



Socio-Economic Status and Health Challenges of Female sex Workers of Miraj Town, India

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Abstract

Commercial sex in India is part of society from the ancient period. It is known by different names like Nagarvadhu (brides of the town), Devadasi (temple prostitute), Call girls, Escort girls, Road side brothels, etc. The women engaged in the commercial sex work are always been stigmatised. Many of them could not come in to the business of commercial sex with their own interest. There are various reasons behind entry in such profession. These women are facing a various kind of the problem along with stigmatized life. They are neglected part of the society. Socio-economic condition of this neglected portion of the society is very poor. Because of illiteracy and economic reason these women are neglects the health problems. The objective of the present study is to know the social and economic status of the female sex worker from the Miraj city and to know the health challenges faced by them in their regular life. Present paper will also argue that social and economic condition of the female sex worker is poor. Still they are the victims of the old tradition and economic condition. Present paper also emphasis on the health problems faced by them. It is also suggested that the government and non-governmental organizations should contribute in the rehabilitation and providing minimum need of the female sex workers.

Keywords: Female Sex Worker, Socio-economic status, health challenges.

Introduction

India has a long recorded history and great store is set by tradition, therefore it is important to face the history of prostitution to see how for practices in the past account for the position of women in present day society and reinforced toleration of assaults on the dignity of women by sexual violence and forced prostitution. India which is justly claimed to be one of the most ancient civilizations of the world, presents an extensive account of the rise and development of the prostitution¹.

Prostitution refers to the practice of exchanging sexual services for financial remuneration. The practice has been reported in virtually every culture and described throughout recorded history. As a form of deviance, prostitution has been of interest to sociologists as a reflection of various social processes and phenomena².

Women engaged in commercial sex work have been struggling for the basic facilities like food, shelter and health. It is because women in this business are for a limited period. A woman is a prostitute "only for the limited period of time that [she] engages in the activities, and the woman pursuing this occupation has no more of an identity, fate, or permanence than a man has who is a professional baseball player or soldier"³.

Prostitution is one of the kaleidoscopic images nurtured by a social fabric which wishes to perpetuate the status of its women as sexual objects⁴.

History of Prostitution in India: Prostitution in India is having a long history. India had tradition of Nagarvadhu, "brides of town" Famous examples include Amrapali, state courtesan and Buddhist disciple, described in Vaishali Ki Nagarvadhu by Acharya Chatursen and Vasantasena, a character in the classic Sanskrit story of Mricchakatika, written in the 2nd century BC by Sudraka. The Devadasis from temple were known as "temple prostitutes" Kanhopatra is venerated as a saint in the Varkari sect of Hinduism, despite spending most of her life as a courtesan. Binodini Dasi started her career as a courtesan, and later became a Bengali theatre actress. In Goa, a Portuguese colony in India, during the late 16th and 17th centuries, there was a community of Japanese slaves, who were usually young Japanese women and girls brought or captured as sexual slaves by Portuguese traders and their South Asian lascar crewmembers from Japan⁵.

In the British Rule in India in the 18th and 19th centuries, it was common for the British Soldier to visit local Indian dancer. Millions of women and girls from the Europe and Japan trafficked into India during the British Period. These women and girls were serving British soldiers and local Indian men.

Causes behind Prostitution: i. Poverty, ii. The Trafficking Process, iii. The Government's Attitude, iv. Old Tradition like *Devadasi*.

Poverty is one of the main causes which push woman towards prostitution. Economically depressed woman with low education level become victims of prostitution. There are other social factors which are responsible for the degradation of woman status. One factor is that view of people about woman as commodity. An illegal woman trafficking is another one reason behind the prostitution in India. Girls those are refuse for the sex are inhumanly treated and raped and push them in to this business. Prostitute is the community where government needs to give attention for their rehabilitation. But the government's attitude towards rehabilitation is very poor. Old Tradition like *Devadasi* is one reason which pushes lot of women into the prostitution.

Laws related to prostitution in India: Suppression of Immoral Traffic in Women and Girl Act -1956, Prevention of Immoral Traffic Act-1956, Immoral Traffic (Prevention) Act-1956

Objectives: i. To understand the social and economic status of the female sex workers, ii. To understand health conditions and challenges of the female sex workers, iii. To suggest possible recommendation with social work perspective

Methodology

The researcher proposes to adopt Descriptive research design for the study, the descriptive research design will be more helpful, description is the fact finding investigation with the adequate interpretation. The study covered town Miraj it is a block or Tahasila of Sangli Zilla of Maharashtra state. *Sample for the study has been selected by purposive sampling method* for insuring that the unit selected for study becomes as far possible female sex worker of the town. 30 Female Sex Workers from Miraj town were selected for this study.

In the study various tools have been used in order to satisfy the objectives and to get holistic and comprehensive understanding of the subject. The techniques used for data collection are interview, participant and non-participant observation. The structured interview schedule, observation check list has been prepared keeping in mind the general background and the objectives of the study. In the study an opportunity was given to gather extensive information on the health challenges faced by female sex worker.

Results and Discussion

Analysis and interpretation of the study: Table-1 explores the social status of the female sex worker. Table speaks about age distribution, Marital status, education, satisfaction about profession, dependent family member and ownership of house.

Table-1
Social Status of Female Sex Workers

Variables	Responses	Frequency	Percentage
Age	Below 18	7	23.3
	18 to 25 year	14	46.7
	Above 25	9	30
Total		30	100
Marital Status	Single	1	3.3
	Married	15	50
	Devdasi	14	46.7
Total		30	100
Education	1 to 4	25	83.3
	5 to 10	5	16.7
Total		30	100
Satisfaction of Profession	Yes	27	90
		3	10
Total		30	100
Dependent Family Member	Parents	10	33.3
	Children	7	23.3
	Parents and children	7	23.3
	No	6	20
Total		30	100
Ownership of House	Rented	28	93.4
	Own	2	6.6
Total		30	100

Majority of the female sex worker are of 18 to 25. It reveals that female sex workers are engaged in the profession in adult age. However there are seven female sex workers those are below age of the 18 years which shows the early entry in this profession. Half the female sex workers are married and around half of the female sex workers are Devadasis' that means they are married with the god. These women are the victims of old traditions of the Devadasi. The town Miraj is on border of the Maharashtra and Karnataka state. They have the practice of the leaving girl for the god or push them to marry with the god. This tradition initially push them into relationship with the villagers and then into the profession of commercial sex. As we see the education level among the female sex workers from the Miraj it is clear that majority of the women completed primary education only. It may results into the unawareness about the health issues which is the main concern of this profession. When the question was asked them about the satisfaction of the profession 90% of the female sex worker replied that they are satisfied with the profession. It may be because their feeling is that they are not dependent on the other family member. They are even not feeling guilty about the profession. They thought that they independent and able to complete the basic needs of the regular life. Next variable in the table talks about the dependent family member on them. Here around 80% of the respondent said that they are having the dependent family member and they are children and the parent. Here one thing has to notify that Married women having the dependent children and Devadasi's having the dependent parents. So it simply reveals that they are

supporting to the family and taking the responsibilities of the parents and the children. The last variable of the table depicts on the ownership of the house. Here 93.4% of the female sex workers are living in the rented house. They don't have their own house. It directly implicate to their economic condition and their saving from the earning. Because they have to spend some amount per month to the house owner as rent. It shows make question on their future if in future owner of the house denied to give the house on the rent then what would be about their residence.

Hence from the above table it clears that female sex workers are entered in the profession in early age, victims of traditions like Devadasi, Poor education level, satisfied about the profession, taking responsibilities of children and parents even they do not have their own house. It gives the picture of poor social status of the female sex workers.

Table-2
Economic Status of Female Sex Workers

Variables	Responses	Frequency	Percentage
Weekly Income	Up to 1000	25	83.4
	1001 to 3000	3	10
	3001 to 5000	2	6.6
Total		30	100
Other Income Source	Daily Wage	1	3.3
	No	29	96.7
Total		30	100
Daily Saving from income	100	5	16.7
	200	1	3.3
	Above 200	7	23.3
	No Saving	17	56.7
Total		30	100

Table-2 shows the economic status of the female sex worker. It speaks about the weekly income, other income sources and daily saving from the income. Majority of the female sex worker's income is Rs. 1000/- per week. They are earning around 4000/- monthly that shows how poor is an economic condition of them. Very less number of the respondent's income is above 1000/- per week. Here in this profession as age increases income decreases. Here one more reason is that they don't have other income source other than commercial sex work. Only one respondent have another income source that is daily wage. However other families are depends only on the commercial sex work. That reflects directly in to the poor economic condition of female sex worker. As they have very less income from the profession hence more than half of the respondents are not saving any amount from the income. Very less respondents saving some amount which ranges from Rs. 100 to 300/- which is negligible in nature. As we discussed earlier that as age increases their income get decreased and if they don't have saving from the earning then they may face the problem during

their old age. It is clear from the table that female sex worker are having very less income from the profession, they don't have other income sources and that results into the no saving for the future.

Table-3
Health Challenges of Female Sex Workers

Variables	Responses	Frequency	Percentage
Awareness about STD	Yes	16	53.3
	No	14	46.7
Total		30	100
Awareness about HIV	Yes	28	93.3
	No	2	6.6
Total		30	100
Problems During Sexual Intercourse	Lower Abdominal Pain	6	20
	Pain during Sexual intercourse	16	53.3
	Itching and Reddening	2	6.7
	No Problem	6	20
	Total	30	100
Place of Treatment	Government	1	3.3
	Private Hospital (NGO)	29	96.7
Total		30	100
Health Check up	Weekly	8	26.7
	Monthly	17	56.7
	Half Yearly	5	16.7
Total		30	100

Table-3 focuses on the health challenges faced by the female sex worker. Table tells about the awareness about Sexually Transmitted Diseases (STD), awareness about the HIV, Problem during the sexual intercourse, place of treatment and health check-up. More than half of the respondents are aware about the STD but around same number of the respondents are not aware about the STD. It is expected that the entire female sex worker should aware about the Sexually Transmitted diseases. However it is found that more than 90% of the female sex workers are aware about the HIV. It is because here Non- government organization working with them and making aware them about HIV. When the question asked about the problem during the sexual intercourse then more than half of the respondent replied that they face the pain during the sexual intercourse. Other respondents are also facing the problem like Lower Abdominal Pain and Itching and Reddening. Only 20% of the female sex workers responded that they are not facing any problem during sexual intercourse. Almost all the member takes treatment in the private hospital suggested by NGO. Majority of the female sex worker are checking their health per month. Less number of respondents does check up on weekly basis. Very less number of respondents checks their health half yearly. It seems that

majority of them are aware about their health and regularly checking their health.

It is clear from the table that around half of the respondents are not aware about the STD, they are facing problem during the sexual intercourse though they are checking their health. All these discussion shows that there are several health challenges before female sex worker.

Recommendations and Suggestions with the Social Work Perspective:

i. Female sex worker have low academic education so there is need of proper awareness about education among the sex worker. ii. Government and non- government organisations should raise their efforts to eradicate the traditions like Devadasi. iii. Government and non- government organisations should increase awareness campaigning implications of the Devadasi tradition. iv. It is found that they don't have other income sources other than this profession so there is need to make available other income sources so that they can divert from the profession and will give additional income so that they can have good social and economic status. v. They need to have proper training to be healthy. vi. Majority of respondent's annual income is less than 50,000. Government should give means of self-employment. vii. There is need to give housing facility for sex worker they are living in rented house they can't afford good housing from their current income. viii. Government should give concrete plan of their rehabilitation and should offer the welfare programme for them.

Limitation of the study: i. Study is conducted in the Miraj town only. ii. This study not covered problems of Devadasi's in details. iii. Limited sample size. iv. Language barrier.

Conclusion

It may be said that the women engaged in the commercial sex work are always been stigmatised. This involves the social and

economic status and health challenges of female sex worker. It comes to conclusion that social and economic conditions are interrelated to each other. Poor economic status reason is for the poor social status and vice-versa. Social and economic condition is responsible for the poor health status of women in commercial sex work. There is need to have comprehensive plan of rehabilitation of women in sex work and need to provide alternate for the livelihood. It is expected from the Government and Non- government organisations that they should play important role in improvement of social and economic status of the women in the sex work. Absence of alternate livelihood option is one reason to continue in the business. So it is strong recommendation from the study is that to improve the social, economic and health status of the female sex worker.

References

1. Beranand Jessie: Social Problems at Mid-century, Published by the Darden Press New York, (1957)
2. Davis Kingsley, Prostitution in Merton and Nisbet (ed)' contemporary Social Problems, Narcourt Brace Janmichlnc, New Yourk, (1971)
3. Sagarin E and Jolly R.W. Jr. Prostitution: profession and pathology. In: Schlesinger LB, Revitch E, eds. Sexual dynamics of anti-social behavior. 2d ed. Springfield, IL: Charles C. Thomas, (1997)
4. Haveripeth Prakash, Prostitution and Its Impact on Society-A Criminological Perspective, *International Research Journal of Social Sciences*, 2(3), 31-39, (2013)
5. C.U. Dhavaleshwar and Umesh T., Socio Economic Status Of Prostitutes And Intervention Of Social Work, *Thematics Journal of Social Sciences*, 1(4), 102-105 (2012)