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Research Article

BEHAVIOURAL PATTERN OF PEER-EDUCATED AND NON-PEER EDUCATED FEMALE SEX WORKERS IN UDUPI

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ABSTRACT
India was estimated to have nearly 2.4 million persons living with HIV in 2009. The expansion and improvement of HIV /ACQUIRED IMMUNE DEFICIENCY SYNDROME education around the world is critical in preventing the spread of HIV. More than 75% of the HIV transmission globally occurs through sexual route. It is now widely accepted that India, like many other Asian countries has many other concentrated HIV epidemics with the major driving force being the size of the female sex workers (FSW) population and their clients. The Indian National ACQUIRED IMMUNE DEFICIENCY SYNDROME Control Organization (NACO) has been implementing Targeted Interventions (TIs) with High Risk Group (HRGs) such as female sex workers. In fact this aiming at empowering these high risk groups with knowledge, skills, services, commodities and protecting their fundamental human rights have resulted in declining of prevalence in these groups and the whole population especially in the high prevalence states. Karnataka ranks 6th with highest affected cases. This coastal city (Udupi) in particular is the highest affected population groups which without doubt makes the district a substantial site for epidemiological research. The objective was to study specific social and behavioural characteristics of female sex workers both PE FSWs and Non- PE FSWs. A cross sectional study was conducted in and around Udupi .Random sampling method of snow ball sampling was used to collect sample, this method of approach was decided on the basis of availability and convenience. Results: The indicators of health and risk behaviour related to HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME are influenced by socio-economic and demographic characteristics of the FSWs, which inturn are determined by the type of sex work. To conclude with this study provided notable increase in positive behavioural change and awareness regarding sex work among PE FSWs. Specific areas included use of safer methods like condoms, availing of frequent medical checkups etc. The same trend was seen among the Non-PE FSWs also, finally it can be said that both are targeted interventions dispersed through different agencies.

INTRODUCTION
The expansion and improvement of HIV and ACQUIRED IMMUNE DEFICIENCY SYNDROME education around the world is critical in preventing the spread of HIV. There are an estimated 33.3 million people living with the virus, and each year millions more become infected. Effective HIV and ACQUIRED IMMUNE DEFICIENCY SYNDROME education can help prevent new infections by providing people with information about HIV and how it is passed on, and in doing so equip individuals with the knowledge to protect themselves from becoming infected with the virus. HIV and ACQUIRED IMMUNE DEFICIENCY SYNDROME education also plays a vital role in reducing stigma and discrimination. Around the world, there continues to be a great deal of fear of stigmatization of people living with HIV, which is fuelled by misunderstanding and misinformation. This not only has a negative impact on people living with HIV, but can also fuel the spread of HIV by discouraging people from seeking testing and treatment (Introduction to HIV and ACQUIRED IMMUNE DEFICIENCY SYNDROME Education, 2011).

MATERIALS AND METHODS
Design: Cross Sectional
Research Method:Snow Ball Sampling Method: Used to select the FSWs registered in GAURD & FSW's register under DAPCO.

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Study Population

Udupi district has 584 FSWs registered under GUARD (Group for urban and rural development). GUARD focuses on behaviour change communication (BCC), condom promotion, peer education and community mobilization. Apart from this the District ACQUIRED IMMUNE DEFICIENCY SYNDROME Prevention and Control Organization(DAPCO) a government organization which functions under the monitoring and guidelines of the National ACQUIRED IMMUNE DEFICIENCY SYNDROME Control Organization also works in control and prevention of HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME amongst female sex workers in Udupi district through link outreach workers. The GUARD organizations works on Targeted Intervention of FSW through peer education. A sample of 15 peer educated FSWs were selected and they were approached through one to one referrals. The FSWs without peer education were selected through DAPCO link workers and approached through one to one referrals. A total of 37 FSWs were approached. Finally 52 FSWs formed the study subjects. The area covered included Udupi town, Karkalla, Saligram, Kundapur, Perredur, Kota and DasharatanagarManipal.

Data Collection

Several problems were encountered during data collection for the survey. It was extremely difficult to locate and interview the required number of FSWs in certain type of sex work such as street and lodge based. The peer educators and the office bearers of the GUARD facilitated the identification and introduction of respondents to the survey team. However, their presence with the survey team sometimes during the interview might have influenced the responses of the FSWs. The field interviewers were sometimes required to conduct interviews in very difficult situations such as on the road side often standing throughout the interview and some instance in the presence of the public around.

Interview Tools

A pre-structured questionnaire was prepared for data collection. Questionnaires were written in English and then translated to Kannada (local language) and then validated for reliability. Two different sets of questionnaires were made one for PE FSWs and another for Non-PE FSWs. The FSWs who showed positive interest in participation were directly interviewed by one to one interaction. Other information like HIV/STI status and other morbidity details were extracted from the systematic official records of GUARD and DAPCO.

The survey questionnaire collected information on socio-demographic characteristics of the respondents (such as age, marital status , literacy and level of education, type of family) details regarding the respondents knowledge of and participation in any organisations working for the prevention of HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME, the respondents perception regarding the major problems faced by sex workers , alternative means of earning , the general economic status of the respondents, years of sex work , usual place of sex work and the number of clients entertained per day, condom use with the clients in general and with regular partners, lovers and husbands and the respondents knowledge and experiences related to HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME.

Ethical Boards

Ethical clearance obtained from department of public health ManipalUniversity, permission from GUARD and DAPCO Informed oral and written consent from the participants.

Pilot Study

A pilot study was conducted to check the reliability and validity of questions prepared.

Data Analysis

The data obtained were analysed using SPSS 16 version. Descriptive and inferential statistics were used to assess the association between the explanatory variables and outcome variables.

RESULTS

The data brought out the following findings. The most common age group falls in between 25-38 years (Table 1). A major proportion of the population were illiterate 40% followed by primary education 34%.80.4% of the respondent's monthly income is within the range of RS2000 to RS 4000 (Table 2). The association of income and the profession was found to be statistically significant. A majority (63.5%) of the participants work as labourers other than sex work. 57% of the FSWs do not possess ration card. Few are green card holders which shows they are in the BPL group (Table 3).

Table 1: Age-distribution of FSW

Factors	**Non-PE FSW**		**PE FSW**		**Total**
AGE	No	%	No	%	
18-24	2	5.4	1	6.7	3
25-31	17	45.9	2	13.3	19
32-38	15	40.5	7	46.7	22
39-44	3	8.1	4	26.7	7
45+		0	1	6.7	1
Total	37	100.0	15	100.0	52

X^2=6.98 p=0.03

Table 2: Income-distribution of FSW

Factors	**Non-PE FSW**		**PE FSW**		
Income per month	No	%	No	%	Total
2000-3000	20	54.1	2	22.2	22
3001- 4000	13	35. 1	2	22.2	15
4001- 5000	3	8.1	3	33.3	6
> 5000	1	27	2	22.2	3
Total	37	100	9	100	46

X^2=9.312 p=0.009

Table 3: Ration Card Status of FSW

Ration card status	**Non-PE FSW**		**PE FSW**		**TOTAL**
	No	%	No	%	
No ration card	24	64.9	2	22.2	26
Green	9	24.3	7	77.8	16
Yellow	4	10.8	0	00.0	4
Total	37	100	9	100	46

X^2=9.248 p=0.009

Table 4: Structure of Family of FSW

Type of Family	**Non-PE FSW**		**PE FSW**		**TOTAL**
	NO	%	No	%	
Nuclear	14	37.8	13	86.7	27
Joint	17	45.9	1	6.7	18
Orphan	6	16.2	1	6.7	7
Total	37	100	15	100	52

X^2=10.38 p=0.006

Whether PE FSW or Non PE FSW they belong to nuclear families. (51.9%) This association of going for nuclear families was found to be highly significant. (p< 0.006), (Table 4).

All of them are married and living with their spouses and children (46.15%). When the duration of sex work ranged from six months to three years and this was highly significant. (p< 0.001), (Table 5). Most of the Non-PE FSWs 62.3% work in their homes in remote areas of Udupi district

Table 5: Duration of work of FSW

Duration of work	Non-PE FSW		PE FSW		Total
	No	%	No	%	
< 6months	1	2.7	1	6.7	2
6months - 1year	14	37.8	0	0	14
1- 3 years	22	59.4	2	13.3	24
> 3 years	0	0	12	80	12
Total	37	100	15	100	52

X^2=38.5 p<.001

Most of PE FSWs were street or hotel based sex workers. The place of work and their profession was found to be statistically significant (p< 0.006) (Table 6) .The medical checkups are routinely carried out both in GUARD as well as in DAPCO. The PE FSWs go for medical checkups once in 3 months where as the Non PE FSWs once in 6 months this association was found to be statistically significant P < 0.45.

Table 6: Place of work of FSW

Place of work	Non-PE FSW		PE FSW		Total
	No	%	No	%	
Home	23	62.2	2	22.2	25
Outside/street/hotel	13	35.1	4	44.4	17
Home & street	1	2.7	3	33.3	4
Total	37	100	9	100	46

X^2=10.105 p=0.006

The sex workers face several problems in their profession; especially sex work is not a legalized profession in Karnataka the sex workers are looked down upon in the society. In order to understand the nature of problems faced by sex workers as reported by them, but necessarily experienced by the respondents she and they were asked to enumerate their problems and thus it was recorded. The most frequently reported problem is harassment from the police (42%), followed by low income (31%) poor housing (18%), public stigma/ attitudes (15%) and violence from clients (10%). No other problem is expressed by more than 15% of the FSWs interviewed.

DISCUSSION

The survey was done to study the behavioural pattern of FSWs with and without PE on the basis of completed questionnaire from 52 FSW's which displayed a wide range in their behavioural characteristics, knowledge, aptitude and practice in regards to safe sex practices and awareness on HIV/STI.

All FSWs in the sample were asked "what were the major reasons for you to start sex work?" Over all half (52%)reported poverty and the need for extra money and 27% reported partner not going for work , lazy dependent on alcohol and few (13%) reported husband diseased. There were other reasons such as

desertion by husband, mistreatment by husband, indebtedness, widowhood and being cheated, lured to sex work are reported as major reason for starting sex work by a greater proportion of FSWs. Majority of the FSW's lie under the age group of 25-38 years; this implies the socially productive age group of women in the society involved in sex work.

Majority of FSW's are married, living in nuclear families with children and they belong to below poverty line category. This questions whether they have a familial back support in their work or maybe this is a profession by choice to support their families financially. Out of 52 FSWs, 87% of FSWs live in nuclear families and 74% of them are married and majority have children.Out of 9 PE-FSWs, 78% live in nuclear families and 66% of them are married and all of them had children. Most of the Non-PE FSW's live in joint families. 35% are married & have children. The clients to FSWs can be classified as one time clients, regular clients, husbands, lovers and malak. The clients who visit a particular FSW only once or very rarely are the one time clients. These clients pay for sex whenever they visit the FSW.

Regular clients are those who visit the same sex worker frequently, and pay for sex. A particular FSW many have several regular clients. Husbands are those who are legally married to the sex worker either before or during sex work and have regular sexual contact with the sex worker. Lovers are boyfriends or lovers of the FSW, are not married to the sex worker and may or may not pay for the sex. Malak is as the word suggests, the master of sex worker, he could be, in age older than the FSW He is not "married" to the FSW. He may not pay for the sex but may provide protection to the FSW.

Most of the FSW's are involved in this profession for at least 1-3 years with an average 3 clients are entertained per day.In general, nearly half of FSWs (47.8%) earn in the range of Rs. 1000-2000. Barely, 20% of the FSWs earn more than Rs.3000.

Majority of the female sex workers are either street/hotel or home based. Geography plays an important role in this context. The street/hotel based FSW's are mostly city dwellers and the home based practice in remote rural areas of Udupi District. Most of the PE-FSW's were street or hotel based sex workers in Udupi city. 44.4% were street based and 33.3% were hotel/lodge based, where they get picked up. The Non-PE FSW's were working as home based sex workers (62.2%) in remote parts of Udupi District. Most of them are involved in certain forms of addiction like alcohol consumption and chewing tobacco. This can be linked to as measure to reduce stress caused during/because of their profession. Out of 46 FSW's, 96% claimed to be HIV negative and 4% HIV positive.

In order to assess the extent to which sex workers are subjected to forced sex by their clients two questions were asked (A)During last six months, did any client force you to have sex with him when you did not want to? (B) During the last one year did any client use physical force or violence to force you to have sex without payment? It may be noted here that most respondents, when posed with these questions broke down during the interview, and these questions were among some questions which were very difficult to ask. A greater proportion of women in street/lodge based reported that forced sex during the six month reference period than other FSWs. Some of the FSW's experienced childhood sexual abuse and sexual violence, which may be one of the reasons for the affinity towards sex work as a profession.

Overall, 63% of the FSWs reported that their clients ask for oral sex, 52% said anal sex is ask for and 34% reported that sometimes clients ask them to have sex with more than one man at the same time younger FSWs under age report less of oral and anal sex and there is no substantial difference by age of FSW on the reporting of group sex. About 17-19 % of all FSWs interviewed (irrespective of they were asked for specific type of sex) did not know the relative risk of oral, anal or group sex when it comes to STDs and HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME. However most FSWs (70%) think that each of these specific modes of sex is less safe in terms of transmission of STDs and HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME.A question on whether the FSW accepts every client who comes to her or she refuses some client's .The question was asked to understand whether the FSW has freedom to say "NO' to certain clients , if she feels so. A large majority (80%) of FSWs said that they do refuse some clients and this proportion ranges from 70% among home based FSWs to 83% among lodge based FSWs. However 23% of all FSWs reported that it is "very difficult "to refuse clients.

28% said it is "somewhat" difficult. Among those who said they refuse some clients some of the reported reasons for refusal are ," Refuses to use condom ' (21%), 'resembles a rowdy'(18%), 'looking sick'(19%),'is drunk'(29%).

Increased condom use among FSW has been shown to reduce HIV prevalence and incidence(Ghys, 2002) (Tawil, 1999) (Aklilu, 2001) (Tawil, 1999) (Amirkhanian, 2005) (Kaul, 2002). With the advent of PE, FSW's became more aware and incorporated condom use as a means of safe-sex and even the source of condom became more accessible to them. A majority (56.8%) claimed that they used condoms with their most recent client and this properties ranged from 62% among home based FSWs to 59% among FSWs based in street or lodge. Condom use with the most recent client in somewhat higher among PE FSWs than those with non-peer FSWs. To a question on whose idea was it to use condom with the most recent client. 77% of those who had used condom with the most recent client reported that it was the clients idea and "the remaining 11% said it was the idea of both partners. In 70% 0f the cases condom use with the last clients the FSWs themselves provided the condoms, the clients provided in few instances (17%). Condom was provided by others like peer educators and link workers in the remaining 13% of the cases. Condom use among FSW tend to differ according to the type of clients. Four types of clients can be distinguished. One time paying clients, regular clients, husband and lover or malak. In order to assess the frequency of condom use with different types of clients, the following questions were asked in relation to each of the four types of clients: "generally how often do you use condom with your clients"? One time clients/ regular clients/ husband/ lover/malak. Not every time/ sometime/ often/ not at all. Interestingly 48-49% of FSWs reported that they use condom with the onetime clients and regular clients. However among those who have sexual relations with husbands condom was not at all used. The same trend was seen among those who have sex with their lovers or Malaks. Lack of condom use with husband lovers/malak is mainly because the FSWs trust them. This was in conformity with previous studies (Ghys PD, 2002) (Laukamm-Josten U, 2000) (Thomsen SC, 2006). Irrespective of type of clients, 24-29% of non-use of condom is reported to be because of the partner's refusal when asked for the reasons why they use condoms every time with their clients 92% of FSWs who regularly use condoms said they are afraid of HIV/ACQUIRED IMMUNE DEFICIENCY SYNDROME/ STDs.

In order to understand the source of condoms, FSWs were asked "when you need condoms, where do you get most of your condoms?About 3in 5 FSWs reported that they get their supply of condom from peer educators, and this proportion is 77 among peer educated FSW & 44% in Non-peer educated FSWs indicating that better peer educated network in Udupi.

64.9% of Non-PE FSWs and 66.7% of PE FSWs having medical check-up once in 6 months whereas only 10.8% of Non-PE FSWs having no medical check-up at all, FSW's went on to the extent of motivating their partners or clients to use condoms while having sex, and also agreed on the idea of disclosing about their HIV/STI status to their partners/clients if they are positive. 88.9% of PE FSWs have informed their clients about her HIV status whereas only 45.9% of Non-PE FSWs have informed their clients about her HIV status, (table 6). 44% of FSWs in the study were tested for HIV. And this proportion did not differ much between PE FSWs & non-PE FSWs .Home based and hotel based FSWs are more likely than others to have under gone an HIV test. Almost all (97%) FSWs who had undergone an HIV test reported that the peer educator took initiative to get the test done.

CONCLUSION

This study clearly observed that impact of Peer Education on FSW's behaviour pattern and found some modifications in their behaviour like dealing with their Clients, Condoms usage, Medical/health check-ups, etc.

It was also revealed that the social, emotional & personal support, provided by the Peer Educators is of great help to manage certain crisis in their profession. On the other hand the FSW's without Peer Education also has acquired knowledge regarding safer methods of dealing with their profession from the link workers. The peer education is provided through GUARD an NGO, whereas link workers are under

DAPCO look after the awareness and sexual health status of the FSW's devoid of Peer Education. One way or the other both are Target Interventions. So the results obtained from the present study are not comparable.

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