Sexual Behaviour in India with High Risk of HIV/AIDS

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Abstract

The term ‘sex worker’ refers to a wide array of people who sell sex and money who work in a variety of environments. They include women men and transgender people and people who many work either full time or part time, in brothels or bars, on the street or from. Sex workers usually have a high number of sexual partners. This means that if they do become infected that if they do become infected with HIV, they can potentially pass it on to multiple clients. According to the Commission on AIDS in Asia 'men who buy sex are the single-most powerful driving force in Asia's HIV epidemics'. There are an estimated 10 million sex workers in Asia, and 75 million male clients.

It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. The government estimates that 5% of sex workers nationally are infected with HIV, which is fifteen times higher than the overall HIV prevalence.

Factors that heighten sex workers' HIV vulnerability include limited access to health, social and legal services; sexual exploitation and trafficking; harmful, or a lack of, protective legislation and policies; gender-related differences and inequalities; limited access to information and prevention means; stigmatization and marginalization; exposure to lifestyle-associated risks such as violence, mobility and substance abuse. So these people need access to affordable sexually transmitted infection prevention and care, voluntary counselling and testing and other

medical services and the role of GOs and NGOs that work with the community to play in providing culturally relevant HIV prevention programmes for Sex workers.

Key words – Transgender, Sexual Partners, Brothels, Uninfected, Sexual Exploitation, Trafficking, Harmful, Affordable.

Introduction

Historically, the AIDS epidemic in India was first identified amongst sex workers and their clients, before other sections of society became affected. High HIV infection rates among sex workers continue to be detected in India. The government estimates that 5% of sex workers nationally are infected with HIV, which is fifteen times higher than the overall HIV prevalence. What is more, sex workers in some areas have a much higher HIV prevalence, such as 18% in the state of Maharashtra, and 13% in Manipur. High HIV rates were also first identified amongst sex workers in Thailand, although the Thai governments were faster to act on this problem. According to the Commission on AIDS in Asia 'men who buy sex are the single-most powerful driving force in Asia's HIV epidemics'. There are an estimated 10 million sex workers in Asia, and 75 million male clients.

Although HIV prevalence among female sex workers in Thailand has dropped to 2.8%, male sex workers are a traditionally overlooked group with a much higher HIV prevalence (14%). Sex workers who work outside of formal commercial sex establishments like brothels or karaoke bars in Thailand are not reached by the '100%' condom programme and there are concerns that HIV prevalence among this group is rising. The overlap between sex work and injecting drug use is of increasing concern in Asia, in particular in southern India, Pakistan, Indonesia and Vietnam. In Vietnam, more than a third of injecting drug users surveyed said they had bought sex in the previous 12 months, but only about a fifth said they consistently used condoms with their sexual partners.

Sexual and Premarital Relationship in India

It is estimated that in India about three-fourths of HIV transmission occurs through heterosexual relations and the rest occurs mainly through transfusion of infected blood and sharing of infected equipment. The role of male heterosexual relations in HIV transmission in India cannot, however, be ruled out, although evidence of such transmission so far is rare. The risk of transmission of HIV and other sexually transmitted diseases is higher in sexual relationships with multiple partners and without the use of condoms. Premarital sex often involves multiple partners, and extramarital sex, by definition, implies multi-partner relationships. The following categories of people are likely participants, voluntary or non-voluntary, in multi-partner sexual relationships: female prostitutes and their customers, male homosexuals, *hijras* and male prostitutes. Avoidance of multi-partner sexual relationships, use of condoms and sexual abstinence are usually advocated for prevention of spread of HIV and other sexually transmitted diseases.

This paper provides salient findings from the empirical studies made so far in India along with the historical contexts of the topics mentioned above.

There is very little information on the female sexual partners of unmarried male students. Neighbours, relatives, prostitutes, friends and fiancées have been mentioned as partners in a few studies. There is an indication that the premarital sexual partner of a male student is often a married woman who may be a relative or neighbour. For example, one-half of all the first sexual partners of 72 college students in Hyderabad were married women older than themselves and a large majority of the partners were relatives. This is somewhat expected because of the higher value placed on the premarital chastity of Indian women than that of men and because most Indian girls are still married at an early age. Some findings indicate that a sizable proportion of unmarried students visit prostitutes.

HIV Prevalence among Sex Workers in India

Women often get involved in sex work as a result of poverty, marital break-up, or because they are forced into it. Although sex work is not strictly illegal in India, associated activities - such as running a brothel – are. This means that police hostility and brothel raids can be justified by the authorities. Stigma and discrimination against sex workers also means that they can find it difficult to access healthcare, even if they actively seek it.

HIV prevalence among sex workers varies widely between districts and states: one study found prevalence ranged between 2 percent and 38 percent (averaging at 14.5 percent) among districts in the four high prevalence south Indian states Andhra Pradesh, Maharashtra, Tamil Nadu and Karnataka. In the city of Mysore, southern India, around a quarter of sex workers are infected with HIV.

This situation is not surprising given that in one study only 20 percent of sex workers had always used condoms with commercial clients in the past month. India's National AIDS Control Organisation's (NACO) 2008-2009 report showed that female sex worker sites in the three large cities Mumbai, Pune and Thane had an HIV prevalence of more than 30 percent and that while there had been a decline in the southern states, this was contrasted by an increase in the north east.

Sonagachi Project

One of the most successful initiatives among sex workers in India has been the Sonagachi project, named after the district of central Kolkata (Calcutta) where it is based. This project was started in 1992 and its approach is based around three R's: Respect, Reliance and Recognition – respecting sex workers, relying on them to run the program, and recognising their professional and human rights. Sex workers are trained to act as peer-educators, and sent to brothels to teach others about HIV and AIDS, and the importance of using condoms with clients. The campaign also addresses the social and practical barriers that prevent sex workers from using a condom. Madams and pimps are educated about the economic benefits of enforcing condom use in their

brothels, and police have been persuaded to stop raiding brothels, because such raids often resulted in sex workers losing income, making them less likely to insist on condom use.

How to Deal with Affected HIV/AIDS and STD Sex Workers

1. ***Truck drivers***

India has one of the largest road networks in the world, involving millions of drivers and helpers. Truck drivers spend long periods of time away from home, and it is common practice for them to have relations with sex workers while on the road. A 2008 study showed that nearly a third of the long-distance truckers had paid for sex in the past twelve months. "There is no entertainment. It is day-in-day-out driving... When they stop, they drink, dine and have sex with women. Then they transfer HIV from urban to rural settings". Sometimes, relations with sex workers occur at roadside 'dhabas', which act as both brothels and hotels for truck drivers. In other cases, drivers stop to pick up women by the side of the road, and transport them to another area after they have had sex with them. Both truck drivers and sex workers move from area to area, often unaware that they are infected with HIV. There have been a number of major HIV/STI prevention projects aimed at truckers, many of which have aimed to promote condom use. Some of these projects include not just truckers, but also other stakeholders such as gas station owners and employees.

A specific example from Mumbai is the AIDS Workplace Awareness campaign, which is mandatory and which targets the drivers at the regional transport authority, where the drivers get their licenses renewed annually. As part of the third phase of the National AIDS control programme (2007-2013) 60 truckers interventions have been set up at major trans-shipment locations tasked with providing behavioural change education, condom and STI services to truckers. So far these interventions reach about 1.4 million out of an estimated 3 million truck drivers. There are signs that some efforts to prevent HIV among truck drivers have been successful. For example, a recent survey of truck drivers in Tamil Nadu - carried out after an HIV prevention program - found that the proportion of drivers who reported engaging in

commercial sex declined from 14 percent in 1996 to 2 percent in 2003. Of those who did report having commercial sex, the proportion that had not used a condom the last time they did so fell from 45 percent to 9 percent.

2. Injecting drug users

Nationally, HIV prevalence among injecting users (IDUs) declined slightly to 7 percent in 2006 but has since risen to 9.2 percent. Transmission through injecting drug use is a major driving factor in the spread of HIV in India, particularly in north-eastern areas, such as Manipur and Nagaland. One study found HIV prevalence ranged from 23 percent to 32 percent in different areas of Manipur. In 2006 new sites of high HIV prevalence among IDUs were identified in Punjab, Tamil Nadu, West Bengal, Kerala and Maharashtra.

The alarming levels of infection occurring through needle-sharing have implications that extend beyond networks of drug users. Some of those who inject drugs are also sex workers or truck drivers, and many are sexually active, which can result in infection being passed on to their partners. NACO has linked an increase in HIV prevalence among sex workers in the North East, for example, with the high HIV prevalence among injecting drug users in the region. The Indian government's approach to drug use has traditionally been based around law-enforcement and prosecution.

Until 2008 harm reduction – a method of HIV prevention which acknowledges that drug use occurs and seeks ways to reduce HIV transmission in this context – was not part of the government's drug policies. However, the Indian government adopted a harm reduction strategy as part of the third phase of its National AIDS Control Programme (NACP III). NACO's harm reduction strategy contains five components including substitution therapy, otherwise known as maintenance therapy. Maintenance therapy involves the provision of a drug such as buprenorphine in pill or liquid form to injecting drug users as a way of minimising the risks associated with injecting. In order to allow for buprenorphine to reach 10,000 IDUs by March

2009 and 40,000 by 2012, $30 million has been committed to this part of India's harm reduction strategy. In February 2009, the World Bank reported that maintenance therapy was in fact reaching 6,000 out of the 10,000 targeted.

In 2008 a maintenance therapy programme was set up by the UNODC in partnership with the All India Institute of Medical Sciences in the largest prison complex in South Asia, Tihar prisons. The programme was the the first of its kind in the region. As of June 2009, 60 clients had been recruited and 25 had been released with follow up treatment carried out by NGOs. According to the UNDOC, 'the OST centre in Tihar is being viewed as a model by other countries in South Asia.' In the majority of Indian states, though, tough regulations on drug users make it hard to reach this group with HIV messages, and to survey how they are being affected by the epidemic.

3. Men who have sex with men

Sex between men is highly stigmatised in India and is not openly talked about, making it easy for people to underestimate how commonly it occurs. The estimated HIV prevalence among MSM (men who have sex with men) in India is 7.3 percent, but difficulties in surveying this stigmatized group mean prevalence could be much higher. In India, many men who have sex with men (MSM) do not consider themselves homosexual, and many have female partners. A large study in Andhra Pradesh found that 42 percent of MSM in the sample were married, that 50 percent had sexual relations with a woman within the past three months and that just under half had not used a condom.

As such, unprotected sex between men can also present a risk to any women that they may subsequently have sex with. The stigma surrounding MSM makes it hard for both the government and NGOs to reach them with information about HIV. Outreach workers and peer educators working with MSM have frequently been harassed by police, and in some cases arrested. Since conditions are so restrictive, there is little information available to MSM in India. Because so many MSM also have heterosexual relationships, there is a high chance that rising

levels of infection among MSM in India will aggravate the epidemic among the general population. It is hoped that since the law that criminalises homosexuality was abolished in July 2009, MSM will be easier to reach with HIV prevention, treatment and care services.

4. Migrant workers

A large number of people move around India for work; it is estimated that 258 million adults in India are migrants; the majority are men migrating for employment. The Studies from across the world have linked migration to multiple sexual partners and increased HIV transmission. It has been said that migrants and other mobile individuals are bridge populations for HIV transmission from urban to rural areas and between high-risk and low-risk groups. Long working hours, isolation from their family and movement between areas may increase the likelihood that an individual will become involved in casual sexual relationships, which in turn may increase the risk of HIV transmission. In many cases, migration does not change an individual's sexual behaviour, but leads them to take their established sexual behaviour to areas where there is a higher prevalence of HIV.

According to the Indian government, "clients of sex workers are the single most powerful driving force in India's HIV epidemic" and long distance truckers and male migrants both make up a significant proportion of the clients of sex workers. Despite this risk, migrants have the lowest perception of risk in all high prevalence states. For example, in Andhra Pradesh, 60 percent of female sex workers believe they are at risk of HIV infection, compared with only 5 percent of male migrants. A study in 2008 identified a notable proportion of contractual workers who had used alcohol and engaged in paid and unpaid sex with women. The study also showed a significant number of the men had not used condoms, highlighting the need for increased prevention efforts among this group. NACO recommend targeted HIV prevention programmers primarily for men who are both migrants and part of high risk sex networks, due to the extremely large size of the migrant population in India.

5. Non-use of Condom by Sex Workers

Male sex workers (MSW) are a particularly neglected group in India. One study in suburban Mumbai reported an HIV prevalence of 33 percent among the study group (17 percent in men and 41 percent in transgenders). All of the individuals in the study had reported anal sex and 13 percent had never used a condom, highlighting the need for increased attention and prevention efforts among this group. Targeted interventions and focus on sex workers by civil society organisations and the Indian government in Southern India have yielded results, including increased condom use by sex workers with their clients. However, NACO has acknowledged that continuing the interventions and ensuring consistency of condom supplies and use will be necessary to sustain this success. Elsewhere, increasing HIV prevalence among injecting drug users and sex workers in the North East provides a new challenge to halting the HIV/AIDS epidemic in India.

Recommendations

- Targeted interventions to reduce transmission of HIV in sex workers, their clients and partners are a feasible and efficient use of resources in all stages of the HIV epidemic.
- A combination in one package of information and behavior change messages, condoms and other barrier methods and sexual health services will result in more effective HIV prevention.
- New approaches are needed to increase condom use with repeat clients and regular partners.
- Offering female sex workers additional choices of preventive methods will result in better protection.
- Condom social marketing and free distribution of condoms should complement one another.
- Specialized services for sex workers could provide them with additional safe and confidential options for sexual health services and behavior change education.
- Income-generating projects often have unrealistic goals.

Controlling and Challenges

Making prevention interventions among sex workers, their clients and partners work successfully is in itself a major challenge in HIV prevention. But some specific challenges for the future can be identified:

Access to the most difficult-to-reachgroups

Adolescents, young girls living with their parents, unregistered sex workers and part-time sex workers are some of the most difficult groups to reach. Many of them have a hidden life as a sex worker, which complicates their access to prevention activities. Efforts should be made to reach these women since they are highly vulnerable to HIV/STD infection.

Female-initiated mMethods

Effective methods under the control of women that allow them to protect themselves or reduce risks are urgently needed for female sex workers. Existing, effective methods—such as male and female condoms—should be made available and promoted among female sex workers. New methods, such as vaginal microbicides, should be tested for efficiency, feasibility and acceptability.

Designing prevention projects for partners of sex workers.

Many projects report low levels of condom use between sex workers and their non-paying partners. Because these relationships are of unknown stability and fidelity, they may also constitute a considerable HIV risk. The challenge is twofold: to reach the partners of sex workers and design an adapted prevention intervention for them.

Income-generating Projects

Operations research is needed to assess the effectiveness of income-generating projects. At present very little is known about the extent to which other part-time work might affect the sexual behaviour of sex workers.

Care and Support for Sex Workers with HIV/AIDS

In the future, more and more projects will be confronted with the growing problem of sex workers with HIV/AIDS. Experience from small-scale pilot projects should be disseminated and guidelines developed for the care and support of sex workers with HIV/AIDS.

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