

SEX WORK USING VIRTUAL PLATFORMS

Bright People and Big Ideas to Reach the Invisibles

Nationally there are 868,000 estimated number of Women in Sex Work (WSW), however, 587,000 women are covered by the National AIDS Control Programme in India. A total of 40,148 women (88% of 45,463, the estimated population of WSW in Delhi) are reached through 32 Targeted Intervention (TI) programmes for WSW by NACO in Delhi (Source: NACO Annual Report 2017-18)

The global explosion of online and mobile platforms and the unprecedented reach of smartphones in India is dynamically altering the rules of the game in the realm of sex work. While older pyramid-type power models of traditional control over WSW (and money generated from sex work) are crumbling, ever-newer technology platforms are helping create lateral networks and groups that are not limited by geographical boundaries or risks associated with physical solicitation and transactions. There is very limited research, evidence, and data on virtual networks. Also, the National AIDS Control Programme lacks guidelines on reaching WSW, Pimps, and new gatekeepers operating in the virtual domain.

Ujwala is a 3-year (2017-19) program implemented by Alliance India with the support of the MAC AIDS Fund to improve SRH, increase HIV testing and reduce gender-based violence among women in sex work (WSW) by improving access to health services and reducing structural barriers.

To implement the pilot intervention for sex workers using a virtual platform for soliciting clients, one Non-Government Organization (NGO) in Delhi was contracted in consultation with Delhi State AIDS Control Society (DSACS). Implementation was designed for women who are using the virtual platform for sex work and never reached/linked with national HIV program aims to reach:

- Women in Sex work at non-traditional settings like establishment based setups, entertainment and wellness venues, Private Friendship Clubs, Party Clubs and Caterer Venues
- Women on Virtual platforms like websites, Social media groups, WhatsApp groups, chat sites, online classifieds

A strategy was developed to reach out to women based on the above mentioned objectives.



Strategy, design and intervention approach

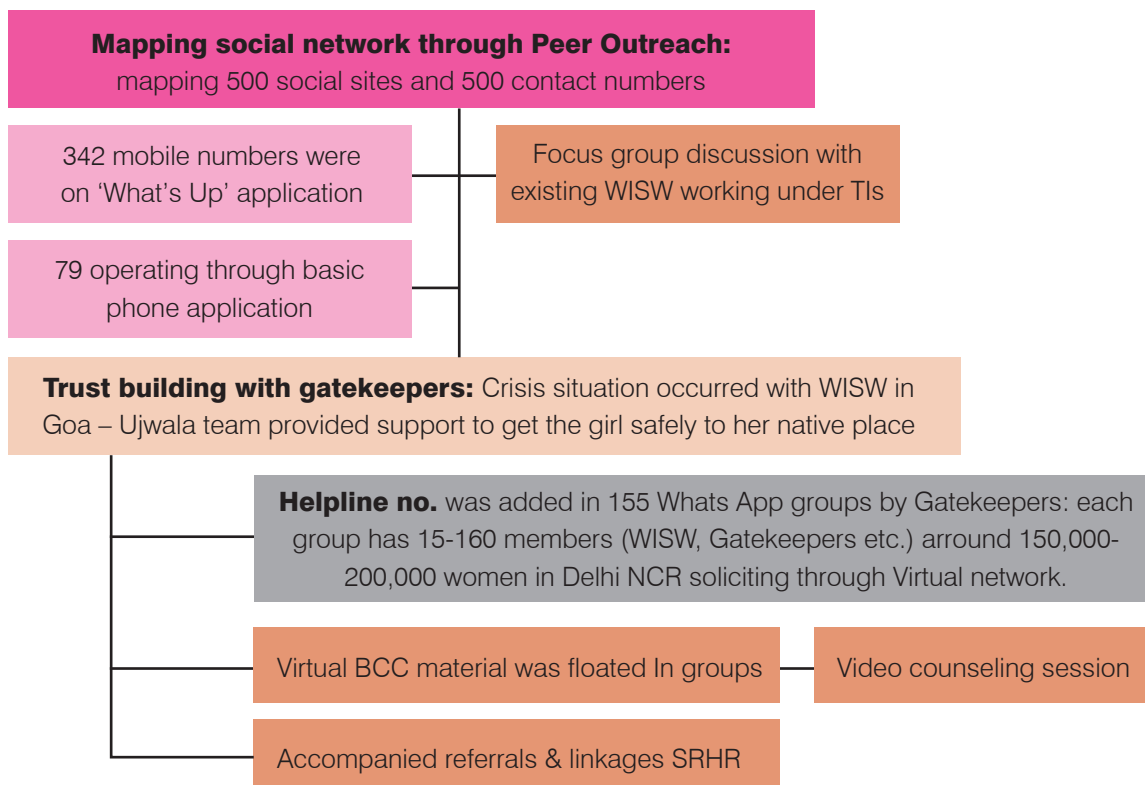
In order to achieve a breakthrough into the virtual networks used for soliciting sex work in Delhi, a strategy to leverage the 'gatekeepers' was adopted. Online searches using keywords such as "call girls", "independent escorts", "independent housewives" and "escort services" were carried out and a line list of over 500 websites with the contact details was collected and contact log was made.

After creating a list of contact numbers and WhatsApp numbers from the web portals, a dedicated helpline number was launched to reach out to the brokers and women to identify their immediate needs. True caller application was downloaded on the helpline number and the names were saved accordingly. The mobile helpline number was strategically utilized to reach the gatekeepers with general messages on health and hygiene and then specific messages on HIV and SRH issues of women in sex work.

To operate the helpline and reach out to women virtually, one dedicated counselor was placed at TI NGO. She contacted the listed numbers over phone call, WhatsApp chat/video calls

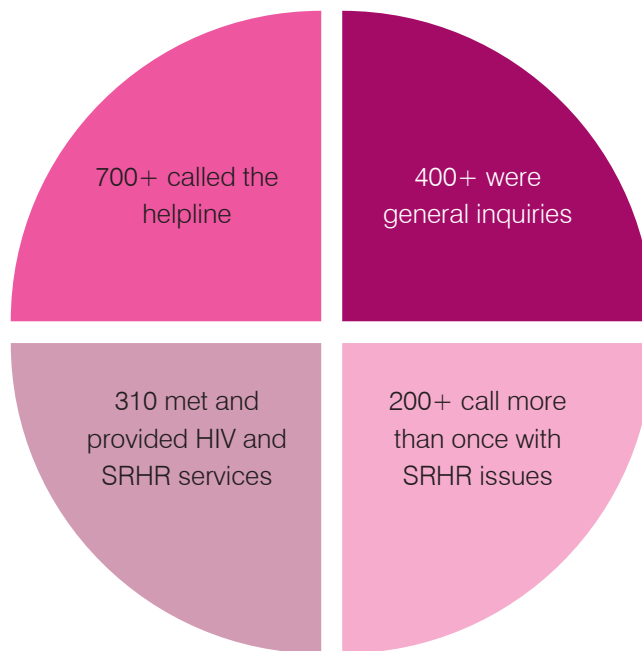
“It was a wait-and-watch situation. For the first 3 months, nothing happened! Then some virtual agents and pimps started contacting me. At first, they were suspicious of my motives. I sent them general SRH information to forward to their groups. Slowly, one gatekeeper started adding the helpline to his own groups and then more followed. New groups are introduced by the gatekeepers to us. Now I get direct calls from women as well as gatekeepers. We are slowly becoming a close online community that manages to keep both trust and anonymity.”

– Virtual Counselor, Delhi



Results

Reaching unreached women in sex work through virtual networks



- Contact details of 535 women were maintained and motivated them for accessing services.
- 310 women were referred and accessed services such as HIV testing, medical termination of pregnancy, abortion, screening, and testing for Tuberculosis, screening, and treatment for STI's, anal STI's and RTIs
- One is undergoing treatment for cervical cancer who was screened positive during Pap smear testing at health camp
- 118 tested for Tuberculosis (TB), 5 women diagnosed for TB and are on TB treatment, 2 completed the DOTS treatment and 3 women are currently on DOTS treatment
- Out of the 181 women accessed HIV testing, 2 women and 1 male gatekeeper were tested positive for HIV and all 3 of them were linked to ART
- 30 women reported Gender-Based Violence (GBV) during this period and 12 cases were resolved by Crisis response team (CRT) and rest are under process.
- 7% of the women have availed SRH services for two or more than two times

“Girls do have problems and they ask me. Now I share -----madam’s number (Ujwala programme) and ask them to get in touch for any help and support. This is very helpful. I also tell about it to my other friends (agents) and write on my WhatsApp message to add madam’s number. She is in all our WhatsApp groups, if anyone needing any help – she comes to know.”

– Pimp, Virtual, 32 year, Delhi

Key Challenges in the Virtual domain

- Fake identity: do not typically identify as WSW
- Not open for discussions
- Secretive and highly mobile networks
- Same person can be on many mobile groups
- At risk of GBV without any systemic recourse
- Unaware of SRH & HIV risk
- Cannot access health services

“I do not know about their health issues; I only take good care of them – arrange their house and take them to hotels and give them security.”

– Virtual Pimp, Ahmedabad

Key learnings

Changing Patterns in Solicitation

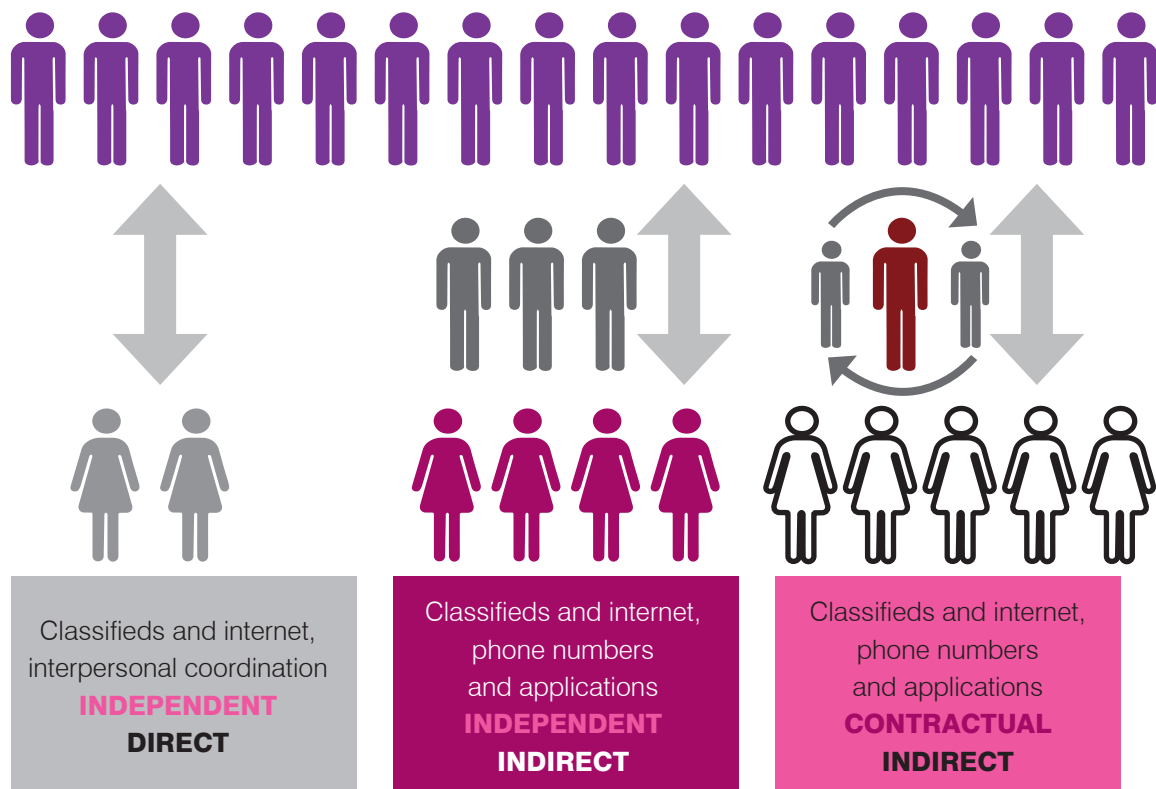
While traditional methods of solicitation continue with the inherent, well-researched risks to FSW, the immense reach of mobile smartphones in India has opened up a new, dynamic, and complex platform for soliciting and transacting money.

With the advent of online payment gateways, Internet platforms, social media and messaging apps, solicitation, and transactions for sex have leap-frogged from the personal to the virtual domain.

Virtual Gatekeepers

In order to bypass the inherent risks of personal solicitation, WSW are increasingly turning to the virtual domain with the help of individuals acting as gatekeepers. These virtual gatekeepers constitute a new layer of privacy, protection, convenience and control (in terms of power over) for new and existing WSW. Pimps and brothel owners also increasingly migrate to the virtual domain to remain clandestine and expand their operations into new territories.

A typical virtual network (Indicative)



The Virtual Gatekeeper

- Technology and Mobile savvy
- Anonymous location & False Online Identity
- Manages FSW Profiles, Clients, Payments, Logistics
- Maintains privacy, sense of protection for FSW
- May never meet FSW or Client in person
- Tech-savvy WSW are also becoming gatekeepers

Conclusion

Key insights from virtual and mobile networks

- Clandestine sex work adds to the risks and vulnerability for WSWs and also creates barriers for implementation of the programme
- WSW on the virtual network are as likely to be exploited financially as traditional networks
- Women on virtual networks are less likely to seek SRH and health services available through traditional channels
- Addressing SRH needs is a good way to link WSW to HIV testing and care services
- Gatekeepers' involvement and introduction are key to open the vast maze of virtual networks
- Trust is hard to build and leverage without the gatekeepers' support
- Building support network even in small virtual networks has the potential to snowball into much larger groups of operators and agents

Recommendations

- a. Understand and predict the changing dynamics of sex work through formative research and evidence-generation in order to programme better initiatives and programs for SRH and HIV for women in sex work
- b. Support initiatives to mitigate gender-based violence and improve comprehensive SRH in order to improve access to HIV prevention and care programmes
- c. Include a rights-based approach to comprehensive SRH needs of women in sex work within the National AIDS Control Programme (NACP)
- d. Strategic inclusion of research and program design to evaluate size estimates, power dynamics, needs and vulnerabilities of WSW in the virtual domain on a national level within NACP
- e. Scale up and uptake of the Ujjwala model pan-India within NACP with special focus on the centrality of community-based organisations drivers of mitigating risks and vulnerabilities among WSW and to improving access to comprehensive SRH services including HIV testing and care.

About Alliance India

Alliance India (India HIV AIDS Alliance) is a non-governmental organization which was founded in 1999 to support sustained response to HIV in India. We work in partnership with the Government of India, civil society and HIV communities to advocate and support the delivery of effective, innovative, community-based programmes at scale.

Vision

We envision a world in which no one dies of AIDS.

Mission

To support community action to prevent HIV infection, meet the challenges of AIDS and build healthier communities.

Other information:

India HIV/AIDS Alliance is a not-for-profit Section 8 Company (as per the 2013 Companies Act; formerly Section 25 Company registered in 1999) with Registration No. U85310DL1999NPL098570.

Know more about Alliance India at www.allianceindia.org