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Pathways Of Hiv Risk And Vulnerability Among New Female Sex Workers In Northern Karnataka, India

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by

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Abstract

PATHWAYS OF HIV RISK AND VULNERABILITY AMONG NEW FEMALE SEX WORKERS IN NORTHERN KARNATAKA, INDIA. Jordan A. Sloshower and James F. Blanchard, Department of Community Health Sciences, University of Manitoba, Canada. (Sponsored by Kaveh Khoshnood, Yale University School of Public Health).

This qualitative research project sought primarily to understand why female sex workers (FSWs) from northern Karnataka, many of whom are *Devadasi* sex workers, seem to experience an elevated risk of contracting HIV in the initial period after starting sex work. More specifically, it attempted to elucidate key processes and moments of vulnerability around the time period of initiating sex work and how this vulnerability varies based on *Devadasi* status and migration pattern. Twelve semi-structured interviews and three focus group discussions were conducted with FSWs from northern Karnataka who were within the first two years of practicing sex work.

The interrelationship between financial problems, familial obligation and unfavorable social conditions were found to be primary drivers of *Devadasi* dedication, non-*Devadasi* sex work initiation, and decisions made regarding migration. In turn, dedication and initiation into sex work, combined with migration to destination places of sex work, was associated with a range of challenges and problems that could produce risk of HIV infection. Despite facing such difficulties, study participants described following a sex work "learning curve" to overcome such problems and potentially gain self-efficacy and control over one's life and sex work practice. Numerous important actors and other variables, or "risk modifiers," were found to hamper or promote the sex work learning curve. These actors included peers, clients, lovers and brothel madams or *gharwalis*. Other important risk modifiers included HIV-related services and education, *Devadasi* status, migration status, and sex work setting.

In sum, FSWs from northern Karnataka are enmeshed in a complex web of social relations and power structures that influence and sometimes constrain their behavior and decision-making. Novel structural interventions should take the sex work learning curve into account in order to speed up the processes through which women gain essential protective skills and knowledge. This temporal approach would entail targeting key actors and critical time points to decrease future *Devadasi* dedication and avoid high-risk sexual encounters during the initial period of sex work.

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Contents

Introduction

India has a population of over 1.2 billion people and an estimated 2.1 million people living with HIV as of 2011 (1). While recent UNAIDS estimates suggest that HIV incidence and prevalence in India has declined in recent years, the epidemic continues to shift in complex ways, disproportionately affecting certain regions and population groups (2). For instance, the four high prevalence states of South India (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) account for 53% of all HIV infections in the country (2) and within Karnataka, where this study takes place, HIV prevalence varies substantially across districts (3). Adding to the complexity is the shift in the epidemic from urban to rural areas, where roughly 70% of the Indian population is located (4), and the concentration of HIV infection amongst "high risk" or marginalized sections of society, including female sex workers, injecting drug users, men who have sex with men and migrant laborers (2). Given the heterogeneous risk and vulnerability to HIV in the country, further research is required to understand the individual and community-level factors behind these differentials.

Drivers of India's HIV/AIDS Epidemic

India's HIV epidemic is largely driven and maintained through heterosexual contact between high-risk subpopulations and so called "bridge populations" (5) (2). High-risk groups in this context include sex workers, men who have sex with men, and injecting drug users. A variety of forces, namely the highly stratified nature of Indian society, cultural myths on sex, large scale migration, gender inequality and very large populations of marginalized people can be seen as contributing to the spread of HIV/AIDS amongst these high-risk groups in India. Widespread poverty and limited educational opportunities drive many Indians toward jobs and lifestyles, such as sex work and injection drug use, that are more likely to expose them to infection. While HIV prevention efforts have traditionally been targeted at these high risk groups, increasing attention is also being paid to key bridge

populations, such as clients and regular partners of sex workers, men who have both male and female partners, long distance truckers, and migrant workers, who spread HIV through their sexual networks.

Commercial Sex Work and Female Sex Workers (FSWs) in India

As the HIV epidemic has grown in India, female sex workers have commanded a lot of attention from prevention scholars, as they have among the highest rates of HIV in the country (6) are likely the core HIV infected population from which HIV is transmitted to the general population (7). A focus on *rural* sex-workers has become particularly important as emerging evidence suggests that the HIV epidemic in India has moved from urban to rural populations. In the largely rural state of Karnataka, where this study took place, HIV prevalence of 16% has been found among home-based sex workers, 26% among their street-based peers, and 47% among those working in brothels (8).

Curbing the spread of HIV in FSWs is critical to addressing the overall epidemic in India. In fact, mathematical models suggest that prevention interventions directed at FSWs alone could end the HIV epidemic in India (9). Unfortunately, prevention efforts targeting this part of the population are complicated by the dynamic nature of the commercial sex trade. Transmission risk varies considerably by typology of sex work, both in the number of commercial transactions per day and, to some extent, by social norms regarding condom use. Additionally, typologies of female sex workers are fluid, as any individual shifts their practice in response to economic and other environmental pressures (10). Developing comprehensive sexual health promotion programs requires a complete understanding of the types of sex work in a particular area (11). Different types of sex work have different degrees of health risk and these risks may shift over time in different ways for different types of sex workers.

Historical Particularities of Sex Work in Karnataka: The *Devadasi* Tradition

In working with FSWs in Karnataka, it is important to be aware of the unique historical, social and cultural factors that have shaped sex work in the district. Researchers working in this area have reported that approximately 26% of FSWs entered sex work through the *Devadasi* tradition, a religiously linked or traditional form of sex work (12). Traditional sex work entails "women whose socio-economic status, and religious and occupational practices, are part of sex work systems that have historical precedents" (13). The Devadasi tradition in particular dates back several centuries and involves the dedication of young girls through marriage to different gods. Girls were traditionally required to perform various temple duties, including the provision of sexual services to priests. Over time the practice has become more commercialized, and sex work associated with the tradition is socially and culturally embedded in many communities in northern Karnataka (13) (12).

HIV prevention efforts in Karnataka have recently targeted the *Devadasi* population for several reasons. In Bagalkot district, low-caste Hindu women were found to have a higher risk of HIV infection and this group of women were more likely to be *Devadasi*. While *Devadasi* status may or may not confer elevated risk of HIV infection, important differences in sociobehavioral characteristics and sex work practice patterns and environments between *Devadasi* and other FSWs necessitate different individual and structural interventions for disease prevention (12) (3). However, very little work has been done to date on identifying specific risk factors associated with entering the sex trade through the *Devadasi* tradition.

The Significance of FSW Migration

Sex work and its associated risks can also be differentiated according to patterns of migration and degree of mobility of FSWs. Limited research conducted on this topic in India suggests that FSWs are highly mobile within and between districts and states. The drivers of

FSW mobility include poverty, economic opportunity, and historical reputation for sex work in women from certain source districts and their consequent demand elsewhere (12) (13). All of these factors are pertinent to the migration pattern under investigation here – from northern Karnataka to southern Maharashtra. Patterns of mobility and migration are crucial to understand because "mobility and migration separates people from their social support structures, creating a social milieu in which they are more likely to engage in risky behavior, in turn leading to their having a key role in spreading the HIV epidemic in other areas" (10). However, migration patterns are highly complex; they shift over time and differ widely between different types of sex workers. To date, very little research has investigated the dynamic relationship between FSW migration patterns and HIV risk.

Elevated Risk Among Young and New FSWs

The extremely complex HIV/AIDS epidemic and commercial sex trade in India is reflected in widely varying HIV prevalence rates among FSWs in Karnataka and Maharashtra. In these populations, prevalence rates ranging between 4% and 49% have been documented (10). Of particular importance to the current study are a growing body of evidence that *young*[1] female sex workers appear to be at an increased risk of acquiring HIV/AIDS in comparison to older women (7) (14) (15) (16) (17). Studies have shown that younger women may be at higher risk for HIV infection due to a variety of reasons. Sarkar (7) points to larger areas of cervical ectopy and trauma to the immature genital tract during sex, as well as professional immaturity leading to more unprotected sex and pre-existing sexually transmitted infections. Additionally, younger girls generally entertain more clients per week (15) and experience more violence, which impacts condom use (18). These risk factors are compounded by tendencies for men to prefer younger girls and younger girls to be trafficked more frequently. Finally, anecdotal evidence suggests that "young sex workers are

[1] "Young" generally refers to women under the age of 25 years.

less likely to be reached by targeted interventions than older sex workers and are less likely to access HIV/STI-related health services on their own" (16).

Given that new entrants to the sex trade, especially traditional ones, are often young (16), they face the risks cited above associated with young age in addition to the risks associated with lack of health education and experience managing clients and condoms. Thus, increased vulnerability to HIV can be seens among new sex workers, young sex workers and new *and* young sex workers (19) (15). The body of evidence cited in this section suggests that HIV prevention programs need to address new entrants into the sex trade and that an increased understanding of the life situations surrounding this period of time is critical to such efforts (16).

Condoms and HIV/AIDS Prevention

HIV prevention strategies worldwide promote regular condom use as a central strategy. Studies in India have shown that where reported condom use is high, HIV prevalence is relatively low in female sex workers (10). Even a partial increase in condom use may decrease the transmission of HIV and sexually transmitted diseases (20). Condom usage has also been shown to have a protective effect in HIV seroprevalence and seroincidence analysis (21). These beneficial effects of condom usage has led some experts to call for aggressive condom promotion campaigns targeting high-risk groups to be an essential part of the intervention package in every Indian state. Meanwhile, other scholars are quick to point out that most commercial sex workers are disempowered and socioeconomically marginalized, thereby preventing them from insisting on condom use by the client, especially in absence of governmental structural support (22).

HIV/AIDS Prevention in India

Without implementation of strong and wide-ranging prevention programs, India's HIV epidemic is likely to continue to grow in high-risk populations. Current prevention efforts being implemented in all 32 states by the National AIDS Control Organization focus on reducing HIV among high-risk groups through peer counseling, condom promotion, treatment of sexually transmitted infections (STIs), safe blood provision, and prevention of mother-to-child transmission (4). Community empowerment approaches to HIV prevention, especially when combined with programs that address the environment in which sex workers live and work, have consistently proven to be effective in increasing condom use among sex workers and their clients (23). Moreover, in the state of Karnataka, uptake of HIV prevention services for sex workers has been facilitated by the involvement of sex workers in formative behavioral studies and STI surveillance studies. In order to further strengthen such prevention efforts, research must elucidate the contexts in which high risk sexual encounters take place. The current study particularly attempts to understand the relative vulnerability and unique risks of 'new' female sex workers from northern Karnataka. In so doing, it endeavors to increase the capacity of HIV prevention programs to address the risks faced by rural sex workers during this critical period of time.

Research Objectives

1. To better understand why female sex workers from northern Karnataka experience a period of high risk of contracting HIV during the first several months after initiation of sex work. This includes elucidating the key moments of vulnerability around the time period of initiating sex work.
2. To better understand how being a *Devadasi* sex worker affects the risks and vulnerabilities experienced during this crucial time period.

3. To better understand how HIV risk varies based on migration pattern and type of sex work practiced (migrant, mobile, local).

Methods

Study design

This qualitative study entailed conducting twelve semi-structured interviews and three focus group discussions with female sex workers from northern Karnataka. Qualitative research methods were selected for this study because they enable broad, yet detailed understandings of complex, sensitive topics, such as initiation into a traditional form of sex work, violence and power dynamics in sex work and migration. Moreover, they are well suited to investigate the lived experiences of the study population during a highly dynamic period of their lives. Use of qualitative methods, such as semi-structured interviews and focus groups, also empowers members of a marginalized and vulnerable population, most of whom are illiterate, to be directly involved in the production of knowledge regarding their communities and to participate in HIV prevention and treatment program development.

Both semi-structured interviews and focus groups were conducted in this study in order to gain a more complete, multi-dimensional understanding of the women's experiences being initiated into sex work and the challenges they face over time. Semi-structured interviews enable somewhat focused, yet in-depth exploration of individual experiences and perceptions and also provide a private and confidential setting for FSWs to discuss sensitive subject matter (24) (25). Focus groups on the other hand generate unique insights into shared experiences, such as being part of the *Devadasi* tradition, and importantly, can activate forgotten details of individual experiences. Moreover, they are often particularly effective in releasing inhibitions when discussing sensitive issues with members of socially marginalized populations (24). Conducting focus groups also enables understandings of differences in perspectives between groups, such as different types of sex workers. Additional benefits of

including focus groups at the beginning of the study was that they facilitated wider breadth of conversation and exploration of topics that could not be anticipated in the interviews.

This strategy of gathering information with multiple methods in order to illuminate the complexity of the phenomenon being studied is in line with the qualitative research method known as triangulation (25). Traditionally, this strategy seeks to compare results obtained from multiple data collection methods or data sources in order to increase internal validity of the study. It is important to note that the primary author, in line with Richardson and Barbour (26), views the use of semi-structured interviews and focus group discussions as complementary and acknowledges the existence of multiple views and explanations of equal validity. Therefore, the goal of triangulation in this study was to increase the comprehensiveness of the investigation and the reflexivity of analysis. The production of similar findings from different methods was seen as providing corroboration or reassurance, while the absence of similar findings will not provide grounds for refutation (26).

The qualitative research design employed in this study contains aspects of theory and methodology commonly associated with a variety of perspectives and disciplines, namely public health, anthropology, and phenomenology. These were combined in a way that resembles the "framework approach" designed in Britain specifically for applied or policy relevant qualitative research (27) (28). This approach – a sort of "pragmatic variant" (26) of grounded theory – starts deductively from preset aims and objectives while also seeking to reflect the original accounts and observations of the people studied. For instance, a priori public health theory was used to frame research questions, drive interview protocols, and structure the initial levels of the coding scheme. This led into a more inductive, grounded approach as other codes and concepts were discovered from the transcripts that further refined and explained these major constructs (29).

Study subject selection and sampling criteria

During 2008-2009, Karnataka Health Promotion Trust (KHPT), an NGO affiliated with the University of Manitoba, enrolled and interviewed a cohort of 1,564 FSWs from the northern Karnataka districts of Belgaum, Bagalkot and Bijapur in a baseline survey that was part of the "Payana" research project. Three, nine, and fifteen-month follow-up interviews were conducted with the majority of these women and a large qualitative research component was planned. During this time, KHPT recruited and trained a field team of investigators, community researchers and community-based organization (CBO) liaisons to implement the study. Since KHPT had been working with the local CBOs to provide HIV and STI related services and also included community members as part of the research team, excellent rapport had been built between the sex worker community and KHPT research team. Because of this strong connection and the fact that the present study is part of the larger Payana research project, interview subjects and focus group participants were selected from their study population. In so doing, it was possible to identify who was a "new" sex worker, as demographic information had been collected as part of the initial quantitative surveys.

Balancing the desire to study women who were as new to sex work as possible with the need to have a sufficient sample size to achieve thematic saturation, it was decided to define "new" sex workers as those who were within their first year of practicing sex work at the time the Payana baseline study was conducted (January 2008 – July 2008). As a result, the potential participants for the current study (conducted June – August 2009) consisted of 50 women who were all within their first two years of practicing sex work (0.3% of the total cohort; 23 migrant FSWs and 27 non-migrant FSWs). The average age of these "new" sex workers was 23.5 years. Most of them were *Devadasi* sex workers.

Study participants were selected from this group of "new" sex workers based on purposive sampling with the aim of maximizing representation of a range of perspectives and experiences of being a "new" female sex worker from northern Karnataka. In order to do this, we sought to include participants who practice different types of sex work in all three districts of northern Karnataka under study and a variety of "destinations" in Maharashtra. We theorized that this attempt to include the full range of relevant cases and settings (30) would maximize the likelihood of achieving theoretical saturation, given that additional sampling after the planned fieldwork would not be possible due to logistical constraints. We also avoided having participants take part in both FGDs and interviews so as to reflect maximum diversity within the study population (26).

Thus, the following two sampling criteria were employed in selecting interview participants:

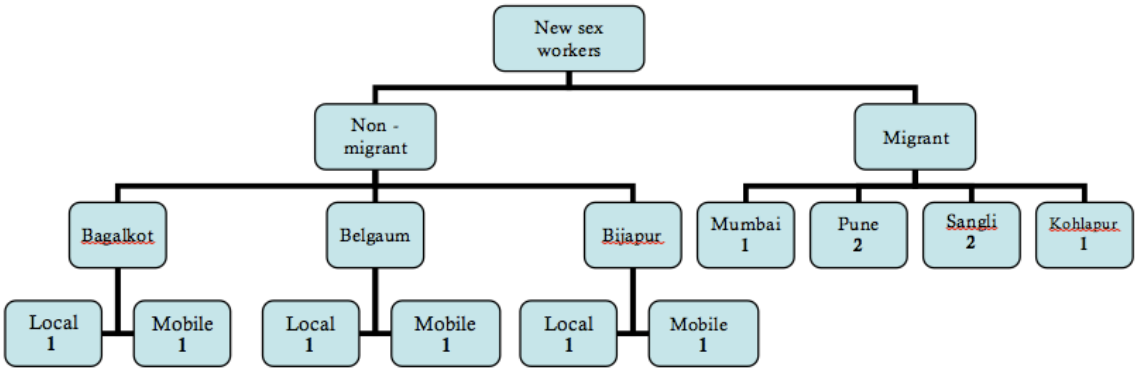
1. Type of sex work. In order to determine how the life experience and HIV risk factors differ between different types of sex workers, "new" sex workers were stratified by their migration pattern into three groups: migrant, mobile, and local.
    a. In the context of the Payana research project, migrant FSWs are women who have gone to places outside the district of origin and engaged in sex work for more than two weeks in the one year prior to the baseline survey, which was conducted between January and July 2008. Non-migrant FSWs were further categorized as local or mobile FSWs. Whereas local FSWs are those who reported no mobility/migration history in the year prior to the baseline survey, mobile FSWs had engaged in sex work in various places outside their district of origin for less than two weeks or within the district. Mobile FSWs travel mostly within Karnataka and within the same district.
2. Location of sex work.

a. New local and mobile FSWs were selected to include participants from all three districts of Karnataka under investigation.

b. New *migrant* FSWs were stratified based on migration to Mumbai, Pune and other destinations, to account for the different sex work environments that may exist in different locations.

Note: HIV status was not part of the selection criteria and the participants were not asked about their status. The resulting interview sampling strategy is depicted in Figure 1.

Figure 1: Sampling strategy depicting how new sex workers were divided by sex work typology and place of sex work



The three focus groups, unlike the in-depth interviews, were organized based on *type* of sex work practiced: one for local sex workers, one for mobile sex workers and one for migrant sex workers. We sought to include participants from all three districts of Karnataka in each focus group in order to encourage discussion of the differences based on location. Comparison between focus groups could then theoretically yield information about the differences between sex work typologies. In sum, the purposive sampling employed here, when combined with the "constant comparative method" of continuously comparing the views and experiences of respondents can illuminate important differences between groups (26).

Study subject recruitment

Completing this type of research required a high degree of rapport with the participants. Thus, recruitment of study participants was facilitated by members of the KHPT research team who were well known to the study population as well as "community researchers," who are FSWs employed by KHPT to serve as liaisons between members of their sex worker collectives and the Payana study team. Participants were selected in accordance with the sampling strategy and then according to availability. Priority was given to those women who fit the selection criteria that were currently available in their local places of residence, rather than their sex work destinations, as it was more practical and private to conduct interviews locally, rather than in the brothel setting. The research team felt there was little risk of disclosing women's sex worker status in an unwanted fashion, as this is generally known by their families and communities. Thus, local and mobile sex workers were interviewed in their home villages in northern Karnataka. Two interviews of migrant sex workers took place in brothels in destination settings and four were conducted in their home villages. KHPT researchers scheduled and conducted the in-depth interviews at a convenient time and place for the participants. Participation in the study was voluntary and participants were not given money for taking part in interviews or focus groups. Instead, they were compensated with food and travel expenses incurred during the course of their participation.

Fieldwork and data collection

Kannada is the main language spoken in the South Indian state of Karnataka. Due to this language barrier, reasons of cultural sensitivity, and to ensure high quality data collection, fieldwork was conducted by researchers employed by KHPT, who are fluent in Kannada and had been conducting fieldwork with the study population for the prior 15 months. The author, a medical student with training in medical anthropology, along with

Payana lead researcher, Dr. Kaveri Gurav, conducted a three-day qualitative research training retreat with the KHPT research team to educate them about the nature of qualitative research and to ensure they understood the aims of the study and how to use the research instruments.

The semi-structured interview and focus group guides that were used to facilitate data collection (see Appendix 1) were initially designed by the author with the help of Dr. Jumka Gupta (Yale University) and later reviewed for content and refined for each target group in India with Dr. Gurav (KHPT), who has experience working with the study population. The topics were informed by previous research conducted with the study population, the research aims and relevant scientific literature (see Table 1). The semi-structured nature of the interview and focus group guides helped to ensure consistency across interviewers and across data sources (31) (29). The final study guides were presented to the entire research team at the qualitative research training session to get feedback and suggestions for revisions. Mock interviews and focus groups were conducted to provide fieldworkers with an opportunity to gain familiarity with the research instruments and receive clarification as needed. Companion forms, such as a seating chart, note-taker form, and debriefing form, were also prepared following the guidelines found in *Qualitative Research Methods: A Data Collector's Field Guide* (32). In addition, sociodemographic information was gathered by means of a form (see appendix) that contained aspects such as age, hometown, level of education, marital status, income, and family makeup.

Table 1: Topics and sample questions explored during interviews and focus groups

Topic	**Sample Questions**
Access to Health Services	-What kinds of places do you access when you are having health problems? -What is your experience of accessing HIV-related services?
Sex Work Initiation	-Can you describe how *Devadasis* are initiated into sex work? Who are the key decision makers in this process?

	-Tell me your experience in the very beginning (first 5 months) you were into sex work. -Tell me the challenges that you had in your life and work during this time.
Sex Work Environment	- What are all the places that you practice sex work? - Where/how do you get clients in these places?
Sex Partners / Clients	- What are the different types of sexual partners that you have at the destination place? - Please talk about the difficult clients? How do you handle them?
Condom Use	- At the beginning, when you first started using condoms, did you have any difficulties? -Which relationships are easy to negotiate condoms? Which ones are difficult to negotiate condoms? Why? - Do other people, such as brothel madams or other sex workers, influence whether you use a condom with clients?
Violence	-Please talk about the experience of violence that you faced as a sex worker in the beginning (first 5-6 months after starting sex work)?

The data collection period ran from July to September 2009. All three FGDs took place in a meeting room at the KHPT office in Mudhol, Bagalkot, Karnataka. Each FGD lasted approximately 1.5 hours and was attended by five participants plus a facilitator and note taker. Lunch, tea, and travel reimbursements were provided for all FGD participants. Following each FGD, the author held a debriefing meeting with the investigators who were conducting the FGDs, the local field coordinator, the local CBO liaison, and project coordinator. During these sessions, the investigators were asked how the session went in general, what their experiences were, what they learned, whether the flow of the FGD followed the FGD guide or got off track, and whether there were any problems in general or with the FGD guide. Recommendations for changes to the research tools were obtained and appropriate revisions and additions were made after each FGD. Exemplifying the iterative

nature of qualitative research, these recommendations and revisions as well as preliminary analysis of FGD audio recordings and investigator companion forms were used to finalize the in-depth interview guides.

Interviews and focus groups, lasting on average 60-90 minutes were recorded in the local language of Karnataka, Kannada, with digital audio recorders. Confidentiality and anonymity were guaranteed and the participants' written consent was obtained by members of the KHPT research team. These recordings were subsequently translated to English and transcribed by two KHPT employees following a transcription protocol. During this process, all personal identifiers were removed and an interview code was assigned to all documents to protect confidentiality. The study protocol was approved by the Human Subjects Committee at Yale University, New Haven, CT and the Ethical Review Board of St. John's Medical College, Bangalore, India.

Qualitative data analysis

Interview and focus group transcripts were formatted and entered by the author into Dedoose,[2] a web-based qualitative analysis software, to facilitate coding and subsequent analysis. This software allows the researcher to highlight and assign codes to specific pieces of text. It also allows a brief explanation of the code to be recorded and keeps a running list of existing codes.

In general, an "integrated approach" (33) was employed for the qualitative data analysis that is consistent with the "framework approach" described earlier in the methods section. This approach applies the principles of inductive reasoning, grounded theory and the constant comparison method (34) while also employing a priori theory and predetermined code types (conceptual, relationship, perspective, participant characteristics, and setting codes) to analyze data. This integrated approach allowed the initial coding structure to

[2] See www.dedoose.com for more information

reflect the content of the interview and focus group guides, which were thematically organized, while maintaining flexibility for subsequent discovery and modification of codes. It also facilitated the integration of concepts from the extant public health literature into the analysis.

Preliminary analysis conducted by the author entailed open reading of the transcripts, identification of emerging themes and devising an initial coding system. Major coding categories (key issues, concepts, themes) were initially identified based on the question clusters from the interview and focus group guides as well as emerging themes from preliminary reading of transcripts. The coding system was then revised using an inductive, iterative approach in line with grounded theory. An initial codebook was developed based on careful reading of a subset of transcripts by the author (3 FGDs, 3IIs). The codebook contains definitions, illustrative concepts and key words or phrases from the transcripts for each code (see appendix). These elements helped ensure reliability in application of the codes.

Using the constant comparative method of qualitative analysis, the author compared coded text to identify novel themes and expand existing themes, refining the codes as appropriate until theoretical saturation[3] (34) (35) was reached. A colleague with experience in qualitative data analysis was then given the preliminary codebook along with a subset of transcripts (1 FGD, 1 migrant II, 1 mobile II, 1 local II). She reviewed the codebook and coded the transcripts focusing on thematic coding. The codebook was followed whenever appropriate and codes were created as necessary. Coding of these transcripts was then compared to those completed by the author in order to refine the preliminary codebook and to ensure a high degree of inter- and intra-rater reliability. The resulting coding system was then applied to the entire data set. This iterative, multi-person approach promotes overall

[3] Theoretical saturation is the point when no new concepts emerge from continued reading of the transcripts.

rigor, reliability, and validity of the qualitative findings that are highlighted in this study as well as minimizes the likelihood that the researcher's biases heavily influenced the reported outcomes in this study.

Interpretation

After coding was complete, thematic content analysis and comparative analysis of group-specific differences was undertaken by the author with the goal of generating themes and theory that characterize the women's experiences around the time of initiating sex work and offer possible explanations for their heightened risk of contracting HIV.[4]

Thematic analysis was undertaken primarily using the technique of charting. *Charting* entails rearranging the data according to the appropriate part of the thematic framework to which they relate (28). Use of qualitative data analysis software aided in this process by enabling a systematic review of all appearances of each code or sub-code. Eventually the charts contained distilled summaries of views and experiences. Following Agar (37), this part of the analysis also entailed intensive analysis of coded, but unsorted, passages of data. This latter strategy prevents against decontextualization of the data and enables the researcher to see how various 'threads' or 'features' of the data come together over several pages of transcript (38).

Comparative analysis was also undertaken in order to assess whether certain concepts, relationships among concepts, or positive/negative perspectives were more apparent or experienced differently in one group than in another. Key analytic points and emergent

[4] *Themes* are recurrent unifying concepts or statements about the subject of inquiry that characterize specific experiences of individual participants by the more general insights that are apparent from the whole of the data. Beyond merely identifying conceptual domains, themes also suggest a relationship between concepts (36). *Theory*, on the other hand, is a "set of general, modifiable propositions that help explain, predict, and interpret events or phenomena of interest" (36) (35).

themes were reviewed with members of the KHPT research team, who assisted in verifying and broadening the interpretation of the findings.

Results

This qualitative research project sought primarily to understand why female sex workers from northern Karnataka, many of whom are *Devadasi* sex workers, seem to experience an elevated risk of contracting HIV in the initial period after starting sex work. More specifically, it attempted to elucidate key processes and moments of vulnerability around the time period of initiating sex work and how this vulnerability varies based on *Devadasi* status and migration pattern.

The resulting in-depth interviews and focus group discussions highlighted three key time points or events that affect the lives and work of the study population: dedication into the *Devadasi* tradition; initiation into sex work, including the first sexual encounter or "first night"; and migration to destination sex work sites. The richness of the qualitative data also shed considerable light on the complex web of structural and social factors that shape each key event.

The results that follow first provide contextual information about the relations and power structures that drive decision-making regarding initiation of sex work. This includes initiation via the *Devadasi* tradition and initiation that involves migration. The following section then outlines the range of problems encountered during sex work, focusing on the risk factors described as unique to the initial stages of practice. Part 2 of the findings describe the key structural factors and relationships that influence the trajectory and outcome of each key event. These "risk modifiers" influence the degree to which each key event produces HIV risk or feelings of autonomy and control (see Figure 2).

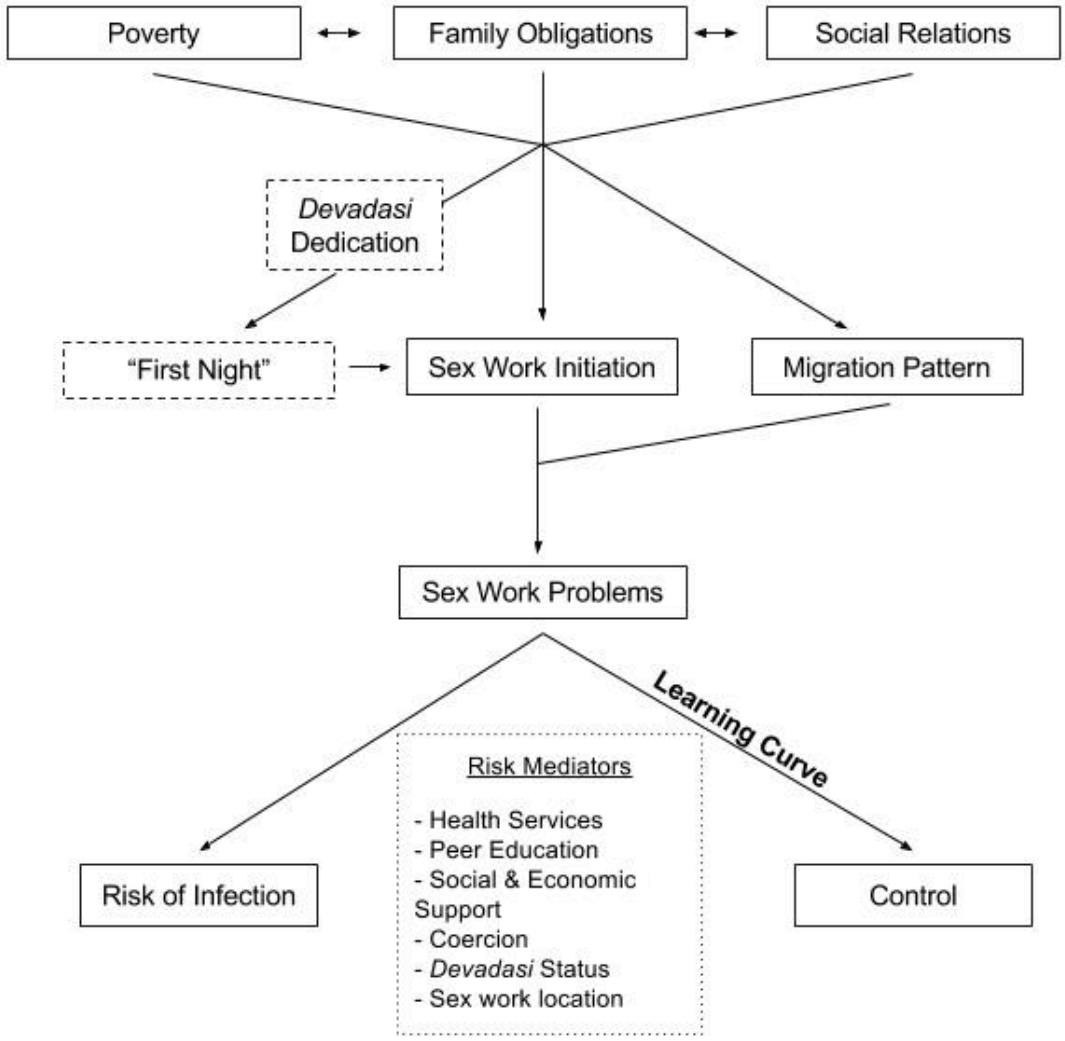


Figure 2: Conceptual model of how the key events during the initial period of sex work and related processes and relationships function in producing HIV risk and vulnerability, as well as opportunities for women to attain a sense of autonomy and control. Each part of this conceptual map is discussed below and contextualized with ethnographic examples.

Note: All quotations from fieldwork presented below were translated from the local language – Kannada – into English by hired translators in Bangalore, India. Minor grammatical corrections to the English translations have been made by the author to increase comprehensibility to the reader. Relevant demographic information, mainly *Devadasi* and migration status, have been included alongside the speakers whenever possible. During focus group discussions it was not always possible to identify speakers and match them to their

demographic information. These passages are marked with "speaker" rather than "participant."

Twenty-seven participants took part in this study (15 in focus group discussions, 12 in-depth interviews). Eleven were migrant sex workers, eight were mobile, and eight were local. Participants ranged in age from 19 to 36 years with a mean age of 24.4 years. The average age of initiating sex work was 22 years. Sixteen participants identified their marital status as *Devadasi* (9 migrant, 4 mobile, 3 local), ten were widows (2 migrant, 3 mobile, 5 local) and one mobile woman had never married. It is possible that some of the women who identified as widows may also be *Devadasi*. The average monthly income from sex work ranged from 300 to 20,000 Indian Rupees (July-August 2009 value) with a mean of Rs 3,952 ($80 USD).

PART 1
Pathways to HIV risk and control: decision-making and power over sex work

The structural context of sex work in northern Karnataka: poverty and social obligation as reasons for entering the sex trade

The presentation of findings will begin by outlining the reasons stated by participants for entering the sex trade and for being dedicated into the *Devadasi* tradition. These rationales overlapped considerably and provide an overarching contextual framework for understanding the rest of the results. Unsurprisingly, nearly all participants stated that poverty and financial problems were primary driving forces behind initiating sex work or being dedicated into the *Devadasi* tradition. More interesting, however, was that almost all responses did not discuss poverty in isolation, but rather stipulated that poverty in conjunction with family structure, gender roles, and obligation to support one's family were the key factors:

Moderator: What was the reason for practicing sex work?

> NFSW: Because of family financial problems. No boys are there in our family and only girls should take care. No one else is there to work and fulfill our requirements. So mainly because of poverty I started doing sex work.
> [II09, mobile, *Devadasi*]

> Moderator: What is the reason for you to start sex work?
> NFSW: My two elder sisters died and no one was there to take care of me and my family members. So this was the reason to join sex work to fulfill my family requirements.
> Moderator: Is there any other reason?
> NFSW: No, no other reason. I had to take care of my mother and father so I joined sex work.
> [II11, local, *Devadasi*]

An alternative narrative provided by some interviewees spoke of women who practice sex work for pleasure, entertainment, or to lead a more luxurious life:

> I joined sex work because of money problem. Some are there who join sex work only for pleasure and some to lead a luxurious life. Some go because of their children and some go because of their parents. Some want to drink, chew *gutka*[5], to see movies in theatres and they need money to fulfill all these requirements and so they join sex work.
> [II09, mobile, *Devadasi*]

Of course, a primary reason why *Devadasi* women practice sex work is that their families initiated them into the sex trade (12). However, the underlying reasons for *Devadasi* dedication resembled the primary reasons cited above for initiating sex work – a combination of financial need and family structure and obligations. One intricacy unique to the *Devadasi* group was that girls may be dedicated as *Devadasi* in order to fulfill the role of males who are either not present or incapable/unwilling to meet their familial obligations:

> NFSW: Why all go in for *Devadasi* means, there will be one reason or the other; some problem will be there at such houses and that is why they go in for *Devadasi* system. There will be financial problems; brothers will be there but they cannot look after these problems; there will be sisters among them but some will be married. Since parents cannot manage all these things and brothers also cannot, in such situations parents at least think that the daughter will take care of such things…
> Moderator: You mean if daughters are left to practice *Devadasi* then they can take care of them (parents)…

[5] *Gutka* or *Gutkha* is a preparation of crushed areca nut, tobacco, catechu, paraffin, slaked lime and sweet or savory flavourings.

> NFSW: Yes, they (parents) feel like that. They think that these daughters can take care of them like the sons do and will be behind them like sons. That is why they give their daughters in to this system.
> [FGD01, migrant]

It is crucial to note that the narrative of obligation to one's family described in this section was one of the main themes to emerge from the qualitative data set and permeates many of the responses to follow. Throughout such passages, women strongly articulated that they are financially responsible for *all* of their family members and that the only option available to them to fulfill this responsibility is to practice sex work:

> How can she fulfill the needs for all members in the family? This is the main reason she has to do sex work. We girls have to take care of our brothers and fulfill their needs but they will not even bother about us. Our brothers are so much careless that they think if anything goes wrong with them, we are there to help them. They apply *mehandi* (henna tattoo), be cool and not at all bothered about us. They will never think that my sister is working really hard for me and now it's my turn to look after her and her children. Our brother's are not at all helpful for us.
> [FGD02, mobile, widow]

Despite risking their lives and wellbeing to earn money for their family, a sex worker's relatives may not reciprocate in providing them support. In fact, women powerfully articulated how the nature of their family and other social relations (with lovers, *gharwalis* etc.) is dependent on earning and providing money:

> Speaker 1: As long as we can earn some money, our brothers all call us, our parents also call us. When we stop earning, nobody calls us. If we have some money or some support then only they call us because of the desire to get that money…If we have some money they (brothers) look after us later, if not why will they?
> [FGD01, migrant]

> If we have money only then our brothers will see us, otherwise no one will bother about us.
> [FGD03, mobile, widow]

These passages echo a number of comments made by FSWs during informal discussions about how they are loved only as long as they earn money and that once they stop earning, even their families will desert them. Thus, they feel pressure to become self-sufficient by that

time. One contrasting case from the uncaring, money-minded male relative was provided by one FSW:

> NFSW: My brother doesn't like me doing sex work. He will always ask me to stop doing sex work.
> Moderator: What is your reaction for this?
> NFSW: I say I will not stop doing sex work.
> Moderator: Why don't you listen to him?
> NFSW: I can't stop doing sex work because I have to take care of my family.
> Moderator: What is his problem if you do sex work?
> NFSW: He will tell that people spoil their life in this field. He starts to drink and tells to leave sex work and come back to the village. But I cannot because I have to take care of my family. Still I have to arrange money for my sister's marriage and a lot more is pending for me to do.
> [II05, migrant, *Devadasi*]

Devadasi dedication: entrenching debt and familial obligation

The *Devadasi* system has increasingly been regulated and outlawed in the state of Karnataka since the 1982 Karnataka *Devadasi* Bill prohibited the practice of dedication (13). In practice, dedication has continued in a more clandestine fashion involving bribes and fines. During the focus group discussions, participants described the fines that must be paid in order for a girl's family to be able to dedicate her into the *Devadasi* tradition. One important finding was that there are differing practices between villages regarding implementation of fines and whether dedication was being allowed to continue. Most commonly, women reported that a fine must be paid to village elders or village councils, but in one passage there was mention of a *sangha* or self-help group enforcing the fine:

> Moderator: Do the people agree for tying a beatal necklace (*Devadasi* dedication)?
> Participant 1: No, in our village they will not agree for this. We have to prepare a special food for all villagers. And we also have to pay some money as fine. We pay the fine and then tie the beatal necklace for a girl. Recently a 12-year-old girl has been converted as *Devadasi*. We paid the fine and then tied the beatal necklace to her.
> Moderator: How much fine do they ask?
> Participant 1: In our side we have given four girls as *Devadasi* and paid up to Rs 25000. All the four had been sent to Bombay and Puna and worked one to two years. Out of four, three are dead.
> [FGD03, local]

> Speaker 1: *Devadasis* are few now.

> Speaker 2: Now nobody leaves for *Devadasi*. Now it is stopped. In our village it is all stopped.
> Moderator: Everything stopped?
> Speaker 2: If somebody wants to go to *Gudda* (*Devadasi temple*) and get the pearl tied, it cannot be done now. It is punishable now in our village. If somebody comes after tying, they have to give Rs 10000 fine.
> Moderator: Who has done that fine?
> Speaker 2: There are some boys in our street, they have *sanghas* (self-help groups).
> Moderator: Which *sanghas* are they?
> Speaker 2: There are *Ambedkar* boys (youths leaders from the Dalit community) in our village. They are very sharp. They do not allow anybody to leave for *Devadasi*.
> …
> Speaker 4: Even though there is a fine, people are not stopping it. They are tying. After looking all these things through their eyes, they are tying.
> Moderator: In your village, while tying the pearl you have to give Rs 10000. For whom do you have to give it?
> ##Speaker4##
> It has to be given to *Daiva* (community elders/leaders)
> …
> Moderator: Means tying pearl still exists in your place?
> Speaker 4: Yes
> Speaker 5: It is there in our place also. We do not have fine also.
> [FGD01, migrant]

Participants further explained that most families that dedicate their daughters must take out loans to pay the dedication fine and also to finance a dedication or "coming out" celebration. Alternatively, parents may take a cash advance directly from a *gharwali* (brothel madam) who will take the new FSW to a destination place for sex work. While such practices reflect underlying poverty of the family, it is the dedicated women herself, not the family as a whole, that is responsible for earning the money to repay the loan taken to finance the dedication:

> Participant 1 [*Devadasi*]: In the village, parents will have some loans pending for repayment. These loans will be spent while converting a girl to *Devadasi* tradition. It might cost up to Rs 10000. It includes purchasing of required things for marriage (dedication to the God) and involves special food arrangement as a part of dedication for the village people. The responsibilities of the expenses made have to be fulfilled by girl and not by the parents or other family members. How can a girl earn such a big amount? She has to do sex work. These are the reasons why she will be sent to other places like Puna or Bombay to earn money. Or else the parents will collect some amount up to Rs 50000 from the *gharwali*. Parents tell, "we have taken the amount from *gharwali* and hereafter you have to work with *gharwali*. Don't love anyone and go back with him, stay there and you should work only for *gharwali*." The girl who respects her parents and who wants to really help them out will surely obey their parents. And some of them who don't care about anyone will choose their own life and move forward.

> Participant 2 [*Devadasi*]: The expenses made at the time of converting a girl to *Devadasi* tradition have to be returned back. The girl has to do sex work to earn money or else she will not be allowed to stay with her parents.
> [FGD02, mobile]

While in general, parents were said to take the decision to dedicate their daughter as *Devadasi*, there are some passages in which women seem to say that they take the decision themselves:

> No one will like to be dedicated as *Devadasi*. Some girls will be forced by their family members and some take their own decisions.
> [II07, mobile, widow]

One final interesting finding regarding dedication is that physically handicapped girls were said to be likely to be dedicated since sex work represents their only viable means of earning an income.

The "first night": a high-risk encounter

At some point after a girl dedicated as *Devadasi* is deemed mature enough to start practicing sex work, preparations will be made for her first sexual encounter. Since men will be willing to pay a considerable sum for the right to take a girl's virginity, her family will essentially auction off her "first night" to the highest bidder:

> Moderator: With whom will they ask you to do first night?
> NFSW: Whoever will pay us more money, they will allow them to have the first night with us.
> …
> Moderator: How much did they give you?
> NFSW: They gave me Rs 500.
> Moderator: What did you do with that amount?
> NFSW: They will not give me instead they will give it to our parents.
> [II08, mobile, never married]

> Sometimes they might give gold or money also.
> [II05, migrant, *Devadasi*]

The majority of interviewees reported that condoms are not used during this first night. There were several reasons given for this, including lack of condom awareness:

> Moderator: Did you use condoms for the first time when you had sex?
> NFSW: No I didn't use condoms.
> Moderator: Why you did not use condoms?

> NFSW: Because we didn't have any idea or information about condoms or how to use them.
> [II09, mobile, *Devadasi*]

> Moderator: Do they allow using condoms for the first time?
> NFSW: No, we are not supposed to use condoms for the first time.
> Moderator: Why are you people not allowed to use condoms?
> NFSW: The girl feels that he (the man who comes for the first night) is her husband and so she will not use condoms.
> [II06, migrant, *Devadasi*]

Even with knowledge about condoms, girl's encountering their first night would likely not have the power to use them, as the client is paying a lot and does not want to use condoms:

> Moderator: At the time of first intercourse will the girl will be allowed to use condoms or what?
> Participant 1 [widow]: No, she will not be allowed to use condoms at her first intercourse.
> …
> Participant 4 [widow]: The clients say when we are paying more money why should we have to use condoms.
> Participant 1 [widow]: They tell, "when I have paid Rs 5000 to you, why should I use condoms." At their first intercourse they are not supposed to use condoms.
> Participant 2 [widow]: The clients will not allow using condoms if it is the first intercourse of the girl. When they have paid more money they will not use condoms. And some of them start fighting for this.
> [FGD03, local]

Participant 1's comment above also suggests that asking the client to use a condom on the first night can signal that the girl is already experienced with sex. Therefore, asking them to use condoms could jeopardize the transaction. In contrast to most accounts, one participant reported using condoms for her first night and stated that this has become common practice:

> Moderator: Do they use condoms at this stage [*seragu hasodu*/first intercourse]?
> NFSW: Yes, nowadays everyone uses condoms.
> Moderator: Did you use a condom?
> NFSW: Yes, I used s condom.
> Moderator: Did they agree to use condoms for the first time?
> NFSW: Yes, they agreed because we had discussed about condoms in the meeting.
> [II05, migrant, *Devadasi*]

While the first encounter is nonetheless a potentially risky encounter for many young *Devadasis*, an interesting finding is that, for at least a minority of girls, this initiation process can function as an opportunity to find a permanent partner:

> When people come to know about her that she is matured ,the clients will be ready to pay her more money (for first intercourse) and some of them will tell, "I will marry her or how much will you charge for the first intercourse? " And when a girl is married to that person she feels like he loves her and they both can lead a happy life together. Many examples are there where *Devadasi* girls have chosen such life and stayed with a permanent partner. The same thing has happened with me. [FGD02P1, mobile, *Devadasi*]

Sex work initiation: decisions and rationales behind migration

After a *Devadasi* women's "first night," they generally begin practicing sex work shortly after. However, there is wide variation in where FSWs from northern Karnataka end up practicing sex work (i.e. homes in villages, brothels in larger cities, lodges, roadside *dabas*) (12) (19). The present study attempted to account for this variation by dividing FSW migration patterns into *migrant*, *mobile*, and *local* categories. One of the study objectives was to better understand the migration process, so that efforts can be made to make the transition to sex work in brothels and foreign destinations safer. The qualitative data collected shed some light on how decisions around migration are made. In many cases, especially for *Devadasi* women, parents were said to take the decision to send their daughters to destination places:

> Moderator: Who makes the decision that a girl has to go to Maharashtra?
> Participant 1 [widow]: Parents take the decision. This is the incident that took place in my house: my elder sister is an FSW. She wanted to do sex work in the village and didn't agree to work at destination, but my father forced her to go… She was forced by all our family members. My father said, "if you go there we get some money otherwise we will have to starve so you have to go."
> [FGD03, local]

However, non-*Devadasi* and some *Devadasi* women also described varying degrees of autonomy over where they practice sex work:

> After tying the *beatal* necklace, she (the girl who has been dedicated) will be brought back home and once she is matured she will be sent to other places like Bombay and Puna to start to practice sex work. Or else wherever she is interested she can start the work.
> [FGD02P1, mobile, *Devadasi*]

> Moderator: Why do you go to Miraj?

> NFSW: Because in Miraj I know some of the persons and there I can have sex without any fear.
> [II08, mobile, never married]

Alternatively, the presence of a lover or permanent partner may influence decisions to migrate or not:

> Moderator: Who decided to go to Ahtni for the first time?
> NFSW: My lover.
> [II08, mobile, never married]

> They will get a "stomach full" of sex work here in the village only and also they may be in touch with some rich client who might be taking care of all their needs {short laugh}.
> [FGD01, migrant]

> Moderator: The one who maintains a sex worker says, "don't go anywhere," is it right?
> Speaker 1: Yes, it is right.
> Moderator: What would you say to this?
> Speaker 2: Yes, the clients say to take whatever you want, you wear good clothes and take all the other facilities, but don't go anywhere. Then such women will not go anywhere.
> Speaker 1: It is good you know, it is their luck that they get such one (permanent partner) here in the village because they will be like husbands and in the city this body will be used by so many men. Instead, in such cases only one uses and maintains such women like their own. It is good.
> [FGD01, migrant]

When reflecting on the reasons why parents send daughters to destination places or how a women decides herself whether to migrate or not, the responses largely echoed those given for *Devadasi* dedication and entering sex work to begin with – primarily some combination of financial reasons and obligation to fulfill family responsibilities:

> Some of them (new sex workers) who can earn at her place of origin will practice sex work there or else they'll move to other places to fulfill the need of their family.
> [FGD02P1, mobile, *Devadasi*]

> Participant 5 [widow]: We earn more money at destination places and some of the money can be saved, whereas in the village we earn less and because of expenses the money earned will be spent.
> Participant 1 [*Devadasi*]: Girls who want to earn more money, who have the plans to purchase land or own a house for her family will go to destination places because there we will be paid more than in the village.
> [FGD02, mobile]

> If we stay in Puna, we don't get any clients and also we will be thinking about our villages. In my native place I have small younger brothers and my father. Also I have to think about their livelihood. When my brothers grow up I have to think about their futures and their marriages. My mother died when I was young. I am the elder daughter in the family and if I don't look after them, then who will take care of them? So I came to Sangli one year ago.
> [FGD01, migrant]

It is important to note that financial considerations and family obligations were not only incentivizing factors for migration as indicated in the passages above, but were also primary reasons articulated for *not* migrating. Although most local sex workers acknowledged that there is less money to be made in the village, some felt it was enough to meet basic needs:

> Moderator: Some women will remain in their village to do the business, why is it so?
> NFSW: They may not like to go outside and they may be getting enough business in the village only.
> [FGD01, migrant]

Several women also articulated that they choose to stay in the village in order to engage in direct care of family members or to receive help with childcare:

> When we do sex work, who will look after our children? This is the reason we stay with our parents, so we can take care of our parents, younger sisters and brothers.
> [FGD02P5, mobile, widow]

> Girls who like to do sex work in the village will continue here while those who want to go to other places will go. The girls who have to look after their family and children, who can't stay far from their family, will practice sex work in their village.
> [FGD02P1, mobile, *Devadasi*]

> Moderator: What is the reason for not going to other places for sex work?
> NFSW: Because I have small children and no one is there to look after them. And if I go outside I will have to stay there for two to three days and my children will be alone. I get clients in the village and sometimes other clients come home so there is no need to go to other places for sex work.
> [II10, local, widow]

Interestingly, some women who practice sex work in destination places articulated that they are motivated to do so at least in part by non-material benefits, including greater personal freedom and less exposure to embarrassment, shame, or stigma:

> Moderator: In which place do you prefer to practice sex work?

> NFSW: I like Alamati (destination place) more because if I stay there for five or ten days and if I do sex work only for one or two days and take rest for the other days, no one bothers about this. They (Daba owners) just tell us it's your wish if you do sex work or not, you earn money or not, you fulfill your needs or not.
> [II07, mobile, widow]

> In the village, we stay with our parents and brothers so we can't enjoy as we do at destination places. We feel embarrassed in front of our family members. [FGD02P1, mobile, *Devadasi*]

> Moderator: Why do you go to Miraj?
> NFSW: Because in Miraj I know some of the persons and there I can have sex without any fear.
> [II08, mobile, never married]

Furthermore, some migrant FSWs described a certain "allure of the city" that entices them to work in the bigger urban centers of Maharashtra:

> Speaker 1: It is like this, I have seen the city and I don't want to stay in the village and do sex work. Those who have done sex work in the village and have not seen the city market prefer to stay in the village and do sex work.
> Speaker2: See, in the beginning we used to stay in the village and we knew nothing but since then we have gone to the city and seen the sex work there. Now we don't want to stay in the village and do the sex work. The more we stay in the village the more we remember Bombay and we want to get there either by train or by bus. Such is the pull of that city because now we have enough money so we always want to go there.
> [FGD01, migrant]

In some cases, migration – like initiation – can even be a chance for a FSW to find a permanent partner and potentially avoid practicing sex work:

> Moderator: Here, listen to me, I want to get one thing clear to me. You mean to say that the women will not always go there (to destination place) to do sex work, like in cases such as this where there is one who maintains you like a husband and pays the rent? Do such things also exist?
> NFSW: Yes sir, such things do exist.
> [FGD01, migrant]

While women who practice sex work locally are largely aware of the factors responsible for the "allure of the city," one local FSW interestingly rejected those benefits and viewed them as coming at the cost of greater risk of contracting HIV:

> Moderator: You have heard about FSWs going to other places like Puna or Sangli for sex work. Don't you feel like going there?
> NFSW: Yes we feel to go there but our family members/elders don't allow us to go there. Also, we are happy and healthy here in the village. Recently one FSW who

> went to destination places for sex work was infected by the disease (HIV) and I don't want this to happen with me. So I don't like to go to other places.
> Moderator: Why do you think other FSWs go to other places for sex work?
> NFSW: Because they want to build their own house and lead a luxurious life. To fulfill these needs they have to earn more money and so they go to other places for sex work.
> [II12, local, *Devadasi*]

Enduring problems of sex work: Negotiating condom use and managing clients

As mentioned above, a primary objective of this study was to discern reasons why the initial period of sex work is a particularly risky time for contracting HIV. As a result, participants were asked about the problems they face while practicing sex work and in particular, what problems they encountered during the initial six months. As would be expected, there was a wide range of responses given as well as considerable overlap between problems encountered initially and in general. This section will consider the challenges faced by sex workers in general, while the next section will focus in on those problems cited as particular to the initial period of sex work. In general, sex work was considered to be a painful or unpleasant job that is associated with loneliness and social isolation:

> Doing sex work is a painful job.
> [II05, migrant, *Devadasi*]

> I do sex with clients in the nighttime, so I don't face much of people.
> Moderator: In the night time if you go is it not risky?
> NFSW: Yes it is, but I believe in God and I will just pray to him. Apart from praying to God I don't have anything left with me.
> [II10, local, widow]

More specifically, many women cited condom use negotiation with clients as a primary enduring problem of sex work:

> Speaker 1: If we give a condom to the client, they do not use it properly and will turn it upside down. Even some people will cut its tip… Some clients are very cunning, we have to struggle hard to tell them and at last we have put it on them. We will tell them if you don't wear it then go outside.
> …
> Speaker 2: Some people say they want to have sex without condom but we don't agree for it. Then they say okay and come inside and say they don't like it and tear the condom. Sometime they even remove the condom while ejaculating…Sometimes they pretend as if they are wearing a condom and don't put it on.

> Moderator: Have you ever experienced such problems?
> Speaker 3: We are five in this room and everyone has faced such problem, does anyone disagree to this?
> Speaker 4: Yes it is true, such thing happened.
> [FGD01, migrant]

> Moderator: You said that you will not use condoms but you will ask the clients to use. Do they agree for this?
> NFSW: Some will and some will not…Some will say that they are ready to pay Rs 10000 for not using condoms but I don't agree to this. Some will not agree and start fighting with us.
> [II03, migrant, *Devadasi*]

Sex work problems among new female sex workers: migration, coercion and lack of information

Despite the problems discussed above being of an enduring nature, women cited a number of troubles and difficulties particular to the novelty of starting sex work. These included living in fear and having an initial lack of information and access to health resources:

> NFSW: Initially she (a new FSW) will be having fear as she had newly started sex work and she has to do everything with fear.
> Moderator: What kind of fear?
> NFSW: The fear for her will be whether something might happen to her.
> [FGD01, migrant]

> Moderator: Now you people are talking out of experience; a woman who had newly come to the business maybe since one or two years, does she face problems in availing these facilities related to HIV?
> NFSW: Yes, initially it will happen.
> [FGD01, migrant]

> Moderator: Did you find any problem when you first started to use condoms?
> NFSW: Yes, I didn't have any knowledge how to use condoms. I had problems with condoms, like condoms used to tear off, it used to slip, and I was feeling shy about it.
> [II06, migrant, *Devadasi*]

Unsurprisingly, women also shared that they encountered more difficulty managing clients during the initial stages of sex work:

> Now I don't find any difficulty. But earlier I had some problems…Customers used to fight with us and I was uncomfortable earlier.
> [II05, migrant, *Devadasi*]

> Moderator: When you first started sex work in the first five months, what were the problems you faced?
> NFSW: I faced a lot of problems like customer behavior – their approach towards me. And if I don't get any clients, how can I earn money? I was not able to discuss all these things with anyone. Even after discussing, some may help me and some might not. These were the problems I faced earlier.
> [II07, mobile, widow]

Importantly, some of the problems encountered while initiating sex work related to the hardships of migration, since these two events frequently co-occur for *Devadasi* women. The qualitative data suggests that new sex workers migrate in a vulnerable state materially, socially, and physically; they are typically young, poor, and unaccustomed to living without their family:

> While going to Maharashtra for the first time, nothing will be there in her hand.
> [FGD01, migrant]

> No new girl will be experienced in this work. Some girls have to stay far from their parents and do sex work. Like this some problems will be in the initial stage.
> [II05, migrant, *Devadasi*]

> They (newly joined sex workers) will feel shy. They will be staying alone far from their parents and this hurts them a lot. Sometimes they feel like coming back. They will be having body pains and they have to use *nirodh* (condoms), which is new to them. Some of them will find it difficult to use *nirodh*.
> [II04, migrant, *Devadasi*]

A further vulnerability faced by some new migrant female sex workers is coercion from *gharwalis* (brothel madams) to practice sex work and to not use condoms (note: the role of *gharwalis* is more fully explored in Part 2):

> Moderator: Did anyone used to force you to have sex with clients?
> NFSW: Yes, *gharwali* used to force me to have sex.
> Moderator: What was the reason for her to force you?
> NFSW: I was not feeling comfortable to have sex with clients because sex work was new to me. So she used to force me to have sex with clients.
> [II06, migrant, *Devadasi*]

> Moderator: Does the *gharwali* put a lot of force on FSWs?
> Participant 3 [*Devadasi*]: Yes, she does…Sometimes to look after our parents, husband or children we need some money and so we go for a loan to fulfill their needs. The *gharwali* will ask the amount back by hook or crook. Sometimes clients use condoms and some do not. We have done the work for *gharwali* even without using condoms because we have borrowed money from her.

[FGD03, local]

In order to provide a complete representation of the women's narratives, it must be stated that, in contrast to the previous quotations, many participants reported not being coerced to have sex without condoms and a minority stated they have not faced any problems during sex work or with condom use negotiation:

> Moderator: Has anyone forced you to have sex with clients without using condoms?
> NFSW: No, no one has forced me. If the clients are ready to give even Rs 10000, I will never have sex without using condoms.
> [II09, mobile, *Devadasi*]

> Moderator: Do the clients agree at once to use condoms before having sex with you?
> NFSW: Yes, they agree to use condoms. We will tell them even if you pay less it's okay but use condoms.
> Moderator: Have any clients said, "I'll pay more money for not using condoms" to you?
> NFSW: No, I haven't come across any such clients until now.
> [II10, local, widow]

While some women may truly not encounter these problems of sex work, a proportion of those who made such claims may have been demonstrating reluctance to share information or misunderstanding of the question. This hypothesis is supported by the following passage, which demonstrates how further probing from the moderator occasionally led participants to reveal further information regarding problems faced:

> Moderator: In the first five months (of sex work), did you face any kind of challenges in Kolhapur or any problems you came across?
> NFSW: No sir, no problems.
> Moderator: So everything was fine with you?
> NFSW: Yes.
> Moderator: How can you tell that everything was fine? Nothing bad occurred in your life within the first five months?
> NFSW: No problems I faced there.
> Moderator: Think and tell me, any problems you faced?
> NFSW: There was a bit of a problem with the *gharwali* and with clients. This field was new to me and it was not easy for me to mingle with the clients. I felt hesitation to speak about condoms with the clients.
> Moderator: What were the problems you faced with the clients?
> NFSW: I didn't know the languages they speak. I know only Kannada but now I know their language.
> Moderator: You said you felt uncomfortable to give condoms to the clients. Can you explain this to me?

> NFSW: Sex work was new to me and condoms also. I was feeling shy to ask clients to use condoms. As I didn't know their language it took time for me to get adjusted with them.
> [II06, migrant, *Devadasi*]

Crucially, this kind of probing revealed key information, including a further difficulty encountered by new migrant sex workers from Karnataka: a language barrier between them and Hindi or Marathi speakers, especially clients. This language barrier may complicate condom use negotiation as seen above as well as social relations more generally:

> It is very difficult to go to Maharashtra to do sex work. We have many problems there. There it is difficult to understand things… the same condition is faced when a girl gets married and has to go to her in-law's house. But in husband's house, he will be there to understand the problem. For us the husband is not there. Clients are the husbands for us.
> [FGD01, migrant]

Two other problems relating to the initiation of sex work in destination settings were cited by *sangha* (sex worker collectives) officials in Mumbai during fieldwork but were not captured by interview passages with FSWs. The first was that brothels often limit access of NGOs and other service providers to FSWs under the age of 18 in order to hide their illegality. Secondly, a large proportion (approximately half I was told) of all FSWs in Mumbai are trafficked from other locations.

Compounding this array of challenges and problems faced by women during the initial period of sex work is an additional pressure to earn during this time, when they are young and have a prime earning potential:

> NFSW: When it is earning time we have to do everything. Later on it will be bad only. We have to do everything in this time only.
> [FGD01, migrant]

> Now we are young and we can earn ourselves but when we become old or incase we leave sex work they (*sangha* people) have to help us build a good future for our children.
> [II03, migrant, *Devadasi*]

> People there (destination places) will demand a lot for one year or two years. But they don't know what is going to happen with them later. They will not think about

> the future, only see the money coming to them. There the FSWs will not use condoms.
> [FGD03, local]

A sex work learning curve: learning the tricks of the trade

A critical point regarding problems faced by new sex workers is that they are not necessarily indefinite. In fact, one of the strongest themes to emerge from the qualitative data was that of a "learning curve," in which women initially lack key knowledge and skills needed to practice safer sex work and acquire this knowledge with time and experience. As this process progresses, they are able to avoid sex work problems previously encountered:

> Moderator: Can you tell me about your experiences in Puna when you first started sex work?
> NFSW: Firstly I didn't know anything about sex work. Slowly I came to know about clients and how to catch them, how to entertain and all.
> [II03, migrant, *Devadasi*]

> NFSW: Initially she will be having fear as she has newly started sex work and she has to do everything with fear.
> Moderator: What kind of fear?
> NFSW: She has the fear whether something might happen to her and she will do everything with fear. But when people from *Sangram* (sex worker) organization come and give information then only we will get courage…then we have confidence that nothing will happen to us.
> [FGD01, migrant]

> Moderator: Did you find any difficulty while having sex with the clients?
> NFSW: Now I don't find any difficulty. But earlier I had some problems.
> Moderator: What problems?
> NFSW: Customers used to fight with us and I was uncomfortable earlier.
> Moderator: How did you overcome these problems?
> NFSW: As the time passed all problems were solved.
> Moderator: Why is that so?
> NFSW: Now it is become a daily routine or habit for us. Having had sex with various types of clients we have become bold enough to protect ourselves.
> [II05, migrant, *Devadasi*]

Women also specifically described a learning curve pertaining to condom use. Some women reported not using condoms at all initially while others described feeling shy or not knowing how to use them. With time, women increasingly report regular condom use:

> Moderator: How did you feel when you saw condoms for the first time?

NFSW: I felt shy about this.
Moderator: When did you feel free to use condoms?
NFSW: After one month I started to use condoms.
Moderator: Did you find any problems when you first started to use condoms?
NFSW: Yes, I didn't have any knowledge how to use condoms. I had problems with condoms like condoms used to tear off, it used to slip, and I was feeling shy about it.
Moderator: Do you have such problems even today?
NFSW: No sir, I don't have any such problems now.
…
Moderator: How did you overcome these problems?
NFSW: It took some time for me because I used to do sex work daily and regularly interact with customers. This has become my daily routine. Slowly it became a habit for me and I started using condoms regularly.
[II06, migrant, *Devadasi*]

Moderator: From when did you start to use condoms without hesitation?
NFSW: For the first five months I felt shy to use condoms but after five to six months I started to use it regularly.
Moderator: Did you face any problems when you first started to use condoms?
NFSW: Yes, I didn't know how to use condoms.
[II11, local, *Devadasi*]

Narratives of control: Seizing power amidst a web of influences

The results presented until this point convey a sense of the complex web of social relations and obligations in which new female sex workers are entangled. Despite being subject to the sometimes coercive influences of parents, lovers, clients and *gharwalis*, the women interviewed as part of this research did not present themselves as powerless. In contrast, a fairly consistent narrative that emerged from the data is that sex workers maintain or achieve a sense of control, confidence, self-efficacy and independence in their lives. This narrative of control was expressed in various domains of the women's experience and was often related to the theme of the learning curve and to peer support and education. For instance, many women not only described *managing* clients and condom use negotiation but exerting control over clients in challenging situations:

NFSW: As the time passed all problems were solved.
Moderator: Why is that so?
NFSW: Now it is become a daily routine or habit for us. Having had sex with various types of clients we have become bold enough to protect ourselves.
[II05, migrant, *Devadasi*]

> Moderator: Do clients beat you?
> NFSW: No, I beat them {laughing}.
> Moderator: In case they beat you?
> NFSW: No, they will not because other FSWs will be there and *gharwali* will be present, so they will not.
> [II05, migrant, *Devadasi*]

> NFSW: Sometimes while ejaculating they remove the condom…and they say they will not pay money. Sometimes they pretend as if they are wearing a condom but don't put it on.
> Moderator: What you will do in such a condition?
> NFSW: {Laughing} At that time with force we will kick them in the chest, kick them and put them out of our room. When we hurt them they will use abusing words and ask if we need more money.
> [FGD01, migrant]

> Moderator: Do all customers agree to use condoms?
> NFSW: No, not all.
> Moderator: How will you convince them to use condoms?
> NFSW: I will explain to them about condoms. If he is not ready to agree for this then I will just pay his money back. I will never have sex without condoms.
> [II01, migrant, *Devadasi*]

Having received knowledge and resources regarding HIV prevention, several passages described women having the autonomy to decide whether to act in accordance with these recommendations or not:

> Participant 1 [widow]: Those who want to lead a healthy life will follow the advice given by her FSW friends and others who don't care will choose their own life and make their own decision.
> Participant 2 [widow]: Yes, some of them will obey their FSW friends and some of them will not.
> Participant 4 [widow]: They have to listen to the advice and follow the preventive measures or else their wish.
> Participant 3 [*Devadasi*]: We get information about HIV from madam (outreach worker) and we advise the same to newly joined FSWs. If they want to stay healthy they will follow this, otherwise it's their life and their wish.
> [FGD03, local]

> Participant 1 [widow]: In our village we will not have sex with clients without using condoms. Using *nirodh* has become most important in the village. Even if clients are ready to pay more money than the usual rate, the FSWs will not accept their offer because they know the risk involved in having sex without *nirodh*, so almost all FSWs use *nirodh*.
> [FGD03, local]

Finally, some participants expressed self-efficacy in the context of making life choices and decisions about practicing sex work:

> No one will like to be dedicated as *Devadasi*. Some girls will be forced by their family members and some take their own decisions. After being dedicated as *Devadasi*, some FSWs will continue doing sex work and some may not. Some will stay with permanent partners and do not care about their parents.
> [II07, mobile, widow]

> Moderator: For the first time, who decided that you should get into this field?
> NFSW: No one decided. In fact, it was my own decision to become a sex worker.
> [II10, local, widow]

PART 2

Risk modifiers: key actors, *Devadasi* status, and migration pattern

Part 1 of the findings outlined the rationales and decision making processes that surround critical time points during the initial stages of sex work, a range of problems faced by new sex workers, as well as the way women described following a sex work learning curve to overcome such problems and potentially gain self-efficacy and control over one's life and sex work practice. However, as revealed by some of the passages above, not all new sex workers achieve control over their lives and work and many undergo the learning curve only after many months of sex work. In fact, many sex workers from northern Karnataka contract HIV (15) (3) (39). As a result, the qualitative analysis attempted to identify key actors and other important variables, or "risk modifiers," that hamper or promote the sex work learning curve and significantly impact life trajectories. This part of the findings will examine the role of services and education directed at HIV prevention; the impact of key actors in the women's sex work networks (peers, clients, lovers and brothel madams or *gharwalis*); the effect of being a *Devadasi* sex worker; and the effect of practicing sex work locally or in destination places.

Promoting the learning curve: Health services and peer education

One obvious modifier of health status and HIV risk pertains to access to health information and services. As such, women were asked about the kinds of services they accessed or were offered and their quality. Women described accessing a variety of health services provided in government centers, private clinics, and clinics affiliated with NGOs and *sanghas*. Some interviewees conveyed the idea that there are two tiers of care: private health services on the one hand and free health services, including government and NGO providers, on the other. In general, it seems that those who can afford to spend money prefer private providers, while those with less resources attend government hospitals or *sangha* clinics. Many women also described accessing health services from multiple sources:

> Speaker 1: I take treatment in both places (government and private hospitals). If it does not seem good to me in the government hospital then I will go to a private hospital.
> Moderator: What about you?
> Speaker 2: It is similar to her, I agree to whatever she said.
> [FGD01, migrant]

In the focus group for mobile sex workers, women stated having a preference for female doctors, not only for their comfort during the physical exam but also for confiding emotionally and for HIV consulting.

> Moderator: When one is infected with a sexually transmitted disease, what should they do?
> Participant 5 [widow]: We have to consult a lady doctor because we feel embarrassed to consult a male doctor. They can go to a private or a government hospital but the main thing is they have to consult a lady doctor because even she is a girl and we can speak freely to the doctor about our internal pains we suffer.
> [FGD02, mobile]

Nonetheless, participants generally expressed satisfaction with the services they accessed regardless of the provider and denied having problems accessing health services or condoms. Similarly, women were highly complimentary to health related programs provided by community-based organizations, such as *sanghas*, and peer education efforts:

> Yes they (*sangha/samste*] have helped us a lot. In other words we can say they saved our life…For such people we are really thankful and meet them whenever they call us for such meetings or trainings. They give all types of information for us so that we can lead our life in a healthy way. The NGO's will spend money on their own and take so much risk to make us understand about the disease (HIV/AIDS). And these people will take more care of us compared to our parents.
> [FGD02P5, mobile, widow]

> Moderator: You receive the services related to HIV/AIDS. Are they good or bad?
> NFSW: Yes they are good. Before we didn't know anything about HIV/AIDS but now we know what it is. The *sangha* and government people have helped us a lot.
> [II09, mobile, *Devadasi*]

In particular, peer education offered through the *sanghas* emerged as essential to promoting the learning curve and as a result, for decreasing risk of contracting HIV:

> Moderator: When did you come to know about condoms?
> NFSW: Around two or two and half years ago I came to know about condoms. *Sangha* people informed us about condoms…They explained about the risk involved in this work and how to use condoms before having sex. They also informed about the HIV/AIDS disease, how to control the disease and what are the preventive measures to be taken. By using condoms we can prevent ourselves from being infected by AIDS. Firstly I felt shy to use condoms, but they said not to feel shy and explained how to use condoms.
> [II12, mobile, *Devadasi*]

> Moderator: New FSWs will be having more chances of catching HIV. What do you think about this?
> NFSW: No, nowadays FSWs have less chances of catching HIV. They are more careful of their health and know about the disease. They take medicines and do proper usage of condoms. Earlier we didn't have any knowledge about condoms and preventive measures but now there are many *sanghas* that guide us and people like you [interviewer from KHPT] also help us.
> [II07, mobile, widow]

> We are all alive because they (*sangha* people) come and give information to us. If they wouldn't have given us this knowledge then we would not be alive. They tell about condoms and all those things. We are alive due to them only. Now you know how much they do, they help *Devadasi* women.
> [FGD01, migrant]

One theme that emerged from the focus group with local sex workers was that more experienced sex workers take a lot of responsibility for educating new sex workers on themselves, or at least take responsibility for bringing the newcomers to the *sanghas* where they can receive information and services:

> Moderator: Newly joined FSW's have more chances of catching HIV. When will they become aware of such problems? When does she take more preventive measures?
> Participant 1 [widow]: We have to tell her about all these things. It's our duty to let her know about the *sangha* where she can get all the services and other required information, and that there's a madam who looks after all these things in the *sangha*. We'll take her there.
> [FGD03, local]

> Some FSWs will be scared about this work and we will help them know how to behave with clients and how to use condoms. We give all the information – how much we know that will help them.
> [II07, mobile, widow]

This kind of peer support was also described as important in the process of initiating sex work and for helping mitigate problems associated with sex work:

> Moderator: Have you faced any problems in first five or six months when you started practicing sex work?
> NFSW: No, I haven't faced any problems as such because my sister was there to guide me always.
> [II01, migrant, *Devadasi*]

> Moderator: You said that you will not use condoms but you will ask the clients to use. Do they agree for this?
> NFSW: Some will and some will not…Some will say that they are ready to pay Rs 10000 for not using condoms but I don't agree to this. Some will not agree and start fighting with us.
> Moderator: What will you do at this point of time?
> NFSW: I just call my *akka* (sister) and inform her about this.
> [II03, migrant, *Devadasi*]

Although the women we interviewed clearly learned many things through peer education efforts and services provided by CBOs, there was no mention in the dataset of anything related to HIV treatment or awareness of antiretroviral medications. This potential lack of awareness of treatment options for HIV may lead to attitudes of hopelessness in the case of HIV infection:

> Participant 2 [*Devadasi*]: We really struggle very hard, doing sex work, earning money to fulfill the needs of our parents and children. Even after struggling so much I'll be infected. I feel how did I get this because I have not done any wrong. This can happen only by sexual transmission and if not wearing condoms. If we would have taken some more attention towards the usage of condoms then I would have not been affected by HIV, but now nothing can happen after the body is infected by the disease.

[FGD02, mobile]

While many participants seemed to access services provided by CBOs and *sanghas*, it was somewhat unclear what proportion of sex workers in different settings were actual members of *sanghas* and whether this affects their ability to take part in *sangha* programming. Some women's responses indicated that there may be differences in *sangha* involvement between sex workers in their places of origin and destination:

> Moderator: Are you a member of any *sangha*?
> NFSW: No, I am not a member of any *sangha*.
> Moderator: What is the reason?
> NFSW: We come from Karnataka to Maharashtra to do sex work and earn money that's all.
> [II04, migrant, *Devadasi*]

Finally, while women commended the efforts of CBOs for their peer education services, they also expressed desire for further kinds of help, particularly socioeconomic assistance:

> Speaker 1: Other thing is they (CBOs) have to provide all the information, information about condoms. And they have to think of providing some jobs to *Devadasi* women and some help to them.
> Moderator: What kind of help?
> Speaker 1: See sir, in some of the other villages they are providing buffalo loan, that loan, this loan, and every kind of loans. But in our village not even a single loan is available…
> Speaker 2: They told us that they will get us pension but that is also not there. For *Devadasi* women there is pension it seems.
> [FGD01, migrant]

> People like you (interviewer from KHPT) have to help us – by providing houses for us and helping and supporting our children. We do sex work only to earn money. Its only after we die this will stop.
> [II07, mobile, widow]

Clients and Condoms

In Part 1 of the results, managing clients and negotiating condom use were cited as enduring problems that face our study population. However, not all clients cause such problems and the qualitative data shed some light on what constitutes a problematic client encounter. For instance, the nature, attitudes and behavior of clients, especially their

tendency to use alcohol and willingness to use condoms emerged as key characteristics. In fact, when asked about their clients, women often discussed them in terms of being "good" or "bad." Good clients generally are agreeable, generous and even caring, while bad clients may be violent, drunk and refuse to use condoms:

> NFSW: Some clients are good and some are bad. Some will agree to use condoms and some will not. Some are calm and others shout at us. Some are too good and some are average. Sometimes drunkards also come.
> [II03, migrant, *Devadasi*]

> NFSW: We get to see all types of clients. Good and bad.
> Moderator: What do mean by good and bad. Explain?
> NFSW: Good clients do not fight or argue with us. They agree to use condoms. But some clients will never agree to use condoms, they fight with us saying, "we have paid you money so do what I say."
> Moderator: What do the clients want you to do?
> NFSW: They will tell "I have given you money so I will not use condoms; if you want I am ready to give more money for not using condoms."
> [II06, migrant, *Devadasi*]

> NFSW: Clients are the husbands for us. If they are good they ask her why she has come into sex work.
> Moderator: Are there clients like this?
> NFSW: Yes, they do ask. They tell you are so beautiful and you can get married to a good person. But what can we tell them, we feel ashamed. Sometimes we tell them about our condition.
> [FGD01, migrant]

These comments about "good" and "bad" clients were sometimes made in relation to differences between new clients and regular clients. Newer clients were generally described by women as riskier and more problematic than regular clients:

> Moderator: Which type of clients come to you to have sex?
> NFSW: All types of clients come. Some are regular clients and some are occasional clients. Some drink and come and some don't drink. And my lover also comes. There is a difference between old and new clients so we will manage them in different ways. If old clients come, we will behave the same but when new clients come we will be careful and continue as they want.
> Moderator: What difference do you find between old and new clients?
> NFSW: Some of the old clients pay us before having sex and some don't but we will have sex with both who is paying and who is not paying because we know the old clients and believe that they will pay the next time they come. But with new clients we always collect the money first and then proceed with them.
> Moderator: Who creates problems for you, old or new clients?

> NFSW: Old clients don't create any problems, but new clients will. We will be quiet because they have paid us money.
> [II12, local, *Devadasi*]

Despite the consistent narrative around the presence of "bad clients," the participants in this study overwhelmingly claimed to use condoms consistently with clients. Some even said they use condoms with permanent partners, although the consensus was that most do not. There were only a few instances in the data set where women described not using condoms with clients and all of these related to their absolute need to fulfill financial obligations:

> Participant 2 [widow]: If have *nirodh* we will use it or else we will not stop having sex with clients because we have to fill our stomach.
> …
> Participant 3 [*Devadasi*]: Sometimes some clients use condom and some doesn't. We have done the work for *gharwali* even without using condoms because we have borrowed money from her.
> [FGD03, local]

> There are some FSWs who take care of their health and use condoms regularly. And some who are money minded will not use condoms and fall ill soon. If some clients are paying more money for not using condoms, then money minded FSWs will agree to have sex without condoms because they are getting paid more.
> [II01, migrant, *Devadasi*]

The claimed widespread use of condoms by the study population is supported by condoms being widely available. Interviewees described accessing condoms from a variety of sources, some free and others not:

> Moderator: From where do you get *nirodh*?
> NFSW: We get it from company.
> Moderator: Who gets it from company?
> NFSW: Our *gharwali* gets us *nirodh*.
> Moderator: Does she distribute *nirodh* to all sex workers?
> NFSW: Yes, we'll ask her to give to all sex workers.
> Moderator: Do you pay and purchase *nirodh*?
> NFSW: Yes we pay.
> Moderator: How much do you pay?
> NFSW: We pay Rs 25 for 100 *nirodh*.
> Moderator: Apart from *gharwali*, from where else do you get *nirodh*?
> NFSW: I buy it from shops.
> Moderator: How much do you pay from shops?
> NFSW: I pay Rs 5 from shops.
> Moderator: Do you get *nirodh* in Miraj and Sangli easily?
> NFSW: Yes I get *nirodh* in Miraj and Sangli easily.

…
Moderator: You said you will buy *nirodh* from *gharwali* and from shops. Apart from these where else do you get *nirodh*?
NFSW: We buy *nirodh* from clients.
[II04, migrant, *Devadasi*]

Other notable findings related to condom use were that women discussed the use of female condoms as if it is somewhat common and that many participants claim to often use multiple condoms at a time. Such discussion of multiple condom use was related to their common experience with condoms tearing or even being torn on purpose during sex work. These women articulated their belief that using more condoms simultaneously imparts greater protection against HIV:

Moderator: How many condoms do you use at a time?
NFSW: I use three condoms at a time.
Moderator: Why do use three condoms?
NFSW: It is safer to use three condoms. I have seen many people who died because of HIV and I don't want this to happen with me, so I use three condoms while having sex. And in case one condom breaks while having sex we will not come to know about this, so to be on a safer side I use three condoms.
[II05, migrant, *Devadasi*]

Participant 5 [widow]: Sometimes while having sex there are chances of condom breakage. We will not come to know about this. So we will ask the clients to wear more than one condom because it might save our life.
[FGD03, local]

Lovers and permanent partners: a source of potential stability and risk

Given the kind of tenuous, financially-driven family and social relations described earlier, a number of participants described a tension that exists between their motivation to fulfill their obligations to their family and their desire to pursue personal happiness. Many women articulated such personal fulfillment in terms of stable romantic relationships or even marriage:

Some of them will do sex work and take care of their parents and people are there who have chosen their own lives thinking our parents have just given us birth and nothing else so why should we look after them.
[FGD02P5, mobile, widow]

> A girl who respects her parents and who wants to really help them out will surely obey their parents (and practice sex work). And some of them who don't care about anyone will choose their own life and move forward.
> FGD02P1, mobile, *Devadasi*]

> After being dedicated as *Devadasi*, some FSWs will continue doing sex work and some may not. Some will stay with a permanent partner and do not care about their parents.
> [II07, mobile, widow]

During informal fieldwork, some FSWs shared that they are generally not sexually or emotionally satisfied by sex with clients; they are mentally detached from these acts and derive no pleasure from them. In contrast, they derive satisfaction and happiness from their relationships with lovers and permanent partners, as was described in earlier quotations. Since permanent partners often provide financial and emotional support in addition to personal fulfillment, these relationships are highly valued and must be protected. As a result, asking the partner to wear a condom is highly problematic for the women as it is tantamount to treating them like another client. This may challenge the women's sense that the relationship is distinct from their sex work practice and may also be seen as an insult to the lover. Even FSW peer educators informally reported great difficulty in using condoms with their lovers. Thus, negotiating condom use with lovers or permanent partners emerged from the dataset as an important issue for many women:

> Moderator: Do you use condoms with your lover?
> NFSW: No, I don't use condoms with my lover.
> Moderator: What is the reason for not using condoms?
> NFSW: It's because I love him.
> Moderator: Have you tried to convince your lover to use condom?
> NFSW: No, I haven't tried to convince him.
> Moderator: Why?
> NFSW: I use condoms with all clients but not with my lover because I love him.
> [II06, migrant, *Devadasi*]

> Moderator: Do you use condoms with your lover?
> NFSW: No, I don't use condoms with my lover.
> Moderator: Have you spoken with him regarding condoms?
> NFSW: Yes, I have spoken with him but he doesn't like to use condoms while having sex with me.
> Moderator: Do you believe him?

> NFSW: Yes, I believe him.
> [II01, migrant, *Devadasi*]

On the other hand, some women described ease of condom use negotiation with lovers and surprisingly, conducting HIV testing with lovers and permanent partners prior to having sex with them. While this was certainly not described as a universal practice, it is another significant example of women exerting control in their relationships:

> Moderator: Do permanent partners use condoms?
> Speaker 1: No they do not use condoms. We will go to the government hospital and get the blood test done. If they are healthy, then we will have sex with them or else we will not have sex.
> Moderator: As she said, they will do the blood test and once they confirm that the partner is healthy then they will have sex. Do all FSWs do the same with their permanent partner?
> Speaker 2: No, all FSWs will not behave the same. For example, in ten members all of these will not do the blood test. Some will have sex without using condoms. Some FSWs believe their partners so much that they will not use condoms while having sex. But I have done the blood test and proceeded with him.
> Moderator: Okay, there are some people who get the blood test done and some will have sex without using condoms. What do you want to say on this?
> Speaker 3: Yes, what she said is right.
> [FGD03, local]

Clearly, how much trust a woman has in her lover or permanent partner is variable and can have direct effects on their exposure to HIV risk. Unfortunately, some passages revealed how these relationships can be highly tenuous and leave women socially vulnerable:

> I was staying with my lover for four to five years. We had a daughter. Everything was going fine. One day suddenly he left my daughter and me alone. We had loved him so much but he cheated us. My brother will not take care of my daughter and me, so I have moved forward to fulfill my daughter's stomach. If the client pays more money we have to go because the money we gain here will be saved and helpful for my daughter. There was a time when I wanted to suicide but seeing my daughter's face I wanted live for her. I am working hard for her because I want to give her a good life, get her marriage done.
> [FGD03P1, local, widow]

Gharwalis (brothel madams): benevolence and greed in their multiple roles

Gharwalis emerged from the qualitative data as one of the most important figures in the lives of new female sex workers. During the initial period of sex work, they were

described as playing several important roles. In the first place, *gharwalis* function as recruiters to brothels and mediators between an FSW and her family during the initial migration process:

> Moderator: For women to go to Maharashtra, who decides?
> Speaker 1: It is planned by the parents…they will be waiting when the *gharwali* will come. When they come, even if the *gharwali* does not ask, the parents will ask the *gharwali*. They tell there is a girl in our home, take her with you and take care of her.
> …
> Speaker 2: *Gharwalis* in the village, they ask whether a girl does *dhanda* (sex work). Suppose I am a *gharwali* who has come from Bombay and there are two girls doing *dhanda* in the village itself – I ask whether they are ready to come with me. Like that I enquire with their mothers.
> …
> Speaker3: In the family circumstances will be bad, no sir? *Gharwali* asks whether you are in need of money. How much you want? I will give and I will take her. Whatever we want, Rs 10000 or 20000, she gives and takes us.
> Moderator: So it is mostly the *Gharwali* who takes.
> [FGD01, migrant]

In addition to recruiting girls through their parents, *gharwalis* may also recruit women practicing sex work in the village directly:

> In the village, whatever we earn is just to eat and live. Expenditure is more. When *gharwalis* ask, we also feel the same financial pressure and we go to Maharashtra.
> [FGD01, migrant]

After the migration process is complete, *gharwalis* continue to affect the women's lives in multiple important ways. Sometimes they were described as a force for good by being caretakers and mitigators of HIV risk, while at other times they were portrayed as greedy, self-interested power figures that contribute to HIV risk through coercive practices. The more benevolent behaviour of *gharwalis* may be related to the fact that many of them were once FSWs themselves and thus can function as peer educators and protectors in the sex work setting:

> They (*gharwalis*) are also like us, first gone for *dhanda* only. After going there (to destination places) they earn money and take a house. Now they are rich. After we have gone there, now we also have started being *gharwalis* {laughing}. Now I have taken a house there.
> [FGD01, migrant]

> Moderator: From when did you start to use condoms?
> NFSW: From the first day I started to use condoms. I saw other FSWs taking tow covers (condoms) in her hand and going to the room with the client. I asked the *gharwali* about this. She explained to me about condoms, then from the same day I started using condoms.
> [II07, mobile, widow]

> Moderator: In case if they (clients) beat you?
> NFSW: No, they will not because other FSWs will be there and *gharwali* will be present so they will not.
> [II05, migrant, *Devadasi*]

Because of such instances of care or protection provided by *gharwalis*, some women viewed them as motherly figures, while others rejected this view and provided a more self-interested portrait:

> Speaker 1: I had the opinion that *gharwalis* are like mothers.
> Speaker 2: *Gharwalis* are not like mothers. If we earn more then only the *gharwalis* are good to us, then only they like us. Think that you are a *gharwali* and we five are *chokaris* (girls); if I do not earn, if she also does not, and if that girl earns more, you like her very much. For everything, to eat, also you like her. How will you like us? Mothers are not like that… We should not think of *gharwalis* as our mothers. We are the workers working under them. We should not trust them {others are laughing}. Giving trust or keeping trust will not work there. We have gone there to do *dhanda* (sex work), which means we should earn money and come home.
> [FGD01, migrant]

Consistent with this more cautious narrative is the data presented previously of *gharwalis* coercing FSWs to have sex with clients, sometimes without condoms. In one instance, such coercion was related to yet another role played by *gharwalis* – lenders of money:

> Moderator: Does the *gharwali* put a lot of force on FSWs?
> Participant 3 [*Devadasi*]: Yes, she does…Sometimes to look after our parents, husband or children we need some money and so we go for a loan to fulfill their needs. The *gharwali* will ask the amount back by hook or crook. Sometimes clients use condoms and some do not. We have done the work for *gharwali* even without using condoms because we have borrowed money from her.
> [FGD03, local]

One related point to be made here is that owners of *dabas* (roadside restaurants generally on the outskirts of towns and cities that are generally open later than most establishments) may function somewhat like *gharwalis* in that they provide space to FSWs to practice sex work in return for part of the profit. Not many accounts of women working at *dabas* were collected,

however one woman described receiving good treatment and a high degree of autonomy from one *daba* owner:

> Moderator: In Alamati, do you find *gharwalis*?
> NFSW: Yes, there are *gharwalis* in Alamati.
> Moderator: Who takes the responsibility of you people (FSWs) there?
> NFSW: The owner of the *dabas* will take the responsibility. They are good and they guide us to take care of our health. They tell us not to go behind money and spoil the health. They take care like our mother does.
> Moderator: Why do they give more importance to you people?
> NFSW: Because even he gets money. If we are healthy then only we can do sex work and pay him half of the amount. And if he is good towards us only then we go to his *daba* and do sex work, otherwise not. It's all because of money.
> [II07, mobile, widow]

One other actor who also affects the experience of FSWs, primarily in destination settings, is the police. Some women described police raids on brothels as problematic events, occasionally resulting in arrests and fines:

> Moderator: Have you faced any problems within first five months?
> NFSW: No, no problems.
> Moderator: Just think and tell.
> NFSW: In a raid I was arrested by a police officer.
> …
> Moderator: How did you come out (of the police station)?
> NFSW: By giving money.
> Moderator: Do you face the same problem even today?
> NFSW: Yes sir. Daily in the evenings they catch us and demand Rs 1000. And that is why sometimes when they come we go upstairs and sit.
> [II03, migrant, *Devadasi*]

Young sex workers in particular were described as vulnerable to arrest and prolonged stays in jail, as parents often cannot afford to pay the high fines demanded for release. In some instances, the women may receive advance warning of a raid from a *gharwali* or a *sangha* and thereby avoid such problems:

> Moderator: Have you experienced any raid?
> NFSW: Yes, at that time our *gharwali* used to hide us.
> Moderator: How will she come to know about the raid?
> NFSW: She used to tell us that a raid will be happening so we used to hide.
> Moderator: Have you been caught in any of such raids?
> NFSW: No, I haven't been caught any day.
> [II01, migrant, *Devadasi*]

> Moderator: What work does *Sangram* organization do?
> NFSW: They give us condoms and information about everything like police raid. They give all information. They will tell us about the raid, when it will be there. If the raid is to happen tomorrow they will come and tell us today. They will tell in advance that tomorrow there will be a raid, but the raid will happen on that day. Organization people come and tell tomorrow there will be raid and we will sit inside for that day. And the very next day there will be a raid. These police people change the day and do the raid. We don't understand when these people will raid.
> [FGD01, migrant]

While the police raids are generally discussed as detrimental, there may also be some "benevolent" officers:

> No, I haven't faced problems until now. Some policeman used to say to look after our health, take care of our children and give them a bright future. A policeman beat me in the police station. It was for the good cause he beat me. He asked me to work as a maid in houses so that my children should not get into this field.
> [II07, mobile, widow]

> Moderator: Have you been arrested by any policeman?
> NFSW: No, I haven't been arrested but the policemen used tell us to stop doing sex work.
> [II09, mobile, *Devadasi*]

Devadasi Tradition, Family relations and social abandonment

One of the research objectives of this study was to understand how being a *Devadasi* sex worker affects HIV risk during the initial stages of sex work. Beyond learning about the dedication and initiation processes discussed above, we also sought to understand the multitude of ways that being part of the *Devadasi* tradition affects women's lives, for better or worse. In general, women expressed that nothing good has come from *Devadasi* tradition and that it has spoiled their lives:

> Its only disadvantage we have in *Devadasi* tradition (short laugh). We have to look after our parents, brothers and our children; we have earned money to fulfill all their needs. And we have to take care of our health. And on the other side, all clients will not use condoms; we have to convince them for this. Totally from *Devadasi* we have not gained any happiness, only disadvantages.
> [FGD03, local]

> Moderator: What are the advantages and disadvantages that have happened in your life (because of being *Devadasi*)?

> Participant 2 [*Devadasi*]: Only disadvantages we gain from *Devadasi*, such as body pain, health problems, etc. It's only because of money we do sex work.
> [FGD02, mobile]

The following passage also makes clear how in some ways, being a *Devadasi* condemns a woman to certain forms of social isolation and alienation:

> Moderator: According to you, *Devadasi* tradition is good or bad?
> NFSW: It is bad…once you get into this, you will not be able to enjoy the outer world. Actually, being a *Devadasi* is not a life, nothing is left in your life except doing sex work. You will not be able to get married to anyone or enjoy. No feelings will be left with you. If you have a husband, he will take care of us the whole life, but in our life we don't have that feeling. And the more important thing is that if we give birth to any child and after growing they ask us about the father, we don't have anything to tell them. And our children are treated very badly in the society; all other people will treat our children the same as us. Nothing good has happened until now, everything is bad in *Devadasi* tradition.
> [II08, mobile, never married]

As discussed earlier in the results, *Devadasi* girls are often dedicated in order to fulfill the role of missing males in one's family. Despite many participants feeling that there are no advantages to being *Devadasi*, serving as the functional males or primary earners of one's family may convey certain social and material benefits in addition to financial responsibility. Such benefits would not be afforded to widowed women who become FSWs, since their families had already invested in their marriage:

> The family members of *Devadasi* FSWs will treat them like their son because they are earning money for their family and they will give them property. But widows who join sex work will not be given any money or property because the parents feel they had spent a lot at the time of her marriage.
> [II06, migrant, *Devadasi*]

Despite such potential differences in family circumstances, participants tended to emphasize similarities between *Devadasi* and non-*Devadasi* FSWs rather than giving a narrative that *Devadasis* are somehow unique, superior, or faced with more challenges:

> Moderator: What is the difference between a *Devadasi* woman doing sex work and a normal woman (non-*Devadasi*) doing sex work?
> NFSW: No, I don't find any differences.
> [II10, local, widow]

> Moderator: In female sex workers we find many of them come from the *Devadasi* tradition. Can you tell me the advantages and disadvantages?
> NFSW: They find it difficult because doing sex work is a painful job. And nobody will like to do this job.
> [II05, migrant, *Devadasi*]

> Moderator: Among FSWs who do sex work, there are people who are from *Devadasi* tradition and some who are not. What advantages and disadvantages do FSWs who are not from *Devadasi* tradition face?
> NFSW: Even they are girls and will be having a lot of problems. Even they have their mother staying with them. They know that they have to face problems in this field but have to struggle because they have to take care of them (parents).
> [II07, mobile, widow]

Given the near unanimous opinion that the life of *Devadasis* and sex workers more generally is unfavorable at best, it is not surprising that almost all women expressed the desire to end the *Devadasi* tradition and prevent their daughters from going through a life of sex work:

> Participant 5 [widow]: I don't want even my children to get into this work (sex work). My life is already spoiled and I don't want my children to continue this work.
> …
> Moderator: What are the disadvantages in *Devadasi*?
> Participant 1 [*Devadasi*]: In *Devadasi* tradition we have spoiled our life and we don't want this to happen with our children. We want to see them studying and working. Government has to help us in this and help our children. Anyways, our life is already spoiled but we don't want this to happen with anyone in future.
> Participant 4 [widow]: Yes surely, we don't want our children's lives to get spoiled. We want them to lead their life.
> Participant 2 [*Devadasi*]: Yes, even I agree for this. Government has not helped us. Anyhow we have spoiled our life and we don't want this to be repeated with our children. We earn money for the sake of our children and our parents. We will spend some of the money and save some for our children's future.
> [FGD02, mobile]

Practicing sex work in places of origin vs. destination settings

By now, we have already discussed how the migration process presents a number of unique challenges to new female sex workers, as well as the multiple roles of *gharwalis* in destination settings. This section will further consider differences expressed by participants between practicing sex work in places of origin (villages) vs. destination settings (brothels), thereby shedding light on potential differences in HIV risk.

In addition to the previously noted difference in earning between village and brothel settings, some participants commented on differences in familiarity and comfort between the village and destination. For instance, some women felt more shame practicing in villages and were more comfortable with the anonymity in brothels, while others emphasized that unfamiliarity with setting can lead to sex work problems:

> It is good in our village more than in any other places. Because we are born and brought up in our village, we don't find any difficulty here (in village) but we find it difficult to do sex work in other places because it will be a new place for us and the clients will be unknown people.
> [II04, migrant, *Devadasi*]

> Moderator: What is the difference between doing sex work at the place of origin and at destination place?
> Participant 5 [widow]: The difference is we earn more money at destination places and some of the money can be saved whereas in the village we earn less amount and because of expenses, the money earned will be spent. In the village we stay with our parents and brothers so we can't enjoy as we do at destination places. We feel embarrassed in front of our family members. Whereas at destination places we get clients very often and we can earn more money.
> [FGD02, mobile]

Given such differences in social connection to clients, it is not totally surprising that there may be differences in client behavior and condom use negotiation between settings:

> Moderator: How did feel you when you started sex work (first five months)?
> NFSW: I felt very bad. I thought I would have earned money by doing *coolie* (working as a maid) in my village but not this work.
> Moderator: Why did you feel like this?
> NFSW: Because there (destination place, Miraj) the situation will not be in our favour. Clients who come may be good and bad. Some clients even beat us.
> [II05, migrant, *Devadasi*]

> Moderator: Who uses condoms more often?
> NFSW: Here in villages almost all of them (FSWs) use condoms. Because they have seen people die of this disease (HIV/AIDS) and no one wants this to be repeated with them also. So many of the clients agree to use condoms in villages.
> [FGD02, mobile]

Differences in condom use between settings may also be affected by differences in women's attitudes towards their work, earning money, and the future:

> Moderator: What is the difference you find between them (FSWs practicing sex work in home village vs. destination)?

> Participant 1 [widow]: People here are *bindass* (cool, don't take tension).
> Moderator: In what ways are they *bindass*?
> Participant 1 [widow]: Here in the village people will do hard work to earn money. They feel like purchasing gold and lead a healthy life and save some of the money for the future. Because if they have money only then our brothers will see us, otherwise no one will bother about us. People there (destination places) will demand a lot for one year or two years. But they don't know what is going to happen with them later. They will not think about the future, only see the money coming to them. There the FSWs will not use condoms.
> [FGD03, local]

A further factor that may differentially affect HIV risk between settings is the degree to which women collectivize and support one another in overcoming the challenges of sex work. We have described above how peer education efforts and CBO programming function in this capacity in both local and destination settings. While one might imagine that collectivization is easier in brothels and that local FSWs may practice more in isolation, women in the mobile FSW focus group described the collectivization and peer support that takes place in villages. Related to the amount of peer support provided may be differences in levels of competition between settings, thereby affecting attitudes and social relations between the women:

> Moderator: Tell me about the lifestyle of the girls who do sex work in their village?
> Participant 1 [*Devadasi*]: People here in the villages are very simple and undemanding. Even if the client pays only Rs 50 they will entertain them. Women who are facing financial problems will come to us and ask us to help them. And we help them out by teaching about practicing sex work because we don't know any other job other than this. We help them in contacting the clients, *gharwali*, knowing how to entertain the clients, etc.
> Participant 5 [widow]: By this we join together and make a group. When people are joining one by one with us to earn money, we make a group and start working together.
> [FGD02, mobile]

> NFSW: Now the sex work is less. Nowadays Nepali and Bengali women have increased (in brothels).
> Moderator: Is it?
> NFSW: Now our women (from Karnataka) do not have anything. Do you know what our women are doing now? Some have to wander without food. So I have left Puna and started working in Sangli.
> [FGD01, migrant]

Finally, the politico-legal context of sex work may differ between settings, thereby affecting the ease with which clients can visit and women can practice sex work:

> Moderator: Why is sex work happening slowly (only two to three times per day) in the village?
> NFSW: Because police will come very often in the village. They beat boys (clients) and take them away.
> [II11, local, *Devadasi*]

Discussion

A recent review of literature pertaining to entry into sex work in India emphasized the need to better understand the life situations of young women around the time when they first enter sex work (16). Gaining such insights, particularly through the collection of narrative and ethnographic data, was deemed critical to increasing the effectiveness of HIV/STI prevention efforts targeting this population and to developing novel structural interventions. This discussion section will address how the results of the current study shed light on the specific knowledge gaps identified by the literature review.

Influences for entry into (traditional) sex work

The literature review firstly identified the need to better understand the influences for entry into sex work, particularly in the case of traditional sex work, and whether entering into sex work is commonly an independent decision or action. Regarding reasons for women's entry into sex work, this qualitative study corroborates and contextualizes a number of findings derived primarily from quantitative research (12). Consistent with this literature, our study found women invoking multiple reasons for why they enter sex work and that financial problems and chronic poverty were primary forces driving initiation and dedication into sex work (16). Moreover, the narratives we collected provided powerful examples of how these factors overlapped with unfavorable familial and social situations to result in FSWs having strong feelings of obligation towards their parents, siblings and/or

children. In sum, the combination of financial and familial factors was similarly described as driving *Devadasi* dedication, non-*Devadasi* sex work initiation, and decisions made regarding migration.

Related to the question of whether entry into sex work is an independent action, the literature has put forth the idea of the "pleasure pathway," defined as entering sex work for the satisfaction derived from the lifestyle associated with sex work (40). Although ideas related to the pleasure pathway arose in a minority of transcripts, the majority of the narratives collected in this study were not consistent with the pleasure pathway. Rather, the bulk of the qualitative transcripts stressed the structural factors that result in familial obligation and little other option for study participants but to practice sex work. Furthermore, women also expressed the desire for greater access to socioeconomic assistance and microfinance initiatives because of a lack of employment opportunities and alternatives to lives in sex work.

Wanting to avoid portraying sex workers from this region solely through the lens of victimization, poverty, and "backwards" cultural traditions (41), it is important to note that our transcripts did contain material describing the ways in which sex work potentially affords women greater personal freedom and income than other forms of labor. Some women also described the allure of practicing sex work in the big cities of Maharashtra. While not ruling out elements of self-empowerment in such accounts, it is important to note that some comments invoking the pleasure pathway can be interpreted in the context of our study as stigmatizing remarks made by less financially stable sex workers directed at women who no longer practice out of dire financial need:

> I joined sex work because of money problem. Some are there who join sex work only for pleasure and some to lead a luxurious life. Some go because of their children and some go because of their parents. Some want to drink, chew *gutka*,[6] see movies in

[6] *Gutka* or *Gutkha* is a preparation of crushed areca nut, tobacco, catechu, paraffin, slaked lime and sweet or savory flavourings.

> theatres and they need money to fulfill all these requirements and so they join sex work.
> [II09, mobile, *Devadasi*]

Furthermore, ideas related to the pleasure pathway can be used against sex workers by their families:

> If we fall sick, they will look after us. This happens when we have money. Otherwise, they say, "what has she done – went to Bombay, earned money, lived lavishly and spent all the money. What has she done for us? Why do we have to look after her? Let her fall there itself."
> [FGD01, migrant]

These passages demonstrate the need to contextualize comments related to the pleasure pathway in narrative discourse in order to discern in which instances sex work may be a form of social subversion (40) or a last resort for income generation.

The aforementioned literature review also specified the need to know which *specific individuals* are acting as facilitators and decision makers in the sex work entry process. This study found that in general, parents act as primary decision makers in *Devadasi* dedication, initiation, and migration. However, many passages also demonstrated that *Devadasi* women have varying degrees of autonomy over where they practice sex work. More importantly, the qualitative data revealed that decisions regarding entry into sex work for *Devadasi* and non-*Devadasi* sex workers are affected by several other actors, including permanent partners or lovers, and *gharwalis*.

More attention has recently been played to the role of *gharwalis* in the lives of *Devadasi* sex workers (42). Indeed, *gharwalis* emerged from the qualitative data set as one of the most important figures in the lives of new female sex workers; they operate in a variety of different roles through which they can function as protectors, educators, moneylenders, or promoters of HIV risk. Crucially, our study found that *gharwalis* are involved with new and young sex workers and their families prior to sex work initiation, during recruitment and migration. Since *gharwalis* could uniquely connect new FSWs to health resources prior to

initiation of sex work, this study supports the call of Gurav et al. (42) to include *gharwalis* as key targets for future HIV prevention efforts. The qualitative data collected in this study also suggests that further research needs to examine the role played by *daba* owners in the lives of non-home-based sex workers. *Daba* owners were found operate in some instances like *gharwalis* – renting space to women to practice sex work in return for part of the profit. However, several quotations from our participants indicated that these actors might afford FSWs more autonomy while exerting less coercion than *gharwalis*.

Insight into the early stages of a sex worker's career

A second major knowledge gap identified by McClarty et al. (16) pertained to understanding what life is like during the initial stages of sex work as well as the specific risks faced by new and young FSWs during the transition period. Aside from validating the intuitive risks that new and young sex workers tend to have an initial lack of health related knowledge, lack of access to health resources, and significant difficulty managing clients and negotiating condom use, our study participants eloquently described a number of other unique risks faced during their first two years of sex work.

The "first night"

For new *Devadasi* women, the first sexual encounter emerged as a very high-risk event for a number of reasons. Beyond being young and physically vulnerable, the majority of new *Devadasis* either lack knowledge of condoms or are not empowered to demand condom use during this unique encounter. Moreover, there does not seem to be an expectation on the part of the new FSW's family that the client will use a condom, as he is paying a lot for this first night and they do not want to give the impression that the girl is sexually experienced. This finding underscores the need to continue community HIV awareness campaigns and to specifically engage community leaders who collect *Devadasi*

dedication fines in northern Karnataka, so that families insisting on dedicating their daughters can be identified and educated to insist on condom use during this initial sexual encounter.

Multiple condom use

Numerous *Devadasi* and non-*Devadasi* women shared the belief that using more than one condom simultaneously conveys greater protection against HIV. They generally stated that this practice is done to protect against one condom tearing, which they often will not be aware of. This finding raises concern that condom education has not been conducted properly amongst this population. Future HIV education efforts need to address this belief, which may actually contribute to greater HIV risk. The fact that clients intentionally tear condoms and that FSWs will often not be aware of this also indicates the need to increase access to HIV prevention methods that women have greater control over.

Time-dependent earning potential

Throughout the transcripts, women powerfully articulated how the nature of their family and other social relations (with lovers, *gharwalis* etc.) is dependent on earning and providing money:

> The expenses made at the time of converting a girl to Devadasi tradition has to be returned back. The girl has to do sex work to earn money or else she will not be allowed to stay with her parents.
> [FGD02, mobile, Devadasi]

While this phenomenon was associated with feelings of social isolation, participants also described an increased financial and familial pressure to earn during their initial few years in sex work. This time, while they are young and most desirable, is considered to be their prime earning potential. As a result of the social and financial pressures to quickly become self-sufficient, new FSWs may feel the need to engage in more and riskier sexual encounters to

earn more money. This pressure is compounded for *Devadasi* women by the need to repay the loan taken by their parents to finance their dedication fine and "coming-out party."

Lovers and permanent partners

The tenuous nature of the bulk of an FSW's social relations may also reinforce a desire, expressed by a range of study participants, for a permanent partner or lover. According to our qualitative data, having a permanent partner was associated with happiness and stability for *Devadasi* women and entertaining fewer clients. However, lack of condom use with these men, who commonly have sex with other women, exposes them to HIV risk. These men may also spread HIV through their sexual networks, thereby making them a potential target for HIV prevention strategies. Interestingly, a number of our study participants described conducting HIV testing and ease of condom use negotiation with lovers and permanent partners. Further qualitative research could be conducted to understand the strategies used by such women in order to achieve similar outcomes more broadly.

Setting-dependent risks

While certain risks described above (i.e. first night) are fairly unique to *Devadasi* women, new *Devadasi* sex workers did not emerge from the data as inherently more vulnerable than non-*Devadasis.* Rather, it seemed that the specific risks faced by new FSWs from northern Karnataka depend more on the setting in which they work and on their mobility or migration pattern.

Migration

In general, migration was found to be an experience associated with a fair amount of fear, as new sex workers (mostly Devadasis) tend to migrate in a vulnerable state materially, socially, and physically; they are typically young, poor, and unaccustomed to living without

their family. One unexpected finding was that the initial difficulty managing clients and negotiating condom can be compounded in destination settings by a language barrier, which also complicates social relations more generally.

While many of the accounts collected painted practicing in the village setting in a more hospitable light than destinations, there are arguments present throughout the dataset for why risk factors and protective factors, such as condom use, may be greater in either origin or destination settings. On one hand, FSWs may have closer personal connections to clients and people affected by HIV/AIDS in the villages, thereby promoting HIV awareness and decreasing the likelihood of coercive practices among clients. However, local FSWs may also be subject to greater amounts of shame and embarrassment compared to FSWs in brothel settings, where sex work is normalized and condom use collectively empowered and enforced. Further research is needed to better elucidate the types and limitations of freedoms brothels afford women in comparison to home-based sex work and how differential stigma in these contexts impacts HIV risk.

New vs. regular clients

The coercive practices of clients and *gharwalis* described in the results section could greatly contribute to HIV risk in the initial stages of sex work. Of note, newer clients were generally described by women as riskier and more problematic than regular clients. In the initial stages of sex work, all clients will be new clients, thereby reinforcing the difficulties negotiating condom use encountered more generally. This finding suggests that having more regular clients may be a protective factor. Further research could investigate whether local, mobile, or migrant FSWs have more regular clienteles and whether this is actually correlated with decreased HIV risk.

Future development of novel structural interventions for new and young FSWs (who have not yet entered sex work)

Overall, our qualitative data supports the nuanced view that female sex workers from northern Karnataka are enmeshed in a complex web of social relations and power structures that influence and sometimes constrain their behaviour and decision-making. Despite these limitations, our study population commonly invoked a narrative of control illustrating that they enact some amount of self-efficacy in making life choices and decisions about practicing sex work. Moreover, most participants, even those who may have been coerced into practicing sex work, strive to maintain or achieve a sense of control, confidence, self-efficacy and independence in their lives.

Based on our results, this process of achieving control occurs over time, following a sort of *learning curve*. Unfortunately, the lessons of the learning curve may be learned too late, after HIV transmission has already occurred. As a result, the authors recommend that future HIV prevention initiatives should take the sex work learning curve into account in order to speed up the processes through which women gain essential protective skills and knowledge. This temporal approach would entail targeting key actors and critical time points to decrease future *Devadasi* dedication and avoid high-risk sexual encounters during the initial period of sex work. For instance, our research revealed that more experienced sex workers take a lot of responsibility for educating new sex workers on themselves, or at least take responsibility for bringing the newcomers to the *sanghas* where they can receive information and services. Interventions could be designed to make this process more routinized to ensure this happens prior to or soon after sex work initiation.

Devadasi dedication is another area where innovative structural interventions are badly needed. Numerous passages made clear the significant heterogeneity in how and to what degree *Devadasi* dedication is regulated in various villages in northern Karnataka. Unfortunately, this study demonstrates that the laws and fines instituted by government and

village councils to discourage *Devadasi* dedication have failed to achieve constructive aims. Instead of protecting women from the dangers of sex work, the current fine structures functionally increase the financial pressures on *Devadasi* women, thereby potentially increasing HIV risk. Although it is difficult to make specific policy recommendations, it is clear that policy makers, public health officials, and community leaders need to modify the current policy landscape around traditional sex work to functionally protect future and current *Devadasi* women and provide complementary and alternative livelihoods.

Limitations

Issues of language competency and translation inherent to this kind of cross-cultural research emerged as primary limitations to this study. Although the decision to have members of the local research team conduct the fieldwork was based on rapport and appropriateness, this approach prevented the primary investigators from being able to immediately understand interview content and ask follow-up questions in line with the research objectives. Also, not having an interpreter prevented the author from independently conducting informal discussions with many of the FSWs encountered during the fieldwork.

Difficulties of translation were not only related to the problem of understanding the local language; there were also barriers of interpretation. Obtaining information from informants occurred after numerous rounds of translation that took place during the design and implementation of the research tools. This resulted in the potential for misinterpretation and loss or alteration of intended meanings. The same limitations applied to the transcription and analysis of the data generated.

Other limitations and challenges encountered included:

Sampling

- Deciding on a sampling strategy that was both feasible given time restraints and capable of achieving saturation of information. Given logistical constraints, we were

unable to conduct preliminary analysis to determine whether the sample was adequate to achieve theoretical saturation.

Data collection

- Inconsistency in demographic information – Some of the sex workers were uncertain of their age or provided inconsistent information about their age. Due to ethical considerations, it was also not possible to include participants under the age of 18, who are perhaps most vulnerable. Given that the author was told anecdotally that brothels often limit access of NGOs and other service providers to FSWs under the age of 18 in order to hide their illegality, more research is needed specifically about this vulnerable population.
- Inexperience of local researchers with qualitative data collection techniques; Possible reluctance of participants to share their personal stories, both in groups and interview settings, as well as possible desirability bias of responses, since all participants were reached through peers, community researchers, and NGO members they are familiar with.

Analysis

- Due to time constraints, the iterative nature of data collection and analysis was limited to preliminary analysis of the FGDs and revision of the in-depth interview guide. It was also not possible to utilize participant validation strategies[7] due to logistical difficulties locating and meeting with the same study participants, as well as high demands on their and the research staff's time.

[7] Opinions vary as to the utility of participant validation strategies (26) (24) and in some instances, such as dealing with sensitive subject matter, the process can be exploitative or distressing in nature (26).

- Researcher bias: researchers' preconceptions, motivations, and ways of seeing shape the qualitative research process. This was dealt with by reflexive processes, such as keeping an audit trail, and including other researchers in the coding of transcripts.
- Like in most qualitative health research, it was occasionally difficult to distinguish between normative statements (what people say should be the case), narrative reconstructions (biographically specific reinterpretation of what has happened in the past), and actual practices (what really happens) (43).

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Appendices

Appendix 1: In-depth Interview Guide

The primary focus of these interviews is to elicit information about the life experience of new female sex workers and to learn about their HIV risk and vulnerabilities. Since the focus is on those sex workers who are early in their profession (first 1-2 years), we will seek to understand the circumstances that are driving them to take up sex work as a profession and also to gain an in-depth understanding of the structural and environmental factors that influence their behaviour during this critical period of time.

The following interview guides (one for each group: migrant, mobile and local) were been created to elicit participants' feelings, opinions, and experiences on a range of relevant topics. Under each subject heading below, we have included open-ended questions that should be asked to gather general information on that theme. Clarifications on the intent of the questions and suggested probes for the investigator have been included in italics.

Please note that these tools are flexible and are intended to guide the investigator in collecting relevant data, rather than constrain them to a particular set of questions that need to be asked in a given order. Interviewers should encourage natural flow of conversation and use follow-up questions and probes to obtain a complete understanding of each topic area. You are free to use your experience and creativity to discover new and unanticipated information, but please ensure that all topic areas in the guide have been covered by the interview's conclusion.

Access to Health Resources

1. What kinds of places do you access when you are having health problems?
2. Has anyone ever mistreated you at these places because of the business that you practice?
3. What is your experience of accessing HIV-related services? Please tell me your likes and dislikes.
4. Are you aware of any sex worker's collectives? Do you take part in any of their programs or activities? Explain why or why not.

a. What do you expect or want from this kind of collective?

5. Are you part of any women's groups? Explain.

Probe for details of their involvement.

Initiation and Life Stage

6. Tell me the story of your life leading up to the time you started practicing sex work?
7. Tell me your experience in the very beginning, that is the first 5 months, you were into sex work?
8. Tell me the challenges that you had in your life and work during this time (first 5 months practicing sex work).
9. Do you still have those challenges and problems now?

Probe: If no, how did those problems resolve?

If you still have those problems, then how are you dealing with them?

10. Do you think any of these challenges are unique to or most difficult for women who are new to sex work?

Note: we want to know if the women have any ideas of why women new to sex work may be at higher risk for contracting HIV or STIs.

11. Can you describe how devadasis are initiated into sex work? Who are the key decision makers in this process?

12. Tell me your experience of the first time you had sexual intercourse.

Probe for condom use and how the encounter was arranged.

13. What are the advantages and disadvantages of being initiated into sex work through the devadasi tradition *(as opposed to being a normal commercial sex worker)*?

Environment

14. What are all the places that you practice sex work?

Probes: Do you NOT practice this work only in your own village?

If no, what are the places that you go to do this work?

15. What are the difficulties and problems that you face in doing this business in the places that you do business?

Note: Try to avoid redundancy from question 3. The focus here is on problems in the sex work setting.

16. Where/how do you get clients in these places?

17. Where do you have sex with clients in those places?

18. Please recall and describe your **first** (first place) experience as a migrant sex worker?

Probe for the story of what happened leading up to the first migration, who were the key decision makers, what was initial experience with brothel madam.

19. Who are those people who have control over your life and work and how do they control you?

20. Are you forced to entertain (take) clients? If yes, by whom and under what circumstances?

Sex Partners

21. What are the different types of sexual partners that you have at the destination place? Please describe.

22. What are the different types of sexual partners that you have at the source (your village)? Please describe.

23. In what ways are clients different at the source and at the destination?

Probes: age, profession, reasons for coming, behavior (sexual desires, condom use, control, violence, alcohol use etc.)

24. In what way are repeat clients different from new/occasional clients and other sex partners?

25. Please talk about the difficult clients? How do you handle them?

26. Do you have any problems in any of your other relationships? Explain.

27. Do you do the same sexual practice in each sexual relationship? Explain why or why not.

28. Which relationships are easy to negotiate condoms? Which ones are difficult to negotiate condoms? Why?

Probe: condom use with lovers and whether they are aware if their lovers are having additional sexual partners

Condoms and Attitudes

29. When did you first hear about condoms?

Probe: How did you hear about them? What did you think about condoms at that time?

30. After how many MONTHS into sex work, did you start using condoms without any hesitation?
31. At the beginning, when you first started using condoms, did you have any difficulties (with breakage, condom slipping off, discomfort, etc.)?
a. Do you still have any of these problems?
b. Do you ever use more than one condom at the same time? Why or why not?
32. How do clients react when you try to get them to wear condoms?
Probe: do clients try to cut the condoms, offer more money to not use them
33. Do other people, such as brothel madams or other sex workers, influence whether you use a condom with clients?
34. Please describe your and your clients' use of alcohol and how this impacts condom usage.
35. Where do you get condoms from?
Probes: at the destination? at the source? do they pay? what kind of condom? female condoms?
a. Is it easy to get condoms at all the places you practice this business?
36. What is your preferred source (condoms from Pharmacy, Local NGOs, Clients)? Why do you prefer these ones?

Violence

37. Please talk about the experience of violence that you faced as a sex worker in the beginning (first 5-6 months after starting sex work)?
38. Recently, has anyone mistreated you because of the business you are doing (family members, relatives, boyfriends, clients, lodge owners, other sex workers, brothel madams, police or rowdies)? If so, explain how you were mistreated.
a. If so, how did this make you feel and what did you do about it?

Appendix 2: Sociodemographic information collection form

Archival #:	Site:
Date:	Interview Category:
Start Time:	Interviewer:
End Time:	Community Researcher(s):

Demographic Information:

Home village: Taluka: District:

Current Age: Age at start of sex work:

Highest Level of Education Completed (please circle):

1. Primary
2. Higher primary
3. High school
4. PUC/junior college
5. Above PUC
6. Not went to school
7. No response

Marital status (please circle):

1. Currently married
2. Separated
3. Divorced
4. Widowed
5. Never married
6. Devadasi
7. No response

Average monthly income from sex work:

Total family income per month:

Total number of family members: Number of children:

Number of other FSWs in Family:

Number of earning members in the family:

Appendix 3: Debriefing Form for In-depth Interviews with New FSWs

Archival #:	Site:
Date:	Interviewer:

1. Please provide a brief overview of this interview, including a description of the main themes that emerged and any important observations (especially those that would not be evident from reading a transcript of the discussion):

2. Did any information contradict what you have learned so far in Payana Project?

3. What problems did you encounter (e.g. logistical, questions that were confusing, etc.) and what questions were asked by the participant?

4. What issues would you like to follow up on in future FGDs or interviews?

5. How comfortable was the respondent throughout the interview? Specify terms and questions that were not so comfortable for the respondent?

Appendix 4: Codebook (final version)

The development of this codebook has been an iterative process. An initial codebook was developed following translation and transcription of the three focus group discussions (FGDs) in India. Major coding categories were initially identified based on the question clusters from the interview and focus group guides. The themes were refined and codes and sub-codes were developed based on multiple readings of the three FGDs. A few codes were created during initial coding of the three FGD transcripts when passages didn't fit well into available categories. Each code was defined to ensure reliability of its use and codes were organized into 'code sets' (presented here) that correspond to the major coding categories. Codes were subsequently added, modified or combined during close reading of three in-depth interviews. Some codes appear in more than one code set. The '>' symbol demarcates a subcode to the right of the symbol.

Sex Work (in general): most of these codes apply to sex work in general as opposed to comments and information specific to the Devadasi tradition

- Clients: general information about clients
    - Clients>behavior: info about clients' behavior
        - Clients>behavior>alcohol: info about clients' use of alcohol
        - Clients>behavior>violence: info about client-related violence encountered by FSWs
            - Note: this code overlaps with 'sex work>problems>violence'
    - Clients>nature: comments about the nature of clients
        - Clients>nature>Good v Bad: women often discussed clients in terms of being 'good' or 'bad'
    - Clients>New v Regular: comments about the differences between new clients and regular clients
    - Clients>selection: comments about how FSWs choose which clients they will entertain
    - Clients>source: comments about how FSWs get clients or where they come from
- Financial issues: comments and information about financial concerns and pressures faced by FSWs
    - Financial issues>age-related earning: women discuss how their earning potential declines with age
    - Financial issues>debt: comments about debt
    - Financial issues>payment: info about payment received by FSWs for sex
    - Financial issues>payment>tips: info about tips women get from practicing sex work

- Sex work: general comments about practicing sex work
    - Sex work>decisions: info about the decisions FSWs make regarding sex work

    - Sex work>initiation: info about the start of sex work
        - Sex work>initiation>first encounter: info about the first sexual encounter experienced by FSW
        - Sex work>initiation>initiation learning curve: women discuss how they initially lack key knowledge about practicing safe sex work and acquire this knowledge with time and experience
        - Sex work>initiation>problems: information about problems experienced specifically during the period of initiating sex work

    - Sex work>locations: info about where FSWs practice sex work
        - Sex work>locations>migrants: info about where migrant FSWs practice sex work

    - Sex work>logistics: info about the logistics of practicing sex work, such as their daily schedules

    - Sex work>problems: info about problems faced by FSWs while practicing sex work
        - Sex work>problems>police: information about contact with police, raids, bribes to police
        - Sex work>problems>violence: information about violence encountered by FSWs through their work (vs. domestic abuse from family for instance)

    - Sex work>reasons: reasons why women are practicing sex work
        - Sex work>reasons>devadasi: reasons for practicing sex work in the devadasi tradition. Is same as reasons for practicing sex work but when devadasi is mentioned in particular.

    - Sex work>practices: info about sexual practices

<u>Devadasi Tradition</u>

- Devadasi Tradition: Information about the Devadasi tradition in general.
    - Devadasi>advantages: advantages of being a devadasi woman or of being part of the devadasi tradition

    - Devadasi>alternatives: comments about alternative life paths to devadasi tradition, ways out, choices to leave.

    - Devadasi>current: comments about the current state of the devadasi tradition, including legal issues, incentive structures to leave

    - Devadasi>dedication: information about devadasi dedication ceremony

        - Devadasi>dedication>after: information about what happens after the devadasi dedication ceremony. Probably overlaps with code 'sex work>initiation'.
        - Devadasi>dedication>decisions: info about who makes decisions about the dedication process, who has influence.
        - Devadasi>dedication>reasons: reasons why parents dedicate their daughters into the devadasi tradition
            - Note: use 'Sex work>reasons>devadasi' code for reasons for practicing sex work specifically in the devadasi tradition.

    - Devadasi>disadvantages: disadvantages of being a devadasi woman or of being part of the devadasi tradition

    - Devadasi>economics: comments that specifically address the economic context of the devadasi tradition, being a devadasi FSW, related financial difficulties
        - Devadasi>economics>loans: info about loans encountered by FSWs or their family that relate to the devadasi tradition, such as those taken to pay for dedication ceremony, first night ceremony

    - Devadasi>future: comments and thoughts on continuation of the devadasi tradition, future dedication of children into devadasi tradition

    - Devadasi>marriage: comments about the "marriage" of a devadasi girl to a man.
        - Note: These passages are confusing and Kaveri contests that such marriages actually take place.
        - Marriage is often discussed in tension with an FSW's duty to provide for her family.

<u>Migration</u>

- Migrant v Non-migrant: Information about the differences between migrant and non-migrant FSWs

- Migration: general info about migrating to bigger cities for sex work
    - migration>decisions: info about the decisions and decision makers regarding the process of migration, such as who decides whether the women migrates and to where

    - migration>preparation: info about what happens prior to migration, including preparations, arrangements made by the women and their families

    - migration>problems: info about the difficulties faced by women during the migration process

    - Migration>reasons: reasons why women migrate to practice sex work OR NOT
        - Migration>reasons>'allure of the city': comments about the perceived benefits of doing sex work in the bigger cities

  - migration>return: info about women returning from destination place to place of origin

  - migration>support: info about support systems in destination place

- Origin v Destination: differences between practicing sex work in origin places vs destination places
  - Origin v Destination>clients: differences in clients in place of origin vs destination

  - Origin v Destination>economics: differences in earnings, costs at place of origin vs destination

  - Origin v Destination>FSWs: differences in FSWs or for life of FSWs between practicing sex work in origin vs destination

Condom Use

- Condom use: General comments about using condoms.
  - Condom use>alcohol: comments about alcohol use in relation to condom use

  - Condom use>barriers: barriers to condom use, reasons why women don't use them

  - Condom use>client: comments about the use of condoms with clients

  - Condom use>client attitude: comments that demonstrate clients' attitude towards condom use

  - Condom use>female condom: info about use of female condoms

  - Condom use>learning curve: comments about how women progress from a state of not knowing about condoms or how to use them

  - Condom use>lover: comments about the use of condoms with lovers/permanent partners/husbands

  - Condom use>multiple: info on simultaneous use of more than one condom

  - Condom use>reasons: reasons women give for using condoms, including their thoughts and attitudes about using condoms.

  - Condom use>strategy: FSW's condom use strategy, plan, desires.

  - Condom use>tear: info about condoms tearing, ripping either on purpose or by accident.

        - Note: This topic generally appears in relation to the use of multiple condoms as safeguard against tears.

    - Condom use>village: info about the use of condoms specifically in villages

- Negotiation: Comments on negotiating condom use with sexual partners.
    - Negotiation>clients: Comments on negotiating condom use with clients.

    - Negotiation>lovers: Comments on negotiating condom use with lovers/permanent partners/husbands.

- Supply: info about where and how FSWs get condoms.
    - Supply>purchase: info specifically about the purchase of condoms, payment, cost etc.

<u>Health (Health Services, HIV, and STIs)</u>

- HIV: General comments about HIV/AIDS
    - HIV>attitudes: attitudes of the women towards HIV/AIDS and PLHIV
        - HIV>attitudes>stigma: comments that specifically connote the stigma around HIV/AIDS

    - HIV>education: general NON-PEER EDUCATION related comments about HIV education, learning about HIV/AIDS, provisions of info, need for info/education

    - HIV>prevention: comments about women's strategies for preventing HIV infection

    - HIV>reasons: reasons/explanations women give for why FSWs may get infected

    - HIV>risk: comments about being at risk of contracting HIV or indicating that they are at risk

    - HIV>testing: comments about getting tested for HIV infection

- Health beliefs: comments revealing women's health beliefs, their perceived causes of infection with STIs/HIV

- Health services: general comments and info about the health services accessed by FSWs, such as at government services, private clinics, clinics in collectives offices, hospitals.
    - Health services>access: comments that address access to health services

    - Health services>doctors: info about doctors in particular

    - Health services>government: info specifically about government health services

    - Health services>HIV: comments specifically about HIV-related health services

    - Health services>hospitals: info specifically about health services provided at hospitals

- Health seeking: info about women's health seeking behaviors

- Peer education: information related to peer education services, such as those provided by CBOs, sanghas, collectives
    - Peer education>confidence: how peer education gives women confidence

    - Peer education>HIV: info about peer education specifically around HIV

- STIs: info about STIs, including local idioms such as 'heat' etc.

<u>Relationships and other actors, organizations</u>

- CBOs: info about sex workers collectives/'sanghas', the process of collectivization
    - CBOs>expectations: info about FSW expectations, desires of CBOs/sanghas/collectives

- Family relations: comments about the women's relations, thoughts, feelings about their families in general, including kids, parents, siblings. All the subcodes on family relations also discuss issues of money and savings the women make for their family, families expectations of them.
    - Family relations>changing: info about how family relation dynamics, including those with husbands, lovers, kids, brother etc are changing in recent times

    - Family relations>kids: comments about the women's relations, feelings, thoughts about their children

    - Family relations>parents: comments about the women's relations, feelings, thoughts about their parents

    - Family relations>siblings: comments about the women's relations, feelings, thoughts about their siblings

- Family v Personal: there seems to be a tension between women who do sex work in order to serve their families and those who choose to marry and pursue a life of their own.

- Gharwali: general comments about gharwalis (brothel madams)
    - Gharwali>migration: info about gharwali's role in FSW migration

    - Gharwali>payment: info about FSW payments made to gharwali.
        - Note: This code likely overlaps with other codes

- Government: any general mention of government or government officials
- Husbands: comments about FSWs relationships with their husbands
- Lovers: comments about FSWs relationships with their lovers/permanent partners

Theme codes

- Caste: comments about caste
- Coercion: comments about FSWs being coerced to practice sex work, to not use condoms etc.
    - Coercion>clients: comments about FSWs being coerced by clients
    - Coercion>gharwali: comments about FSWs being coerced by gharwalis (brothel madams)
    - Coercion>family: comments about FSWs being coerced by their parents or other family members
- Control: comments about feelings of having control and independence or lack thereof
- Employment: comments about employment
- Fear: comments about feelings of fear
- Greed: comments invoking notions of greed
- Happiness: comments about personal happiness, pleasure, enjoyment
- Loneliness: comments about feelings of loneliness, emptiness, abandonment
- Luxury: comments invoking notions of luxury
- Respect: comments invoking notions of respect, prestige
- Security: comments invoking notions of security (personal, financial)
- Shame: comments invoking notions of shame or embarrassment