

# Community mobilisation and empowerment of female sex workers is significantly associated with reduced HIV/STI risk in Karnataka state, south India [Abstract # THPE275]



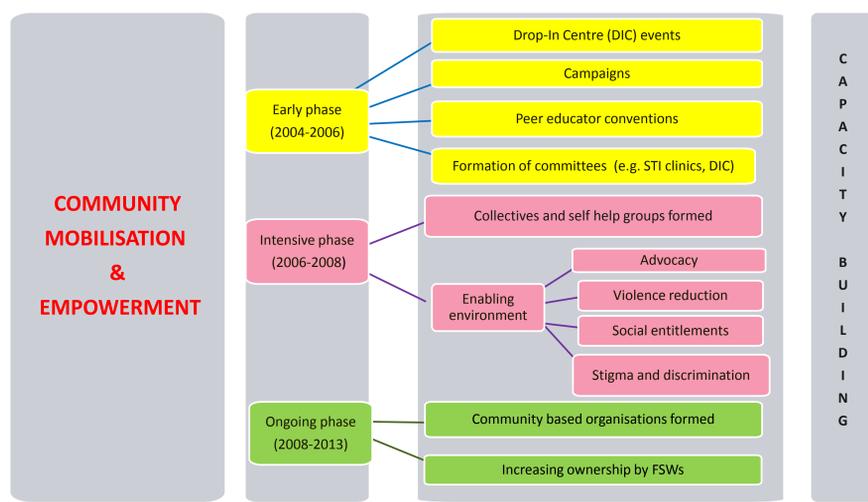
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## Background

- Community mobilisation (CM) and empowerment of female sex workers (FSWs) forms a central component of targeted HIV prevention programmes in India.
- This study examined the impact of community mobilisation on FSW empowerment, risk behaviours and HIV/STI prevalence in 4 districts in Karnataka state, south India.

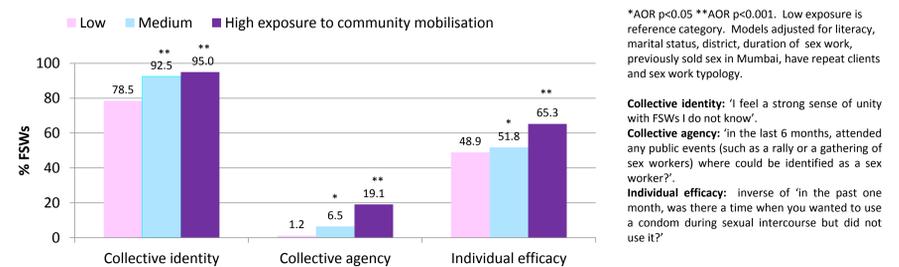
**Figure 1. Community mobilisation and empowerment activities of Karnataka Health Promotion Trust (KHPT)**



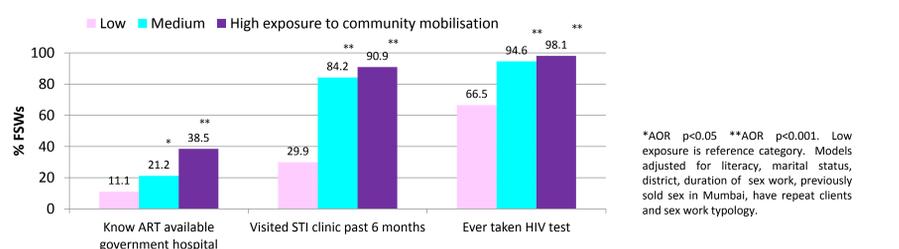
## Results

- 5792 FSWs participated in the study. Mean age 32.1 years (range 17-65). 43.8% street, 32.0% home, 14.7% phone, 9.5% brothel-based.
- By the final IBBA round, FSWs with higher exposure to CM were significantly more likely than those with low/no exposure to report:

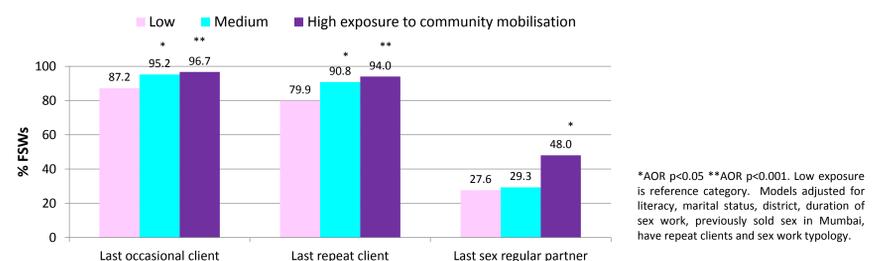
(i) increased levels of collective and individual power



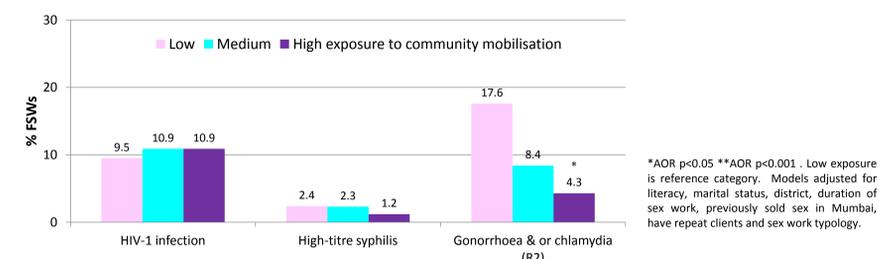
(ii) increased knowledge and uptake of HIV and STI services



(iii) increased condom use with clients and regular partners



(iv) reduced gonorrhoea and chlamydia prevalence



- No associations were found between CM exposure and alcohol use, violence or harassment. However, rates of harassment, alcohol use, arrests and violence by police and clients fell significantly over time.

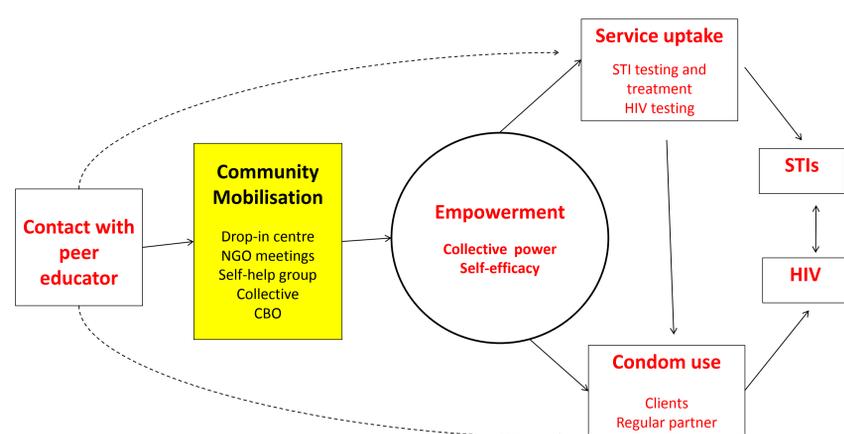
## Conclusions

Community mobilisation is a central part of HIV prevention programming, empowering FSWs to better negotiate condom use and access services, as well as address other concerns in their lives.

## Methods

- Three behavioural-biological surveys were conducted in 2005 (R1), 2008 (R2) and 2011 (R3) with random samples of FSWs in 4 districts (Bellary, Bangalore, Shimoga, Belgaum).
- Exposure to CM activities was defined as:
  - 'high' (member of a FSW collective or self-help group)
  - 'medium' (attended drop-in centre or NGO meeting)
  - 'low/no' (none of the above)
- Weighted multivariate analysis was carried out, adjusting for socio-demographic confounders

**Figure 2. Hypothesised causal pathway between community mobilisation and FSW empowerment, risk behaviours and HIV/STI prevalence**



## Acknowledgements

The authors would like to thank the FSW populations throughout Karnataka with which we work and the staff members of the programme implementing NGOs for their tireless work in enhancing HIV prevention programming.

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