Methods In-depth interviews were conducted with sixteen purposively selected (based on HIV status, ethnicity, age, area, and type of sex work) female sex workers in Goa, India (December 2004—December 2005). We interrogated the life narratives to explore the nexus between the social context/risk environment and self-efficacy/agency.

Results The narratives showed a dynamic interplay between underlying vulnerabilities, precipitating factors, and the route through which women gain entry into the sex trade: The ubiquitous mitigating theme that emerged was violence in childhood and youth. This ranged from dysfunctional and violent family life, sexual violence, and violence from intimate male partners. The other underlying vulnerabilities that emerged from the narratives were also manifestations of gender disadvantage, namely being unwanted; sexual naïveté and young marriage/sexual initiation; repression of sexuality, desire and entrapment in loveless marriages; and lack of life skills and low self-esteem. The loss of social support through bereavement, abandonment or financial need, were the commonest events that precipitated entry into sex work. Becoming a sex worker was frequently an expression of agency in a context with few other economically viable choices for women. The clearest division in the route into sex work was between traditional caste-based sex workers (devadasi) and those who were either introduced by peers, or sold through a broker; however the underlying and precipitating factors for both routes were remarkably similar. Mostly, initiation was described as a complex process that was mediated through peers.

Conclusion The interplay between caste, economy, gender, and violence drives the initiation into sex work, which is one of the few viable choices for the women. HIV prevention interventions therefore need to work upstream to impact upon the context within which women enter sex work and downstream to strengthen their agency. The peers who introduce women into sex work are potentially important vehicles to deliver "HIV prevention services and reduce the adverse health outcomes of sex work."

P2-S2.07 IMPROVING SEXUALLY TRANSMITTED INFECTIONS (STI) PREVENTION STRATEGIES: FACTORS ASSOCIATED WITH STIS AMONG FEMALE SEX WORKERS IN INDIA

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[1]P Narayanan, [1]A Das, [1]A Gurung, [2]P Parimi, [3]G Rao, [3]A Risbud. *[1]FHI, New Delhi, India; [2]India HIV/AIDS Alliance, Hyderabad, India; [3]National AIDS Research Institute, Pune, India*

Background Studies among high-risk groups (HRGs) have shown that the presence of STIs is associated with certain demographic and behavioural characteristics as well as exposure to HIV/STI prevention interventions. The objective of this study was to understand the correlates of STIs in female sex workers (FSWs) in India in order to improve STI programming for HRGs.

Methods During 2008—2009, 417 female sex workers were recruited from three STI clinics in two cities of India as part of an operations research to evaluate the effectiveness of STI prevention service package for sex workers under Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation. Behavioural and clinical information along with biological samples were collected. Bivariate analysis of demographic and behavioural characteristics associated with the prevalence of common bacterial STIs- *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Treponema pallidum* and *Trichomonas vaginalis* from the baseline data is presented in this paper.

Results At baseline 49.2% of the participants had a laboratory confirmed diagnosis for at least one of the four bacterial STIs. The significant factors associated with STI prevalence among FSWs were: inability to read or write (OR=2.2, p=0.002); not staying with a sexual partner (OR=1.5, p=0.036); typology of sex work: home-/hotel-based (OR=2.5, p=0.038) vs brothel-based and street-based (OR=3.1, p=0.004) vs brothel-based; regular or occasional consumption of alcohol (OR=1.9, p=0.002); poor knowledge of STI symptoms (OR=1.6, p=0.017); low self-risk perception for acquiring STIs (OR=1.6, p=0.031); less than 2 years in sex work (OR=1.8, p=0.008); no prior exposure to HIV/STI interventions (OR=2.0, p=0.001); and no STI check-ups in the past 6 months (OR=1.5, p=0.029) see Abstract P2-S2.07 Table 1.

Conclusions HIV/STI prevention programs for FSWs in India need to prioritise services for HRGs who have characteristics associated with STI prevalence. Additionally, awareness activities should promote the importance of regular STI check-ups, recognition and early treatment for STI symptoms.

Abstract P2-S2.07 Table 1 Factors associated with sexually transmitted infections among female sex workers in India

Factors	OR 95% CI	p value
Illiterate (can not read or write)	2.2 (1.3 to 3.7)	0.002
Not staying with a sexual partner	1.5 (1.0 to 2.4)	0.036
Typology		
Brothel-based	Reference	
Home/hotel-based	2.5 (1.0 to 6.7)	0.038
Street-based	3.1 (1.3 to 7.7)	0.004
Consume alcohol (regularly or occasionally)	1.9 (1.2 to 2.8)	0.002
Poor knowledge of STI symptoms	1.6 (1.1 to 2.4)	0.017
Low self-risk perception for acquiring STIs	1.6 (1.0 to 2.5)	0.031
New to sex work (less than 2 years)	1.8 (1.1 to 2.8)	0.008
No prior exposure to STI/HIV interventions	2.0(1.3 to 3.0)	0.001
No STI check-ups in past 6 months	1.5 (1.0 to 2.3)	0.029

P2-S2.08 CHANGING PATTERNS AND DRIVERS OF MIGRATION AMONG FEMALE SEX WORKERS OF NORTHERN KARNATAKA TO LARGE CITIES OF MAHARASHTRA, INDIA IN THE CONTEXT OF HIV/AIDS

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[1]S Halli, [1]J Blanchard, [2]P Bhattacharjee, [2]T Raghavendra, [1]S Moses. *[1]University of Manitoba, Winnipeg, Canada; [2]Karnataka Health Promotion Trust, Bangalore, India*

Background and Objectives The large number of FSWs from the rural areas of Northern Karnataka's three districts namely Bagalkot, Belgaum and Bijapur (3B districts) who migrate and work in Maharashtra cities particularly in Solapur, Poona, Bhiwandi and Mumbai in brothels and lodges. In this corridor" of migration and interconnected HIV epidemics, an attempt is made in this paper to specifically address the following objectives: 1. To assess the volume of sex worker migration from different sites and its annual turnover. 2. To describe the patterns of sex worker migration to and from the three districts of northern Karnataka and the large urban centres of Maharashtra.

Methods Mapping was conducted following enumeration of the units; visited each unit (brothels and in some areas also lodges and/or dhabas) where we had prior information that sex work was conducted and interviewed the unit manager (ie, brothel madam, lodge/ dhaba manager). The manager provided information regarding: the number of FSWs working in the unit at the time—total number, FSWs from Karnataka, FSWs from the 3B districts; number of FSWs from the 3B districts that worked in the unit in the previous year and how many of them had moved to another unit in the same area. Moreover, managers provided the place of origin, age

and duration of stay in the area of the FSWs from the 3B districts working in the unit at the time of data collection.

Results In case of Bhivandi, Mumbai's Kamathipur and Poona, 571, 390 and 604 FSWs were from 3B districts respectively. There were 338 women working in Solapur. Of the 338 women, 127 were from Karnataka and all most all of them (114) from the 3B districts.

Conclusions Migration of FSWs from 3B districts is decreasing considerably to Maharashtra brothels. There is high turnover of FSWs from 3B districts in Solapur (100% per month), especially in lodges. This suggests that the proximity of Solapur to Bijapur (the main place of origin for FSWs in this place of destination) may be an important driver of the movement of FSWs. In other words, the difference in turnover between Solapur and the other places of destination may be indicative of two changes in the migration pattern: a) FSWs from the 3B districts may prefer closer destinations, rather than the "classic brothel based" destinations (eg, Mumbai, Pune, Bhiwandi due to declining clients); and b) FSWs from the 3B district who migrate to nearby destinations may prefer working in lodges rather than brothels, the "classic" place of sex work in Maharashtra where high prevalence of HIV/AIDS is observed. This is supported by mean ages of the FSWs (31.5, 28.3, 34.5 and 27.6) and mean durations of stay (10.5, 6.8, 11.9 and 4.0) in Bhiwandi, Pune, Mumbai and Solapur respectively.

P2-S2.09 PROFILE OF CLIENTS OF SEX WORKERS DEVELOPED THROUGH IMAGERY USED WITH FSWS IN SIX MAJOR PAKISTANI CITIES

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S S Abbas. *Margalla Clinic, Islamabad, Pakistan*

Background Negligible data on clients of FSWs is available in Pakistan. Severe punishments like stoning to death for sex outside marriage etc, has made clients unusually cautious and researchers have shied away in carrying out researches on the clients of sex workers. An innovative psychological method has helped obtain significant information about clients.

Methods FSWs were asked to recall details about each of their 10 most recent clients through imagery conducted/guided by qualified Clinical Psychologists retrained to work with FSWs. FSWs were steered to remember client's: age, profession, time spent with them, place of risk taking, use of drugs, use of condom, who provided it, resistance if any against the use of condom. 120 FSWs out of 2055 FSWs recruited during recent surveillance round in six big cities of the country (20 FSWs from each city) were randomly selected. Each imagery session lasted 90–120 min. Profile of 1200 Clients was prepared.

Results 56.4% were less than 30 years (youngest: 13 years; oldest 75 years). 67.62% were married. Petty shop keepers, labourers and students constituted 62.18% of the clients and 81.4% of them lived in the same city. 51.84% were regular clients. In 59% of cases FSWs provided their own place for risk taking. Alcohol/Drugs were used in 53.31% cases. 45% of the clients left within 30 min. 52% of the clients bought oral or anal sex for extra money. Condom was used in 57% of the cases but in 58.46% of the cases it was provided by clients themselves. FSWs kept it with them to facilitate the clients. 78% of clients were worried about pregnancies and only 18% of clients worry about STIs. FSWs seldom tried to persuade Clients to use condoms and the most effective way was stated to be the fear of pregnancy.

Conclusions Clients belong to the same city mostly regular, are inclined to use condom particularly to avoid pregnancy but could be educated to use it to avoid STIs. Client's population is definitely receptive for the use of condoms. Making the FSWs keep a condom on herself is likely to increase the use of condoms.

P2-S2.10 SEX WORKER COLLECTIVE ORGANIZATION IN THE ABSENCE OF NGOS: A QUALITATIVE ANALYSIS OF FEMALE SEX WORKER HOMETOWN SOCIAL NETWORKS IN SOUTH CHINA

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[1]J Tucker, [2]H Peng, [3]K Wang, [4]H Chang, [2]L G Yang, [2]S Zhang, [2]B Yang. *[1]Massachusetts General Hospital, Boston, USA; [2]Guangdong Provincial STI Control Center, China; [3]Harvard Medical School, USA; [4]University of Wisconsin Madison, USA*

Background Reducing harm associated with selling and purchasing sex is an important public health priority in China, yet there are few examples of sustainable, successful programs to promote sexual health among female sex workers. Programs focusing on empowering sex workers using a rights-based framework have been effective in India and other regions, but have been challenging to replicate in China. The limited civil society and scope of nongovernmental organizations circumscribe the local capacity of female sex workers to collectively organise, advocate for their rights, and implement STI/HIV prevention programs. The purpose of this study was to examine social networks among low-income female sex workers in South China to determine their potential for sexual health promotion.

Methods Semi-structured interviews with 34 low-income female sex workers and 28 outreach members were used to examine how social relationships affected condom use and negotiation, STI/HIV testing and health-seeking behaviours, and dealing with violent clients.

Results These data showed that sex worker's hometown social connections were more powerful than relationships between women selling sex at the same venue in establishing the terms and risk of commercial sex. Female sex workers from the same hometown often migrated to the city with their hometown sisters and these social connections fulfilled many of the functions of nongovernmental organizations, including collective mobilisation, condom promotion, violence mitigation, and promotion of health-seeking behaviours. Outreach members observed that sex workers accompanied by their hometown sisters were often more willing to accept STI/HIV testing and trust local sexual health services.

Conclusions Organising STI/HIV prevention services around an explicitly defined hometown social network may provide a strong foundation for sex worker health programs. Further research on dyadic interpersonal relationships between low-income female sex workers, group dynamics and norm establishment, and the social network characteristics are needed. Hometown social networks may represent a powerful force for organising STI/HIV prevention among low-income sex workers in China and other regions with limited civil society.

P2-S2.11 FOCUSED AND EARLY INTERVENTION IN RURAL AREAS CAN IMPACT ON HIV TRANSMISSION IN SOUTHERN INDIA

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R Washington, P Bhattacharjee. *KHPT, Bangalore, India*

Background A number of districts in Karnataka, south India have an equal prevalence of HIV in rural and urban areas. A link worker scheme focused on prevention interventions with rural female sex