

**Original Article****A STUDY OF KNOWLEDGE AND PRACTICES AMONG COMMERCIAL SEX WORKERS REGISTERED UNDER JYOTISANGH STD CLINIC, AHMEDABAD**Talsania NJ<sup>1</sup>, Shah Rakesh<sup>2</sup>, Shah Venu<sup>3</sup>, Murugan V<sup>3</sup>

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**ABSTRACT**

**Background:** There is growing evidence about the importance of commercial sex workers (CSWs) and their clients as bridging groups for the HIV epidemic. In India, the role of CSWs is key to the future trajectory of the epidemic. **Objective:** To determine the level of knowledge and practices regarding STI/HIV among CSWs. **Study design:** A Cross-sectional, community based study. **Methodology:** The study was conducted in December 2005 among CSWs registered under Jyotisangh. **Results:** The mean age was 27.5 years and majorities (64.5%) of CSWs were below 35 years. Knowledge on some aspects of the diseases was quite low in the study group. A higher proportion of CSWs (73.5%) don't know the relationship between HIV and STI. About 66.3% of CSWs know one or more male STI symptoms. 58% of CSWs were aware of place for HIV testing. Majority (86.3%) of CSWs are attending counseling programme at Jyotisangh. 97.5% CSWs were aware about condom still 50.5% CSWs were regularly using condom with regular partner while nearly one fourth (26.5%) never used condom. And also 97% of CSWs never practiced anal intercourse with condom and only 25% reported either rarely/ sometimes non-penetrative sexual practice. **Conclusion:** High-risk behavior was established in the study sample. Safe sex and use of condom have to be energetically promoted among commercial sex workers.

**Key words:** STI, HIV, Commercial sex workers (CSWs), Knowledge and Practice

**INTRODUCTION**

India is at present facing an emergence of STI and HIV. The majority of new cases of HIV/AIDS victims are women having sex with one partner or husband. In many of these situations, their partners and or husbands are having sex with prostitutes infected with HIV virus<sup>1</sup>. Sexually transmitted infections are a group of communicable diseases that are predominantly transmitted by sexual contact<sup>2</sup>. India has a population of 1.1 billion people – one sixth of the world's population- and is home to perhaps one of every eight people with HIV infection. While approximately 5% of Indian population suffers from one or other form of STIs other than HIV infection every year<sup>3</sup>.

High risk heterosexual contact, especially among CSWs, is a major mode of transmission. Formulation of relevant and effective prevention programmes for HIV/AIDS requires better understanding of the knowledge, attitude, behaviors and practices in the high-risk groups<sup>4</sup>. The reported number of HIV positive commercial sex workers in India is 71,000<sup>5</sup>.

So, this study was conducted by clinical experts and Community Medicine Department of B. J. Medical College, Ahmedabad, to assess the level of knowledge and practices regarding STI/ HIV among CSWs.

**MATERIAL AND METHODS**

A Cross-sectional, community based study was conducted among the female sex workers registered under NGO, Jyotisangh STD clinic of Ahmedabad established by Gujarat State Aids Control Society. The female sex workers (mostly migrant population) in this area are staying in different ethnic clusters based on place of origin. The survey was conducted as a team work from 5<sup>th</sup> of December to 25<sup>th</sup> of December 2005. It was decided to study all (almost 3000) CSWs registered under Jyotisangh. We could study only 1930 CSWs for all aspect based on socio-demographic and behavioral factors during that period.

**Procedure in Health Check up: -**

Voluntary informed consent was obtained from all the participants; personal privacy and confidentiality were respected at all the levels.

A standard proforma predesigned, pretested and prepared earlier by Department for International Development (DFID), New Delhi was used to see the level of knowledge and practice regarding HIV/AIDS among CSWs. Open-ended questions related to their socio-demographic profile, daily life-style, knowledge and sexual practices were covered.

Data obtained through proforma were entered into computer with Epi Info package to establish co-relation.

**RESULTS**

The mean age of study group was  $27.5 \pm 9$  years. Table 1 shows that STI prevalence was higher

among married (32.3%), literate (35.7%) and in the > 25 year age group (34.8%), but difference was not statically significant ( $p > 0.05$ ).

**Table: 1** Prevalence of STI among study population as per their Socio- Demographic parameters

Factor	No. of SWs (n=1930)	Prevalence of STI No. (%)	Odds ratio	95% CI	$\chi^2$	p value
<b>Age</b>						
>25	1455	506(34.8)	1.25	0.99 - 1.54	3.83	>0.05
< 25	475	142(30)				
<b>Marital Status</b>						
Married	1540	498(32.3)	1.07	0.84 - 1.35	0.35	>0.05
Un married	390	120(30.8)				
<b>Literacy</b>						
Illiterate	667	238(35.7)	1.28	0.91 - 1.35	6.37	< 0.02
Literate	1263	380(30)				

Table 2 showed that 73.5% CSWs were not aware about the relationship between STI and HIV. Around two third of the CSWs (66.4%) were aware about the different STIs symptoms i.e. burning micturation (39.2%), wart (17.3) and ulcer on penis (5.0) etc. 58% of CSWs know the place for HIV testing. Out of 1930 CSWs, 35 (1.8%) reported that they had never seen condom.

**Table: 2** Knowledge of study subjects about STI/ HIV (n= 1930)

Questions	Frequency (%)
<b>Co-relation between STI and HIV/AIDS (n= 1930)</b>	
Yes	414(21.5)
No	1413(73.5)
No response	103(6.0)
<b>Male STIs symptoms (n= 1930)</b>	
Burning micturation	602(39.2)
Wart at penis	265(17.3)
Ulcer etc at penis	76(5.0)
Dysparunia	41(2.7)
Lymphadenopathy	36(2.3)
None	465(30.3)
No response	50(3.3)
<b>Place for HIV testing (n= 1930)</b>	
Yes	1112(58.0)
No	746(38.9)
No response	58(3.0)
<b>Have you heard about male condom? (n= 1930)</b>	
Yes	1872(97.5)
No	35(1.8)
No response	23(1.7)

71.3% of CSWs told that they were getting condoms from Jyotisangh followed by drug shop (10.5%) (Table 3). In 9.4% of cases customers/ clients themselves brought condom with them. Only 2.1% were not using condom. 50.5% of

workers used the condom with regular partners followed by 49.5% either never/ rarely/ sometimes used condom. Among CSWs, 83.9% reported that they never practiced oral sex and 10.6% sometimes while 2.6% said that they regularly practice oral sex without condom. 97% of CSWs replied that they have never practiced anal intercourse with condom, while only 14 (0.7%) always practiced anal sex with condom. 72.2% CSWs never practiced non-penetrative sex and one fourth (25%) reported either rarely/ sometimes practices non-penetrative sex, while others were reluctant to answers.

About 86.3% of CSWs were regularly attending the counseling programme arranged by Jyotisangh.

**DISCUSSION**

STI/HIV infection occurs worldwide. There is a strong association between HIV infection and STDs especially those causing genital ulcer such as chancroid, syphilis and genital herpes<sup>6</sup>. Among women, the profession of commercial sex confers an extra high risk of acquisition of HIV<sup>7</sup>.

This study showed that although about 86.3% of CSWs are attending counseling programme at Jyotisangh frequently, still nearly three fourth of CSWs don't know the relationship between HIV and STI and awareness regarding place of HIV testing was also 58% among CSWs. Only half of CSWs were using the condom with regular partners, while 511 (26.5%) never used condom with regular partner.

The important point was that about 97% CSWs were aware about condom still only half of them were using condom regularly and most of them (97.1%) never practiced anal intercourse with condom. Similarly in a study regarding knowledge about health and health seeking behavior of CSWs of Kolkata, only 15.2% of them were using

condoms and most of them having multiple partners<sup>8</sup>.

**Table: 3 Preventive measures adopted by study subjects (N=1930)**

Acquisition of condom	No of Condom (%)
Jyotisingh	1369(70.9)
Drug shop	201(10.4)
Customer	181(9.4)
Other shop	34(1.8)
Hotel	20(1.0)
Govt. Hospital	14(0.7)
Don't use	41(2.1)
No response	70(3.7)
<b>Condom use with regular partner</b>	
Regular	972(50.4)
Never	511(26.5)
Non regular partner	47(2.5)
Rarely	76(3.5)
Sometimes	123(6.5)
No response	201(10.5)
<b>Practice of oral sex</b>	
Never	1608(83.9)
Sometimes	203(10.6)
Regular	50(2.6)
Rarely	38(2.0)
No response	31(0.9)
<b>Anal sex with condom</b>	
Never	1864(97.1)
Sometimes	26(1.4)
Always	14(0.7)
No response	11(0.6)
Rarely	3(0.2)
<b>Non-penetrative sex</b>	
Never	1387(72.2)
Rarely	275(14.3)
Regular	38(1.9)
Sometimes	192(10.0)
No response	38(1.5)
<b>Counseling programme at Jyotisingh</b>	
Yes	1656(86.3)
No	223(11.6)
No response	51(2.0)

In a study conducted by Schwandt M et al<sup>9</sup>, 40.8% of CSWs reported ever practicing anal intercourse and 36.1% reported ever practicing dry sex. About one third of CSWs reported never or rarely using condoms during anal intercourse and about 20% never or rarely using condoms during dry sex, while in our study 97.3% CSWs reported never or rarely using condoms during anal intercourse

In another study conducted among CSWs of Vietnam<sup>10</sup>, consistent condom use in the past month was higher with irregular clients (62%) less with regular clients (41%) and lowest with "love

mates" (5%). Reasons for not using condoms were partner objections, condom unavailability and belief of partner's disease-free status.

## RECOMMENDATION

Still there were lacunae in knowledge and practice for many areas. The aim of sex education, education about HIV/AIDS prevention is to help the person understand, accept and cope with the diagnosis and prevent serious reactions such as suicide or long term intractable depression<sup>11</sup>. This education should be continuous and ongoing process. CSWs should visit counseling center frequently and regularly so there will be complete change in knowledge and practice regarding STI/HIV. They should be imparted education about STI/HIV transmission and prevention. The present study highlights the need of behavior change communication and condom promotion, as it is very effective mean for prevention of STIs.

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