Female sex worker typology: too complicated to be used pragmatically
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I read with interest the recent article on how to devise a female sex worker typology from Karnataka, India by Raluca Buzdugan et al. 1 The authors demonstrated that combining ‘site of having sex’ along with the ‘site of solicitation’ has significant relations with HIV prevalence and risk behaviour and thus they recommended a modification in devising the existing methodology for greater efficiency of the national HIV programme in India. However, there are a few issues that I would wish to point out. The foremost point of concern is about the criteria for selecting the sample size. The authors have reported using the sample size designed to detect a 10–15% increase in condom use between baseline and endline surveys of Integrated Biological and Behavioural Assessment. The current study appears to be a subgroup analysis attempted out of the data collected in the baseline survey. The authors did not mention whether that sample size had sufficient power to detect the observed changes in the subgroup analysis attempted in their study.

The important confounders known to affect HIV prevalence, such as longer duration of sex work, client volume, migration for sex work, etc have been adjusted by authors during analysis by logistic regression. The question remains why this particular subgroup should have higher vulnerability. The authors have given plausible reasons such as compromised level of autonomy and controlled working conditions in lodges and brothels as opposed to independent power while at home or rented rooms, and have also recommended further research to answer the question. My concern however, is with a more basic question linked to definitions for these sundry groups. The authors have missed giving any insinuation of the definition, neither have they given reference where it was published. On searching, I could locate the detailed methods employed for the study, published by Tobi Saidel et al. 3 in a separate article, wherein the operational definition used for sampling of female sex workers (FSW) in Karnataka were as shown in Table 1.

Table 1 shows that in Karnataka, of the five districts where FSW were sampled, four districts comprising almost 1600 (67%) of total sample had ‘combined’ FSW. Exclusive groups were present only in Bangalore. Even there, the credibility of the definition of the ‘street’ FSW used in Bangalore is difficult to appreciate, if one tries to decipher what happens if a sex worker is soliciting within 100 m of a lodge. Thus, it reflects that the majority of the samples were actually ‘combined’ by definition and hence, it is very difficult to understand how the authors have carried on with such sophisticated analysis with unclear definitions.

It is well recognized that given the mobility in the high risk groups in general and FSW in particular, the size of the risk populations would remain fluid at any given point in time. Moreover, as pointed out by the authors themselves in the article, it is difficult to approach the FSW at the lodges; any attempts to reach them in lodges would yield different results.

Let us see how the situation would turn out for programmatic interventions to take shape if we indeed consider the authors’ conclusion. As per the findings, out of the total 2365, maximum sex was happening at home (43%) followed by lodge (24%), brothel (11%) and rented room (11%). Regarding

<table>
<thead>
<tr>
<th>Brothel based</th>
<th>Street based</th>
<th>Non-brothel based</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living/working/operating in brothels in red light/brothel areas or soliciting within 100 m of a brothel</td>
<td>Soliciting clients on the street more than 100 m from sex venue (brothel/lodge or bar)</td>
<td>Soliciting clients on the street or in other non-brothel settings</td>
<td>Living/working/operating in brothels in red light/brothel areas or soliciting clients on the street or in other non-brothel settings</td>
</tr>
<tr>
<td>Bangalore urban</td>
<td>Bangalore urban</td>
<td>None in Karnataka</td>
<td>Bellary, Shimoga, Belgaum, Mysore</td>
</tr>
</tbody>
</table>

Common to all the categories listed above:
- Female,
- ≥18 years of age, and
- sold sex in exchange for cash at least once in the past month.
place of solicitation, out of total (2365), more than half were on streets (52%), followed by home (34%) and brothel (11%). Finally, of those who solicited on the streets (1229), for having sex almost half went to the lodges (43%), followed almost equally by home (20%), rented rooms (16%), brothel (17%) and street (17%). Lodges figured only while counting the 'place of sex' and hardly while counting 'place of solicitation'. This has important implications for planning programmatic outreach interventions for sex workers, if we for the time being consider the results of the study to be true differences.

It is difficult to reach/interact with FSW where sex takes place for the simple reason that the period of time they spend there is short, and it is for their business, and it is highly unlikely that they would be entertaining outreach workers during their precious business time.

The next option for programmatic outreach intervention then remains with the current practice of reaching them at the place of solicitation. If here they were to be discriminated by the stratification suggested by the authors, that might adversely affect interventions for the other 'strata' of FSW (who go to home, brothel, rented rooms or even street for sex acts) and those amounted to be almost half the study population.

In addition, that would entail an extra effort for the outreach worker who would need to actively (like at the time of survey to identify eligible subjects) identify the subcategories as suggested by the authors, within a busy street where the street FSW are operating. Although for focused research purposes this might be tried out, pragmatically how this could be implemented in a programmatic intervention approach remains a mystery. This would also mean loss of precious time during which messages could have been transmitted and condoms could have been distributed. Finally, if the FSWs are enrolled with a non-governmental organization (NGO)-based targeted-intervention, while they are visiting the NGO drop-in centers there might be sufficient time to identify and focus on those who have sex at the lodges.

Since lodges constitute a large proportion in terms of place of sex, to avoid aforementioned complexities, I believe it would be much easier if the programme could directly approach the lodges known for renting rooms to FSW for purposes of sex, and suggest that they keep and make available condoms to the FSW and her clients by placing them strategically at the entrance or in rooms.

Typologies of sex workers, their numbers, area of operation, turnover rate, etc are dynamic. The programme needs to focus the interventions in a quality manner so that they can be continued efficiently with uniformly laid out minimum standards maintained over a sufficient period of time to be able to assess meaningful changes in behaviour and HIV prevalence. Such over-stratification, based on questionable definitions of FSW groups, in my view, would only further complicate delivery of services for FSW. I would therefore be cautious about the strength of the conclusions of this study.

References