Stigma has deep roots in the social context of communities sustaining serious challenges for HIV and AIDS prevention and control efforts. In combination with other forms of stigma, it hinders the efforts of female sex workers and other marginalized groups to avoid HIV. Empowering community and community-based organizations have been in 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.

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 (α=0.81). Chi square test were used to test correlations between the stigma scale and all relevant dependent variables.

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)

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.