



## Condom negotiation skill among female sex workers: A qualitative study from western Nepal

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### ABSTRACT

#### Background

Condom is effective in preventing Human Immunodeficiency virus (HIV) and Sexually transmitted infection (STI). Condom use is a complex behavior and there is limited understanding about its dealing with the male clients by the Female Sex Workers (FSW).

#### Aims & Objective

The study explores the perception of FSWs towards their work, their knowledge on HIV/AIDS and STIs and practice of condom negotiation skills among the FSWs in Pokhara city.

#### Methods

A qualitative study was conducted among female sex workers aged 15 - 54 years who had come to clinic of Naulo Ghumti for STI/HIV testing and counseling. Purposive sampling was used to select a heterogeneous group from April 2013 - June 2013 through in-depth interviews to assess their knowledge regarding the condom negotiation skills, effectiveness of their knowledge and skills to convince clients for the use of condom.

#### Results

The FSWs reported that they have some knowledge about HIV/AIDS, STIs & its transmission. Condom use was not regular with their boyfriends and old clients whom they perceive to be free of HIV & STI. The understanding about Condom Negotiation Skill was vague among the respondents. However, they reported that the clients are convinced most of the time for using a condom.

#### Conclusion

This study provides information on the life and work of FSWs in Nepal. Many of FSWs despite their knowledge were unable to negotiate for condom use. So continuous reinforcement of negotiation skill is still necessary to be done so that it becomes the habit & they will strictly adhere to the practice.

**Keywords:** AIDS, Condom Negotiation Skill, Female Sex Worker, HIV, Knowledge

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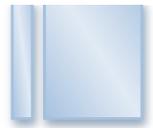
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## INTRODUCTION

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) is a global threat. According to the Joint United Nations Program on HIV/AIDS (UNAIDS), an estimated 33.4 million people worldwide are HIV-positive. In Asia, 4.7 million people were living with HIV as of 2008, including 350,000 people infected that year.<sup>1</sup>

Nepal is one of the least developed country, many people live below the poverty line and the country experiences considerable seasonal labour migration.<sup>2</sup> In Nepal, first HIV infection was detected in 1988. Since then HIV and AIDS epidemic has evolved from low to concentrated among high Risk Groups like Female sex workers (FSWs), clients of female sex workers, seasonal male labor migrants, etc. HIV prevalence in general population is <1%.<sup>3</sup>

Sex work is characterised by high rates of commercial sex partner exchange, low rates of consistent condom use with regular partners (only 5.9%)<sup>4</sup> and with last sex client (66.3%).<sup>5</sup> A study in eastern Nepal reports consistent use of condom among 71.9% of FSWs.<sup>6</sup> FSWs is associated with spread of sexually transmitted infections.<sup>7</sup> Condom play an important role in HIV prevention. Condom promotion is successful public health strategy for HIV prevention but how to use condom effectively is equally important.<sup>8</sup> Making condoms work for HIV prevention and condom negotiation with clients is key to prevent HIV amongst female sex workers.<sup>9,10</sup>

In the global combat against HIV/AIDS, research underscores the importance of communication between sexual partners concerning condoms use.<sup>11,12</sup> Communication between sexual partners about condom use is associated with increased use of condoms.<sup>13</sup> It is established that those who convince or persuade their sexual partners to use condoms are more likely to actually use them.<sup>14</sup> Study in Mumbai, India, found that drinking alcohol when visiting FSWs was associated with unprotected sex, anal sex, and multiple FSW partners<sup>15</sup>. Fear of violence by clients is jeopardizing negotiation and consistent condom-use.<sup>16</sup>

Condom plays an important role in HIV/STD prevention. But little is known about its proper use, obstacles for its use and negotiation skill in FSWs in Nepal. The study explores the perception of FSWs towards their work, their knowledge on HIV/AIDS and STIs and practice of condom negotiation skills among the FSWs in Pokhara city.

## METHODS

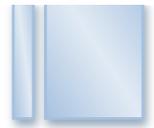
An explorative qualitative type of study design was adopted to study the condom negotiation skills among female sex worker aged between 15 - 45 yrs, attending clinic (Naulo Ghumti) & involving in commercial sex worker for at least 3 months were included in the study.

Non-probability (convenient) sampling was used to select a heterogeneous group with different levels of sexual experience and from different social backgrounds. All consecutive FSWs attending the clinic were included during 01 March 2013 till 31 May 2013.

Face-to-face in-depth interviews were employed to collect information using a semi-structured interview guide. Open-ended questions were used to allow the participants to express themselves freely.

The study was explained to the participants and the informed consent were obtained before the interviews. The interviews were conducted in a separate room of Naulo Ghumti where the participants had visited for HIV/STI counseling and testing. The interviews were tape recorded and transcribed. In addition to recording, the interviewer took notes on the answer provided by the subjects. Confidentiality of information was maintained by removing personal identifiers, names of hotels and dance bar where FSWs operate. Permission was taken from Program Coordinator, Naulo Ghumti, Pokhara. The study was conducted adhering to the ethical principles outlined by the Helsinki Declaration.

Data analysis and data collection was done concurrently and continued throughout the entire data collection process. The interviews and notes were reviewed every day during the process of data



collection. When new patterns were identified from the interviews, new questions were added to the interview guide. After data collection, transcription was prepared from tape-recorded in-depth interview. For validation opinions and views were taken from experts. Logical sequence of questionnaire was maintained and checked for content validity.

## RESULTS

### Socio Demographic Characteristics of the Respondents

A total of 30 FSWs were interviewed. Socio-demographic characteristics of the FSWs are outlined in table 1.

**Table 1 Socio Demographic Characteristics of Respondents (n=295)**

Characteristics	Frequency	Percentage
<b>Age</b>		
Less than 20	16	53.3
Equal or more than 20	14	45.2
<b>Marital status</b>		
Unmarried	22	73.3
Married	5	16.7
Separated/ Divorce	3	10.0
<b>Educational status</b>		
Illiterate	2	6.7
Grade 1- 5	12	40.0
Grade 6 – 10	14	46.7
> Grade 10	2	6.7
<b>Place of work</b>		
Dance bar	2	6.7
Restaurant worker	25	83.3
Restaurant owner	2	6.7
Street/Beggar	1	3.3
<b>Duration of work</b>		
Less than 1 year	15	50.0
More than 1 year	15	50.0

### Poverty, Trafficking and Initiation into Sex Work

The respondents gave various reasons for working as FSWs. The reasons include paying debt, tuition fee for sibling and support family, while some report being sold by their friends. Many are involved to this work accidentally.

*"I have to loan tuition fee of my brother as I am only a guardian for my brother. There is no other option so, I came to this work."(FSW ID 1, 17 yrs)*

*"I am a married woman. My husband beats me every day for no reasons, even during pregnancy. One day my baby got seriously ill with pneumonia and there was no money for treatment so started this work". (FSW ID 18, 21 yrs)*

*"I used to work as a dancer in hometown, Kathmandu and came to know about this type of work from friends. I need to pay certain amount of loan". (FSW ID 7, 26 yrs)*

*"I had studied till class 5 and was married. One of my friends tricked me to work in the restaurant. I was compelled to work as I had already left my home". (FSW ID 6, 20 yrs)*

*"I was studying in 10th standard. A friend brought me to tour Pokhara. She took me to the restaurant and left me there. Later, I knew that she had sold me in Rs 6000. I was trapped." (FSW ID 19, 18 yrs)*



### Attitude towards Work among FSWs

FSWs have negative attitude towards their work and plan to leave it soon after resuming their previous status. Many FSW expressed their feeling of difficulties in work as:

*"Selling my body on the market just to pay tuition fee for my brother is very difficult. Rather I will be very happy to work as housewife." (FSW ID 1, 17 yrs)*

*"Who knows the trouble of leaving own husband and hugging other male every day." (FSW ID 8, 20 yrs)*

*"I know that I am doing illegal work but its compulsion for me. Otherwise, nobody want their body to be used for the entertainment of others." (FSW ID 7, 26 yrs)*

*"I do this job only once a month or twice if I get clients because it is very difficult to get clients. I also got syphilis so I want to leave this work." (FSW ID 24, 27)*

### Knowledge regarding HIV/AIDS, STIs and its Prevention among FSW

FSWs reported that they knew about HIV/AIDS and STIs along with their prevention from the health workers. Some were also able to tell the signs, symptoms of STIs, its transmission and prevention. However they were not sure about transplacental and parenteral transmission of HIV.

*"HIV/AIDS get transmitted by infected syringe, blood transfusion, sexual contact in the absence of condom, and also from infected mother to baby". (FSW ID 17, 16 yr)*

*"HIV is not transmitted by mosquito bite, sleeping together, shaking hands, eating in same plate and a simple kiss but kiss with bite will transmit HIV." (FSW ID 27, 20 yrs.)*

*HIV and STI are transmitted by having sex without condom, through blood transfusion, mother to child, infected syringes. Mother with HIV/AIDS should not give birth to baby." (FSW ID 11, 23 yrs)*

Some FSWs were not able to name the diseases transmitted through risky sexual behavior.

*"I feel of ashamed of telling that I don't know about the diseases caused by sexual intercourse." (FSW ID 25, 18 yrs)*

*It's the first time for me in this clinic so I don't know about HIV/AIDS & STIs. (FSW ID 22, 19 yrs)*

### Knowledge and Practice about Condom Negotiation Skill

Many of the FSWs stated that clients refuse to use condom and gave different reasons for being reluctant. Clients offer extra money to FSWs for sex without using condom. Many FSWs reported that they were able to negotiate with their clients for condom use.

*"Any clients saying that they feel uncomfortable and compressed by the use of condom, I used to say, "I will put it such a way that you will get more pleasure and stimulated." (FSW ID 6, 20 yrs)*

*"Clients try to persuade me by saying that condom is a thin rubber material which can break any time. I say, "Condom is very durable and unbreakable because even when filled with a liter of water; it does not break" (FSW ID 1, 20 yrs)*

*"I convince them by saying that condom is for both of us, if you put condom then we both might get protected from HIV/AIDS & STIs." (FSW ID 29, 18 yrs)*

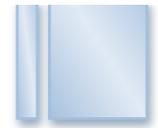
Some FSWs stated that many clients offer more money for sex without condom:

*"I am in need of money but not so desperate to risk getting HIV. I insist using condom or decline sex." (FSW ID 19 yrs,)*

*"I tell the client to take the money back from the counter." (FSW ID 7, 26 yrs; FSW ID 19, 18yrs)*

Different from other some FSWs claimed that they use negotiation skill in a different way:

*"Clients are made aware that they need to think about the family and not put them at risk for HIV and STI by not using a condom. Our body is the source of our*



*income and we can earn money only until we are healthy." (FSW ID 3, 17 yrs)*

*"I tell my stubborn clients that I am infected with HIV/AIDS & if you still insist not using condom then I have no problem. The clients agree immediately." (FSW ID 27, 20 yrs; FSW ID 29, 18 yrs)*

*"I am not skilled for condom negotiation but whenever he tries to convince for sex without a condom, I decline flatly." (FSW ID 13, 18 yrs)*

### **Sexual Practice of a FSWs (Practice of Condom Use)**

Most of the FSWs report the use of condom with clients but some didn't use condom with their boyfriends and old clients with the perception that they free of disease. Few FSWs affirmed that they had sex without condom when they were drunk and have condom breakage.

*"Some clients use their poor quality condom intentionally and had breakage for many times. So I manage condom myself. Sometimes I put condom for them also." (FSW ID 14, 18 yrs)*

*"Some clients used to put condom initially but will remove in the middle without my knowledge." (FSW ID 25, 18 yrs)*

*"Before I was not knowing the proper technique of condom use. Now I learned the proper technique. Though I use single condom but had breakage several times." (FSW ID 11, 23 yrs)*

### **Use of Alcohol before Sexual Contact**

FSWs reported that they take alcohol as a compulsion due to clients and hotel owner. Some FSWs who used to drink before stopped now. Some FSWs stated that they take little amount of drink before sexual intercourse.

*"Once I was drunk and I was unconscious. I found out later that the client had sexual contact without condom. From that day onward I stopped drinking alcohol with clients" (FSW ID 14, 18 yrs)*

*"I have to drink alcohol with those clients who use alcohol. I am threatened that if I don't drink they will use violence. As we are staying in hotel, we have to work on clients favor. (FSW ID 1, 17 yrs)*

*"I use alcohol when I get stressed, and feel awkward while doing sex. Other friends also drink alcohol so I prefer to drink at work." (FSW ID 5, 43 yrs)*

### **Experience of Sexual Violence during Sex Work**

FSWs report of sexual violence with the clients.

*"One client had forced himself on me. He said he was a policeman. Even after my repeated refusal he had sexual intercourse without condom." (FSW ID 4, 23 yrs)*

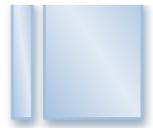
*"I was forced to have sex without condom by a client. I felt physically threatened. I think he was a policeman." (FSW ID 18, 21 yrs)*

### **DISCUSSION**

More than fifty percent of the FSWs (53.3%) were less than 20 years with the mean age 20.9 years consistent to the study from Saath Saath Project, Nepal.<sup>17</sup> About 73% of the respondents were not married which is comparable to the study from Tanzania where 60% of the respondents were never married.<sup>18</sup> Respondents education is high in secondary level (46.7%) whereas similar result obtained in a study from migrant Nigeria as half (51.1%) of the FSWs had secondary education.<sup>19</sup>

In this study, we found that FSWs gave different reasons for working in this place: pay her debt, pay school tuition fee for brother, sister, children, support their family & some were sold by their friends. This findings were consistent with a study conducted in Mumbai<sup>20</sup> and China.<sup>21</sup> Another study also found that FSW are not doing this job as a fun but it is because of hard times & had done to survive and help their families.<sup>19,22</sup>

FSWs wish to quit the job and go back with their family which was similar with a study done by Wu Jie.<sup>21</sup> A study from China, reports that FSWs perceive their work as an inhumanly work.<sup>23</sup>



FSWs often use condoms with the clients. However they report not being consistent in condom use with boyfriend, husbands and regular partners. This might be due to the perception of the latter partner being disease free. This is in line with the qualitative finding from Nepal<sup>24</sup> and China.<sup>20</sup> FSWs in Pokhara did not use condom with non-paying regular partners includes husbands and boyfriends because their sex partners had objected to its use.<sup>25</sup>

Knowledge on HIV/AIDS & STIs among FSWs in this study is similar to a study done in Ghana.<sup>26</sup> Some FSWs reported not having the knowledge about disease transmitted through un protected sex. Similar findings are reported from Bangladesh.<sup>15</sup> Condoms are used to protect themselves when they perceive a risk with their partners.<sup>27</sup>

FSWs knew about HIV/AIDS, STIs and other sexually transmitted disease from health care workers, which is in accordance with the study from China.<sup>28</sup> Their knowledge regarding transmission is similar with findings from Mumbai<sup>20</sup> and Nigeria.<sup>19</sup> A study conducted in Mumbai which showed that majority of the respondents were aware about HIV transmission through sexual contact than other modes of transmission.<sup>20</sup> Similar results were found in Indonesia.<sup>29</sup>

The practice of taking alcohol prior to sex was linked with non use of condom by the FSWs in this study, which was similar with the study done in Bangladesh<sup>16</sup>, China<sup>15</sup>, India<sup>9</sup> and Far west Nepal.<sup>30</sup> Reasons for not using condom found in this study are Influence of alcohol, being offered large sums of money and partners that they have trust, which is also reported from Kenya.<sup>31</sup>

Many FSWs report being able to negotiate condom use with clients as also found in a study from India.<sup>32</sup> Negotiations using protection of family and themselves from HIV as a reason for using condom was seen in this study. This is in agreement with a study by Huang Y. Condom negotiations was common by FSWs who knew more about the disease or had relatively less clients.<sup>33</sup>

Violence was reported by FSWs who report their client being Policeman. Similar result was obtained in a previous study conducted in Nepal<sup>24</sup> and Mysore, India<sup>34</sup> and a commentary by Shannon K.<sup>35</sup> In line with our findings, a study reports that FSWs frequently have violent clients.<sup>20</sup>

The findings are based on the in-depth interviews with the FSWs. As sex work is illegal in Nepal, FSWs may have provided some inaccurate or incomplete information due to the fear of media exposure and previous episodes of confidentiality violation.

### CONCLUSION

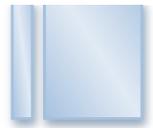
FSWs have been dealing with the clients for condom use in different ways. Despite their knowledge regarding the transmission of STDs, FSWs were not able to negotiate for condom use consistently. The study highlights that there is still need to further investigate the condom negotiation skills and identify interventions improving condom negotiation skills of the FSWs. Research on health literacy of the clients as well as FSWs may identify the specific needs of the groups for better condom negotiation and increase condom use to prevent HIV and STI in these groups.

### ACKNOWLEDGEMENT

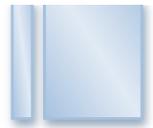
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### REFERENCES

1. UNAIDS/World Health Organization (2009) AIDS epidemic update. Geneva: Joint United Nations Programme on AIDS and World Health Organization. Available:[http://data.unaids.org/pub/report/2009/jc1700\\_epi\\_update\\_2009\\_en.pdf](http://data.unaids.org/pub/report/2009/jc1700_epi_update_2009_en.pdf). Accessed 12th February 2011.
2. Puri M, Cleland J: Sexual and perceived risk of HIV/AIDS among young migrant factory workers in Nepal. *J Adolesc Health* 2006 38:237-46.
3. Factsheet N°1: HIV Epidemic Update of Nepal, As of July, 2012, Government of Nepal Ministry of Health and Population National Centre for AIDS and STD Control Teku, Kathmandu



4. Mai TTT, Le CL, Nguyen TL: Factors associated with inconsistent condom use among female sex workers in Nha Trang, Vietnam. *Asia-Pac J Public Health* 2008, 20:370-378]
5. UNGASS: Country progress report of Nepal [http://data.unaids.org/pub/Report/2008/nepal\_2008\_country\_progress\_report\_en.pdf] webcite 2010. Accessed on 5th
6. Sagtani RA, Bhattarai S, Adhikari BR, Baral D, Yadav DK, Pokharel PK : Alcohol use, HIV risk behavior and experience of sexually transmitted infections among female sex workers of Nepal. *Clinical Epidemiology and Global Health* 2013, 1(2):73-78.
7. Singh S.K, Mondal S, Sharma N. Sexual Behaviour And Practices: A Study Of Male Clients Of Female Sex Workers In Mumbai. *Journal of Family Welfare* 2009; 55(2):39
8. United Nation Population Fund, UNAIDS. Making condoms work for HIV prevention, Cutting-edge perspectives, 2004. Available from: [www.unaids.org/en/media/unaids/.../irc.../jcg941-cuttingedge\\_en.pdf](http://www.unaids.org/en/media/unaids/.../irc.../jcg941-cuttingedge_en.pdf). Accessed June 3, 2013
9. Roy S., Mahapatra B B, Bharat S, Saggurti N. Age, experience as Sex Worker and Condom Negotiation Power: A Study Among Mobile Female Sex Workers in India. *International Aids Conference July 22 - 27 Washington DC, USA, 2012.8.*
10. Amatya TL. Underage female sex workers and HIV in Nepal. *Exchange on HIV/AIDS, sexuality and gender* 2010;4:11-13
11. Eaton DK, Kann L, Kinchen S, Ross J, Hawkins J, Harris WA, et al. Wechsler H: Youth risk behavior surveillance-United States, 2005. *J Sch Health* 2006, 76:353-72.
12. Tassiopoulos K, Kapiga S, Sam N, Ao TT, Hughes M, Seage GR. A case-crossover analysis of predictors of condom use by female bar and hotel workers in Moshi. *Tanzania. Ill Int J Epidemiol* 2009, 38:552-560.
13. Sheeran P, Abraham C, Orbell S: Psychosocial correlates of heterosexual condom use: A meta-analysis. *Psychol Bull* 1999, 125:90-132.
14. Perrino T, Fernández MI, Bowen GS, Arheart K: Low-income African American women's attempts to convince their main partner to use condoms. *Cultur Divers Ethnic Minor Psychol* 2006, 12:70-83.
15. Wang B, Li X, Stanton B, Zhang L, Fang X. Alcohol Use, Unprotected Sex, and Sexually Transmitted Infections Among Female Sex Workers in China. *Sex Transm Dis.* 2010 October; 37(10): 629-636.
16. Huq NL, Chowdhury ME. Assessment of Utilization of the HIV Interventions by Sex Workers in Selected Brothels in Bangladesh: An Exploratory Study. *The Qualitative Report* 2012; 17(38): 1-18.
17. Regmi PR, Pandey SR, Kakchapati S. Are newer female sex workers (FSWs) more vulnerable to HIV? Comparison of key behavioral indicators from IBBS survey among FSWs in Kathmandu Valley. Saath-Saath Project USAID, Nepal, Accessed from [www.nepalaid2012.org.np](http://www.nepalaid2012.org.np)
18. Siddiqui AR, Quian HZ, Altaf A, Shah SA, Vermund SH. Condom use during commercial sex among clients of Hijra sex workers in Karachi, Pakistan (cross-sectional study). *JPMA* 2013
19. Onyeneho NG. HIV/AIDS risk factors and economic empowerment needs of female sex workers in Enugu Urban, Nigeria. *Tanzan J Health Res.* 2009 Jul;11(3):126-35.
20. Shetty A, Bradley J, James A, Lowndes C, Alary M (2010) HIV risk and vulnerability in female sex workers in Mumbai: Reflections from the field. CHARME Working Paper Karnataka, India: The CHARME Project.
21. Jie W, Xiaolan Z, Ciyong L, Moyer E, Hui W, et al. A Qualitative Exploration of Barriers to Condom Use among Female Sex Workers in China. *PLoS ONE* 2012;7(10): e46786. doi:10.1371/journal.pone.0046786
22. Nyagero, Wangila S, Kutai V, Olango S. Behaviour change and associated factors among Female Sex Workers in Kenya. *Pan Afr Med J.* 2012;13(1):16.
23. Huang Y, Henderson GE, Pan S, Cohen MS. HIV/AIDS Risk Reduction among Brothel-based Female Sex Workers in China: Assessing the terms, content and knowledge of sex work. *Sexually Transmitted Diseases.* Nov. 2004; 31(11):695-700.
24. Ghimire L., Smith WS, Teijlingen ER van, Dahal R, Luitel NP. Reasons for non- use of condoms and self-efficacy among female sex workers: a qualitative study in Nepal. *BMC Women's Health* 2011;11:42.
25. NCASC and ASHA Project 2011. Integrated Biological and Behavioral Surveillance (IBBS) Survey among Female Sex Workers in Pokhara Valley, Nepal, Round IV-2011.
26. Onyango MA, Sylvester J, Poku TA, Akuoko K, et al. "It's All About Making a Life": Young Female Sex Workers Vulnerability to HIV and Prevention Needs in



- Kumasi, Ghana A Qualitative Study. MARP Oriented New Innovations for Research (MONITOR) Program, Ghana. Available at: [www.bu.edu/.../Young-female-Sex-Workers-final-report-July-2012.pdf](http://www.bu.edu/.../Young-female-Sex-Workers-final-report-July-2012.pdf). Accessed on June 14, 2013.
27. Abdulai MA. Factors influencing condom use among women in rural Ghana: A cross-sectional survey(thesis). Vrije Universiteit, Amsterdam, The Netherlands, 2012.
  28. Li Y, Detels R, Lin P, Fu X, Deng Z et al. Prevalence of Human Immunodeficiency Virus and Sexually Transmitted Infections and Associated Risk Factors among Female Sex Workers in Guangdong Province, China. *J Acquir Immune Defic Syndr.* 2010 February; 53(1): S48–S53.
  29. Sanne Wansink. Factors influencing low condom use among female sex workers in Prakla (Bontang, Indonesia). Master Thesis Medical Anthropology and Sociology, International School of Humanities and Social Sciences, University of Amsterdam, June 2010
  30. Bam K, Thapa R, Newman MS, Bhatt LP, Bhatta SK (2013) Sexual Behavior and Condom Use among Seasonal Dalit Migrant Laborers to India from Far West, Nepal: A Qualitative Study. *PLoS ONE* 8(9): e74903. doi:10.1371/journal.pone.0074903 .
  31. Gallo MF, Warner L, Bell AJ, Bukusi EA, Sharma A, et al. Determinants of condom use among female sex workers in Kenya: a case-crossover analysis. *J Women's Health.* May 2011; 20(5): 733-8.
  32. Bharat S, Mahapatra B, Roy S, Saggurti. Are Female Sex Workers Able to Negotiate Condom Use with Male Clients? The Case of Mobile FSWs in Four High HIV Prevalence States of India. *PLoS ONE* 2013; 8(6): e68043.
  33. Grayman JH, Nhan DT, Huong PT, Jenkins RA, Carey JW, West GR, et al. Factors Associated with HIV Testing, Condom Use, & Sexually Transmitted Infections Among Female Sex Worker in Nha Trang, Vietnam. *AIDS Behav.* 2005Mar;9(1):4 1-51.
  34. Paul SR, Lorway R, Brien NO, Lazarus L, Jain J, Bhagya M, et al. Sex worker-led structural interventions in India: a case study on addressing violence in HIV prevention through the Ashodaya samithi collective in Mysore. *Indian J Med Res* 2012;135:98-106
  35. Shannon K. Violence, Condom Negotiation, and HIV/STI Risk Among Sex Workers. *JAMA.* 2010;304(5):573-574.