

A MEDICO-SOCIAL APPRAISAL OF COMMERCIAL SEX WORKERS IN A METROPOLITAN CITY FROM EASTERN INDIA

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Abstract. This cross-sectional study of 146 commercial sex workers (CSWs) selected by stratified sampling, in a red light area of Kolkata, showed that 25.3% were teenagers and 37.0% were forced into the profession due to poverty. White discharge was present in 42.5% of the CSWs. Only 65.1% had the proper knowledge of the causes of disease, but 49.3% preferred to go to "quacks" for treatment, while 42.5% preferred traditional medicine. Knowledge of the prevention of sexually transmitted infections by condom use was correct in 44.2% of the CSWs, but 17.8% used condoms regularly. One fourth of the CSWs having 5 or more clients per day used condoms regularly.

INTRODUCTION

There are approximately 10 million commercial sex workers (CSWs) in India (Friedman, 1996). Out of these, more than one hundred thousand women are engaged in prostitution in Mumbai alone, which is Asia's largest sex industry center (Friedman, 1996). Teenage children from poor areas are sold to richer areas. India, Thailand and the Philippines have 1.3 million children employed in the sex trade (Wadhwa, 1998). The women in South India are in prostitution because either their husbands deserted them, or they were induced through coercion or deception. Many are devdasis dedicated into prostitution for the goddess Yellamma (Menon, 2002). Girls in prostitution are virtually imprisoned and periodically sexually abused and raped (Sinha, undated). In Mumbai, girls as young as 9 years old are bought for up to Rs 60,000 at auctions by Arabs and Indians who believe that sleeping with a virgin cures gonorrhoea and syphilis. There are three to five hundred thousand children in the sex trade in India (Bedi, 1997). In the first population based sexually transmitted disease (STDs) survey among CSWs in a red light area

of Kolkata in 1992, cluster sampling showed that only 25% did not have any STD, 52% had a single infection, and 23% had 2 or more infections (WHO, 1994). After a comprehensive 12 month intervention project in Sonagachi other STDs declined, but the prevalence of HIV increased from 1.3% to 1.6%. The reason for the study was the assumption that CSWs have little or no education. Previous investigations made no attempt to understand their knowledge of health and or health care seeking behavior. Though education in condom use was a mainstay of the intervention project in Sonagachi, the actual utilization of condoms by CSWs has not been previously studied. This study attempted to evaluate these areas.

MATERIALS AND METHODS

This was a cross-sectional, community-based study conducted in a well-defined red light area of Prem Chand Boral Street in Ward no. 48 under Bowbazar P.S. in 2000-2001. The study design involved qualitative research, comprised of an interview of key informants and a focus group discussion with CSWs. A sample of 146 CSWs was selected by stratified sampling of 250 houses, according to different age groups 16-20 years, 21-25 years, 26-30 years, and 31 years and above. Key informants included Municipal Corporations employees, Bowbazar PS staff.

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Table 1
Distribution of CSWs according to age and reasons for joining the profession.

Reasons	Age in years				Total (%)	t-test p-value
	16-20	21-25	26-30	30>+		
Poverty	19	16	7	12	54 (37.0) ^a	a vsd = 2.17 p<0.05
Sold into business	8	13	10	6	37 (25.3) ^b	b vsd = 0.97 p>0.05
Husband's torture	7	9	8	9	33 (22.6) ^c	c vsd = 0.71 p>0.05
Self motivated	3	10	7	2	22 (15.1) ^d	
Total (%)	37 (25.3)	48 (32.9)	32 (21.9)	29 (19.9)	146 (100)	

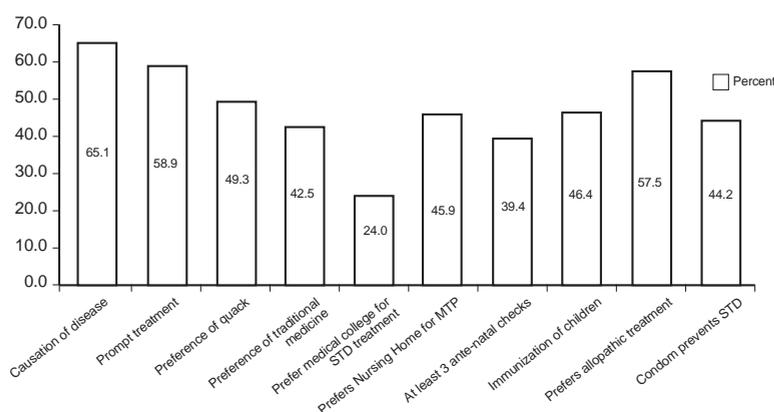


Fig 1—Distribution of CSWS according correct knowledge and attitude towards health.

Dr S Bhowmick, a local practitioner, officers of Jabala, an NGO working in the area, members of a local youth club, and the owner of a neighboring tea stall. Focus group discussions were arranged with about 10 CSWs in each group at a time, along with a rapporteur and an investigator. All conversations were recorded on audiotape and analyzed later. A basic map of the area with the physical layout of the health care facilities, condom outlets and MTP clinics was made by the CSWs themselves. Questions about their daily lifestyle, knowledge of health, attitude towards sexual practices and health care seeking behavior were discussed. Relative ranking of various ailments and available health care was made. Reasons for choosing the profession and childcare practices were noted. Flip charts and leaflets on communicable diseases were used during the focus group discussions.

RESULTS

Out of the 146 sampled CSWs, 37 were in the 16-20 years group, 48 in the 21-25 years age group, 32 in the 26-30 years age group, and 29 in the 31 years and above age group. Out of these, 15 were floating sex workers, who resided elsewhere and had rented rooms for entertaining clients. Table 1 shows that 25.3% of the CSWs were teenagers, of whom, the main reason for joining the profession was poverty (51.4%). Economic hardship was also

the main reason for the 21-25 year group (33.3%). Overall, the main reason for joining the profession was financial for 54 CSWs (37%), while 37 (25.3%) said that they were sold into business and 33 (22.6%) claimed that they were driven to it by their husband's torture. Only 22 (15.1%) claimed self-motivation for joining the profession.

Table 2 shows that 62 (42.5%) of the CSWs suffer from white vaginal discharge, 29 (19.9%) had confirmed STDs, 18 (12.3%) complained of burning during micturation, and 19 (13%) had burning during sexual intercourse. White vaginal discharge was the chief complaint of all the age groups.

Table 3 shows that 95 (65.1%) had a correct scientific knowledge of the cause of disease, 84 (57.5%) preferred allopathic treatment, 72 (49.3%) preferred to go to "quacks", and 62

Table 2
Distribution of CSWs according to age and health problems.

Health problems	Age of CSWS (years)				Total (%)
	16-20	21-25	26-30	30>+	
White vaginal discharge	11	20	17	14	62 (42.5)
Confirmed STD	6	11	6	6	29 (19.9)
Burning during micturation	4	7	4	3	18 (12.3)
Burning during intercourse	9	5	3	2	19 (13.0)
Spontaneous abortion	4	3	1	1	9 (6.2)
Menorrhagia	3	2	1	3	9 (6.2)
Total	37	48	82	29	146 (100)

Table 3
Distribution of CSWs according to number of clients per day and regularity of condom use.

Number of clients per day	Pattern of condom user			Total (%)
	Regular user	Irregular user	Non user	
1	8	21	7	36 (24.7)
2	9	30	13	52 (35.6)
3	4	11	12	27 (18.5)
4	1	6	8	15 (10.3)
5	4	6	6	16 (11.0)
Total (%)	26 (17.8)	74 (50.7)	46 (31.5)	

(42.5%) preferred the traditional system of medicine. Out of the total respondents, 71 had mothered at least one child, but only 28 (39.4%) had 3 or more antenatal visits. Of these, 2 had neonates, while of the others only 32 (46.4%) completed their child's immunization per the national program.

Table 4 shows that 16 CSWs (11.0%) had 5 clients everyday, but only 4 were regular condom users (25.0%). Condoms were never used by 46 (31.5%) CSWs, while 39 of these had 2 or more clients daily. Overall, 58 (39.7%) of the sampled CSWs had 3 or more clients daily. Irregular condom use was reported by 74 (50.7%). The opportunity for transmission of reproductive tract infection (RTI) was 299 out of 361 (82.8%).

DISCUSSION

Approximately 1,000 red light districts exist throughout India (CATW). Many of the CSWs are under 16 years of age with low literacy lev-

els (Iijima, 1998). In view of the growing AIDS menace in India (Warwick *et al*, 1998; UNAIDS, WHO, 2000) several studies have been undertaken to find out the knowledge, attitude and beliefs of the students and also the community at large (Benara *et al*, 1992). Poddar *et al* (1996) found that Chetla (southwest Kolkata) residents had a poor knowledge regarding HIV and AIDS. Rao *et al* (1991) showed that even HIV infected persons had little knowledge of the modes of transmission and prevention.

In this study, we found that about 35% of CSWs did not have a correct knowledge regarding health and causes of disease, subscribing to supernatural causation, the use of talismans to ward off evil spirits, believing that "charanamrita" (holy water from the temple) was being potent enough to drive out the "evil eye". Almost half of the CSWs habitually went to "quacks" for their treatment. Many of them took traditional medicines out of a sense of blind spirituality. Most of them were unaware of the national health programs. Ante-

natal care and immunization were woefully inadequate. Knowledge regarding protection against STDs by condom use was lacking. Of those who had 3 or more clients per day (58, 39.7%), only 5 (8.6%) used condoms regularly.

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