
Commentary

Mobile phone solicitations and HIV risk among sex workers in India

Swati Shourie¹, Edmond Fernandes²

¹ Research Fellow, University of Brisbane, Australia

² CEO, Center for Health and Development, Mangalore, India & Member – Health Task Force, District Disaster Management Authority, Government of Karnataka.

Corresponding Author:

Email: edmondvirgo@gmail.com

Received: 1-01-2017

Accepted: 10-07-2017

Mobile phones have become indispensable today. Unlike the landline, mobile phones allow enormous flexibility in communicating with friends, family and business clients. So in effect enable communication anytime and anywhere. In the world of commerce, mobile phones enable easy access with customers which can increase business productivity. It has impacted the way small and micro entrepreneurs run their businesses in urban and rural India, similar to other developing countries;^{1,2} this includes sex work.³⁻⁵

Initiation into sex work is often the consequence of exploitation.⁶ The reason can be one or more factors including poverty, family or personal debt, lack of family support etc.⁷ Although the form of exploitation changes following initiation, the exploitation lingers on and is commonly reported by sex workers.⁶⁻⁸ Exploitation, including sexual and physical violence is common. This could be because of power inequalities, exclusion from society and that sex workers are often resigned to accept exploitation.^{3,4 & 7} In addition, India is a paternalistic society and there is an accepted gender inequality, which further compounds the situation. Exploitation is costly, financially disadvantageous and involves the risk of contracting HIV.⁸ Nearly half of the 1140 female sex workers aged 18 to 25 years in Andhra Pradesh reported sexual and physical violence, including being threatened with a weapon, physically beaten and/or being abandoned in a lonely place. The perpetrators could be the client, the middle person (i.e. the pimp) or the police.⁹

Mobile phones provide an alternate method to solicit clients directly and discretely (i.e. allow anonymity) away from the community, police and the middle person.¹⁰⁻¹² Mobile phones allow the sex worker to talk with the clients which may help build trust, comradery and give the workers a perception of being in control.¹¹⁻¹² It also means less financial losses to the middle men, who charge a fee for getting a client.^{3, 11, & 12} This may be the reason for mobile phone solicitations becoming common in India. Depending upon location, surveys have found that nearly 45% to 80% of sex workers use mobile phone solicitation.⁵ However, it is unclear whether this form of solicitation increases their risk

contracting HIV as they are more difficult to identify and involve in educational campaigns and preventative programs. A study among 3000 female sex workers from four states of Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra, found that those using phone solicitations although better educated faced more difficulty in negotiating condom use putting them at a higher risk of getting HIV.³ In the state of Kerala sex workers using mobile phone solicitations were more likely to report inconsistent condom use as compared to those using other methods of solicitation.⁵ Among female sex workers in Andhra Pradesh found 41% reported non-use of condom.⁹ The researchers hypothesized that the high-risk behavior may be related to the sex work setting and not the way of soliciting clients.

A study in Karnataka found that girls working in beauty parlors who were involved in sex work used phone solicitations but when interviewed claimed to have control over condom-use. These parlor based sex workers reported that their clients are educated with well-paid occupations and often they preferred not to indulge in high risk behavior of not using a condom.¹¹ This gives an impression that literacy level may be related to greater awareness about sexually transmitted diseases. Yet a study among 450 undergraduate students aged 18 – 20 years found that 27% of the participants used condoms sometimes and 10% never used condoms.¹³ This shows that more educational campaigns are needed to reach the general population. Although much has been done, it still remains a challenge as India is multi-lingual, multi-ethnic, 2nd most populous country in the world. It also seems sex workers like the parlor girls who have another source of income were in more power equal interactions as compared to those who did not have another source of income. The second source of income probably empowers them to take more assertive steps in protecting themselves. This trend is reflected among established sex workers. In comparison to a new sex worker, established sex workers are more likely to turn down an offer (of more money for unprotected sex) and have more control over the number of clients.⁶ It shows that less the power inequalities

between the sex worker and client, the better their negotiating skills regarding condom use.

Regardless of the sex worker-related factors like financial instability (for engaging in high risk behaviors); the client plays an important role in the decision regarding condom use. Condom use, although key to HIV prevention relies on cooperation. This is a huge drawback in commercial sex. Obtaining 100% cooperation in an environment where there are power inequalities seems irrational and studies regularly report these irregularities with regard to condom use regardless of form of solicitations. Power inequalities have to be addressed to prevent the spread of HIV among sex workers and the population in general.^{3, 5, 6, 8-10}

Targeting sex workers using mobile phone solicitations is challenging for health service providers.^{3, 4 & 10} On an average it can take nearly a year to get in touch with a new female sex worker and this time lag has serious health implications as the risk of acquiring HIV is highest in the first year (of starting sex work).¹⁰ Since the Supreme Court of India ruling in 2013 which criminalizes homosexuality¹⁴; it is highly possible this time lag could be even longer in case of the male or transgender sex workers using mobile phone solicitations.

There has been a significant reduction in the burden of HIV in India, with 57% overall reduction in the annual new HIV infections among the adult population.¹⁵ However, it seems regardless of the mode of solicitation or place of sex work, the complex area of power inequalities still needs to be addressed to control the spread of HIV in India. The first step would be having laws that empower.

References

1. Chew HE, Ilavarasan VP, Levy MR. When there's a will, there might be a way: the economic impact of mobile phones and entrepreneurial motivation on female-owned microenterprises. Proceedings of the Sixth International Conference on Information and Communication Technologies and Development: Full papers. 2015;1(ICTD 13) ACM, New York. Pages 196-204.
2. Donner J. Microentrepreneurs and Mobiles: An exploration of the uses of mobile phones by small business owners in Rwanda. Information Technologies and International Development. 2004;2(1):1-21.
3. Mahapatra B, Saggurti N, Halli SS, HIV risk behaviors among female sex workers using cell phone for client solicitation in India. J AIDS Clin Res S1 2012;014.
4. Suryawanshi D, Bhatnagar T, Deshpande S, Zhou W, Singh P, Collumbien M. Diversity among clients of female sex workers in India: Comparing risk profiles and intervention impact by site of solicitation. Implications for the vulnerability of less visible female sex workers. PLoS ONE. 2013;8(9):e73470.
5. Vazirani NS, Davidson S, Elsa H, Aylur K, Canjeevaram VK, Maria EL. Mobile phones and sex work in South India: the emerging role of mobile phones in condom use by female sex workers in two Indian states. Cult Health Sex. 2015;17(2):252-65.
6. Blankenship KM, West BS, Kershaw TS, Biradavolou MR. Power, community mobilization, and condom use practices among female sex workers in Andhra Pradesh, India. AIDS 2008;22(suppl 5):S109-S116.
7. Saggurti N, Sabarwal S, Verma RK, Halli SS, Jain AK. Journal of AIDS and HIV Research. 2011;3(9):172-179.
8. Beattie TSH, Mohan HL, Bhattacharjee P, Chandrashekar S, Isac S, Wheeler T, et al. Community mobilization and empowerment of female sex workers in Karnataka State, South India: Associations with HIV and sexually transmitted infection risk. Am J Public Health. 2014;104:1516-1525.
9. George A, Sabarwal S, Martin P. Violence in contract work among female sex workers in Andhra Pradesh, India. The Journal of Infectious Diseases. 2011; 204:S1235-40.
10. Isac S, Ramesh BM, Rajaram S, Washington R, Bradley JE, Reza-Paul S, et al. Changes in HIV and syphilis prevalence among female sex workers from three serial cross-sectional surveys in Karnataka state, South India. BMJ Open 2015;5:e007106.
11. Buzdugan R, Halli SS, Hiremath JM, Jayanna K, Raghavendra T, Moses S, et al. The female sex work industry in a district of India in the context of HIV Prevention. AIDS Research and Treatment Volume 2012. Article ID 371482, 10 pages.
12. Lakshane R. (2014) Hooked on: sex work and mobile phones. GenderIT.org <https://www.apc.org/en/blog/hooked-sex-work-and-mobile-phones>
13. Dave VR, Makwana NR, Yadav BS, Yadav S. A study on high-risk premarital sexual behavior of college going male students in Jamnagar city of Gujarat, India. International J High Risk Behav Addict 2013;2(3):112-116.
14. Mahapatra D. Supreme Court makes homosexuality a crime again. Times of India. Dec 12, 2013, 01.40 AM IST. Accessed on 3rd January 2015. <http://timesofindia.indiatimes.com/india/Supreme-Court-makes-homosexuality-a-crime-again/articleshow/27230690.cms>
15. NACO Annual Report 2012-13. Department of AIDS Control, Ministry of Health & Family Welfare, Government of India. Accessed 5th January 2015. http://www.naco.gov.in/upload/Publication/Annual%20Report/Annual%20report%202012-13_English.pdf

Source of Support: Nil. Conflict of Interest: None.

Cite this article as: Shourie S, Fernandes E. Mobile phone solicitations and HIV risk among sex workers in India. MRIMS J Health Sciences 2017;5(4):157-158.