CHAPTER - 4

HAZARDOUS HEALTH BEHAVIOUR OF FEMALE SEX WORKERS

This chapter deals with hazardous health behavior of female sex workers of Silchar town. Its includes female sex workers' food and drinking habit, habit of condom use, habit of alcohol consumption, client's load, duration of involvement in sex work, violence reported as well as other hazardous health behaviors.

4.1 OCCUPATIONAL HEALTH HAZARDS AND FEMALE SEX WORKERS

Most people associate sex work with STDs and there is an extensive body of medical literature identifying prostitutes as vectors for the transmission of such infections including HIV. Female sex workers are now being identified as core group of high frequency transmitters. Sex work involves more than the direct acts of oral, vaginal and anal intercourse. The occupational safety and health hazards associated with prostitution are not limited to STDs. These include injuries, other kinds of infectious diseases, emotional stress, alcohol consumption and drug use. Moreover, violence and HIV are obviously the most serious health hazards to prostitutes in terms of mortality risk[1].

In Silchar, female sex workers face occupational stress. The researcher during fieldwork collected qualitative data. It is observed that female sex workers of silchar town also face occupational stress. They cannot earn their livelihood

[1] LJ. D'Costa, FA Plummer, I. Bowmer, et al. Prostitutes are a reservoir of sexually transmitted diseases in Nairobi, Kenya. *Sexually Transmitted Disease.* 1985; 12:64-67.

safely. Occupational stress has a direct influence on health of female sex workers in Silchar town.

"If the customer doesn't want to use condom then I look and sit with him. What can I do? If I don't sit with him he will go to another girl and it will be a big loss for me. We are not one in this house i.e. Clients want to have sex without using condom". (Brothel based female sex workers).

"See, it is all right to let the customer go if you are just alone, but if you have a child and a family then how can leave a client? It becomes a matter of threat to my livelihood". (Street based female sex worker).

When sex workers begin soliciting for the day they keep in mind a particular sum of money that they have to earn instantly in order to bear the expenses of the day, **(**this is the narrative of poor sex workers).

4.2 HAZARDOUS INJURIES, TRAUMA, STRESS AND FEMALE SEX WORKERS

Several Studies reveal that injuries are significant occupational hazard, including monotonous stress injuries to the wrist, arm and shoulder due to internal reason. Sex workers are getting injured both externally and internally. Internal injury occurs due to unhealthy, unsafe or forced sex work. Some sex workers have reported Lower abdominal pain particularly during their first years of sex work.

As per report of doctors of STI Clinic and key informants when women begin working, they may not know how to position themselves to prevent trauma[2].

Female sex workers of Silchar town also face a significant risk of violence at work, including rape attempt and other sexual assault, physical assault and so on.

"I want to get treatment for my lower abdominal pain but my 'babu' do not allow me to go for checkup, he says he will send me back to my home if I fall ill. I feel pain during intercourse" (brothel based female sex workers)

4.3 PSYCHOLOGICAL STRESS AND SEX WORKERS

Prostitution has long been defined as pathological in the psychiatric literature. Although most sex workers reject this characterization, they acknowledge a significant amount of stress associated with the work, not least because of the illegality and stigma[3]. Sex workers who work on the street suffer significantly more from depression than brothel based sex workers[4].

Another factor affecting sex workers' emotional well-being is the question of managing social stigma or the compound impact of social and legal disapproval, discrimination and marginalization. They always try to be free from being stigmatized by society around them. Though sex workers from hitherto are produced by male dominated society but their existence in society, their liberty and freedom of life is always threatened by a section of people for whom sex

[2] TM Hooton , D Scholes , JP Hughes , et al. A prospective study of risk factors for symptomatic urinary tract infection in young women. *N Engl J Med.* 1996; 335:468-474.
[3] M. Alegría, M. Vera , DH Freeman (1994) HIV Infection, risk behaviors, and depressive symptoms among Puerto Rican sex workers. *Am J Public Health.* 1994; 84:2000-2002.
[4] N. El-Bassel , RF Schilling, KL Irwin et al. (1997), Sex trading and psychological distress among women recruited from the streets of Harlem. *Am J Public Health.*1997; 87:66-70.

workers are always fearful to disclose their identity in society. They always try to remain as a disguised group of people which is one of the major reasons of their psychological stress and strain[5].

The consequences of being labeled a sex worker are quite serious. In the One way sex workers are dishonor for which they use a variety of names for work, leaving their original name. For example, some workers use different names in adds to suggest different skills that they offer. While on the other hand the street based sex workers may use different names in different neighborhoods or at different times, but also to frustrate police efforts to keep track of them. While some sex workers are open about their work with everyone, many if not most live double lives to some extent, restricting the number of people who know how they earn a living. "Coming out" to family is particularly difficult and some sex workers create complex stories about what they do for a living in order to prevent parents, other relatives and in some cases lovers and marriage partners from learning about the true nature of their work[6].

The highest stress is experienced on the part of street based female sex workers in Silchar town, where risk of being arrested or violence serves to undermine sex workers' sense of control over their lives, including their health.

"I was arrested by police and my Childs and my ill husband (suffering from cancer) had to live in hungry stomach for two days" (street based female sex worker)

[5] Ibid.
[6] G. Pheterson (1989), *A Vindication of the Rights of Whores*, Seattle: Seal Press.

"I want to go to Civil Hospital for HIV test but I cannot manage time to go there in the mean time I may get at least one customer" (Street based female sex worker)

"I know I have chosen a bad way of earning but I can't live the job I need to support my family if other people looks me in a bad way I do not care" (street based female sex workers)

4.4 NATURE OF WORK PLACE AND FEMALE SEX WORKERS

Sex work shares a number of characteristics with other occupations which increase the risk of violence at workplace. Moreover, female sex workers often come in contact with individuals under the influence of drugs or alcohol who intend to exploit them physically by dragging them into habit of addiction[7].

The illegal context in which street-based sex work occurs may increase women's vulnerability and reduce the likelihood of reporting violence to the police. Studies reveal that only one third of sex workers who experience violence from clients had reported the incident to the police, with street based sex workers even less likely to make a report. Under reporting violence may be due to workers, reluctant to pursue legal action against the clients for fear of the legal repercussions for themselves working illegally or not being taken seriously within the justice system[8].

[7] M. Le Blanc & K. Kelloway (2002), Predictor and outcomes of Workplace Violence and Aggression. *Journal of Applied Psychology*, 87 (3), 444-453.

[8] S. Church, M. Henderson, M. Barnard, & G. Hurt (2001), Violence by clients towards female prostitutes in different work setting: questionnaire survey. *British Medical Journal*, 322, 524-525.

Other physical work factors may be associated with the likelihood of experiencing violence among sex workers in different work settings. However, as the structure of the sex industry is dynamic in nature and is shaped by competing factors, these work settings may be difficult to define. Policing method in different jurisdiction may result in some sex workers operating under covert conditions. Many sex workers operate from private premises, often their own homes, where they are familiar with their environment. The commercial sex work setting is different where encounter can occur relatively openly. It is probable that the laws in which sex workers operate shape, to some extent, the physical setting of commercial sex work is so far itself create violence.[9]

The place where sex work is decriminalized or legalized, harm reduction strategies are often adopted by health authorities, brothel owners, sex workers organization and sex workers themselves[10]. It is likely legal brothel are most hygienic environment for sex workers[11]. Sex workers may have other limitations associated with less flexible work arrangement and decision making in relation to clients. It is also probable that sex workers from legal setting have better access to health and social services and experience less discrimination[12].

Identifying factors associated with on-going high-risk sexual behavior among HIV-infected persons involved in transactional sex, both FSWs and their clients, is therefore a crucial component of HIV prevention efforts. A national survey,

[9] I. Wolffers & N.Van Beelen (2003), Public Health and human rights of sex workers. *The Lanceets,* 361.
[10] M. Rekart (2005), Sex- work harm reduction. *The Lancet,* 366.
[11] B. Brents & K. Hausbeck (2005), Violence and Legalised Brothel Prostitution in Neveda. *Journal of Interpersonal Violence,* 20(3), 270-295.
[12] C. Harcourt, I Van Beek , J. Heslop , M. Mc Mahon , & B.Donovan (2001), The health and welfare needs of female and transgender sex workers in New South Wales. *Australian and New Zealand Journal of public Health,* 25 (1), 84-89.

however, suggests that FSWs and their male clients are more likely than other groups in India to drink[13]. Furthermore, men who drink alcohol when visiting Indian FSWs engage in riskier sexual behavior (e.g., unprotected anal sex) and are more likely to have HIV and other sexually transmitted infections (STIs) Heavy alcohol use among HIV-infected persons has also been associated with increased risk of HIV disease progression as measured by CD4 cell count decline and absence of viral suppression[14].

4.5 FOOD AND DRINKING HABITS

Food habits concerned with the hygiene practices. According to WHO, the five key principles of food hygiene, are prevent contaminating food with mixing chemicals spreading from people, pets, and pests, separate raw and cooked foods to prevent contaminating the cooked foods, cook foods for the appropriate length of time and at the appropriate temperature to kill pathogens, Store food at the proper temperature, Use safe water and raw materials[15].

Food and drinking habits of Female Sex workers (FSW) in Silchar

Food and drinking habit of female sex workers in brothel based female sex workers 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

[13] NACO, National Behavioural Surveillance Survey (BSS): Female Sex Workers (FSWs) and their Clients. 2006.
[14] JH Samet, DM Cheng, H. Libman , DP Nunes , JK Alperen, R. Saitz (2007), Alcohol consumption and HIV disease progression. J Acquire Immune Deficiency Syndrome 2007; 46(2):194–199.
[15] "WHO | Prevention of food borne disease: Five keys to safer food". Who.int. Retrieved on 12th November 2012, from *http://www.who.int.*

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.

4.6 HABIT OF CONDOM USE AND HEALTH RISK

Sex workers may not use condoms consistently. Several factors, including economics, partner type, and power dynamics contribute to this behavior. For example, sex workers may receive more money for unprotected than protected vaginal and anal sex. Further, sex workers report lower condom use with steady partners than with new or casual partners. Additionally, the unequal relationship

between sex workers and clients, and substance use that is often associated with sex work, may make condom use challenging[16].

Condom use reduces the risk of unprotected sex. The concept of reducing health risk by using condom is developed in west and it is widely practiced in developing nations of the world with a view to check population as well as sexually transmitted diseases. In India, unprotected heterosexual transactional sex is a major risk behavior fueling the HIV epidemic. Among Indian female sex workers (FSWs), the prevalence of HIV infection is about 15 times that of the general population[17].

Habits of condom use among female sex workers of silchar town.

The study reveals that brothel based sex workers are concerned about using condom with their clients. They get sufficient time to negotiate with their clients for using condom. Moreover, they are organized inside their brothel and have own principle and administration. Where outsider cannot influence their willingness and desire so far in respect of clients also it is found that Clients have no such power to force any of female sex workers for having sex without use of 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.

[16] JM Mc Mahon, S. Tortu, ER Pouget, R. Hamid, A. Neaigus (2006), Contextual determinants of condom use among female sex exchangers in East Harlem, NYC: an event analysis. *AIDS Behaviour* 2006; 10(6):731-41.
[17] UNAIDS (2008), Report on the global AIDS epidemic.

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 for non availability of frequent customers. The following table have clear picture of respondent condom use.

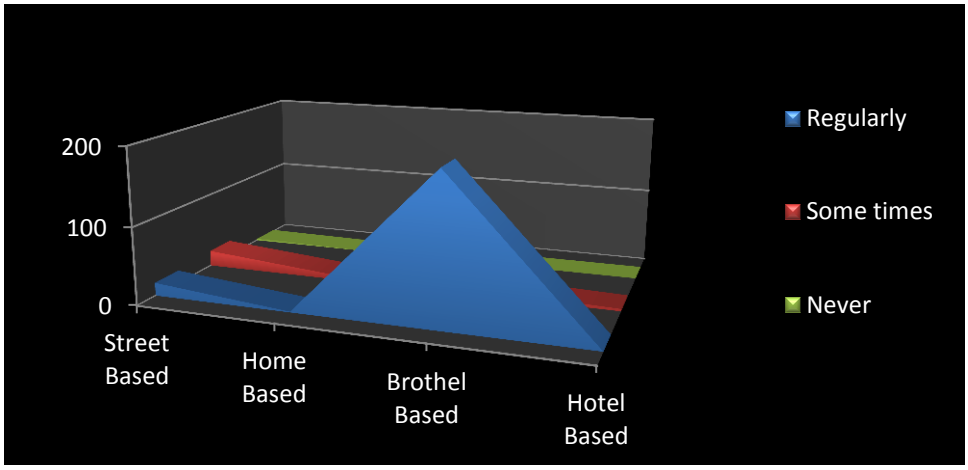
Table 4.01 (a)

Respondent's habit of condom use

Habits of condom use	Street Based	Home Based	Brothel Based	Hotel Based
Always	17 (42.5%)	1 (14.28%)	192(96%)	-
Some times	21 (52.5%)	6 (85.72%)	8 (4%)	3 (100%)
Never	2 (5%)	-	-	-
Total	40 (100%)	7 (100%)	200 (100%)	3 (100%)

Source: Field data collected by the researcher.

Data shows that out of total 40 streets based female sex workers, 42.5 % of them are use condom always 52.5% of them are use condom sometimes and only 5% of them have never use condom. Among home based female sex workers only 14.28% of them are use condoms regularly and 85.71% of them are use condom sometimes. Among brothel based female sex workers, 96 % of them are use condom regularly 4% of them are use condom sometimes. Hotel based female sex worker sometimes use condom. No hotel based sex worker always use condom. All (100%) of them sometimes use condom.



Graphical representation of respondent's habit of condom use

Table-4.01 (b)

If yes, Source of information

Source of information	Street Based	Home Based	Brothel Based	Hotel Based	Total
Only from peers	-	-	-	-	
Peers and NGOs	34 (85%)	5 (72%)	129(64.5%)	3(100%)	171(68.4%)
Peers and NGOs & Govt. Hospital		-	43(21.5%)	-	43(17.2%)
Above all	6 (15%)	2 (28%)	28 (14%)	-	36(14.4%)
Total	40(100%)	7(100%)	200(100%)	3(100%)	250(100%)

Source: Field data collected by the researcher

Out of total female sex workers 68.4% of them have got information on using condom from peers and NGOs followed by 17.2% of them have got information from peers, NGOs and Govt. Hospital and 14.4% of them have got information from above all sources. Among street based female sex workers it is found that 85% of them have got information of using condom from peers and NGOs and 15% of them have got information of using condom from above all sources. Among brothel based female sex workers 72% of them have got information of using condoms from peers and NGOs and 28% of them have got information from above all sources. Among brothel based female sex workers 64.5% of them have

got information of using condom from peers and NGOs, 21.5% of them have got information of using condom from peers, NGOs and government hospital and 14% of them have got information of using condom from above all sources. However, all hotels based female sex workers got information of using condom only from peers and NGOs.

4.7 ALCOHOL CONSUMPTION, SEX WORK AND HEALTH

Although recorded alcohol consumption has declined during the 1990s in developed countries, it has risen steadily in developing countries including India. There has been a significant increase in recorded alcohol consumption in India. In sharp contrast, alcohol use in India is not common to all and is mainly restricted to males. Heavy drinking among those who drink alcohol is common in India as a result a small percentage of the population accounts for a large share of the country's overall alcohol consumption. There is generally an increase in alcohol use by teenagers and women. Men, however, generally have more social liberties than women, with respect to alcohol use as well as sexual activities. Furthermore, the literature shows that the age for initiating alcohol use and experimenting with sex is on the decline, but the age for marriage is on the rise in India. Teenage pregnancies are also on the rise. Sexual experimentation outside marriage is increasing. Risky sexual behaviours continue despite a confirmed STI/HIV status, as reported in India. Denial of the problem and social stigma prevent people with STIs to seek treatment. Severity of symptoms is another factor that influences the decision of persons with STIs to seek treatment. The spread of the HIV epidemic from high-risk groups to the general population is a concern in a populous country

like India. Alcohol use is associated with certain types of sexual activity. Crime often plays a role in unprotected casual sex, group sex and anal sex when participants in these activities are under the influence of alcohol. Alcohol use has also been linked to early sexual experiences. Alcohol use and sexual risk behaviours are particularly prevalent in settings such as nightclubs, bars, dark houses, highway eating joints and motels and brothels. Furthermore, alcohol is commonly used as a sex facilitator, symbol of masculinity and a means of relaxation, recreation, socializing and improving communication skills .Alcoholic beverages are also used as a facilitator in approaching the opposite sex. "Masculinity" is often linked to the ability to have multiple partners, imbibe alcohol and engage in promiscuous behaviour. Among women, alcohol use increases involvement in risky sexual encounters and sexual victimization, exposing them to the risk of unwanted pregnancies and STIs .It has also been shown that alcohol use and sexual risk behaviours increase during certain festivities and celebrations across countries[18].

The National Behavioural Sentinel Surveys among high-risk groups in India showed that alcohol use (at least once a week) is increasing among female commercial sex workers (FCSWs), their clients, among men having sex with men (MSMs), and among injecting drug users (IDUs). A number of these groups reported regular alcohol use before sex (FCSWs 15%; clients of FCSWs 13%; MSMs 36%). High rates of alcohol use have also been observed among vulnerable groups such as adolescents, commercial sex workers and their clients in other countries. Furthermore, the prevalence of alcohol dependence in men with HIV

[18] WHO (2005), Alcohol use and Sexual Risk Behaviour: A cross- Cultural Study in Eight Countries,

infection is high in all the countries. It has also been shown that despite knowledge about preventive measures, condom use is low in vulnerable groups, especially when under the influence of alcohol and/or other psychoactive substances[19].

Brothel-based workers are able to negotiate condom use better than non-brothel-based workers in India. Most studies suggest that there is greater consistency of condom use in commercial sex than in private encounters, but that levels of alcohol use do not necessarily alter levels of condom use. However, clients' alcohol use has emerged as an important determinant of condom use in some studies. Other studies have found no differences in condom use between FCSWs who use alcohol and those who do not. Drinking alcohol and visiting commercial sex workers are evident among long-distance drivers all over the world. Transport workers and migrant populations who frequently visit FCSWs, spread STIs and HIV infection from one place to the other and from high-risk groups to the general population[20].

Alcohol consumption among respondents in Silchar

Alcohol consumption is a common phenomenon among sex workers of Silchar town. Alcohol consumption and sexual risk behavior is common among them. Alcohol use and sexual risk behaviour go hand in hand in commercial sexual encounters. Female sex workers use alcohol to cope with the pressures of their work e.g. a large number of sexual encounters in a day. Many a time they and their clients use alcohol together before sexual cohabitation. Sometimes it is intentionally done by the cleaver clients who want to enjoy sex without using

[19] Ibid
[20].Ibid

condom. Condom use is more evident among paying sex partners than non-paying sex partners or husband of sex workers. The following table depicts the habit of alcohol consumption of respondents.

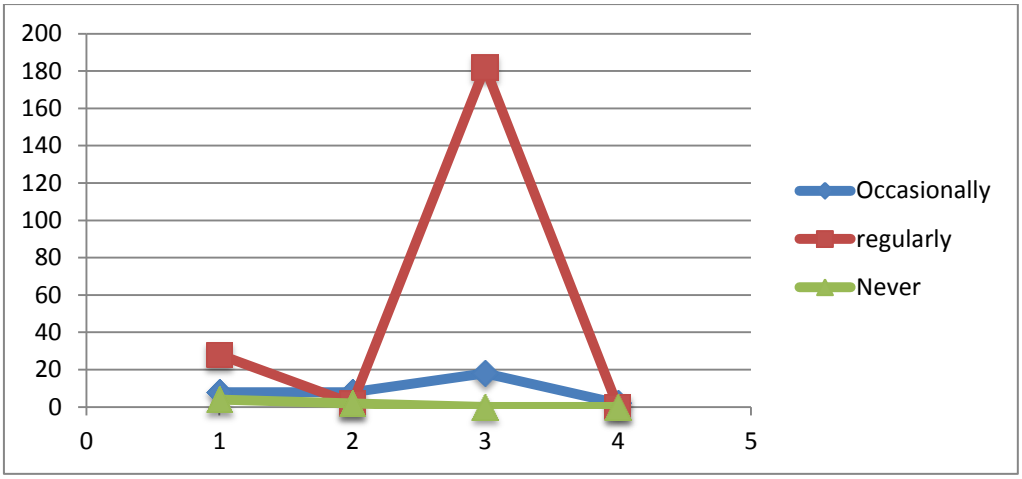
Table 4.02

Respondent's habit of Alcohol Consumption

Consume Alcohol	Street Based	Home Based	Brothel Based	Hotel Based	Total
Occasionally	8 (20%)	3(42.85%)	18(9%)	2(66.66%)	31(12.4%)
Regularly	28 (70%)	2(28.57%)	182(91%)	1(33.33%)	213(85.2%)
Never	4 (10%)	2(28.57%)	-	-	6 (2.4%)
Total	40 (100%)	7(100%)	200(100%)	3 (3%)	250(100%)

Source: Field data collected by the researcher

It is observed from the study that out of total 40 street based female sex workers 20% of them occasionally consume alcohol and 70% of them regularly consume alcohol to minimize stress and strain and 10% of them never consume alcohol. Among home based female sex workers 42.85% occasionally consume alcohol 28.57% regularly consume alcohol and 28.57% never 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 and among hotel based 66.66% occasionally consume alcohol and 33.33% regularly consume alcohol.



Graphical representation of respondent's habit of alcohol consumption

4.8 PARTNERS OF FEMALE SEX WORKERS

Sexual intercourse with multiple partners is hazardous health behavior of female sex workers. Female sex workers are at high risk of both HIV infection and unintended pregnancy. Although programs and policies targeting female sex workers emphasize HIV prevention and condom promotion, they typically pay limited attention to the family planning needs of these women .Correct and consistent condom use is highly effective at preventing HIV and other STIs, but condoms are not the most effective contraceptive method[21].

In contrast, modern contraceptive methods such as oral contraceptives, injectable and sterilization are highly effective at preventing pregnancy, but give no protection against STIs. For protection against both unwanted pregnancy and STIs, one option is consistent use of condoms .However, female sex workers who have frequent sex with multiple partners—the use of methods for every sex act may be burdensome and unrealistic. A person may have several infections simultaneously. People may not be able to detect that their sexual partner has an STI because

[21] RA Hatcher et al., (2011) Contraceptive Technology, revised 20th ed., Atlanta, GA, USA: Ardent Media.

people are often asymptomatic where probability of showing no symptoms. For these women, a more feasible dual protection strategy might be a single-method of consistent condom use alone[22].

Multiple Partners and female sex workers of silchar town

Occupation of sex work compels sex workers to co-habit with multiple partners to maintain their livelihood. Multiple partners and sex trade, drag sex workers in to risk of unbalanced reproductive health and contacting STIs and HIV/AIDS. More sexual activity will hamper the longevity of sex life. Keeping multiple partners and adequate nutrition must go hand in hand to maintain health and hygiene. Following table depicts the respondent's way of meeting the partners.

Table 4.03

Number of partners attended by respondents

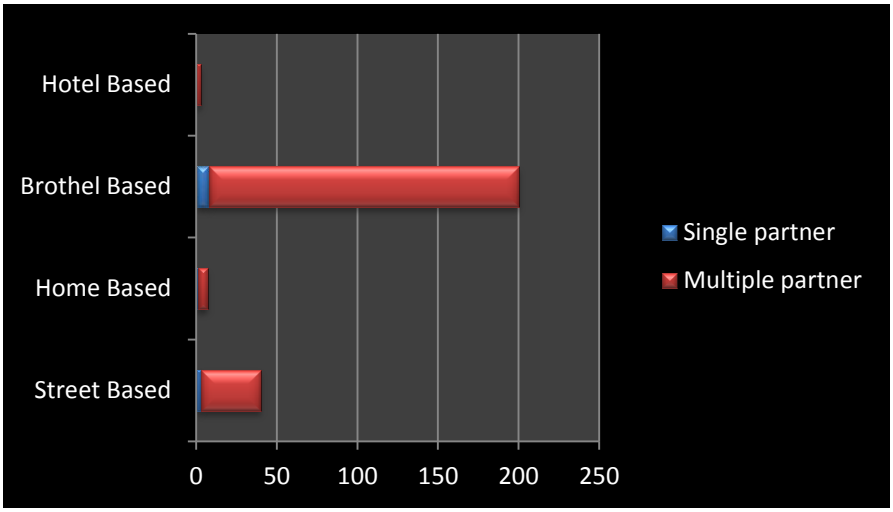
Partners of Female sex workers	Street Based	Home Based	Brothel Based	Hotel based
Single partner	3 (7.5%)	1(14.28%)	8 (4%)	-
Multiple partners	37 (92.5%)	6 (85.72%)	192 (96%)	3 (100%)
Total	40 (100%)	7 (100%)	200 (100%)	3 (100%)

Sources: Field data collected by the researcher

The data shows that out of 40 streets based female sex workers 7.5% have single partners in a day and 92.5% have multiple partners in a day. Among home based female sex workers only 14.28 % have single partner and 85.71% have multiple partners. Among brothel based female sex workers 4% have single partner and

[22] A. Eileen Yam, Minisi Zandile, Mabuza Xolile, Kennedy Caitlin, Kerrigan Deanna, T sui Amy and Bara Stefan (2013), Use of Dual Protection among Female Sex Workers in Swaziland, International Perspectives on sexual and reproductive health Vol-39, No-2, June 2013.

96% have multiple partners and among hotel based female sex workers it is found that 100% of them have multiple partners.



Graphical representation of respondent's Clients/ Partners

4.9 SEXUAL ACT AND HEALTH OF FEMALE SEX WORKERS

Sexual activity is a normal physiological function[23]. But like other physical activity it leads the partners to numerous risks. There are four main types of risks that may arise from sexual activity like unwanted pregnancy, contracting a sexually transmitted infection (STI/STD), physical and psychological injury. Penetrating sex that involves skin-to-skin contact, exposure to an infected person's bodily fluids or mucosal membranes carries the risk of contracting a sexually transmitted infection[24]. Sex work is defined as the use of sexual activity for income or employment or for non-monetary items such as food, drugs or shelter. Sex work can increase a person's risk of becoming infected with HIV and other sexually transmitted infections (STIs) by engaging in unsafe sexual

[23] Chen Xiaojun, Tan Xuerui, Zhang Qingying (2012), Cardiovascular effects of sexual activity" Medknow Publications, December, 2009. Retrieved on 8th December, 2012. from *http://go.galegroup.com.*

[24] "Sexually transmitted infections (STIs)". World Health Organization. Retrieved on 3rd December 2015 from *http://www.who.int.*

behaviors and/or substance use[25]. The risk of infection per single sex act from an HIV- positive male to HIV-negative female in developed country is estimated to vary from 0.1 to 1.0 %. Women are estimated to be at 2-3 times higher risk than men. The risk is estimated to be 2-9 times higher where one of the partners has or had STIs and up to 11.3 times higher where genital ulcers are presents. Among one billion people a large number of FSWs are found. High prevalence of sexually transmitted infection and low condom use among female sex workers make a potent combination for explosive growth of the HIV epidemic in India[26].

Sexual act and health of the female sex workers in Silchar

Calculating the numbers of sexual act attended by the female sex workers implies how much risk is carried by the sex workers for earning their livelihood and meets their day to day needs. The more sexual act turns the life of sex workers in greater risk of STI and HIV contact who forget the fact that health is more prior than anything else. The following table depicts the numbers of sexual act attended by the female sex workers of Silchar town in a week.

[25] SG Sherman , P. Lilleston, J. Reuben (2011), More than a dance: the production of sexual health risk in the exotic dance clubs in Baltimore, USA. *Social Science Medicine* 2011; 73(3):475-81.
[26] CB Venkataramana,PV Sarada (2001) Extent and speed of spread of HIV infection in India through the commercial sex network: A perspective. *Trop Med Int Health* 2001:6:1040-61.

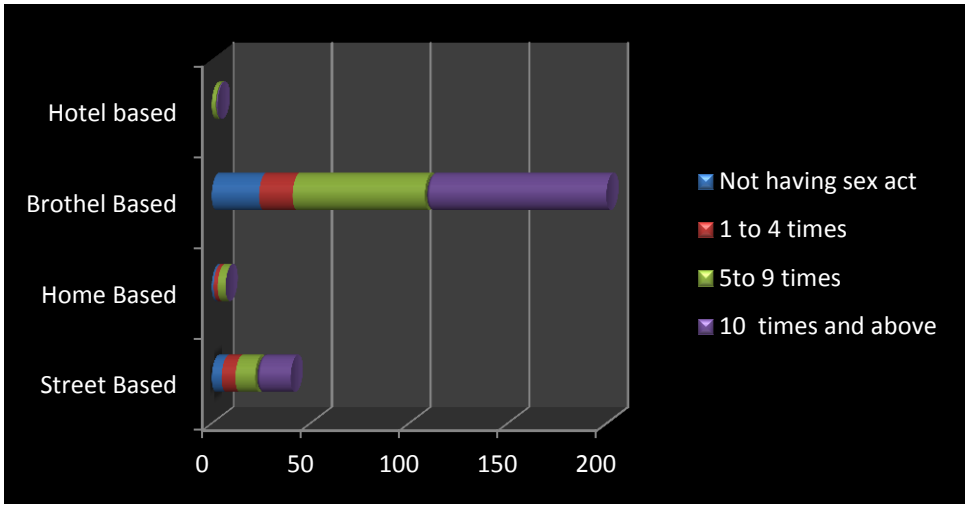
Table 4.04

Respondent's Sexual act

No. of sexual act in a week.	Street Based	Home Based	Brothel Based	Hotel based	Total
Not attended at all	5(12.5%)	1(14.28%)	24 (12%)	-	30 (12%)
1 to 4 times	7 (17.5%)	2(28.57%)	17 (8.5%)	-	26(10.4%)
5 to9 times	10 (25%)	4(57.14%)	67 (33.5%)	2 (66.66%)	83(33.2%)
10 times and above	18 (45%)	-	92 (46%)	1 (33.33%)	111(44.4%)
Total	40 (100%)	7 (100%)	200 (200%)	3 (100%)	250 (100%)

Sources: Field data collected by the researcher

Out of 40 street based female sex workers it is found that 12.5% have not attended sexual activity in a week, 17.5% meet 1to 4 partners in a week, 25% meet 5to 9 partners in a week and 45% meet 10 and above partners in a week. Among home based female sex workers it is found that14.28% 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 only12% does not have any sexual contact in a week, 8.5% meet 1to 4 partners, 33.5% meet 5to 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



Graphical representation of respondent's Clients load

8.10 DURATION OF INVOLVEMENT IN SEX WORK AND HEALTH OF FEMALE SEX WORKERS

Various studies stress the importance of financial drivers which often push people into sex work. There are obvious financial rewards for some involved in sex work including brothel owners, managers and sex workers. Brents and Sanders claim that with fewer well-paid jobs available, welfare benefits too low to meet the ever increasing cost of living, in particular, for single mothers and women who are often marginalised from the mainstream employment structure, the financial drive to engage in sex work is very strong. Debt plays a significant role in driving entrance into sex work. Low or insufficient income results in worse outcomes in both long-term health and life-expectancy[27].

In the study it is found that migrants were found to engage in sex work to fund aspirations of social mobility, better living standards, educational aspirations and greater and more rewarding working conditions. In many instances, migrants

[27] B.G. Brents, and T. Sanders (2010), Mainstreaming the Sex Industry: Economic Inclusion and Social Ambivalence. *Journal of Law and Society.* 37(1): 40-60.

engage in sex work to earn money which they then send back to their home countries to support families, including their own children and other dependants. Migrants are often unable to find other forms of employment which are as financially rewarding as sex work due to language barriers, a lack of qualifications, and a lack of rights to work in lack of adequately paid jobs on offer[28].

Studies report a high proportion of on-street sex workers who claimed they were either homeless or living in insecure/temporary accommodation (two-thirds) and all respondents admitted to problems with drug addiction. This type of engagement in sex work is often described as 'survival sex', where people engage in sex work as a last resort, to provide shelter, food, or fund severe addictions in a 'work-score-use' cycle[29].

Duration of involvement in sex work by sex workers in study

Female sex workers drive into sex work for different factors and putting their life in to risk of contracting STI and HIV. The following table depict the respondents duration of involvement in sex work.

[28] N. Mai (2009), Migrant Workers in the UK Sex Industry: Final Policy-Relevant Report. London: Institute for the Study of European Transformations, London Metropolitan University.
[29] C. Mc Naughton and T. Sanders (2007), Housing and Transitional Phases Out of 'Disordered; Lives: The Case of Leaving Homelessness and Street Sex Work. Housing Studies, 22(6): 885- 900.

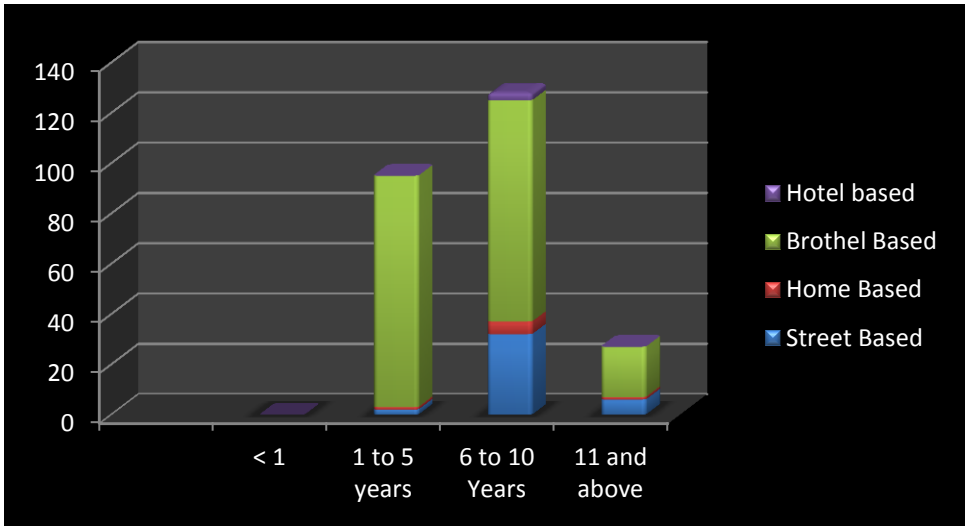
Table 4.05

Respondent's duration of involvement in sex work

No. of years in sex work	Street Based	Home Based	Brothel Based	Hotel based	Total
Less than one year	-	-	-	-	-
1 to 5 years	2 (5%)	1(24.28%)	92 (46%)	-	95 (38%)
6 to 10 Years	32 (80%)	5 (71.42%)	88 (44%)	3 (100%)	128(51.2%)
11 and above	6 (15%)	1 (24.28%)	20 (10%)	-	27 (10.8%)
Total	40 (100%)	7 (100%)	200(100%)	3 (100%)	250 (100%)

Sources: Field data collected by the researcher

Among street based female sex workers 5% are involved for a period of 1 to 5 years, 80% are involved for a period of 6 to 10 years and 15% are involved in sex work for more than 11 years. Among home based FSWs 24.28% are involved in sex work for 1to 5 years, 71.42% are involved for 6 to 10 years and 24.28% are attached with this occupation for more than 11 years. Among brothel based FSWs 46% are attached for 1to 5 years, 44% are attached for 6 to 10 years and 10% are attached for more than 11 years. Among hotel based sex workers 100% are involved for 6 to 10 years.



Graphical representation of respondent's duration of involvement in sex work

4.11 VIOLENCE AND FEMALE SEX WORKERS

Violence is a manifestation of the stigma and discrimination experienced by sex workers. In all societies, sex work is highly stigmatized and sex workers are often subjected to blame, labeling disapproval of their work and discriminatory treatment are done to them. Laws governing prostitution and law enforcement authorities play a key role in the violence experienced by sex workers. In most countries, sex work is either illegal or has an ambiguous legal status (e.g. prostitution is not illegal, but procurement of sex workers and soliciting in public place is illegal). Sex workers are therefore, frequently become easy target of harassment and violence for several reasons. They are considered immoral and deserving of punishment. Criminalization of sex work contributes to an environment in which, violence against sex workers is tolerated, leaving them less likely to be protected from it[30]. Many sex workers consider violence as normal phenomenon and assume that it is part of their job. Illiteracy and poverty do not help them to be aware of their rights. As a result, they are often reluctant to report incidences of rapes, attempt to murder, beatings, molestation or sexual assault to the police[31]

Violence experienced by FSW in Silchar

Female sex workers in brothel of Silchar town too face violence created by public, police, pimps, *madams* and sometimes by their clients. Sex workers reported that they are often attacked by police inside the brothel. Their pimps and madams torture them physically and mentally. Sex workers, those who are new comers,

[30] ML Rekart (2005) , Sex- work harm reduction. *The Lancet*, 366 (December):2123-2134.
[31] L. Cler- Cunningham and C. Christerson (2001), Studying violence to stop it. *Research for sex work*.4: 25-26

are not allowed to come outside the brothel for purchasing their necessary goods and medicines. Senior and independent sex workers inside the brothel are comparatively safe from violence than other sex workers who are working under brokers and *madams.* Street based female sex workers reported that they are often attacked by public and police. Even their clients also create violence against them. They do not get payment from all clients. Some clients threaten them for not giving their payment. Hotel based sex workers of Silchar town are also victim of violence. They are attacked by public and police at their workplace and they are victim of domestic violence too. Majority of the home based female sex workers reported that they are victim of domestic violence.

4.12 SUMMARY

Sex workers of Silchar town are not able to maintain their occupation safely. They are facing numerous types of problems in their workplace. Their health is also in threat due to the kind of life style they maintain vis-à-vis the circumstances they face during sex work. They cannot maintain their occupation as per their wish due to compulsions created by their *madams*, pimps, public, police and clients. They are compelled to maintain a hazardous life style which causes many health problems *including HIV and AIDs*. The study reveals that there are large numbers of female sex workers of Silchar town who do not use condom consistently. Those female sex workers who do not use condom always are at risk and vulnerable to have STI and HIV. Alcohol consumption is another hazardous health behavior of female sex workers of Silchar town. It is observed from the current study that majority of the female sex workers of Silchar town consume alcohol. But the

brothel based female sex workers are habituated to consume alcohol regularly. The situation of all four types of female sex workers is almost same. They cannot individually or collectively resist the adverse situations which lead to their hazardous health behavior.