

# Changing Face of Sex Work in Times of AIDS Epidemic: A Study of Male Clients of Female Sex Workers in India

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## Extended Abstract

**In India, the most talked about centre of metropolitan sex work is Mumbai, the city of co-existing contrasts between acute poverty and extreme opulence.**

**Brothel based sex was the most common form of sex work until recently. But of late, this city has witnessed a prolific growth of other sexual avenues. In 2001, Family Health International (FHI) had identified altogether 2095 commercial sex access points in Mumbai and in Navi Mumbai as part of their study "mapping of commercial sex access points and relevant service outlets in Maharashtra". Of all the public sex access points, they could gather information only about brothels, lodges, hotels, bars, and street sites but they have also mentioned about residences, massage parlours and other sites of indirect sex trade which could not be accessed in that study. In Mumbai (including Navi Mumbai) brothels are located in 25 geographical areas.**

**Interestingly, sex work in the city is no longer confined to the dingy alleys of demarcated red light areas. Sex industry in Mumbai has undergone a various changes in recent time. Now a days beer bars are increasingly doubling up as popular sex access points in Mumbai.**

**It has been noted by many ranging from interventionists to researchers in the field of sexuality that there is a shift in the client demand for brothel based sex workers to non-brothel based sex workers in Mumbai. This shift can be due to a host of reasons.**

**The diversity in the sex trade is not only observed in terms of new places for sex rather the entry of housewives, students even from well-off families are noticed nowadays. They operate through some 'invisible' agencies controlling call girl rackets. Of late, the use of Internet, mobile phone, newspapers and magazines have helped them a lot in spreading their network in no time.**

**So in a nutshell, sex work in Mumbai is undergoing a steady change. Now it seems that it has not only increased in degree but also changed itself to make the best use of technology. Anyone having the affordability and desire can acquire these services quite easily without much effort. It does not need the peers to show the alleys of sexual risk anymore. The provocation is all around - be it in everyday media or the hotels one checks in. This sex industry is now full with a variety of 'agents' and 'actors' with tailor-made services.**

**What really accounts for such a change? Is it that sexual drive of males has gone up lately? Prejudice about sex work has gone down mainly due to the influence of Westernisation? Is it that affordability of certain section of young population has risen? If these are true in one hand, on the other, is it also true that craving for a fast life or rampant consumerism of some of the women and girls have robbed themselves off their moral values and they have joined this profession for easy money in no time? Or the poverty at the native places have become too stiff that has pushed them into such profession? There may be a plethora of reasons for such a change, which can only be answered after sufficient amount of study.**

However, these changes have a strong bearing on many issues ranging from trafficking of women and children to the vulnerability of sex workers as well as their clients towards sexual ill health especially in the wake of HIV/AIDS epidemic in Mumbai. It also involves a variety of stakeholders or 'actors' who are relevant to the whole 'scenario' (setting). Female sex workers can be seen as only one of many actors in a scenario, which include brothel owners, administrators and other staff, clients, police, health service providers, family members of sex workers, policy makers, and so forth.

Sex work has long been connected with the spread of sexually transmitted infections. This work, by definition, involves transactions between vendors and purchasers. The latter "clients", "johns", "punters", "tricks" vastly outnumber the women and men who provide sex for sale. Even so, much of the popular discussion of the health implications of sex work has always, rather myopically, concentrated on the role of the seller as the possible source of infection while largely ignoring the role of those who pay for sex (McKeganey & Barnard, 1996). Not only in terms of infection, rather the whole gamut of psychosocial and behavioural research on sex work is heavily concentrated on sex workers.

Clients remain in most of the cases outside the purview of research as well as intervention. Mainly because of their high mobility, invisibility and shakiness to divulge information, they are highly inaccessible to researchers. Even when they are accessible, there is hardly any scientific way by which they can be sampled so that uncontested conclusions can be drawn from the study. The sheer absence of studies based on clients not only in India but also in other countries quite corroborate this fact. However, to understand the changing faces of sex work, no one can fancy to live aside the role, expectation and demand of clients. It is because of them that the sex work persists. They play an instrumental role into it along with others such as sex workers in different set ups, pimps, 'gharwalis', brothel owners, bar owners, police, politicians and of course the members of various organizations involved in running intervention programmes in the community.

The present study being an exploratory in nature thus makes an effort to capture the changing faces of sex work in Mumbai primarily from client's perspective. The clientele differ in their background characteristics and profiles depending on the types of sexual services they seek from sex workers. In-depth studies of clients help understand their roles or lack of it in the ongoing changes in sex work in Mumbai.

## **Data and Methodology**

The present study being exploratory in nature relies much on the primary survey data. However, the mapping of sex access points in Mumbai by FHI and ladies bars by DKT have formed the basis of site selection for this study. In addition, it has also made use of other secondary sources of information such as records of Bruhan-Mumbai Municipal Corporation (BMC), Excise Departments issuing license for different types of bars, Baseline Surveys of different organizations running targeted intervention programme in bars and brothels in Mumbai. The primary survey has encompassed both qualitative as well as quantitative techniques of data collection. These apart, anecdotal references such as media reports and Internet sites have been used.

In qualitative phase, a series of interviews have been conducted among different organizational key informants and local key informants who have certain stakes and involvements into the whole process. Heads of the targeted intervention programmes, peer

**animators/educators, experienced researchers in the relevant field, police personnel among others have figured in the list of organizational key informants. Whereas pimps, 'gharwalis' or brothel keepers, bar owners or waiters, managers of different 'agencies' supplying girls, among others have been interviewed as local key informants.**

**In the quantitative survey, a semi-structured questionnaire have been canvassed among male clients of female sex workers, which include brothel based sex workers, street based sex workers, 'floaters', bar girls, call girls, 'parlour girls' etc.**

**A total of 203 actual male clients have been interviewed from three places namely, red-light areas, bars and male STD clinics. The sample was conveniently selected and only upon receiving informed consent the interview was taken. Almost equal proportion of clients was selected from these three places. In the last phase, 25 in-depth interviews have been carried out with the clients and 15 with FSWs for gaining comprehensive insights from clients as well as sex worker's perspectives.**

### **Data Analysis**

**Data analysis is being carried out right now using some standard software packages. For qualitative textual data in the form of in-depth interviews and narratives, Atlas/TI 4.1 and for quantitative data SPSS 11 are being used.**

### **Expected Outcome**

**Preliminary analysis of the data hints that the overall demand for paid sex has not come down in the city although the scare of AIDS have definitely marked an impact in the psyche of the clients but brothel-based sex is much more aligned with the fear of AIDS while the other venues of sex seems to alleviate that 'caution' in the minds of the clients. The frequent police raids and harassment have also acted as one of the main reasons for the downturn in the brothel based sex in the city. However, a large part of these changes are a coping strategy both on the part of sex trade and also clients in response to HIV/AIDS related stigma and discrimination and changing perception of risk.**