Sexual behaviour of Male Sex Workers & Masseurs With their Male/Female clients/partners In Mumbai, Maharashtra

October, 2003

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Abstract

The objective of this Study is primarily explorative and also to describe the risk behaviour of Male Sex Workers & Masseurs who predominantly serve male clients as well as service the Female clients/partners in Mumbai, Maharashtra to discuss implications for the spread of the disease, and to discuss appropriate interventions for these group.

Data is drawn from a qualitative study of the workers and clients consisting of interviews with many open-ended questions. The results of the study are viewed in terms of the AIDS Risk Reduction Model (ARRM). The data indicates that there is a very active community of male sex workers and male/female clients in Mumbai that is at risk of AIDS infection. Multiple sexual partners, unprotected anal/ vaginal intercourse, and frequent experience with STDs put both workers and clients at risk.

Workers had knowledge of AIDS and STDs, although clients were mainly well informed.

Both groups were characterized by frequent mobility. High levels of alcohol and non intravenous substance abuse use by clients and in course by the male sex workers were reported before and during sexual encounters and may be a factor in increasing risky sexual behaviours. Interventions for these groups should include improving knowledge of workers, improving STD treatment for both clients and workers, skills training for sex workers, and increasing availability of good quality condoms and lubricants.

Introduction

Samabhavana Society has been working with this population of Male Sex Workers and Masseurs community for more then three years without a single funding support and all its work is being done by voluntary staff from the community of Male Sex Workers and Masseurs.

Samabhavana networked with Male Sex Workers & Masseurs Community in other cities of India- namely; Hyderabad, Bangalore, Thiruvanthapuram, Panjim, Delhi and Lucknow-Varanasi and actively seeking other such networks in other parts of the country.

In course of our work, we have tried to do advocacy with various funding agencies in Mumbai to start a specific targeted intervention with this population, but we still do not have a single project from SACS or USAID supported agencies.

Background

As per NACO- The point estimate for year 2001 comes to 3.31 million HIV infections in adult population (15-49 yrs. age group) in the country. With a 20% variability to take care of unaccounted numbers of IDUs, MSM & other age groups. In the same report on MSM they have found More than half the respondents (57%) said that they usually traveled to other places, of whom, 17% said that they traveled at least fortnightly. About 20% respondents said that they traveled out at least once in a month. These trips were usually meant for socializing with relatives / friends (47%) or for pleasure (27%).Around two-thirds (67%) of the respondents

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reported ever having consumed alcohol. Nearly 16% consumed alcohol everyday followed by 35% who consumed at least once in a week and 28% who consumed once a fortnight. More than one-third (36%) regularly took alcoholic drinks prior to sex Intoxicating drug use was reported by nearly 13% of the total respondents. Of them, about three-fourths (76%) reportedly tried Ganja, 42% mentioned Bhang, 8% had tried Afim and consumption of brown sugar and heroin was reported by 4% each. A significant proportion (12%) had also reported injecting addictive drugs without a medical prescription within the last 12 months.

It is clear that the HIV pandemic in India, as specifically extrapolated from the Mumbai metro scenario has a subterranean homosexual-MSM content and that; this unprotected male-to-male transmission is not being addressed there is much concern about the role that Male Sex Workers may play in the spread of HIV infection, boys/men/male involved in prostitution run the risk of rape, violence, drug abuse, STI infections including HIV/AIDS, and even death. They frequently face harassment and are stigmatised by their communities, particularly if it becomes known that they are having sex with men. Due to the fact that homosexuality is considered socially, culturally and even legally unacceptable in India, those boys/men/males that have sex with men – whether they are homosexual or not – are commonly branded as such. In India, the subject of homosexuality is strictly a taboo for religious reasons. Those involved in homosexual activity are often described as "perverts" and homosexual acts usually violate "public nuisance" laws.

There are no programmes that address boy prostitution in India. Most interventions in India that do address this target group are related to HIV/AIDS awareness work. As there is no targeted intervention till date and the MSM interventions are not equipped nor sufficient to address this population which is very migratory in nature and is based on power structure of financial negotiations as well as reeling from double stigma of sex work and homosexuality.

Samabhavana realizes that there are still many challenges in addressing Male prostitution. Over the past several years, Governments, IGOs and NGOs in South Asia have been aware of the problem of CSEC in their countries. Funds have been allocated to implement projects that combat CSEC, especially trafficking in women and children - on which a number of research studies have been conducted. However, there is limited interest in collecting data or conducting research on Male prostitution, trafficking, migration and funding agencies & policy makers often overlook the problem.

Additional situational analyses and research on Male prostitution should be conducted, so that appropriate interventions can be designed.

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It's important to know that how the sex industry at large does affects the involvement of Male Sex Workers and Masseurs?

The sex industry in Mumbai and for that matter India has undergone major transformations during last 4-5 years. The growing phenomena of massage parlor in metro cities, the effect of globalization, worldwide Internet easy access, and increasing areas for nightlife change a lot of Mumbai youth's regular life and Mumbai is also known as the Mecca of Migrants – A place were dreams are realized and with added glamour of Bollywood. Prostitution is illegal in India, but the law enforcement agency and administration's crackdown has typically focused on the visible side of the sex industry and street prostitution i.e. Female, leaving the higher-status and discreet escort services and massage parlors relatively untouched. And surprisingly administrations has information about Male sex work in Mumbai but they do not crack down, as there is no reporting of underage male child being trafficked or coerced, Now the Male Sex workers and Masseurs have turned to using the Internet, pagers and cellular phones to conduct their business, the industry is growing even as fewer Male Sex Workers work the streets, partly because of the anonymity, relative safety and low cost of using the internet/mobile to set up appointments and transactions.

Our estimation shows that in Mumbai city there are more then 100 massage parlor and escort service center and majority of this provide male to male service. The major English newspapers display the advertisements of massage parlors and hotel/home service in Mumbai as well as any other Metro cities. In working days the number of displayed advertise are 8-10, where in weekdays it becomes 15.

Although the literature on female commercial sex workers has become fairly large, there are no published reports on male workers who serve male/female clients in India.

But some data was available from studies conducted in the United States (Fowler 1989; Pleak and Meyer-Bahlberg 1990; Estep, Waldorf and Marotta 1991;Waldorf and Lauderback 1991), in Europe (Tirelli et al. 1988; van de Hoek et al. 1988; Robinson, and we did rely on Men who sell sex by Peter Aggelton

This study project is an effort of Samabhavana Society Financial support for this study was provided by Samabhavana Society. Our teams of volunteers have assisted with this study

MALE SEX WORKERS & MASSEURS AND MALE/FEMALE CLIENTS/PARTNERS IN MUMBAI

The most comprehensive study conducted in Mumbai was by us in 2001, had found that in a sample of 120 MSW and Masseurs that male sex workers & masseurs had considerable knowledge about AIDS and this knowledge was not related to their behaviour.

They often tried to avoid anal intercourse and have now started frequently using condoms if they did engage in anal intercourse, particularly with clients. Condom usage was neglible (at that point - 2001) & (only 6% used and none knew the correct condom wearing steps) for anal intercourse, although many encounters involved only other sexual activities. Workers felt safest in sex with male customers (regulars), less safe with other male partners (non-regulars), and least safe with female partners (casual).

Most male workers reported that they engaged in anal intercourse without protection. The low incidence of condom usage was a result of negative prior experiences with condoms including breakage, small size, customer refusal, or discomfort. Inappropriate lubricants including body lotion, oil, and saliva were also used.

These men had a large number of sexual contacts and more than half engaged in insertive and receptive anal sex without condoms. In the two-week period before the Interview, all workers had sex with male clients, 13 per cent with non-client males (regulars), and 50 per cent with male client only 2 had sex with female clients but about 75% had sex with casual female partners (girlfriends/prostitutes). Thus, the sexual activities of these young men put them at risk for HIV infection and the potential for spread of the disease was high because they have sex with both male and female clients and non-clients.

Study context

At the end of 2002, the currently documented number of AIDS cases and HIV-infected persons in Mumbai was comparatively low but still alarming as per the population of this island city: NACO & Ministry of Health has conducted Sentinel Surveillance with particular emphasis on high-risk groups including female commercial sex workers but in this group there is no sample of Male Sex Workers as well as Masseur community a group identified as the highest occupational group by a study conducted by IMRB for FHI In Mumbai (study yet to be disseminated-Samabhavana was a part of this study) given the estimated large numbers of sex workers in India and their suspected high rates of sexually transmitted diseases (STDs), there is a great potential for the spread of HIV infection.

Mumbai is an island with a population of nearly ten million people. Mumbai is also the business capital and the most well connected transit point, thus, considerable circular migration to and

from Mumbai occurs, consisting of business people and tourists from India and beyond, as well as the poor searching for employment.

The commercial sex industry exists throughout India and can be found throughout the Mumbai city.

Commercial sex is illegal throughout India and the law is periodically enforced in Mumbai by means of token arrests and deportations of female sex workers to their homes. Male sex workers have generally not been subjected to such arrests. Although the number of female commercial sex workers in Mumbai is estimated to be over 50,000 the total number of male sex workers in Mumbai is estimated to be more then 2000 as we have been able to outreach over a period of last three years around 2000.

Transgenders known traditionally as Hijras are visible and in Indian cities. The Hijras traditionally have been known to go house-to-house seeking alms or dancing at weddings and childbirth as well as sex workers. However, apart from this group, homosexuality is generally not accepted in India and persons who reveal that they are homosexual are subjected to discrimination. They tend to be ridiculed in films and in the media and in general only successful persons in the arts and entertainment industry are open about their sexual orientation and that to not many.

The objective of this paper is to use data from a qualitative study to describe the AIDS knowledge and risk behaviours of male sex workers who serve predominantly male clients in Mumbai; to discuss implications for the spread of the disease, and to discuss appropriate interventions for these groups. The results of the study will be viewed through the framework of the AIDS Risk Reduction Model (ARRM).

This study focuses on the population in Mumbai who serve local, national and international clients. Several methods are used to meet customers: approaching potential customers in particular areas along the beach, soliciting partners on the street, going to residences, and meeting in bars, nightclubs and discotheques. Sexual relations may take place along the beach in the bushes, in the clients' hotel rooms, cars or in the rooms of cheap hotels rented specifically for the purpose. Liaisons are often brief, but many become extended with the client providing room and board, clothes, jewellery, presents, and travel rather than direct payment to the worker. In general, this Male commercial sex is not organized

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The AIDS Risk Reduction Model (ARRM)

The ARRM is a three-stage model that characterizes people's efforts to change sexual behaviours related to HIV transmission (Catania, Kegeles and Coates 1990). The model aims to understand why people fail to advance over the change process, in order to gear intervention programs to a specific stage of the change process. The first stage of the model involves labeling behaviours as high risk for contracting HIV and implies knowledge of the disease and belief that the individual is at risk of the disease. The second stage is a decision-making stage: individuals must evaluate the costs and benefits of changing their behaviour and whether they are capable of carrying out that change (self-efficacy).

The third stage is the enactment stage. This stage often includes information-seeking behaviour and requires communication skills with sexual partners. The model is used here to identify the stage of behaviour change of sex workers and clients in order to discuss appropriate interventions for both groups.

Methodology

Subjects

A convenient sample of 9 male sex workers, 11 masseurs and 14 of their clients total (12 male clients, 1 female client and 1 casual female partner) 34 persons were recruited at places where MSWs & Masseurs work including beaches, street areas, bars, or discotheques. Clients were

recruited for the study either by meeting them at MSWs' work sites or at bars or discotheques where MSWs recruit clients.

Survey instruments
The interview consisted mainly of open-ended questions and assessed: (1) knowledge of AIDS, sexually transmitted diseases, and condoms, (2) socioeconomic and demographic characteristics and migration history, (3) sexual experience, including experience as a sex worker and experience with intimates and other unpaid partners, (4) attitudes and beliefs about condoms, and (5) other health practices. This open-ended free-response format has been recommended to identify beliefs and social norms most likely to influence behaviour (Ajzen and Fishbein 1980) and to identify constructs most likely to influence behaviour (Higgins and King 1981; Bargh 1984). Separate questionnaires with similar content were used for the workers and clients and in the presence of the respondents.

Interviewing procedure
The interviewing staff consisted of two persons. The interviewers were Mr.D.K.Shenoy and Mr.Jasmir Thakur - President and Secretary who have developed excellent rapport with the Male Sex-Worker & Masseur community over the last three years. Recruitment of MSW/Masseurs and their clients/partners was done by the volunteer outreach workers. They conducted all of the interviews with MSWs & Masseurs in Hindi/English language.

Mr. Shenoy & Mr.Jasmir Thakur conducted the MSW/Client interviews in English/Hindi.

Interviewer are trained persons having experience of conducting such interviews and well versed in the knowledge of AIDS and STDs. Interviews were held at locations throughout the various cruising areas including homes, beach areas, hotels, and restaurants. Locations were chosen to insure privacy during the interview. Respondents were willing to answer the sensitive questions in the interview and no significant problems were reported by the interviewers.

Basic Profile:
The target group comprises of five-sub segment of Male Sex Workers- such as
1) Malishwalas (Masseurs) / Bazaar boys
2) Beauty Parlour boys/ Gym boys (masseurs/physical trainers/sauna or steam room attendants)
3) Gigolos- Strip tease dancers/ College boys for extra pocket money
4) Modeling-film industry extras- strugglers
5) Male Sex Workers- network controlled by pimps.

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We distinguish several kinds of prostitution by looking at the places where the boys meet their customers:

1 Street prostitution (Masseurs)
2 Bar prostitution (pubs) (Gigolos)
3 Club- and brothel prostitution (Strip tease dancers/ Massage parlors)
4 Escort services through Newspaper, Internet and Mobile networks (Male Sex workers/ College boys/Film & Modeling extras)
5 Prostitution in the common gay-scene (from all above sub groups)

The boys have sex with their customers at different places:

Areas of Operation:

Street Male Sex Work
- Main station
- Car
- Hotel

- Toilets
- Streets
- Sex-cinemas
- Cruising-area

Bar Male Sex Work

- Bars, esp. for prostitution

Clubs- and Brothel Male Sex Work

- Clubs
- Brothels

Escort services

- News paper/Phone calls /Internet- visiting
- Flats/apartments
- Hotels

Male Sex Work working in the common gay-scene

- Gay-clubs and bars
- Gym-sauna
- Swimming pools
- Gay parties

Male sex workers
Demographic characteristics:
The age of the male sex workers & masseurs interviewed ranged between 18 and 25 years with a mean age of 22.7 years (Table 1). One is married. All had attended school with the majority having attended at least some primary level education school and an additional 20 per cent having at least some university or academy-level education. The workers were likely to come from middle-class economic backgrounds.

A majority had fathers who were farmers or petty traders, and equal number had fathers who were either in private service/clerical jobs or in business. About 80 per cent of the workers were not originally from Mumbai and most had arrived within the last four years. The majority of the boys were Hindu

The workers were characterized by considerable mobility within India as well as outside the state as per their nature they are the biggest occupational group.

Table 1
Demographic and socioeconomic characteristics of male sex workers (N=20)

Age: *Range 18–25*	
18–21	6
22–24	7
25–30	0
living arrangements:	
Alone	3
Other sex worker	8
Family	8
Other	1
Education:	
Primary High school	11
High school (SSC Pass)	6
College/University/academy	3

Father's occupation:	
Farmer/petty traders	9
Pvt Jobs/clerical jobs	9
Business	2

In Mumbai, 80 per cent reported living with other male sex workers & masseurs, Workers reported spending much of their free time with friends who were also MSWs. three respondents reported having other regular employment in addition to sex work. Of these, nearly half worked as Masseurs in clubs, private homes, Gymnasiums and unisex beauty salons. Eighty-five per cent reported that they would like an alternative occupation such as work in the office or car driver- tourist; self owned business, modeling, or anything as long as it is a 'good' type of work.

AIDS knowledge

During the interview, workers were asked a series of open-ended questions about AIDS. All of the workers had heard about AIDS and the major sources of information were organizations like Samabhavana, its volunteers (85%), train and Bus posters (75%), Advertisements like Balbir Pasha Ko AIDS Hoga kya (100%) and clients (40%). When asked who can get AIDS, the most common responses were Prostitutes (85%), male sex workers serving female clients (50%). Other answers were that one can get AIDS by having sexual intercourse with Men (unsafe Anal Sex) and with frequent partners. Only 15 per cent specifically mentioned anal sex.

Eighty per cent reported that it was possible to tell by looking if a person had AIDS, indicating that they do not recognize asymptomatic infection. Reports of symptoms of AIDS infections were often inaccurate. The majority of sex workers (55%) felt that they were at risk of getting AIDS. The most common reason given for risk was 'frequent sex with clients' (73%). For those who did not consider themselves at risk, the most common reasons were that they use condoms (75%) or that their body was healthy (50%). The most frequent responses were that they use condoms (60%) and that they select 'clean' clients (40%).

Sexually transmitted diseases

Sex workers were asked a similar series of open-ended questions concerning their knowledge of and perceived risk of other sexually transmitted diseases (STDs). All respondents reported knowing of at least one STD with 90 per cent mentioning syphilis, 90 per cent AIDS, and only 35 per cent mentioning gonorrhoea. Most reported either other Samabhavana- volunteers or clients (80%) and Doctors (80%) as their sources of information concerning STDs while 35 per cent reported clients. Although most sex workers had heard of one or more STDs, their knowledge of the specific symptoms associated with these diseases and the mechanisms of transmission were often inaccurate.

Nearly all (95%) considered their clients to be at risk of getting an STD, while 70 per cent reported female sex workers. A wide variety of responses were mentioned when asked how those at risk can get an STD. Thirty per cent reported frequent sexual partners to place one at risk, 20 per cent mentioned not taking care of oneself, 15 per cent not selecting *"Proper"* partners, and 15 per cent having sex with female sex workers without condoms. Anal intercourse (15%) or oral sex (15%) was also mentioned as placing one at risk of an STD. The majority of respondents (95%) considered themselves to be at risk of catching an STD, with 50 per cent reporting their having numerous or frequent partners as the reason, while 13 per cent reported having sex with female clients as placing them at risk.

These sex workers considered both male and female clients (95%) as people likely to have STDs while 55 per cent specifically mentioned gay (kothis/transgender) sex workers as people who suffer from STDs. A variety of alternative approaches to prevention of STD were reported. Forty-five per cent of the respondents stated that they had used a condom to prevent transmission while 35 per cent mentioned careful selection of partners, ten per cent applied *"Dettol"* after sex, and ten per cent avoid anal sex. Half of the respondents reported that they had ever had an STD. Of these 90 per cent reported having an STD two or more times. Sixty

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per cent reported self treatment with various drugs while 40 per cent had visited a doctor for treatment at least once. Informal conversations with workers revealed reluctance among some to visit government health-care providers because of the stigma of their homosexual activity.

Condom beliefs and general condom use

A series of open-ended questions were asked to elicit condom beliefs from workers. In response to questions about the 'good things' about condoms, the workers replied that they were safe and they prevent diseases (60%), they are clean (30%) and they prevent pregnancy (30%). 'Bad things' about condoms were that they decrease pleasure. They also said that men with frequent partners should use condoms (56%). Ninety per cent thought that condoms prevent AIDS and all knew of sources for condoms in Mumbai.

Ninety-five per cent of the workers had used a condom in the last month with the main reason for use being to prevent illness. Seventy per cent keep them at their residence and sources for condoms include the pan shops, chemists (43%), clients (29%), and Volunteers and peers (95%). Almost all workers had discussed condoms with clients and many claim to ask clients to use condoms. Twenty-four per cent reported that they ask all clients to use condoms, 24 per cent ask those who they do not know or who look suspicious, 35 per cent ask all female clients; Seventy-two per cent have had clients who refuse to use condoms.

General sexual history

Most of the workers first had sex with a man when they were in their teens: 35 per cent at age 14 or less, 40 per cent at age 15-16, and 25 per cent at 16 or more. Forty-five per cent of the workers were paid for their first sex with a man. Eighty-nine per cent have had sex with a woman. Respondents had worked for an average of 3.1 years with a range of two months to four years. The workers generally return to their home village for holidays (85%), and all are usually sexually active on these visits. All of these men interviewed identify themselves as Heterosexuals in spite of having most sex with men, when asked why not homosexual they said *pet ke liye karna padta hai* (For eating they have to do it)

Most workers work seven days each week and most have one client per day with a reported average of 5.9 clients each week. The median earnings per week were Rs.1000 and the range was from Rs.400 to Rs.5000. In addition to cash, most workers also receive non-monetary payments such as food or clothing.

Workers report having clients who include Married men (100%), gay men (85%), and tourists (90%), as well as businessmen (80%), wives of male clients (45%), Female clients (43%). Nearly all (95%) report being with clients both for a short time and all night but 72 per cent report that they are with most clients for a short time.

Table 2 shows the frequency of sexual acts requested by clients and the percentage of workers who agreed to perform each of these acts. Anal intercourse, both insertive and receptive, was the most common act requested and almost all workers would agree to perform these acts except being receptive partners until and unless they got paid more. Masturbation of the client and the client masturbating the sex worker was the next most frequent practice and all workers would agree to this practice. Oral intercourse followed, with almost all workers agreeing to perform. Rimming, tongue to anus, the last practice asked about, and was less common.

Table 2

Distribution of male sex workers according to frequency of clients' requests for various sexual acts, and number of sex workers agreeing to perform acts (N=20)

Sexual act	Initial reluctance	Number agreeing
Client sucks sex worker's penis	none	19
Sex worker sucks client's penis	none	19
Client's penis in sex worker's anus	50%	17
Sex worker's penis in client's anus	none	19

Client licks sex worker's anus	none	16
Sex worker licks client's anus	100%	0
Sex worker masturbates client	none	19
Client masturbates sex worker	none	19

Sexual experience in the last week

Workers were asked detailed questions about their sexual experience in the last week. They had an average of 5.2 clients in the last week, with 4.1 of these new clients and 0.8 repeat clients. Two workers reported new female clients in the last week. Forty-three per cent of the workers had an intimate female non-paying partner (girlfriends) and 32 per cent had a casual non-paying partner (sugar daddy). Sixty per cent of workers had sex with female partners at the instance of the male client, 20 per cent had female clients

Table 3

Sex workers' experience with oral and anal intercourse in the last week (N=20)

Sexual act	**Number times with client**	
Partner inserts penis in sex worker's:	anus with condom	**8**
	anus without condom	**4**
	mouth with condom	**0**
	mouth without condom	**18**
Sex worker inserts penis in partner's	anus with condom	**15**
	anus without condom	**14**
	mouth with condom	**0**
	mouth without condom	**20**

Table 3 shows the frequency of experience with oral and anal intercourse in the last week for sex workers. Most workers had experienced insertive and few had receptive anal intercourse and many episodes took place without condoms. Oral intercourse was also a common practice and there was almost no condom use for oral intercourse.

Male/female clients of sex workers

Demographic characteristics

Male sex workers report that their clients include local, national and international clients who are males and females. This study includes only one female clients who is a resident engaged in a variety of business activities. These clients reported permanent residence in Mumbai, 21 per cent from other states like Delhi, Bangalore, Hyderabad, Jaipur, Baroda and Goa (Table 4). Their age ranged from 23 to 53 with a mean age of 34.8 years. One-third of respondents are currently married to a woman. Respondents tended to be highly educated 70 per cent having attended college or university, and an additional 16 per cent having received a postgraduate degree. As a group they tended to be frequent travelers, with almost 80 per cent of those 21% having previously visited Mumbai. This latter group consisted primarily of people engaged in business activities who made multiple visits. Most respondents were traveling alone. Many men had visited other cities in the India in the last six months.

Their occupations included business, designers, artists, cab drivers, and other professional and non-professional occupations. (12 male clients, 1 female client and 1 casual female partner)

Table 4

Demographic and socioeconomic characteristics of male/female clients of male sex workers

Age Range 23–53	
Less than 30 (includes female partners)	**6**
30–39	**6**
40+	**2**
Travel status:	

Alone	**6**
With friend	**0**
Education:	
High school	**9**
College/university	**11**
Postgraduate	**2**
Permanent residence	
Mumbai (local) (includes female partners)	**8**
National (other states)	**6**
International	**0**
Relationship status:	
Currently Married to women	**11**
Previously married to a woman	**0**
Have a male life partner now	**1**
Have had a male life partner (this includes the female client)	**2**

AIDS knowledge
The clients were also asked a series of open-ended questions about AIDS. The most important sources of information for clients were media, friends and other media including newspaper and television. They reported that AIDS could be transmitted by blood (58%), needles (53%), sex (48%), anal sex (18%), and transfusions (37%).

The majority of clients said that it was either unlikely or very unlikely (63%) that they would get AIDS. The modal reason for the low risk was careful or safe sex (45% of all clients). For those who thought that it was likely, 33 per cent gave 'risky sex' as the reason for their higher risk. Almost all of the clients (95%) reported taking actions to avoid getting AIDS and these included careful, safe sex (50%), use of condoms (50%), and having decreased the number of partners (39%).

Sexually transmitted diseases
Clients were asked similar questions concerning their knowledge and perceived risks of contracting other STDs. Relatively high levels of knowledge of STDs were observed with 90 per cent of respondents mentioning syphilis and gonorrhoea, and an additional 80 per cent adding herpes genitalis.

Most frequently mentioned symptoms of STDs included dysuria (53%), discharge (47%), sores on the penis (37%) and swelling of the genitals (32%). Respondents thought it likely that male sex workers in Mumbai suffered from STDs with 53 per cent mentioning AIDS, 37 per cent gonorrhoea, 26 per cent herpes and 26 per cent reporting syphilis as likely illnesses of sex workers in Mumbai. One third stated that it was difficult to know if a sex worker had one of these diseases, while the remainder felt they could tell by looking for sores on the penis (42%), discharge (32%), or observing if the sex worker had pain on urination. Nearly half (44%) of the clients reported having ever had an STD themselves with 21 per cent reporting having seen a doctor for an STD in the last six months.

Condom beliefs and general condom use
Clients were asked a shorter, slightly different set of questions about condom beliefs.

They reported that people use condoms to prevent infection (80%), for AIDS prevention (26%), and to prevent pregnancy (74%). The only common reason that people like condoms was for AIDS prevention and people do not like them because they cause an interruption (53%), they decrease sensation (37%), they are a lot of trouble to use (32%), and they have an unpleasant smell or taste (26%). More than half of the men knew the source of condoms in Mumbai and 84 per cent said they had never obtained one.

Clients were asked about their current condom use in general. Twenty-five per cent reported that they do not use condoms with any partners including MSWs, wives, lovers and casual partners. Another 35 per cent reported that they always use condoms with male lovers or intimate partners, 53 per cent always use condoms with casual male partners, and 56 per cent always use condoms with MSWs. Sexual practices may differ for different types of partners; but as our sample sized consisted of clients who were married they all said they did not use with their wives and the reason they said they had never used one till date and to start using one would prove that they are having extramarital sex.

Clients were also asked about their recent condom use. Twenty-five per cent used a condom at their last sexual encounter with a sex worker and 35 per cent at last sexual encounter with a partner who was not a sex worker. Nearly 85 per cent have asked a sex worker to use a condom and 44 per cent have been asked by a sex worker to use a condom. Forty-one per cent carry condoms with them.

Eighty-one per cent use a lubricant with condoms and 19 per cent use lubricated condoms.

General sexual history

Clients' age at first sexual relations with a man ranged from eight to 31 years with 21 per cent aged less than 14. Eighty-four per cent had had intercourse with a woman. Most had first paid for sex in their late 20s and early 30s. When asked what they enjoy when they are with sex workers, 25 per cent said that they liked to talk with them, 81 per cent said they enjoyed the sexual activities, and 44 per cent said that they enjoyed their companionship. Clients had paid sex workers a mean of 6.9 times in the last month. They had paid an average of 6.4 different sex workers. Most reported that they were usually with a prostitute for a short time (68%) but 50 per cent reported at least one all-night encounter. Some clients also reported being with a prostitute for several days (19%) or long term (6%). The average payment was about Rs.500 and 58 per cent of clients gave a non-monetary payment such as food /clothing, paid for mobile phone/bills or paid at times for rent/electricity bills.

Sexual experience in the last week

The clients reported paying a mean of 1.7 sex workers (range 1-4 partners) a mean 1.9 times (range 1-5 times) in the last week. Eighty per cent of their partners Male Sex workers and 17 per cent were other gay men. Table 5 summarizes the sexual practices reported in the last week by male clients. Masturbation was the most common practice, with oral intercourse the second most common. There was a smaller amount of anal intercourse reported both with and without condoms. Rimming (tongue to anus) was also reported with both sex workers and with other partners.

Female client reported vaginal sex and oral sex which included fellatio and cunnilingus

Table 5
Sexual acts experienced at least once in the last week by male clients of male sex worker (N=19)

Sexual act	**with sex worker**	**with other partner**
Masturbation (with either)	every time	Every time
Sex workers Penis in client's mouth, no condom	every time	Every time
Clients Penis in sex workers mouth, condom	Sometimes	Sometimes
Partner's penis in mouth, no condom	every time	Every time
Partner's penis in mouth, condom	every time	Every time
Sex workers Penis in client's anus, no condom	Sometimes	Sometimes
Sex workers Penis in client's anus, condom	every time	Every time
Partner's penis in anus, no condom	every time	Every time
Partner's penis in anus, condom	Sometimes	Sometimes

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Tongue in partner's anus(with either)	every time	Every time
Partner's tongue in anus (with either)	every time	Every time
Fisting (with either)	Never	Never

It should be noted that MSWs report more recent experience with anal intercourse without condoms more than clients report. These differences may be due to the fact that they may perceive anal sex as demeaning to accept due to the stigma attached to it and underreporting by the clients could also have been a factor, although this is unlikely since they reported higher levels of anal sex with unpaid partners.

Alcohol and drug use
Heavy use of alcohol by clients was reported by both sex workers and by clients.

Ninety per cent of the sex workers report that they have clients who are drunk and 85 per cent of these workers use alcohol themselves before or during sexual encounters. Eighty-three per cent of the clients report that they become intoxicated. Forty-four per cent report giving alcohol or drugs to sex workers.

In contrast to this, use of other intravenous drugs was not reported. None of the sex workers reported intravenous drug use themselves and only five per cent of clients reported ever using intravenous drugs sometime. However, their past histories imply more risk of HIV infection: 48 per cent of clients have had sex with someone who was an intravenous drug user or probably was a non intravenous drug user (24%).

Summary and discussion
Several limitations of this study must be kept in mind. The data comes from small, convenience samples and thus, generalizations to Mumbai and to other areas of India are limited. Only English-speaking clients were interviewed, although sex workers report their clients to include local middle class persons as well quite some from lower middle class, and tourists from other parts of India and other countries. Because of difficulty of recruitment, both MSW and client data may undercount long-term relationships. Short-term visitors are probably underrepresented in the client sample and higher-priced sex workers may also be underrepresented. It should also be noted that the data are self reports on sensitive topics that are not easily verified and most important this study was conducted over a period of two weeks

The data indicate that there is a very active community of male sex workers & masseurs and male/female clients in Mumbai that is at risk of transmission of AIDS infection. Male sex workers have limited knowledge of AIDS and STDs. Knowledge of transmission of these diseases is weak and they are unaware of asymptomatic transmission. Multiple sexual partners and frequent anal intercourse put the sex workers at risk. Condom use is low and sex workers possess ambivalent attitudes about their use; they frequently experience STDs and self-treatment with antibiotics is common as they report stigmatization by health-care providers. These men are characterized by considerable mobility and many are sexually active on frequent travel and home visits to other parts of India- such as there area of domicile- Uttar Pradesh, Rajasthan, Bihar, Himachal Pradesh

In terms of the ARRM model, many workers were at stage one, the labeling stage. The sex workers had inaccurate information about AIDS and other STDS and proposed ineffective strategies such as choosing 'clean' partners for risk reduction. As discussed below, interventions with these men should begin with messages that focus on which behaviours lead to HIV and STD prevention to influence labeling of high-risk behaviours as problematic. As more sex workers progress to stages two and three of the ARRM model, the commitment and enactment stages, interventions should include skills development in condom negotiation and use. Interventions among sex workers could take advantage of social networks existing in the community. Education about these diseases and the development of skills to negotiate condom use and safer sexual practices could be organized through these networks.

The Male clients, in contrast, have considerable knowledge of AIDS and STDs.

However, multiple sexual partners, including sex workers, other gay man and their female spouses; ambivalent attitudes toward condom use, resulting in irregular use, put the clients and their sexual partners at risk of infection. Many though aware of sources of condoms in Mumbai do not buy or procure them and leave the onus on MSW & Masseurs and most of the time decline use of condoms.

High levels of alcohol use were reported before and during sexual encounters and may be a factor in increasing risky sexual behaviours. The clients have histories of STD infection and many report travel to different parts of the countries.

In terms of the ARRM model, the clients have in general moved beyond stage one, the labeling stage, into commitment and enactment stages. Obstacles to moving toward the enactment stages in this group may include negative beliefs about condoms as well as the idea of retaining condoms on person. An additional obstacle may be that many of them do not generally feel susceptible to HIV infection.

Health-care services that provide appropriate STD diagnosis and treatment without disapproval also need to be developed for workers in the area. Similarly, services for clients are also lacking. It should be noted that both groups have sufficient income to pay for services, so that once established, the services could become self supporting. In addition, increasing availability of good quality condoms and water-soluble based lubricants for both sex workers and clients should enhance disease prevention.

These should be readily available at the sites where sex workers and clients meet, as well as in places of lodging for tourists and other places where sexual encounters take place.

Needs:

- ✓ To look at issues of Adolescent & Youth in sex work
- ✓ To look at issues of Sexual behaviour versus Sexual identity
- ✓ To look at Masculinity in terms of client negotiations per se high risk behaviour
- ✓ To look at Medico legal issues per se section 377 of IPC and ITPA section7, 7(i),8.
- ✓ To look at after care and sustenance of positive sex workers

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Conclusions:

- 🎗 Strongly recommend the establishment of a local support service for men and 🎗 boys selling sex
- 🎗 Recognize diversity of individuals and subgroups
- 🎗 Make firm links with local sexual health services
- 🎗 Use outreach and networking to publicize project
- 🎗 Provide information to local agencies to raise awareness of men/boys selling sex
- 🎗 Undertake further research to inform practice

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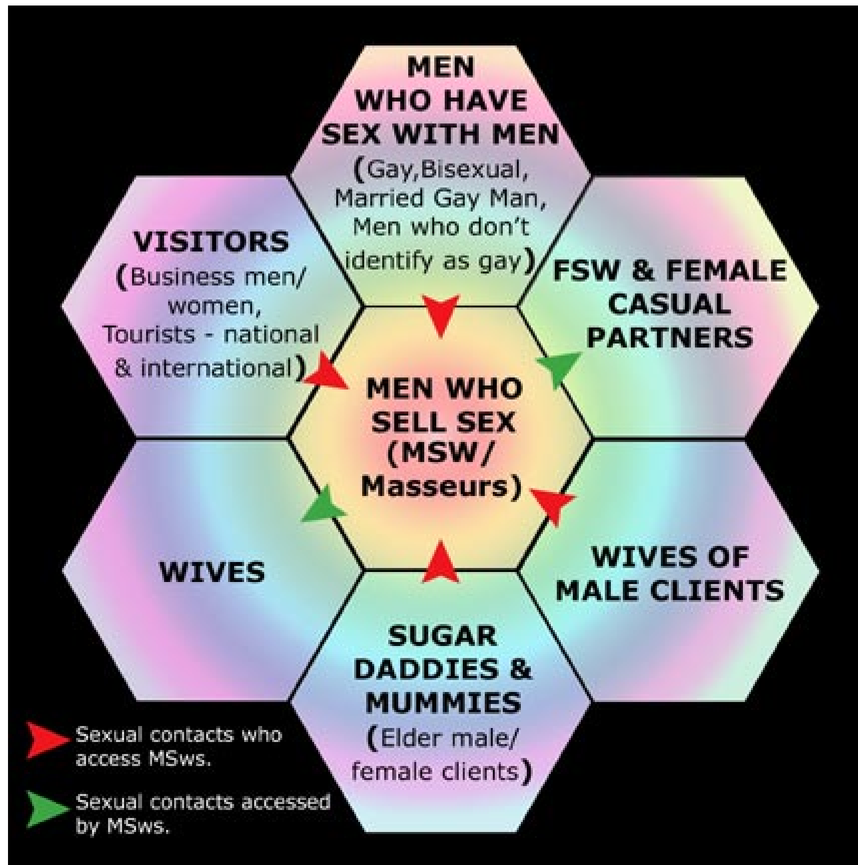
MALE SEX WORKERS & MASSEURS SEXUAL CONTACT UNIVERSE



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DEFINITION: Male sex-workers are defined here as those males who engage in sexual activity with other males or females for the primary purpose of immediate financial and or material gain and the person completes the transaction and such transaction is his source of income.

About us:
Samabhavana Society is a registered Non Government Community Based Organization (NGCBO) with the Charity commissioner's office, Mumbai, Maharashtra, since year 2000; the board consists of Gay, Lesbian, Bisexual, Transgender person, parents of Gay people, Men and Women from the mainstream society. We primarily work in the sector of persons with alternate sexual preferences or lifestyle and one of our focal point areas is intervention with men who sell sex and their clients.

For information regards the organisation, please visit our organisational website:
www.samabhavanasociety.org

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