

# **Chapter-3**

## **METHODOLOGY**

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It is found from the literature review that no study has been conducted on the proposed topic of HIV/AIDS and female sex workers in Tripura in the social science discipline. The methodology has been adopted keeping in view the nature of research problem, purpose of the study, sources and availability of data, observation, experience as well as capability of the researcher. The present study has tried to explore and describe an unknown phenomenon.

#### **3.1 Rationale of the Study**

There is no doubt that HIV/AIDS has hit India hard. The AIDS pandemic not only strained economic and social systems of the country, but also diverts the financial and human resources from rehabilitation of its infrastructure and productive enterprises. Women, especially female sex workers (FSWs), are at the centre of the epidemic because of the cultural, physiological and social-economic factors that make them especially vulnerable to HIV/AIDS. As stated earlier, the prostitution has been described as “the world’s oldest profession”. In India commercial sex work existed from ancient periods. FSWs in India can be categorized in distinct groups with different practices and behavior patterns. Each of these is associated with specific vulnerabilities and risk towards HIV/AIDS. The health of the sex workers is affected by a wide range of social and personal factors including poverty, ignorance, substance-abuse, stigma, discrimination and forced servitude.

The subordination of women in society is reflected in the fast spread of HIV/AIDS among women, and especially young women. In order to break the cycle of neglect which affected female sex workers (FSWs) in their life span and across generations, it is essential to undertake action-oriented research, to provide the missing information that would enable FSWs to improve the quality of their lives. Given the growing dimensions of HIV/AIDS, they have often been stigmatized and blamed for causing HIV/AIDS and other STIs. They have frequently been identified as “reservoirs of infection” or as “vectors of transmission” to their male partners (clients) and their offspring. This inaccurate view had been misleading, as it had prevented the government and concerned authorities from developing suitable

policies, programmes and services to meet the needs of these female sex workers. The scholars also sometimes unjustifiably doubted whether it was possible to identify prostitutes and enroll them in research and under the existing services. Indeed, this study carried out among female sex workers in Tripura, has also supported such viewpoint. In Tripura until now, researchers had not paid attention to the HIV/AIDS and female sex workers. Furthermore, research had not examined the knowledge, sexual behavioral patterns related to STD and HIV/AIDS among female sex workers and their coping strategies to face their problems. Moreover, no researchers had examined the existing services for FSWs provided by NGOs under Tripura State AIDS Control Society (TSACS) and their impact on FSWs.

HIV/AIDS has confronted many countries as one of their severest health problems. The de-population of rural areas and migration to work in cities has led to the disruption of family structures, commercialization of sexual relationships and an increase in infection. Commercial sex work constitutes a socio-economic issue that many scholars of human behavior tend to shy away from for reasons ranging from subjective sentiments to strict observation of ethics or morals. Although considered a dirty profession by many reputable scholars and scientists, prostitution lends itself to be a fascinating, perplexing and bewildering field of social relations. Our stubborn refusal to investigate into this subculture of our society does not only reflect an unjustified refusal to understand, correct or reverse, and improve regressive instincts of human development, but also reflects on our unfortunate attempt to treat a patient whose disease we really know but have not bothered to diagnose in the first place. Prohibition of commercial sex work and prosecution of sex workers has not contributed towards the willing co-operation of groups, who could play an important role in the slowing down of the dissemination of infection. Prior to the advent of HIV/AIDS, there was very little academic literature focusing on prostitution. In the last decade, concerns about the potential of HIV transmission between prostitutes and their clients and ultimately to the general population, have stimulated a considerable amount of research in this area. However, behavioral research relating to prostitution and risk practices for HIV infection has been given negligible attention in Tripura. The AIDS Control Programmes of Tripura estimates that 90 per cent of all infections in Tripura to date have been in 15-49 years old. Throughout all of Tripura and India in general, heterosexual intercourse is the predominant mode of HIV transmission. The

result is a growing AIDS burden among women. People who engaged in unprotected sex with many partners such as prostitutes and their clients were especially at high risk. Today, many young women rely on prostitution or sex work for economic survival. The proportion and the number of women who do so, is often directly related to the economy and level of unemployment. Prostitution *per se* is not illegal in India, but there are some clauses that make it illegal and bring it into underground, which means that prostitutes may have to work without adequate control over the conditions of sex work transactions. Like in many societies, many women in India still face discrimination in education, employment and social status resulting into economic vulnerability to prostitution and HIV/AIDS. This included discrimination that girls face in both educational institutions and the family, occupational segregation into low paying clerical and service jobs and lack of access to technical assistance, training and credit. All these, forced women to end up in commercial sex work for survival. Very little information was available concerning the large number of prostitutes who worked in the various sections of the sex industry. Obstacles to safe sex practices at individual, organization and societal levels existed. The type of prostitution involved in is likely to affect risk practices as well as the range and frequency of sexual services provided to clients. The phenomenon of prostitution became of particular interest to the researcher not only because of the so many educated and uneducated young women who had fallen victims to it, but also how Tripura's traumatic economic transformation has manifested itself to the vulnerability of FSWs and to what extent the State government has succeeded in combating HIV/AIDS in Tripura. Therefore, there was a need to study the knowledge of FSWs on HIV/AIDS; the vulnerability factors and FSWs' coping strategies to their vulnerabilities; and existing services provided to female sex workers related to HIV/AIDS in Tripura.

### **3.2 Objectives of the Study**

The specific objectives of the present study are as follows:

1. To know the HIV/AIDS awareness of Female Sex Workers (FSWs) in Tripura.
2. To study the factors making FSWs vulnerable towards HIV/AIDS.
3. To understand the coping strategies of FSWs for their vulnerable conditions.
4. To examine the existing services for FSWs provided by NGOs under Tripura State AIDS Control Society.

### **3.3 Research Questions**

1. Are FSWs in Tripura aware about HIV/AIDS?
2. Why are FSWs vulnerable to HIV/AIDS?
3. What are the coping strategies of FSWs adopted to cope up with their vulnerable conditions?
4. Are the existing services of TSACS adequate enough to address the problems of FSWs in Tripura?

### **3.4 Research Design**

There is paucity of data in the proposed area of the study. The main purpose of the proposed study was to explore and gain an insight into the HIV/AIDS awareness of the FSWs and the factors making FSWs vulnerable towards HIV/AIDS. It was also necessary to study the coping strategies of FSWs adopted to cope up with their vulnerable conditions and their perception of the services provided to them by TSACS through NGOs under various TI programmes. Hence, the researcher had to do literature review, observation, interview, focused group discussion and in-depth case studies of some FSWs registered in NGOs. Literature scanning was done to get an understanding on facts and facets of FSWs and HIV/AIDS. The review of literature showed that no such study was undertaken on FSWs in Tripura. Therefore, the proposed study has used exploratory and descriptive research design.

### **3.5 Types of Data Required**

- a. In order to fulfill the first objective, data related to HIV/AIDS awareness of the female sex workers i.e. the routes of the transmission of HIV, measures of protection from HIV/AIDS, misconception related to its transmission, relation between STIs and HIV/AIDS, symptoms of STIs, etc. were essential.
- b. To fulfill the second objective, the types of data included were: duration of FSWs' profession, location of sex their work, work timings, nature of clientele, client load, type of services they provide to their clients, usage of condom or any other protective measures known to them, money charged per sexual act, substance use, etc.

- c. For the third objectives, types of data required were: the strategies FSWs are adopting to cope up, while experiencing different problems like poverty, work load, unsafe sex, violence, their capability of decision making/ sexual subordination, intoxication, family responsibilities, etc.
- d. To fulfill the fourth objective, data related to historical background of NGOs, organizational setup, preventive and supportive services, necessities of those services to beneficiaries, service cost and its quality, staff co-operation, program execution strategies, involvement and participation of primary and secondary stakeholders, problem of stigmatization, ethical issues etc. were essential.

### **3.6 Sources of Data**

1. Keeping in view the objectives, the data were collected from the primary as well as secondary sources. The data for first, second and third objectives were collected from primary sources i.e. sixty FSWs from each selected four NGOs engaged in Targeted Intervention Program (for female sex workers only) in Tripura through Interview Schedule.
2. The data for fourth objective has been collected from sixty FSWs at the rate of fifteen from each selected four NGOs engaged in Targeted Intervention Program (for female sex workers only) in Tripura through information guide, ten staff members of selected NGOs i.e. forty staff members in total, four key officials of selected NGOs and ten key officials of Tripura State AIDS Control Society (TSACS). Staff members of each NGO were selected from all level to know about their views on different key issues through other interview schedule. Separate questionnaires were used for key officials of selected NGOs and TSACS in this regard.
3. Beside this, the secondary data were also collected from the key officials of NGOs, TSACS, National AIDS Control Organization (NACO) and other International organizations working in this field. Various official websites, books, latest published reports, journal articles in the concerned field were also reviewed and used in this regard.

### **3.7 Tools and Techniques of Data Collection**

In this study, researcher used both quantitative and qualitative methods. Data were collected through observation, interviewing, and case study. The proposed study was mainly relied on the following tools for primary data collection:

- 1) In order to collect data regarding first, second and third objective, an interview schedule with open and close ended questions was used for selected FSWs from selected NGOs registered in TIPs (for female sex workers only) in Tripura. In addition, 10 in-depth Case Studies were undertaken. No tools were developed for this.
- 2) For collecting data for fourth objective the information guide/pro-forma was used for Focus Group Discussion (FGD) especially for beneficiaries (FSWs). Separate interview schedule was used for staff members of NGOs. The data on the basic information, program activities and other related issues on HIV/AIDS were collected from the Secretary of the concerned NGOs. Two separate questionnaires were used for the Secretary of selected NGOs and key officials of TSACS in this regard.

Before the study, all the tools were finalized through pilot study in Udaipur Bignan O Sanskriti Mancha (UBOSM) at Udaipur, Gomati District, Tripura with the aim to test the authenticity and the loopholes of the research tool and methods; to familiarize with the respondents and research environment; to estimate the level of response and duration of the study, to know the suitable time of availability of the FSWs as they are scattered and mobile in nature; and to find out the obstacles likely to be experienced for the study. Based on the obtained feedback, the preliminary interview schedule for both the FSWs and the NGO staff members was modified and finalized accordingly. Field visit during pilot study also provided an opportunity to establish rapport with the respondents.

### **3.8 Phases of Data Collection**

The phases of data collection of the present study have been completed through the following phases, which are as follows:

- After confirmation of the topic, in the first phase, researcher started working on review of literature through different reputed journals, books and articles. She visited TSACS, ART Center at Gobibda Ballav Medical College and Hospital, ICTC at different districts in Tripura and TSACS-supported TIPs implementing NGOs. All the names and addresses of the NGOs engaged in TIPs in 2012-13 were collected from TSACS. For this, the researcher had to produce an official letter from the Head of the Department of Social Work, Assam University, Silchar to the Project Director, TSACS. Having put all names together, a comprehensive list of 14 NGOs engaged in TIPs in eight Districts was prepared. Among the 14 TIPs, there were 08 TIPs that work with FSWs and the rest were concentrated on IDUs, migrant labourers and composite TIPS (FSWs and MSMs).
- In the second phase, four NGOs (implementing TIPs for female sex workers only) in four Districts i.e. *Dishari*, South Tripura District; *Udaipur Bignan O Sanskriti Mancha* (UBOSM), Gomati District; *Village Development Team* (VDT), West Tripura District; and *Sanghadip*, North Tripura District were selected randomly. Then the researcher visited all the selected NGOs and talked with the chief functionaries of the NGOs about the purpose of the proposed study. That visit was done to collect some information about the beneficiaries under the respective TIPs implementing NGOs as well as to establish a rapport with the chief functionaries of the NGOs and the staff members of those NGOs engaged in TIPs.
- In the third phase, researcher developed the tools of data collection. Five different types of tools were developed i.e. interview schedule for the FSWs, interview schedule for the NGO staff members, questionnaire for the Secretary of the NGOs, questionnaire for the key officials of TSACS and information guide/pro-forma for FGD especially for beneficiaries (FSWs). After framing the tools of data collection, researcher went to field for pilot study. In consultation with supervisor, the researcher modified the tools. Finally, two interview schedules, two questionnaires and one information guide/pro-forma were prepared for the final data collection.

- The fourth phase has been completed through data collection from the randomly selected FSWs registered under each selected NGOs and from the purposively selected staff members of each NGOs. In this phase, the researcher again visited each of the selected NGOs; their project sites several times and spent 20-25days in each on the basis of availability of the FSWs as they are scattered and mobile in nature. Additionally, the questionnaire was mailed to the Secretary of the selected NGOs and followed up with several reminders through e-mail and phone calls. This was done to collect the data on historical background, organizational structure, present activities of the NGOs, and other related issues on HIV/AIDS, etc., to understand how far NGOs could contribute to HIV prevention.
- At the last phase, the researcher again visited TSACS and collected data through questionnaire from purposively selected 10 key officials of TSACS. This was done to know their views on different key issues regarding HIV/AIDS.

### **3.9 Sampling**

#### ***3.9.1 Universe of the Study***

Previously, the State Tripura was divided into four districts — South Tripura, West Tripura, North Tripura and Dhalai district. But, from 21<sup>st</sup> January of 2012, Tripura has been adorned with eight districts, namely (1) South Tripura, (2) Gomati, (3) Shipahijala, (4) West Tripura, (5) Khowai, (6) Dhalai, (7) Unokoti and (8) North Tripura. During NACP-IV, in Tripura, there are 14 Targeted Intervention projects (TIPs) working with various High Risk Groups like FSWs, MSM and IDUs and bridge group population like migrant labors through NGOs. Out of these 14 TIPs, exclusively 8 are meant for FSWs, 2 for IDUs, 3 TIPs for migrant labors and the remaining one TIP is meant for composite groups of MSM and FSWs. The 8 TIPs, exclusively for FSWs were considered for the purpose of study. Each district is having one TIP exclusively for FSWs. A list of 8 NGOs engaged in HIV/AIDS care for FSWs in Tripura and 5473 number of estimated FSWs in these NGOs was prepared with the help of government and non-governmental organizations. These 5473 FSWs were considered as universe of the present study (TSACS, 2013)

### **a) Sampling Technique and Sample Size**

Firstly, out of eight NGOs engaged in targeted intervention program for only FSWs in Tripura, a sample of maximum four NGOs from four districts, i.e. 50 per cent districts/TIPs were selected by using random sampling technique. Among the four selected districts, South Tripura District shares the border with Bangladesh. Agartala, the capital of Tripura falls in the West Tripura District. North Tripura District is the only corridor to connect with the rest of India through 44 National High Way road. Gomati District is the only district in Tripura that shares no boundary with Bangladesh or any other States of India.

In the second phase, random sampling technique was used to select 15 FSWs from each selected NGO as respondents. Hence, the sample size for this study was 60 FSWs. The sample size in the study was kept small i.e. 60 FSWs by considering the nature of the study; difficulties in getting access to FSWs, scattered and mobile nature of FSWs; their availability for interviewing and time required for it, and hidden sex work in absence of brothel or red light area in Tripura. There is no FSWs' association in Tripura, which is another problem of getting access to them easily. NGOs/TSACS are yet to reach all FSWs and bring them under TIPs. To get a more clear insight about the issues related to FSWs and HIV/AIDS, 10 in-depth studies were conducted in this regard. Data from FSWs were collected to know their knowledge about HIV/AIDS, to study the factors making FSWs vulnerable towards HIV/AIDS, to understand the coping strategies of FSWs for their vulnerable conditions. To examine the existing services for FSWs provided by NGOs under TSACS and to know the beneficiaries' perception towards these services, focused group discussions (FGD) were conducted. For FGD, two groups of beneficiaries comprising 15 FSWs were randomly selected as per their availability from each NGO i.e. total 60 FSWs from 4 selected NGOs.

In the third phase 10 staff members from each NGO i.e. 40 staff were selected through purposive sampling method to know their views on different key issues (a) stigmatization (b) ethical issues (c) necessity of NGO's HIV/AIDS Program (d) service cost and quality of the NGO's HIV/AIDS program (e) challenges faced by staff members (f) human rights violation (g) major reasons of spreading HIV/AIDS

(h) future aids scenario and role of NGOs. Efforts were given to include all types of staff (higher, middle and lower level) as per their availability.

In the fourth phase, purposive sampling technique was used to select 4 Key Officials (Secretary) of 4 selected TIP implementing NGOs and 10 Key Officials of TSACS on the basis of their experience and expertise on HIV/AIDS and Targeted Intervention Programmes in Tripura.

### **3.10 Data Analysis and Interpretation**

The present study is strongly based on both the qualitative and quantitative analysis of data. In addition to the data collected through interview schedules and questionnaires, other field notes and personal observation have been used in the analysis of data. The available data were edited, coded and analyzed by using tables and diagrams. For the first, second and the third objectives, the data have been organized from the Interview schedule and field observation notes and all these data of 60 beneficiaries (15 beneficiaries from each NGO) from 4 NGOs were put separately in four master files. For the 4<sup>th</sup> objective, same procedure has been followed to analyze the data obtained from the information guide, interview schedule and questionnaire respectively for beneficiaries (FSWs), Staff members of NGOs, and Key Officials of NGOs and TSACS. All the data were analyzed objective-wise after sincere reading and re-reading of the collected available data. Then the analyzed data were interpreted in a meaningful way for drawing a valid and reliable conclusion. The data, to satisfy each objective were discussed qualitatively and quantitatively and presented through three parts. Chapter-5 has discussed about the profile of FSWs and HIV/AIDS Awareness among FSWs in Tripura. Vulnerability of FSWs towards HIV/AIDS as well as their coping strategies was discussed in Chapter-6. 10 in-depth case studies was also included in Chapter-6. Chapter-7 has examined the existing services of NGOs under TSACS and analyzed the beneficiaries' perceptions towards the services of four selected NGOs under the study. The views of the beneficiaries (FSWs) have been discussed qualitatively on the basis of five criteria namely – (i) general health care facilities available in the beneficiaries' locality; (ii) necessity of the NGO's HIV / AIDS care program; (iii) service cost and quality of the NGO's HIV/AIDS Program; (iv) staff co-operation; and (v) beneficiaries' participation. Similarly, views of the working Staff members of 4 NGOs were qualitatively discussed on eight different

issues such as (a) stigmatization; (b) ethical issues; (c) necessity of NGO's HIV/AIDS Program; (d) service cost and quality of the NGO's HIV/AIDS program; (e) challenges faced by staff members; (f) human rights violation; (g) major reasons of spreading HIV/AIDS; and (h) future AIDS scenario and role of NGOs. Chapter-7 has also included the views of key officials of NGOs and TSACS on vital issues regarding implementation of TIP for FSWs and HIV/AIDS in Tripura. The Chapter-8 has included discussion and conclusion. Finally, the analysis of data were done from social work and psychological perspective and presented in a descriptive manner to support the specific objectives of the present study.

### **3.11 Fieldwork**

Keeping in view the objectives of the study, fieldwork was mainly undertaken to interview the sample of 60 beneficiaries from 04 selected NGOs implementing TI programmes for FSWs in the 04 selected districts of Tripura. Again, to satisfy the 4<sup>th</sup> objective, field work was done to conduct FGDs, interview the 40 staff members from these NGOs, Secretary of 4 NGOs and 10 key officials of TSACS. Further, personal observational notes, opinion drawn during informal discussion, consultation and informal group discussion during the field work also formed an important part of the study.

In all the selected districts, fieldwork was done from door to door visit. As most of the beneficiaries are mobile in nature, same respondent was visited for twice and thrice. However, for the focus group discussions among the beneficiaries, NGO staff members had themselves arranged at their respective Drop-in-Centers (DIC). Data collection in general and conducting interviews in particular had not been easy for various reasons. Some beneficiaries were not willing to give information about their profession out of fear and social stigma. It was also difficult to ascertain information on income and clientele of the respondents as nobody maintains a record and also their income and clientele is not fixed and fluctuating in nature. Therefore, to get the fair degree of accuracy, some information has been verified through direct and indirect questions. To make it possible, help had been sought from the out-reach workers and peer educators who know about the respondents, to clear the doubts regarding some information. Then the gathered information was conveyed to the

concern respondents and accordingly as per their consent, the data were recorded by the researcher.

Some FSWs, especially those who solicit clients in street, spoke about similar researches being conducted by NACO officials in assurance of some support regarding brothels but with no avail till date. Hence, they presumed that the researcher also to be from same platform i.e. NACO/TSACS and were reluctant to provide information. There were also others who co-operated the researcher positively with a hope for better services for them in future. Though the researcher comes from the same State of the respondents and speaks the same language, the researcher was frequently being interrogated about her identity and other personal background before disclosing the responses. So many detail personal questions were asked about the researcher herself during the data collection. Respondents i.e. FSWs also expected that by giving information they might get some benefit. A frequent question raised by many of them was ‘If we give the exact information, would it be better for us?’ Hence, there was always a need to reassure the beneficiaries. Nevertheless, when they were convinced by telling about the purpose and aims of the study, they were not willing to answer any question that was posed to them. However, with the help of concerned NGOs and their staff especially peer educators, the researcher able to conduct the study. Besides these, there was also a lot of personal difficulty travelling from village to village. The researcher had to even take night halt to collect data from those FSWs who are available at night only.

### **3.12 Operational Definitions**

*Female Sex Workers (FSWs)*: If women sell their body or mind, not only for sexual happiness but to earn their livelihood, then they are called female sex workers. Female sex workers are of two types: ‘full time’ (open, formal) and ‘part time’ (hidden and clandestine). Full time FSWs are those women who do define themselves as sex workers and earn their living by selling sex only. The part time FSWs have other source of income and to supplement their income for their livelihood, they are engaged in sex work. These FSWs are mostly hidden and clandestine. The FSWs, who are availing services TIPs implemented by NGOs with the financial help of TSACS, would be treated as FSWs for the purpose of this study.

**Customers/Clients:** Both the terms are used synonymously for the people who are visiting FSWs to satisfy their different sexual needs and used to pay in cash or kind to the FSWs in return of their sexual services.

**Risk Behaviours:** A risk is something that can be potentially dangerous to anyone. So risk behavior is when an individual is put at risk for a bad consequence. It is a behavior that is against social norms. For example, having multiple sex partners, not using condoms consistently with every sexual encounter, drug abuse etc. is all risk behaviours.

**Vulnerability:** Generally the term refers to exposure to contingencies and stress, and difficulty in coping with them. It has two sides – an external side of risks, stress and shocks to which an individual is subjected to; and an internal side which is helplessness and lack of means to cope up without damaging loss. Factors that contribute to vulnerability are lack of access to information and knowledge, lack of awareness, limited access to political power, gender inequality, poverty and hunger, poor health, low levels of education and so on.

**Coping:** Coping is a person's constantly changing cognitive and behaviour efforts to manage a stressful situation. Coping is conceptualized as a process that may mediate or moderate the relationship between the stressful event and the outcomes of event.

### **3.13 Limitations of the Study**

- i. This study has considered only those NGOs who are implementing TIs in 2012-2013. Therefore, it has not included other NGOs who had implemented TIs before 2012 in Tripura.
- ii. This study was conducted on the selected FSWs irrespective of their working place and religion. But from the review of literature, it was found that the vulnerable situation of the FSWs varies depending upon their working place and many other factors. Moreover, the attitude and perception of sex and sexuality is not same in all religions. So, the outcome of the result in respect of the vulnerability may not be generalized for every category of the sex workers.
- iii. This study has been conducted in Tripura. Hence, the entire findings of the study may not be applicable to other States of India as the personality of

individual and the response of NGO is markedly influenced by the prevailing socio-cultural, socio-economic and socio-political factors of the particular State.

- iv. The study is not comprehensive due to the selection of the 50 per cent of the TIPs implementing NGOs for FSWs only to get the responses of the beneficiaries and the staff members.
- v. The sample size of FSWs in this study has been kept 60 only considering the difficulty of their availability for data collection, place of work, etc. in absence of brothel or red light area in Tripura. In addition, there is no association or organization of FSWs in Tripura like other States of India. So, the findings of this study may not be generalized for all the FSWs in other districts of Tripura and in India as a whole.