Reviewer’s report

Title: Characterizing the sexual life-course of women prior to self-reported entry into sex work in south India from a cross-sectional survey: implications for STI/HIV prevention programming

Version: 2 Date: 18 August 2012

Reviewer: Tanvi Rai

Reviewer’s report:

Response to corrections
Thanks to authors for clarifying and addressing the reviewers’ concerns in the 2nd version of the paper. They have been covered adequately.

General discretionary comments

The following comments may be addressed in the Discussion and Conclusion section.

Thanks to authors for addressing the concerns raised and clarifying some issues, however in doing so the limitations of the methods and the results appear more important.

1. The major categories or typologies used at the beginning while setting out the background – Devadasi/non-Devadasi and commercial 1st sex/non-commercial 1st sex – seem to be of diminished significance to the characterisation of the life histories. For instance, not all Devadasis had a commercial 1st sex and even fewer had a dedication ceremony at their 1st sex. Also, having a commercial 1st sex was true only for a quarter of the sample, and even among them 45.9% ended up having a long-term partnership with their 1st client (similar, though clearly not the same as non-Devadasis marrying their first sexual partner). These long term partnerships then appear to affect a delay in the transition of some of them into becoming self-identified sex workers. I wonder is it possible that having a commercial first sex (as defined by the exchange of gifts or money for sex) is not that significant the eventual transition of a woman into sex work, especially, for non-Devadasi women? I suppose not knowing how many women who had commercial first sex but did not end up becoming FSWs makes this difficult to answer.

2. Another important point is the transition of 1st sex clients into long-term partnerships. This is interesting because I wonder if the sex encounters still stay ‘transactional’ during these long partnerships?

3. Which brings me to ask, how is potential HIV/STI risk to women during the ‘transition period’ being envisaged by the authors? Is it specifically the transactional nature of the sex they are having during this period the issue (hence the focus on whether or not 1st sex was commercial)? Or is it the fact that they may be having sex with risky partners? This is not very clear in the Discussion as both are described at different points, but not examined together to
look at the relevance of each in turn and interactions between them.

4. Only 23.5% women reported having >=3 partners during the transition period. This is obviously an important group who might be at increased risk as they might be truly ‘transitioning’ into sex work. But the rest of the sample, who have 1 or 2 partners in their transition period – how different is their risk, or indeed their sexual history before they became self-perceived FSWs, from women who don’t eventually enter into sex work? The risky-ness of their sexual partners (esp when consistent condom use is so low) in this period is clearly paramount but would apply to both kinds of women (FSWs and not).

5. I still believe that this paper is important as an exploratory analysis looking at risk for women before they enter ‘formal’ sex work. However, the results are not conclusive enough and need further exploration and validation by means of other methods. A longitudinal prospective study would be difficult when the end point is eventual entry into sex work, but qualitative methods that interrogate details about some of the quantitatively gathered life events, and also question what else was going on in their lives that could affect their vulnerability would be illuminating. This paper has raised many important questions.

6. In terms of why FSWs become HIV positive so early in their sex work careers, if the point at which women self-report to be sex workers (and their sexual partners become much greater than 3) takes place much before they are registered into HIV prevention programmes then perhaps it is that period which is especially risky for FSWs. It may reflect a very high-risk environment for sex workers who are not enrolled on a FSW programme. Both having FSW AIDS deaths before their 2nd year of sex work, and AIDS-deaths not increasing with duration of sex work might be reflecting the dramatic effect of intervention programmes, and longer periods of enrolment may be associated with decreased AIDS mortality.

7. The wish to help women while they are ‘doing sex work’ but not perceiving themselves to be sex workers is a noble one, however, I don’t see how it could be operationalised other than providing support to women in general (as has been suggested by the authors). The stigma associated with being perceived (by others) as a sex worker may be too great for some women even if their risk behaviour is similar to FSWs.

Specific discretionary comments

1. Abstract, Background, last sentence: Defining ‘traditional’ in brackets as ‘dedication into sex work at first sex’ is not correct in lieu of findings that not all Devadasis report this experience (only 82.9%).

2. Results, Study population, 2nd para AND Characterising first sex, 2nd para, second last para: The migration status of FSWs is mentioned a couple of times in the results but not explained in the discussion.

3. Table 2. Title: Profile of female sex workers with a commercial first-sex (N=1011) – should say ‘N=266’ or change title suitably as it is a bit confusing.

**Level of interest:** An article whose findings are important to those with closely
related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.