CHAPTER - V
SUMMARY FINDINGS AND SUGGESTIONS

SUMMARY

Background
Need and Significance of the Study
Statement of the Problem
Title
Objectives
Methodology
Scope of the Study
Constraints

MAJOR FINDINGS

SUGGESTIONS AND RECOMMENDATIONS

MODEL INTERVENTION POLICY

Priority Actions
Approaches for Priority actions
Overview of strategies
Problem reduction and support programme
General and sexual health improvement programme
Supportive environment programmes
Capacity building of rural sex workers
Knowledge based monitoring systems
Coordination, Monitoring and Evaluation mechanism
Topics for further research
SUMMARY FINDINGS AND SUGGESTIONS

Background

Sex work among the women has been in existence since time immemorial. Societies sanctified the deviance among women religiously, culturally and socially. A by-product of feudalistic system, the sociologists explained prostitution as an age-old profession created out of economic compulsion or sexual gratification. Women were used as entertainers and subjected to sexual violence and enslavement. Even in the name of God, the system prevailed in many parts of India leaving the women living in subjugation and suffering in silence. Prostitution is the worst form of human exploitation and inequality. Havelock Ellis (1937) defined a prostitute as a person who makes it a profession to gratify the lust of various persons of the opposite sex or the same sex while Devis Kingsley (1937) differentiates prostitution by the element of hire, promiscuity and emotional indifference. The International Encyclopaedia of the Social Sciences (1968) defines prostitution as the granting of sexual access on a relatively indiscriminate basis for payment either in money or in goods, depending on the complexity of the local economic system. According to Alfred C.Kinsey, a prostitute is “an individual who indiscriminately provides sexual relations in return for
money payment”. Kinsey also gives a broader coverage to the concept of prostitution, covering its four types. The commonest involves heterosexual relation in which female is paid, another is homosexual prostitution among males who provide sexual relations for other males on payment. There is heterosexual prostitution in which females pay males and the fourth type of prostitution, which is rarest, is the prostitution in which females pay other females for homosexual relations.

The women engaged in prostitution suffer socially, personally and medically. With the globalization, the women are subject to systematic exploitation through commercialization of sex trade. They often acquire deadly diseases and are also stigmatized by the community. Although it is seen as a social evil, the institution of prostitution is an accepted factor universally. AH societies have attempted to regulate and control sex relationship through the institutions of marriage and the family. No society recognizes prostitution because it not only disorganizes personal character of its members but also affects the life organization of the family and the community at large. The study of prostitution is really a challenge, which has to be undertaken with courage and conviction. It cannot be done in isolation as it is intervened by psychological, socio-economic and cultural factors. Sex work is the recently used term to designate prostitution and
relates to the promiscuous sexual intercourse in lieu of cash or wealth in kind without any affection or personal interest. Numerous studies have been conducted on female sex workers, but these studies were conducted mostly from urban and brothel based women analyzing their sexual behaviour and risk factors.

Need and Significance of the Study

Rural India, which comprises 70 per cent of the total population, has been faced by problems of poverty, castism and illiteracy. This has lead rural people to struggle for their existence. Urbanization and modern technological development attract many from the rural belts to work in the cities. But in reality the unemployment situation compels the job seekers to deviate and take to illegal activities. Many factors attract the young women and the external circumstance often deviate them to do sex work in order to earn easy money. Most of the urban brothel houses are depending upon the rural women who ultimately become sex workers for various reasons. They become the high-risk behaviour group vulnerable to sexually transmitted diseases. AIDS pandemic is major threat to them in the absence of poor health awareness and support. Recent researches reveal that rural women do not take this profession voluntarily. There are many reasons and a serious search is essential. It has to be pointed out that there are no systematic
studies conducted to analyze the problems of the sex workers in rural areas and there is not much data available on this issue. Hence there is a specific need to undertake a systematic study.

Statement of the Problem

Tamil Nadu is very famous for its traditions and culture. Monogamy is the prominent way of life. All religions preach morality and any deviation from this becomes a sin. The social life in the rural areas is mostly centred on the family system. The deviance in any form is not tolerated and even severely dealt with. Sex work among rural women in Tamil Nadu has shown an increase recently. This creates social, psychological and medical problems. The rural scenario is very different and more problematic. The ignorance, non-accessibility of health and legal services and total stigmatization may add fuel in the misery of the poverty driven rural sex workers. They are not regular in practicing sex work. Their work is seasonal, unorganized and poorly paid. They are severely exploited and become victims to social stigma. The medical facilities and counselling services are not accessible to them. The risk of acquiring STD/HIV/AIDS opens a new avenue to their personal and social problems. They are subjected to severe sexual violence, harassment and physical assault. They are even denied of social status and human rights. Even their family members are subjected to
ill treatment and stigmatization by the community. The present study is mainly intended to portray the psychosocial characteristics of behavioural pattern and problems of the rural women practicing sex work in the National Highway from Dindigul to Coimbatore. The villages have been drastically affected by severe draught and are poverty stricken. This has made the rural women to involve in sex and come to nearby towns such as Dindigul, Oddanchatram, Palani, Dharapuram, Pollachi and Coimbatore for this trade. The interview was conducted through structured social survey. The socio economic backgrounds, the sexual behaviour and practices have been critically analyzed. The role of governmental and non-governmental organizations in reducing the sex trade and to control the Sexually Transmitted Diseases/HIV/AIDS among the high risk groups have also been investigated. The study also suggests strategies for enhancing the living condition of the sex workers and rehabilitation measures for their welfare.

Title

“Socio-psychological analysis of Behaviour Pattern and Problems of Rural Sex Workers”
Objectives

1) To profile the socio economic conditions and problems of rural sex workers.

2) To identify the reasons and factors promoting sex work among the rural women.

3) To analyze the sexual behavior and practices of the rural sex workers.

4) To examine the role and efforts of governmental and non-governmental organizations to reduce the problems of sex workers and rehabilitate the victims.

5) To suggest intervention strategies and policy to protect the rural women from sexual exploitation.

Methodology

This exploratory study has been conducted in Dindigul and Coimbatore Districts of the South Indian State of Tamil Nadu. These two districts have more identical culture and traditions, but have shown recently an increasing number of sex workers in their rural areas. The villages located in Pollachi Taluk of Coimbatore District is famous for sex trade and those from the rural areas of Palani, Oddanchatram and Dindigul Taluks in Dindigul District were purposively selected for the study. A sample of 105
sex workers had been located from the above-mentioned villages for the Purpose of the study.

The data for the study had been collected from the respondents through the field surveys. For the purpose of the survey, a schedule was prepared and administered. The personal interviews were conducted by the trained field staff. The socio economic and demographic data, detail regarding the sex work practices, their present status and future concerns were collected through personal interviews. In addition to this, Focus Group Discussion and Case Study methods were also used by the Investigator. The data thus collected have been analyzed applying statistical techniques to achieve the objectives of the study. Both qualitative and quantitative analyses have been attempted for the analysis.

Scope of the Study

It is an empirical study attempted at the micro level analyzing the social and psychological conditions of the rural sex workers. The study has explored the sexual behaviour and practice of the sex workers. The health status of these women and their family members has been examined. The respondents were interviewed in the office premises of a Non-Governmental Organization working among the Sex Workers in STD/HIV/AIDS prevention program. There might have been some gaps in the information
delivery by the individuals. So, they were asked to assemble as a group and exchange their ideas and experiences. This provided valuable information for this study. While most of the international studies concentrated on the branded urban-based sex workers, this study has been specially designed to profile the problems of the rural sex workers. It creates new avenues for the planning for the empowerment of the sex workers and tests their collective ability to promote themselves and their families to better condition in the social life. The findings can be applied to strengthen and modify the social aspects of the ongoing STD/HIV/AIDS prevention and control intervention programs. The intervention strategies have been designed with a view to control and prevent the sex trade among the rural women with the help of Non Governmental Organizations and the Governmental Agencies.

Constraints

The study was confined to 17 villages of 5 blocks in the two districts of Tamil Nadu. For collecting data, an interview schedule has been used. The investigators were provided with intensive training to conduct personal interviews and focus group discussions with sex workers. The study is not free from the recall bias as most of the sex workers did not want to reveal the exact details. Also, it was difficult to follow the sex workers in their villages, as the rural community is sensitive to the presence of strangers.
Major Findings

> Majority of the sex workers (71.4 per cent) selected for the study were aged between 18 to 38 years, there were also young girls below 18 years of age lured into this profession.

> Majority (84.7 per cent) of sex workers were Hindus, followed by 14.3 per cent Christians and one per cent Muslim. The predominance of sex workers from Hindu religion and few from Muslim reflected the restrictiveness of freedom for the women in the respective religions.

> Majority of the sex workers (57 per cent) were illiterates and among the literates mostly were school dropouts at the primary stage of education.

> The study revealed that majority (69.5 per cent) of the sex workers belonged to backward class, scheduled caste and scheduled tribes.

> Nearly half of the sex workers (47.6 per cent) were married and many were widows or divorced.

> Majority of the sex workers (88.6 per cent) were from nuclear family and very few hailed from joined family which revealed that type of the family played an important role for rural women entering into sex work.
> Husbands and partners comprised 29 per cent of the dependants of the sex workers. Children constituted three-fifths of the dependants (62 per cent).

> The family members of the sex workers (55 per cent) were mostly casual labourers and 24 per cent were out of employment. This can be treated as one of the major cause for the rural women entering into sex work.

> The study revealed that the annual income of the sex worker family ranged below Rs. 30,000/-.

> Out of the total dependants, 40 per cent helped the sex workers in their domestic chores, 29 per cent provided emotional support and security at home and 13 per cent extended monetary help. Seventeen per cent, however, failed to extend any support to the sex workers.

> Use of alcohol, drug and physical assault by the dependants (42 per cent) were the major problems reported by the sex workers.

> Majority of the rural sex workers (69 per cent) earned an income below Rs. 30,000/- annually. Only two per cent earned an annual income above Rs. 60,000/-

> The annual expenditure of the sex workers ranged between Rs. 10,000 and 60,000/-.
> Majority of the rural sex workers (65 per cent) were reported to have annual domestic expenses below Rs. 30,000/-. Only 8 per cent reported to have domestic expenses above Rs. 30,001.

> Majority of the sex workers (80 per cent) did not have any savings from their earnings.

> Majority of the sex workers (79 per cent) had debts mainly due to medical treatments, expenses for social functions and education of children etc.

> Majority of the sex workers (94 per cent) reported that poverty was the major cause for their entry into sex work. Exploitation, rape, sexual abuse and oppression were the other reasons mentioned for entry into this profession.

> Majority of rural sex workers received clients through pimps (96 per cent) and lodge workers (90 per cent). Clients were persuaded directly in 88 per cent cases, whereas the husbands or close relatives secured clients in 11 per cent cases.

> Majority of the clients were local unmarried youth. Most of the clients behaved friendly with them during the sexual intercourse.
> Residential premises (86 per cent), open fields (80 per cent) and lodges (72 per cent) were the prime places preferred by the clients for sexual contact.

> Sex workers (48 per cent) were engaged on an average 101 to 200 days annually and only 8 per cent reported more than 300 days in a calendar year in sex trade.

> Sex workers (53.6 per cent) entertained 6 to 8 clients per day. Sex with more number of clients could lead to health hazards such as body pain, uterus tearing and venerable diseases.

> The clients in general preferred to enjoy vaginal insertion. Oral (75 per cent) and anal sex (25 per cent) were also practiced by the clients.

> Only fifty eight per cent of the sex workers forced their clients to use condom. As many as 12.4 per cent of the sex workers never insisted their clients to use condom.

> Policemen (99 per cent) and rowdies (98 per cent) indulged in harassment, extortion and even assault against the sex workers.

> Rural sex workers abstained from sex work on certain days on account of menses, sickness and other personal problems.

> There is a snow balling effect in sex trade as the rural sex workers encouraged fresh women into sex trade. The role played by rural sex
workers in spoiling other young women outside in society is a matter of concern and needs to be curbed.

> It was observed that most of the respondents (78.1 per cent) entered into sex trade during the past ten years. Among them, 54.3 per cent wished to leave this illegal profession and wanted to lead a peaceful life. They wanted social support and financial assistance to start small enterprises for earning a livelihood leaving this treacherous profession.

> Most of the sex workers (77.1 per cent) were prone to diseases such as white discharge, vaginal ulcer, lower abdominal pain and fever. Too much of energy wastage and poor intake of nutritious food by sex workers damaged their health conditions and power of resistance.

> The study revealed that around 14 per cent of the sex workers were affected by HIV and could spread it to their clients indulging in unsafe sex.

> Majority of the sex workers (51 per cent) visited private and government hospitals for treatment. They also approached quacks, medical shop and NGOs for treatment.
> Majority of sex workers were aware of HIV/AIDS (94.3 per cent) Reproductive Track Infection (RTI) (68.6 per cent), and Sexually Transmitted Infection (STI) (53.3 per cent).

> Further, 60 per cent of the sex workers could identify the symptoms of these diseases and took preventive methods. They used condoms for safe sex and sought counselling to modify their sexual behaviour.

> Community and family members often ill-treated the sex workers. They were tortured and brutally punished.

> Isolation (41 per cent), forced sex (17 per cent) and sexual abuse (51 per cent) were reported by the sex workers from the public.

> Majority of the sex workers were beaten up by the police and partners. Loss of image, separation from children; and refusal were the other major problems faced by the rural sex workers.

> Extortion of money by madams / pimps (89 per cent), neglect by medical personnel (98 per cent), harassment by the co-sex workers (83 per cent) were the other predominant problems reported by the rural sex workers.

> Almost all the sex workers shared their problems with co-workers. Majority of the sex workers ventilated their feelings through visiting friends and enjoying movies. Consumption of alcohol and drug use
was common among sex workers to get rid of their worries and sufferings.

> Sex workers were rather concerned and accorded priority to the education of their children. They demanded free treatment and medicines (71 per cent) for their own welfare and that of their children.

> A number of monetary and material requirements such as loan for self-employment and housing construction were expected by rural sex workers from NGOs and governmental agencies.

> Above all, the study observed that 73.3 per cent of the sex workers did not possess ration card, voter identity card and proper shelter to live.

Suggestions and Recommendations

Majority of the rural sex workers are illiterates. Hence the communication is impaired. Efforts should be taken to make these women literate. To create motivation and social responsibility among all section of the people, media and non-governmental organizations with the help of the enforcing governmental organizations should take steps to sensitize them. Social education can play a vital role in this regard. It is important to conduct a state-wide collection of data on rural sex workers and their
dependents. These children should be taken care by various agencies to arrest the sex trafficking in future.

Legal Aid programs should be organized to give awareness on the legal and human rights issues to the sex workers. They should also be motivated to form self help groups and economic empowerment trainings should be provided to empower them.

The sex workers are the victims for the STD/HIV/AIDS and proper measures should be taken by the agencies to change the behaviour of the sex workers to adopt safe sex practices, to use condoms and seek consistent and complete treatment. Counselling facilities should be available and accessible to all depressed women.

The study revealed that one of the main reasons for sex work is poverty. There should be rehabilitation measures by different agencies by which the sex workers can choose a better life and sustain with their family members. Various institutions should coordinate together to organize programs for the welfare of these women.

To include all the above mentioned points, the researcher has presented a Model Intervention Policy which can tackle the problems of the rural sex workers effectively.
MODEL INTERVENTION POLICY

The present study has examined the behaviour pattern and problems of the rural sex workers. There is a need for intervention policy for various organizations to deal with this problem. A Model Intervention Policy has been suggested which can be adopted by the government, donor agencies and non governmental and community based organizations. The very social exclusion process forces the sex workers to live and die in the margins of society. Most of the problems of rural sex workers are due to their nature of profession. Women choose sex trade not because of her behavioral impulse, but due to other social compulsion. The women entering in sex trade continue to engage in this occupation throughout life. This is not due to attitudinal or behavioural pattern but only due to the stigma attached to her identity with the profession. A sex worker suffers social and psychological degeneration due to the constraints of sex profession. This basic premise of sex trade can not be ignored.

The model intervention policy proposes to address the structural issues and their impact on the sex workers ability to protect themselves from the problems. The strategy explicitly emphasizes the need to understand the power dynamics within these structures and how it acts upon these groups. This policy model aims to understand different perspectives and dimensions
of power in sex work. It will specifically attempt to understand how these relate to problem prevention efforts and guide the institutions for designing strategies that would effectively address structural challenges. The priority initiatives for the strategic framework in developing the intervention model to address the sex workers problems are as follows:

- Develop, provide, monitor and evaluate support programs for sex workers and their family
- Facilitate development approaches at local, state and national levels
- Create an enabling environment and policies for the rehabilitation and prevention of sex trade in rural India.

The relationship of the three priorities is illustrated in figure 5.1 as three connected circles. For ensuring the actions take place within each circle, a coordination, monitoring and evaluation mechanism is provided as the centre of the three circles. This mechanism is aimed at ensuring the three priorities are implemented, complementary and reinforcing.
There is no doubt that sex workers have special needs and issues and as a consequence, they are experiencing difficulties accessing or benefiting from more conventional welfare and support approaches. Building on lessons learned and good practice models, the initiatives will adapt, develop, implement, monitor and evaluate problem reduction and support programmes to ensure they respond to the special needs and circumstances of sex workers.

The Development approaches are important to change the underlying socio-economic factors at the local and national levels influencing people’s actions and choices, to reduce vulnerability through increasing their control
over their own lives and building capacity for human development. Enabling environment strategy will address the factors such as poverty, discrimination, segregation and lack of legal and social status of the vulnerable communities. The essential components of this strategy include the design and implementation of non-discriminatory policies and the facilitation of access to essential information, commodities, services and programmes. These three priority areas proposes partnerships of various sectors and key stakeholders like government authorities, non governmental organizations and community groups to reduce the problems and increase the support in the target group population. The coordination, monitoring and evaluation mechanism outlines processes to ensure that the strategy is relevant to specific issues affecting the social and psychological conditions and is flexible to respond the future challenges. Supporting and contributing resources to the initiatives of promoting socio-psychological condition of the sex workers including their general and sexual health condition is the goal of the intervention policy. The support and contribution include different promotional strategies, sexual health initiatives and capacity building through interested institutions and individuals.

The main objectives of this model and the priority actions are enunciated below:
- To improve the socio-psychological condition of the sex workers

- To improve the general and sexual health condition of the sex workers.

- To prevent and control HIV and STD through innovative, community based, multi-sectoral and development linked approaches

- To create, facilitate and advocate an enabling environment for the rehabilitation, social acceptance and empowerment of the sex workers.

- To establish a coordination, monitoring and evaluation mechanism for the rehabilitation and prevention of sex trade in rural communities.

**Priority Action 1**

Facilitate programs for sex worker communities with improved accessibilities and availabilities of the existing services and flexibility to consider the target communities particular social, cultural, economic and psychological contexts

- The programs will be planned in the rural areas of districts in the state where prevalence and practice of sex work is high.

- The program will include the components of identification of the sex workers communities and their families, building up the rapport with them, improving accessibility and availability of counselling and other
essential services, empowering the target groups and creating enabling environment by sensitizing the community members around them.

- Programs of action oriented, community based, operational research methods such as mapping exercises, rapid assessment studies, social network approach, participatory action approach which should help to better understand the social and economic issues of the sex workers, assess the problem creating factors and ascertain the contextual risk environment to develop interventions.

- Strategies of economic empowerment and skill development will be initiated through community involvement to the sex workers and their family members.

- Better monitoring, evaluation and learning systems will be evolved to re-strategize the project on frequent intervals.

**Priority Action 2**

Provide counselling and support services to the sex workers, their family members to mitigate the physical, emotional, social and economic impacts due to the occupation.

- Programs with the components of services for reducing stress and depression through counselling and psychological support and treatment for physical violence to sex workers and their families.
Programs designed to strengthen the capacity of families and communities in low resource segments which will support, and ensure sustainable human development in both sex workers communities and general communities.

Programs which ensure the greater involvement of the sex workers in the development and implementation of support activities.

Problem reduction programs based on priority needs and lived experience in specific contexts.

Programs with an advocacy plan to motivate the policy makers to understand and support the marginalized group to ensure adequate security coverage and essential needs of sex workers.

Programs addressing the children of sex workers, girls and boys living with them with a provision of appropriate counselling and psychosocial support, facilitating enrolment in schools and access to shelter, nutrition, health and social services.

Programs having the plan to assist the individual, households and communities affected by the sex work to strengthen their responses socially by support networks and self-help networks and economically by micro finance or cooperatives so as to be prepared to deal with and
withstand the social, economic and emotional impacts of this occupation.

Priority Action 3

Promote Community based, multi-sectoral, development approaches to HIV/AIDS prevention among the sex workers

- Programs designed by applying community based or people centred approaches which provide supportive, enabling social and policy settings to the sex workers communities to increase their capacity to solve the problems and analyze by themselves.

- Programs of multi-sectoral approaches which stress the complex links between HIV vulnerability to the sex workers and sustainable livelihoods, education, health, spirituality and social development will be implemented with the collaboration of different organizations to develop responses to the HIV epidemics based on the comparative advantage and unique roles of each sector with particular reference to the sex workers.

- Programs capable of initiating the network of sex workers communities’ organizations to establish Early Warning and Rapid Response System to identify, analyze and find out solutions to the problems likely to arise from short and long term changes due to the
epidemic in the community will be planned. This mechanism should incorporate participants from multiple sectors and disciplines and require willingness to work collaboratively across sectors.

- Programs having the capacity to facilitate identification and utilization of community resources to ensure community initiated and sustainable responses to HIV and to build sex workers’ capacity to develop appropriate, timely and effective interventions and ensure their participation in developing strategies and policies for preventing HIV.

**Priority Action 4**

Facilitate and advocate for implementation of enabling policies to reduce the socio-psychological problems of sex workers and build community empowerment by providing tools and resources to respond to the problems and their impacts

- Programs facilitating and advocating the Local Government, District Administration, State and National government, opinion and religious leaders regarding the different issues in the sex trade and get policy support to the program actions and the sex worker rights.

- Programs with planning for advocacy efforts for the policy change regarding the issues like decriminalization of sex work, employment opportunity to socially and economically disadvantaged people in
collaboration with the other organizations working in Human Rights and Legal Aids.

Programs acknowledging the gender issues in the sex work and planning to work towards the development and acceleration of the national strategies, plans and actions that promote the advancement of women particularly sex workers, policies to promote shared responsibility of men especially clients, husbands and partners of sex workers to ensure to respect the human values and safe sex and strategies to empower the sex workers to have the control over their sexuality and sexual health.

Programs having plan to collaborate with the National Rights-based Mechanisms and Institutions and have the capacity to promote the Media Partnership to facilitate political support and advocacy and to reduce the stigma and discrimination of the sex workers.

Programs of actively involving the target community in the development, implementation and evaluation of programs and policies that build capacity of the target community to cope up with the issues and problems.
Priority Action 5

Establish a coordination, monitoring and evaluation mechanism to ensure the institutions’ response relevant to specific issues of the sex workers and flexible to respond the future challenges

☐ To coordinate the activities like sharing of lessons learned and best intervention practices on sex workers issues among the partner organizations thorough communication websites.

To monitor the individual programs with a definite monitoring system in frequent intervals as well as its overall strategy on problem reduction and support programs.

☐ To evaluate the programs to ensure that they are consistent with the goals and priority areas outlined in their strategy, to promote best practices and lead to sustainable improvements in the socio-psychological and sexual health conditions of the sex workers by developing performance indicators, conducting annual reviews with all stakeholders and providing mechanisms for communicating other stakeholders like government departments and other NGOs and Community Based Organizations in the local, district, state and national level about the successes of the strategy and the challenges that need to be met.
Approaches for Priority Actions

This model intervention policy recommends projects that are modeled around the Priority Actions mentioned earlier. There are five approaches which provide an outline for the Priority of Actions.

Approach 1:

*Support programs for empowering the sex workers*

Approach 2:

*Sexual health improvement program for the sex workers*

Approach 3:

*Creation of enabling environment in sex worker communities*

Approach 4:

*Capacity building to address the socio psychological problems*

Approach 5:

*Developing knowledge based learning systems*

Overview of Strategies:

The social system, cultural patterns and the economic status of the target groups and the surrounding communities can vary from place to place. New strategies can be added specific to their setting. The following strategies are outlined for maintaining quality and minimum standard to work with the sex worker communities.
Problem Reduction and Support program

There are three main components in this program strategy. Providing supportive services like counselling, legal aid support, education and vocational training to their children, health services etc. is the primary strategic component to reduce the socio psychological problems of the sex workers. After this, the enabling environment programs like sensitizing the law enforcing authorities, Government Development department officials, NGOs and Community based organizations are very essential to get support for this program. The empowerment component will be a long term measure to increase the capability of the sex workers to manage the problems by themselves and forming as groups to obtain benefits from the government and community through collective bargaining. The each component will be fitted to the local contexts like size of the target population, culture and attitude of the general community.

The different components in the problem reduction and supportive program strategy are described in Figure 5.2.
General and sexual health improvement program

Providing knowledge and awareness regarding the general and sexual health issues is the first step in the health improvement strategy. The program staff will provide health education and behaviour change communication in one to one contact, one to group contact and with the help of the folk arts and other audio visual shows to the sex workers. The prevention methods will also be taught through health education session. Condom use will be stressed to prevent the STD/HIV/AIDS. Trained professional and community based counsellors can offer counselling service. With the help of the community based organizations of the sex workers and women self help groups, general health and STD/HIV related information
can be provided. Quality treatment services will be provided to the sex workers with out any discrimination by sensitizing the doctors and other medical staff in the government and private nursing homes. Treatment will be available and accessible for general health problems particularly for the RTI and STI. Linkage of the services of the existing Reproductive and Child Health Projects will be planned. Networking of vulnerable communities and linkages with the state and national level organizations like government health facilities, private hospitals, research and academic institutions will be included in the project. Support systems like community based organizations particularly women self help groups, village based volunteer groups and groups of opinion and local government leaders will also be established to make their suggestions and cooperation to the programs.

A Resource centre should be established for collection of information, storage, analysis and dissemination, IEC material production and distribution, conducting training and research and documenting the learning.

The strategy plan for the programs for improving the general and sexual health of the sex workers has been depicted in Figure 5.3
Supportive Environment Programs

Supportive Environment programs pave way to the sustainability of the welfare measures to the sex workers. Major components include facilitation and sensitization regarding the problems and issues related to the sex work and sex workers, advocacy for policy change in the government and donor levels, concentrating in the gender issues and getting the media.
support for the programs. The Law enforcing authorities, local government leaders, development officials, health professionals and the NGOs/CBOs will be sensitized on the core issues of the sex workers.

To change the current government and donor policy regarding the sex workers, multilevel approach will be needed. The grassroots level initiations will be linked to the state level and national level movements to activate the lobby and pressure to change the policies. The political advocacy will also be needed to make appropriate amendments in the existing law. The Human Rights issues will be highlighted to visualize. To address the gender issue in this program, the activities like highlighting the responsibilities of clients and partners of the sex workers and the empowerment of the sex workers and their family members will be included. Changing the attitude of the common man on the issues of the sex workers can only be possible with the support of the media. Sensitizing the media personnel will be the first step and the case studies of sex workers and publication of different articles regarding the sex workers problems will help to create an awareness and attitude change among the public through television, newspaper, radio etc.

Figure 5.4 explains the strategic plan for improving the supportive environment program
Capacity building of Rural Sex Workers

The strengthening of sex workers communities’ capabilities to manage the different problems by themselves consists of components addressing the structural issues of the social system. Social and economic empowerment is the first step by motivating the sex workers to form and become the members of their own community based organizations and provide them leadership training and initiate microfinance programs to increase their capacity to deal with the social and economic issues. Capacity building for them can address the “skill development training and opportunity to work”. The established community based organizations will
be networked and the linkage with other Advocacy Organizations will give them team spirit and increase the collective bargaining powers.

To generate support from policy holders, it is necessary to advocate for media support, political advocacy and activism by the vulnerable group organizations and the organizations supporting them. This will reduce the vested interest of the power holders to keep the sex workers population in a low position in the society. Activities will be initiated to protect the rights of the sex workers communities and recognize the activities of the interventions. Hence efforts will be taken to make a consensus between law enforcers and the project holders to protect the rights of the target groups.

This strategy is very important because it differs from the conventional welfare and support programs. The projects will address the structural issues from the inception stage itself and the learning will be shared with the other stakeholders.

The strategy plan for strengthening the capabilities of vulnerable communities has been depicted in Figure 5.5.
Knowledge based monitoring Systems

Knowledge based monitoring System is very much envisaged for sharing of the experiences. The Strategic Plan for Knowledge Based Monitoring System has been presented in Figure 5.6.
Knowledge based monitoring is the new enhanced version of the evaluation. The purpose of this system is to capture, store, analyze and disseminate knowledge, which helps to achieve the targeted objectives.

The system consists of four components which are explained hereunder.

**Knowledge Acquisition**

It is the information collecting process from various sources regarding the programmes like research findings, observance, focus group discussions,
process monitoring, program evaluations, learning forum information and exposure visits.

Knowledge storage, retrieval and analysis

Collected information will be stored category wise and analyzed using Information Technology.

Knowledge application (Learning and Action)

Analyzed information will be converted into application by re-strategizing the objectives and activities according to the learning. This process of incorporating the feedback system will help to speed up to achieve the stated goal and objectives in the stipulated time frame.

Knowledge sharing and dissemination

The applied knowledge and learning will be disseminated to various stakeholders through learning forums, workshops, conferences, newsletters and websites. The information should reach all the stakeholders including the primary target groups in the local language.

Coordination, Monitoring and Evaluation Mechanism

A coordination, monitoring and evaluation mechanism is needed to observe the progress of this policy as well as the projects implemented with the active participation of the Government and the other organizations
involved in the process. The progress will also be appraised to the donors, stakeholders and public. For this purpose, it is suggested that an expert team will be constituted to undertake the evaluation.

Coordination Mechanism:

Optimal implementation of the strategy relies on strong coordination efforts. The roles and responsibilities of the coordinating body will be redefined during the initial stages of strategy implementation. Coordination for more coherent and comprehensive programming among organizations, entities and community groups can be promoted by the following measures:

- Dissemination and advocacy of policy strategy to all the stakeholders by a designated agency.
- Dissemination and sharing of lessons learned and best practices on problem reduction and support programs through the placement of materials on relevant websites and organized distribution of electronic and hard copies to all the stakeholders by the coordinating agency.
- Organizing and participating in various workshops, meetings involving multilateral organizations, NGOs and community groups.
- Striking linkages and synergy with other community development, human rights, and environmental projects to share sex workers issues.
Monitoring Mechanism:

The Monitoring system has to be established with the same coordinating agency taking up the task. The major tasks in this mechanism will be:

- Translating the policy strategy document in vernacular languages and disseminated to the community based partner organizations. This is to ensure that the document remains relevant to specific issues of the sex workers and remains flexible to the future adaptability.

- Monitoring the organizations implementing the programs and initiatives by analyzing their progress reports, review meetings and field observations and visits.

- Establishing the indicator at all levels and assessing the appraisals.

Evaluation Mechanism:

Effective evaluation mechanism is required to ensure that programmes are consistent with goals and priority areas outlined in the strategy to promote the best practices leading to sustainable improvements in vulnerable population. This will be accomplished by

- Sharing information, lessons learned and best practices of district, state and national levels through established mechanisms like news letters, websites and other multilateral agencies.
Developing performance indicators at project level and develop a comparison strategy with other standard performance indicators

Conducting annual review and state wise strategy meetings to get feedback from the stakeholders regarding the strategic plan incorporating new challenges

Communicating the success of the strategy and sharing its constraints and challenges with other stakeholders.

TOPICS FOR FURTHER RESEARCH

The present research has analysed a number of issues related to sex work among the rural women involved in sex trade. But, further efforts and future research are required to analyze some of the related issues of the rural sex workers and other stakeholders involved in this work. The realities of the participants should determine whether a research is ethical regardless of how well it is intended or designed. The researchers should devote time to learn the realities of the women involved in such studies for bringing out scientifically valid results. As such, the following topics are relevant and recommended for future research:

1. Effectiveness of life skill education programmes with special emphasis to sex education for the adolescents in rural areas.
2. Alternative employment generation for commercial sex workers: An Action Research

3. Community participation in capacity building and empowerment of the sex workers.

4. Role of NGOs in assuring Human Rights and preventing exploitation of the rural sex workers.

5. Educational intervention for safe sex and prevention of HIV/AIDS.