

INTRODUCTION

Stigma has deep roots in the social context of communities sustaining serious challenges for HIV and AIDS prevention and control efforts¹. In combination with other forms of stigma, it hinders the efforts of female sex workers and other marginalized groups to avoid HIV². Empowering community and community based organizations have been a focus in prevention programs through building community groups with the expected outcome of reducing stigma and discrimination.

This study explores the stigma and discrimination against PLHIV among female sex worker in two districts of north Karnataka, India, where sex work collectives are functional since past 8 years.

MATERIALS AND METHODS

The data used for this study is from a baseline study of the evaluation of an intervention addressing stigma and discrimination against HIV positive female sex workers.

Location: Two districts of Karnataka State viz. Belgaum and Bagalkot.

Design: A cross-sectional survey was conducted employing quantitative method.

Sample size: A total of 240 female sex workers above 18 years of age, who had traded sex for money in the previous month were selected for the survey.

Sampling: The participants were chosen in a stratified random sampling considering district and rural-urban distribution.

Research instruments and tools: The questionnaires were bilingual (in English and Kannada, the local language).

Questions were included on the socio demographic characteristics, sexual behaviour and practice, perception and attitude on sex work and HIV/AIDS and HIV-related stigma and discrimination.

Witnessed oral informed consent was obtained individually, before data collection.

Data Analysis: Data was entered using CSPro (version 4) software. STATA (version 11.0) was used for data analysis. A three point scale was developed using the ten stigma attitude measures ($\alpha=0.81$). Chi square test were used to test correlations between the stigma scale and all relevant dependent variables.



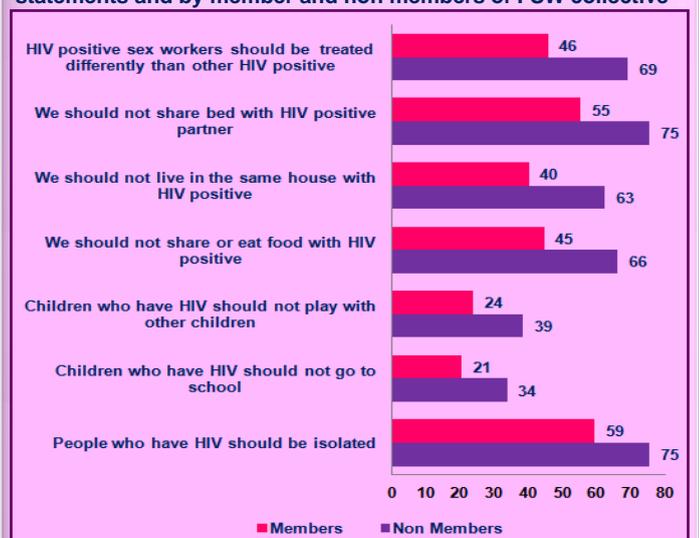
RESULTS

Table 1 : HIV/AIDS Stigma attitudes among FSWs by level of stigma and by their background characteristics

		Level of Stigma			N	p value
		Low	Medium	High		
Literacy	LITERATE	46.5	32.6	20.9	43	0.147
	ILLITERATE	33.5	31.5	35.0	197	
Caste or tribe	SC/ST	40.9	30.9	28.2	181	0.008
	OTHERS	20.3	33.9	45.8	59	
Whether respondent belong Devadasi	NO	32.2	29.6	38.3	115	0.184
	YES	39.2	33.6	27.2	125	
Currently cohabiting with a male partner	NO	43.5	35.5	21.0	62	0.074
	YES	33.1	30.3	36.5	178	
Duration of exposure to targeted intervention	<3 yrs	41.7	12.5	45.8	24	0.052
	3-5 yrs	31.6	30.6	37.8	98	
	>5 yrs	38.3	37.4	24.3	115	
Member of FSW CBOs	No	21.5	27.7	50.8	65	0.001
	Yes	41.1	33.1	25.7	175	
Duration since member of collective	Non members	21.5	27.7	50.8	65	0.003
	1 to 3 yrs	46.5	23.3	30.2	43	
	4 to 6 yrs	34.8	39.3	25.8	89	
	Above 6 yrs	48.8	30.2	20.9	43	

- The study showed significantly lower levels of stigma within female sex workers who were members of sex work collectives ($p<0.001$) as well as those who were exposed to the targeted intervention ($p=0.05$).
- As high as 51% of the non members in CBOs reported higher level of stigmatizing attitude as compared to 26% among members of CBOs.
- Longer duration of membership in the collectives was also significantly associated with lower stigma attitude scores as compared to non members ($p=0.003$)

Figure 1 : Percent of female sex workers' agree on stigma by statements and by member and non members of FSW collective



REFERENCES

- ¹Duffy L. Suffering, shame, and silence: the stigma of HIV/AIDS. J Assoc Nurses AIDS Care 2005;16(1): 13-20.
- ²Pillai P, Bhattacharjee P, Ramesh BM, Isac S. Impact of two vulnerability reduction strategies – collectivisation and participation in savings activities – on HIV risk reduction among female sex workers, KHPT 2012.

CONCLUSIONS

The importance of community based networks in reducing stigma within high risk communities is brought out in the study by the strong association of the collectivization with the reduction of stigmatizing attitude of female sex workers towards HIV/AIDS.

The positive association of the duration of membership of the collective may also indicate creation of sustainable environments for dialogue on HIV/AIDS leading to reduction in stigma related to the disease.