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Targeted intervention for high risk group- A socio-behavioral study on female sex workers (FSW) in Bilaspur (CG)

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Abstract

Objective: This study was conducted with an aim to understand the socio-personal life of female sex worker and assess their behavior and attitude for risk and challenges associated with sex work.

Method: Convenience sampling method was adopted from non-probability sampling for the study. Sex workers were contacted at different locations in the city. Tool for data collection was schedule developed by the researcher and additional information was assessed in a structured face-to-face interview with the peer educators.

Results: The 60 interviewed female sex workers shows risk of HIV/AIDS/STD/RTI as near about 90% respondents accepted of having unprotected sex (without condom) at least twice a month for the sake of high payment. With near about half of the respondents shows symptoms of STD and 66% of them are seeking treatment from NGO clinic or hospital. Most of the respondents have knowledge of HIV causes and precautions.

Conclusion: Sex work is a major public health problem leading to HIV/AIDS as well as deteriorating women's reproductive health from STD/RTI infections. Most of the FSW are carrying forward their family work due to social denial and stigma associated with sex work, economic benefit is the main reason of indulging in sex work as in Chhattisgarh women are working force compared to men.

Keywords: FSW, HRG, HIV/AIDS, sexual behavior, VCT, stigma

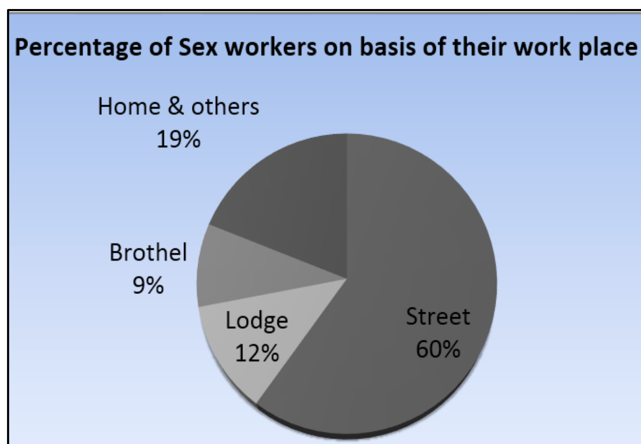
Introduction

It is estimated that more than 90% of HIV transmission in India is related to unprotected sexual intercourse or sharing of injecting equipment between an infected and an uninfected individual. Nearly two out of every five female sex workers (FSWs) in India could be suffering from HIV infection. Not everyone in the population has the same risk of acquiring or transmitting HIV. FSWs have many sexual partners concurrently. Generally, full-time FSWs have at least one client per day, or at least 30 clients per month, and nearly 400 per year. Some FSWs have more clients than others, having several clients per day and 100 or more clients in a month. The relative importance of FSWs as a HRG (high risk group) can be summarized by estimating the number of sexual contacts occurring between FSWs and clients. Within one year, 1,000 FSWs will have sexual contact with 300,000 to 1,000,000 clients. In contrast, 1,000 "high- risk" men who have 6-12 sexual partners in a year will have a total of 6,000-12,000 sexual partners in a year. Since the HIV prevalence is much higher among FSWs, a higher proportion of their sexual partnerships could result in HIV transmission [1].

Typologies of Female Sex Workers (FSWs)

For the purpose of TIs, a female sex worker (FSW) is an adult woman, who engages in consensual sex for money or payment in kind, as her *principal* means of livelihood. In any given geography, sex workers are not a homogeneous group. Sex workers can be categorized into 6 main typologies, based on where they work and more specifically on where they recruit or solicit clients and not where they live or actually entertain the clients. Sex workers can be categorized into six categories based on where they *work* (i.e. recruit clients):

1. Street-based
2. Brothel-based
3. Lodge-based
4. Dhaba-based sex workers.
5. Home-based or "secret" sex workers.
6. Highway-based sex workers



Source: Operational Guidelines- TI for HRGs

There are other sex workers whose primary occupational identity may vary, but a large proportion of their occupation group, *but not all*, often engage in commercial sex regularly and in significant volumes. Bar girls, Tamasha artistes, Mujra

dancers, come under this category. The categories used here are often overlapping and fluid. For example, a sex worker may be street-based for some time and then go into a contract with a lodge owner to become-lodge based. Or a brothel-based sex worker may move to another town or city temporarily and work as a street-based sex worker [2].

High Risk Groups: There are three HRGs, otherwise referred to as HRGs in order to reduce stigma towards them. These HRGs are female sex workers (FSWs), high-risk men who have sex with men and transgender (MSM and TGs), and injecting drug users (IDUs).

Targeted Interventions (TIs) & High Risk Groups: Targeted interventions for HRGs offer a "package" of services. This package of services varies for each major HRG, but broadly follows the components outlined below [3].

- **Outreach and Communication**

Peer-led, NGO-supported outreach and behavior change communication (BCC)
a. Differentiated outreach based on risk and typology
b. Interpersonal behavior change communication (IPC)

- **Services**

Promotion of condoms, linkages to STI (sexually transmitted infection) and health services with a strong referral and follow-up system.

a. Promotion/distribution of free condoms and other commodities (e.g. lubricants for MSM, Needles/syringes for IDUs)
b. Provision of basic STI and health services (including abscess management and oral substitution therapy for IDUs and also oral/anal STI services for MSM/TG)
c. Linkages to other health services (e.g. for TB) and voluntary counseling and testing centre's (VCTC)
d. Provision of safe spaces (drop-in centre's or DICs)

- **Enabling Environment**

a. Advocacy with key stakeholders/power structures
b. Crisis management systems
c. Legal/rights education

- **Community Mobilization**

Building community ownership of the TI's objectives ("community" refers here to the HRGs: FSWs, high risk MSM and IDUs).

a. Collectivization
b. Creation of a space for community events
c. Building capacity of FSWs, MSM and IDU groups to assume ownership of the programme.

Targeted Intervention for FSW in Bilaspur

TI project in Bilaspur for FSW started in 2009 and till 15-October-2015 number of registered FSW with NGO is 1274 which is an official data of FSW sex workers who are registered and figure of sex worker not registered may be more than expectation. Through TI project after survey total 18 sites/locations has been identified where these FSW works. No red light area is declared here, and previous brothels were also demolished and closed many years before. Main category of street based and home based FSW exist and some are also lodge/hotel based. Street based and home based sex worker are maximum and due to strictness of police department regarding sex work practice lodge based FSW are least and if exist they are very high profile and also not registered under TI. According to Program Officer of NGO working for TI (FSW) they are of higher standards and they are quite sensitized towards risk and precautions for their safety. The same NGO has started another TI project for FSW in 2011 at Uslapur area in Bilaspur district which covers FSW of rural areas (block based) different blocks are covered under this TI. At present registered FSW are 1078 one important thing to note is that whatever figures of registered FSW, NGO is indicating it is according to their target only. For Bilaspur TI project which covers only urban area or city based FSW has target of 1100 and another TI target was 1000. Though the NGO is providing its services to more FSW than the target, but it also has its limitations.

There are total 18 peer educators working under TI project to sensitize their group and provide them necessary services. According to PO current active population registered with NGO has decreased and reached to 1000 FSW due to drop-out in which migration is one of the significant factors again leading to risk of HIV in the destination areas where they have migrated. Other factor includes accidents, murders, natural deaths etc. From commencement of the project till now total 06 deaths of FSW have been recorded due to AIDS and those found HIV positive after testing which is near about 25 cases of HIV at Bilaspur TI and around 10 cases at Uslapur TI they are not receiving HIV medicines from ART centers regularly, due to shortage of medicines, which is because of delay in government proceedings for procurement of medicines. Now NACO has intervened and permitted ART centers to purchase HIV medicines at their own level just to avoid shortage of medicines and to stop discontinue of life saving medicines to HIV cases.

Research Methodology: Sample Size, Sampling and Survey Procedures

Objectives: The study was conducted focusing on some of the objectives which are:

1. To gain information about socio-personal life of female sex worker.
2. To identify the risk and challenges associated with the work of FSW.
3. To assess knowledge and information level of FSW regarding STD/RTI & HIV/AIDS
4. To understand the TI project and services for FSW in Bilaspur (CG)

Study area: The research was conducted in Bilaspur district of Chhattisgarh state. Samarpit NGO- Non Governmental Organization is working on Target Intervention (TI project HIV/AIDS) for the High Risk Group- HRG, i.e. FSW – Female Sex Workers. Out of 18 identified sites through Stratified sampling method total 10 sites were selected for the study.

Sample size: From the above ten sites six registered female sex workers (FSW) with the NGO, were selected through convenience sampling method under non-probability sampling, in this way total 60 female sex workers were selected after taking their verbal consent for this study. The researcher

invited potential participants to a private setting, obtained an oral consent and administered the interview schedule.

Sampling Procedure: The study used a time-location approach to recruit the majority of the FSWs who participated in the study. Prior to the study, mapping of the site was conducted to identify locations where FSWs meet clients known as hotspot/site which was done already by the NGO. FSWs were interviewed when they were at work – meeting with outreach workers, periodic meeting of peer educators at NGO, visit to VCT center.

Tool for data collection: Data was collected by an interview schedule developed by the researcher based on socio-behavioral aspects of female sex workers indulged in sex work. The questionnaire addressed areas such as socio-demographic information, marital status, work history, sexual history, knowledge and use of male and female condoms, knowledge of and history of STIs, knowledge about HIV, and service utilization. Also an interview was held with Program Officer of the NGO as well as with Outreach worker to collect some prominent information.
The whole study is based on primary data which was collected by the researcher from the field and some secondary data in form of records maintained by the NGO Samarpit was shared by the Program Officer was also used in the study

Informed Consent & Confidentiality: This study is oriented to female sex workers which addressed very personal information as – about sex work- behavior and attitude, issues of STIs, attitudes and actions towards people who have HIV or AIDS. Great care was taken to minimize any potential physical, psychological, or social harm that would occur to the participants as a result of participating in this study. All questionnaires were marked only with a study number and no names were recorded anywhere. Verbal informed consent was also obtained from all participants before participating in the study.

Findings of the Study

1. Socio-Demographics Information

Socio-demographic characteristics of respondent's: present age, educational level, marital status and occupation.

- **Age Distribution**

The median age for the sex workers was 24 years. Most of the FSWs interviewed were in the age group 15-29 years, with the 20-24 year age group accounting for 34 percent of all the women. About 16 percent of the respondents were under 20 years of age.

- **Education**

Most (95.7%) of the respondents reported having been to school. Of these, about 44.7 percent had completed a primary level of education. Near about half (49.0%) claimed to have attained secondary and near about 6% FSW reported of higher level of education UG and PG.

- **Marital status**

The majority (95.2%) of the FSWs was currently married and some were widow.

- **Occupation**

Most (74.5%) of the respondents reported that sex work was their sole source of income. Among those who reported other sources of income (25.5%), some mentioned more than one source. They mentioned marketing and other minor economic activities such as petty business.

2. General Risk Behaviors - Sexual Behavior

- **Age at First Sex**

The median age at first sexual intercourse for the female sex workers was 15 years. The majority (65.3%) of the respondents had their first sexual intercourse between age 15 and 19 years. The median age at which money was first received in exchange for sex was 18 years.

- **No. of clients per day**

Near about half of the respondents reported to have 3 to 4 clients per day in this way a FSW has near about 90 clients in a month, whereas 42% FSW accepted having 2 to 3 clients per day and 5% of FSW reported of having 1 or 2 clients per day and 3% of FSW reported of having more than 6 clients also on some day.

- **Condom Knowledge, Availability and Use**

Male Condoms

Knowledge of a male condom was high as 99.5 percent of the respondents had ever heard of a male condom. Similarly, the total proportion of the respondents who reported ever using a male condom was high (97%). About 52.7 percent of the respondents had a condom on hand at the time of interview. The most common source of condoms was the peer educators (71.2%), followed by pharmacy (36.9%) and market (34.6).

Female Condoms (FC)

59.3 percent of the respondents accepted having heard about female condom, whereas 34.6 percent of respondents have seen and touched the female condom and only 16.7 percent respondents accepted that they had ever used the female condom which was provided by the NGO only once they used but they didn't liked it. Reason for not liking were uneasy application, need lot of practice and some of them replied they were fearful that application of the FC may get refusal of client. Regarding Female Condom I talked to the NGO Program Officer, because while working in HLFPPT- Hindustan Latex Family Planning Promotion Trust, pilot study for testing the acceptability of latex based female condom in three districts of three different states, in Varanasi acceptability of FC in general women were appreciated. It was quite strange for me that FSW do not like the application of FC, while discussing with Program Officer some facts which I analyzed of disliking FC were lack of proper training to the FSW about FC- application, usage, removal and its benefits.

- **STI Knowledge, Symptoms and Treatment**

General knowledge of STIs was average, with the proportions of respondents who could name at least two or more symptoms in both men and women being 40.5% and 47.6% respectively. The respondents were asked whether they experienced any STIs symptoms in the past twelve months and 24.3% of them reported experiencing vaginal discharge while 26% had genital ulcer disease. Of those who had an STI, 66.5% reported seeking treatment at the NGO associated clinic where their

medical check-up are conducted seconded by those who sought treatment at government clinics (34.3%). Asked if they continued to have sex during the time they had these symptoms, 60% said they did not stop having sex during the time they had an STI symptom. In addition, 30 percent who said they had sex while with an STI symptom always used a condom and 21.8 percent told their sexual partners that they had an STI.

- **HIV/AIDS Knowledge, Opinions and Attitudes**

Almost all (99.4%) of the respondents had heard about HIV/AIDS. 80.3% knew about transmission of HIV during pregnancy, 66.4% knew about transmission during delivery and 59.5% knew about transmission during breastfeeding. Also, 46.8% knew that taking ARV lowers the chances of passing the HIV from mother to the baby, and 4.1% knew that mothers can lower chances of passing on HIV to a baby by stopping breast feeding.

- **Voluntary Counseling and Testing**

Ninety percent of FSW reported having access to VCT services but except 9%, all FSW were tested under pressure or by influence of some incentive. It was quite strange that FSW were not bothered at all about (HIV/AIDS) such a serious problem which could lead to death. About 24% perceived their chances of getting HIV to be high or great while 31% felt there was no chance of getting AIDS virus.

3. Personal and Social life: Family and neighbor/ community behavior and attitude

- **No. of children**

Almost all FSW were married and they have on an average 2 children

- **Knowledge of sex work to family**

While questioning that their family members (husband In-laws, parents and children) do they have information about you are indulged in sex work and if they know what is their reaction? 66.7% of the respondents accepted that their husband knew that they are sex workers, but it's not disclosed to my in-laws or parents as they don't live with them. In 58.4% cases respondents husbands are playing role of a pimp, who communicate and finalize clients for their wives. 38% FSW responds that their family and relatives including in-laws know that they practice sex work they are carrying forward their family work.

- **Reason for indulged in sex work**

Near about 40% of the respondents were carrying forward their family work and other prominent reasons for most of the FSW were not being able to find another job, the need to give financial support to families, paying debts and buying drugs.

- **Residing area of FSW**

53.3% FSW live in such basti/colony where only FSW families are living, means whole community belongs to sex workers only. Whereas 47.5% FSW belongs to such area that they have to hide their identity as a FSW, from neighbors and community people and practice sex work.

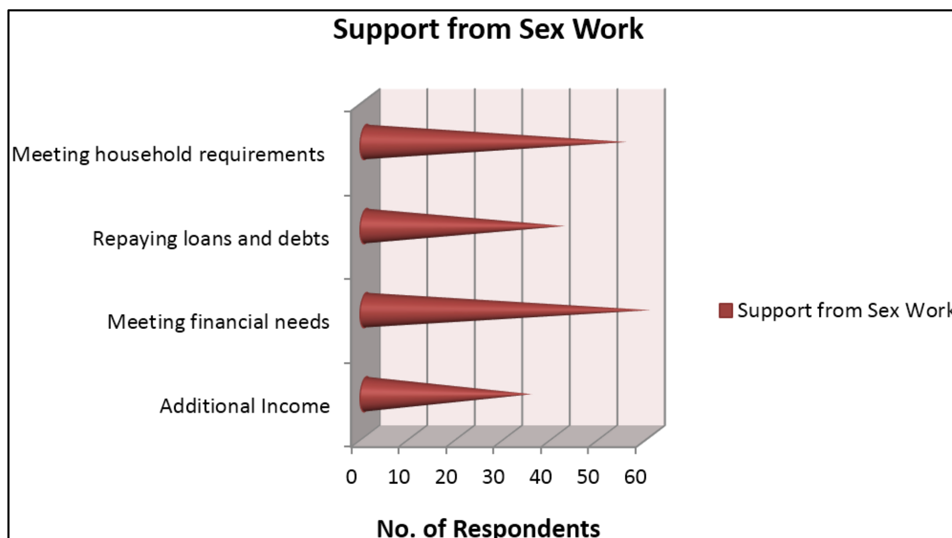
- **Social support**

Family is one of the best support system for everyone, as being women one has to bear different responsibilities and she needs social support at some time. More than half of the sex workers felt at least sometimes excluded from their circle of acquaintances because of their profession, and as many felt excluded from society due to social stigma and social denial of community people, sex workers have least social support, except their peers.

- **Behavior and attitude of Police**

Police department is very pathetic towards sex workers; their attitude is very negative, rude and disrespectful, around 90% of FSW accepted that they are scared of police they don't ever want to face police because every time when police has intervened in their work have exploited them and behaved very inhumanly, some has asked for money for release, some has asked to sleep with them while if unable to pay money forced to have sex with them.

Brothel has been closed or demolished by the government and if any FSW is caught practicing illegal sex work, police behaves very badly and have to bribe them for release, FSW's won't get any support from law or from NGO. While discussing this matter with NGO Program Officer he accepted about their limitations and as a TI project they only work for risk reduction measures. No other NGO is working on FSW rehabilitation.



While querying on support from sex work, there were various reasons for respondents to be engaged in this work but major support they got were meeting household requirements, repayment of small loans and debts taken in case of crisis or some medical treatment, meeting financial needs as- school fees for children etc, and it is also a source of income for additional income.

Suggestions as Social Work Intervention a humanistic approach for FSWs

1. **Proper Rehabilitation:** rehabilitation is a concept which has multidimensional approach, it is inclusive of physical, mental, economical and social aspects related with any person. In case of FSW services are lacking for their proper rehabilitation through which they can overcome different challenges faced by them as being sex worker. Government should focus on an integrated approach for their rehabilitation, where they receive a dignity full life, be able to socially adjust, treatment of physical ailments, counseling services, etc. Rehabilitating a sex worker is a great challenge because here one is not being rehabilitated her family also need assistance or services and stigma associated with this work makes the whole process more complicated and increases the chances of failure of any scheme/program.
2. **Alternative source of Income generation:** It's true that no unskilled work can provide FSW such economic benefit as sex work do, but FSW also have to suffer different problems and risk in this work, for which some of them want to move for alternative source of income generation, if provided to them, which can give them and their family a dignity full life at least. They can be trained for skilled work- as handicraft, tailoring and stitching, food processing and packaging, BPO, etc. but government has to focus on their development rather than their survival.
3. **Services for children:** Sex workers children are the most sufferer ones who deprives of good and quality education, happy and healthy social life, employment opportunities, respect in life, marriage etc. There is utmost requirement to work on this issue, services for children of sex workers must be provided in such a manner, which can minimize their vulnerability of social stigma that they are children of sex workers which make them deprive of everything. From school to hobby courses and higher education to career, counseling services, training of entrepreneurship development for providing assistance of small scale business and marriage arrangements all needs are required to met for building a manpower and good human being in our democratic country, where equal opportunity of self-development and growth is the constitutional right of citizen of India.
4. **Program for KABP (knowledge, attitude, behavior and practice):** such programs are needed to initiate by government through NGO which works on KABP aspect, which can act and have impression on sex workers in such manner that their behavior and attitude can get change.
5. **Social Inclusion:** sex workers are socially excluded which makes them more vulnerable and their life more miserable, which is the reason of social stigma, non- acceptance by general population, from whom some are their client at night, but at day time we do not want to be with them. They are forced to live in separate location, their children are boycotted, not get admission in good school or any school which ultimately results in deviant and anti-social population leading to various social problems- juvenile delinquency, prostitution, drug addiction/abuse, beggary, pocket picking, bar dancing etc.
6. **Provision of good health care service:** good health care services are required to made available, accessible and affordable to the sex workers, their children and other family members, very often they have to suffer for denial and negligence of medical staff in government hospitals and private treatment are very expensive, so there is need to train medical staff which could change their mind set and acceptability for this group could be developed and make existing services effective for them, because special/separate facilities will only increase the social exclusion.
7. **Focus for old age services:** sex workers old age is very much affected with their profession, they have to suffer a lot in this stage, aging makes them no more demanding in sex work, children very often remains less educated and unemployed, no source of income brings lots of problem. Therefore focus must be on improving their life in old age and social assistance could be provided to them. Mostly general old age home do not accommodate them due to stigma, government must think about their rehabilitation in old age.
8. **Advocacy and lobbying:** NGO's, civil society, CBO's can do advocacy for rights of sex workers and their family especially children rights, which could be beneficial to great extent, and lobbying will support in increasing strength in form of platform where mutual cooperation and coordination can work together for betterment of sex workers on any aspect and can create pressure for any change.
9. **Free Legal support:** legal support in case of any dispute with their client, co-workers or in case of arrest by police, free legal support will facilitate them in meeting their requirements for which sex workers are mostly not in condition to hire lawyers or lawyers usually do not want to take such cases, there should be provision of free legal assistance to sex workers this could be utilized at time of need.

Conclusion

Life of sex workers is full of risk and challenges associated with their profession, TI project is working to sensitize them for application of safety measures against HIV/AIDS but there still remain gap between knowledge and sexual practice. Despite adequate knowledge that consistent condom use can prevent the acquisition of STIs including HIV, the use still has not reached the desired high level of use required to have a full impact on prevention. Mindset of maximum sex workers are only benefit oriented, if they receive good amount of money doing sex without condom they do for sake of money which is the client demands according to them, but KABP intervention can work in this condition, there is need of intense work regarding causes and impact of once get infected with STD/RTI/HIV. Delay in seeking medical care by those infected, the low levels of partner notification, inability to refrain from sex whilst having symptoms and let alone low

condom use whilst infected all pose a great challenge in the fight against the spread of HIV and other STIs.
In India, women account for around one million out of 2.5 million estimated number of people living with HIV/AIDS. The National Aids Control Organization estimates that around 4.9% of FSWs in India are HIV- positive. The estimated number of new annual HIV infections has declined by more than 50% over the past decade. India had about 1.2 lakh new HIV infections in 2009 as against 2.7 lakh in 2000.
Figure can be reduced with effective implementation of programs meant for sex workers, there are various risk associated with this profession among which is the contextual issues that negatively affect condom and sexual negotiation among women need to be taken into serious consideration. Female condom could work in providing sexual autonomy to sex workers and protection against unsafe pregnancy STD/RTI infection along with HIV, but its unacceptability among sex workers is not giving fruitful results as desired leading failure to FC in India. In India only West Bengal and Andhra Pradesh states have appreciable acceptability of FC among sex workers, which enable a woman to practice women sexual and reproductive- rights. The limited use of female condoms among sex workers represents an underutilized women-controlled method to HIV prevention.
This issue needs to be addressed and there is requirement to work on micro level for changing the mindset about using female condom. Findings of this study suggest an urgent need to scale up access to quality HIV-prevention programming and services among FSWs because of their heightened burden of disease and likelihood of onward transmission through high numbers of sexual partners as clients. Condom and FC promotion are the safety measures must be utilized by the sex workers and it's the responsibility of government to ensure availability and accessibility of it as well as intense IEC-information education and communication could lead to better results.

Reference

1. Targeted Interventions for High Risk Groups (HRGs) Operational Guidelines accessed from www.google.com (accessed on 07-03-15).on.