CHAPTER-II REVIEW OF RELATED STUDIES

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India’s entrenched system of sex selling is most commonly-attributed to poverty and family disorganization. Complex factors such as social, economic, cultural and political ones perpetuate the oppressive practice of women’s involvement in the sex trade. Women are sometimes compelled to sell themselves. There are a number of factors related to the sex trade which is even affecting the rural families in India. The absence of government policies and programmes at the grassroots level too has made the rural society involve in prostitution. The salient studies undertaken in this area in India and abroad have been reviewed and presented in this chapter.

Factors fostering sex work

According to Dimenstein (1995) poverty can be considered the principal reason for prostitution. Some parents even force their own daughters into sex work virtually for food or additional income. Family problems may also lead the girls to involve in the sex trade. Dimenstein further notes that the majority of the girls he interviewed came from broken homes. They faced alcoholic relatives, or sexual abuse at home. Many girls denounced their stepfathers as their main abusers. In addition, traditional social mores may also lead the girls into the streets; when girls lose their
virginity, they are often rejected by their families. Many find the street life and sex work a way to freedom from conflict and violence at home. Girls even consider prostitution a way to earn more money, become more independent and avoid a boring life. Sex workers are neglected, exploited and denied basic fundamental human rights. Nearly 90 per cent of them are illiterates, hailing from rural and poor families. They easily become prey to harassment and torture by policemen, middlemen and anti-social elements as per the study conducted by the Intervention Programme of All India Institute of Hygiene’s Public Health (Oliveira, 1996).

Sexual Behaviour

According to Kathleen Barry (2001), pimps target women who seem naive, lonely, homeless, and rebellious. At first, the attention and feigned affection from the pimp convinces her to be his woman. Pimps ultimately keep prostitutes in virtual captivity by verbal abuse and by physical coercion. 80 per cent to 95 per cent of all prostitution is pimp-controlled.

Kusseling et al, (1996) assessed why heterosexually active adults did not have safe sex with their last sexual partner. Subjects enrolled in HIV education and testing trials at a sexually transmitted disease (STD) clinic and a university student health service (SHS) centre completed questionnaires about their last sexual partner’s risk factors for HIV and whether they had
safe sex with this partner. Of the 652 sexually active subjects, 61 per cent reported not having safe sex with their last sexual partner and explained the reasons. Low perceived risk of HIV infection was the most common reason, indicated by 62 per cent, though most knew too little about their partner to ensure the encounter was low risk. Other reasons included condom non-availability (20 per cent), the subject didn’t want to use a condom (19 per cent), couldn’t stop ourselves (15 per cent), the partner’s influence (14 per cent), and alcohol or drug use (11 per cent). Thirty one percent of subjects indicated more than one reason for not having safe sex. Those enrolled in the student health service centre more often reported that the encounter was at low risk for HIV transmission. Condom unavailability, drug and alcohol use were the other reasons mentioned by the subjects. They concluded that there are many different factors promoting sexual behavior at risk of infection, combinations of which are important, and that these factors differ between samples. The results urge that there is an urgent need to develop and implement effective methods for changing sexual behavior to curb the spread of HIV. Condoms remain one of the most effective strategies for achieving this. Yet consistent condom use is generally low, especially among those at highest risk.
Brown-Peterside et al. (2000) describe the acceptability of an interactive computer-based expert system designed to increase condom use in women at high risk of HIV infection. Using a computer, participants respond to questions about their attitudes and behavior toward using condoms and receive immediate feedback which is matched to their readiness to use condoms. The women were ready for condom use, although a large proportion of the women (42 per cent) were at early stages of behavior change because they were considering but not using condoms every time during sex with men. The expert system was found to be acceptable to this high-risk group of women. They almost unanimously agreed that they found the feedback useful, would return to use the system again, and would recommend it to a friend. These findings indicate that traditional intervention strategies are successful and acceptable.

Joan Friebely and Susan Rako (2004) conducted an experiment with 44 women to see whether the pheromone (an odour received by heterosexual men as a sign of mating availability) worked for females beyond the child bearing age. Among the pheromone users 41 per cent reported they experienced more affection with partners, compared with 14 per cent among the placebo group. Among the pheromone group 68 per cent reported increases in at least four “intimate socio-sexual behaviours” such as sex and
formal dates, compared with the placebo group where, only 41 per cent reported the same.

Child trafficking

The UNICEF Report (2001), in conjunction with the Second World Congress against Commercial Sexual Exploitation of Children held in Japan, estimates that about one million children enter the sex trade each year. Five years after the first conference in Stockholm, the exploitation of children has continued unabated. Education and awareness-raising have brought the exploitation of children into the open, but national legislation in most countries remains non-existent, inadequate or unenforced. Penalties for human trafficking are often less severe than those for arms and drug trafficking. Conditions fostering sexual abuse and exploitation include organized crime, wars, political instability, internal displacement and poverty. The efforts of various NGOs remain localized, whereas international declarations have failed to mobilize the community (http://www.thelancet.com/search/search.isa).

Street sex workers

Benson and Matthews (1995), after studying the street sex workers of England, observed that 87 per cent of the women had been victims of violence in the past 12 months. The abuse ranged from verbal assault by
clients to stabbing, beating, and rape among which 27 per cent had been
raped and 43 per cent had suffered severe physical abuse. Nearly all were
victims of multiple abuse. Hunter (1993), in his study conducted among 55
survivors of sex work in U.S., found that 78 per cent were victims of rape by
pimps and buyers, with an average of 49 times a year; 84 per cent were
victims of aggravated assault and were thus horribly beaten, often requiring
emergency room attention and hospitalization; 49 per cent were victims of
kidnapping and were transported across state lines; 53 per cent were victims
of sexual abuse and torture; and 27 per cent were mutilated.

With the growth of the tourism industry, selling their bodies has
become a way of life for poor girls to have access to the dollars of tourists.
Sociologist Marlene Vaz (1995) stated that in the city of Salvador, young
girls are brought to foreign ships that anchor there. To avoid the scrutiny of
the federal police, the girls head to the ships at night and leave just before
dawn. In large urban centres, police brutality against prostitutes is a routine
practice. Usually the police arrest the girls and rape them before release.
Ana Vasconcelos, founder of an organization doing pioneering work with
prostitutes in the city of Recife, Pernambuco, said that some policemen have
even caused girls to miscarry by kicking them.
Oliveira (1996) states the consequences of the negative attitudes of society toward the sex workers being clearly reflected in their low sense of self-esteem that comes with the feeling of rejection. The degree of low self-esteem and self-hatred is such that many of them respond to the general hostility against them by inflicting violence upon themselves. As Vasconcelos (1995) points out, these acts of self-mutilation and suicide attempts are very often done around other people, as a way to ask for help.

Strebel (1996) states that social constructionist and feminist analysts have done much to extend the understanding of AIDS beyond the biomedical to include social accounts of the constitution of AIDS knowledge and meanings. However, these frameworks have not translated easily into realistic responses to the paradox of women being seen as responsible for HIV prevention, while they lack the power to implement safe sex behavior.

Drug - addicts and sex work

Logan et al. (1998) conducted a study to compare women crack users who reported exchanging sex for drugs and those who do not. These women are at differential risk for HIV and AIDS. The study compared the women crack users \((n = 292)\) who reported exchanging sex for drugs and those who did not report exchanging sex. Results indicated that both women crack users who exchanged sex \((n = 162)\) and women crack users who did not
exchange sex \((n = 130)\) were of the same age, who had incomes below $500 during the previous month, and were of similar educational and marital backgrounds, and moreover all of them are in the habit of having unprotected sexual intercourse often, and had similar drug use patterns, and were initiated into drug use at similar ages. However, women who exchanged sex had more sexual partners, had unprotected oral sex more often, used drugs before and during sex more often, and had a higher rate of sexually transmitted diseases than women who did not exchange sex. In addition, women who exchanged sex were also twice as likely to be homeless, four times more likely to have been in treatment, and twice as likely to have been arrested and charged two or more times in their lifetime than women who did not exchange sex.

Prostitution and violence

Carrington and Betts (2001) conducted a study in the city of Panama which showed that, although condom use with clients is almost 100 per cent, sex workers are still vulnerable to HIV and STI infection. This is because they seldom use condoms with their steady partners. They are at risk of rape by clients, especially when they consume alcohol and drugs.

Longo and Telles (2001) investigated some interesting indicators of ‘perception’ of violence and experienced violent events. When asked ‘Did
you experience any kind of violence within the last four months?’ 78.6 per cent answered ‘No’ and 21.4 per cent said ‘Yes’. Similar figures appeared when the women were asked if they ‘have seen any violent event recently’ at the working place: 77.6 per cent reported ‘No’ while 22.4 per cent reported ‘Yes’. Of those who have experienced any violence, the majority (75.7 per cent) did not search for any help. Being afraid of not being helped in any public institution because of their condition as sex workers does not seem to be the reason for not searching for help, as the majority (more than 90 per cent) do not refer this as the main reason. It is more likely that help is not searched for because the women do not know where to search for help. Almost half of the sample interviewed (40.9 per cent) say that they do not know where to seek for help in the face of violence. An even more striking result is that the majority of the women do not know where to search for help with regard to human rights violations (88.5 per cent) or where they can get legal aid (81.2 per cent).

The Cambodian Centre for the Protection of Children’s Rights (2000) conducted a survey in three provinces and found that 38 to 40 per cent of commercial sex workers had tested positive. Between 1995 and 1997, the Musasa Project in Harare conducted a study to document the magnitude and health consequences of violence against women by their sexual partners in
Zimbabwe. An unforeseen issue that emerged was that women’s husbands not only forced them to have sex (25 per cent), but would also sometimes stop having sex with them (17 per cent). Both forms of coercion could be used by men as a means of punishing or controlling their partners. Men who threatened or who were physically violent towards their partners were more likely to force sex and/or withdraw sex than those who were not violent. The withdrawal of sex was associated with potentially important changes in the relationship including separation, the partner taking another wife or getting a girl friend and the wife being forced to accept this new situation. Forced sex was more likely to occur in contexts where the woman may have felt she had the right to refuse sex. On the other hand, some men stopped sex to protect their wives from sexually transmitted infections. Withdrawal of sex was interpreted by women as a sign that the relationship might be ending, which represented not only a loss of love but possibly also a loss of economic security and her children. Future research on violence and sexuality needs to explore not only forced sex but also the withdrawal of sex within relationships (Watts, 1998).

Condom use among sex workers

Hines and Gaetano (1998) examined the relationship of acculturation to alcohol use and risky sexual behavior among Hispanic men (N = 269) and
women (N = 294). Data obtained from a 1991-1992 general population survey on alcohol included questions on sexual behavior. The study focused on gender and acculturation differences while examining the relationship between socio demographic characteristics, perception of drinking and AIDS-related sexual behavior. Results indicated that less acculturated Hispanic men drank more heavily and were more likely to engage in risky sexual behavior than those who were more acculturated. Although acculturated Hispanic women drank more than those who were less acculturated, they engaged in more risky sexual behavior. The data indicate the need for culturally sensitive AIDS-prevention programs that are linked to alcohol treatment services for men and that are targeted to different acculturation levels for men and women.

Anderson et al. (1996) examined risk behavior, exposure to street outreach, and condom use in samples of infecting drug users (IDUs) and high-risk youth. Systematic sampling method was used to produce representative samples of infecting drug users (IDUs) (five sites) in high-risk youth (three sites). The populations surveyed engaged in high levels of sexual risk behavior and 20 per cent to 46 per cent reported two or more sex partners in the last month. Condom use rates approached national health promotion goals for non-steady partners but not for steady or main partners. Having a
condom at the time of interview was the most consistent predictor of condom use at the last intercourse. Many of the respondents have been in contact with street outreach programs and many acknowledged some personal risk for HIV infection. However, most of the injecting drug users and high-risk youth interviewed (and their sex partners) were still at risk through unprotected sex.

Tang et al. (2001) explored the interplay of psycho-social, gender, and cultural factors on Chinese married women’s condom use. A total of 433 Chinese married women residing in Hong Kong participated in the study. Correlation results showed that participants’ conservative gender attitudes toward sexuality and sexual decision making were related to less accurate HIV/AIDS knowledge and less concern about contracting the disease from their husbands. About 34.4 per cent of the sexually active participants never used condoms in the past 6 months, and current condom use was associated with egalitarian gender attitudes, positive feelings about condom use, and concerns about contacting HIV/AIDS from their husbands. Among all participants, 32.5 per cent reported that they would not use condoms in their future sexual encounters. Future condom use was related to shorter duration of marriage, HIV/AIDS knowledge, egalitarian gender attitudes, current condom use, and positive feelings about condom use. Results of the study

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showed that egalitarian gender attitudes toward sexuality and positive feelings about condom use were the most salient predictors for current and future condom use.

Over the past decade, researchers have accumulated evidence that suggests that six main factors are associated with AIDS-related risk reduction behavior: (a) perceived susceptibility (Dolcini et al. 1995; van der Plight and Richard, 1994); (b) attitudes toward condoms (Catania et al. 1994; Maticka-Tyndale, 1991); (c) personally knowing someone with HIV/AIDS (Joseph et al. 1987); (d) perceived peer norms about risk-reduction (Maticka-Tyndale, 1991); (e) previous sexual activity (Joseph et al. 1987); and (f) self-efficacy (Aspinwall, Kemeny, Taylor and Schneider, 1991; van der Plight and Richard, 1994). The epidemiology and socio-cultural construction of the disease has led to considerable gender, racial, and class differences in awareness of AIDS, perception of HIV threat, and HIV-relevant behavior (Cohan and Atwood, 1994; Dolcini et al. 1995; Gillies, 1994; Schieman, 1998).

Ford et al. (1998) tested a behavioral model of condom use for four groups of female commercial sex workers. Data were drawn from a study of 614 female sex workers conducted in Bali, Indonesia. AIDS knowledge, risk behaviors, and factors related to condom use varied substantially among the
four groups of women and reflect the social context of their work. Interventions for each group need to reflect these differences. The level of AIDS and STD knowledge the characteristics of the clients served, and the degree of supervision were the important factors considered for the model of condom use.

Basuki et al. (2002) gathered data on condom use among brothel-based female sex workers in Indonesia and studied the reasons for not using condoms. Quantitative data and a condom diary with a sample of 204 female sex workers were collected by conducting focus group discussion and in-depth interviews among female sex workers and pimps. The study revealed that around 53 per cent of sexual intercourses were reported to be protected, and 12 per cent of these protected intercourses were preceded by clients’ argumentation against it. Only 5.8 per cent of sex workers consistently used condoms for a 2 week period of observation, and this figure decreased to 1.4 per cent for a 4 week period. Reasons for not using condoms from the clients’ side, as mentioned by the sex workers, were perceived less pleasure due to the condom and the belief that clients that are acquainted with the sex workers do not need protection against sexually transmitted diseases. The main reasons of female sex workers for not using condoms were the beliefs that boy friends, native Indonesians and healthy-lookling clients, cannot
spread STDs, Another reason stated was that sex workers had already taken preventive measures, such as antibiotics. The research also showed that pimps were not very supportive of condom use programs in Indonesia. Condom unacceptability is an important reason for not using condoms for both clients and female sex workers, whereas pimps, who are in the best position to encourage condom use, unfortunately consider condom use as a threat to their business. For the successful introduction of consistent condom use, it is necessary to design interventions for both sex workers and clients and to provide appropriate educational materials and preferred brands of condoms. The study suggested that pimps must also be involved in intervention programs.

Sex work and HIV

Cerwonka et al. (2000) examined the influence of both psycho-social constructs and demographic features on the sexual risk-taking behavior of young adults. Ten factors were found to be predictive of HIV risk behavior, including a developmental factor, which was found to be moderately predictive of HIV risk behavior. Other predictors included resistance to change in response to AIDS; perceived risk of exposure, the influence of peer groups, age, alcohol use, marijuana use; a history of infidelity; a younger age of sexual initiation; and a lower self-efficacy.
their livelihood, protection, and personal freedom; they have little control over their working conditions and often cannot decline clients or insist upon condom use, despite a national policy which supports 100 per cent condom use.

A study among the Commercial Sex workers (CSW) in Cambodia (1997), estimated that 14,000 women were involved in sex work in brothels (direct CSWs) throughout the country. Indirect CSWs are women working in massage saloons, as beer-girls or karaoke singers. One of every six CSWs is younger than 18 years. The vast majority of commercial sex workers (75 per cent) were of Vietnamese origin. They were susceptible to vaginal discharge, painful intercourse and unwanted pregnancy. The Cambodian Prostitutes Union (CPU) has been formed with the objective of empowering sex workers, elimination of violence and ensuring CSWs right to health education.

UNICEF (1998) has estimated that one third of all sex workers in Cambodia are girls, aged between 12 and 17 years (nearly 20,000 children). Demand for young girls, especially virgins, is accelerating the response to growing customer demand for ‘AIDS free Sex’. The majority of them were abducted by middlemen or women, sold or pledged by parents, relatives, neighbours or boy friends or deceived with the promise of jobs or marriages.
The wage rate of urban workers is higher than, that of rural workers. It is hard to break the cycle and the young girls often contract HIV/AIDS. It is noted that 38 to 40 per cent of commercial sex workers are affected by HIV+. These girls are forced into the trade. The study recommends that education is a strong weapon for empowerment and rehabilitation of the fallen women.

Podhisita et al. (1996) investigated the sexual behavior of long-distance truck drivers in Thailand to define patterns and determinants critical to the transmission of HIV. The study reports on commercial, spousal, and other sexual partners and on condom use among 327 drivers. Forty-eight percent reported a commercial sex worker (CSW) as their first partner and 87 per cent had contact with a CSW at some time. Median lifetime number of all partners was 29. In the six months prior to the interview, 35 per cent had two or more partners. Among the currently married, 23 per cent had CSW contact within the past 6 months; 13 per cent had contact with a nonmarital, noncommercial partner; and about 8 per cent reported marital as well as commercial and noncommercial relationships in the same time period. Over half of the unmarried reported sexual relations in the 6 months; 25 per cent reported contacts with both CSW and noncommercial partners. About 40 per cent of subjects visiting CSWs used condoms inconsistently.
According to the study, the truck drivers were knowledgeable about AIDS and prevention measures, with some important misconceptions. However, self-assessment of risk of HIV showed a negligible sense of their personal vulnerability. Peracca and Saegtienschai’s (1993) study in Thailand based on focus group discussion found that despite the stigma attached to prostitution, involvement in commercial sex does not hamper a woman’s chances of marriage. Although such marriages are not approved of socially, respondents were aware that financial opportunities for women are greater in the sex industry than in any other occupation, and that many women honour their duty to support their families through sex work.

Watts (1997) states that police in Japan are concerned at the spread of ‘telephone clubs’ and ‘compensated dating’ involving teenage girls. ‘Compensated dating’ is about older men giving teenage girls cash or designer goods for dates, often including sex. Some dates are arranged via one of the 2,200 ‘telephone clubs’ in Japan, which have doubled in number in the last two years. Men pay to join these clubs and receive phone calls from women. The government has banned telephone clubs from operating within 200 yards of schools and hospitals.

According to a study in eastern KwaZulu-Natal province 34 per cent of long-distance truck drivers in South Africa reported that they always
stopped for sex during journeys and 56 per cent tested positive for HIV. At one truck stop, 95 per cent of surveyed drivers were HIV-positive. Furthermore, 29 per cent never used condoms with prostitutes. Of the 320 drivers interviewed, 70 per cent had wives or girl friends, and few had ever used a condom with these regular partners. These were the results of a remarkable research by the South African Medical Research Council carried out by sex workers, who studied the habits of drivers in 1999 and 2000. Instead of marginalizing sex workers, this project showed that they can be trained to promote HIV awareness and join the community in the light against HIV.

The Medical Research Council recruited ten prostitutes at five truck stops to gather data from their clients. They were trained to obtain the truckers’ consent to participate in the study, to complete questionnaires and to take a saliva sample for HIV testing. The women were very enthusiastic about the project: “For them it was something empowering, the ability to become a researcher”. The researchers decided to use the women in part because it was unsure how accessible the drivers would be to ‘outside’ researchers. The Medical Research Council calls for the urgent establishment of mobile clinics along trucking routes, and more co-operation
between the government and the trucking industry on AIDS awareness and condom distribution to truckers and prostitutes (Geetha, 2001).

Dancy (1996) compared African-American women across two age groups and four educational groups to discern if differences exist. African-American women who were 20 years of age or over were recruited in a variety of settings to obtain a heterogeneous sample. Multivariate analysis of data revealed that educational level influenced their knowledge of and attitude to AIDS, whereas age influenced not knowledge but attitude and sexual behavior.

In September 1997, licensed prostitution was overnight abolished and the licenses of 128 women were withdrawn by the city of Taipei. After a two-year period of struggle by the Taiwan Association of Licensed Prostitutes (TALP) and Collective of Sex Workers and Supporters (COSWAS), the brothels of Taipei’s licensed prostitutes were finally allowed to open again in March, 1999. The city council had granted the remaining handful of licensed prostitutes a two-year grace period to take up work outside the sex industry. Ditmore (2001) states that the grace period expired and legal prostitution ended in 2001. However, there are still thousands of illegal prostitutes (an estimated 100,000 women) working out of massage parlours, barber shops and tea houses. Taipei city police officials
said that any establishment found to serve as a support for prostitution will have its water and electricity supply cut off, while owners of such property will be fined and face criminal charges. Needless to say, this will push the sex workers more underground, which makes them subject to unsafe sex practices out of fear that their clients might disclose their activities to the police.

Raymond (1998) states that the Swedish Government joined hands with Venezuela and refused to recognize prostitution as work. In May 1998, Sweden became one of the first countries to prohibit the purchase of sexual services with punishments of fines or imprisonment. By doing so, Sweden has declared that prostitution is not a desirable economic and labour sector. In May 1998, the Government of Venezuela passed legislation rejecting the request of powerful pro-sex industry groups to register a legal union of so-called sex workers. The Ministry of Labour’s decision was based on the fact that since the majority of “sex work” is prostitution, rather than being sexual work it is sexual exploitation: “Prostitution cannot be considered work because it lacks the basic elements of dignity and social justice.” It also ruled that since one of the main purpose of forming a labor union is “to promote the collective development of its members and of their profession,”
a decision in favor of unionizing so-called sex workers would in fact promote the development and expansion of prostitution

Brown et al. (1998) studied the prevalence of HIV-related risk behaviors among young adolescent mothers to determine the facilitators and barriers to condom use for young adolescent mothers, a survey of HIV-related knowledge, attitudes and behavior. Focus group discussion was conducted. The results state that young mothers have basic knowledge and some personal concern about HIV, but also hold common misconceptions about HIV and people with AIDS. Despite their anxiety about HIV, almost half rarely or never protect themselves against HIV by using a condom. Although 70 per cent of the samples use hormonal contraceptives, more than one third of the samples have had a second child within an average of 18 months after the birth of their first baby. Personal concern about HIV was significantly associated with consistency of condom use. Because of low rates of condom use and substantial rates of multiple sex partners, STDs and second pregnancies, disadvantaged adolescent mothers are at risk of exposure to HIV. Increased personalized concern for HIV may lead to greater motivation for safer behaviour for these mothers. In addition to protecting their own safety, the protection of their child may be an important motivator to safe behavior. Cultural taboos against safe sex and the
perception of such behavior as “unfeminine” also need to be addressed in the case of these women.

Nishino and Schunck (1997) conducted a study to examine young unmarried women’s ways of talking about AIDS, its prevention, and relationship to mass media messages in Thailand. Data were derived from a survey conducted in four districts of Kanchanaburi province. Three hundred ninety seven unmarried women were extracted from the approximately 1,800 original subjects for this analysis. Respondents were asked about the subjects and the extent of their conversations about AIDS, the choice of discussion partners, considerations of social appropriateness in talking about the disease, as well as their risk perception. The important findings were that (a) women tend to talk about AIDS primarily with friends and siblings, (b) their reception level of mass media messages is related to the number of topics discussed and the frequency of talks by the subjects, and (c) socio-economic status and age are related to the variety and frequency of talking about AIDS.

Dolcini et al. (1996) examined the perceived risk of contracting HIV using assessments of likelihood and worry in a probability sample of unmarried heterosexuals. Perceptions of the likelihood of contracting HIV and worry about HIV were only modestly correlated, suggesting that they
are different constructs. Far more respondents expressed worry (43 per cent) than expressed the belief that they were at risk for HIV (9 per cent). A significant proportion of the sample reported experiences that may have placed them at risk of HIV transmission. Demographic and psycho-social correlates of perceived likelihood and worry were examined in separate multivariate logistic analysis. Misconceptions about HIV transmission, a history of injection-drug-using sexual partners, and less education were associated with higher perceived likelihood of contracting HIV. Misconceptions, having multiple sexual partners in the past year, and a history of sexually transmitted diseases were associated with high worry about HIV. Hispanic women whose partners have other sexual partners may be at risk for HIV.

Deren et al. (1996) administered a structured interview to 106 Dominican and Puerto Rican women who reported that their partner had other partners. The study assessed concern about HIV and predictors of condom use. The majority of women reported that they were worried about getting HIV and almost half had been HIV-tested. Most of the women discussed HIV concerns with their partners, and one-third reported having condom use. Predictors of condom use were those talked with their partner about being tested, and belief that he used condoms with others. Although
the women were concerned about HIV, the condom use was infrequent. They suggested methods to address this discrepancy are introducing condoms early in the relationship, developing women-controlled methods for directly influencing men’s behavior.

Risk Behaviour and HIV

Munakata and Tajima (1996) studied the risk behaviors of Japanese that may lead to HIV infection and the behavior that may prevent such infection, as well as their background factors. Two behavioral surveys were conducted. (1) For international comparison on knowledge, attitudes, beliefs, and practices (KABP) related to HIV/AIDS, on a sample of 10,000 adults, randomly selected from a nationwide population in Japan; and (2) for sexual partner relation, on a sample of 10,000 adults randomly selected from a population in five major cities of Japan. The salient findings were: (1) most of the Japanese adults did not regard AIDS as a major threat in the area where they lived; (2) people in their twenties are too casual about “having sex without using a condom with someone they’ve met for the first time and know little about”; (3) thirteen percent (19 per cent male, 8 per cent female) of those with a steady sex partner including a spouse, on average, had sex with 2.4 non-steady partners in the previous year; and (4) only 25 percent used condoms always when they engaged in casual sex during the previous
four weeks. These risk behaviors of the Japanese adults might lead to an explosive rise in the number of HIV-infected in the near future unless steps are taken immediately to prevent it. International migration between Mexico and the United States has been acknowledged as a phenomenon that may contribute to the spread of AIDS in rural Mexico.

The information held by the participants regarding and to describe selected high-risk behaviors for AIDS transmission among a representative sample of rural women living in Mexico who were married to immigrant temporary workers to the United States was identified by De Snyder et al. (1996). The women who participated in the study were married and had active sex lives with their spouses. Results revealed that most of the women interviewed had at least some knowledge about AIDS. Although some misconceptions were evident, most of the information they had was accurate. About one-third of the women felt at risk for AIDS, mostly because they doubted their husbands’ fidelity, or because in the last five years, they had donated blood, received a blood transfusion, or received an intramuscular or intravenous infection.

Organista and Organista (1997) reviewed the literature on the threat of AIDS to migrant labourers and seasonal farm workers in the United States. The review included a socio-demographic profile of migrants in the United
States, estimations of HIV prevalence, and a summary of AIDS- and condom-related knowledge, beliefs, and behaviors. In addition, the study summarized migration-related HIV exposure categories and cultural factors that frame the risk for contracting AIDS in the migrant population.

Oliva et al. (1999) conducted focus group discussion on barriers to health care and attitudes toward family planning, reproductive health services, and condom use with 63 women at high risk for HIV due to their own injection, drug use, sex with injection, drug users, sex industry work, or a history of multiple sexually transmitted diseases. The barriers identified included the high cost of health care, perceived poor quality of care and experiences of discrimination and stigmatization, geographic accessibility, fear of legal and punitive actions, misperceptions about the efficacy of birth control methods and condom usage, lack of sterilization services, and lack of male involvement.

Rogers et al. (2002) estimated that China’s HIV cases are growing by more than 30 per cent annually. Few researchers have been able to reach sex workers and examine their risk behavior patterns. A total of 69 were surveyed about their background and risk behaviors in spring 2000 in four venues, hair saloons, bathing centers, karaoke bars, and the street. The women were mostly young in their 20s, of low socio-economic status, and
from small towns and villages. They worked for about 3 to 4 days a week, averaged one to two clients per day, made the equivalent of about U.S.$135 a week, and averaged about 3 months at any one establishment. They lacked accurate knowledge of STD, and although 61 per cent reported consistent condom usage, 93 per cent associated it with prevention of pregnancy and 72 per cent perceived a low risk of HIV infection. Nearly all (98 per cent) felt condoms were affordable, yet 37 per cent reported they were not accessible; 74 per cent had obtained a medical examination in the last year, but 29 per cent were examined when sick; only 10 per cent received prevention information during medical visits, and 55 per cent did not know where to go for HIV testing. Based on venue, the stratification among sex workers existed, impacting their risk. Sex workers are at high risk of HIV infection and transmission. Although risk factors were consistent with those of sex workers in other countries, the variation by venue, the low perceived vulnerability to HIV, the highly illegal nature of prostitution, and high mobility of sex workers in Beijing calls for a tailored intervention approach. The study suggested prevention strategies should be responsive to the differing background, knowledge, client relations and risk factors among women.
Madrigal et al. (1998) measured short-term female condom acceptability among 51 female sex workers in San Jose, Costa Rica. Each woman was trained in the usage of female condom and were asked to use the device if clients refused to use male condoms during a 2-week study period. Two follow-up visits with short interviews were scheduled, including questions on general reaction to the female condom by the participants and their clients, ease and comfort of use, and preferences for male or female devices. At the first follow-up visit, 51 per cent of the women reported that they “liked the female condom very much” and 45 per cent “liked it somewhat.” Sixty-seven percent of the participants preferred to use the female condom over the male condom, and, according to the women, over half of their clients liked the female condom “very much”. The most common problems during the first phase were difficulty to insert the condom (61 per cent) and discomfort (43 per cent). However, during the second study phase a reduction in these problems (22 per cent and 25 per cent respectively) and other use-related problems were noted.

Lawrence and Scott (1996) state that school-based condom distribution programs have generated considerable controversy. In a study of 249 sexually active Afro-American adolescents, it is found that 119 used condom during their initial sexual experience and the rest never did. The two
groups were compared to assess whether condom use at the onset of sexual activity was associated with later differences in sexual behavior. The results indicated that youths who used a condom from the onset of sexual activity were more likely to have used a condom in the most recent intercourse occasion, less likely to be diagnosed with a sexually transmitted disease or to combine substance use with sexual activity, endorsed more positive attitudes toward condoms, and were older when they initiated sexual activity. The findings have implications for condom availability programs and indicate the initial condom use was not associated with earlier onset of sexual activity and was associated with higher rates of precautionary behavior among sexually active minority adolescents.

Leonard et al. (2000) reported the results of a peer-led HIV prevention education and condom promotion program among transport workers in Kaolack, Senegal. Significant increases in men’s HIV-related knowledge, previous use of condoms (from 30.4 per cent to 53.5 per cent), and consistent condom use with regular sex partners were documented over the study period, as were significant declines in perceived barriers to condom use. The post intervention reports indicates that a greater proportion of clients agreed to use condoms compared with baseline and that fewer men offer more money for unprotected sex. Greater initiative in the mechanics of
condom use (supplying the condom, putting it on, and taking it off) was observed that they did prior to the intervention, and significantly fewer women think that most of their clients know how to use a condom. The findings indicate that the peer-mediated intervention had a positive impact. It is also suggested that HIV prevention efforts need to focus on male client groups despite the logistical and methodological challenges.

Malow et al. (2000) describe the prevalence of HIV risk behaviours among low-income, Haitian women. The study identified theoretically relevant mediating psychosocial HIV risk predictors, proving formative data for developing culturally, gender sensitive interventions for this distinctive, high risk, and understudied population. Confidential survey schedules were administered to 101 women of Haitian descent while they awaited their medical appointments at a local low-income, community medical clinic. Moderately high levels of sexual risk behavior (i.e., unprotected sex with non monogamous partners; multiple lifetime partners) were reported. On an average, these women reported a belief in their HIV susceptibility, relatively little HIV-related anxiety, somewhat inadequate levels of communication regarding safer sex practices, and lack of adequate confidence in their ability to negotiate safer behaviors in sexual encounters. The study concluded that interventions need to be developed for Haitian women to improve their
attitudes toward condom use and their confidence in negotiating safer sexual practices. Although it is crucial to consider the woman’s individual attitudes and behaviors, it is also important to consider the male partner’s attitudes toward sex and the woman’s relationship with her male partner within the context of Haitian culture. Only by determining and targeting important potential motivations for safe sex within the cultural context, the HIV sex risk behavior can be reduced in Haitian women.

Case studies reviewed

Sunita (name changed to protect her identity), a young girl, was sold to a man in Mumbai for a paltry sum of money. Under his custody, she was forced to engage in prostitution. Every morning she would bedeck herself and solicit customers. The question of practicing safe sex did not arise. After all, the customer came to seek pleasure. Being beautiful, she was in high demand and fetched a good sum of money for her “guardian”. Years passed by, and then one day she fell ill. Her health deteriorated as the days passed by. She became thin and pale, and started losing her customers. Her “guardian”, noticing Sunita’s waning popularity, did not bother to get her any medical help. As her condition worsened, she begged one of her so-called “good” customers to rescue her from the brothel. Moved by her plea, the customer lodged a complaint with the local police. Following a raid,
Sunita was rescued by the police and sent back to her native village in Tamil Nadu. Sunita is one of the very few lucky ones who are rescued from brothels. Even though she has managed to return home, her years at the brothel have left an indelible mark on her mind as well as her body.

The case of Emilia, a 17 year old with mental and physical disability, is an exemplary one. Emilia came to have her second baby—the man responsible for the first pregnancy had disappeared and it turned out that the father of the second was experimenting (in his sixties), whether he was productive. In both cases, she was sexually violated and the outcome was unwanted pregnancies (Lobe, 2002).

A young girl, Sopheap, grows up as one of seven children in a poor rural family. During her youth, she does not go to school, because her mother can’t afford to pay the teachers. Everyday, the young girl along with her other family members, must struggle to find enough so they can eat that night. Life is difficult and her mother is getting old, but she also has younger siblings. Like most children, she wants to help her family. They gave her life and now she feels that she must do whatever she can to help her family survive. When she is 16 years old, and with the help of her aunt, she decided to migrate to urban Phnom Penh to work. As a sex worker, she was able to send home the much-needed money to buy food and provide some economic
security for her impoverished family. She arrived in Phnom Penh with her aunt and was brought to a brothel owner through contacts in the village. The brothel owner paid her aunt 200 US dollars as an advance and the aunt left the girl. She helped to do chores around the brothel while the brothel owner searched for a client wanting a virgin and willing to pay five hundred dollars. Eventually, one day a man arrived and the brothel owner sold her to him. She followed him and is taken to a market where he got new clothes. That night he took her to a hotel and raped her. After five days, Sopheap went back to the brothel, where she gets another 150 US dollars, which she then sent home. In addition, her mother told her that the family needed more money. So, Sopheap borrowed 200 dollars more from the brothel owner. In return, she was sent to stay in the brothel which paid all her debts as an indentured servant doing sex work.

Sopheap does sex work at the brothel without any awareness and knowledge about STDs/HIV. She is too shy and embarrassed to talk about it even though she hears other people talking. She does not understand HIV/AIDS. Besides, her first client did not use a condom, but it did not matter to her because she did not know about condoms. She did not know about her own reproductive organs and sex. She did not want to have sex. After three months, the police came to the brothel and arrested all the sex
workers. They took her for a blood test and booked her for HIV positive. Sopheap became afraid, because she knew that other people are afraid too. The brothel owner did not want her anymore, and asked her to quit. She went into the streets with only her clothes on and less than a dollar in her pocket. She has nowhere to go, no money, and is hungry. Sopheap does the only thing she can; she sells sex on the streets to find enough money to buy food. (Verghis, 1999)

Sex workers in India

Jana (1996) pointed out from a study that nearly 90 percent of prostitutes are illiterates and most of them hail from rural and poor families. They are neglected, exploited and denied basic fundamental human rights. Thus, they easily fall pray to harassment and torture by policemen, middlemen and anti-social forces. He asserted that the Prevention of Immoral Traffic Act will not do good to women folk and which has rather served as an instrument of oppression for this most unfortunate section should be scrapped. He also suggested that an autonomous board should be constituted by the Government to regulate the sex trade.

Pyett and Haste (1993) conducted a survey among the sex workers through a self-administered questionnaire. A total of 321 female sex workers from legal brothels completed the survey. Majority of the respondents (87
per cent) worked in brothels, 12 per cent for an escort agency, 11 per cent privately and 3 per cent on the street (with some working in more than one location concurrently). The average age of respondents was 27.5 years and the average age at which they started working in the sex industry was 23 years. Only a quarter had started working under the age of 19 years. The majority of women (86 per cent) gave “money”, “necessity” or “could not find work” as the reason for their entering the sex industry. The average length of time they had worked in the industry was 3.6 years. Half of them had worked continuously and half intermittently. For 76 per cent of the respondents, the best thing about sex work is that it is related to money and the worst aspects were the difficult, demanding or unpleasant men. Almost all the respondents reported always using condoms with clients but less than half reported using condoms with their non-paying partners. Most women (79 per cent) reported having regular sexual health checkups (at least every two months) and 85 per cent reported that they inspected clients for STDs. None of the women reported having been infected with HIV and 23 per cent reported having had STD whilst being a sex worker. Thirty per cent of the women reported that they had been injecting drug at some time. Almost half of them reported that they had injected drugs in the last six months. The
study found considerable diversity in the age, education, family situations and attitude to sex work among the sex workers.

AIIHPH (All Indian Institute of Hygiene and Public Health) (1996) conducted a survey among the sex workers of Sonagachi town which has 4000 sex workers who lived in 370 brothels-homes, 1500 were floating in and around the city area. They were depending upon 20,000 men who visited Sonagachi. The girls employed in Arabian countries as domestic servants became prostitutes after enduring years of sexual abuse by their employers. Taking advantage of their isolation under their custody, language barrier, and illegal entry, many of them are transported to other countries for prostitution. Many are kidnapped, tricked and sold to brothels for cash or kind.

The National Commission for Women (1997) in a study of Andhra Pradesh observed that 77 per cent of the prostitutes were illiterate and 70 per cent of them had children. Most of their children lived at their place of work. The children of the sex workers are most affected by this trade since they are illegitimate. Isolated from the mainstream and deprived of a normal life, they are denied of equal opportunities. Early exposure to undesirable influences of the environment in which they have grown up makes them highly vulnerable. The girls become prostitutes at an early age, the boys take
to pimping and other anti-social activities, sometimes they even take to drugs. These children live with their mother in overcrowded rooms situated in ill-ventilated localities. Lack of time and poverty prevents the women from cooking fresh and nutritious food either for themselves or for their children. Fear of the police, who take away their money, is a common problem to all of this. These children witness drunken brawls, see their mothers haggle with clients and competing with one another to barter their favours.

A study conducted by the Tata Institute of Social Sciences on prostitution in 1990 revealed that there were approximately 20 lakh prostitutes in India, residing in 817 red light areas. More than 50 lakh children are labelled as illegitimate, the identity of whose fathers is not even known to the mothers. (Das et al. 1990)

The study of commercial sex workers by AWARE (1997) reported that majority of the respondents were from rural Telengana who belonged to scheduled caste. They were known as Jogins. They did not have any middleman. The majority of the call girls were lured into the movies and theatres and finally end up in sex profession. Forty seven per cent of them were from the age group between 12 and 17 years; 77 per cent of them were illiterates; 56 per cent of them were lured into this profession due to their
innocence; 55 per cent of them were unmarried prostitutes, but 70 per cent of them had children through illegal pregnancy. Majority of them were willing to educate their girl children and settle their children properly. Forty per cent of them were involved in this profession due to severe poverty and other related it to economic crisis. Forty three per cent had a monthly income of less than Rs.2000/- per month, which again goes towards brothel keepers, police, pimps and goondas. Three-fourths of the respondents spent their income for purchase of costumes to maintain a life style to attract customers. Almost all the girl prostitutes are habituated to drinks and 60 per cent of them were acquainted to the habits of smoking, chewing pans, hans etc. Nearly half of them were unhappy with their work and life style. They wanted to engage in anyone of the secondary occupation in order to reintegrate with their family (National Commission for Women 1997).

Gupta (1990) investigated the methods of preventing women from prostitution. The study was conducted in eight recognized brothel areas where women lived and engaged in sex trade. A total of 408 brothels were identified in these eight areas, which housed 6,698 prostitutes. They consisted of call-girls who carry out their profession in hotels, private houses, and certain brothels in the free street area, where they do not normally reside. These brothels, not numbering more than 50, were spread
over various low income and industrial areas of Calcutta. They carted approximately Rs.18 crores in 1987-88 as annual fees. They spent Rs.924 for food and upkeep, Rs.254 for dependants, Rs.353 for accommodation, and Rs.652 for other purposes. A good majority of the women from South 24 Parganas came from the Sundarban area where economic opportunities are very limited. About 70 per cent of the women were either landless, or from low occupational groups. They were either destitute child brides or daughters from women-headed households; they were neither accustomed nor socially accepted as agricultural, labour; they were from landed and trading families to enter into extra-marital relationship with counter pimps from subordinate economic occupation; and children were often the handles for monetary extortion of their prostitute mothers.

Reports on a study of sexual negotiation in marriage has been reported among 65 married women and 23 married men of reproductive age in a low-income area of Mumbai, using repeat in-depth interviews. Differing perspectives on sexual pleasure, sexual coercion and female and male sexuality resulted in ongoing negotiations to attain or avoid sex. Women felt it was not appropriate for them to express their sexual needs, whereas men wanted women to be more sexually active and expressive. Women were more likely to experience sexual pleasure when they experienced marital
harmony. Women were commonly asked to have sexual relations against their wishes but negotiated to limit this, while many men felt they had a right to sex in marriage. Women and men believed that the frequency of sex should diminish with increasing duration of marriage and completed childbearing, though men adhered to this belief less. Safer sexual practices were barely on the agenda for negotiation within marriage. The outcome of negotiation was never fixed; both women and men had the potential to influence it in their favour. The changing access to resources may contribute more opportunity and space for women to influence the nature of their sexual experience (George 1998).

Prostitution among the tribal population

World Vision of India (1997) conducted a study among the tribals to understand about their sexual networking patterns. All the respondents were between the age group of 21 to 30 years and 71 per cent of them were illiterates. Spouses had deserted majority of the respondents. Seventy nine percent were involved in commercial sex work since they did not have any other alternative to earn their livelihood. The truck drivers, rickshaw pullers and local tribal males were their customers. Majority of the commercial sex workers spent only about an hour with each customer. All of them reported that local women were also involved in prostitution. Sixty five per cent of
the respondents reported that prostitution is an easy way to make money; 71 per cent of them were not aware about AIDS and ninety three per cent of them did not know how to use a condom. The study recommended to providing education to the tribal population about STD and HIV/AIDS through pamphlets and posters. Counselling for the spouses is also essential to restrict sexual relationship with their respective partners.

Studies on commercial sex work in Tamil Nadu

The AIDS Prevention and Control Society (APAC) conducted a baseline survey on “HIV Risk Behaviour Surveillance” in 1996. The survey revealed that majority of the female commercial sexual workers did not use condom with non-regular sex partners. The refusal of commercial sex workers to participate in interview was high in Palani area due to lack of field work done by the NGOs. The female commercial sexual workers were found in the mean age of 31-23. Thirty eight per cent of the female commercial sex workers were illiterates; 82 per cent of commercial sex workers had more knowledge on HIV and AIDS; 90 per cent of the commercial sex workers were aware that using condoms prevented sexually transmitted diseases. The study also informed that sex workers had many misconceptions related to causes and transmission of STD. They believed
that injections can prevent STD; and 83 per cent of them were aware that there is no medicine to cure AIDS.

The plight of sexual workers in Tamil Nadu is pitiable. They live in squalor, neglect, and are abused at all levels. While they themselves earn no respect whatsoever from other members of the society, their children too, face a very bleak future. Often the children are left to fend for themselves. Girls may be forced into prostitution, while the boys take up pimping for their mothers or sisters. Drug and alcohol abuse are commonly reported. Although the Government propagates primary education as compulsory, these children are denied admission in schools. They rarely get jobs, as people are worried of their background. All these conditions reduce them to a state of poverty, thus leaving them with no alternative but to join the same trade as their parents.

Further, the problems of sex workers are accentuated by the police personnel. They are harassed, booked under false cases, and made to pay the fine. When they have to face inquiry at the police station, they are required to sexually “oblige” the policemen before they are allowed to leave. If the child of a sexual worker happens to be a male, the police will harass him by implicating him in false robbery cases. This is followed by remand in police custody where he faces police brutality.
Thus, the vicious cycle continues in the society, and any attempt by the individual to come out of the cycle leads them being entrapped further and resorting to this age-old trade as a means of livelihood. With HIV assuming epidemic proportions, it is imperative to target sex workers and their families for awareness building exercises as sexual intercourse is one of the major routes of transmission of the infection. Efforts to alleviate the plight of sex workers should focus on a number of issues such as information education communication (IEC). The STD monitoring, support for children, medical facilities, rehabilitation programmes, and options for alternative employment are other rehabilitation strategies (Hamsa and Baby, 1999).

Conclusion

The studies reviewed in this chapter reveal the multifaceted dimension of the problems and risks confronting the life and profession of commercial sex workers. Broadly, these studies portray the highly vulnerable position of commercial sex workers to perils of all sort and pains of all kinds. Causes compelling the commercial sex workers to remain in this profession revolve around their family, community, law enforcing machineries and members of the public, besides compulsion from fellow sex workers, pimps, procurers and brothel keepers. Commercial sex workers, according to the research
findings, undergo more pains than pleasure, spend more than they earn, are more exploited than protected, face more risks and threats than prospects and opportunities. Most of them have risked their lives, disregarded their children, sacrificed their social life and have been abandoned by their family. These studies remind that they have reached a point of no return and are beyond salvaging. Any attempt at rehabilitating them has to concentrate on the younger generation. In the process of reviewing various studies, the researcher realized that studies dealing with rural sex workers are conspicuous by their absence. It is therefore found imperative to make an attempt to understand the causes, characteristics and circumstances forcing women from rural areas into prostitution. Hence, the present study is designed with a view to analyzing the problems of the rural sex workers and their behaviour patterns from a social and psychological perspective. The study will also examine the strategies for the rehabilitation of sex workers and suggest policies and programs for the control and prevention of prostitution in rural areas.