

Chapter-8

CONCLUSION

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The present chapter deals with the summary and conclusion of the study. It summarises the findings of the study that include profile of the female sex workers (FSWs); HIV/AIDS awareness among the FSWs; their vulnerability towards HIV/AIDS as well as coping strategies of the FSWs; perception of the beneficiaries (FSWs) towards the existing services provided by NGOs under Tripura State AIDS Control Society (TSACS); views of the NGO staff members; views of the key officials of NGOs; and TSACS about HIV/AIDS related issues. This chapter also includes the important conclusion of the study, suggestions and recommendations, scope of further research, and scope of Social Work intervention.

8.1 The Study in Retrospect

The present study first and foremost tried to view the female sex workers (FSWs) as women. In imagination, if people try to sketch FSWs in nude, then their identity as women cannot be ascertained. If society tries to see their livelihood in the mirror of exhibition of sexuality, it will be quite injustice to very existence as women. In countries like India, where transmission of the human immunodeficiency virus (HIV) is predominantly heterosexual (88.2%; see Table-1.3) in general and 90 per cent in Tripura (see Figure-1.5) in particular, having unsafe sex is a key risk behaviour. Female sex workers by virtue of their nature of sex work, which is characterized by multiple sex partners, have a higher risk of acquiring as well as transmitting HIV than that of the general population (Karim et al., 1995). The high prevalence of HIV infection among FSWs in India is not only due to high-risk sexual behaviour of themselves, but also of their clients along with some other factors such as incomplete or superficial knowledge about STIs/HIV infection, poor socio-economic conditions, sexual subordination, criminalization of sex work and sex workers, etc. During the National AIDS Control Programme, phase-IV (NACP-IV), it is planned that 90 per cent of HRGs will be covered through Targeted Intervention Programmes (TIPs) which are to be implemented by Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs). NACO (2015) estimated that there are about 8.68 lakh FSWs in the country, scattered in different States with HIV

prevalence rate of 2.67 per cent (see Figure-1.3), and this figure varies between different States (see Table-1.4). So far, about 7.18 lakh FSWs (82.7%) are being covered under the TIPs in India. Different typologies of sex workers, namely, brothel-based, street-based, home-based, lodge-based, *dhaba*-based, bar girls, etc. are being covered with specific intervention strategies. As per NACO's (2012) estimation, the highest HIV prevalence among the FSWs is found in Maharashtra (6.89%) followed by Andhra Pradesh (6.86%) and Karnataka (5.10%).

With the advent of HIV/AIDS, FSWs are always made responsible and confronted with various related issues. Due to high HIV prevalence rate among them, FSWs are often branded as 'reservoirs' of AIDS. Thus, FSWs are double-stigmatized, because of their occupation and as carriers of HIV. On the one hand, FSWs are deprived of their basic fundamental social, economic, political, health, cultural and religious rights due to the prevailing social stigma; and on the other, they are harassed and exploited by the clients, regular intimate partners, family members, police, other government officials, and many others. Defining 'consent' or 'use of force' in the context of an intimate relationship is often more confusing than when sexual assault is committed by strangers (Singh, 2012). FSWs gradually find themselves marginalized – living on the edge of the society and socially excluded in all spheres of their life. Such conditions have negative effects on accessing proper health care services in time and regularly by them. In addition to social stigma and discrimination, there are also laws such as section 2, section 2 (f), section 3 to 8 of Immoral Traffic and Prevention Act (ITPA), 1986 and section 268, 372, 373 of Indian Penal Code (IPC), 1860 which are against sex work and female sex workers in India. Such laws made them more insecure which very often prevented them to come out openly to ventilate their grievances and to enjoy all the rights bestowed for human beings. Women in prostitution are denied every civil rights in such an unthinkable ways that it makes sense to attempt and understand the prostitution and FSWs, no matter how humanity is defined (Sharma, 2012). The available services provided by the Government through GOs and NGOs are focussed only on STIs and HIV/AIDS related problems, which does not include the ways to reduce the contributing factors which make them vulnerable towards HIV/AIDS.

The review of literature suggests that there are various studies conducted on vulnerable factors including FSWs' knowledge on HIV/AIDS and various factors

contributing to HIV/AIDS among FSWs in India and outside India. But there is a little information about general health, job satisfaction, coping strategies adopted by the FSWs in the context of their vulnerability towards HIV/AIDS and their perception towards the existing services provided to them through Targeted Intervention Programs of NGOs under State AIDS Control Societies and NACO. Moreover, all the vulnerable factors related to HIV/AIDS among FSWs vary from State to State and region to region. In order to get some insights on these aspects, this study was conducted on HIV/AIDS and female sex workers in Tripura. One of the major reasons for selecting Tripura was – the rising trend of HIV prevalence rate among the age group of 15-49 years in the State. Additionally, literature review also suggests that till date no study has been conducted on FSWs in Tripura. In absence of any brothel or red light area, mobile and hidden sex is rampant in this State. Under the above context, the present study has tried to understand the issues of FSWs with regard to HIV/AIDS in Tripura. The study has made an effort to get a State level overview of factors that make FSWs' vulnerable towards HIV/AIDS including HIV/AIDS awareness among FSWs, the coping strategies they have adopted to cope up with the vulnerable factors and their perception towards the existing services provided to them through TI Programmes. To get a more clear understanding, other concerned stake holders like the staff members of TI programme implementing selected NGOs, key officials of these NGOs and Tripura State AIDS Control Society (TSACS) are also included under this study.

The exploratory and descriptive designs are used in the present study. The present study was conducted in five phases. In the first phase, secondary data were collected from TSACS to know about the HIV/AIDS scenario in Tripura, different high risk groups (HRGs) including FSWs, various Targeted Intervention programmes (TIPs) for HRGs and also about various TIP implementing NGOs in Tripura. In the second phase, secondary data were collected from the Secretaries of the randomly selected 4 NGOs working with FSWs only to understand about profile of NGOs. Those four NGOs are covering the four districts of Tripura namely, Dishari (South Tripura District), Udaipur Bignan O Sanskriti Mancha (Gomati District), Village Development Team (West Tripura District) and Sanghadip (North Tripura District). In the third phase, pilot study was conducted in two NGOs of the study area i.e. Udaipur Bignan O Sanskriti Mancha (UBOSM), Gomati District and Village

development Team (VDT), West Tripura District to finalize the tools of the study. After the pilot study, necessary modifications in interview schedules were made to justify the objectives of the study with the help of supervisor. In the fourth phase of the study, interviews were conducted from randomly selected 60 FSWs and purposively selected 40 NGO staff members of 4 selected NGOs. The researcher conducted 8 (2 Groups from each NGO) focus group discussions (FGD) through an information guide to know the beneficiaries' perception towards the existing services of TIPs. In FGD, 15 FSWs from each NGO were randomly selected and divided in two groups i.e. altogether 60 FSWs' views were collected. In addition, 10 in-depth Case Studies were made to get more clear insight on the issues related to the study. Additionally, the separate questionnaires were mailed to the Secretary of the selected 4 NGOs and followed up with several reminders through e-mail and phone calls to know their views on related issues of HIV/AIDS and TI programmes for FSWs. In the last phase i.e. fifth phase, the researcher collected data through separate questionnaires from purposively selected 10 key officials of TSACS to know their views on related issues of HIV/AIDS and TI programmes for FSWs in Tripura. All the data for the purpose of the study were collected using random sampling and purposive sampling method. Now, the important issues, which have been observed in this study, are being discussed below.

8.2 Major Findings of the Study

8.2.1 Profile of FSWs under the Study Area

In Chapter-5 (Part-I), the profile of the respondents showed that majority (76.7%) of FSWs is within the age group of 26-40 years and only one FSW is below 18 years. It is found that about 2/3rd of FSWs (66.7%) under this study belong to Hinduism, 30 per cent FSWs belong to Muslim religion and the remaining 3.3 per cent are Christian. Most of the female sex workers (35%) are from General category followed by 30 per cent minority (Muslim), 26.7 per cent SC, 5.0 per cent OBC and only 3.3 per cent are from ST community. In terms of education, it is seen that 88.3 per cent respondents have not passed secondary, 10 per cent FSWs are illiterate, while only one FSW passed Higher Secondary. It is gathered that out of 60 FSWs, 81.7 per cent (49 FSWs) are living with family, while the remaining 18.3 per cent (11 FSWs) are staying away from home and alone. It is found that 68.3 per cent (41 FSWs) are

having their own houses or parents' house, while remaining 31.7 per cent (19 FSWs) do not have their own houses. Furthermore, it is found that more than the half (51.7%) of the FSWs are living in their own houses and 16.6 per cent are staying in parents' houses and 13.3 per cent in rented houses. Out of 11 FSWs who are staying alone, 5 FSWs are living in small huts in slums, 4 are living in footpath, one is living in the rented house and another is in community toilet. It is learnt that out of 60 FSWs under the study, 46.7 per cent of FSWs are living with their husbands, 41.6 per cent are deserted and 6.7 per cent are widows, while 5.0 per cent of them are unmarried. It is seen that out of 49 FSWs (81.7%) who are living with family, 10 FSWs have more than 5 family members followed by 25 FSWs having 3-4 family members, while the remaining 14 FSWs have 1-2 family members. Hence, it can be said that these 10 FSWs with large family are over burdened. Apart from income through sex work, in respect of other sources of income of FSWs under the present study, it is found that 70 per cent (42 FSWs) of FSWs have other sources of income like – working as agricultural labour and construction labour (11 FSWs); maid servant (4 FSWs); rearing domestic animal (3 FSWs); tutor (5 FSWs); brick kiln workers (4 FSWs); sweepers (5 FSWs). Some of them also work as ASHA worker (1 FSW); *deshi* liquor seller (2 FSWs); postal agent (1 FSW); tailor (3 FSWs); Anganwadi helper (2 FSWs); and shop keeper (1 FSW). The remaining 30 per cent (18 FSWs) don't have any other sources of income except sex work. It is also learnt that despite other sources of income, it is not sufficient to maintain their families and they are forced to engage in sex work to supplement their incomes. All the FSWs informed that they don't have any fixed rate for every sexual act per client. The rate varies from Rs 20.00 to Rs 500.00 per client. Out of 60 FSWs under the study, majority (83.3%) have monthly average income below Rs. 5000/- and remaining 16.7 per cent FSWs are earning more than Rs. 5000/-. It is learnt that, 3.3 per cent FSW's monthly income is less than Rs. 1000/- and only 5 per cent earn more than Rs. 7000/- per month. On further query, they revealed that besides money, some of their clients provide material assistance (like grocery item, bakery item etc), gift items (like dress, cosmetics, even gold jewellery, etc.) during festivals. In case of night halt or out station, all the expenditures are borne by the clients. Out of 49 FSWs (81.7%) those who are living with their families, 37 FSWs' family members are ignorant of their profession. Hence, these 37 FSWs are hiding their profession from their family members and maintaining hidden sex work. As a result, not only they are struggling at their workplace, but also

in their home to maintain the secrecy of their profession. Only 12 FSWs informed that their family members are aware about their profession including husbands. Out of these 12 FSWs, 06 FSWs informed that their family members are allowing them to do sex work as they are dependent on their earnings, but 4 FSWs informed that their husbands forced them to do sex work to meet up their cost of alcohol. The remaining 2 FSWs are receiving negative emotions like anger, hatred, etc., from their family members. So, it is quite surprising that when sex workers are marginalized in the society due to the social stigma, 10 FSWs' family members are allowing them to do this work. It is found that the chief reason of taking up sex work as profession is poverty along with some other additional reasons like to satisfy unmet sexual needs, to take revenge on husbands, blackmailing by others, forced by husbands, deceived by lovers, to cope up with loneliness and to enjoy more comfortable life. In general, majority of the respondents are illiterate or semi-literate, unable to get any gainful employment and lastly compelled to adopt prostitution to earn livelihood for themselves as well as for their family members.

8.2.2 HIV/AIDS Awareness among Female Sex Workers

(a) STIs and its Symptoms

Chapter-5 (Part-II) describes about HIV/AIDS related awareness among FSWs. With regards to their awareness on STIs, it is observed that 80 per cent (48 FSWs) of the respondents have heard about the Sexually Transmitted Infections (STIs), while remaining 20 per cent (12 FSWs) have never heard it. With regards to symptoms of STIs, out of 60 FSWs, though 80 per cent FSWs are aware about the symptoms of STIs, but their knowledge is incomplete and/or superficial. Hence, their poor such knowledge may affect their health seeking behaviour and thereby making them vulnerable to HIV infection.

(b) Causes and Symptoms of HIV/AIDS

All the FSWs under the present study in Tripura have heard about HIV/AIDS. It is found that 86.7 per cent FSWs (52 FSWs) know at least one or more scientific causes of HIV transmission, while 13.3 per cent (8 FSWs) are totally ignorant. Again, out of 52 FSWs, 25 FSWs are not aware about all scientific causes of HIV/AIDS. Hence, as a whole 33 FSWs are vulnerable to HIV/AIDS.

In terms of symptoms of HIV/AIDS, out of 60 respondents under the study, 16 respondents (26.7%) know about different but single symptom only; and the remaining 44 respondents (73.3%) shared about multiple symptoms. It is also significant to note that only 2 FSWs are aware about all the symptoms of HIV/AIDS. With regards to the source of FSWs' information, it is found that 80 per cent have got the information about HIV/AIDS from single source like NGOs' staff, doctors, friends, etc., and the rest 20 per cent from the multiple sources including different media. It is learnt that NGOs and TSACS are instrumental in generating awareness about HIV/AIDS among the FSWs under the study in Tripura.

(c) Views of FSWs about Ways to Protect themselves from HIV/AIDS and HIV Test

The study shows that 75 per cent FSWs have expressed their views by giving various single and multiple scientific ways to protect themselves from HIV/AIDS, while 25 per cent have expressed unscientific ways like - avoiding shaking hands, sharing utensils, clothes, toilets, kissing. But all of them were not aware of all the possible scientific precautionary measures to protect themselves from HIV infection. Hence, it is understood that none of the 60 FSWs under the study have full knowledge of protecting themselves from HIV infection and AIDS; and 15 FSWs (25%) are fully ignorant.

Though 90 per cent FSWs opined that every FSW must go for HIV test, but in practice 85 per cent have gone for HIV test. It is also learnt that out of 85 per cent (51 FSWs) who have undergone for HIV test, 2 FSWs are found HIV-positive. The reasons expressed by remaining 15 per cent FSWs for not undergoing HIV test are – using condom consistently (6 FSWs); due to fear of getting killed by people if found HIV-positive (01 FSW); due to mobile nature of occupation (01 FSW); and the time required for visiting ICTC will affect the earning (01 FSW).

(d) Views of FSWs about Treatment of HIV/AIDS

It is found that out of 60 FSWs under the study, 70 per cent respondents know that HIV/AIDS is not curable disease, 26.7 per cent said that HIV/AIDS is curable and remaining 3.3 per cent were fully ignorant. Further out of 42 FSWs, 20 FSWs added that though HIV/AIDS is not curable, but there are some treatments for opportunistic

infections (OIs) for PLWHA to stay better and healthy. Therefore, altogether 30 per cent (18 FSWs) are ignorant about the chances of curability of PLWHA vis-a-vis disastrous effects of HIV/AIDS. It is also found that out of 60 FSWs under the study, only 15 FSWs (25%) know the ART Centre by name and remaining 45 (75%) are ignorant about such centres and the services offered by these ART centres.

(e) FSWs' Opinion regarding their Possibility of Getting HIV in Future

It is already known that out of 60 FSWs under the study, 2 FSWs are HIV positive. Regarding their possibility of getting HIV infection in future, it is learnt that out of 58 FSWs, only 32 FSWs are having the fear of getting HIV infection in future, while remaining 26 FSW informed that they won't get HIV infection. Out of these 32 FSWs who have fear of HIV infection in future, 21 FSWs told about the scientific reasons of getting HIV infection in future, while remaining 11 FSWs expressed unscientific reasons about the possibility of getting HIV infection in future. It is also observed that out of 26 respondents who don't have fear of HIV infection, 20 FSWs informed that they are using condom consistently, while remaining 6 FSWs told some unscientific reasons. Therefore, out of 58 FSWs, altogether 38 FSWs are not fully aware about protecting themselves from HIV infection. Hence, these 38 FSWs are vulnerable to acquire HIV/AIDS in future.

(f) Views on the Need of HIV/AIDS Awareness for FSWs Themselves

All the 60 FSWs under the study felt that awareness on HIV/AIDS is a must and required for each and every FSW. It is also found that only 8 FSWs (13.3%) expressed about the multiple reasons for the necessity of HIV/AIDS awareness among sex workers, while remaining 52 FSWs (86.3%) expressed single reason only. The major single reasons expressed by them regarding the need of awareness on HIV/AIDS are – (i) having multiple sexual partners (31.7%); (ii) no medicine to cure HIV/AIDS (25%); (iii) low level of education among sex workers (20%); (iv) inconsistency in condom use due to lack of negotiation skill (5%); and (v) ignorance about HIV status of their clients (5%). Therefore, FSWs themselves are not fully aware of their own need to know more about HIV/AIDS, which indicates their vulnerability of acquiring and/or transmitting HIV/AIDS.

(g) FSWs' Views on Public Awareness about HIV/AIDS

In terms of public awareness on HIV/AIDS, 98.3 per cent FSWs (59 FSWs) think that it is necessary for everyone to be aware of HIV/AIDS. To them, if all become aware of HIV/AIDS, then there would be any problem in practicing safe sex. According to these 98.3 per cent FSWs, through public awareness not only their clients will be aware about HIV/AIDS, but also it will help to change people's mindset about FSW and will help to reduce social stigma about female sex workers.

8.2.2 FSWs' Vulnerability to HIV/AIDS and Their Coping Strategies

(a) Continuation of FSWs in Sex Work Profession and Their Workload

Chapter-6 (Part-I) deals with the FSWs' vulnerability to HIV/AIDS and their coping strategies. In terms of years in sex work, it is found that out of 60 FSWs under the study, 40 per cent FSWs are in the sex work profession for 3-5 years followed by 30 per cent for 6-10 years, 15 per cent for more than 10 years, 10 per cent for the period of 1-2 years, while remaining 5 per cent are less than one year. Those who are new in sex work are more vulnerable than others, as because they are unable to access health services because of high demand of new faces in the sex trade. Hence, they are exposed to risk and vulnerable to STIs, HIV, etc.

In terms of working days in a month, 90 per cent FSWs work more than 7 days in a month, while remaining 10 per cent work less than 7 days in a month as they entertain only one client, who are their regular partners. According to 90 per cent FSWs, the number of working days is dependent on the availability of the clients and FSWs' health condition. It is found that that except morning hours, sex workers are willing to work throughout whole day as per their convenience and clients' availability. Regarding the number of clients per week, it is found that 36.7 per cent (22 FSWs) have more than 10 clients per week, while remaining 63.3 per cent FSWs (38 FSWs) have maximum up to 10 clients per week. Another important finding is that 10 per cent (6 FSWs) have only one client per week, who only entertains their regular partners.

(b) Clientele of the FSWs

It is learnt that 68.3 per cent of FSWs under the study have both regular customers as well as new customers, which indicates their income from the regular customers is not adequate enough to maintain family and are forced to take new and unknown customers. It is also found that 10 per cent FSWs have only one regular partner, while remaining 21.7 per cent of FSWs don't have any regular customers and they entertain floating customers only. On further query, 78.3 per cent FSWs revealed that their regular customers are not non-paying partners. Almost half of the FSWs (51.7%) informed that their clients are from their own locality; while remaining 48.3 per cent FSWs informed that their clients are both local as well as outsiders. In addition, some of the FSWs are also going to other States of India and to bordering Bangladesh also for sex work. Clients of the sex workers are from different occupations varying from service holders to students. Employees from the government and private sector including CRPF and Para military staff are included as service holders. It is also found that 31.7 per cent of FSWs under the study have clients from all the occupations. Most importantly 5 per cent FSWs informed that their clients include have students also. It is to be worthy to mention here that out of 1039 PLWHA living in Tripura, 33 are students.

(c) Coping Strategies of FSWs in Case of More than One Client at a Time

It is observed that 73.3 per cent of the FSWs never entertain more than one client at a time, while remaining 26.7 per cent sometime engaged in group sex, if clients requested or agreed. Therefore, these 26.7 per cent of FSWs who engage in group sex are comparatively more vulnerable towards STI/HIV infection.

(d) FSWs' Coping Strategies in response to Clients' Approach Against Their Wishes

It is learnt that in response to clients' approach against FSWs' wishes, 33.3 per cent FSWs felt helpless and are forced to entertain clients; 30 per cent tried to convince but not always succeeded; 20 per cent FSWs switched off their mobiles to avoid such situation, and the remaining 16.7 per cent FSWs give false excuses. Hence, none of them possess any power to directly say 'No' to their clients in such a situation. All the time, they bear the negative emotions like – fear of losing clients vis-à-vis income.

Out of this fear, even they are not able to overcome sexual subordination and take any decision in favour of their sound health.

(e) Locality and Venues of Sex Work

It is found that except own locality, FSWs are working at other places in Tripura and outside of Tripura also. Out of 60 FSWs, 36.7 per cent (22 FSWs) are working solely at their own locality, while the remaining 63.3 per cent (38 FSWs) work outside their own locality. Hence, this finding indicates that 63.3 per cent FSWs under the study are mobile in nature and are vulnerable. It is also learnt that 56.7 per cent FSWs (34 FSWs) under the study prefer outside the locality for their sex work, while remaining 43.3 per cent (26 FSWs) prefer own locality. In terms of preference of locality, 56.7 per cent FSWs prefer out station for sex work to earn more money by hiding their identity, and to get rid of stereotype and monotonous life, while the remaining 43.3 per cent FSWs prefer to work at their own locality due to fear of police or other related hazards outside their own locality. These 43.3 FSWs informed they used get support from other FSWs, pimps, and NGO staff in own locality as well as they can manage local police in case of being caught red handed.

In terms of actual venues of sex work, it is found that 80 per cent FSWs (48 FSWs) perform sex work in different single venues, while remaining 20 per cent (12 FSWs) perform sex work in multiple venues. It is learnt that out of 48 FSWs, 21 FSWs work at their home only. Other venues for sex work are – hotel, open places, community toilet, rented house of others, partner's house, Military/Para military camps, and also in government sub-divisional hospital. Again, it is worth mentioning here that in Tripura, there is no brothel or red light area. In Tripura, FSWs mostly operate either through any pimp/middle man or using their own personal networks like – contacting through mobile phone, other customers and friends or sometimes direct solicitation of the clients from the streets/parks.

(f) Coping Strategies of FSWs when they Spent Night Outside Home

Out of 60 FSWs under the study, 36.7 per cent FSWs never spent whole night out of home for sex work as they are living with family and unable to manage. 18.3 per cent informed that they have no problem as they reside alone. 20 per cent informed that they have no problem with whole night booking as their family members are aware

about their sex work. The remaining 25 per cent FSWs revealed that they adopt different ways like – telling lie to family members, spent night with clients at their own house in husbands' absence.

(g) Determining Factors of FSWs' Income

It is seen that out of 60 FSWs, 83.3 per cent FSWs have talked about various single factors which determines their income; while the remaining 16.7 per cent expresses that their income depends on multiple factors. The various single determining factors of earning by FSWs are like – client's paying capacity (21.7%); young, pretty and attractive figure of FSWs (21.7%); night halt with client at outstation (18.3%); sexual satisfaction of clients (13.3%); and clients' load (8.3%). Hence, those FSWs who think client load, night halt with clients at out station and sexual satisfaction of the clients determine FSWs' earning, are comparatively vulnerable to HIV/AIDS as the chances of sex without condom or other style of unsafe sex is high in these circumstances and situations.

(h) Illness Suffered by FSWs during Last One Year

The study highlighted the illness suffered by FSWs under the study during last one year. It is found that majority (43.3%) of FSWs are suffering from STIs, while 2 FSWs are HIV-positive. Majority of the FSWs (23 FSWs) received STIs due to unsafe sex, while 2 FSWs got STIs for being raped and the remaining one is ignorant about the reason. During STI infection, 13 FSWs informed that they stopped entertaining clients, while remaining 13 FSWs revealed that they did not stop entertaining their clients even with STIs. Therefore, there is a possibility of transmitting infection to their clients by these 13 FSWs. Hence, all the clients of these 13 FSWs are also vulnerable to STIs and there is a possibility of spreading STIs to their wives or other partners.

As a whole 88.3 per cent FSWs out of 60 FSWs under the study, are suffering from different gynaecological problems like white discharge, irregular menstruation, LAP, STIs, etc., while remaining 11.7 per cent FSWs are suffering from other health problems like HIV-positive (2 FSWs), Low BP (3 FSWs) and High BP (2 FSWs). Therefore, all the FSWs under the study had suffered from multiple health problems during last one year. It is also found that during last one year, 37 FSWs got

hospitalized for their treatment of major illnesses like – urine infection; abortion; surgery of ovary; heavy bleeding during menstruation; opportunistic infections; fever with high BP; burnt by customers; attempting suicide; and for asthma. The incidence of suicidal attempt and burnt by customers indicates the pathetic life conditions of FSWs. They are working in a condition where there is a lack of social support, experiencing stigma and ostracism, violence and harassment resulting in depression, anxiety and stress. To get rid of such sufferings, sometimes they consumed alcohol and in extreme situation tried to commit suicide also.

(i) Sex Work during Menstruation Period and Coping Strategies

With regards to sex work during menstruation, it is found out 60 FSWs under the study, 63.3 per cent (38 FSWs) work even in their menstruation period, while remaining 36.7 per cent (22 FSWs) never work during menstruation period. These 63.3 per cent FSWs are forced to engage in such risky behaviour for earning their livelihood. Hence, they are vulnerable in acquisition or transmission of HIV, STIs, etc.

It is found that out of 38 FSWs, who engage in sex work during menstruation, 20 FSWs have adopted different coping strategies like avoiding penetrative sexual services, but providing oral sex and/ or masturbation only. The remaining 18 FSWs have adopted other coping strategies by providing penetrative sexual services by charging extra money, by using condoms, if required. Hence, these 18 FSWs under the study are more vulnerable than others as they are engaged in penetrative sex even in their menstruation. 22 FSWs (36.7%), who are not engaged in sex work during menstruation, their coping strategies are – keeping their mobile switched off and giving false excuses to prevent client's unhappiness, so that they don't lose them in future. Therefore, it is clear from the coping strategies that all FSWs, whether they are engaged in sex work or not engaged in sex work during menstruation, do not want to lose their income by directly refusing their approaching customers. It shows their financial insecurity as well as compulsion to be engaged in sex work even in menstruation.

(j) Kind of Sexual Services provided by FSWs and Their Coping Strategies

FSWs are delivering various single as well as multiple sexual services to their clients as demanded by them. It is found that only 21.7 per cent of FSWs perform only vaginal sex, while remaining 78.3 per cent FSWs deliver multiple sexual services like – vaginal & oral sex; vaginal & anal sex; vaginal, oral & anal sex; vaginal sex and allowing to use other parts (thigh, breast, navel, masturbation, etc.) of body. It is to be specially mentioned that 22 FSWs including 2 HIV-positive FSWs, who are consistently using condoms, are providing sexual services like vaginal sex and masturbation only. According to the FSWs, oral sex is highly preferred service demanded by the clients irrespective of their ages, etc.

In case of clients' demand for oral sex, 32 FSWs are engaged in such risky sexual acts due to their financial insecurity, lack of negotiation power, sexual subordination as well as compulsion. The remaining 28 FSWs refuse such demands of their clients on health grounds by giving false excuses as they dislike it. Hence, these 32 FSWs are vulnerable to HIV/AIDS.

It is also seen that 70 per cent of the FSWs refuse anal sex, 20 per cent satisfy the demand of the clients by charging extra money, but the remaining 10 per cent FSWs informed that they don't charge any extra price as they provide this service to their regular partners only. It is also found that these 10 per cent FSWs provide vaginal, oral and anal sex services to their regular clients to satisfy them without charging any additional price. Each of these 10 per cent FSWs have only one regular partner.

(k) Consistency in Condom Use during Last Three Months

It has observed that out of 60 FSWs, 36.7 per cent (22 FSWs) are consistent in terms of using condoms in their sexual acts. These 22 FSWs (including 2 HIV-positive FSWs) revealed that after accessing the NGOs' TI program, they are insisting their clients for using condoms in every sexual acts and practicing safer sex through condoms. Even, they are consistently using condom with their regular partners also. The remaining 63.3 per cent (38 FSWs) under the present study are not using condom always i.e. in every sexual act. Hence, it is found that all 38 FSWs, who are inconsistent in the use of condoms, are vulnerable to STIs and HIV/AIDS. The

different reasons for inconsistency in condom use are like – voluntarily with regular partners only; client's preference of sexual acts without condom; to avoid violence as well as for more income. Therefore, the reasons cited by the 38 FSWs are the proof of their helplessness and sexual subordination. Hence, the findings of the present study indicate that these 38 FSWs, who are inconsistent in condom use, are more vulnerable to STIs and HIV than other FSWs.

In the context of clients' preference for sex without condom, overall 80 per cent (48 FSWs) informed that their clients prefer to have sex without condom mainly for getting more sexual pleasure. Few responses of FSWs indicate some misconception of their clients like sex without condom can cure their STIs, etc. are also acting as a barrier in utilizing safer sex practice with condom. Hence, all such clients are not only vulnerable to get HIV/AIDS, but are also the medium of spreading HIV/AIDS to FSWs, their other partners or wives as well as to the general population.

(l) Charging of More Prices for Sex without Condom

It is learnt that out of 60 FSWs, 32 FSWs (53.3%) charge more prices to those clients who want to have sex without condoms, while 28 FSWs (46.7%) don't charge any extra price. It is learnt that out of these 28 FSWs, 22 FSWs are using condoms consistently and refuse such demands of clients, while remaining 6 FSWs engaged in sex without condoms with their regular partners only as each of them have only one regular client/partner.

It is also found that the chief reason for charging more prices for sex without condom by FSWs is poverty. Other reasons which were mentioned by them are – savings for old age security, and enabling better future for their kids.

(m) Coping Strategies of FSWs in Response to Clients' Demand for Unsafe Sex

It is learnt that out of 60 FSWs under the study, 14 FSWs never approach and insist their clients for using condom. Out of remaining 46 FSWs, 24 FSWs accept such demand when they failed to convince their clients for safer sex, while remaining 22 FSWs always refuse their clients' demand as they don't want to provide sexual services without condoms at any cost. This indicates that these 22 FSWs are motivated enough and empowered in negotiation for safer sex. Therefore, the finding

indicates that altogether due to the sexual subordination and lack of negotiation skill of 38 FSWs for safer sex making them vulnerable to STIs, HIV/AIDS, etc.

(n) Coping Strategies of FSWs for Unsafe Sex

It is already found that out of 60 FSWs under the study, 38 respondents are inconsistent in condom use and practicing unsafe sex, while remaining 22 respondents are using condom consistently. It is also learnt that these 38 FSWs, who are not consistent in using condom, have adopted many strategies like – washing vagina with water, soap, *dettol* (antiseptic lotion); using antiseptic creams; cleaning with cloths; and taking bath after giving sexual services in order to protect themselves from STIs, HIV/AIDS, etc. Therefore, it shows the poor knowledge and misconceptions of these 38 FSWs about STIs and HIV/AIDS and their health and hygiene. Hence, they are more vulnerable to such infections.

It is also found that 58 FSWs are adopting preventive measures to avoid unwanted pregnancy such as condoms (22 FSWs); tablets such as *Mala D*, *Maya*, *Sukhi*, etc. (17 FSWs); copper- T (8 FSWs); and ligation (11 FSWs). Therefore, this finding indicates that condom alone is more acceptable to FSWs than all the available preventive measures to avoid unwanted pregnancy. It is learnt that 2 FSWs do not take any such precautionary measures for rendering sexual service as one FSW did not get HIV till date as well as she failed to conceive till now providing sexual service without condom. Another FSW informed that she left everything it to God who will look after her.

(o) Violence Faced by FSWs and Their Coping Strategies

It is learnt that out of 60 FSWs under the study, 73.3 per cent (44 FSWs) have faced violence by different perpetrators for various reasons. All the violence against FSWs indicates gender inequality, social stigma, indifferent attitude and criminalization of sex work vis-a-vis sex workers. The violence against FSWs also shows male feudalistic attitude towards women which is very much prevalent in the male dominated society. All these as a whole are adversely affecting FSWs' health seeking behaviour also. Further, it is learnt that out of 44 FSWs, majority i.e. 34 FSWs tried to cope up through different ways like – sought medical help; lodged complaint to the NGOs crisis management committee; quarrelled with the perpetrators; gave money

i.e. bribing; gave sexual services at free of cost; complained to political party; forced to move other States of India for more than a year. The remaining 10 FSWs did nothing to protect themselves from the violence except bearing their pain and sufferings silently. Many of the FSWs accepted that violence made by their intimate partners (regular partner and/or husband) as 'normal' as they have been witnessing it since their childhood, while some FSWs said it is written in their fate and accept violence as a 'part of their job'.

(p) Consumption of Alcohol by the FSWs

It is learnt that none of the 60 FSWs under this study are taking any kind of intravenous drugs. Hence, possibility of getting HIV through needle sharing is absent. Out of 60 FSWs under the study, 35 FSWs regularly consume alcohol, while 25 FSWs don't consume alcohol at all. Therefore, these 35 FSWs who are consuming alcohol are vulnerable to have unprotected sex along with their alcohol consuming clients under the influence of alcohol. Hence, both such alcoholic FSWs and their clients may get STIs and HIV infection. It is also found that out of these 35 alcohol taking FSWs, 5 FSWs also take inhalants (glue; dendrite and cobbler glue) and *ganja* apart from alcohol. Further, these 35 FSWs also revealed that sometime they are compelled to consume as per the request of their clients and they cannot turn down the request because of the fear of losing clients/earning loss. Some of them can't perform sex work normally out of their heart, so they consume alcohol to silent their conscience. Hence, all the reasons behind alcohol consumption of FSWs indicate their hidden pain behind their profession as well as female subordination towards male in the society.

(q) Coping Strategies of FSWs who are HIV-positive

It is found that out of 60 FSWs under the study, only 2 FSWs are HIV-positive and none of them fully stopped entertaining clients. The coping strategies of these HIV-positive FSWs are – (i) reduced taking clients; (ii) using condom in every sexual encounter; (iii) providing vaginal sex and masturbation only; (iv) providing sexual service at home only; (v) regularly in touch with respective NGOs; (vi) left consumption of alcohol; (vii) maintaining health and hygiene as per doctors' advice; and (viii) visiting temples and praying god to protect them. It is learnt that both of them don't reveal their HIV-positive status to their clients due to fear of losing their

earning. Therefore, these 2 FSWs are knowingly engaged in this risky behaviour of infecting their clients with HIV as condom can't ensure safer sex fully. Therefore, the role of concern TIP implementing NGOs and their staff are also doubtful here as they did not take any step to stop these 2 FSWs from entertaining clients by arranging proper rehabilitation for them.

(r) Job Satisfaction of FSWs in Sex Work

With regards to job satisfaction of FSWs under the study, out of 60 FSWs under the study, it is learnt that 60 per cent (36 FSWs) of the FSWs are satisfied with their sex work job; while 40 per cent (24 FSWs) are not satisfied. It is found that out of 36 FSWs, 14 FSWs are satisfied with their sex work as they are helping to satisfy their family needs; and other 10 FSWs revealed that they are happy as they are enjoying financial independence with comfortable and luxurious life. They also shared that now their kids are going to schools. The remaining 12 FSWs' are satisfied in their sex worker's job for various reasons like – not feeling lonely any more (5 FSWs), their own sexual needs are satisfied (5 FSWs), and taking revenge against husbands (2 FSWs). The 24 FSWs who are dissatisfied with sex work, have expressed various reasons of their dissatisfaction like – sex work is not approved and accepted by the society and dishonest way of earning (13 FSWs); no future prospect (5 FSWs), fear of getting caught red handed and punishment (4 FSWs), and too much competition in sex trade (2 FSWs). Therefore, it is not just the 24 FSWs are dissatisfied, but even among those FSWs who are happy in this profession are forced by economic compulsion (poverty) to meet their personal as well as family needs.

It is learnt that the coping strategies adopted by these dissatisfied 24 FSWs are like — they are helpless as there is no other alternative way of earning their livelihood (7 FSWs); accepted it as their destiny given by their God / Allah (6 FSWs); consume alcohol and take *ganja* to forget their misdeeds of indulging in sex work (6 FSWs); and by visiting temples, mosques and praying to God for his mercy to forgive their sin (5 FSWs). It is further learnt that 2 FSWs have read their respective Holy Books like the *Gita* / the *Quran* 7 times and 3 times respectively.

(s) Freedom of Expenditure of FSWs' Own Earned Money

The study shows that out of 60 FSWs, 50 per cent of the FSWs under the study have freedom of spending their own earnings, while the remaining 50 per cent don't have such freedom. It is found that out of 60 FSWs, 33.3 per cent of FSWs informed that after meeting all expenditures, they have some money left for saving for their future. But the remaining 66.7 per cent are not happy with their earning as they can't save money for their future. Hence, these 66.7 per cent FSWs under the study are still suffering from poverty.

(t) FSWs' Advice to their Fellow FSWs

All the FSWs have given their advise for their fellow FSWs to use condom in every sexual encounter for the betterment of own health and safety. They also suggested not bringing their children and relatives into this profession due to social stigma attached with FSWs as they themselves experienced the same hazards and sufferings. Majority of them (73.3%) advised that other sex workers should leave this profession, i.e. sex work, as early as possible as they too feel that prostitution has no social acceptance and continuously been seen as a problem for the society. Beside it, 86.7 per cent respondents advised to their fellow FSWs to keep themselves always equipped to protect themselves from unwanted violence, danger, etc. they suggested protective measures like keeping broken bottles, chilli powder, etc. to face such sudden and unwanted situations and perpetrators concerned. In addition, 35 per cent of FSWs suggested their fellow FSWs to come together to organize their own forum so that they can achieve control over their sufferings in the sex industry. It may be pointed out here that like other States (for example *Durbar* in West Bengal), sex workers of Tripura do not have any such association to fight for their right and injustice.

8.2.3 *Beneficiaries' Perception towards the Existing Services of TI Implementing NGOs*

(a) Perception of the Beneficiaries (FSWs)

Chapter-7 has highlighted the beneficiaries' perception (Part-I) along with the views of the NGOs' staff members (Part-II), key officials of NGOs and TSACS (Part-III). To know the beneficiaries' perception eight groups have been formed i.e. @ 2 groups per NGO (15 beneficiaries from each NGO). Out of eight groups, seven groups in

general have expressed positive feeling and satisfaction towards the services of NGOs. But two members of one group expressed their grievance and showed dissatisfaction against the staff members of the NGO (VDT). By and large beneficiaries have better perception towards the working of respective NGOs. To them, these NGOs have helped them in improving their health status; awareness level on STIs and HIV related issues and supported them to increase their self-esteem and confidence. But, at the same time some of the group members are not happy with the TI programme structure as there is no provision for treatment of beneficiaries' general health problems and the treatments for their clients; their right to participate directly in all activities of TI programme of the NGOs like programme planning, monitoring, evaluation, etc. Most of the beneficiaries are dissatisfied with the health care personnel of government run hospitals due to their indifferent attitude, discrimination and rude behaviour. FSWs are also dissatisfied with the timing and working hours of government run ICTC. Despite this, majority of the beneficiaries in general expressed their happiness about the services received from their respective NGOs. They also appreciated the efforts of these NGOs for the additional services provided to them which are beyond the NACO's structured TI programmes; and treat these NGOs as their guardian for their love, affection, care and concern for the FSWs.

(b) Views of Staff Members of NGOs

It is found that all the 40 staff members are happy for working in the TI Programmes for FSWs. But, half of the staff members are affected by stigma inside and outside their family due to their nature of job with sex workers. Hence, it is viable to comment that along with the FSWs, these staff members are also the victim of the negative perception of the society due to prevailing social stigma. Regarding the ethical issues related to HIV/AIDS, their knowledge is superficial especially among the majority of the peer educators (PEs) who are selected from FSW community itself. It reflects the lack of proper training of these field level staff members. With regard to the quality and cost of the services of the NGOs, all the staff members under the study informed that beneficiaries are benefitted from the services of TI programmes run by their NGOs. Staff members informed that in some cases, NGOs are providing additional services to the beneficiaries like free treatment of general health problems, vocational training, formation of SHGs, etc. which are not included in structured TI programmes of TSACS/NACO. They also shared that beneficiaries

have some negative feelings about the quality of condoms which are provided to them at free of cost. Few of the staff members also felt that the awareness of both FSWs as well as their Clients' is required to prevent and control HIV/AIDS. But in the existing TI programme of TSACS/NACO, clients of the FSWs are not included and getting any services. But in reality, it is the clients of the FSWs who are controlling the decision making process in all sexual acts and services, where most of FSWs are helpless due to their financial dependency on their clients. In addition, majority of the staff also shared that some of the problems which are affecting the effective implementation of the TI programmes are – (i) fear of stigmatization; (ii) ignorance about sexual health; (iii) ignorance about STIs, HIV/AIDS among FSWs; (iv) scattered, hidden and mobile nature of FSWs in absence of brothel and red light areas; (v) fixed timing of the ICTC; (vi) FSWs' dependency on their regular partners in terms of accessing the health services; (vii) lack of fund for the treatment of general health problems of FSWs; and (viii) inadequate and delayed disbursement of funds by the TSACS.

(c) Views of the Key Officials of NGOs and TSACS

All the Secretary of 4 four NGOs have recognized the peer educators' (who are also FSWs) role in identification of new FSWs, establishing rapport with FSWs to motivate them for accessing the services of TI Programmes. All these 4 key officials of NGOs shared about various problems that are adversely affecting the effective implementation of the TI programmes and not getting the desired outcome also. Some of these problems as shared by them are – (i) delayed approval of the project by TSACS; (ii) lack of timely disbursement of fund by TSACS; (iii) poor pay structure of the staff; (iv) no funding provision for the treatment of general common health problems of FSWs; (v) and no provision for meeting travelling allowances (TA) of Peer Educators (PEs) and Outreach Workers (ORWs); etc. However, all the 4 Secretaries of the selected 4 NGOs unanimously agreed that some additional services like vocational training; income generation activities; supply of good quality condoms; medicines for general health care; and 24x7 ICTC services should have been incorporated in the existing TI programmes of TSACS/NACO in order to get desired outcome.

With regards to the views of TSACS key officials, all the 10 officials agreed on the need of running exclusive TI programme for FSWs. They also opined that the existing services provided to the FSWs through NGOs are adequate enough to meet the goals of the TSACS/NACO. It is found that both the key officials TSACS as well as key officials of NGOs have expressed same views on some common issues related to TI programmes for FSWs. These similar views are – (i) lack of general health care facilities for FSWs in TI programmes; (ii) poor pay structure of staff; (iii) inadequate training for the capacity building of NGOs’ staff members; (iv) lack of income generating component under TI programmes and difficulties in formation of CBOs.

In reply of the Researcher’s specific question of allowing 2 HIV-positive FSWs to continue their profession, concerned officials of 2 NGOs informed that they are trying to provide suitable alternative for their economic rehabilitation as soon as possible. Just now they don’t want to forcefully stop these 2 HIV-positive FSWs as they may leave the place and will continue their profession like many other hidden FSWs. With regard to this issue, Assistant Director (TI Program) of TSACS informed that they have instructed the concern NGOs to immediately arrange alternative economic rehabilitation for these 2 HIV-positive FSWs. It is also observed that there are some contradictions in views between the key officials of TSACS and the rest 3 stake holders namely – beneficiaries, NGOs’ staff members and Secretaries of NGOs. Officials of TSACS remained silent regarding some issues like – breach of confidentiality in ICTC and indifferent and discriminatory behaviour of staff in government hospitals; travelling allowances of Peer Educators and Outreach Workers; any assurance on increasing the pay structure of NGOs’ staff members; timing of Integrated Counselling and Testing Centres (ICTC); delay in project approval by TSACS; and lack of timely disbursement of fund to the NGOs for TI programmes. Hence, it is clear from the views of all the stake holders that TI programmes for FSWs is not fully successful in bringing about the desired outcome as planned by the TSACS/ NACO. Therefore, by considering local area specific socio-economic, political and cultural factors; the concerned policy makers need to re-think and develop suitable need-based strategies to overcome the above mentioned problems instead of having existing uniform TI programmes for the whole country.

8.3 Important Conclusion of the Study

1. Surprisingly, none of the FSWs are coming under the below poverty line (BPL) category as per the State Government criteria based on Tendulkar Committee appointed by the Government of India.
2. The main reason for taking up sex work as an occupation by the respondents is poverty. FSWs are illiterate or semi-literate and unable to get any gainful employment, which compelled them to adopt sex work as occupation to earn their livelihood as well as for their family members.
3. FSWs are struggling to hide their occupation in society and even at their home also as majority of their family members are ignorant about their sex work occupation.
4. It is found sex workers are marginalized due to the social stigma attached with sex work, but due of poverty some of the FSWs' own family members are allowing them to do this sex work.
5. Majority of FSWs are ignorant about their sexual health due to low educational level. Awareness on HIV/AIDS among the FSWs is incomplete/and or superficial, which can make them vulnerable to HIV infection and affect their health seeking behaviour.
6. Some FSWs didn't go for HIV test due to fear, stigma, fixed timing of ICTC and their mobile nature of sex work.
7. Majority FSWs have fear of getting HIV/AIDS in future due to ignorance, incomplete knowledge, indulgence in unsafe sex with multiple partners and misconceptions. But, some FSWs think that they won't get HIV/AIDS in future as they are consistent in condom use.
8. FSWs opined that social stigma can be reduced as well as their clients will be aware about HIV/AIDS through public awareness campaign only.
9. Lack of proper and effective training of staff members especially of the Peer Educators and Outreach Workers affecting the proper implementation of TI programmes through NGOs.

10. FSWs, who are new in sex work profession are more vulnerable than others due to their high work load as ‘new faces’ have huge demand in the sex trade as well as their inability to access all the outreach services from respective TI Programmes.
11. None of the FSWs possess any power to directly say ‘No’ to their clients. More than half of FSWs provide sexual services during their menstruation as they do not want to lose their approaching customers in future i.e. due to fear of losing income.
12. FSWs, who engage in group sex, are comparatively more vulnerable towards STI/HIV infection.
13. FSWs in Tripura are carrying their sex work in multiple venues in absence of brothel and red light area. Majority of the FSWs carry sex work at their homes. FSWs mostly operate either through any pimp/middle man or using their own personal networks like – contacting through mobile phone, other customers, and friends or sometimes direct solicitation of clients from the streets/parks.
14. Few FSWs even cross the Indo-Bangladesh boarder in exchange of sex with BSF to earn their livelihood.
15. Perception of the FSWs regarding the safe place to operate differs. Some FSWs prefer to work within their own locality and some prefer outside their own locality to avoid related hazards.
16. More client load, night halt with clients at out station and sexual satisfaction of the clients determine FSWs’ earning. These factors make FSWs vulnerable to HIV/AIDS as the chances of sex without condom or other style of unsafe sex is high in these situations.
17. Majority of FSWs are suffering from different gynaecological problems including STIs. FSWs received sexually transmitted infections due to unsafe sex.
18. Incidence of suicidal attempt among FSWs and burnt by customers showed the pathetic life conditions of FSWs. They are working in a condition where

there is a lack of social support, experiencing stigma, ostracism, and violence, etc. resulting in depression, anxiety and stress among them. To get rid of such sufferings, sometimes they consume alcohol and in extreme situation try to commit suicide also.

19. FSWs, who are providing oral and anal sex along with vaginal sex are more vulnerable to STI and HIV/AIDS. FSWs are engaged in oral and anal sexual acts due to their financial insecurity, lack of negotiation power, sexual subordination as well as compulsion.
20. FSWs, having only one client (regular partner) are providing all kind of sexual services and practicing unsafe sex. Hence, these FSWs are comparatively more vulnerable to HIV/AIDS.
21. After accessing the NGOs' TI program, some FSWs are insisting their clients for using condoms in every sexual acts i.e. practicing safer sex through condoms. Increasing trend of supplying condoms by the FSWs themselves is an indication of their increased awareness level about HIV/AIDS and increased health seeking behaviour due to TI programmes for FSWs under TSACS. But power dynamics play a crucial role in the sex trade and in the lives of the FSWs, where they are helpless as clients dominated in decision making.
22. Majority of FSWs are inconsistent in condom use, and are more vulnerable to STIs and HIV/AIDS. There are some clients of FSWs who force them to have sex without condom. In spite of providing risky sexual services without condom, FSWs don't get the extra price always from few clients.
23. Most of the FSWs' clients, who prefer unsafe sex for getting sexual pleasure; misconception and ignorance, are not only vulnerable to get HIV/AIDS, but are also the medium of spreading HIV/AIDS to FSWs as well as to their other partners, wives and the general population.
24. During STI infection, some FSWs stopped taking clients until get cured through proper treatment, while some entertained their clients during their STIs stage along with proper or improper treatment.

25. FSWs are doubly discriminated being women and as being FSWs. This discrimination denies their ability to exercise their basic human rights like other human beings. Violence from clients including regular partners, family members including husbands, police or others also inhibits them from playing their role in decision making within their household, at work place and in other spheres of life. All these as a whole are adversely affecting FSWs' health seeking behaviour also.
26. Violence against FSWs are the manifestation of existing gender inequality, criminalization of sex work and sex workers and existing social stigma related to sex work and FSWs.
27. Many of the FSWs accepted that violence made by their intimate partner (regular partner and/or husband) as 'normal', and written in their fate. Again, some of them are accepting violence as a 'part of their job'.
28. FSWs, who are consuming alcohol are more vulnerable to have unprotected sex along with their alcohol consuming clients under the influence of alcohol. Some of the FSWs consume alcohol as they cannot entertain their clients normally against their wishes, but forced to do so for their earning only, indicate their hidden pain behind their profession.
29. Some FSWs are satisfied with their sex work as they are satisfying their sexual and psychological unmet needs along with their financial needs. Some FSWs are not satisfied with their sex work as this occupation lacks moral, social, and legal approval.
30. In spite of dissatisfaction with sex work profession, FSWs are forced to continue sex work against their wishes to earn their bread and butter which shows their helplessness. Moreover, they are also forced to continue sex work as it is difficult for them to become a part of mainstream of the society even if they leave sex work profession, due to the prevailing social stigma about FSWs in the society.
31. Some FSWs want to come together to organize their own organization/association like many other States of India, so that they can protect themselves and fight for justice against stigma and discriminatory

treatment to them by the society.

32. Article 14 (Equality before law), Article 15 (Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth), Article 19 (Protection of certain rights regarding freedom of speech), Article 21 (Right to live with dignity) of Indian Constitution remains symbolic for FSWs as they are marginalized and socially excluded section in the society till now.
33. Beneficiaries (FSWs) are happy in general and have better perception towards the services provided to them by the respective NGOs that are implementing TI programmes for FSWs.
34. But, beneficiaries are not happy with the programme structure of the TI Programme of TSACS/NACO, as there is no provision for treatment of beneficiaries' general health problems; their clients' treatment and their right to participate directly in NGO's all the TI activities like planning, monitoring, etc.
35. Most of the beneficiaries are dissatisfied with the health personnel of the government run hospitals due to their indifferent attitude, discrimination and rude behaviour. They are also dissatisfied with the timing and working hours of government run ICTC.
36. Along with the FSWs, staff members of NGOs are also receiving the negative perception from the general people due to prevailing social stigma. Fear of stigmatization; ignorance about sexual health and STIs/HIV/AIDS among FSWs; scattered and mobile nature of FSWs; FSWs' dependency on regular partners in terms of accessing the health services; etc. are affecting the proper implementation of TI Programmes.
37. Delayed approval of the project and lack of timely disbursement of fund by TSACS; poor pay structure of the staff; no funding provision for the treatment of general health problems; no provision for meeting travelling expenditure of PEs and ORWs; fixed timing of the ICTC; etc. are some major problems faced by the key officials of NGOs while implementing the TI programmes.

38. Key officials of NGOs agreed that some additional services like vocational training; income generation activities; supply of good quality condoms; medicines for general health care services should have been incorporated in the existing TI programmes of TSACS/NACO.
39. Two HIV-positive FSWs are still continuing their sex trade with some coping strategies like reducing clients, using condom in every sexual encounter, not engaging in oral and anal sex. Concerned officials of 2 NGOs are trying to provide suitable alternative for their economic rehabilitation as soon as possible. Just now they don't want to forcefully stop these 2 HIV-positive FSWs from sex work, because they may leave the place and will continue their profession like many other hidden FSWs. Assistant Director (TI Program) of TSACS has also instructed the concern NGOs to immediately arrange alternative economic rehabilitation for these two HIV-positive FSWs.
40. TSACS's officials have found some positive changes in the behaviour of FSWs after implementation of TI programme exclusively for FSWs like – adopting precautions while serving clients, voluntarily accessing health services through TI programmes and few FSWs are also trying to make their clients aware about HIV/AIDS.
41. Officials of TSACS remained silent regarding some issues like – breach of confidentiality in ICTC and government hospitals; indifferent attitude of government hospital staff; timing of Integrated Counselling and Testing Centres (ICTC); travelling allowances of Peer Educators (PEs) and Outreach Workers (ORWs); enhancement of the pay structure of NGOs' staff members; delay in project approval and lack of timely disbursement of fund to the NGOs for TI programmes by the TSACS.
42. However, both the key officials of TSACS as well as key officials of NGOs have agreed on some common issues which have been affecting the proper implementation of TI programmes for FSWs. The similar views expressed by them are – (i) lack of general health care facilities for FSWs in TI programmes; (ii) poor pay structure of staff; (iii) inadequate training for the capacity building of NGOs' staff members; (iv) lack of income generating component under TI programmes; and (v) difficulties in formation of CBOs

due to hidden, scattered and mobile nature of FSWs in absence of brothel or red light areas as well as in absence of any sex workers' association in Tripura. Hence, TI programmes for FSWs in Tripura are not fully successful in bringing about the desired outcome as planned by the NACO and TSACS.

8.4 Suggestions and Recommendations

- People of the society are social capital. Social bonding between the marginalized FSWs and people of the society may help to reduce stigma and discrimination against them; and help in reintegrating the FSWs into the main stream of the society
- Health care staff members of the government hospitals should also be trained to adopt non-judgmental attitude towards the FSWs to meet their specific sexual health needs.
- Sex workers' rights to health like other workers should be protected by framing suitable occupational health and safety legislation.
- Existing laws/sections which criminalize sex work and sex workers should be amended to prohibit discrimination against sex workers. De-criminalization of sex work would help FSWs to access health services without fear; and thereby will reduce HIV infection and transmission to them and by them as the case may be.
- Institutional mechanisms like National and State Human Rights Commissions should allow sex workers and redress their grievances related to human rights violations. Human Rights Organizations and other concerned people should take initiatives for anti- stigma advocacy campaigns and support FSWs to protect their human rights.
- CBOs of FSWs must be formed in Tripura to empower and enable them to prevent HIV/AIDS and protect themselves from violence, exploitation and other human rights abuses.
- Targeted Intervention programmes for FSWs can be made more effective by increasing the FSWs' negotiation and communication skills and by addressing the violence against FSWs.

- Counselling for behaviour change of FSWs shall be given by the well-trained and experienced psychologists or counsellors, which is not possible for NGOs due to poor pay structure.
- The clients of FSWs must be brought under the TI programmes of TSACS/NACO.

The present study has given many new insights about the vulnerability of FSWs to HIV/AIDS and their coping strategies along with their perception towards existing services provided to them through NGOs under the TI programmes of TSACS. It has confirmed the following hypothesis in the studies of West Bengal (Sarkar, 2005; & Sukai, 2010).

- (a) Contribution of NGOs varies with the nature of financial sustainability of the programme.

In this context, the present study has also tried to develop following hypotheses which may be tested through further studies:

1. Factors that make FSWs' vulnerable towards HIV/AIDS and their coping strategies vary from region to region depending on the existing socio-economic, cultural and political condition of that particular region.
2. There is a positive correlation between women empowerment and their decision making power is very much true in sex trade also.
3. There is a positive correlation between criminalization of sex work and sex workers' vulnerability towards HIV/AIDS.
4. There is a positive association between direct participation of FSWs in all activities of TI Programmes and successful implementation of TI programmes.

8.5 Social Work Theory and Intervention

8.5.1 Social Work Theory

The findings and observation of the present study reflects a need to apply for “Structural Social Work” for the well-being of female sex workers (FSWs) in Tripura.

The safe and secured life of FSWs can only be enhanced when structural exploitation is reduced and equal opportunities are applied for everyone.

The findings of the study suggested a holistic approach of social work. The study showed that FSWs are deprived in every aspects of life due to their sexual behaviour as well as the perception of the society towards sex work and sex workers. They are oppressed or suppressed within or outside the family. In family, they are struggling with poverty as well as their hidden identity. Some of them are receiving negative attitude from their family members also. They suffered from social stigma, discrimination, violence and criminalization which resulting to their sexual subordination, powerlessness and helplessness. Therefore, structural social work is important to empower and enhance the quality of FSWs' life. There are two-fold goals of structural social work. First, it alleviates negative effects of structural exploitation on the people; and second, simultaneously transforms the social structure through social reforms and social change initiatives. The study illustrates that the selected NGOs have been working to strike a balance between the social care and social change in their battle against HIV/AIDS. It has been demonstrated by their involvement in social care activities such as running drop-in centres, providing general health medicines, counselling, vocational training, etc. for the FSWs. At the same time, NGOs have initiated social change activities such as awareness generation programmes, community organization, and evolving strategies to reduce stigma and discrimination against FSWs. Therefore, NGOs are successful instruments and initiators of structural social work practice. Thus, the present study indicates the importance of 'structural social work' as holistic social work practice for empowering the marginalized section such as FSWs.

8.5.2 Social Work Interventions

The findings and observations of the present study are significant for current social work practice. The different approaches, strategies, programmes and field experiences found in this study are relevant to the body of social work knowledge. Following are some of the areas where social work interventions can be done at different levels:

(a) Individual Level Interventions

- Social worker can help the FSWs through proper counselling to increase their negotiation and bargaining power with their clients for the practice of safe sex to reduce STIs and HIV infection and transmission.
- S/he can provide counselling services to the FSWs at the time of crisis such as problem with their family members, clients, regular partners and others.
- S/he can help FSWs to control and handle their internalized fear, stress and other psycho-social problems through counselling.
- S/he can also assist FSWs to cope up stigma, discrimination and sexual violence successfully.
- Social worker can also deal and help the clients of FSWs to reduce the infection and transmission of STIs, HIV, etc.

(b) Group Level Interventions

- Social worker can channelize the local available resources and create a support group consists of all concerned stake holders like FSWs, NGOs, TSACS, police, hospitals and ICTC to help the FSWs whenever they are in need of support.
- S/he can also help in forming support group consist of FSWs only to help FSWs through mutual assistance among each other in crisis situation by themselves. It will reduce their dependency on external resources.
- S/he can foster a group cohesion and interdependence among the group members of FSWs by forming SHGs. The SHGs will also help them to increase their income through different activities instead of putting their life at risk for unsafe sex work
- Social worker can provide group counselling for those FSWs are having similar psycho-social problems, etc.

(c) Community Level Interventions

Community Level Interventions can be done by the Social worker separately with the FSWs community and with the broader society. The roles of social worker are discussed below community wise.

(i) With the FSW Community

- Social worker can sensitize the FSWs' community members to acknowledge the diversity among them in terms of caste, religion, language, etc., so that they can develop a sense of mutual respects and bonding among each other.
- S/he can motivate FSWs to fight united against sexual subordination, stigma, discrimination and criminalization.
- Social worker as a counsellor of the NGO can also participate actively in project planning of TI programmes of the concern NGO to develop suitable programmes for addressing the issues of FSWs.
- S/he can also educate Peer Educators (who are also FSWs) for effective and collaborative work with their fellow sex workers in accessing the services of TI programmes from the implementing NGOs.

(ii) With the Society

- Social worker can create awareness on the nature and problems of FSWs to change the perception of mass people on sex work, female sex workers, HIV/AIDS, etc to reduce the social and discrimination.
- S/he can mobilize TI programme implementing NGOs, other human rights, civil rights and social organizations for helping FSWs to reduce stigma, discrimination, and violation of human rights.
- Social worker can also mobilise NGOs and other organizations to do strong advocacy with the Government for the amendment of the existing laws to prohibit criminalization of sex work and sex workers; and also for the introduction of suitable welfare schemes for FSWs.

The study has highlighted the condition of FSWs in Tripura and their awareness on HIV/AIDS. The study has also pointed out various factors which make FSWs vulnerable to HIV infection or transmission. It has also discussed about various coping strategies adopted by the FSWs to cope up with such conditions. The study has also examined the existing services for the FSWs provided by the TI programmes of NGOs under TSACS. In Tripura, NGOs are found as suitable means to provide HIV/AIDS prevention, care and support services; but can't contribute much in providing services for PLWHA. People having received the awareness from NGOs and understanding the need of treatment services, go to public sector hospitals especially for HIV test and ART. This kind of trend proves that health services provided by government are complementary for NGOs in HIV/AIDS care in Tripura. There is a need of more integration and co-ordination of services of all stakeholders in providing better HIV/AIDS care services. It is expected that major findings of the present study will be worth for the government and other concern stake holders in formulating appropriate policy for designing, implementing and monitoring the HIV/AIDS programmes.