

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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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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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 non-governmental 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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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