An Ethnographic Description of Female Sex Worker Typology in Kodagu, South India and Its Implications for a Targeted Intervention

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Abstract

Since the nature of sex work can vary by geographic area, it is imperative to investigate female sex worker (FSW) typologies in a specific area in order to inform relevant targeted interventions. The primary author engaged in participation observation at the Mysore and Kodagu offices of Ashodaya Samithi, a sex worker collective based in Karnataka, India, for eleven weeks. One focus group and ten interviews with FSWs in Kodagu were also conducted. In comparison to Mysore, Kodagu is characterized by more typologies as well as lower amounts of street based solicitation and lodge based place of sex. Furthermore, FSWs in Kodagu are more reluctant to self identify as a sex worker and participate in Ashodaya Samithi. Several factors that have greatly enabled the success of the Ashodaya Samithi programme in other districts of Karnataka, including community mobilization and organization of sex work, exist to a lesser degree in Kodagu.

Key words: Ashodaya, female sex worker, HIV, typology, Kodagu, community mobilization

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1: INTRODUCTION

Although the prevalence of HIV in India is relatively low at 0.36%, this statistic represents 2.4 million infections (NACO, 2008a). Many governmental and non-governmental organizations are involved in HIV prevention efforts, the majority of which target high risk groups. Female sex workers (FSWs), high risk men who have sex with men and transgenders, and injecting drug users are classified as (core) high risk groups by India's National AIDS Control Organization (NACO, 2007b). According to NACO (2007a), high risk groups are more frequently exposed to HIV due to risky behaviour and limited capacity or power to protect oneself from the virus. This underscores the importance of HIV intervention programs that target these groups.

In 2007, the HIV prevalence among FSWs in India was 5.1% (NACO, 2008a). However, this rate varies geographically and is as high as 17.9% at the state level (e.g. Maharashtra) and over 30% at the city level (e.g. Pune, Mumbai and Thane). Overall, eight states in the North, North-East and South regions of India have prevalence rates that are higher than five percent. FSWs in India represent a large high risk group as an estimated 30 million men there buy sex everyday (NACO, 2008b). India is characterized by a considerable amount of poverty as 42% of the population live below the international poverty line of US$1.25 a day (UNDP, 2007). For females in India, this is compounded by lower wages received at the work place as well as lower levels of education and literacy relative to males. Enrolment in primary and secondary school is significantly lower among females in comparison to males and the literacy rate of adult females is 71% that of adult males (UNDP, 2007). For an unskilled woman, the absence of a male who provides an adequate flow of income into the household can be a dire situation, especially if she has children and other relatives to care for. Since sex work is often more lucrative than other types of labour, entering the underground and informal sex work economy may be one of the

few options available to her in order to ensure that she and her family survive. However, since sex workers are criminals according to Indian law, they are vulnerable to mistreatment by various societal and structural forces. This, in addition to low sexual health awareness and low accessibility to condoms and health clinics can act to increase the vulnerability of sex workers to HIV and other STIs.

The first reported cases of HIV infection in India were among sex workers in 1986 (Pais, 1996), since which FSWs have been labelled a "high risk group". Furthermore, national surveillance data has indicated heterosexual contact to be the main mode of HIV transmission (Lakhashe, 2008). Factors such as these have led to the belief that FSWs are playing a significant role in driving the HIV epidemic in India. Ahora, Cyriac & Jha (2004) argue that "theoretically, the Indian HIV-1 epidemic could be driven to below-current levels through prevention programs focused on female sex workers and their male clients". Accordingly, HIV/AIDS prevention and treatment work has been aimed at sex workers via targeted interventions for decades, with varying levels of success. NACO's rationale for conducting targeted interventions is to prevent the transmission of HIV from high risk groups such as an FSW to bridge groups such as a client and then on to the general population such as the client's wife (NACO, 2007b). According to this rationale, it is most effective and efficient to target interventions toward high risk groups in order to control overall HIV prevalence rates in India.

The Bill and Melinda Gates Foundation (BMGF) entered the arena of HIV prevention efforts in India in 2003 by launching the India AIDS initiative, or Avahan, an initiative that works with a range of partners to provide support and funding for targeted HIV prevention efforts in six southern Indian states as well as along major trucking routes in India (BMGF, 2010). BMGF increased its commitment to Avahan from an initial $258 million to $338 million in July 2009.

One initiative that Avahan supports is the Ashodaya Samithi project or “Ashodaya”, a sex worker collective based in Mysore, Karnataka. Ashodaya is also supported by other organizations such as the Emmanuel Hospital Association, the Karnataka State AIDS Prevention Society (KSAPS) and the World Bank.

Unlike previous FSW targeted interventions which aimed to rehabilitate FSWs, Ashodaya follows an ideological framework similar to that of the Sonagachi programme in Calcutta, India. According to this framework, sex work is regarded as an occupation and HIV is viewed as an occupational hazard; furthermore sex workers should not be denied basic rights, respect and health care (Jana et al., 2004). The Sonagachi programme utilizes a multi-level intervention strategy that addresses not only individual level but also group and community level factors. Evans and Lambert (2008) argue that no one behaviour change theory is able to wholly retrospectively account for or predict the sexual behaviours of sex workers. Instead, these behaviours are greatly context dependent and constrained by structural factors. Furthermore, Swendeman et al. (2009) found that a replicated Sonagachi programme that included empowerment intervention components had significantly higher increases in condom use as well as consistent condom use when compared to a programme that only included health education and clinical service components.

Initially, the Sonagachi programme was framed as supporting the economic self-interests of various stakeholders including sex workers, landlords and madams by providing free medical services and condoms in order to prevent a major HIV epidemic among sex workers. However, as the programme evolved and community mobilization and empowerment increased, new goals such as increasing sex worker literacy and establishing a sex worker trade union emerged. Authority and power were also gradually ceded to the sex workers by the

professionals who had initiated the programme. Sonagachi has established itself as a model program for other sex worker collectives (Swendeman et al., 2009) including Ashodaya.

Despite higher HIV prevalence rates among FSWs, several southern Indian states have recently shown remarkable decreases in HIV prevalence among FSWs. In Karnataka, the HIV prevalence rate among FSWs decreased from 21.6% in 2004 to 5.3% in 2007 (NACO, 2008a). Much of this decline has been attributed to the work of targeted interventions like Ashodaya (NACO, 2007a). The activities of Ashodaya are based in three main objectives, 1) peer outreach and community mobilization 2) improved access to and utilization of sexual health services, and 3) creating and maintaining an environment that will enable programme activities (Reza Paul et al., 2008). Integral to the success of the outreach and community mobilization objective is a peer education component in which experienced sex workers who are seen as leaders and represent major nodal points in sex worker networks are hired as peer educators or "guides". It is important for outreach activities to be conducted by sex workers. According to Rogers' (2003) diffusion of innovation theory, potential adopters of an innovation such as condoms, are going to be more likely to adopt it if the individual introducing and promoting the innovation is more homophilic, or more similar, to themselves. Thus, it is more effective from a public health perspective for sex workers to initially identify other sex workers, which may be difficult for outsiders to do, in addition to building good rapport with them and then performing "outreach" activities, which include condom distribution, membership recruitment, and awareness programs.

In order to improve access and utilization of sexual health services, Ashodaya established a drop in center as well as a drop in clinic in its Mysore office (Reza-Paul et al., 2008). Ashodaya also provides a variety of other services for sex workers such as literacy

programs and legal aid (Halli et al., 2006). The third objective of creating an enabling environment is accomplished by regularly communicating and performing advocacy work with key stakeholders in the community including local police, lodge owners and the media (Reza-Paul et al., 2008). It is imperative to recognize the significant role of non-sex-worker interest groups and potential adversaries of sex workers (Cornish & Ghose, 2007). Communicating with and attempting to gain influence with these various groups is key to the success of a targeted intervention like Ashodaya.

Halli et al. (2006) found the level of involvement of FSWs in sex worker collectives in Karnataka to be positively associated with frequency of condom usage, knowledge of HIV/AIDS and other sexually transmitted illnesses (STIs), and seeking of medical care for STI symptoms. Reza Paul et al. (2008) conducted two cross sectional surveys among FSWs in Mysore, once in 2004 and another 30 months later in 2006. By 2006, just 2.5 years after programme initiation, programme coverage was widespread as 95% of FSWs had ever been visited by a peer educator, 90% had ever visited the drop-in center, and 92% had ever visited the project sexual health clinic. Moreover, condom usage during last sex with an occasional client increased from 65% 2004 to 90% in 2006, and the prevalence of four curable STIs had each decreased by over 50 percent. These changes were probably significantly influenced by factors such as a decrease in community violence and increases in FSW community mobilization and empowerment (Reza-Paul et al., 2008).

Ashodaya first initiated their programme in the district of Mysore, but since then have also established branches in other districts of Karnataka. The newest branch opened in Kodagu, a district adjacent to Mysore, in October 2008. While the adult HIV prevalence rate in Karnataka was 0.75% in 2006, it was 0.50% in Kodagu, a decrease in this district from 1.24% in 2004 (NACO,

2007a). In comparison, the HIV prevalence of FSWs in Karnataka was 5.3% in 2006. However, the NACO Sentinel Surveillance that produced this figure did not sample any sites in Kodagu and thus it is unknown whether this figure accurately represents the HIV prevalence rate of FSWs in Kodagu. Nonetheless, KSAPS agreed to fund an Ashodaya project in Kodagu as this district is a popular tourist site[1], and preliminary analysis revealed the presence of a significant number of FSWs.

As a requirement of the Master of Public Health (MPH) at Simon Fraser University, I spent eleven weeks in the state of Karnataka, India conducting ethnographic field research for the Ashodaya programme. In order to better inform the Ashodaya branch in Kodagu, I was assigned the task of conducting a situational analysis of female sex work there. Of note, the branch in Kodagu was not progressing as quickly with respect to program coverage and community mobilization when compared to other branches. The objectives of my exploratory research were to 1) Describe the presentational and operational aspects of female sex work in Kodagu, 2) Characterize the risks and vulnerabilities of FSWs in Kodagu to HIV, and 3) Identify issues to potentially catalyze community mobilization.

This report will reanalyze the data gathered in that research endeavour in order to provide a detailed account of female sex work typologies, or assignment of FSWs into types or categories, present in Kodagu. Although the majority of female sex work in Mysore is street based, preliminary analysis by Ashodaya revealed that this was not the case in Kodagu, hence the need to conduct typology research there. Elucidating and describing the various types of sex work in a specific area is important for research as well as programme planning, (NACO, 2007b,

[1] The majority of tourists to Kodagu are Indians who visit local temples and nature preserves.

Buzdugan et al., 2009, & Buzdugan et al., 2010) especially since the sex work industry can vary by geographic area (Buzdugan et al., 2010). Most research conducted among sex workers incorporate typology either by taking it into account during sampling and/or including it as an independent variable during analyses (Ramesh et al., 2008). Since different types of sex workers often require unique outreach strategies, it is imperative to understand the differing contexts in which various types of sex work occur in order to appropriately design effective intervention strategies (Buzdugan et al., 2009).

Buzdugan et al. (2009) conducted a comprehensive review of sex work typologies in India that were developed at city, state or national levels, and were able to reconcile the multitude of types that appeared into a list of nine, six of which were based on place of solicitation. Research indicates that FSW typology is able to predict STI risk. When examining HIV and STI prevalence among various female sex worker types in Karnataka, street to lodge (place of solicitation to place of sex) followed by brothel to brothel FSWs had the highest prevalence of HIV, syhpillis, gonorrhoea, (Mishra et al., 2009 and Buzdugan et al., 2010) and chalmydia (Buzdugan et al., 2010). Ramesh et al. (2008) found a higher prevalence of HIV among FSWs who solicited at brothels, lodges or dhabas (roadside eating establishments). In general, FSWs who, regardless of place of solicitation, entertain at home or in rented rooms have a significantly lower risk of HIV and other STIs when compared to FSWs who entertain in a lodge or brothel (Mishra et al., 2009 and Buzdugan et al., 2010). The high levels of risk faced by FSWs who entertain in lodges or brothels may be in large part due to the lower levels of control and therefore more limited negotiation skills, including for condom usage, which they are able to exercise in the presence of controlling brothel madams and lodge managers. At the other extreme of risk, FSWs who entertain at home or in rented rooms work independently and are thus able to exercise more control during sexual encounters with clients. Buzdugan et al. (2010)

also found street to lodge FSWs to have the highest mean number of unprotected sexual contacts per month and be more likely to have experienced condom breakage during the last month. However, home to home FSWs were the most likely to have never taken an HIV test (Buzdugan et al., 2010). Of note, Buzdugen et al. (2010) demonstrated that when predicting individual FSW STI risk in Karnataka, a typology scheme that incorporates both place of solicitation and place of sex is superior to a scheme that incorporates only one of these variables. In addition to India, sex worker typology research has been conducted in the USA (Bradley-Engen & Ulmer, 2009) and Tanzania (Desmond et al., 2005). Moreover, Harcourt & Donovan (2005) have conducted a systematic review of sex work and compiled an international list of sex worker typologies.

Since this study is exploratory in nature, Ashodaya guides themselves created typologies of FSWs and assigned their contacts to a specific typology. This was based on second occupation, primary site where sex is solicited or primary site where sex is conducted. This categorization allows for an understanding of the mode of sex work in Kodagu and potential important points at which outreach activities can be conducted. In order to inform program planning even more usefully, a deeper understanding of sex work is required. However, with the exception of O'Neil et al. (2008), Orchard (2007) and Kotiswaran (2008), there has been limited ethnographic investigation into specific types of FSWs in India. This report will attempt to contribute to this research niche by presenting insights from participation observation at the Ashodaya offices in Mysore and Kodagu by the primary author as well as the results from a focus group and interviews with FSWs in Kodagu. These insights and analyses will lead to a more comprehensive and in depth understanding of female sex work in Kodagu. This approach has the potential to uncover a myriad of important factors related to sex work including the risks and vulnerabilities of FSWs to HIV and STIs, forces that enable or prevent safe sex behaviours, and

levels of empowerment among FSWs. Ashodaya can then utilize this knowledge, i.e. the individual, community, structural and contextual forces surrounding female sex work, in order to identify important sex worker issues and problems and then plan activities and design strategies to most effectively address them. This report will also examine how the nature of female sex work in Kodagu affects the progress of Ashodaya programme objectives.

2: METHODS

The first part of the research consisted of participation observation by the researcher during May, June and July of 2009. The majority of the time was spent at the Ashodaya offices/drop in centers in Kodagu and Mysore observing daily activities and conversing with Ashodaya staff and participants. In addition, visits were made to homes of FSWs and to sites where sex was solicited and conducted. This method of participant observation allowed for the building of good rapport and trust between the researcher and the individuals involved with Ashodaya. In addition, informal interviews were conducted with six Kodagu health officials: the district health officer (DHO), the head of HIV integrated testing and counselling centers (ICTCs), the district AIDS prevention commission officer (DAPCO), two ICTC counsellors and one ICTC lab technician. Conversations with health officials and Ashodaya staff were conducted in English and a few of the conversations with Ashodaya participants occurred in Hindi. All other conversations were conducted in the presence of an Ashodaya staff member who acted as a translator between the researcher who spoke English and the second party who spoke the state language, Kannada.

The second part of the research was more formal and consisted of one focus group and 10 interviews that were conducted in late June and early July 2009. The first drafts of the focus group and interview guides were informed by a literature review of female sex work. These drafts were edited and finalized according to feedback received from Ashodaya staff and participants. Although these guides were utilized, the focus group and interviews were semi-formal in nature. Interviews and focus group sessions were tape recorded on a manual tape recorder and an Ashodaya staff member translated questions and answers from English to

Kannada and Kannada to English. The primary researcher transcribed and coded the focus group and interviews.

The first focus group took place at the drop in center in the capital of Kodagu, Madikeri and was conducted with five guides, two each from the sub-districts of Madikeri and Somarpet, and one from the sub-district of Virajpet. Participants for the focus group discussion were chosen by the researcher. At least one guide from each sub-district was included and guides who were thought to be more knowledgeable and frank were selected. A second focus group was attempted with a community of women in the home of a female Panchayat (elected village council) member. However, this focus group did not lead to a discussion about sex work as the women stated that they did not know anything about the topic. A guide organized the meeting by asking women from the community to attend a discussion with Ashodaya staff. Approximately 15 women who lived in the neighbourhood, the Panchayat member and a female nurse were in attendance. During the description of methods, distribution of information sheets and consent forms, and the short discussion that followed, the women who sat on the floor continually looked to the Panchayat member who was sitting on a chair for visual and verbal cues about actions to be followed. After the meeting, the Panchayat member confided in the translator that several of the women attending the meeting are FSWs but that she is not allowed to reveal their identity or talk about their sex work as she is a respected and trusted leader in the community. Thus, it was decided that the subject matter was too sensitive to discuss in a group setting with FSWs who are not guides and no further focus groups were attempted.

The first two interviews were conducted at the drop in center in Madikeri on June 24. The third and fourth interviews were conducted in the homes of the interview subjects the following day. The last six interviews were conducted in the home of the sister in law of a guide

during one day in the following week. Except in the case of the third and fourth interviews, interviews were conducted in private rooms with only the researcher, translator and interview subject present. The interview subject's guide was present during the third and fourth interviews. Another guide in addition to the interview subject's guide was present during the fourth interview.

The first two interview participants were chosen randomly by the researcher among FSWs present during a meeting in the Madikeri office that day. The remaining eight participants were chosen by guides and were based on willingness to participate as well as availability during the particular interview day. All focus group and interview participants were given oral as well as written information about the research project and confidentiality issues. All participants signed informed consent forms. These research activities were conducted by the primary author in order to complete an agency assignment for Ashodaya. Permission to conduct an analysis for this secondary data was obtained from the SFU Office of Research Ethics.

3: STUDY SETTING

3.1 Kodagu: An Introduction

Kodagu is an affluent district in Karnataka that is characterized by unique geography and culture. This district has many plantations growing produce such as coffee, cardamom and black chillies. There is a shortage of labourers in Kodagu and therefore many migrants from other districts and states travel to Kodagu in search of work. Additionally, there are several hundred home-stays or small lodges in the district to accommodate the many tourists and businessmen who visit Kodagu every year. When I first visited the Ashodaya office in Kodagu and asked the guides present to describe Kodagu to me, they mentioned that Kodagu is historically the home of Coorgis, an ethnic group with a warrior heritage who are the only people in India allowed to own and carry small pistols, "jammas", without a license. Today, many ethnic groups inhabit Kodagu and the district is ethnically, culturally and religiously more diverse than in the past. Kodagu consists of three "taluks", or sub-districts, Madikeri, Somarpet and Virajpet.

There are 11 publicly funded HIV Integrated Counselling and Testing Centers (ICTCs) in Kodagu and the government opened an antiretroviral treatment (ART) center in the capital city of Madikeri in late 2009. Prior to the opening of this ART center, the nearest ART centers were in Mangalore or Mysore, both approximately three hour bus rides away from the capital city of Madikeri. In order to reach and obtain the services from these ART centers, HIV positive individuals and their acquaintances living farther away from Mangalore or Mysore had to spend a significant amount of time and money in order to seek HIV treatment. This can be especially difficult for those who have families to care for and/or are not financially well off. Thus, the

opening of the new ART center in Madikeri has significantly decreased the amount of time and money that many HIV positive individuals must spend when seeking ART.

Since 2002, the total number of persons testing positive for HIV in Kodagu is over 1,000 (**Figure 1**). It is not known how many of these HIV positive individuals have died since not all of these individuals have been successfully tracked. On average, among individuals who get tested for HIV in Kodagu ICTCs, 3.6% test positive. The district is especially vigilant about testing pregnant women for HIV (see **Figure 2**). The majority of individuals that come to ICTCs for HIV testing have been referred by a doctor after it was discovered that these individuals have an STI. According to the District Health Officer, the figure of 1,000 HIV positive individuals represents only the "tip of the iceberg" and is due to three main factors. Firstly, private clinics are not required to report HIV positive cases to the government. Secondly, affluent people tend to seek HIV testing and treatment services outside of the district in order to avoid potential stigmatization from persons within Kodagu. Finally and perhaps most importantly, many people do not get tested for HIV because they are uneducated with respect to the virus, are unwilling to get tested because they feel that they have do not have the disease, or are afraid of the negative repercussions of a positive result. One FSW who we met was an HIV positive mother whose husband had recently passed away of AIDS. She had two older children and an infant who was less than one year old. The mother had not yet tested her infant for HIV because she was too afraid to face the mental and emotional ramifications of a positive result.

In order to address HIV prevention, the government has introduced several programs in Kodagu. Health camps whose services include HIV testing are conducted in each of the district's 30 primary health centers once per month. Local health workers are responsible for recruiting individuals, especially pregnant women, to these camps. The district is also training additional

health personnel such as nurses and lab technicians in HIV testing and counselling. Additionally, health education seminars and workshops that include HIV education components are conducted for various target audiences including Panchayat members and college students. In order to reach adolescents, the government is training teachers, particularly science teachers, to teach students about reproductive health. Schools also have Red Ribbon Clubs and hold HIV essay competitions. Moreover, schools are hiring counsellors whom students can approach about various topics such as sexual health. The main aim of the government with respect to HIV transmission prevention among adolescents is to promote abstaining from sex until marriage and remaining faithful to one partner. According to M. Jnanamani, DAPCO of Kodagu, government education programs aimed at youth do not promote condom usage as this approach would be “damaging”. However, the government does recognize the increased vulnerability of other higher risk groups such as migrants and truck drivers and conducts condom promotion programs aimed at these groups. Boxes containing individually packaged condoms are placed in government hospitals for the public to take free of cost.

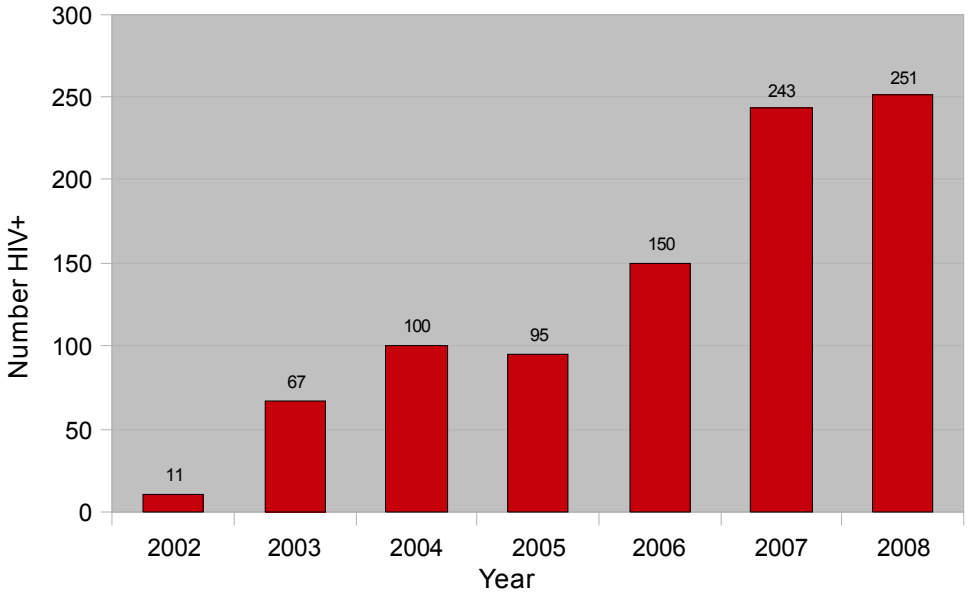

Figure 1: Number of individuals testing positive for HIV in Kodagu by year. The increasing trend is probably in large part due to more HIV positive individuals getting tested. (M. Jnanamani, personal correspondence, 2009)

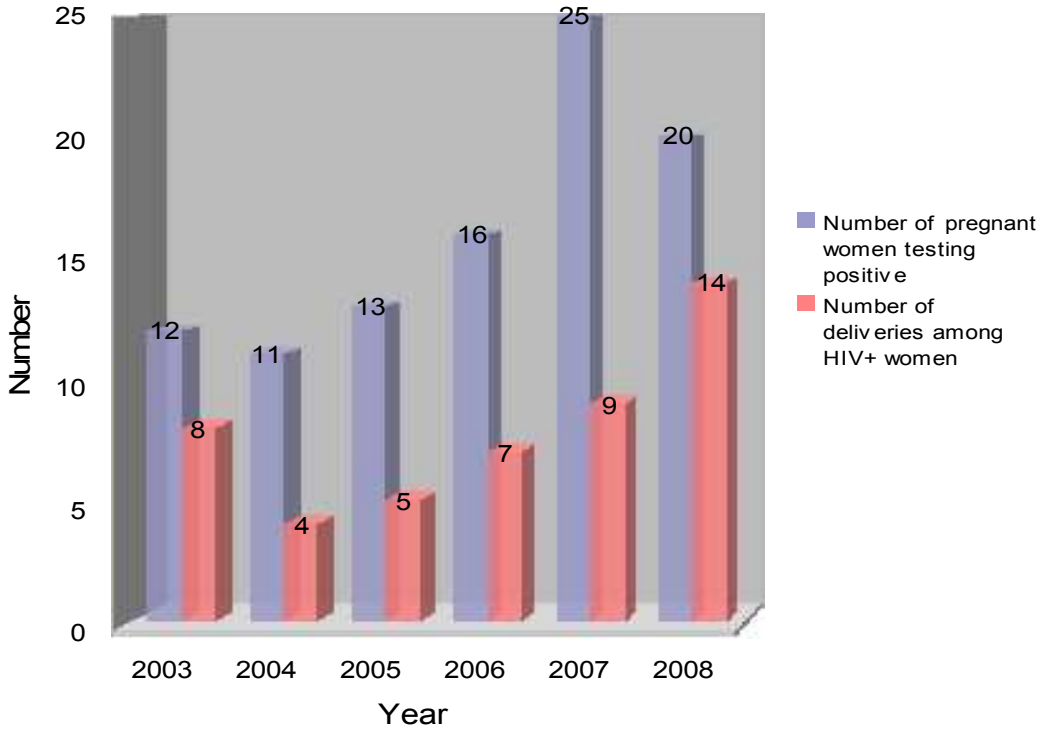

Figure 2: Number of pregnant women testing positive for HIV and the number of deliveries among HIV^+ women in Kodagu by year**.** Not all pregnant women testing positive for HIV have been successfully tracked by the government (M. Jnanamani, personal correspondence, 2009).

3.1.2 Ashodaya, Kodagu

The Ashodaya project in Kodagu was initiated in October 2008. In the early stages of the programme, capture-recapture exercises estimated there to be 650 FSWs in Kodagu, 338 in the sub-district of Madikeri. According to Ashodaya records, as of July 2009, Ashodaya-Kodagu had contacted 518 FSWs and registered 448. Additionally, guides had distributed over 60,000 condoms to FSWs and over one hundred FSWs had ever attended a drop in clinic. When they initially joined Ashodaya, the guides participating in the focus group stated that they just "came to the office, worked and then went home". However, as time passed they began to feel more comfortable and began to discuss personal issues with each other. Now, they consider the group of guides to be a "family". It is important to note that guides do not only serve as HIV/AIDS prevention and treatment outreach workers for their contacts. They are also part of sex worker social networks and are often friends with their contacts who will often share personal issues with them and ask them for advice. For instance, one contact has asked her guide for advice about the impending divorce between her daughter and son-in-law.

The majority of current as well as potential guides seemed to be very proud to be employed by Ashodaya and be involved in activities that they deem to be important and honourable. One FSW who wants to become a guide has told her boyfriend that she will have a "government job" distributing Nirodh, the name of the condom brand that the government manufactures. This FSW is looking forward to working as a guide because as a guide, she will be working for the community and will also be able to travel and socialize. One guide has told her husband that she has a government job working to prevent HIV transmission but would never tell him that she is a sex worker. Other guides who also have not disclosed their sex worker identity to their husband or boyfriend have disclosed their guide roles.

The Ashodaya office in Madikeri has one counsellor and one accountant. Drop-in clinics are held every Friday in the Madikeri office and once every 15 days in government hospitals in Kushalnagar and Virajpet. FSW community meetings occur at the office in Madikeri every Friday when it is Market Day and most labourers get the day off. However, FSWs may choose to go to the market in order to buy goods and/or solicit for sex instead of attending community meetings. Compared to the project in Mysore, Ashodaya, Kodagu is less organized as guides do not meet daily to discuss sex-work related issues and few or no people attend weekly community meetings. Since this research was conducted, Ashodaya, Kodagu has also introduced a male sex worker component to its project.

Importantly, the first session in a legal seminar series was held by an ex-lawyer Ashodaya staff member at the office in Madikeri in May 2009. The majority of guides attended this meeting and they became particularly excited and happy when they learned that a specific protocol has to be adhered to if police are going to arrest an FSW for soliciting sex and then try her in court. If all of the conditions of this protocol (e.g. written permission to conduct the raid) are not met, the case must be thrown out by the judge. This is an example of how educating FSWs helps to empower them and prevent individuals from abusing them by unfairly taking advantage of gaps in their knowledge.

With respect to the surrounding community, Ashodaya, Kodagu has networked and built good relationships with other groups in the community, including with Muslim and auto rickshaw driver groups, especially in Madikeri. A meeting with various NGOs in Madikeri was held in May 2009. Representatives from NGOs involved in HIV prevention and/or treatment among HIV positive children, migrant workers, TB patients, and the general public attended. The district minister of health education and the district supervisor of ICTCs also attended. All parties

agreed that the government and NGOs should hold regular meetings and work cooperatively together towards preventing and treating HIV in Kodagu. However, as of summer 2009, meetings with a key potential ally, the police, were delayed as the police were busy monitoring election related activities.

Compared to Ashodaya members in Mysore, members in Kodagu are much more reluctant to self identify as a sex worker. Whereas the norm in the Mysore office is to state that one is a sex worker during introductions to visitors such as researchers, only one guide in Kodagu introduced herself as a sex worker during a meeting with a visiting KSAPS officer from Bangalore in June 2009. However, even this one guide did not admit to being a broker when I interviewed her individually. These kinds of hesitations also extend to other FSWs in the community. The majority of guides have expressed difficulty in recruiting FSWs to Ashodaya. Membership recruitment can be difficult as FSWs refuse to reveal their sex worker identity to a guide, visit the drop in center in Madikeri and/or attend drop in clinics. This may be due to the early nature of the project and/or unique cultural and societal circumstances in Kodagu since compared to Mysore, the communities of Kodagu are smaller and more closely linked.

Several Ashodaya members were very cautious and refused to disclose their sex worker identity to me when I attempted to speak to them informally about sex work at the drop in center. For instance, a community member who lives nearby is a known sex worker to the Ashodaya community and visits the drop in center often. She came into the office one day and tearfully spoke to a guide about her abusive husband from whom she is separated. Before leaving the office, she asked for and received about ten condoms. She knew that I was a researcher visiting from out of town and when she came back later in the day to visit the office again, she requested that I interview her. After asking about her family, I began to ask her about

sex work. At that point, she panicked, looked at me directly instead of the translator with wide open eyes and said to me repeatedly in English, “Husband”, signalling to me that she does not need to do sex work because she has a husband. This illustrates the panic, shame and paranoia that an FSW can feel when there is a risk that her sex worker identity will be revealed to others, even within the Ashodaya drop in center, a setting that is supposed to be a safe and welcoming place for sex workers.

Another FSW, “Indu”, who also visits the drop in center in Madikeri often, had been specifically recruited to participate in an interview, and had travelled by bus for approximately one hour to the interview setting. However, during the interview she denied being an FSW. Indu lives with her mother, brother and young son. Her husband, who left her and now lives in another city with his second wife, visits his son once a month but does not help Indu financially. Indu stated that she does not need to do sex work because she has four able hands and feet and works as a construction worker to earn money. This is an ironic statement considering that most FSWs in Kodagu enter sex work because other occupations such as in construction work do not pay enough.

Still another interview participant, “Chandani”, initially denied being an FSW during her interview. She eventually opened up about her sex worker identity but was very anxious throughout the interview. To help ease her nerves, we did not tape record the interview nor did I take notes. She had to be reassured repeatedly before, during and after the interview that her identity would not be disclosed to newspapers or television news stations. Perhaps this sort of anxiety and mistrust will decrease in the future as Ashodaya, Kodagu grows stronger and FSWs are able to fully reconcile that Ashodaya is an organization that works for and strives to help sex

workers. Furthermore, as FSWs continue to participate in research activities in the future, their levels of mistrust for outsiders like me may decrease.

4: RESULTS

4.1 Individual FSW narratives

This section presents individual narratives of five FSWs who participated in interviews: a "domestic worker" FSW, a "taluk (out of town)" FSW, two "construction workers" FSWs and a "home based" FSW. These narratives provide insights into how each FSW entered sex work, the presentational and operational characteristics of her sex work and any personal and/or general issues surrounding sex work. In addition to illustrating the varying modes of operation of female sex work that exist in Kodagu, these narratives provide glimpses into each FSW's personal life including how her sex work negatively as well as positively affects her life. Overall, the results section aims to provide a more comprehensive picture of female sex work in Kodagu and ultimately inform program planning within organizations like Ashodaya that are working to improve the lives of sex workers.

4.1.1 "Haseena"- Domestic worker

As a child, both of Haseena's parents died and she began working as a housemaid at a young age. When Haseena was a teenager, the son of the owner of a house where she worked began to show interest in her and the two married when she was 18 years old. Initially the marriage was happy and peaceful for Haseena but as time passed, the situation worsened as Haseena's husband began to drink alcohol heavily and physically abuse her. Haseena stated that presently her husband will find fault with small issues and beat her. The husband will also beat their two teenage children, one boy and one girl, if they interfere when he and his wife are quarrelling.

Haseena was involved in sex work before marriage in her home-town and still has a large network of FSW friends there. She used to help her FSW friends, for instances by contacting clients, arranging for encounters between FSWs and clients, and taking ill FSWs to the doctor. It was not clear from the interview whether Haseena herself was a sex worker when she lived in her hometown. Nonetheless, once her husband stopped providing sufficient financial support for the family, Haseena entered sex work. She is a very friendly and outgoing person and developed friendly relationships with auto rickshaw drivers when riding in their auto rickshaws. Some drivers began to ask Haseena for sex and even now the majority of Haseena's clients are auto rickshaw drivers. Haseena will contact clients through phone and entertain them in the forest or someone's home.

Except on Fridays when her husband is off from work, Haseena works as a maid, working at two to three homes per week. Haseena began sex work after the birth of her second child, and entertains on average two clients per week. Haseena is picky with respect to her clients and considers some to be good friends with whom she can confide in. She has one permanent client, a man who she has been friends with for 18 years. This man, who is married to another woman, recently began asking Haseena for sex and Haseena now considers him to be her boyfriend. He helps her financially and according to Haseena has thus far given her over 10,000[2] rupees. The two will meet each other in the forest or the home of a friend of the boyfriend and will have sex.

Prior to having a "family planning operation" after the birth of her second child, Haseena utilized condoms with her husband in order to prevent pregnancy. However, she presently does not utilize a condom when having sex with him. She usually utilizes a condom with clients but will oblige to sex without a condom if a client pays her more money. Haseena has learned a little bit

[2] One Canadian dollar is equivalent to approximately 40 Indian rupees

about HIV from the media and once watched a documentary of testimonials of women who contracted HIV on a Karnatakan television channel. Haseena was particularly emotionally moved by one woman who contracted HIV when she was raped by several men. Haseena had already heard that Ashodaya provides free services of high quality for FSWs, and the documentary inspired Haseena to join Ashodaya. Haseena used to buy condoms from medical shops but now receives them from a guide. Haseena feels that the main need of FSWs in Kodagu is health and stated that if an FSW's health is good, she has more opportunities and is able to entertain perhaps two more clients if she desires.

Because Haseena is a friendly person who freely talks to men, her neighbours asked her if she is a sex worker. Haseena confirmed their suspicions and told them that she does sex work to feed and provide for her children and unless the neighbours start providing for her children, they should stop judging her for doing sex work. This stopped the questioning and teasing from the neighbours. Although her neighbours know that she is a sex worker, Haseena's husband and children do not. Haseena has considered leaving her abusive and alcoholic husband but has concluded that she should stay with her husband in order to protect her children, especially her daughter. If she lives alone with her children, then clients may feel free to visit her in her home and perhaps even ask her daughter for sex. Haseena feels that the presence of a man in her home presently prevents this sort of behaviour. Haseena and her husband want their children to study hard, attain good marks and "get a good name" in society. Haseena wants her children to marry in the future but worries how she will finance her daughter's marriage as Indian custom requires that the bride's family provide the groom's family with a dowry-the bigger the better. In ten years, Haseena wants both of her children to be married and imagines living with her son, whom she is close with, and his wife.

Haseena entered the sex trade not through connections to others in the sex trade but through contact with future customers in the community who represent the demand side of commercial sex. Now that Haseena earns more money through her sex work, she has the option of taking her children and leaving her husband. However, she is unwilling as an FSW to trade separation from her alcoholic and abusive husband for protection of herself and her children from potentially dangerous clients. This illustrates that although sex work can significantly ease a woman's financial troubles, it also inevitably introduces new dangers and risks to her life. As a mother, Haseena does her best to ensure that her children survive and hopes that they will succeed in life. Her tactic for ensuring a better present and future for her children is characterized by several risks, including STIs, to herself. Haseena knows that her health is important and participating in Ashodaya has the potential to significantly help safeguard her from the hazards of her sex work. Haseena's awareness of Ashodaya as well as its reputation in the community helped to catalyze her independent entry into the programme without persuasion from Ashodaya guides or staff. Thus, awareness as well as positive perceptions of Ashodaya in the community can be important for programme recruitment.

4.1.2 "Deepika"- Taluk (out of town)

*Deepika is a stay-at-home mom who lives with her son. She was once married but her husband left her. She then fell in love with another man who was already married and she described this man is her current "husband". This husband who is financially well-off pays her rent and gives her 1500-2000 rupees per week. The father of Deepika's son is this second husband who visits them at their home once or twice a week. Deepika does sex work in order to buy alcohol and other items such as jewellery or clothes that her husband refuses to purchase for her. Deepi*ka *drinks one to three bottles of alcohol per day and says she needs to drink in order to feel strength and power. If she does not drink, she becomes anxious and begins to tremble*.

Deepika practices sex work on the weekends once or twice a month at her mother's home in another town. She does not entertain clients during the weekdays because her husband may come home to visit her at any time during these days. After interviewing another sex worker who also goes to Deepika's mother's house to do sex work, it appears that Deepika's mother is a madam who provides rooms in her house for sex work. Deepika has been utilizing condoms since she began sex work but does not use a condom with her husband. She has visited an Ashodaya clinic once and agreed to be interviewed because one of her close relatives is a guide.

Deepika expresses that she only regularly sees clients with whom she has good relationships and for this reason does not have any problems with them. However, Deepika has heard from her FSW friends that clients can become aggressive when they are intoxicated with alcohol. These FSWs do not have any choice but to acquiesce to drunken clients demands because they are in need of money. Deepika is an attractive and lively young woman who is trying to live her life to the fullest by living a "high life"- a fun life that includes alcohol, socializing and material goods. Deepika would like to stop doing sex work in the future because she does not want her son to grow up and be labelled by society as a sex worker's son.

There was not much mention of brokers or madams in my discussions with FSWs. However, Deepika is an example of an FSW who most likely entered the sex trade through her family. Deepika is also an example of an FSW whose sex work does not provide for basic needs but for alcohol and other non-essential items. Although sex work enables Deepika's alcohol addiction, it also causes her great stress as it has the potential to anger her husband and create difficulties for her child. Unlike Haseena, sex work does not help Deepika's child. Deepika does not rely on sex work for basic survival of her family and wants to eventually leave sex work for the sake of her son.

4.1.3 "Firoza"- Construction worker

Firoza is a construction worker as well as a sex worker and lives with her three young daughters. Her husband left her eight years ago, prior to the birth of her youngest daughter. She entered sex work when a colleague requested that she have sex with him. She hesitantly had sex with him, for which he paid her 50 rupees. The next time they had sex, he paid her even more, 100 rupees. Firoza then decided to become a sex worker in order to financially support her family better. She picks up clients, mostly construction workers, at construction sites as well as at bus stops and has sex with clients in the forest, film theatres or construction sites. She entertains one to two clients per day and entertains only during the day time as she needs to be at home to take care of her daughters during the night.

The colleague that was Firoza's first client is now her boyfriend of five years. They still work together as constructions worker and are able to spend the entire day together at construction sites. Whenever they get the chance, they will have sex, often at the construction site after work. The boyfriend will come to Firoza's house every Tuesday and spend the entire day with her as both are off from work. Firoza's daughters have good relationships with the boyfriend, the two older daughters call him "mama", or mother's brother, and the youngest daughter calls him "papa". The boyfriend has told Firoza that if he finds out that she is having sex with other men, he will leave her. Hence, Firoza does not disclose her sex worker identity to her boyfriend and does not have clients who are colleagues at their work site. Firoza and her boyfriend never spend the night together as Firoza wants his family to be happy and does not want to interfere with their life. Before coming to the interview, Firoza asked and received permission from her boyfriend to attend "a hospital related function" with her guide, i.e. the interview.

Frioza does not negotiate fees before sex and will take whatever amount the client can afford whether it is 50 or 150 rupees. Firoza will only concede to vaginal sex although she has performed oral sex once. She met an Ashodaya guide at the hospital about three months ago and has since then been using condoms. Although Firzoa does not know the exact mechanism of STI transmission, she does know through her guide that utilizing condoms is an important precautionary measure against HIV. Firoza's clients have been questioning why she suddenly wants to use a condom and that there is no need to use a condom because they are both "good" and do not have any diseases. Firoza has replied by saying that it is important to use condoms to safeguard their health as well as the health of their families. She refuses to have sex with clients without a condom although she does not use a condom when having sex with her boyfriend. She introduced the idea of using a condom to her boyfriend but he responded by saying that there is no need to use a condom because they trust each other. Firoza is comfortable not using a condom with her boyfriend because she trusts that besides herself and his wife, he does not have any other sexual partners.

Firoza has several female friends who are also labourers as well as sex workers and they confide in each other about sex work issues. However, some acquaintances do not admit to being a sex worker and instead say that they are having sex with a particular person because they like him. Although Firoza's sex worker acquaintances do not have any major problems such as with clients or the police, many of these acquaintances have "white discharge" or vaginal health problems but are afraid to visit a doctor. Almost all of the sex workers that were interviewed expressed that most of their sex worker acquaintances have sexual health problems but are afraid to visit a doctor for fear of discrimination from the doctor. However, Firoza is introducing her guide to her sex worker friends and hopes that they like her will come to trust the guide and also attend Ashodaya drop-in clinics.

Firoza expressed that she does sex work to financially provide for her family and also to satisfy her own sexual needs since she does not have a husband. When she is with a client, Firoza expects that satisfaction not be limited to the client; she should be sexually satisfied as well. Thus, she is particular with respect to her clients and does not share her clients with her friends because she does not want a third party to interfere in her relationship with that client. Sometimes Firoza thinks that she is not doing "the right thing" by being a sex worker but then thinks that sex work is her fate and that she is not cheating or engaging in any type of criminal activity. Her position with respect to her sex work is neutral; it is a way to earn money and care for her children.

The various roles that Firoza plays include mother, lover, construction worker and sex worker. Sex work introduced Firoza to her boyfriend but also acts to jeopardize her relationship with him. Firoza appears to have a very meaningful and positive relationship with her boyfriend. Despite this closeness, she does not reveal her sex worker identity to her boyfriend, not only because it is potentially an issue of sex work but also because it is an issue of infidelity for her boyfriend. Due to condemnation of sex work by the law and society, FSWs lives are often filled with secrecy and deception. Despite this, Firoza obtains financial benefits as well as physical and emotional satisfaction from her sex work. Firoza's sexual encounters with clients did not include condom utilization until her encounter with a guide, highlighting the important role that guides can play for FSWs in the community.

4.1.4 "Jayanti" – Construction worker

Jayanti currently lives with her two young sons in a house that she inherited from her mother's family. Her husband who used to drink a lot of alcohol and physically abuse her left her when she was pregnant with her second son. After her husband left her, Jayanti began working

as a construction worker and presently does construction work as well as sex work in order to support her family. She entered the sex work field through a friend who introduced her to clients. Initially, Jayanti conducted sex work in lodges but has since shifted the site for sex to her home after seeing television reports of raids on FSWs in lodges. Moreover, when Jayanti was once entertaining a client in a lodge, two additional men came and had sex with her without paying her. Thus, Jayanti has bad mental and emotional associations with lodges and avoids going to them. Sometimes, if a client offers more money, Jayanti will travel to other cities like Madikeri or Mysore with him.

Jayanti contacts clients through phone and only entertains them during the night. She will entertain clients for either half an hour or the full night. If a client is coming for half an hour, he will come to her house via motorcycle and park behind her house which is secluded. Each of these encounters pay 200 rupees and Jayanti will entertain on average four clients on nights when she is entertaining "half hour" clients. If a client is coming for the entire night, he will not park his vehicle near the house. Jayanti and her client will have sex three times during the night and the client will pay her 500 rupees. Clients arrive to Jayanti's house after 11 p.m. and clients that sleep over leave by five a.m. the next morning. Sex is conducted in a separate room in the house and if Jayanti's sons wake up in the night she goes to their room, stays with them until they fall asleep again and then goes back to the client.

Jayanti does sex work two to three times per week and her clients include teachers, contractors, vendors, doctors and hotel managers. She does not entertain clients who are drunk and negotiates the fee and sexual acts before having sex. Although she agrees to vaginal and anal sex, she does not perform oral sex. Jayanti used to work as a cleaner in a hospital and learned about condoms from nurses. Hence, she has been using condoms since she began sex

work five years ago, gets condoms from governmental hospitals, and refuses to have sex without a condom.

A policeman came to know that Jayanti is a sex worker and asked her for free sex. Jayanti refused and the policeman jailed her. When Jayanti's family discovered that she was in jail, her cousin who is a lawyer went to the jail and persuaded the police to free Jayanti by explaining that Jayanti is from a respectable family and thus does not do sex work. Jayanti's father shouted at Jayanti when he found out that she is a sex worker but with time has accepted and understands that she is conducting sex work in order to support her family.

Jayanti's neighbours also know that Jayanti is a sex worker and some will act in an unfriendly manner towards her. For instance, if she is talking to a female neighbour, the neighbour's husband will interrupt the conversation and scold his wife for speaking to a sex worker. Some neighbours fear that Jayanti may try to lure other women into the sex work trade. Jayanti feels badly when she is teased and discriminated against by her neighbours but reassures herself that she is doing what she can so that her children do not starve. She also expressed that she does not care for her neighbours very much and thus their discrimination does not affect her too deeply. Jayanti's sons do not play outside much and hence they do not experience any teasing or discrimination from the neighbours. The sons also do not encounter any trouble at school on account of their mother being a sex worker.

Jayanti has FSW friends who often do contract based sex work and travel to other cities with their clients for up to 15 days. These friends have asked Jayanti to do this kind of sex work but Jayanti has refused because she must be at home to care for her two sons. Jayanti has six permanent clients as well as a boyfriend who is working abroad. Jayanti and her boyfriend stay in contact with each other via phone and her boyfriend sends her two to three thousand rupees

per month. He will be returning to Kodagu in nine months and has requested that she marry him. However, Jayanti declined his offer and reminded him that his mother will want him to marry a "good girl" from within his own religious community who has not previously been married. Jayanti plans to leave sex work when her boyfriend returns as he has promised to give her money to open a small shop.

Jayanti has been attending Ashodaya clinics in Mysore district for two years. Although she was initially uncomfortable when asked about reproductive health issues at clinics, she now feels very comfortable when attending these clinics. She feels that for sex workers, attending Ashodaya clinics are preferable to visiting doctors in government hospitals, where someone who you know may overhear your health issues and begin gossiping. According to Jayanti, sex workers can speak freely and openly about their health issues without fear of negative repercussions when attending Ashodaya clinics. Jayanti also feels that addressing the health needs of FSWs is important and wants to help to mobilize the FSW community in Kodagu.

Jayanti's sex work has caused her significant strife in her life. She has been abused and/or discriminated by police, neighbours, clients and her family. Unfortunately, Jayanti has been able to exert little control during these adverse situations or prevent them from occurring again. However, she has been able to shift her site of sex from lodges to her home in order to avoid raids by police and decrease risks associated with clients. By entertaining clients in her home during the night, she also does not need to travel to meet her clients or take time out during the day to entertain them. Furthermore, she is able to be at home with her children when they are sleeping. Jayanti is an example of a proactive member of Ashodaya. She was attending Ashodaya drop in clinics in Mysore district even when they did not exist in Kodagu and is interested in helping to mobilize the FSW community in Kodagu.

Jayanti does plan to leave sex work and pursue an alternative income generating plan with the financial help of her boyfriend. Jayanti's refusal of her boyfriend's marriage proposal illustrates the stigma associated with previously married women in Indian society as well as the religious divisions that often exist in communities. Jayanti was not at fault for the dissolution of her marriage and as an unskilled woman has limited capacity to support her family. Marrying again would help to ease Jayanti's financial burden and increase her personal happiness but she is unwilling to challenge societal norms.

4.1.5 "Anisha"- Home based

Anisha's husband died very recently of a heart attack. Anisha began practicing sex work four years ago when she began experiencing some "difficulties" in her home. According to Anisha, clients will usually phone sex workers when they want sexual services but FSWs will also contact clients when they are in need of money. Anisha contacts her clients by phone and if she needs to travel to meet the client, the client will send a car to pick her up from, and drop her off to, the bus stand. The farthest she has ever had to travel to meet a client is 20 kilometres. Although Anisha usually entertains clients in the night, she will travel to a home-stay or a client's home and will do sex work during the day if she is free and her children are at school. However, if Anisha is engaged with her children, she will refuse clients. Anisha has FSW friends with whom she shares clients and sometimes socializes with.

In addition to temporary clients, Anisha has three permanent clients, each of who she sees about once per week. All of Anisha' clients are "officials" such as bank managers and business men. Encounters with clients usually last one to four hours and payment, which is collected after the encounter, can be up to 1,000 rupees. These encounters usually take place in Anisha's house from 1 a.m. to 4 a.m. when her children are sleeping in a separate room in the

house. The client will park his vehicle away from her house and walk so that her children and neighbours do not suspect his presence. During encounters with clients, Anisha and the client remove all of their clothes and engage in vaginal sex once or twice. Anisha does not agree to anal or oral sex.

Anisha has a boyfriend whom she met at the market and befriended. They have been together for four years and he is aware that she is a sex worker. The boyfriend is a taxi driver and sometimes gives money to Anisha. They speak on the phone everyday and the boyfriend comes to Anisha's house two to three times per week. Anisha's children know the boyfriend and believe that he is their late father's friend. Anisha expressed that she can speak openly to her boyfriend about anything and feels that there are no negative aspects in their relationship. In addition to her boyfriend, Anisha can speak to her regular clients about personal issues. Anisha expressed that although her boyfriend married two years ago, he still loves her. Two of her regular clients have also married in the past two years.

Anisha has always been using condoms with clients and if there is no condom available she will not have sex. She does not keep condoms with her at home so her clients are required to bring their own condoms. Anisha expressed that her clients do not resist to wearing condoms. She also uses a condom with her boyfriend in order to prevent pregnancy. A previous client used to create trouble for Anisha by coming to her house often and requesting that she marry him. She dealt with the problem by scolding him and he eventually stopped troubling her. Additionally, Anisha makes sure to meet clients at the proper time so that she does not potentially anger them and lose them as customers.

Anisha visits her ill mother every week and pays for her medical treatment. When Anisha is feeling unwell physically or emotionally, she will only disclose her problems to her boyfriend.

She has been an Ashodaya member for 15 days and has visited a drop in clinic where she had a positive experience. She does not have any major problems in her sex work but has problems with her late husband's family who she feels are too controlling.

For Anisha, Ashodaya can continue to provide free medical services and provide her with an environment where she can have meaningful relationships with other FSWs. Anisha feels that sex work is not wrong because she needs physical pleasure and a way to make a decent amount of money. She asks her regular clients to get tested for HIV. Anisha feels that all FSWs are practicing sex work to support their children and their families. FSWs are vulnerable to HIV and other STIs so they need to come forward and accept that they are a sex worker and join Ashodaya. They need to be proactive and look after their own health because nobody else will. Only when they are healthy and happy will they be able to look after their families well. Anisha herself was hesitant to join Ashodaya and it took four months for her to finally decide to visit the office. She was very impressed during her visit, has been visiting the office regularly and wants to bring more women like herself to the office.

As a widow, Anisha needs to provide for her family and pay for her mother's medical treatment. Sex work has allowed her to fulfill these duties. FSWs like Anisha are centers of large interconnecting sexual networks that include married men. Two of Anisha's permanent clients as well as her boyfriend who were all previously unmarried continue to have sexual relationships with Anisha even after marrying other women. FSWs are at increased risk to HIV due to their increased number of sexual partners. Intervening at the level of the FSW is essential to help safeguard the health of an FSW as well as other members of her sexual network. Anisha was utilizing condoms even before joining Ashodaya. It was difficult for her to eventually decide to join Ashodaya and has realized that being an Ashodaya member benefits her in several ways.

She is comfortable utilizing their health services and has been able to have meaningful relationships with other FSWs involved in the programme. She like Jayanti is inspired to help recruit other women like herself to Ashodaya.

4.2 Nature of sex work

4.2.1 Entry into sex work

The presentational and operational aspects of sex work are numerous and varied. Large proportions of FSWs in Kodagu are labourers and usually provide the main source of income for their families. Since their salaries are often meagre they turn to sex work in order to more sufficiently support their families. Some FSWs will abandon another occupation and only work as a sex worker. FSWs are often separated from their husbands, have husbands who have travelled to distant areas such as the Middle East in search of work, and/or have husbands that do not provide enough financial support for their family. Most often, sex workers turn to sex work out of financial desperation although some sex workers conduct sex work in order to attain personal pleasure or buy non-essential goods. Some sex workers are influenced to enter the sex trade by their family members. One FSW that I spoke to is a young, single woman whose sister is an FSW and mother is a well-established FSW and broker. This FSW lives with her mother and sister, and would probably be able to support herself sufficiently if she entered another occupational line. However, since this FSW left school after grade ten, other occupations would probably be less lucrative.

According to the guides participating in the focus group discussion, if a female wants to become a sex worker, she may contact another female whom she knows to be a FSW and ask her to connect her to clients. FSWs may also connect with new clients by engaging in conversation with men in public places such as the market and bus and exchanging phone

numbers. These relationships may begin as platonic friendships and then later evolve into relationships that include sex and monetary exchange for sex. Additionally, brokers and madams may also connect FSWs to new clients. Some brokers are auto rickshaw drivers who can create trouble for FSWs such as by refusing to give her a ride late in the night if she does not agree to entertain certain clients.

4.2.2 Contacting clients

The majority of FSWs contact clients through landline phones, mobile phones or phone booths. Contact with clients can also occur in public places, or through a madam or broker. Some FSWs arrange to meet their clients in a unique way. The client phones the FSW, gives her the license plate number of his car and asks her to come to a specific location. The FSW goes to the site via an auto rickshaw and once she arrives to the site observes the cars that are passing by. When she spots the car with the pre-specified license plate, she enters the client's car. However, there is a risk associated with this set-up because the auto rickshaw driver that drives the FSW to the specified meeting place may call and inform the police who will then conduct a "raid" and arrest the FSW. Auto rickshaw drivers receive a monetary reward from the police if a successful raid occurs. One FSW stated that this type of raid occurs about 10 to 20 times per week in Madikeri.

4.2.3 Frequency and fees

According to Kirana, project coordinator of Ashodaya, Kodagu, the majority of FSWs fall within one of three categories with respect to frequency of sex work. The first type of FSW does sex work on a daily basis and services 5-6 clients per day. She also has a permanent client and receives money in exchange for sex as well as for other purposes such as purchasing clothes. Once this permanent client's cash supply is drained after about three or four months, the FSW

then turns to the next permanent client until this client also runs out of money, and so on. The second type of FSW also does sex work on a daily basis but only services a few permanent clients. The third type of FSW does sex work one day per week. FSWs falling into this third category are usually younger and more physically attractive and thus demand more money from each client. These FSWs and their clients will often drive to another town where sex is conducted in a lodge or a home-stay. They may also drive to a local secluded area and have sex in the forest or in the client's vehicle if it is raining.

Fees and negotiation of fees are varied. Fees can range from 50 to over 1,000 rupees per encounter. Many FSWs will negotiate the fee before sex whereas others will not. One FSW who does not negotiate price or services before sex feels that her tactic ensures that her clients will be happy, pay more money and also refer other clients to her. However, a major problem for some FSWs is clients paying less than agreed to or nothing at all. The next section presents narratives of three types of sex workers in order of decreasing frequency of sex work and increasing fees for sex.

The life of "Anita", a housewife and mother, completely changed when her husband, who worked as a lorry driver, suddenly suffered a heart attack and died. After the death of her husband, Anita was forced to take on the role of financial provider for her family. She began working as a "dhabawalla", washing clothes but the earnings from this job were low and insufficient to support her family. Anita then turned to sex work in order to earn a better income. Presently, Anita lives alone in a rented apartment and works as a full time sex worker. Each day, Anita services four to five clients, most of whom are lorry drivers. Anita enters the forest with her client under the premise that she is going to cut wood and has brought along a man to help her carry the wood. Each encounter lasts approximately half an hour and the client

will pay 150-500 rupees. Anita hopes to arrange the marriage of her daughter soon but is worried about how she will be able to finance it.

"Sheila" has been doing sex work for about eight months. Her husband travelled abroad in order to work and will return to India after his two year contract ends. He has not been able to send much money back to his family and Sheila eventually turned to sex work in order to more sufficiently support her family. She has five middle- to upper-class "boyfriends"- two who live in the city of Mangalore and three who live in the city of Madikeri. According to Sheila, her boyfriends help her by giving or sending her cash and she helps them by speaking to them on the phone, meeting them in person, and having sex with them. To Sheila, the relationships are mutually beneficial. She did not refer to her "boyfriends" as clients nor talk about the specifics of each encounter. She spoke mostly of how she met and befriended her favourite boyfriends and the emotional aspects of these relationships. Of the boyfriends in Madikeri, Sheila sees one on a weekly basis and two on a monthly basis. She has met one boyfriend from Mangalore about five times and talks with him via telephone several times a week. Sheila has only spoken to the second boyfriend from Mangalore via phone. Sheila has even recruited some of her friends who were also having financial problems into sex work by introducing them to clients. Sheila's family and friends do not know about her sex worker identity and Sheila says that if they were to find out, her life would be "ruined". Sheila is quite fond of two of her boyfriends yet has told them that the relationships must end once her husband returns to India. When her husband returns, Sheila plans to stop doing sex work and again rely entirely on her husband for financial support.

"Roshni" lives in Madikeri with her husband and three small children. Her husband is ill and unable to work and in order to support her family Roshni does sex work once a week. She

meets her clients on Saturday morning in another town such as Mangalore or Mysore and stays with them until Sunday morning. Sexual intercourse occurs twice during the day on Saturday, once during Saturday night and twice on Sunday morning. Each "shot" or sexual penetration pays 1,000 rupees and Roshni will earn 5,000 rupees plus tips from each client. Roshni's clients are wealthy non-localities and are able to afford her high fees. Like her colleagues who practice this type of sex work, Roshni is young, physically attractive and "styles" herself well before meeting clients. This type of sex work is very lucrative and one of Roshni's colleagues who began practicing sex work while attending college has accumulated 100,000 (C$2500) rupees in savings.

4.2.4 Clients and services

Clients vary in occupation and social class and range from doctor to baker to monk. However, one FSW will usually have clients who are from the same socioeconomic background. The majority of labourers get the day off on Market Day, which is on Fridays in the city of Madikeri and Tuesdays in the city of Kushalnagar. These Market Days can be a busy day for FSWs with labourer clients. In addition, officials get Sundays off and this can be a busy day for sex workers with official clients. Of note, several FSWs have boyfriends that were previous clients. The sexual services that are performed for clients differ by FSW as well as by encounter. An FSW will have sexual intercourse with a client once, or more than once if the encounter lasts longer. She will also agree to one or more types of sexual acts including vaginal sex, oral sex, anal sex and "sex between the breasts". While some FSWs will acquiesce to all of a client's sexual demands, others will as a rule refuse to engage in certain sexual acts.

4.3 Typology

I was able to speak to almost all of the Kodagu guides and in my conversations with them, I asked them to state how many contacts they have and categorize each one. Guides created categories of sex work and appointed all of their FSW contacts to one category. Categorization of sex work is based on the second occupation of the FSW, the primary site where she solicits for sex, or the primary site where she entertains clients. Refer to **Figures 5-7** for the proportions of various types of female sex work in the sub-districts of Madikeri, Somarpet and Virajpet.

4.3.1 Street based

Compared to Mysore where the majority of sex work is "street-based", or where sex is solicited for in public areas such as bus depots, the proportion of street-based FSWs in Kodagu is low. However, Market Days are good days to solicit in public areas. One guide who has several street-based contacts stated that many of these street-based FSWs have an alcohol abuse problem. They will often trade sex for alcohol in addition to cash. This guide indicated that his FSW contacts drink alcohol in order to ease the emotional pain of personal problems, increase personal capacity for sex so that more clients can be serviced, and/or increase pleasure during sex.

4.3.2 Domestic worker

Another type of sex worker does domestic work in addition to sex work and her clients may be owners of the homes where she does domestic work. However, clients are not limited to home owners as the majority of clients of one FSW interviewee who does domestic work are auto rickshaw drivers. One guide who has many domestic worker contacts stated that her contacts work at approximately 4-5 homes per day. This guide's contacts entertain clients in their own home when their relatives are away or in a rented room, separate from their primary home. This

rented room serves primarily as a site in which to conduct sex work and is rented by one FSW if she earns more money or by more than one FSW among FSWs who earn less money.

4.3.3 Construction worker

Construction workers[3] often sell sex to co-workers or employers and sex usually occurs on the construction site or in forests. However, construction workers can solicit for and conduct sex outside of these sites such as in the cases of Firoza and Jayanti. Kodagu is economically thriving and growing and thus there is a considerable amount of construction activity occurring. Migrants from as far as north-east India come to Kodagu in search of work including at construction sites and coffee estates.

4.3.4 Coffee estate

There are many coffee estates in Kodagu and female workers may sell sex to co-workers, supervisors and/or estate owners. Sex can occur in the bushes, forest, rest huts and supervisor or owner quarters. Sex often occurs during lunch time when co-workers are away from the fieldsor after work when workers have gone home. One guide discussed the jealousy that can occur in sexual networks at coffee estates. Male co-worker clients may become jealous of a FSW if she is having sex with other males. Female co-workers may also become jealous of a FSW if she is having sex with males for whom the co-worker has romantic interests. Jealousy may cause these co-workers to threaten to disclose the sex worker identity of the FSW to friends, relatives and/or owners of rented accommodations. However, the supervisor of Asha Kirana, an NGO working to prevent HIV among migrant workers in Kodagu, is not aware of any sex work

[3] Guides named this typology “coolie” but the primary researcher renamed it “construction worker” since “coolie” can refer to an individual that is involved in any kind of manual labour and guides were referring specifically to construction workers.

occurring in coffee estates. One FSW interviewee who works in a coffee estate stated that males and females are not allowed to interact with each other at her work site.

4.3.5 Lodges and home-stays

Although 64% of FSWs entertain clients in lodges in Mysore (Reza-Paul et al., 2008), this figure is estimated to be much less in Kodagu. This is probably due in large part to fear of raids by police in lodges. However, there are a considerable number of home-stays, i.e. accommodations that look like large houses, which are popular among tourists. We were taken to one home-stay by its manager who also acts as a broker for FSWs. He received a box of condoms from an Ashodaya guide to place in the home-stay and offer to visitors and FSWs. Alternatively, some home-stays will not directly accept condoms from guides but will allow the guide to place a box of condoms within the home-stay.

4.3.6 Taluk (out-of-town)

FSWs may travel to another town under various premises such as by saying that they are visiting someone or attending a marriage, in order to do sex work. When checking into lodges, hotels or home-stays, an FSW will say that the client is her husband. In some cases, the FSW will spend

one or more nights in another town. An FSW may accompany a client to another town when the client is travelling there for business-related matters such as when purchasing goods. Travelling to other towns for the purpose of entertaining clients pays more and usually involves younger FSWs who are considered to be more attractive.

4.3.7 Home based

Clients may also be entertained in an FSW's home but there is great potential for problem in this type of arrangement. Neighbours may complain and express that they are not comfortable with

men entering their neighbourhood in order to buy sex, especially if they have daughters in their homes. These neighbours may even threaten to inform the police. In response, the FSW usually tries to convince her neighbours that the visiting men are relatives, friends or co-workers. Owners of rented quarters may also become angry and ask the FSW to move. An FSW may eventually move if she is faced with a lot of antagonism. On the other hand, one interview participant does not face any trouble from her landlord because this landlord is also a broker. This FSW entertains clients in her home and men in the neighbourhood who suspect that she is a sex worker complain to her because she will not take them on as clients.

4.3.8 Film theatre

Some FSWs will solicit for sex in and around film theatres, especially after a film has finished. Then, sex will take place in forests, lodges or other cities. One film theatre in the city of Madikeri is located adjacent to the forest where FSWs and their clients often go to have sex. Ashodaya has contacted this theatre and with their permission has placed a box of condoms in the theatre. One guide indicated that FSWs who solicit around film theatres are usually younger, physically more attractive and unmarried.

4.3.9 College student/college educated

According to one FSW, some FSWs are college students who conduct sex work about once a week during the weekends. They will travel to another town to meet their client and stay with him in a hotel or lodge. The fee for these FSWs is high and can range from 5,000 to 10,000 rupees. These FSWs may continue sex work even after they graduate from college and are working at a job that is related to their degree. One such type of well educated FSW who was also interested in becoming a guide was attending a drop in clinic. She was in her late 20's or early 30's, spoke English very well and spoke of her sister who was living in the U.S. when I

mentioned that I was from Canada. I was not able to speak to her about sex work as we were only able to talk briefly during the walk to a restaurant with other FSWs and Ashodaya staff for lunch after the drop in clinic. Although neither focus group nor interviews consisted of any college attending or college educated FSW subjects, this is one FSW type that should be further investigated in the future.

4.3.10 Forest

Many FSWs who solicit in various settings will entertain clients in forests. Sometimes, "goondas", or thugs, will follow an FSW into the forest and demand free sex. If the FSW does not agree to free sex, these goondas can threaten to disclose the FSW's identity to friends and relatives. Since police may also create problems, FSWs will try to avoid police by entering areas that are away from known police persons' paths. Many forest areas are protected by the government and cutting trees is illegal. One guide indicated that some forest guards will allow women to cut trees illegally in exchange for sex. Several FSWs who were considered in other categories sometimes entertain clients in the forest and perhaps the forest typology could have been re-categorized based on other factors such as place of solicitation or second occupation.

4.3.11 Other types

Some FSWs in Madikeri do "garden work" and it appeared that they work in nurseries. Women who work in shops as well as stone cutters may also sell sex in order to increase income. Some forms of female sex work are more sporadic. For example, women often travel by bus when returning home to their villages from towns and if they miss the infrequent buses that travel to their village, they may take a taxi home and may pay for their taxi fare by having sex with the driver. Additionally, some women will have sex with door to door salesmen in their home in order to receive goods like dresses and blankets free of monetary charge.

4.3.12 Mixed types

These categories are not exclusive and one FSW may fall into more than one sex worker typology category. For instance, “Ekta” does garden work five days a week and will contact old clients through a phone booth, pick up new clients in public places such as a bus stand and will also work with a broker when travelling to other towns with clients. She will entertain clients at home five days a week when working in the town she resides in. Additionally, Ekta will travel to another town with a client once every two weeks, spend two to three days with him and have sex in a lodge or a forest area. Categorizing Ekta as just a “garden worker” or “home based” FSW fails to characterize other important aspects of her sex work.

In the previous section, narratives of two FSWs were presented, both of who are categorized as “construction workers”. They have the same second occupation, are both single mothers and live with their children. However, several aspects of their sex work differ. “Firoza” picks up the majority of her clients at construction sites and has sex with clients everyday during the daytime at construction sites, the forest or film theatres. Meanwhile, “Jayanti” contacts clients via phone and entertains clients two to three nights each week at her home. She will also sometimes travel to other cities if a client offers more money. Thus, in Kodagu, describing several aspects of an FSW’s typology may be required in order to have a good idea of how she operates and in turn adequately inform intervention programmes.

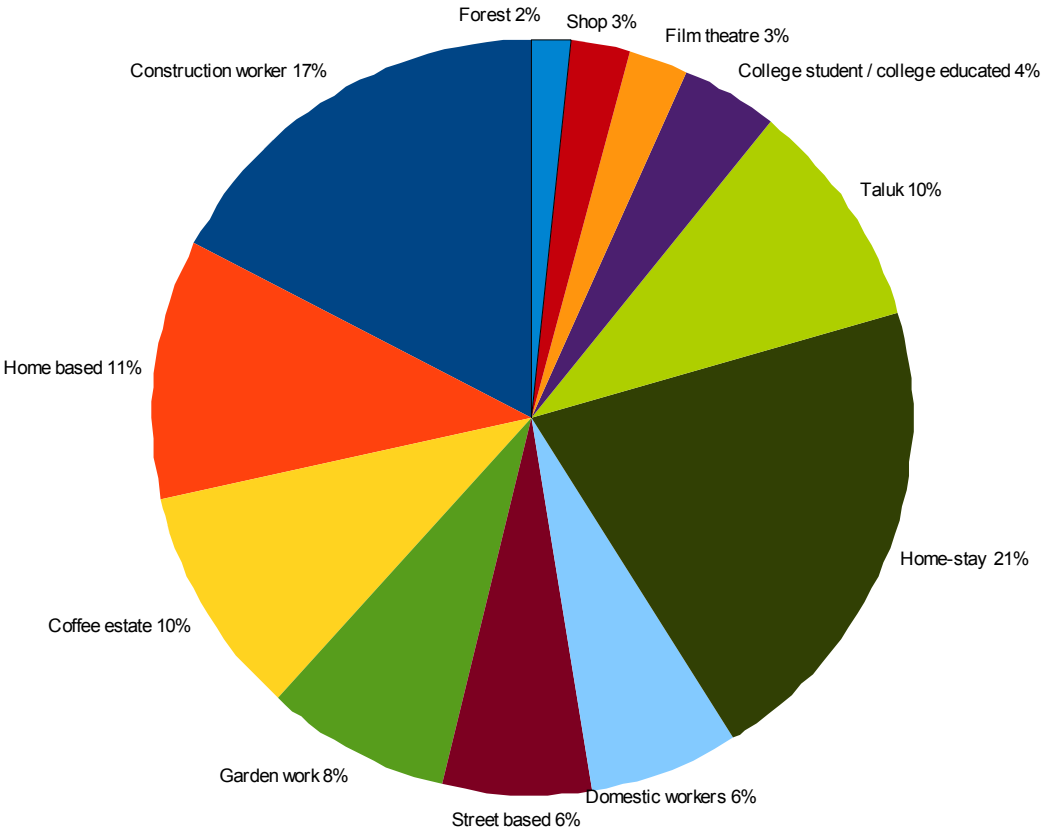

Figure 3: Female sex worker typology in the sub-district of Madikeri. This is based on information provided by nine guides of their 319 FSW contacts. Two guides were not available for interviews and one "guide" was not officially a guide but had intentions to become one. Her input was considered as her contacts represented a unique group of sex workers, college students.

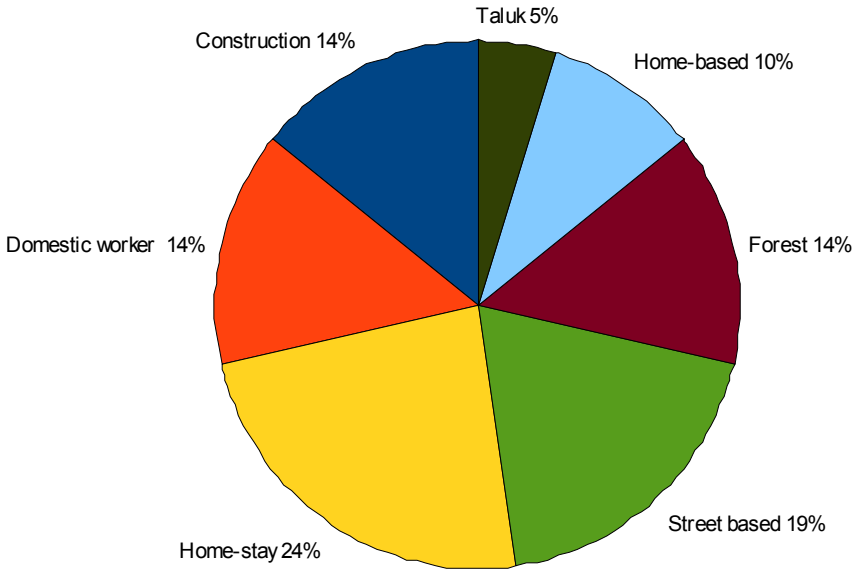

Figure 4: Female **s**ex worker typology in the sub-district of Somarpet. This is based on information provided by two guides of their 105 FSW contacts.

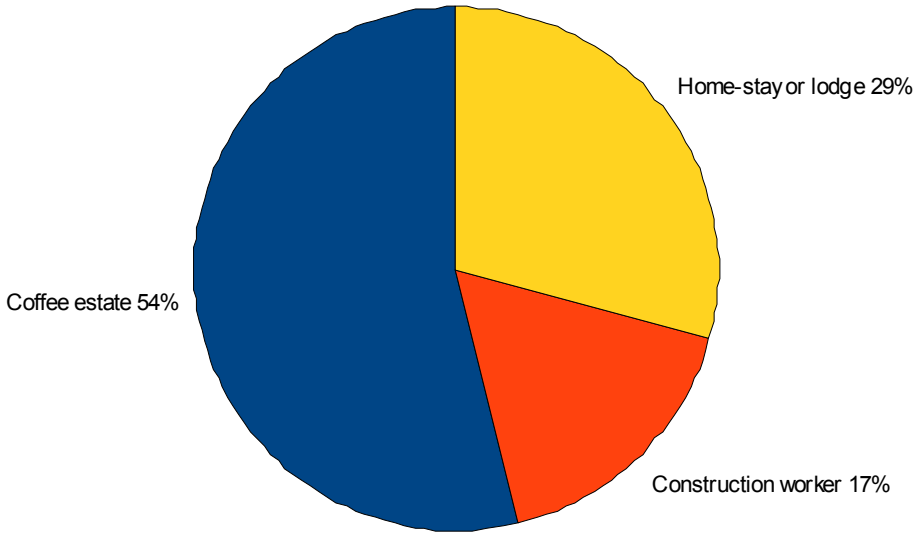

Figure 5: Female sex worker typology in the sub-district of Virajpet. This is based on information provided by two guides of their 65 FSW contacts.

4.4 FSW issues

4.4.1 Sexual health

FSWs may use a condom with clients and secondary boyfriends but the majority will not do so with husbands or primary boyfriends. Many FSWs are not willing to disclose their sex worker identity and will not come to the Ashodaya office for fear of identification as a sex worker or as an HIV positive person by others. Some FSWs will not attend the Ashodaya clinic in Madikeri and will instead see a doctor in another town. An FSW may accept condoms from a guide under the premise that she is taking the condoms not for herself but for others who are sex workers. Guides participating in the focus group expressed that most FSWs do not know about condoms and if they do are probably only aware that condoms prevent pregnancy. Furthermore, the group agreed that correct awareness of STIs is low. FSWs who do utilize condoms will take condoms from public hospitals and/or the Ashodaya office. Alternatively, clients may also bring condoms to sexual encounters. Many FSWs will dispose of used condoms by throwing them down the toilet. The guides in the focus group expressed that this is not the proper way to dispose of used condoms and that condoms should instead be burned, thrown elsewhere, or buried in the ground.

In order to convince non-acquiescing clients to use a condom, FSWs will explain that the transmission of an infection is possible and this will have negative repercussions not only for the FSW and client but also for their families. This type of tactic, or “emotional blackmail”, was described by focus group participants as well as many of the interview participants. However, some clients will agree to wear a condom but will then go to the bathroom and pinch the end of the condom in order to create a hole. In order to prevent this, some FSWs will demand that clients put on condoms in front of them. Some FSWs are afraid to ask their husbands to use a

condom for fear that their husbands will become suspicious and inquire about how they came to know about condoms.

Guides are given training including sexual health training in Mysore before beginning their guide work. A future area of research is to evaluate this training program and investigate the sexual health knowledge that guides are gaining and then passing on to contacts. Although FSWs that were interviewed seemed to understand that wearing a condom during sex is important in preventing HIV transmission, they had varying conceptions about the details of HIV and HIV transmission. One FSW thought that symptoms of HIV were vaginal itching and white discharge. Another FSW thought that HIV was passed only via blood and was not able to explain why wearing a condom during sex is important even when she is not menstruating.

4.4.2 Clients who do not pay (enough)

Sometimes clients will pay less than the negotiated amount for sexual services or even nothing at all. One specific group of men that are known to do this is policemen who often say that they will look after the FSW and demand free or discounted sex in exchange for this "favour". One guide recounted an example of a client not paying after a sexual encounter. This guide and her friend were entertaining a client in a home-stay when the client said that he would go downstairs and come back to the room in half an hour. The two FSWs waited until the evening for the client to return but he did not. Eventually, the owner of the home-stay approached the FSWs, inquired about the client's whereabouts and demanded that the FSWs pay the fee for the room. The guide gave her anklets to the owner to pay for the room. In order to prevent this kind of abuse by clients, some FSWs will negotiate the fee and the length of encounter as well as demand payment before sexual services are performed. Moreover, some FSWs will exchange contact numbers and inform each other about their sex work related

whereabouts as a precautionary measure. For example, if an encounter with a client is not going well, an FSW can call a colleague for help.

4.4.3 Social issues (related to sex worker identity)

The clandestine nature of their work and the fear of being discovered as a sex worker are causes of great stress for most FSWs. If an FSW is walking in a public place with her husband, children or other family members, and they happen to encounter a client who then acknowledges the presence of the FSW such as by smiling at her, family members may ask questions such as "How do you know this person?" This question may also be asked by neighbours when clients visit the home of FSWs. Additionally, auto rickshaw drivers and police may ask an FSW where she is going and what she is doing. FSWs holding other jobs such as working in a shop may face problems from the shop owner if they want to attend an Ashodaya drop-in clinic or visit the drop-in center. The shop owner may ask "Why are you leaving now? It is a peak time for business." If a guide comes to an FSW's house in order to take her to the drop-in center or a drop-in clinic, the husband may become angry at the guide for taking his wife away. If clients are continually coming to an FSW's house, neighbours may complain to an FSW's husband, and children may ask the mother the identity of the clients. Women may face discrimination and stigmatization from various members of society and hence may be hesitant to leave their house and visit the Ashodaya drop-in center and/or drop-in clinics.

4.4.4 Police

Police in Madikeri seem to be vigilant with respect to exposing and punishing sex workers. One interview participant had heard police had recently raided a house in which a madam and three sex workers lived. The brother of this madam informed the police after discovering that his sister is a madam who hosts FSWs and clients in her home. One guide in

Kodagu is a madam and prior to becoming a guide used to pay policemen to free her every time they raided her home and took her to the police station. However, after becoming a guide she has refused to pay policemen when they take her to the police station and this has led to more trouble for her. During my time in Kodagu, this guide was arrested and taken to the police station. Upon hearing of the situation, sex workers in Mysore specialized in dealings with the police travelled to the police station in Kodagu in order to help resolve this issue. Overall, there is a high level of fear among FSWs in Kodagu with respect to the police, and one interview participant expressed that she is afraid to even go outside of her home. She also stated that the police will question any women who are talking in a manner that they perceive to be surreptitious.

In contrast, relations between the police and Ashodaya, Mysore are more positive. For instance, police are required to conduct raids in lodges every once in a while. However, before police conduct a raid, they call the lodge owner who then notifies all of the sex workers and clients in the lodge so that they can leave before the police arrive. Ashodaya, Mysore has convinced the local police that deterring sex workers and clients from utilizing lodges is disadvantageous because sex will instead be conducted elsewhere, perhaps at a site that is unknown to or difficult to reach by Ashodaya. It is easier to conduct HIV prevention activities such as the placement of free condoms in lodges if the site where sex work is conducted is known and easily accessible by Ashodaya. Furthermore, it is easier to become aware of problems and issues related to sex work and address them if sex work is conducted in an organized and supervised establishment. This type of understanding has the potential to tremendously benefit sex workers as well as their clients. However, each time a new police superintendent is appointed Ashodaya must repeat advocacy work in order to build a positive and cooperative relationship with the new superintendent. In Andhra Pradesh, another

southern Indian state, Biradavolu et al. (2009) describe how an NGO and a female sex worker community based organization (CBO) were able to successfully regulate police behaviour towards sex workers. This was achieved by creating standards for tolerable police behaviour, monitoring this behaviour and then sanctioning any behaviour deemed unacceptable such as by sending written complaints to superior officers, political groups and/or media. Ashodaya in Mysore employ a similar kind of strategy with police.

4.4.5 Needs (from Ashodaya)

When asked about the needs of the FSW community in Kodagu, the guides had several responses. Since it can be difficult for FSWs to come to the drop-in center, it could be easier if FSWs from a smaller area meet regularly at a location near their homes, perhaps in one FSW's house. It was also suggested that doctors travel to these smaller communities in order to hold smaller scale drop-in clinics. When FSWs travel to visit the drop-in center or attend a drop-in clinic, they often want their bus or auto rickshaw fare to be reimbursed by Ashodaya. Other needs included free treatment for non-sex work related health conditions such as blood pressure and cancer, benefits for the children of FSWs such as funds to help pay for school, and funds to help FSWs come out of extreme poverty as some FSWs are "lying in the street".

4.4.6 Attitudes of FSWs to sex work

Interviews during the second part of the research began with FSWs describing their life and how they came to be a sex worker. It seemed to be somewhat therapeutic for them to share their past as well as present troubles and strife. In addition, beginning the interview by explaining the circumstances and factors that led them to enter the sex trade perhaps acted to justify to us, as well as to themselves, their involvement in sex work. The attitude of FSWs to their sex worker occupation is mainly neutral and several used the word "fate" to describe their

present situation. Several had negative attitudes towards the sex work profession before entering it but now recognize that their sex work helps to support their families. Although the risks and disadvantages of sex work are numerous, there are several positive aspects of sex work as perceived by FSWs including physical pleasure, friendships with clients and especially financial stability. However, several FSWs feel there is little that they can do to address and ameliorate many of the problems that they face such as when a client does not pay them or police harass them. Although the sale of sex is not illegal in India, many activities associated with sex work such as soliciting in or near public places and trafficking of sex workers are criminalized (Kotiswaran, 2008). Since sex workers are criminalized, they are often left helpless when abused or mistreated by various players in society. Hence, the feeling of disempowerment that many FSWs feel. Establishing and strengthening a sex worker collective like Ashodaya can help sex workers to address these issues and better their lives.

5: DISCUSSION

The Sonagachi project in Kolkata (Jana et al., 2004), the Ashodaya project in Mysore (Pickles et al., 2010, Reza-Paul et al., 2008) and other various Avahan sponsored interventions in southern India (Ramakrishnan et al., 2010, Blankenship, 2010) have been successful in increasing mobilization, empowerment and safe sexual behaviours among sex workers. A sex worker targeted intervention in Ahmedabad, India has also been successful in reducing HIV and other STI prevalence rates among sex workers as well as their clients (Fung et al., 2007). However, community mobilization interventions similar to the Sonagachi project have been unsuccessful in mobilizing sex workers in north-east India (Devine et al., 2010). Devine et al. (2010) investigated FSWs in Dimapur, Nagaland and hypothesize that in this setting various factors have contributed to the low level of mobilization. These include the threat of public humiliation after self-identifying as a sex work, varying needs and interests from sex work, and socio-economic, linguistic and cultural diversity. The authors also point out that unlike the area that Sonagachi covers, there is an absence of brothels and a red light district in Dimapur. The brothel setting in which women work and live together may be more conducive to regulation of sex-work.

The nature of sex work in Kodagu may also prove to be less conducive to the rapid progress of a community mobilization intervention like Ashodaya and the speedy achievement of its objectives. In a setting with a variety of typologies, more effort and care is required to identify various groups and then develop strategies to ensure their inclusion. Furthermore, community mobilization interventions seek to represent and work towards the interests of all groups of FSWs. For instance, if a programme is focusing on policing, then sex workers who are

arrested more often will perceive an increased benefit from participation and will be more likely to become involved. When there are numerous typologies with potentially varied interests, it may be difficult to emphasize and maintain the interests of all groups of FSWs. Furthermore, one individual FSW's nature of sex work may be dynamic and her individual interests may vary temporally and spatially. The typologies in this study that were devised based on second occupation may not be particularly useful for an intervention especially since it could be impractical for guides to enter work sites and conduct outreach activities there. Instead, in the future, general typologies which are only able to represent at most a few aspects of sex work should be based on primary place of solicitation and primary place of sex. This may lead to a fewer number of typology categories in Kodagu.

This study revealed a low level of street based solicitation in Kodagu relative to Mysore. Instead, contact with old clients usually occurs via phone and introduction to new clients often occurs through old clients, FSW friends, brokers or madams. FSWs are less visible to guides at the point of solicitation and therefore new strategies must be developed so that guides are able to first contact these FSWs, build rapport with them and then eventually perform outreach activities. Guides may be able to contact FSWs within their own sex worker networks more easily whereas it may be more difficult for them to uncover and successfully enter other networks, especially if they are less visible. Another potential point of contact with FSWs is place of sex. However, FSWs in Kodagu entertain clients in organized and supervised establishments such as in lodges to a lesser degree, making it more difficult to conduct outreach activities at place of sex. Although studies indicate that FSWs who entertain clients outside of lodge or brothel settings are at lower risk of contracting HIV and STIs, their risk may still be considerable if they are unaware of safe sex behaviours and do not have access to condoms and health

facilities. Of note, a significant proportion of FSWs do entertain clients in home-stays and Ashodaya is working to communicate and perform advocacy and outreach work with them.

Alternatively, FSWs like Haseena may initiate their own entry into and participation in the Ashodaya programme. In general, awareness of an intervention among FSWs is essential and has been found to be related to the level of organization of sex work as brothel-based sex workers were found to have higher levels of awareness than street-based ones (Blankenship et al., 2010). Awareness is also related to literacy levels since literate sex workers can be reached by media reports or printed materials whereas illiterate sex workers require face-to-face contact. Printed materials or media reports may be successful in increasing awareness of Ashodaya among more literate sex workers such as college attending or college educated FSWs in Kodagu.

There is a considerable level of hesitancy among FSWs in Kodagu to identify as a sex worker at various levels, whether it is with guides, Ashodaya staff, health officials, researchers, or the public. This can be problematic in several ways. Guides may not be able to able to perform their outreach work with individual FSWs even if it is within a private setting such as an FSW's home. Some FSWs do reveal their sex worker identity to a guide and agree to remain in contact with her but then are unwilling to visit drop in clinics or the drop in center. In this case, an FSW's health needs may not be met, she is not able to take advantage of other services that Ashodaya provides, or participate in group empowerment and community mobilization processes. Overall, this study found a high level of unwillingness among FSWs to publicly identify as a sex worker in Kodagu, even among FSWs such as guides who are actively involved in the Ashodaya programme. However, many community mobilization intervention activities such as when organizing rallies and confronting or negotiating with police require a high level of visibility

in which FSWs must collectively mobilize. In Andhra Pradesh, Blankenship et al. (2010) found that willingness to be publicly identified as a sex worker became more important as a community mobilization intervention programme progressed. Thus, the third objective of Ashodaya, creating an enabling environment for programme activities, may be difficult to achieve if FSWs are not willing to meet with (or confront) key stakeholders in the community and advocate for the rights of sex workers.

The Ashodaya programme in the Mysore has achieved programme objectives with great success in a relatively short period of time. An Ashodaya branch was opened in Kodagu with hopes for a similar outcome. Thus, programme staff and guides in Kodagu may feel pressure to replicate the outstanding success in Mysore. They may in turn pressure FSWs in the community to participate in the Ashodaya programme even if FSWs are not able or ready to do so. Ashodaya may even represent another antagonistic force in the community that FSWs must confront and negotiate with. It is important for Ashodaya to accept that the nature of female sex work and the setting in which it occurs is quite different in Kodagu compared to Mysore. Therefore, the activities, strategies and objectives of the Ashodaya programme should be re-evaluated in the context of Kodagu. It remains to be seen whether a setting like Kodagu will be conducive to the success of a community mobilization intervention like Ashodaya. Factors that may act to hinder this success are FSW typologies that are more varied and complex, lower visibility and organization of female sex work, and higher levels of paranoia and mistrust among FSWs leading to lower levels of willingness to participate in targeted interventions like Ashodaya.

6: LIMITATIONS

There are several limitations that must be considered when interpreting this study. Audio tapes of the interview and focus group sessions were not back translated thus possibly compromising the quality of the translations. Additionally, the sample size of this study was small and based on convenience. Hence, this study likely does not exhaustively present the various FSWs typologies present in Kodagu, especially those who are more secretive and/or vulnerable. The FSWs who were not willing to or could not participate in this study may have unique operational and presentational characteristics as well as issues and vulnerabilities that were not uncovered in this study. Furthermore, the information given by key informants as well as focus group and interview participants may not have been completely accurate or valid. Social bias may also have been present but is probably not a major issue since the purpose of this study was descriptive and not evaluative.

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