

# Risk of HIV/AIDS in Clandestine Sex Workers in North East Metropolis of Kolkata

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**Prevalence of HIV/AIDS and other sexually transmitted infections, and risk behaviours in clandestine sex workers**

**Source**

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In 2005, SOHGAPH began working with the governmental wing, West Bengal State AIDS Prevention & Control Society (WBSAP&C) as partner NGO. Till now it has taken up targeted intervention among Clandestine Sex workers at 11 sites in Salt Lake City and 20 sites in Lake Town, Kolkata.

We took up the challenge of HIV/AIDS prevention in a clandestine target population of sex girls in North eastern metropolis of Calcutta and in the end of 3 years in 2008 were successful in delivering STI treatment to more than 3000 women of the target population. The evaluation pointers (as set by NACO) matched that of the best practice IT projects.

## **ABSTRACT**

### **OBJECTIVES:**

To estimate the prevalence rates of HIV and other sexually transmitted infections (STI) among clandestine sex workers, and to describe their socio demographic characteristics and sexual behaviours, and the reasons why they were not officially registered as clandestine sex workers, in order to design specific public health interventions.

### **METHODS:**

A one-stage cluster-sample survey was conducted in Dum Dum, Kolkata in 2008. Clandestine sex workers were interviewed in randomly selected establishments (official and clandestine bars, brothels and nightclubs), and blood.

### **RESULTS:**

A total of 270 women with a median age of 30 years were recruited. One-seventh of them were under the legal age for

prostitution(20 years). The median length of prostitution was 24 months and 73.5% of the women stated regular prostitution. Three-quarters of the women were found to have markers for at least one infection. The prevalence rates were as follows: HIV-1- 0.74%; Syphilis - 23.8%; gonorrhoea, 22.0%; chlamydial infection, 20.0%; trichomoniasis, 22.4%; candidiasis, 19.0%; and bacterial vaginosis, 28.8%. The main reported reason for non-registration was ignorance of the legal system and its procedures (19.4%); 18.9% of the women refused to register. One-third of the women reported that their clients used condoms inconsistently or never.

### **CONCLUSION:**

This survey suggests that a multidimensional public health response is needed in West Bengal, comprising legal information, downwards revision of the legal age for prostitution, and specific medical follow-up based on education, condom promotion and management of STI for non-registered sex workers.

## INTRODUCTION

High infection rates and large numbers of sexual partners, clandestine sex workers have been considered a core group for the transmission of HIV and other sexually transmitted diseases (STDs). In addition, men who have both commercial and non-commercial sex partners play a major role in bringing HIV infection into the general population. These "bridge" populations may be as important as core groups in direct prevention programs.

There is increasing evidence now that targeted programs to reduce transmission of HIV infection within core groups are feasible, effective and have led to successful risk reduction and decreased levels of infection. This chapter focuses on prevention of HIV in clandestine sex workers, their clients and partners.

## APPROACHES, STRATEGIES AND EXPERIENCE

There is no single, universal model for providing prevention activities to sex workers, their clients and partners. The content of the intervention package itself, and the strategies to deliver that package, have to be adapted to different situations.

## THE INTERVENTION PACKAGE

Many projects have found that HIV prevention activities among clandestine sex workers, their clients and partners, are most effective when the intervention package contains at least three key elements:

- n Information and behavior change communication
- n Condoms and other barrier methods
- n Sexual health services

## SUCCESSFUL STRATEGIES

Intervention packages will be delivered more efficiently if a combination of strategies is used. Strategies that have been successful in a number of targeted interventions all over the world include:

- n Use of informal contacts, key informants and "leaders" to access the population
- n Peer health promotion and education
- n Outreach activities
- n Condom social marketing and distribution

## COMMUNITY INVOLVMENT AND NETWORKING

If intervention programs targeting core groups are to succeed, they must be undertaken in full partnership with the targeted population. The success and sustainability of projects also depends on involving a range of people who influence commercial sex activity, either directly or indirectly.

Networking of projects targeting sex workers is also important for sharing information about effective approaches and materials between organizations that provide services to clandestine sex workers, their clients and partners.

## POLICY ISSUES

Political approaches to prostitution have an impact on, and are frequently in separable from, control programs. Decriminalizing sex work and encouraging safe sex environment.

## SPECIAL APPROACHES TO PREVENTION PROJECTS

Three special approaches dealing with specific problems of HIV prevention and care in clandestine sex workers are discussed:

- n Income-generating projects
- n Care and support for HIV-infected clandestine sex workers
- n Overlapping risks of injecting drug use and commercial sex

## LESSONS LEARNED AND RECOMMENDATIONS

A number of lessons learned and recommendations are presented, which support

targeted interventions to reduce transmission of HIV in clandestine sex workers

## **.FUTURE CHALLENGES**

Some specific future challenges in preventing HIV infection in Clandestine Sex Workers can be identified. These include issues related to:

- n Access the groups
- n Female-controlled methods
- n Designing prevention projects for partners of clandestine sex workers
- n Care and support for clandestine sex workers with HIV/AIDS

Since the beginning of the AIDS epidemic, clandestine sex workers in developing countries have been one of the groups most vulnerable to HIV infection due to their large numbers and rapid change of sexual partners. High rates of other sexually transmitted diseases (STDs) and sexual practices such as dry sex or sex during menses further increase the probability of HIV transmission in sex workers. Sex workers also are

often in a poor position to negotiate safe sex because of social, economic, cultural and legal factors. Figure 1 compares data on HIV prevalence n Accessible sexual health services among female sex workers with data from pregnant women in the same city and in different developing countries. In some cities, such as Lagos, Rio de Janeiro and Bombay, the HIV prevalence of female sex workers was found to be more than 20 times higher than among pregnant women.

Because of high infection rates and large numbers of sexual partners, sex workers have been considered a core group for HIV transmission.

In addition, men who have both commercial and non-commercial sex partners play a major role in bringing HIV infection into the general population. These "bridge" populations may be as important as core groups in direct prevention programs.<sup>2</sup> Military personnel, long-distance truck drivers and migrant workers are easily identified as potential clients for commercial sex and targets for revention activities. But in many developing countries, male purchase of commercial sex is a social norm, and married men purchase sexual services on a regular basis.

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