infections (Ahmed et al., 2001; Holmes, Levine, & Weaver, 2004). However, there were several cultural and social barriers promoting condom use (Sarkar, 2008). Among these, the most important was low condom use in intimate relationships, that is, FSWs with their regular nonpaying partners. Studies conducted in several countries confirm that in general, FSWs use condoms less frequently and less consistently with their regular partners than with their commercial clients (Fox et al., 2006; Rosenthal & Oanha, 2006; Voeten, Egesah, Varkevisser, & Habbema, 2007; Wang et al., 2007; Zhao, Wang, Fang, Li, & Stanton, 2008). Findings from Karnataka have also suggested that, although the proportion of FSWs reporting protected sex with their clients has increased significantly over time, no such increase has been observed with regular partners (Isac et al., 2015; Rachakulla et al., 2011).

Regular partners of FSWs are considered to be high risk because of their high numbers of concurrent sexual partners, minimal condom use rates, and high HIV/STI prevalence (Hoffman, Nguyen, Kershaw, & Niccolai, 2011; Lowndes et al., 2000; Ulibarri et al., 2010). Hence, regular partners need to be given more attention in HIV/STI prevention programs for FSWs. There are very limited studies that have focused on the identification of critical factors responsible for minimal condom use in an intimate relationship. A qualitative study conducted in the high HIV prevalence district of Maharashtra identified that mutual trust between FSWs and their regular

partners in intimate relationships is one of the important factors for minimal condom use (Prakash et al., 2015). FSWs and their regular partners in a close relationship may believe that they do not have any other sexual partner; therefore, the likelihood of transmission of HIV infection is low. Moreover, the unavailability and poor quality of condoms, less sexual pleasure, and condom breakage were other reasons identified for inconsistent condom use with regular partners (Prakash et al., 2015). The role of timing of sexual initiation in a relationship with an intimate partner as a factor in determining condom use behavior among FSWs is the focus of this paper.

## Methods

### *Study design and sampling*

In order to evaluate the intervention efforts on increasing condom use and reducing the prevalence of STI and HIV among FSWs over time, a series of anonymized Integrated Behavioral and Biological Assessment (IBBA) surveys were undertaken in five districts of Karnataka, namely Belgaum, Bellary, Shimoga, Mysore, and Bangalore Urban during 2004–2011 (Isac et al., 2015). Together these districts accounted for more than 60% of FSWs where the *Avahan* program was implemented.

The HIV prevention interventions in these districts were initiated between April 2004 and October 2005. The first round of cross-sectional surveys was conducted 8–16 months after the program initiation, which provided baseline estimates on the prevalence of condom use and STI/HIV. We conducted a similar cross-sectional follow-up survey in 2008 and 2011, with a gap of about 16 months after the previous rounds, to measure the changes in outcomes related to condom use and STI/HIV prevalence. For the purpose of this study, we used the pooled data from all three rounds of the survey.

A probability-based sampling method was used for the purpose of data collection. We used a conventional cluster sampling for selection of FSWs who sold sex in their homes, brothels, lodges, and *dabhas* (roadside drinking establishments), where the population of FSWs was relatively stable. On the other hand, conventional time-location cluster sampling was deployed to select the street-based FSWs. The same sampling techniques were used in the baseline and follow-up surveys to make the comparison in the results. Sample size calculations were designed to detect a 10 to 15% increase in condom use with 90% statistical power and an error of 5%, assuming a baseline value for consistent condom use with commercial clients of 50% (Beattie et al., 2014). Further details about the study design and survey methodology have been described in previous publications (Ramesh et al., 2008; Saidu et al., 2008).

The target sample size per district per round was fixed at 400 FSWs. However, the sample size in Bangalore was enhanced to 800, to better showcase the

population's characteristics of two important sex work typologies (public place-based and venue-based) in this large city. FSWs were approached by interviewers with the support of FSW community workers. The questionnaire administered included questions on sociodemographic characteristics, sexual behavior with clients and other sexual partners, condom use behavior, as well as issues surrounding exposure to HIV preventive interventions and participation in sex worker organizations. All the interviews were conducted by trained field investigators in the major Dravidian language of Karnataka (Kannada). No identification-related information was collected; therefore, data could not be linked between the three rounds.

### ***Ethical considerations***

All three rounds of surveys were conducted anonymously, with no recording of names or personal identifiers. A detailed and standardized consent process was administered to each respondent. Separate consent was obtained for the interview and for obtaining biological samples. Consent was provided in writing, either by the participant or for illiterate participants, by an independent witness of the study who confirmed verbal consent. The IBBA's were approved by the ethics committees of St. John's Medical College, Bangalore (Karnataka), India, Family Health International, Arlington, VA, and the Health Research Ethics Board of the University of Manitoba, Winnipeg, Canada. Additionally, statutory approval for the conduct of the IBBA's and the protocols was obtained from the Health Ministry Screening Committee (HMSC), Government of India.

### ***Statistical analyses***

Primary data collected from the field were entered by two different data entry operators and were matched to avoid any data entry error using CSPro 4.0 software (Methodology & Software Development Branch International Programs Center, U.S. Census Bureau, Washington). Three rounds of IBBA data from the five districts were merged to form one database to allow combined analysis. All statistical analyses were performed using the SPSS version 22.0 software. Appropriate weights were computed and used in the analysis to account for sampling probabilities at district, primary sampling units, and individual levels, as well as nonresponse rates.

Condom use with a regular partner in the last encounter and consistent condom use ("every time" use of a condom) were the two outcomes considered for this. A range of sociodemographic, sex work, and program exposure-related characteristics were included as covariates. These variables include age of the FSW (<25 years, 25 and older), literacy status (literate, illiterate), marital status (unmarried, currently married, separated/widowed/deserted, other), migration status (localite, nonlocalite), and involvement in

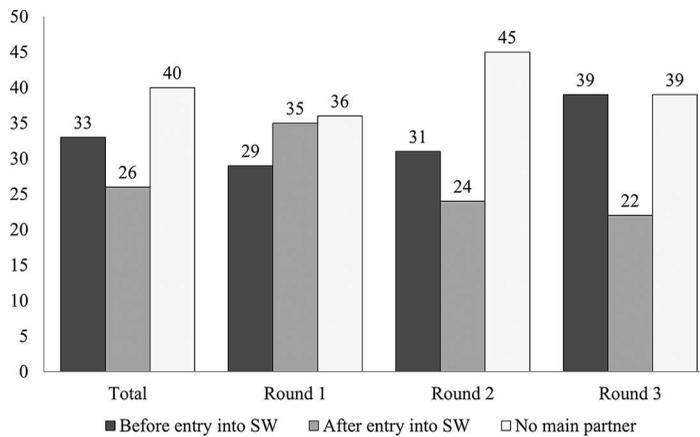
any work other than sex work (yes, no). Covariates related to sex work characteristics included sex work typology (public place-based, home-based, brothel-based, cell phone-based solicitation), sex work duration in years (<2, 3–4, 5 or more), weekly client volume (<10, 10 or more), age at first encounter ( $\leq 14$ , 15–19, 20 and older), age at initiation of sex work ( $\leq 19$ , 20–24, 25–29, 30–34, 35 and older), and duration of years with the main partner (<2, 2–4, 5–9, 10 or more). Other program-related variables considered were the duration of contact with the HIV prevention program (no contact, <2 years, 2–4 years, 5 or more years), survey rounds, and the district (a smaller geographic unit within a state. In the present study we used data from five districts, namely, Belgaum, Bellary, Shimoga, Bangalore urban, and Mysore).

Bivariate and multivariate models were used to examine the association between condom use and the exposure variable of interest, that is, whether the relationship with the regular partner was initiated before or after commencing sex work. Adjusted odds ratios (AORs) and confidence intervals (CIs) were used to measure the association and its significance, and the Wald test was performed to identify the importance of the exposure variable over other covariates used in the study. The multivariate models adjusted for all sociodemographic, sex work, and program-related characteristics were measured.

## Results

A total of 7,260 FSWs participated in the three rounds of the survey, of which 7,015 completed the interview and provided biological samples (2,277 FSWs in Round 1 [R1], 2,387 in Round 2 [R2], and 2,351 in Round 3 [R3]). Overall, about 98% of the FSWs who completed the interview ( $n = 6,860$ ) responded to questions regarding their regular partner. Of these, 60% of the FSWs reported a regular partner (4,175 FSWs) at the time of the survey, while the remaining had no regular partner (Fig. 1). Even though the overall proportion of FSWs with no regular partner did not change significantly over the period (R1 to R3), there was an increase in the proportion of FSWs who started their relationship with their regular partner before entry into sex work (29% in R1 to 39% in R3,  $p < 0.01$ ).

Of the 4,175 FSWs who reported a regular partner at the time of the survey, 56% had initiated the relationship before their entry into sex work and the remaining did so after sex work initiation. As is evident in Table 1, a higher proportion of FSWs ages 25 and older reported that their relationship with their regular partner began before entry into sex work as compared to the younger FSWs (57 vs. 49%,  $p < 0.01$ ). FSWs were more likely to have begun their relationship with their regular partner before entry into sex work if they were engaged in economic activities other than sex work, used mobile



**Figure 1.** Percentage of female sex workers (FSWs) with their regular partner before and after entry into sex work, and those FSWs with no main partner, according to the Integrated Behavioral and Biological Assessment survey.

telephones to solicit clients, practiced sex work for less than two years duration, had less than 10 clients per week, were currently married, started sex work at the age of 35 or older, and had been living with their regular partner for 10 or more years.

**Table 2** shows reported condom use with a regular partner based on the timing of sexual initiation in a relationship with a regular partner. Overall, 39% of FSWs reported using a condom at their last encounter with their regular partner and consistent condom use (“every time” used a condom) in that relationship was about 26%. The use of a condom at last encounter was significantly higher (57%) in relationships that started when the FSW had already begun sex work compared to relationships where the FSWs was not practicing sex work (25%). A similar pattern was observed in the case of consistent condom use. Multivariate analysis indicated that after adjusting for the effect of potential covariates that determine condom use behavior, condom use at last encounter with a regular partner and consistent condom use were still significantly higher (AOR: 2.55, 95% CI: 2.09–3.11,  $p < 0.01$ , and AOR: 2.83, 95% CI: 2.27–3.53,  $p < 0.01$ , respectively), if the FSW started sex work before the relationship with their regular partner began.

**Table 3** shows condom use behavior with regular partners based on the timing of sexual initiation in a relationship, as well as the duration of exposure to the HIV prevention program. Condom use at last encounter and consistent condom use with regular partners increased with longer exposure to the program, regardless of the timing of sexual initiation in the relationship. However, the extent of condom use and level of increase were significantly higher among FSWs who started their relationship with their regular partner after entering into sex work. For example, condom use at last encounter

**Table 1.** Sociodemographic and sex work characteristics of FSWs at the time of onset in regular partner relationships.

	Number	Time of onset in regular partner relationships		p value
		Before entry into sex work	After entry into sex work	
Total	4,175	55.6	44.4	
Age of FSW (in years)				
<25	702	48.7	51.3	<0.01
25 and older	3,473	56.9	43.1	
Literacy				
Literate	1,624	57.7	42.3	0.04
Illiterate	2,551	54.4	45.6	
Marital status				
Unmarried	286	21.1	78.9	<0.01
Currently married	2,621	78.5	21.5	
Separated/widowed/deserted	1,049	23.6	76.4	
Other	219	8.5	91.5	
Migration status				
Locally residing	3,011	55.1	44.9	0.27
Nonlocally residing	1,164	57.1	42.9	
Work other than sex work				
Yes	2,622	58.0	42.0	<0.01
No	1,521	51.1	48.9	
Sex work typology				
Public place-based solicitation	1,908	53.3	46.7	<0.01
Home-based solicitation	1,316	53.6	46.4	
Brothel-based solicitation	291	41.1	58.9	
Cell phone-based solicitation	659	73.7	26.3	
Sex work duration (in years)				
<= 2	811	74.2	25.8	<0.01
3–4	1,481	62.6	37.4	
5 or more	1,883	44.0	56.0	
Weekly client volume				
<10	2,305	62.0	38.0	<0.01
10 or more	1,869	47.8	52.2	
Age at first sex (in years)				
<= 14	1,587	53.5	46.5	0.10
15–19	2,194	57.0	43.0	
20 and older	394	56.6	43.4	
Age at initiation of sex work				
<= 19	797	24.6	75.4	<0.01
20–24	1,138	55.6	44.4	
25–29	1,056	64.0	36.0	
30–34	743	70.8	29.2	
35 and older	441	71.3	28.7	
Duration of stay with regular partner (in years)				
<2	517	2.3	97.7	<0.01
2–4	841	26.6	73.4	
5–9	812	52.4	47.6	
10 or more	2,005	82.0	18.0	
Duration of contact with HIV prevention program (in years)				
No contact	269	50.8	49.2	<0.01
<2 year	1,318	64.4	35.6	
2–4	1,716	56.4	43.6	
5 or more	872	45.6	54.4	
IBBA round				
R1	1,265	45.5	54.5	<0.01

*(Continued)*

**Table 1.** Continued.

	Number	Time of onset in regular partner relationships		<i>p</i> value
		Before entry into sex work	After entry into sex work	
R2	1,341	55.6	44.4	
R3	1,569	63.7	36.3	
Name of district				
Belgaum	877	46.6	53.4	<0.01
Bellary	766	46.9	53.1	
Shimoga	785	66.3	33.7	
Bangalore urban	1467	67.6	32.4	
Mysore	280	37.0	63.0	

Note. FSW = female sex workers; IBBA = Integrated Biological and Behavioral Assessment.

increased from 17% among FSWs who were not exposed to the program to 37% who had five years of exposure. The corresponding figures for FSWs who started their relationship after entry into sex work were 36% and 61%, respectively. A similar pattern was seen for consistent condom use. For example, FSWs who started their regular partner relationship before entering into sex work showed an increase in consistent condom use with an increase in program exposure duration (from 8% among those with no exposure to 20% among those with five or more years of exposure [ $p < 0.01$ ]). However, the increase was much higher among those who began their regular partner relationship after entry into sex work (11–43%,  $p < 0.01$ ).

These results also suggest that condom use with regular partners did not improve significantly among FSWs who initiated their relationship with their regular partner before entry into sex work, even for those with longer durations of program exposure. However, for FSWs who started their relationships after entry into sex work, there was a significant increase in

**Table 2.** Condom use with different types of partners, and unadjusted and adjusted odds ratios of condom use among female sex workers at the time of onset in regular partner relationships, before or after entry into sex work.

	Condom use (%)	Condom use at the time of onset in regular partner relationships (%)		Unadjusted		Adjusted*	
		Before entry into sex work	After entry into sex work	Odds ratio [95% CI]	<i>p</i> value	Odds ratio [95% CI]	<i>p</i> value
Condom use at last encounter with regular partner <sup>a</sup>	38.6	25.3	57.2	3.96 [3.40, 4.60]	<0.01	2.55 [2.09, 3.11]	<0.01
Consistent condom use with regular partner <sup>a</sup>	25.5	15.4	39.4	3.56 [3.02, 4.18]	<0.01	2.83 [2.27, 3.53]	<0.01

Notes. <sup>a</sup>Reference category: Condom use before entry into sex work. \*Models are adjusted for the sociodemographic, sex work, and program exposure-related characteristics shown in Table 1. CI = confidence interval.

**Table 3.** Results of logistic regression model for condom use at last encounter and consistent condom use with regular partners at the time of sexual initiation in regular partner relationships (before or after sex work initiation), and duration of exposure to the HIV prevention program.

Exposure to program	%	Condom use in the last encounter with main noncommercial partner				Consistent condom use with main and nonpaid partners				
		Unadjusted		Adjusted		Unadjusted		Adjusted		
		OR [95% CI]	<i>p</i> value	OR [95% CI]	<i>p</i> value	OR [95% CI]	<i>p</i> value	OR [95% CI]	<i>p</i> value	
Has a main partner before entry into sex work										
Not exposed	17.0	1.00				8.0	1.00			
<2 years	17.0	0.98 [0.51, 1.86]	0.95	1.12 [0.55, 2.30]	0.73	10.0	1.24 [0.54, 2.87]	0.60	0.97 [0.38, 2.51]	0.96
2–4 years	27.0	1.73 [0.92, 3.23]	0.08	1.25 [0.61, 2.59]	0.53	18.0	2.64 [1.17, 5.91]	0.01	1.31 [0.50, 3.38]	0.57
5 or more years	37.0	2.83 [1.48, 5.42]	<0.01	1.51 [0.71, 3.20]	0.28	20.0	2.87 [1.25, 6.60]	0.01	1.19 [0.44, 3.22]	0.72
Has a main partner after entry into sex work										
Not exposed	36.0	1.00				11.0	1.00			
<2 years	46.0	1.52 [0.88, 2.60]	0.12	1.77 [0.95, 3.29]	0.06	32.0	3.83 [1.81, 8.11]	<0.01	1.84 [0.80, 4.24]	0.15
2–4 years	62.0	2.89 [1.73, 4.83]	<0.01	2.84 [1.60, 5.04]	<0.01	44.0	6.49 [3.14, 13.41]	<0.01	3.42 [1.53, 7.65]	<0.01
5 or more years	61.0	2.78 [1.63, 4.76]	<0.01	2.16 [1.21, 3.87]	<0.01	43.0	6.36 [3.04, 13.32]	<0.01	4.45 [1.96, 10.09]	<0.01

Note. CI = confidence interval; OR = odds ratio.

condom use during their last encounter, as well as consistent condom use for those exposed to the program for 2–4 years (AOR: 3.42, 95% CI: 1.53–7.65, *p* < 0.01) and 5 or more years (AOR: 4.45, 95% CI: 1.96–10.09, *p* < 0.01).

### Discussion

Numerous studies from India have demonstrated an increase in condom use with commercial clients by FSWs in the context of targeted HIV prevention programs (Albert, Warner, & Hatcher, 1998; Isac et al., 2015). However, it has been challenging to promote increased condom use with regular partners (Prakash et al., 2015). Using the data from three rounds of bio-behavioral surveys, we attempted to demonstrate how the timing of sexual initiation in a relationship with regular partners determines condom use in intimate relationships. Findings of this study suggest that FSWs who initiated their relationship before entry into sex work were less likely to use condoms with their regular partners compared to FSWs whose relationship began after their entry into sex work. After adjusting for the effects of confounders, exposure to the HIV prevention program did not lead to any increase in condom use in relationships that were initiated before FSWs’ entry into sex work; however, there was an increase in condom use among the FSWs who began their

relationship after entry into sex work. Previous findings from Karnataka showed that FSWs who do not use condoms with regular partners are more likely to be married and practice sex work discreetly (Isac et al., 2015). These women may practice sex work that is more hidden and more concerned than other FSWs that their partners or others may construe condom use as a sign. It may also be the case if they are older or are new to the sex work. Under these circumstances, if FSWs ask their regular partners to use condoms, the partners may suspect that their female partner is engaged in sex work, which may lead to physical and mental abuse. Condom use in intimate relationships is often seen as a sign of infidelity and fosters mistrust, which can affect intimacy within partnerships (Isac et al., 2015). Other studies have also found that mutual trust between two partners is the main reason sex workers do not use condoms with their regular partners. This has also been found to be associated with the financial support provided by the regular partners, as FSWs often feel they would lose their regular partners by proposing the use of condoms, thereby jeopardizing a stable income as well as emotional support (Mgalla & Pool, 1997; Voeten, Egesah, Ondiege, Varkevisser, & Habbema, 2002; Voeten et al., 2007).

In our study, the timing of entry into sex work emerged as an important differentiating factor for condom use in relation to HIV prevention program exposure. Consistent condom use with regular partners before program exposure was not much different between FSWs whose regular partnership began before or after sex work initiation; however, differences were more than double after categorizing the sex workers by their duration of program exposure. It appears that program exposure helped to increase condom use primarily among women who started their steady relationships after entry into sex work and became a part of intervention as well. There is also a possibility that due to the program, the regular partner became aware of the fact that their partner was a sex worker, and that condom use was, therefore, important.

It is difficult, if not impossible, to explain why program exposure was not effective in motivating FSWs to use a condom with their regular partners if their relationship began before sex work initiation. One possible explanation could be that living in a patriarchal society, a woman, especially a wife, has little power in the decision-making process within marital relationships. A study of FSWs in the Dominican Republic showed that safe sex, self-efficacy, environmental-structural support for condom use and HIV/STI prevention (e.g., from brothel owners), and low perceived intimacy, were important factors associated with consistent condom use in a regular partner relationship (Kerrigan et al., 2003). Concepts such as trust, mutual respect, human rights, and equality among males and females in a male-dominated society are problematic and are therefore making condom use negotiation more difficult. The use of female condoms may avoid the need for negotiation around male

condoms. Even though some programs have started promoting female condoms in India, usage among FSWs is still negotiable.

Even though addressing strong patriarchal norms is challenging and the intervention may not see a visible change in a short amount of time, innovative methods and tools such as street plays and structured dialogue (i.e., trust, mutual respect, zero tolerance of physical abuse, domestic violence, and sex preference) can be used as some of the alternative strategies to address minimal condom use in intimate relationships. Programs should also develop more effective counseling techniques for FSWs so they are better equipped to negotiate condom usage with their partners. Making men more aware of condom use is crucial to see improvement among FSWs and intimate partners. Thus, addressing the displeasure of condom use and enhancing mutual understanding and respect may be some of the considerations that can be addressed with couples in counseling (i.e., counseling of FSWs and their intimate partners). Also, “high risk” FSWs and regular partners (e.g., those who presently have an STI, and/or experienced intimate partner violence) may be good candidates for counseling.

Even though we made an attempt to understand the minimal condom use in an intimate relationship from a completely new perspective, our study does have certain limitations. One such limitation is that each survey was cross-sectional in nature, and it was not possible to link individuals across surveys. Therefore, causality cannot be determined with certainty. The second limitation is that due to the first survey taking place 8–16 months after program initiation, they are most likely to over-estimate true preprogram condom use.

## Conclusions

HIV prevention programs in India, focusing on high-risk groups such as FSWs, have been successful in responding to the HIV epidemic (Ramanaik et al., 2014). However, the challenge still remains to ensure an increase in condom use among the regular partners of FSWs. Our study demonstrated the importance of distinguishing between FSWs, based on the timing of sexual initiation in a relationship with their regular partner. In particular, it is necessary to focus on FSWs whose regular partnership began before their initiation into sex work. There is limited evidence that working with local sex workers' collectives has been helpful to HIV prevention programs in improving the ability of FSWs to negotiate condom use with their intimate partners (Ramanaik et al., 2014). However, promoting self-efficacy in condom use through intensive peer education can be one of the strategies to increase condom use in a close relationship, as this has been found useful in other settings (Outwater et al., 2000). Since the message to use condoms in commercial partnerships has reached most of the sex workers, it is time to move to the next step, which is promoting condom use in regular partner relationships—especially long-term—that begin before females' entry into the sex trade.

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