



Hazardous Health Behavior of Female Sex Workers: A Case Study of Silchar Town

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Abstract

Health is vital aspect of one's life. An individual is said to be healthy if he is physically, mentally and spiritually sound enough. But good health is still a dream for many people particularly for those who are having poor socio-economic condition. To attain better health they not only fight with diseases but also fight with their poverty. Their poverty, illiteracy and social vulnerability make them susceptible to many deadly diseases. AIDS/HIV is one of such deadly diseases which take thousands of lives not only in India but also throughout the globe. Sex workers are one of the vulnerable groups for occurrence of HIV/AIDS. Sex workers easily get infected with STI/HIV because of their occupation and hazardous work environment. STI and HIV/AIDS consciousness among female sex workers plays a vital role to save their lives from such a deadly disease. This paper highlights the hazardous health behaviors of female sex workers of Silchar town which is located in the remotest corner of India's North-East.

Keywords: Sex workers, Consciousness, Hazardous health behavior, STI and HIV/AIDS.

Introduction

Female sex workers are particularly vulnerable to HIV as well as other STI problems and they represent the most significant core group for transmission of sexually transmitted disease to the rest of the population through their clients (NACO 1999)¹. The critical factors influencing the rate of spread of HIV and STI from sex workers include the number of clients per day they meet and proportion of men in a society who regularly visit sex workers. In nation like India with high levels of both of these factors HIV epidemic spreads very rapidly. Rapid spread of HIV can be controlled by using condom but in India it is not happening due to several reasons. When sex workers become highly infected by HIV, spread of disease to client groups become easier. Regular clients of sex workers who do not use condom in turn make other sex workers infected, and this cycle leads to higher rate of infection among both the sex workers and clients. Thus sex workers often carry a high STD burden².

Social position of female sex workers is very painful because of many reasons. Their life style and risk factor are corollary to each other. They are not conscious about various sexually transmitted infections which spread during sexual intercourse. Their lack of consciousness makes them highly infected with STI and HIV/AIDS. They are vulnerable as they are often kidnapped, raped and forced to have unsafe sex. Because of their illiteracy, poor family background, early marriage and ignorance they become victim of forceful and unsafe sex. It is the need of this hour to understand their socio-demographic, sexual risk behavior and hazardous health behavior³.

Concept and Theory: A sex worker is a person who works in the sex industry. The term "sex worker" was coined in 1978 by sex worker activist Carol Leigh. Its use became popular after publication of the anthology, *Sex Work*, writings by Women in the Sex Industry. The term "sex worker" has spread into much wider use of academicians, NGOs and labor unions, governmental and inter-governmental agencies, such as the World Health Organization. Sex workers are women who receive money or goods in exchange for sexual services and who consciously define those activities as income generating occupation. Sex work is the provision of sexual services for money or goods. Clients are people usually men who pay with cash or other resources for sexual services either explicitly or within an agreed package that includes other services such as entertainment or domestic service⁴.

Brothel Based female sex workers are those whose clients contact them in brothels, that is buildings or residential homes where people from outside the sex trade know that sex workers live and work (e.g. Sonagachi in Calcutta, Kamathipura in Bombay). Typically a brothel is a place where a small group of sex workers is managed by a madam or agents and usually the sex workers need to pay a part of earning to their madams. Street Based female sex workers are those who solicit clients on the street or in public places such as parks, railway stations, bus stands, markets, cinema halls. They entertain their clients in a lodge, car, and truck, hotel room, at the client's home, in a cinema hall or in a public place. Home Based female sex workers are those who operate sex work usually from their homes. They contact their clients over phone or through a middleman. Generally, they are not known to be working as sex workers within their neighboring areas. In fact, they could have

an entirely different public identity-e.g. housewife. While many sex workers operate “secretly” “given the level of harassment, violence and stigmatization they experience from the police and the members of general public”, the term “secret” sex workers refers to a specialized category of sex workers. They are only “secret” or “anonymous” in terms of their identity in their immediate context (e.g. family, neighborhoods). Hotel Based female sex workers are those who reside in hotel or a lodge and their clients are contacted by the hotel owner, manager or any other employee of the hotel on the basis of sharing the profits. These sex workers do not publicly solicit for clients.

Foucault (1978), in his book “History of Sexuality” highlights issues of sexuality and identity formation highlights various aspects of sexuality and sex work. Foucault’s original contribution follows from the intellectual fallacy that was propounded through the 1960s by different psychoanalysts led by Freud (1933) who argued that sexuality is a product of some inner human quality that even goes back to our childhood and this is incited to produce the different behaviors that we engage in as adults. Sexuality was reconstructed around the image of the dominant male phallus. Variations in sexuality were deviations from the masculine sexuality and they needed to be redeemed and understood within the masculine perspective. Foucault’s contribution to this debate was to deconstruct this popular belief and argued that sexualities are constantly produced, changed and modified and hence the nature of sexual discourse and experience also changes⁵. Connell (1987) is of the view that sex work is one that takes place in the context of interpersonal balance of power that derives from the unequal access to resources which one partner possesses and the other does not have. He expands the horizon of resources by noting that in this case resources may include; money, physical strength and sexual attractiveness or even the capacity to deploy anger or love⁶. Zalduondo B and Bernard J (1995) hold that Sex workers, are often among the poorest and most disadvantaged women in society. According to them, research indicates that sex work represents an economic or social survival strategy in which sexuality is experienced as a resource that is strategically employed. Research has also shown that the universalizing category 'prostitute' masks an enormous diversity among women who do sex work which is reflected in equally diverse sex trade structures and working conditions⁷.

Methodology

The study is mainly qualitative in nature. The sex workers of Silchar town constitute the universe of the study. Total 250 numbers of female sex workers of silchar town has been selected through purposive and accidental sampling method for the study. Both primary and secondary data has been collected for the study. Primary data has been collected through observation, semi structured interview schedule and case study method. Secondary data has been collected from books, journals, local and national news papers, reports of NGOs and government offices. The present study is conducted in town area

to identify type of female sex workers present in Silchar town and their hazardous health behaviour.

Introducing Female Sex Workers of Silchar Town: Silchar town is the headquarter of Cachar district. Cachar District has its population of around 14.7 lacks as per 2001 census report and the district is a transport hub for many of the North-eastern states. The prevalence of HIV in the district appears to be low and stable among general population as indicated by low HIV positivity among pregnant women as well as in blood donors. There is no direct source of estimating positivity among bridge and high risk population in district. However positivity among high risk and vulnerable group provide indication of low to moderate level of HIV prevalence with increasing trend. The epidemic is primarily driven through heterosexual route. The district has geophysical, economic and social factors making it vulnerable to HIV epidemic. The district is susceptible perennial drought and lack of non farm sector activities, absence of employment opportunities, high incidence of poverty and subsequently economic compulsions promote migration of workers to the nearby states⁸.

More than 1400 female sex workers and 300 injecting drug users have been mapped in the district. Typology wise most of the female sex workers in Cachar district (75.1% or 884) are street based sex workers, 19.2% or 266 were home based sex workers while 5.7% or 67 are brothel based. Home based sex workers are known to pose challenge in providing quality service and coverage. Risk behavior analysis shows that the more than three fourth of the sex workers are working more than 2 years and more than 80% of the sex work have 5 or more clients per week showing high vulnerability of sex workers in the district. There are 1000 sex workers in silchar town of Cachar district (DBC an NGO study). Female sex workers of Silchar town in the present study are classified as brothel based sex workers, street based sex workers, home based sex workers and hotel based sex workers. As per survey conducted before field work in the brothel of Silchar town it observed that total number sex workers residing in brothel is around 500.

Result and Discussion

Sex workers in Silchar town do not constitute a purely homogenous category. They differ from each other on the basis of religion, language, caste and other socio-economic variables. On the basis of place of occupation, sex workers are categorized into brothel based sex worker, street based sex worker, hotel based sex worker and home based sex worker. The study is conducted on 250 female sex workers out of which 7 female sex workers are home based, 40 female sex workers are street based, 200 female sex workers are brothel based and only 3 female sex workers are hotel based. Hazardous health behavior of female sex workers are discussed in terms of their sanitation and health, food and drinking habit, habit of condom use, consumption of alcohol, multiple partner they meet, load of client they take and their duration of involvement in sex work.

Sanitation and Health of female sex workers: Brothel based female sex workers of silchar town are using very small, unhygienic rooms. Usually one female sex worker uses a single room but sometimes two female sex workers use to share a single room. The rooms are very small with very small beds. Generally female sex workers use common toilets. One common toilet is used by several female sex workers and they do not wash it regularly. The condition of toilet used by the sex workers is very poor and unhygienic. There is no proper drainage system inside the brothel. Because of poor drainage system brothel area of Silchar town is logged with rain water during summer season. Since brothel is situated near by a market so the garbage of the market is dumped in front of brothel. Entire brothel area seems to be a dumping place. Moreover, sex workers living inside brothel also dump their own garbage in front of the brothel. It becomes difficult to stay inside the brothel due to bed smell of composted garbage and open drain. Street based and home based female sex workers are floating and moving. They are coming from neighboring villages of Silchar town. Majority of them has taken rented house and very few reside in their own house. They are poor and their housing condition is very worst where they cannot maintain proper health and hygiene. Proper drainage system and sanitary latrine are not available in their rented house. Hotel based sex workers are also coming from outside of Silchar town and return back to their house after meeting their clients.

Food and drinking habit: Food and drinking habit of female sex workers in brothel are not favorable for good health. They do not use to cook food regularly. Food once cooked is taken for several times even without boiling further. They do not regularly clean their kitchen. Cockroach, rat, fly and mosquito often move inside their kitchen. They are accustomed to take spicy and fast food. Most of the sex workers in brothel use to chew beetle nut and tobaccos of different kinds. Many of them smoke and drink alcohol regularly. Though supply water facility is available inside the brothel but the sex workers do not further purify water for drinking. Even very few of them use water filter to purify drinking water. They are prone to numerous water born diseases. Many of the sex workers reported occurrence of jaundice, dysentery and diarrhea. Food habit of home based and street based female sex workers is also similar with the sex workers living in brothel. They drink supply water without filtering and boiling. Most of them use river water for other purposes. They are also habituated in consumption of alcohol and tobaccos. Hotel based sex workers mostly take food from hotels or food offered by their clients. They are also use to take tobaccos and alcohol.

Habit of condom use: Brothel based sex workers are concerned about using condom during sexual intercourse with their clients. They get sufficient time to negotiate with their clients for using condom. Moreover, they are organized inside their brothel. Clients cannot force them for using condom. However, some of them do not use condom with their intimate or regular partners. Home based female sex workers also use condom but they

cannot resist their client as like as brothel based sex workers because of fear and stigma. Hotel based sex workers are also not seriously using condom like brothel based sex workers. This causes serious health hazards for them. Street based sex workers are not able to decide whether to use condom or not because of several reasons. Generally they do not have time in their hand to negotiate with the client for use of condom during sexual intercourse. They solicit their customer standing on public places like bus stand, cinema hall, heart of the town, near bank of the river. They are always in fear of Stigma, discrimination and public and police attack. Moreover, they cannot refuse proposal of their customer due non availability of frequent customers. Data shows that out of total 40 streets based female sex workers 100% of them do not use condom regularly. All of them sometimes use condom with their clients. Among home based female sex workers only 14.28% use condoms regularly and 85.71% use condom sometimes. Among brothel based female sex workers, 96 % use condom regularly 3.5% use condom sometimes and only 0.5% never use condom. Hotel based female sex worker sometimes use condom. No hotel based sex worker regularly use condom. This indicates that a large numbers of female sex workers do not use condom regularly. They are at risk and vulnerable to STI and HIV.

Consumption of Alcohol: Alcohol consumption is a common phenomenon among sex workers of Silchar town. It is observed from the study that out of total 40 street based female sex workers 20% occasionally consume alcohol and 70% of them regularly consume alcohol to minimize stress and strain but 10% of them do not consume alcohol. Case is different for home based female sex workers. Around 42.85% of them occasionally consume alcohol 28.57% have do not consume alcohol but 28.57% of them regularly consume alcohol. The percentage of consumption of alcohol among home based female sex workers is less from other types of female sex workers because of family compulsion. Among brothel based female sex workers it is seen that 9% of them occasionally consume alcohol and 91% of them regularly consume alcohol. Hotel based female sex workers also consume alcohol like other female sex workers. Around 66.66% of them occasionally consume alcohol and 33.33% regularly consume alcohol.

Multiple partners: Sexual intercourse with multiple partners is another hazardous health behavior of female sex workers. Meeting multiple partners makes them more vulnerable for HIV and AIDS. The data shows that out of total 40 streets based female sex workers 7.5% have single partners in a day and 92.5% have multiple partners in a day. In home based female sex workers only 4% have single partner and 85.71% have multiple partners. Among brothel based female sex workers 4% have single partner and 96% have multiple partners and among hotel based female sex workers it is found that 100% of them have multiple partners.

Client load: Client load of female sex workers also indicate the risk and vulnerability towards STI and HIV/AIDS. Out of 40

street based female sex workers it is found that 12.5% have not gone for sexual act in a week, 17.5% use to meet 1 to 4 partners in a week, 25% meet 5 to 9 partners in a week and 45% meet 10 and above partners in a week. Among home based female sex workers it is found that 14.28% meet no partner in a week, 28.57% meet 1 to 4 partners in a week and 57.14% meet 5 to 9 partners in a week. In brothel based female sex workers only 12% does not have any sexual contact in a week, 8.5% meet 1 to 4 partners, 33.5% meet 5 to 9 partners and 46% meet 10 partners and above in a week. Among hotel based female sex workers it is seen that 66.66% meet 5 to 9 partners in a week, 33.33% meet 10 and above partners in a week.

Duration of involvement in sex work: The study reveals that among street based female sex workers 5% are involved for a period of 1 to 5 years, 80% involved for a period of 6 to 10 years and 15% involved for more than 11 years. In home based FSWs 24.28% are involved in sex work for 1 to 5 years, 71.42% are involved for 6 to 10 years and 4.28% are involved for more than 11 years. In brothel based FSWs 46% are involved for 1 to 5 years, 44% are involved for 6 to 10 years and 10% are involved for more than 11 years. Among hotel based sex workers 100% are involved for 6 to 10 years.

Table-1
Typology of respondents

Characteristics	Frequency	Percentage (%)
Home Based FSWs	7	2.8%
Street Based FSWs	40	16%
Brothel Based FSWs	200	80%
Hotel Based FSWs	3	1.2%
Total	250	100%

Sources: Field data

Table-2
Respondent's habit of condom use

Frequency of condom use	Street Based (N= 40) Number (% of N)	Home Based (N= 7) Number (% of N)	Brothel Based (N=200) Number (% of N)	Hotel Based (N= 3) Number (% of N)
Always	-	1 (14.28%)	192 (96%)	-
Some times	40 (100%)	6 (85.71%)	7 (3.5 %)	3 (100%)
Never	-	-	1 (0.5%)	-
Total	40	7	200	3

Source: Field data.

Conclusion

It is observed from the study that health behavior of female sex workers of Silchar town is determined by their nature of occupation. Most of the female sex workers hail from very poor

family background. Because of economic as well as other compulsions they are engaged in the occupation of sex work. Their poverty, illiteracy, ignorance to access services as well stress and strain compel them to lead a hazardous unhealthy life. Their hazardous health behavior always puts them in risk of getting infected to deadly diseases like HIV, AIDS and other sexually transmitted diseases like syphilis and gonorrhoea. They are not able to resist the social evils that often create problems and force them for sexual intercourse. In such a situation female sex workers need social support and help not only to protect their lives but also to save entire human society from deadly disease like HIV and AIDS.

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