

## P2-S2.19 ABSTRACT WITHDRAWN

## P2-S2.20 THE ASSOCIATION STUDY OF JOB MOBILITY AND HIV/STI PREVENTION IN FEMALE SEX WORKERS OF HUNAN PROVINCE, CHINA

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**Background** The job mobility of female sex workers (FSWs) is the working experience that keep low level status and no rising opportunity among all previous jobs before FSWs enter of commercial sex work. To understand the characteristics of job mobility and accessibility to health information and service before engaging in sex work, the study was implemented to its impact on HIV/STD prevention. Strategies and mechanism were explored to provide HIV/STD information and health service to FSWs before they engaging in sex work.

**Methods** This study was conducted at two cities of Hunan province in September to October, 2009. Ethical approval was obtained from the institutional review board of institute of Dermatology, Chinese Academy of Medical Sciences (CAMS). This study adopted stratified sampling with proportional allocation. Mapping was fulfilled respectively according to distribution of Entertainment Establishment in two cities. FSWs populations were classified into high tier, medium tier and low tier according to the type of working places and the price of sex services. Participants were determined after setting up sampling framework. Data were collected through questionnaire survey and in-depth interview and questionnaire survey on the basis of informed consent written by participants. The data were double entered, using Epidata software, by two researchers independently and were checked to assure accuracy and completeness. Statistical analysis of data was performed with SAS version 9.1 (SAS Institute Inc, Cary, NC). Univariate and multivariate analysis were used to examine for associations between variables of interest.

**Results** 207 FSWs were recruited in Zhangjiajie city and Shimen county of Hunan province. Of all respondents, the median age was 22 (range 16–48), 72.5% were unmarried, 67.8% had junior high school education, and 75.6% were from rural areas. 65.3% of the respondents once migrated to one or more places outside original hometown for job-seeking. 15.2% of 207 respondents reported sex work as their first job, while the rest reported at least one job before engaging in sex work. No significant differences were found among monthly salary of all previous jobs before sexual services. Significant differences were found between average monthly salary of previous jobs and sexual services at two sites. The median monthly income of sex work was about four times as much as that of their all previous jobs. 83.7% of the respondents were engaged in individual business or private enterprise before sexual services, especial for working in service industry or factory. In the opinion of job-seeking way and approach, 14.7% of the respondents had obtained employment information from regular channel or official agent of labour management department etc. Only 28.1% of the respondents had gained HIV/STD prevention information before sexual services. 89.7% of the respondents were not provided any counselling or reproductive health services in the course of job mobility, however 67.5% of the respondents would be eager for receiving periodic and accessibility of reproductive health services.

**Conclusions** Job mobility of FSWs before sex work is objective phenomenon at research areas. Occupational status and income is low level and poor work conditions of all previous jobs before sex work. It existed impossible rising opportunity between different jobs and positions. That is the horizontal characteristics of job mobility for FSWs population. It is significant association between low occupational status and lack of health relevant information and service, while poor accessibility to health information and services is

associated with low occupational status in the course of job-seeking and job mobility. Adverse impact were exerted to accessibility of health information and services for FSWs after entering of commercial sex work. The advice of the study is obvious and necessary that except for employment guidance, the students of junior high school should be educated with reproductive health and HIV/STD before graduation in research areas or other rural areas.

## P2-S2.21 TRADITIONAL DEVADASI SYSTEM UNDER TRANSITION: BOON OR BANE FOR HIV PREVENTION PROGRAMME?

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**Background** One of the key factors attributed to high prevalence of HIV in Northern Karnataka (in India) is socially accepted and widely practiced sex work. Girls from “Devadasi” community enter into sex work through socially accepted way of being dedicated to deity “Yellamma”. Currently, the “Devadasi” system is under transition where, new dedications are not accepted by community leaders. As a result, the social organization of traditional sex work is changing.

**Methods** An exploratory research was undertaken in the district of Bagalkot, Karnataka. Ethnographic methods, including participant observation and Focus Group Discussions (FGDs) were used. FGDs were conducted with leaders, sex workers, peer educators, adolescent girls from “Devadasi” community and HIV service providers.

**Results** “Daiva” is a committee consisting of key leaders from “Devadasi” community. “Daiva” functions at the local (village) level and make decisions for the welfare of their community. The death of many young “Devadasi” sex workers due to AIDS was reported as a key factor for “Daiva” in stopping girls from entering sex work. Towards this end, “Daiva” has declared that the families who dedicate their daughters will be fined (RS 5000 to 20 000) and be outcasted. Although there seem to be a consensus to the decision of “Daiva”, there are families who still want their daughters to start sex work. The fear of social and financial reprimand is placing new sex workers and their families in a marginalised and potentially illegal position within their village. Meanwhile, it is making new “Devadasi”? sex workers, conceal their identity and also avoid the HIV prevention services offered by peer educators of their own community at the door step.

**Conclusion** Changing social organization and conditions of “Devadasi” sex workers increases their intrinsic risk and vulnerability to HIV. Therefore it is important to address the structural changes occurring within the “Devadasi” community and also create an environment for new sex workers to freely access HIV prevention and care services. An innovative intervention model that could negotiate between objectives of “Daiva” and needs of sex workers is required.”

## P2-S2.22 INNOVATIONS TO ATTRACT YOUNG FEMALE SEX WORKERS TO ACCESS STI SERVICES IN DROP IN CENTRES (DIC): A CASE STUDY FROM BANGALORE, SOUTH INDIA

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**Background** Young female sex workers pose a challenge in accessing continuous services in prevention program. Being young, relatively active and new to sex work increases their vulnerability drastically but also attract more clients. As young sex workers they often do not access services provided in the drop in centre due to several

factors including self stigma, lack of Peer interaction, and less awareness about services in the DIC.

**Method** Community consultations were done initially to know the barriers to accessing services in the DIC. As physical appearance goes a long way in determining how an individual is perceived by oneself and others around, introducing sessions on beauty and healthcare by a trained beautician, was felt suitable in attracting sex workers to the Drop in Centre. A beautician was hired and oriented towards the program. The primary focus of the sessions was to showcase and teach the sex workers basic skills in dressing well and looking good using quick and cost-effective ways. Apart from this the beautician also provided few beauty services which was accessed by the sex workers. These services were charged nominally so that the amount was used to replenish the cosmetics and makeup materials. Other crucial aspects of health, such as cleanliness, hygiene and prevention of STI, female condom demonstration and distribution were covered during counselling session and one to one interactions. This innovative approach aimed towards increasing uptake and access of services proved cost effective and was received well by the most vulnerable, young sex workers, attracting them to the DIC.

**Results** As a result of introducing these sessions in the DIC 25 young sex workers were accessing services from the drop in centre every week. There was a steady increase in testing for STI in the introductory months itself. A peer network among the young sex workers was initiated and this helped the project to ensure that access to STI services were regular by this community. This innovative approach acted as a catalyst to improve the self-esteem of sex workers and ensured access to services there by reducing their vulnerability.

**Conclusion** It is imperative for prevention programs to evolve and find newer and innovative methods to address the changing needs of vulnerable communities like the female sex workers. This strategy has proved to attract young sex workers there by effectively providing them STI and other services within the program.

**P2-S2.23 MEASURING THE IMPACT OF HIV PREVENTION PROGRAMME ON HIV/STI PREVALENCE AND CONDOM USE IN KARNATAKA: A CASE-CONTROL APPROACH**

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**Background** The important goal of Avahan programme is to reduce HIV transmission among female sex workers (FSWs) and MSM-T by increasing consistent condom use, reducing risk behaviour and timely treatment of sexually transmitted infections. In order to assess the impact of programme exposure on these outcomes, many of the earlier studies have done impact analyses using periodical Integrated Biological and Behavioural Surveys (IBBAs). Since these studies were cross-sectional in nature, they could not give true impact of programme exposure in the absence of a suitable control group. Therefore, the fact that results may have not occurred independently of the intervention, instead reflecting natural trends in HIV/STI prevalence cannot be ruled out.

**Methods** Using first two rounds of IBBAs conducted during 2005–2006 and 2008–2009 respectively in four districts of Karnataka namely Belgaum, Bellary, Shimoga, and Bangalore, we use Propensity Score Matching (PSM) method to demonstrate the true effect of different components of programme exposure on HIV/STI prevalence and consistent condom use with all partners. By creating a proxy group of controlled individuals (those individuals who are not exposed to programme), PSM method compares the outcome measures with each respective cases who were exposed to programme. Further, Principal Component Analysis (PCA) is used to generate a composite index by combining a set of programme

exposure to analyse whether greater access to programme results into to better outcome.

**Results** Findings suggest that consistent condom use was higher with occasional clients in comparison to the regular clients cutting across all the districts. The consistent condom use was highest with occasional clients and regular partner in Belgaum (about 92 and 78 percent respectively) while lowest in Shimoga (55% and 48% respectively). The extent of condom use increased for both regular and occasional partners from first survey to second one. Result shows that about 12% FSWs in Belgaum reported any STI symptoms whereas it was about more than 9% in rest of the districts. Findings further revealed the fact that greater the access to program, better was the outcome indicators. The application of PSM method clearly suggested the fact that among all the programme indicators contact of the peers with sex workers has significant positive impact on consistent condom use and HIV/STI reduction. Though the prevalence of HIV/STI was less among those sex workers who visited to clinic compared to the other groups, it was not statistically significant.

**Conclusions** PSM is a better alternative method to analyse the impact of programme response in the absence of a real control group. Findings clearly conclude that Peer-led Outreach “strategy is successful in scaling up HIV prevention programme, nevertheless, focus of peers on motivating key population to clinic may also contribute to HIV/STI reduction and greater condom use.”

**Social and behavioural aspects of prevention poster session 3: General Population**

**P2-S3.01 STI RISK AMONG PERSONS ATTENDING BURNING MAN IN 2010**

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**Background** Burning Man is a week-long event held annually over Labour Day in the Nevada desert, with over 50 000 attendees in 2010. We aimed to assess the potential for STI transmission among San Francisco attendees and the availability and acceptability of safer-sex services at Burning Man.

**Methods** We conducted a survey among a convenience sample of persons who attended Burning Man in 2010. An online questionnaire on demographics, sexual practices, and safer-sex services at Burning Man was created on SurveyMonkey and advertised on two email lists, one for all attendees and one for those living in San Francisco. Attendees were invited to participate anonymously from 1 week through 6 weeks after the event. We conducted a descriptive analysis of the responses.

**Results** Of the 1477 persons who completed the survey during 10 September–22 October 2010, most were heterosexual men (45.1%), heterosexual women (30.0%), or men who have sex with men (12.4%); of white race/ethnicity (86.5%); and from 25 to 44 years of age (62.5%). The majority (70.6%) had attended the event in prior years, and 17.8% resided in San Francisco. Over one quarter (28.5%) had been previously diagnosed with an STI. Of the 69.8% who reported having oral, vaginal, or anal sex at Burning Man, almost half (43.5%) reported sex with new partners. Although most attendees (86.3%) noticed that condoms were available at the event, nearly one quarter (23.0%) of respondents with new partners had intercourse without a condom, of whom two thirds (64.9%) did not plan to test for STIs during the month after the event. Of those planning to test, 49.3% planned to test with a private doctor, 23.9% at a community clinic, and 19.7% at an STI clinic. Only 2.6% of attendees reported that STI testing was available at the event; 41.3% said they would use the service if it were available.