

## **Chapter-6**

# **VULNERABILITY OF FSWS TO HIV/AIDS AND THEIR COPING STRATEGIES**

## Chapter – 6

### Vulnerability of FSWs to HIV/AIDS and Their Coping Strategies

According to National AIDS Control Organization (NACO, 2012), heterosexual mode is now considered the most (88.2%) common route of transmission of HIV in India. The prevalence of HIV within the sex industry contributes significantly to the spread of HIV infection worldwide. For effective HIV prevention, it is important to know and focus on vulnerability of female sex workers (FSWs), which force them to adopt even risky behaviours. In the context of sex work, the factors mostly associated with their vulnerability to HIV are – number of clients per day, working hours and places, STIs history and levels, low socio-economic status, violence, forced sex, street crime and consumption of substance (Barrientos et al., 2007). Power dynamics play a crucial role in the sex industry and in the lives of FSWs, right from the scope of negotiation with their clients and partners on condom use and sexual acts (Ranebennur et al., 2014). Moreover, sex workers often have little control over these vulnerable factors because of social marginalization and criminalized work environment.

In an attempt to clarify the concept of vulnerability, Delor, & Hubert (2000) describe it as relational, contextual, and the potential aspect of risk. Delor, & Hubert further explained - “It thus has three coordinates: the risk of being exposed to crisis situations (exposure), the risk of not having the necessary resources to cope with these situations (capacity), and the risk of being subjected to serious consequences as a result of the crises (potentiality)”. However, it is important to make a border line between ‘risk factors’ and ‘vulnerable factors’ of HIV acquisition. With regards to sex workers, **risk factors** are those behaviours or situations that directly increase the probability of HIV transmission, for example, unprotected sex and injecting drugs. **Vulnerable factors** are those situations, for which sex workers are forced to adopt **risk behaviours**. Poverty, duration of sex work, risk taking behaviours, clientele, alcohol consumption and violence, etc. are all examples of social and economic factors that can enhance FSWs’ risk to HIV infection.

As a result of significant levels of social, economic, sexual, physical and structural vulnerabilities, FSWs are adopting some coping mechanisms to minimize their vulnerability through some mechanisms like hiding their profession, accepting sexual subordination, offering sex for lower price or more prices for unsafe sex without condom, etc. Thus, ‘coping’ is conceptualized as a process that may mediate or moderate the relationship between the stressful event and the outcomes of event. This chapter is divided into two parts. The **Part-I** describes the vulnerable factors of FSWs towards HIV/AIDS and the coping strategies adopted by them to cope up with those vulnerable situations/factors. The **Part-II** of this Chapter also includes 10 in-depth case studies to get a better understanding on FSWs’ life.

## **Part-I: Vulnerable factors of FSWs towards HIV/AIDS and Their Coping Strategies**

### **6.1 FSWs’ Vulnerability to HIV/AIDS and Their Coping Strategies**

There are various vulnerable factors which make the FSWs vulnerable towards HIV/AIDS in Tripura like unsafe sex, sexual subordination/ decision making, job satisfaction, work load, poverty, intoxication, family responsibility, violence, etc.

**Table-6.1: Distribution of FSWs in terms of Years in Sex Work Profession**

<i>Sl. No.</i>	<i>Years in the Profession</i>	<i>No. of the Respondents (%)</i>
1.	Less than 1 year	03 (05.0%)
2.	1 - 2 years	06 (10.0%)
3.	3 - 5years	24 (40.0%)
4.	6 - 10 years	18 (30.0%)
5.	11-14 years	04 (06.7%)
6.	15 years and above	05 (08.3%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.1 shows the years of FSWs’ work in this profession. It is found that out of 60 FSWs under the study, majority (40 per cent) are working in the sex industry for 3-5 years followed by 30 per cent for 6-10 years. The table also shows that 15 per cent FSWs are working for more than 10 years. It is also found that only 10 per cent of the FSWs are working in this field for the period of 1-2 years, while remaining 5 per cent are even less than one year. Those who are new in sex work are more vulnerable than others, because there is a great demand for ‘new face’ in sex industry. As a result,

they are unable to access health services for their busy schedule and life style as well. Moreover, as they are new, so they might not have received all the outreach services from respective TIPs. Hence, they are exposed to risk and vulnerable to STIs, HIV, etc.

**Table-6.2: Distribution of FSWs’ Average Working Days in a Month**

<i>Sl. No.</i>	<i>Working Days in a Month</i>	<i>No. of Respondents (%)</i>
1.	Less than 7 days	06 (10.0%)
2.	8 days to 15 days	19 (31.7%)
3.	16days to 20 days	13 (21.6%)
4.	21days to 25 days	04 (06.7%)
5.	More than 25 days	18 (30.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.2 shows the FSWs’ average working days in a month. Out of 60 FSWs under the study, it is found that majority (31.7%) of the FSWs work 8 days to 15 days in a month followed by above 25 days (30%) in a month. The table indicates that 22 FSWs (36.7%) work more than 3 weeks in a month, while only 6 FSWs (10%) work less than 7 days in a month. These 6 FSWs informed that they entertain one client only, who are their regular partners. But the remaining 54 (90%) FSWs informed that their working days are dependent on the availability of the clients and their health conditions. It is also found that some of the FSWs engaged in sex work even during their menstruation (see Table-6.21).

**Table-6.3: Working Time of FSWs in General**

<i>Sl. No.</i>	<i>Working Time</i>	<i>No. of Respondents (%)</i>
1.	Noon	20 (33.3%)
2.	Evening	07 (11.7%)
3.	Night	12 (20.0%)
4.	Afternoon & evening	10 (16.7%)
5.	No specific time	11 (18.3%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.3 shows the specific working time for sex work of the 60 FSWs under the study. It is found that most preferable working hours expressed by 33.3 percent FSWs is at noon as they wanted to go back home before evening, 20 per cent prefer to work at night followed by 16.7 per cent at afternoon and evening and 11.7 per cent FSWs only at evening time. The table also shows that 18.3 per cent FSWs have no specific

time or working hour and they are ready to entertain customer whenever they come. So, their working time is solely dependent on availability of clients. It may be any time of the day. Hence, the table indicates that except morning hours, sex workers are willing to work throughout whole day according to their convenience and clients' availability. It is also found that except 18 FSWs (30%), the remaining 42 FSWs (70%) have other source of income apart from sex work (see Table-5.10). Majority of these FSWs are going out of home and work as construction workers, maid, etc.; and whenever they manage time, they are engaged in sex work with clients. In this way, they are trying to supplement their income as well as hide their identity without leaving any chance for others including their family members to be curious or suspicious about them. A good number of FSWs under the study also carry out sex work at their homes (see Table-6.8). So whenever they are free from their household works or alone at home, they contact their clients for sex work. It is to be mentioned here that there is no brothel or red light area in Tripura.

**Table-6.4: Average Number of Clients per Week**

<i>Sl. No.</i>	<i>Average No. of Clients</i>	<i>No. of the Respondents (%)</i>
1.	Only one client	06 (10.0%)
2.	2 to 5 clients	27 (45.0%)
3.	6 to 10 clients	05 (08.3%)
4.	11 to 15 clients	04 (06.7%)
5.	16 to 18 clients	08 (13.3%)
6.	Above 18 clients	10 (16.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.4 shows the average number of clients per week of 60 FSWs under the study. It is found that majority i.e. 45 per cent FSWs have 2 to 5 clients per week followed by 16.7 per cent FSWs have more than 18 clients per week. It is also found that 13.3 per cent FSWs have 16-18 clients per week. Therefore, as a whole 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. These 6 FSWs informed that they only entertain their regular partners (see Table-6.5). Various studies reported that client load varies according to the sex soliciting spot, looks, age and availability of the sex workers, etc. In this study, 18 FSWs (30%) are full-time sex workers and the remaining 42 (70%) are part-time sex workers. Full-time sex workers are those who

earn their livelihood fully from sex work only and part-time FSWs are those who have other source of income as well along with sex work (see Table-5.10).

**Table-6.5: No. of FSWs having Regular Customers**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Have regular customers only	06 (10.0%)
2.	Both regular and new customers	41 (68.3%)
3.	Only floating customers	13 (21.7%)
	<b>Total</b>	<b>60 (100%)</b>

It is seen from the Table-6.5 that, most of the FSWs (68.3%) 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. Hence, these 41 FSWs are forced to take new/unknown customers. It is also found that 13 FSWs (21.7%) don't have any regular customers and they entertain floating customers only. Hence, these 13 FSWs are also vulnerable to STIs, HIV, etc. The remaining 6 FSWs (10%) have only regular customers. On further query, 47 FSWs revealed that their regular customers are not non-paying partners. But regular customers don't pay cash all the time, sometimes payment is made in kinds also. FSWs themselves do not bargain too much with their regular customers. FSWs are not using condom consistently with their intimate partner due to their misconceptions about their steady partner, such as believing that they are safe from HIV/STDs and fear of losing their partner's trust if they asked him to use condoms. Thus, it stopped FSWs from convincing their partner to practice safe vaginal intercourse.

**Table-6.6: Coping Strategies of FSWs in Case of More than One Client at a Time**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Never, as prior contact is made by mobile phone etc.	42 (70.0%)
2.	Request to wait/ tell clients to come after half an hour	02 (03.3%)
3.	Go for group sex sometime if clients agreed or requested	16 (26.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.6 shows that 70 per cent (42 FSWs) of the FSWs never entertain more than one client at a time as prior appointment is done with clients through the mobile phone or their own network. Out of the remaining 30 per cent, 26.7 per cent (16

FSWs) informed that sometime they engaged in group sex, if clients requested or agreed. It mainly happens when the clients are known to each other or the clients are friends. However, only 3.3 per cent (2 FSWs) informed that they request clients to wait. Therefore, the table suggests that 16 FSWs (26.7%) who engage in group sex are comparatively more vulnerable towards STI/HIV infection.

**Table-6.7: Coping Strategies of FSWs in response to Clients' Approach Against Their Wishes**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Forced to entertain clients and feel helpless	20 (33.3%)
2.	Tried to convince clients, but not always succeeded	18 (30.0%)
3.	Switched off mobile	12 (20.0%)
4.	Given false excuses	10 (16.7%)
	<b>Total</b>	<b>60 (100%)</b>

FSWs are also like any other human beings. Sometimes, they feel tired or they want to have their “leisure” or don’t feel to entertain any clients at that particular day or time. But despite their feelings, they have to face their approaching clients. Table-6.7 shows about the coping strategies of FSWs in such situations. It is learnt that out of 60 FSWs under the study, 33.3 per cent FSWs felt helpless and were 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 had given false excuses. The table indicates that none of them possess any power to directly say ‘No’ to their clients in such a situation. They bear all the time the negative emotions like – fear of losing clients vis-à-vis income. Out of this fear, even they are not able to take any decision in favour of their sound health and are not able to overcome sexual subordination.

**Table-6.8: Actual Places of FSWs' Sex Work in terms of Locality**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	Own locality	22 (36.7%)
2.	Other places within Tripura	14 (23.3%)
3.	Both own locality & other places within Tripura	17 (28.3%)
4.	Other places within Tripura & outside Tripura	04 (06.7%)
5.	Own locality & outside Tripura	03 (05.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.8 shows the actual geographical location of the sex work performed by FSWs under the study. It is found that except own locality, FSWs' are working at other places in Tripura and outside of Tripura also. Out of 60 respondents, 22 FSWs (36.7%) are working solely at their own locality, while the remaining 38 FSWs (63.3%) work outside their own locality. Out of these 38 FSWs, 14 (23.3%) perform sex work within Tripura, 17 (28.3%) both in own locality and other places of Tripura and the remaining 7 FSWs (11.7%) work even in other States of India and even in neighbouring country Bangladesh (4 FSWs). Hence, the table indicates that 38 FSWs (63.3%) under the study are mobile in nature and are vulnerable to HIV infection.

**Table-6.9: Actual Venues of FSWs' Sex Work**

<i>Sl. No.</i>	<i>Venues</i>	<i>No. of Respondents (%)</i>
1.	Open place (along river side, jungle, paddy field)	07 (11.7%)
2.	Community toilet	01 (01.7%)
3.	Hotel	10 (16.6%)
4.	Rented house of others	02 (03.3%)
5.	Own home	21 (35.0%)
6.	Partner's house	03 (05.0%)
7.	Military and Para military Camp	03 (05.0%)
8.	Hospital	01 (01.7%)
9.	3+6	04 (06.7%)
10.	5+6	03 (05.0%)
11.	1+5+7	03 (05.0%)
12.	1+2+3+5+6+8	02 (03.3%)
	<b>Total</b>	<b>60 (100%)</b>

Although the prevalence of HIV and other STIs vary geographically, female sex workers typically have a higher prevalence of both HIV and STIs than the general population of a region. HIV and STIs is their occupational disease as the pattern of their work exposes them to HIV and STIs. Commercial sex is frequently clandestine in nature, sex workers and their clients are often mobile and many people sell sex occasionally only, away from recognizable commercial and traditional sex settings. The location or their workplaces have a great impact on safer sex practice.

Table-6.9 shows the actual venues where the FSWs perform sex work. It is seen that majority i.e. 48 FSWs (80%) perform sex work in different single venue, while remaining 12 FSWs (20%) perform sex work in multiple places. It is learnt that out of 48 FSWs, most of the FSWs work at their home (21 FSWs) followed by hotel (10 FSWs) and open place (7 FSWs). Other different single venue for sex work

includes –community toilet (1 FSWs), rented house of others (2 FSWs), partner’s house (3 FSWs), Military/Para military camp (3 FSWs) and government sub-divisional hospital (1 FSW). Out of 12 FSWs, who perform sex work at multiple venues, it is also learnt that they are using multiple places as per their own as well as client’s convenience in terms of privacy and time, etc. Again, it is worth mentioning 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 mobilephone (95% FSWs; see Table-5.15), other customers, friends or sometimes direct solicitation of clients at the streets/parks. It is found that FSWs who work in street, partner’s house, Border Security Force (BSF) camp/Central Reserve Police Force (CRPF) camp, community toilet and in jungle are relatively working in a place of social isolation where they cannot access limited support system.

**Table-6.10: Preference of FSWs’ regarding the Places of Their Work**

<i>Sl. No.</i>	<i>Location</i>	<i>No. of the Respondents (%)</i>
1.	Own locality	26 (43.3%)
2.	Outside the own locality	34 (56.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table- 6.10 shows that majority i.e. 56.7 per cent of FSWs under the study prefer outside the locality for their sex work, while remaining 43.3 per cent FSWs prefer own locality. Some of the FSWs (see Table-6.8) under the study also move to Bangladesh for selling Indian goods (mostly *saree*, sugar and jackfruits) and engages in sex work as per client’s demand there. It is further learnt that they cross the Indo-Bangla boundary in exchange of sex with BSF as they have no passport or visa. The FSWs from India-Bangladesh border (South Tripura District) also shared that it is true for some FSWs of Bangladesh also. Some women from Bangladesh very often enter India (South Tripura District) during market days to sell dry fish, vegetables, *saree* (*Dhakai Jamdani*), ceramic utensils, etc. and are engaged in sex work at the end of the day like them. There was no fencing in the International border during the researcher’s data collection, but now it is fully fenced.

**Table-6.11: Reasons for Preferring Own Locality as the Best Place to Work**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	If caught, local police can be managed	05 (19.2%)
2.	Having support of other FSWs/ pimp/NGO staff	08 (30.8%)
3.	Fear of police & other hazards outside locality	10 (38.5%)
4.	Fear of being killed in unknown place	03 (11.5%)
	<b>Total</b>	<b>26 (100%)</b>

It is already seen that majority i.e. 56.7 per cent (26 FSWs) under the study preferred their own locality for sex work (see Table-6.10). Table-6.11 shows the reasons for preferring own locality as the best place to work. It is revealed that out of these 26 FSWs, half of them prefer to work at their own locality due to fear of police or other related hazards outside their own locality (10 FSWs) including fear of being killed (3 FSWs). The remaining 13 FSWs informed that they feel comfort due to less hazards in own locality such as having support of other FSWs, pimps, and NGO staff (8 FSWs) as well as they can manage local police (5 FSWs) in case of being caught red handed. This finding indicates that FSWs do not feel safe and secured in outside their locality. Therefore, it indicates that in spite of the existing social stigma attached with FSWs and criminalization of sex work, FSWs are under compulsion to earn money amidst such risky conditions.

**Table-6.12: Reasons for Preferring Outside Own Locality for Sex Work**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	Can earn more money	14 (41.2%)
2.	Less possibility of own identity exposure	10 (29.4%)
3.	Freedom from stereotype life	02 (05.9%)
4.	1+2	08 (23.5%)
	<b>Total</b>	<b>34 (100%)</b>

Mobility (from one place to another, and then another) for commercial sex is not new. In recent years it has increased, both between and within countries. Sex work often involves mobility due to prevailing social stigma and criminalization of sex work. They may move one place to another to hide their profession, to earn more income or to be free from persecution, harassment and violence. Actually it becomes a challenge to FSWs in disclosing their identities, when they face with adverse laws, stigmatized attitudes and discriminatory practice (Majumdar, & Sukai, 2015). From HIV/AIDS perspective, mobile sex workers are often at higher risk than those who operate in

their own locality. Mobility also makes it difficult to reach out to these sex workers under HIV/AIDS control programme.

From the Table-6.10, it is seen that out of 60 FSWs under the study, 34 FSWs (56.7%) prefer to carry out sex work at outside of their own locality. Table-6.12 shows the reasons for preferring outside the locality as the best place for sex work. But the perception of the sex workers regarding the safe place to operate differs. Out of 34 FSWs, 14 FSWs (41.2%) have informed that they can earn more money for the sex work at outside the locality. For out station sex work, FSWs generally charges more money and clients are also willing to spend more. The clients bear the expenditures on travel, room rent (in case of hotel or any other rented room for this purpose), food and liquor, etc. On the other, 10 FSWs (29.4%) shared that there is a less possibility of exposure of their self-identity. These FSWs also added that some of their clients prefer out station to hide their (clients’) own identity. At outstation, clients booked hotel/room in such a manner that both of them can stay as husband and wife. Hence, as a whole, out of 34 FSWs, 32 (94.1%) prefer out station for sex work to earn more money and to hide their identity, and only 2 FSWs (5.9%) prefer to work at outside their own locality to get rid of stereotype and monotonous life.

**Table-6.13: Coping Strategies of FSWs when they Spent Night Outside Home**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Tell lie to family members	10 (16.7%)
2.	When husband is out of station	05 (08.3%)
3.	Resides alone	11 (18.3%)
4.	Family members know the profession	12 (20.0%)
5.	Never spent whole night outside home	22 (36.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.13 shows that out of 60 FSWs under the study, 22 FSWs (36.7%) never spent whole night out of home for sex work as they are living with family and unable to manage. 11 FSWs (18.3%) informed that they have no problem as they reside alone (see Table-5.5). 12 FSWs (20%) informed that they have no problem with whole night booking as their family members are aware about their sex work (see Table-5.16). The remaining 15 FSWs (25%) revealed that they adopt different ways like – telling lie to family members (16.7%) or spent in husbands’ absence (8.3%) to manage the home situations. Hence, the table indicates that 38 FSWs (63.3%)

sometimes spend whole night with clients for their sex work according to their convenience.

**Table-6.14: Clients of the FSWs in terms of Locality/Geographical Area**

<i>Sl. No.</i>	<i>Locality of the Clients</i>	<i>No. of the Respondents (%)</i>
1.	From own locality	31 (51.7%)
3.	From both own locality & outside	29 (48.3%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.14 shows the locality or geographical area where from the clients of FSWs' used to come. It is found that 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. Though all the respondents talked about their clients' locality, but some of them admitted that sometimes they really don't know about the locality of their all clients. In addition, some of the FSWs who are also going to other States and Bangladesh for sex work expressed the same about their clients (see Table-6.10). Truck drivers, military & para-military (BSF/CRPF) personnel and migrated labourers are working away from home and staying in temporary places (barracks or hotels, etc.), and some of them visit FSWs to satisfy their sexual needs. Thus, such people are either getting HIV infection themselves or transmitting it to the FSWs or other sexual partners including their wives residing at their native places. It is a well known fact that migrated population have an important role in transmission and spreading of HIV/AIDS. NACO/TSACS is also implementing separate TI programmes exclusively for migrated labourers.

**Table-6.15: Occupations of the Clients Entertained by the FSWs**

<i>Sl. No.</i>	<i>Occupation of the Clients</i>	<i>No. of the Respondents (%)</i>
1.	Service (Govt. and Private)	04 (06.7%)
2.	Business	07 (11.6%)
3.	Driver (Truck, Bus and Auto)	12 (20.0%)
4.	Mason	03 (05.0%)
5.	Politician	02 (03.3%)
6.	Rickshaw puller	04 (06.7%)
7.	Migrant labour	06 (10.0%)
8.	Student	03 (05.0%)
9.	From all occupations	19 (31.7%)
	<b>Total</b>	<b>60 (100%)</b>

It is seen from the Table-6.15 that clients of the sex workers are from different occupations ranging from service holders (Government and Private sector) to students. CRPF and Para military staff are also included as service holders. It is found that 31.7 per cent of FSWs under the study have clients from all the occupations mentioned in the table. It is also found that 20 per cent of FSWs' (12 FSWs) clients are drivers (truck, bus and auto rickshaws); migrant labour (10%); businessmen (11.6%); paddle rickshaw pullers (6.7%); and servicemen (6.7%). Most importantly 5 per cent FSWs informed that they have students also as their clients. It is to be worthy to mention that out of 1039 PLWHA in Tripura, 33 are students (see Table-1.9). Migrant labour includes workers engaged in loading and unloading, workers from brick kiln and tea garden, etc. Furthermore, though migrant labours are shown in separate category in the table, but many of service holders, drivers, rickshaw pullers, and business men are also actually migrated labourers.

**Table-6.16: Determining Factors of FSWs' Income**

<i>Sl. No.</i>	<i>Determining Factors of Income</i>	<i>No. of Respondents (%)</i>
1.	Young, Pretty and Attractive Figure	13 (21.7%)
2.	Client load	05 (08.3%)
3.	Sexual Satisfaction of the Clients	08 (13.3%)
4.	Clients' Paying Capacity	13 (21.7%)
5.	Night Halt with Client at Outstation	11 (18.3%)
6.	3+4	07 (11.7%)
7.	1+2+3	03 (05.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.16 shows the various determining factors of FSWs' income under the study. It is seen that out of 60 FSWs, 50 FSWs (83.3%) have talked about various single factors which determines their income; while the remaining 10 FSWs (16.7%) expresses that their income depends on multiple factors. It is found that out of various single determining factors of earning by FSWs, major single determining factor is clients' paying capacity (21.7%), young, pretty and attractive figure of FSWs (21.7%), and night halt with client at outstation (18.3%). For out station/ Night halt with client, FSWs generally charge more as the number of sexual intercourse is not restricted. Beside the charges for sexual intercourse, the clients are to spend on travel fare, room rent (in case of hotel or any other rented room), food and liquor, etc. also.

Other single determining sexual satisfaction of clients (13.3%) and clients' load (8.3%). Sexual satisfaction includes types of sexual services provided by the FSWs like vaginal sex, oral sex, anal sex and sex without condom, etc. Out of the 10 FSWs who talked about multiple determining factors of income, 7 FSWs informed that sexual satisfaction of the clients and paying capacity of the clients are the major determining factors; while remaining 3 FSWs informed that young age and beautifulness, clients' load and sexual satisfaction of the clients determine the earning of FSWs. Hence, those FSWs in the present study, who told client load, night halt with clients at out station and sexual satisfaction of the clients determine FSWs' earning, are vulnerable to HIV/AIDS as the chances of sex without condom or other style of unsafe sex is high in these situations.

**Table-6.17: Illness Suffered by the FSWs during Last One Year**

<i>Sl. No.</i>	<i>Major Illness</i>	<i>No. of Respondents (%)</i>
1.	Low blood pressure (LBP)	03 (05.0%)
2.	High blood pressure (HBP)	02 (03.3%)
3.	STIs	26 (43.3%)
4.	Irregular menstruation	01 (01.7%)
5.	HIV positive	02 (03.3%)
6.	White discharge	07 (11.7%)
7.	Lower abdominal pain (LAP)	05 (08.3%)
8.	Fever, cough and cold	Not found
9.	6+7	04 (06.7%)
10.	4+6+8	10 (16.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.17 shows that 2 FSWs are HIV-positive. The table also shows that illness among majority (43.3%) of FSWs is STIs followed by irregular menstruation, white discharge and fever, cough and cold (16.7%); white discharge (11.7%); LAP (8.3%); white discharge and LAP (6.7%); and irregular menses (1.7%). The table also indicates that as a whole 53 FSWs (88.3%) are suffering from different gynaecological problems; while remaining (11.7%) FSWs are suffering from other health problems like HIV-positive (2 FSWs), LBP (3 FSWs) and HBP (2 FSWs). Therefore, all the FSWs under the study have multiple health problems during last one year.

**Table-6.18: Hospitalisation of FSWs in terms of No. of Days**

<i>Sl. No.</i>	<i>No. of Days Hospitalized</i>	<i>No. of Respondents (%)</i>
1.	1 to 3 days	08 (21.6%)
2.	4 to 6 days	17 (46.0%)
3.	7 to 10 days	07 (18.9%)
4.	More than 10 days	05 (13.5%)
	<b>Total</b>	<b>37 (100%)</b>

It is found that out of 60 FSWs under the study, 37 got hospitalized for their treatment during last one year. It is seen from the Table-6.18 that 25 FSWs (67.6%) were hospitalized less than a week (i.e. 7 days), 7 FSWs (18.9%) for 7-10 days and 5 FSWs (13.5%) for more than 10 days.

**Table-6.19: Reasons for Hospitalization during Last One Year**

<i>Sl. No.</i>	<i>Type of Illness</i>	<i>No. of Respondents (%)</i>
1.	Fever and high blood pressure (HBP)	06 (16.2%)
2.	Urine infection	02 (05.4%)
3.	Abortion	04 (10.8%)
4.	Dysentery	02 (05.4%)
5.	Surgery of ovary	03 (08.2%)
6.	Burnt by customers	02 (05.4%)
7.	Heavy bleeding during menstruation	08 (21.6%)
8.	Attempt to suicide	04 (10.8%)
9.	Opportunistic Infections	02 (05.4%)
10.	Asthma	04 (10.8%)
	<b>Total</b>	<b>37 (100%)</b>

Table-6.19 shows that out of 37 FSWs, 19 FSWs (51.4%) were admitted in hospital due to gynaecological diseases like urine infection (5.4%); abortion (10.8%); surgery of ovary (8.2%); heavy bleeding during menstruation (21.6%); and opportunistic infections (5.4%). Out of remaining 18 FSWs, 6 FSWs were admitted in hospital for fever and HBP; 2 for dysentery and burnt by customers each; 4 FSWs for attempting suicide and rest 4 FSWs for asthma. The incidence of suicidal attempt and burnt by customers showed the pathetic life conditions of FSWs. Working condition of the sex workers always have negative effect on their mental health too. They are working in a condition where there is a lack of social support, experiencing stigma and ostracism, violence 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.

**Table-6.20: Care Givers other than Hospital Staff during Hospitalization**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Regular Client	05 (13.5%)
2.	Parents	09 (24.3%)
3.	Husband	09 (24.3%)
4.	NGO Staff	09 (24.3%)
5.	Regular Client and Husband	02 (05.4%)
6.	Parents and Husband	01 (02.8%)
7.	None	02 (05.4%)
	<b>Total</b>	<b>37 (100%)</b>

It is found that out of 60 FSWs, 37 FSWs took admission during their illness for the last one year (see Table-6.18). Table-6.20 shows various care givers of FSWs during their hospitalization other than the hospital staff. It is found that mostly parents (24.3%), husbands (24.3%), and NGO staff (24.3%) took care of them. Other care givers are regular clients (13.5%). The NGO staffs are those who are working in TIPs for FSWs under TSACS. But, there is no support for other 2 FSWs, which shows the pathetic life of sex workers during their crisis.

**Table-6.21: No. of FSWs Engage in Sex Work during Menstruation Period**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	Always	18 (30.0%)
2.	Sometimes	20 (33.3%)
3.	Never	22 (36.7%)
	<b>Total</b>	<b>60 (100%)</b>

Risks of sexually transmitted diseases and infections are higher in menstruation period than normal health conditions, because the cervix is open at this time and allow blood to pass through. Unfortunately, this creates the perfect pathway for transmission of virus, etc. inside the pelvic cavity. Sex workers are also more likely to pass on blood-borne diseases to their clients during their menstruation period. Table-6.21 shows that majority (63.3%) of the respondents under the study work in their menstruation period and out of these 38 respondents, 18 FSWs always engaged in sex work during their menstruation. The remaining 22 (36.7%) FSWs informed that they never work in their menstruation period. These 38 respondents are forced to engage in

such risky behaviour and acts for earning their livelihood. Hence, they are vulnerable in acquisition or transmission of HIV, STIs, etc.

**Table-6.22: Coping Strategies of FSWs in response to Clients' Approach during Menstruation**

<i>Parameter</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
Perform Sex Work during Menstruation	Charging extra money	12 (31.5%)
	Use condom if required by clients	06 (15.8%)
	Provide Masturbation only	04 (10.5%)
	Oral sex & Masturbation	16 (42.2%)
	<b>Total</b>	<b>38 (100%)</b>
Don't Perform Sex Work during Menstruation	Switch off mobile	12 (54.5%)
	Give false excuses	10 (45.5%)
	<b>Total</b>	<b>22 (100%)</b>

It is learnt that out of 60 FSWs under the study, 20 FSWs sometime engage in sex work during their menstruation, 18 do sex work always at that period, while 22 FSWs never do such thing (see Table-6.21). Table-6.22 shows various coping strategies of FSWs in response to clients' approach during menstruation. It is found that out of 38 FSWs, who engage in sex work during menstruation, 20 FSWs have adopted different coping strategies of non-penetrative sexual services like providing oral sex and masturbation (16 FSWs), and masturbation only (4 FSWs). But, 18 FSWs have adopted different unsafe coping strategies by providing penetrative sexual services for charging extra money (12 FSWs) or by using condoms if required (6 FSWs). Hence, these 18 FSWs under the study are more vulnerable than others as they are engaged in penetrative sex even in their menstruation. The table also shows that to out of 22 FSWs, who are not engaged in sex work during menstruation, have adopted other different coping strategies like keeping their mobile switched off (12 FSWs) and giving false excuses (10 FSWs) 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 or not in sex work during menstruation, do not want to lose their approaching customers in future. It shows their financial insecurity as well as compulsion to be engaged in sex work even in menstruation.

**Table-6.23: Sexual Services Provided by FSWs**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	Vaginal sex	13 (21.7%)
2.	Vaginal & Oral sex	17 (28.3%)
3.	Vaginal & Anal sex	03 (05.0%)
4.	Vaginal sex & allowing to use other parts of body	12 (20.0%)
5.	Vaginal, Oral & Anal sex	09 (15.0%)
6.	All kinds of sexual services	06 (10.0%)
	<b>Total</b>	<b>60 (100%)</b>

The sexual services provided by FSWs are no more concentrated on traditional sex (vaginal sex) only, but is perverted to some extent including violent sexual acts. Oral sex has been shown by the researchers to be comparatively less risky practice in respect of HIV transmission, though not completely safer from the risk of getting infection. But, both the giving and receiving oral sex can be the donor of sexually transmitted infections. The most common STI transmitted via oral sex is *herpes*. *Gonorrhoea* can easily transmit via oral sex. If a person's mouth comes into contact with an open sore *syphilis* is easily transmitted. *Chlamydia* can infect the throat through oral sex. Anal sex can expose to two principal dangers – (i) infections due to the high number of infectious micro-organisms which are not found elsewhere on the body, and (ii) physiological damage to the anus and rectum due to their fragility. Increased experimentation with anal sex by people without sound knowledge about risks and non-adoption of safety measures may be linked to an increase in STIs and HIV/AIDS. We have already seen like FSWs, MSM is another high risk group. Table-6.23 shows that the FSWs under the study are delivering various single as well as multiple sexual services to their clients. It is found that only 21.7 per cent of FSWs perform single sexual service, i.e. only vaginal sex, while remaining 78.3 percent FSWs deliver multiple sexual services like –vaginal & oral sex (17 FSWs); vaginal & anal sex (3 FSWs); vaginal sex and allowing to use other parts (thigh, breast, navel, masturbation, etc.) of body (12 FSWs); vaginal, oral & anal sex (09 FSWs). It is also found that only 6 FSWs provide all kinds of sexual services and each of them have only one regular partner/client. 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.

**Table-6.24: Coping Strategies of FSWs for Clients' Demand of Oral Sex**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Charging extra price to satisfy the clients	26 (43.3%)
2.	Refusing the clients on health ground or false excuses	28 (46.7%)
3.	Accept clients' demands	06 (10.0%)
	<b>Total</b>	<b>60 (100%)</b>

It is found in the Table-6.23 that, 32 FSWs provide oral sex service to their clients along with vaginal and other sex. Table-6.24 shows that 26 FSWs satisfy clients' demand of oral sex after charging extra price, 6 FSWs accept clients' demand without any bargaining as they perform oral sex with their regular clients only and the remaining 28 FSWs refuse such demand of their clients on health grounds or by giving false excuses as they dislike it. Therefore, this table indicates that half of the respondents (32 FSWs) are engaged in such risky sexual acts due to their financial insecurity, lack of negotiation power, sexual subordination as well as compulsion. Hence, they are vulnerable to STIs, HIV/AIDS, etc.

**Table-6.25: Coping Strategies of FSWs for Clients' Demand of Anal Sex**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Satisfy the demand of the clients after charging extra money	12 (20.0%)
2.	Refuse the demand of the clients	42 (70.0%)
3.	Go with clients	06 (10.0%)
	<b>Total</b>	<b>60 (100%)</b>

The anal and rectal tissues are delicate due to fragility and do not provide natural lubricants. Due to fragility and absence of natural lubricants, the anal and rectal tissues can easily tear and allow the transmission of sexually transmitted diseases. The partner receiving penile-anal sex is at more risk than that of the partner performing penile-anal sex. However, the penetrator is also at risk because HIV can enter through the opening of penis or through small cuts or open sores on the penis, if the receiver is already infected with STIs, HIV, etc. In addition, women can suffer urinary tract infection, if a man engaged in unprotected vaginal intercourse immediately after

unprotected penile-anal sex. It is already found that the national prevalence rate of HIV infection among MSM in India is 4.4 per cent (UNAIDS, 2013). The extent, to which anal sex is practiced among FSWs in India or other country, is not clear due to non-availability of data. But, it is evident from this study that out of 60 FSWs, 30 per cent (18 FSWs) provide anal sex service to their clients along with vaginal, oral and other sexual services (see Table-6.23). Table-6.25 shows the coping strategies of 60 FSWs in response to clients' demand for anal sex. It is seen that 70 per cent of the FSWs refuse anal sex, 20 per cent satisfy the demand of the clients after charging extra money, while remaining 10 per cent FSWs informed that they don't charge any extra price for anal sex as they provide this service to their regular partners only. Hence, Table-6.23, Table-6.24 and Table-6.25 indicates that out of 60 FSWs under the study, 6 FSWs (10%), who have only one regular partner/client, provide vaginal, oral and anal sex services to satisfy them without charging any extra price.

**Table-6.26: Reasons for FSWs' Refusal to Anal Sex**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of Respondents (%)</i>
1.	Dislike anal sex	11 (26.2%)
2.	To avoid pain	09 (21.4%)
3.	Risky (STI/HIV/AIDS)	22 (52.4%)
	<b>Total</b>	<b>42 (100%)</b>

It is already seen that out of 60 FSWs under the study, 42 FSWs (70%) refuse anal sex (see Table-6.25). Table-6.26 shows the reasons of refusal to clients' demand for anal sex. The Table shows that almost half (52.4%) of the FSWs deny anal sex considering it as risky for STIs/HIV/AIDS; 21.4 per cent deny it to avoid pain and 26.2 per cent FSWs refuse anal sex as they dislike it.

**Table-6.27: Coping Strategies of FSWs for Painful Sexual Positions/Styles**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Allow painful sexual positions/styles	36 (60.0%)
2.	Refuse painful sexual positions/styles	24 (40.0%)
	<b>Total</b>	<b>60 (100%)</b>

It is bitter truth that for the sake of earning their bread and butter, FSWs failed to assert their own choices or rights with regards to kind of sexual services with their clients; negotiation for safer sex with condoms; bargaining for the prices in return of their sexual services; etc. Table-6.27 shows that 40 per cent FSWs refuse their clients'

demand of different painful sexual positions/styles, while 60 per cent of them allow their clients' demand of different painful sexual positions or styles. Hence, it can be said that power dynamics play a crucial role in the sex trade and in the lives of the FSWs.

**Table-6.28: FSWs' Approach to their Clients for Using Condoms**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Approach	46 (76.7%)
2.	Never approach	14 (23.3%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.28 shows that 46 FSWs (76.7%) always approach their clients for using condom while 14 FSWs (23.3%) never approach their clients. Out of these 46 FSWs, 24 FSWs informed that though they always approach their clients, but not succeeded always to convince their clients, while remaining 22 FSWs always consistent in using condoms. Therefore, it indicates that altogether 38 FSWs (24+14 FSWs) are vulnerable to STIs, HIV/AIDS, etc.

**Table-6.29: Reasons of Not Approaching Clients for Using Condom**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	To earn more	05 (35.7%)
2.	Fear of losing clients and income	02 (14.3%)
3.	To avoid violence	01(07.1%)
4.	Having only one regular partner	06 (42.9%)
	<b>Total</b>	<b>14 (100%)</b>

It is found that out of 60 FSWs, 14 FSWs never approach their clients to use condom (see Table-6.28). Table-6.29 shows that there are four reasons for which 14 FSWs are not approaching their clients to use condom which are – higher income (5 FSWs), fear of losing clients (2 FSWs), to avoid violence (1 FSW), and having only one regular partner (6 FSWs). To them, the number of sex workers is increasing day by day. If they ask clients for condom, the clients will leave them and will visit to other sex workers. So, they don't want to lose clients and income. As most of the clients prefer sex without condom, so for the sake of earning and to avoid violence they have to satisfy the clients' demand. Therefore, it indicates the sexual subordination of the FSWs toward their clients makes them vulnerable to STIs, HIV/AIDS, etc.

**Table-6.30: Client’s Approach to have Sex with Condom**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Few	20 (33.3%)
2.	Nobody	40 (66.7%)
	<b>Total</b>	<b>60 (100%)</b>

It is seen from the Table-6.30 that out of 60 respondents, 40 FSWs (66.6%) told that none of their clients themselves ever approached to have sex with condom, while 20 FSWs (33.3%) informed that few of their clients themselves approached them to have sex with condom. But in practice, out of 60 FSWs under the study, 22 FSWs always use condoms with their clients consistently (see Table-6.31).

**Table-6.31: Consistency in Condom Use during Last Three Months**

<i>Sl. No.</i>	<i>Consistency in Condom Use</i>	<i>No. of Respondents (%)</i>
1.	Yes, consistently	22 (36.7%)
2.	Not consistently	38 (63.3%)
	<b>Total</b>	<b>60 (100%)</b>

It is learnt that all the FSWs have seen male condom. Few of them have heard about female condoms but never seen those. In this study all the discussions about condom is on male condoms which are used by the FSWs’ clients. Table-6.31 shows the FSWs’ preference and practice of consistency in condom use by their clients for the last three months. It is found that out of 60 FSWs, 22 FSWs (36.7%) are consistent in terms of using condoms in their sexual acts. But, these 22 FSWs revealed that they were not consistent in use of condom before accessing the outreach services of TI Programmes of TSACS implemented through the respective NGOs. Earlier, some of their clients used condoms voluntarily as per their (clients) choice. But, after accessing the NGOs’ program (TIPs), they are insisting their clients for using condoms in every sexual acts i.e. practicing safer sex through condoms. They also informed that now they will not compromise with their health for the sake of clients’ preference. Even, they are consistently using condom with their regular partners also. The remaining 38 FSWs (63.3%) under the present study are not using condom always i.e. in every sexual act. Among them, 24 FSWs are using condom occasionally and the remaining 14 FSWs are not practicing safer sex through condoms at all. Despite carrying condoms in their bags (see Table-6.32), they are unable to use condom consistently because of their clients’ preference as well as for more earning. Hence, it is found that

all 38 FSWs, who are inconsistent in the use of condoms, are vulnerable to STIs and HIV/AIDS.

**Table-6.32: Keeping Condoms by FSWs' Themselves**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Carrying condom in bag while leaving home	31 (51.7%)
2.	Not carrying	29 (48.3%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.32 shows that out of 60 FSWs, 31 FSWs (51.7%) carry condom in their bag at the moment they leave home, while 29 FSWs (48.3%) never carry condom. In clarifying their responses of not carrying condoms by themselves, 21 FSWs (including 6 FSWs having only one regular partner) informed that as they provide sexual services at their own home only (see Table-6.8), so carrying condom is not required; and the remaining 8 FSWs shared that they never use condom for sexual acts. Out of 31 FSWs, who carry condom in their bag, 9 FSWs revealed that if they forget to carry by chance on any day, they collect condom from nearby NGO's outlet or buy condom of their own or ask clients to buy according to the client's preference. It is further learnt that those FSWs, who are living with their families and are ignorant about FSWs' profession, FSWs always keep condoms in secret places to avoid troubles (see Table-5.16).

**Table-6.33: Sources of Condom Supply**

<i>Parameter</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
FSWs who are using Condom Inconsistently	By FSWs themselves	17 (70.8%)
	By both FSWs themselves and clients	07 (29.2%)
	<b>Total</b>	<b>24 (100%)</b>
FSWs who are using Condom Consistently	By FSWs themselves	15 (68.2%)
	By clients	03 (13.6%)
	By both FSWs themselves and clients	04 (18.2%)
	<b>Total</b>	<b>22 (100%)</b>

It is already seen in the Table-6.31 that out of 60 FSWs under the study, 22 FSWs are consistently using condoms, 24 FSWs are inconsistent in condom use and remaining 14 FSWs never use condoms. Table-6.33 shows the sources of condom supply. It is found that in both the cases FSWs are providing condom by themselves more than

that of their clients. It is to be mentioned here that FSWs are collecting condoms mostly from the local TIPs implementing NGOs under TSACS and sometimes they themselves purchase condoms. All the 60 FSWs under the study informed that staffs of NGOs are supplying condoms to all the FSWs registered under the respective NGOs. Besides this, few FSWs also revealed that condoms brought by their clients themselves are more comfortable than those supplied by NGOs under TSACS. It means the quality of condom supplied by NGOs at free of cost is not up to the FSWs' satisfactory level. Therefore, the 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.

**Table-6.34: Reasons for Inconsistent Use of Condom**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	Not using voluntarily (Regular customers)	06 (15.8%)
2.	Clients prefer to do sex without condom	09 (23.7%)
3.	For more income without condom	18 (47.4%)
4.	To avoid violence	05 (13.1%)
	<b>Total</b>	<b>38 (100%)</b>

It is already found in the Table-6.31 that out of 60 FSWs under the study, 38 FSWs are practicing unsafe sex as they don't use condoms consistently. Table-6.34 shows the response of these 38 FSWs about inconsistent use of condoms. The various single reasons for inconsistency in condom use are like – voluntarily with regular partners only (6 FSWs); clients' preference of sexual acts without condom (9 FSWs); for more income (18 FSWs); and to avoid violence (5 FSWs). The finding indicates that FSWs are lacking the power to negotiate with their clients for condom use due to fear of losing income and to avoid violence too. It is also learnt that due to increased competition in the sex trade, FSWs have always a fear of losing clients if they insist clients for using condoms. To some of the respondents, nothing is to do with the awareness or knowledge regarding HIV/AIDS for the sake of this 'Dhanda' (sex trade). It means those sex workers who are willing to practice safer sex with condoms; they require more clients for their sufficient earnings, which is very difficult in this competitive market of sex trade. 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.

**Table-6.35: Reasons for Clients' Preference for Sex without Condom**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	To get more pleasure	26 (43.3%)
2.	Ignorance about HIV/AIDS/STI	06 (10.0%)
3.	Clients believe that it will help them to cure STIs	01 (01.7%)
4.	Sex without condom with Hindu woman will help Muslim client to get rid of <i>Saitan</i>	02 (03.3%)
5.	It is Client's right as they are paying for the services	03 (05.0%)
6.	1+2	18 (30.0%)
7.	1+4	01 (01.7%)
8.	1+2+3	03 (05.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.35 shows various single and multiple reasons expressed by the 60 FSWs under the study about their clients' preference to have sex without condom. The various single responses of FSWs' regarding the clients' preference to have sex without condoms are like – to get more pleasure (43.3%), ignorance about HIV/AIDS/STI (10%), clients believe that it will help them to cure their STIs (1.7%), sex without condom with Hindu woman will help Muslim clients to avoid ill effect of *Saitan*/evil spirits (3.3%) and taking decision of using or not using of condoms is the clients' right as they are paying for the services (5%). In considering the single and multiple responses, over all 48 FSWs (80%) informed that their clients prefer to have sex without condom mainly for getting more sexual pleasure. The table indicates some misconception of FSWs' clients regarding the use of condoms which are also acting as a barrier in utilizing safer sex practice with condom. Myths often surround HIV/AIDS because it is associated with private and intimate behaviours. Therefore, it is found that despite their awareness, FSWs' clients still prefer to have unsafe sex. Only few clients (10.0%) prefer unsafe sex because of ignorance about HIV/AIDS even after campaigns carried out by NGOs, TSACS and media. Hence, all such clients are not only vulnerable to get HIV/AIDS, but are also the medium of spreading HIV/AIDS to FSWs as well as to the general population.

**Table-6.36: Forced by the Clients to have Sex without Condom**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Forced by clients	24 (40.0%)
2.	Not forced by clients	36 (60.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.36 shows that 40 per cent (24 FSWs) of the respondents informed that there are some clients who have forced them to have sex without condom; while the remaining 60 per cent (36 FSWs) informed that they were not forced by clients to have sex without condom. It is learnt that out of 60 FSWs, 14 FSWs never approach their clients to have sex with clients (see Table-6.28). Hence, they are not forced by their clients. It is also known that 22 FSWs are using condom consistently (see Table-6.31) and they refuse those clients who wanted to have sex without condoms. At the same time, all the FSWs revealed that they have also got few clients who are gentle and well behaved, especially those who are unmarried. They also added that clients wanted to have sex without condom to get the full warmth and the sound of the vagina which give clients more satisfaction and pleasure. But when the FSWs approach their clients to have sex with condom, their clients forced them directly or visited other FSWs who are ready to accept their demands of sex without condom. Some of their clients are drunkard also, and forced to have sex without condom during intoxicated condition.

**Table-6.37: FSWs' Acceptance of the Clients' Offer of More Prices for Unsafe Sex**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Accept always	08 (13.3%)
2.	Refuse always	22 (36.7%)
3.	Accept only when they failed to convince clients for safer sex	24 (40.0%)
4.	No such offer as voluntarily agreed	06 (10.0%)
	<b>Total</b>	<b>60 (100%)</b>

It is learnt from the FSWs under the study that there are four types of clients – (i) who themselves want safe sex, (ii) who offer more price to have sex without condom, (iii) another group of clients are those who will either bargain or will visit to other sex workers and (iv) those who want to have sex forcefully and without condom. There are 7 FSWs under the study, who informed that sometimes they don't get their actual

charges from this fourth category of clients and even sometimes these clients snatch their earnings too. Table-6.37 shows that 36.7 per cent (22) FSWs always refused such offer; 13.3 per cent (8 FSWs) always accepted such offer; 40 per cent (24 FSWs) accept such offer only when they failed to convince their clients for safer sex; and 10 per cent (6 FSWs) who have only one regular partner never received such offer nor they asked as they voluntarily provide all kind of sexual services (see Table-6.23). Hence, altogether 38 FSWs and their clients are vulnerable to STIs, and HIV/AIDS.

**Table-6.38: Charging of More Prices for Sex without Condom**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Charge more prices	32 (53.3%)
2.	Never charge more	28 (46.7%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.38 shows that 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, but other 6 FSWs engaged in sex without condoms with their regular partners only as each of them have only one regular client/partner. It is learnt from the Table-6.31 that 22 FSWs are consistent in condom use for sake of their health even with their regular partner also. Out of 32 FSWs, 19 FSWs said that they charge more prices from their floating customers only, but not from their regular customers; while remaining 13 FSWs who have only floating clients (see Table-6.5) always charge more prices to have sex without condoms. These 32 FSWs also informed that even after providing such risky sexual services without condom, sometimes they don't get the agreed extra price from few clients; and they could not protest also due to fear of physical violence.

**Table-6.39: Reasons of Charging More Prices for Sex without Condom**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	Poverty	09 (28.1%)
2.	To save for old age security	05 (15.6%)
3.	Better future for kids	06 (18.8%)
4.	1+2	05 (15.6%)
5.	1+3	07 (21.9%)
	<b>Total</b>	<b>32 (100%)</b>

Poverty is a situation that gives rise to a feeling of a discrepancy between “one has” and “one should have”. It is considered as one of the symptoms or manifestations of under-development. Such people become discouraged and cannot perform their functions adequately as they have such a low income which is very troublesome for them to meet their household affairs. As an outcome of that, the feelings of ‘powerlessness’ and ‘resourcelessness’ developed in them (Ahuja, 2012). Many sex workers come from low socio-economic status, and are also poorly educated. As they lack skills and resources, so it becomes hard for them for other types of formal and or non formal employment. Having no other visible means of support or in order to eke out a scanty wage, they often resort to this profession (Madan, 1993). Poverty is one of the prime causes for women or young girl accepting this profession.

Table-6.39 shows the various single and multiple responses of the female sex workers for charging more prices to have sex without condom. Though the bargaining of more prices might have positive effect on their earning, but at the same time, it has negative consequences on their health. Out of 32 respondents, 28.1 per cent respondents bring forward the reason of poverty behind charging more prices for sex without condom. Other reasons which were mentioned by them are –savings for old age security (15.6%), enabling better future for their kids (18.8%), poverty along with savings for old age security (15.6%) and again poverty along with better future for kids (21.9%). All these cited reasons indicate that these 32 FSWs are compromising with their health and life too. Considering various single and multiple responses, the response like— to save for old age security, indicates that FSWs are aware that they will not be eligible to continue their earning this way for long period of time as there is no place for aged person in this profession. Therefore, they have to save money for their old age. Ultimately, poverty hinders them from practicing safe sex. That is why for the sake of their family, they are neglecting their health security by adopting this risky unsafe sexual practice. On the other hand, HIV/AIDS itself causes further poverty. Therefore, the situation will be worsen over the time and may even cause the family to lose all their resources and may end up in absolute poverty in future.

It is learnt that out of 60 FSWs under the study, 14 FSWs (23.3%) never approach their clients to use condom (see Table-6.28). Table-6.40 shows that out of remaining 46 FSWs, 22 FSWs (36.7%) refuse their clients’ demand for sex without

condom as they consistently use condoms (see Table-6.31); and 14 FSWs (23.3%) do nothing as they accept voluntarily and never approach their clients to use condoms.

**Table-6.40: Coping Strategies of FSWs in Response to Clients' Demand for Unsafe Sex**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Refusal	22 (36.7%)
2.	Accept only when they failed to convince clients for safer sex	24 (40.0%)
3.	Accept voluntarily	14 (23.3%)
	<b>Total</b>	<b>60 (100%)</b>

It is learnt that out of 60 FSWs under the study, 14 FSWs (23.3%) never approach their clients to use condom (see Table-6.28). Table-6.40 shows that out of remaining 46 FSWs, 22 FSWs (36.7%) refuse their clients' demand for sex without condom as they consistently use condoms (see Table-6.31); and 14 FSWs (23.3%) do nothing as they accept voluntarily and never approach their clients to use condoms. This indicates that these 22 FSWs are motivated enough and empowered in negotiation for safer sex. They have power to say 'No' to their clients' demand. The remaining 24 FSWs (40.0%) try to convince their clients for safe sex, but if failed, they charge extra money for such unsafe sex. They admitted the fact that most often they remain unsuccessful and rarely get success for safe sex. They also revealed that sometimes they even don't get more prices for sexual services without condom from few rowdy clients. Therefore, the table also indicates the sexual subordination and lack of negotiation skill of 38 FSWs for safer sex and thereby become vulnerable to STIs, HIV/AIDS, etc.

**Table-6.41: Coping Strategies of FSWs after having Unsafe Sex**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Do nothing	02 (05.3%)
2.	Wash vagina with water/ soap/dettol	14 (36.8%)
3.	Use some antiseptic creams	03 (07.9%)
4.	Clean vagina with a piece of cloth	05 (13.1%)
5.	Take bath	02 (05.3%)
6.	2+3	12 (31.6%)
	<b>Total</b>	<b>38 (100%)</b>

It is already seen (see Table-6.31) that out of 60 FSWs under the study, 38 FSWs are inconsistent in practicing safer sex. Table-6.41 shows the coping strategies of the 38 FSWs after providing sexual service without condom. It is learnt that they adopt many strategies like – washing vagina with water, soap, *dettol*/antiseptic lotion (14 FSWs) and antiseptic creams (3 FSWs); washing with antiseptic lotion and cream (12 FSWs), cleaning with cloths (5 FSWs); taking bath (2 FSWs) after giving sexual services without condom. The remaining 2 FSWs do nothing after such unsafe sexual act. Therefore, it shows the poor knowledge of these 38 FSWs about their health and hygiene, STIs and HIV/AIDS. Hence, they are vulnerable to such infections.

**Table-6.42: Steps taken by FSWs to Prevent Pregnancy**

<i>Parameter</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
Unmarried	Condom	02 (66.7%)
	Pills ( <i>Mala D/Maya/Sukhi etc.</i> )	01 (33.3%)
	<b>Total</b>	<b>03 (100%)</b>
Living with Husband	Condom	06 (21.5%)
	Pills ( <i>Mala D/Maya/Sukhi etc.</i> )	10 (35.7%)
	Copper-T	04 (14.2%)
	Ligation	06 (21.5%)
	Do not take any such precaution	02 (07.1%)
	<b>Total</b>	<b>28 (100%)</b>
Widow	Condom	02 (50.0%)
	Copper-T	01 (25.0%)
	Ligation	01 (25.0%)
	<b>Total</b>	<b>04 (100%)</b>
Deserted	Condom	12 (48.0%)
	Pills ( <i>Mala D/Maya/Sukhi etc.</i> )	06 (24.0%)
	Copper-T	03 (12.0%)
	Ligation	04 (16.0%)
	<b>Total</b>	<b>25 (100%)</b>

Except the acquisition of STI/HIV, sex without condom has another physical effect – unwanted pregnancy and miscarriage. Sex workers cannot always manage to prevent themselves from getting pregnant. Such unwanted pregnancy poses challenges before them especially to unmarried, widow, separated and deserted sex workers. As a result, they are forced to go for abortion to terminate such unwanted pregnancy in order to survive in the sex trade. Previous research showed that sex workers who have intimate partner is subjected to become pregnant than other FSWs. Repeated abortion is also detrimental to physical health. It is 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 with their clients (see Table-6.31) to protect themselves from HIV/AIDS, STIs etc. Table-6.42 shows the steps taken by the FSWs under the study to prevent pregnancy as per their marital status. It is found that 58 FSWs (96.7%) 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 preventive measures to avoid unwanted pregnancy among the FSWs. It is also seen that 2 married FSWs (3.3%) do not take any precautionary measures for rendering sexual service without condom. Out of these 2 FSWs, one FSW informed the reason of such risky behaviour as till date she did not get HIV as well as she failed to conceive till now. She also informed that she has adopted a girl child from her fellow FSW friend who had died due to AIDS. Another FSW informed that she left it to god and god will look after her. The table also shows that condom is least (21.5%) accepted among the FSWs who are living with their husbands. Hence, it can be said that out of 60 FSWs, 38 FSWs who are not using condoms (see Table-6.31) to prevent pregnancy, are also vulnerable to STIs, HIV/AIDS, etc.

**Table-6.43: Reasons of Getting STIs during Last One Year**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	Sex without condom	23 (88.5%)
2.	For being raped	02 (07.7%)
3.	Don't know	01 (03.8%)
	<b>Total</b>	<b>26 (100%)</b>

It is learnt from the Table-6.17 that out of 60 FSWs, 26 FSWs got STIs during last one year. Table-6.43 shows the reasons of getting STIs by FSWs. It is learnt that majority of the FSWs (88.5%) received STIs due to unsafe sex, while 2 FSWs (7.7%) got STIs for being raped. Significantly, out of 26 FSWs, 13 FSWs informed that during their infection they were refrained from 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.

**Table-6.44: Coping Strategies of FSWs after Infection with STIs**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Stopped taking clients until get cured by proper treatment	13 (50.0%)
2.	Apply home based remedy	02 (07.7%)
3.	Visit to traditional healer/quack	06 (23.1%)
4.	Visit to NGO for health care services	03 (11.5%)
5.	Visit to private hospital	02 (07.7%)
	<b>Total</b>	<b>26 (100%)</b>

It is learnt from the Table-6.17 that out of 60 FSWs, 26 FSWs have been suffered from STIs during last one year. Table-6.44 shows that out of 26 respondents, only 13 respondents have stopped taking clients until get cured through proper treatment, while the remaining 13 respondents entertained their clients during their STIs stage along with proper/improper treatment. Therefore, 50 per cent (13 FSWs) of respondents who have stopped taking clients are caring for themselves as well as their clients. It also reflects the positive side effect of the STIs/HIV/AIDS awareness campaign by NGOs under TSACS. On the other hand, out of the remaining 13 FSWs, it is found that even after prolonged campaigning on HIV/AIDS, 08 respondents still have faith on traditional healers or quack doctors and home based remedy for their treatment of STIs, while remaining 5 FSWs visited NGOs and Private hospitals for the treatment of STIs. On further query 8 respondents shared that access to STIs treatment is not possible due to long journeys to clinics, and long waiting times, indifferent attitudes of health workers, unsuitable hours, and lack of appropriate medicines. Self-medication, including antibiotic or any home-made herbal paste used for STIs treatment and the use of “*folkloric*” medicines to prevent or cure STIs can be harmful. But all these responses are an indication that the FSWs want to remain healthy while doing their job. But this may not be the best to prevent them for deadly HIV infection. Therefore, it should be the concern of the concerned health authorities in general and TSACS in particular.

The socially constructed dependency of women on men is the root of violence against women. This dependency is frequently economic, which leads to various types of discrimination. Women are trained to believe that their identity (without self-identity for majority) is attached with the men in their lives – fathers, brothers, husbands, sons, grandsons and so on. They are very often socially ostracized if they

disobey those men (Saha, & Jaysawal, 2015). It is learnt that out of 60 FSWs under the study, 44 (73.3%) FSWs have faced violence by different perpetrators.

**Table-6.45: Types of Violence Faced by FSWs**

<i>Sl. No.</i>	<i>Types of Violence</i>	<i>No. of Respondents (%)</i>
1.	Sexual talk, sexual gestures, eve teasing, etc.	09 (20.4%)
2.	Black mailing	04 (09.1%)
3.	Threatened to drive out from the home/area	03 (06.8%)
4.	Social boycott	03 (06.8%)
5.	Beaten	17 (38.6%)
6.	Raped	02 (04.6%)
7.	Locked up in police station	04 (09.1%)
8.	Set fire on the body by Clients	02 (04.6%)
	<b>Total</b>	<b>44 (100%)</b>

Table-6.45 shows various types of violence faced by these FSWs. It is found that majority (17 FSWs) of the FSWs are being beaten followed by sexual talk, sexual gestures, eve teasing, etc. (9 FSWs). Other types of violence faced by FSWs are – black mailing (4 FSWs), threatening to drive out from the home/area (3 FSWs), social boycott (3 FSWs), raped (2 FSWs), locked up in police station (4 FSWs) and set fire in the body by clients (2 FSWs). It is further learnt that 17 FSWs are beaten by their husbands, regular partners, other family members, police, and general people even in public places like market, etc. This indicates gender inequality in the form of their helplessness as well as criminalization of sex work in general and sex workers in particular. There are 9 FSWs who are found to be victim of eve teasing etc. and 3 FSWs, who are socially boycotted are also an indication of social stigma, indifferent attitude and criminalization of sex work vis-a-vis sex workers. Again, 4 FSWs has been raped and burnt by their clients, which again shows male feudalistic attitude towards women prevalent in the society. Therefore, 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 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.

Perpetrators of violence are not only clients and regular partners, but also other persons like husbands, family members, neighbours, police, etc. Sometimes

general people from the society also direct their discontents to individual FSWs through aggressive confrontation and sometimes collective vigilantism. It is taken for granted by many of the FSWs that violence made by their intimate partners (regular partner and/or husband) is ‘normal’, where as some of them treating violence as a ‘part of their job’. As a result of this, the cases of violence remained unreported most of the time. Here, it is to be mentioned that violence means sexual assault, harassment, battering, etc.

**Table-6.46: Perpetrators of Violence Faced by FSWs**

<i>Sl. No.</i>	<i>Perpetrators of Violence</i>	<i>No. of the Respondents (%)</i>
1.	Clients including regular partners	09 (20.5%)
2.	Police	08 (18.2%)
3.	Husbands/family members	07 (15.9%)
4.	Neighbours	Not found
5.	1+3+4	20 (45.4%)
	<b>Total</b>	<b>44 (100%)</b>

The Table-6.46 shows the perpetrators of violence that sex workers experienced. It is learnt that out of 60 FSWs, 73.3 per cent respondents (44 FSWs) informed that they have faced or experienced violence by different persons, while remaining 26.7 per cent FSWs did not experience any such violence. Out of 44 FSWs, 20 FSWs shared that they are experiencing violence from all kind of people like their clients including regular partners, husbands, family members, and neighbours. The remaining 24 FSWs have experienced violence from different single perpetrators like clients including regular partners (9 FSWs); police (8 FSWs); and husband or other family members (7 FSWs).

They said that there are number of factors which increase the risk of violence in their occupation. Sex work shares a number of characteristics which increase the risk of occupational violence while interacting with public, working alone, working at evening and going to clients’ homes, exchanging money, refusing clients to provide sexual service, interacting with people under the influence of drugs/alcohol, etc. Violence is a revelation of the stigma and discrimination faced by sex workers. They are experiencing violence at their working places, in their personal lives which increases their risk to HIV infection and other health problems. They are being beaten, threatened with weapon, lashed with whip, raped and coerced into sex. Due to

ambiguous legal status and criminalization of sex work along with powerlessness of the sex workers, it became a practice to target sex workers for violence including harassment.

**Table-6.47: Reasons of Violence Faced by FSWs**

<i>Sl. No.</i>	<i>Reasons of Violence</i>	<i>No. of Respondents (%)</i>
1.	Police raid in hotel	08 (18.2%)
2.	Denied clients' demand of sex without condom	11 (25.0%)
3.	When asked regular partner to marry	04 (09.1%)
4.	Being caught red handed by family/ neighbour/ client's family	13 (29.5%)
5.	When denied regular partner/husband to give money	04 (09.1%)
6.	Wanted to sex at free of cost	04 (09.1%)
	<b>Total</b>	<b>44 (100%)</b>

It is already seen that out of 60 FSWs under the study, 44 faced violence (see Table-6.45). Table-6.47 shows the various reasons of violence faced by 44 FSWs. All the reasons cited in the table indicate that violence is related with their occupation. Two major reasons of violence informed by FSWs are—when being caught red handed (29.6%) and denied clients' demand of sex without condom (25%). Other reasons cited by FSWs are – police raid in hotel (18.2%), when asked their regular partners to marry them (9.1%), refusal to give money as demanded by husbands and regular partners (9.1%), and customers want to have sex at free of cost (9.1%). Therefore, all the reasons expressed by the 44 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.

**Table-6.48: Coping Strategies of FSWs who have Experienced Violence**

<i>Sl. No.</i>	<i>Coping Strategies</i>	<i>No. of Respondents (%)</i>
1.	Sought medical help	05 (11.4%)
2.	Lodged complaints to NGOs	07 (15.9%)
3.	Quarrelled	05 (11.4%)
4.	Gave money i.e. Bribing	09 (20.4%)
5.	Gave sexual services at free of cost	04 (09.1%)
6.	Complained to political party	03 (06.8%)
7.	Forced to move other State for more than a year	01 (02.3%)
8.	Did nothing	10 (22.7%)
	<b>Total</b>	<b>44 (100%)</b>

FSWs are often reluctant to report incidences of rapes, attempted (or actual) murders, beatings, molestation or sexual assault to the authorities (WHO, 2005). It is found that out of 60 FSWs, 44 FSWs have experienced violence by single and/or multiple perpetrators (Table-6.45). Table-6.48 shows the coping strategies of FSWs who have experienced violence. It is found that out of 44 FSWs, majority (22.7%) i.e. 10 FSWs did nothing except borne the pain silently. Criminalization of sex work contributes such an environment in which, violence against sex workers is tolerated, leaving them less likely to be protected from it. The table also shows that remaining 34 FSWs (77.3%) tried to cope up through different ways like – sought medical help (5 FSWs); lodged complaint to the NGOs crisis management committee (7 FSWs); quarrelled with the perpetrators (5 FSWs); gave money i.e. bribing (9 FSWs); gave sexual services at free of cost (4 FSWs); complained to political party (3 FSWs); forced to move other State for more than a year. 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’. As a result of this, the cases of violence remained unreported most of the time. Moreover, they are scared of disclosing their identity if went to complain for getting the justice.

**Table-6.49: Consumption of Alcohol by the FSWs**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Consume alcohol	35 (58.3%)
2.	Don't consume alcohol	25 (41.7%)
	<b>Total</b>	<b>60 (100%)</b>

Various studies show that alcohol consumption is associated with risky sexual behaviour. People who take alcohol are more likely to engage in unprotected sex than the non-drinkers. Since alcohol affects the central nervous system, it hinders semantic storage functioning by restricting the consolidation of the information from encoding. Now-a-days, generally there is an increase in alcohol consumption by people including adolescents and women. There is some belief that alcohol facilitated or enhanced sexual power before or during sexual intercourse. Table-6.49 shows that out of 60 FSWs under the study, 35 FSWs regularly consume alcohol, while 25 FSWs don't consume alcohol presently. Though out of 25 respondents, 7 respondents admitted that they had experience of alcohol consumption in the past. It is further

learnt that out of these 35 alcohols taking FSWs, 5 FSWs always take inhalants (glue; dendrite and cobbler glue) and *ganja* also. The researcher had seen plenty of empty tubes of dendrite in the places where they solicit clients. They took the glue in a piece of cloth and keep that cloth in between the lips and inhale continuously. When they take bath, they keep the cloth aside and after completion of bath they first took the cloth and then change their wet dresses. According to them, they can spend the whole day without empty stomach, but can't stay without inhaling substance. During conversation, it is learnt that the FSWs under this study are not taking any kind of intravenous drugs. 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 these FSWs and their clients may get STIs and HIV infection.

**Table-6.50: Frequency of Alcohol Consumption**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	During sex work and at leisure time	15 (42.9%)
2.	During sex work only	20 (57.1%)
	<b>Total</b>	<b>35 (100%)</b>

It is learnt that out of 60 FSWs, 35 FSWs consume alcohol (see Table-6.49). Table-6.50 shows that out of 35 FSWs, 20 FSWs (57.1%) consume alcohol during sex work only, while remaining 15 FSWs (42.9%) consume alcohol during sex work as well as in their leisure time.

**Table-6.51: Reasons for Alcohol Consumption by FSWs**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of the Respondents (%)</i>
1.	Cannot turn down the request of the clients	10 (28.6%)
2.	Cannot entertain the clients normally as compelled to do such things for earning only	17 (48.6%)
3.	Addicted in alcohol	08 (22.8%)
	<b>Total</b>	<b>35 (100%)</b>

Table-6.51 shows the reasons for taking alcohol by FSWs. The table shows that out of 35 FSWs, 17 FSWs (56.7%) consume alcohol because they cannot entertain the clients normally as compelled to do such things against their wish for earning only. This finding indicates FSWs' hidden pain behind their profession. 10 FSWs (28.6%) told that they take risk of alcohol consumption as they cannot turn down the request

of their clients because of the fear of earning loss. This also shows female subordination towards male. Only 8 FSWs (22.8%) admitted that they are addicted to alcohol.

**Table-6.52: Meeting Cost of Alcohol**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	By FSWs themselves	06 (17.1%)
2.	By Clients	17 (48.6%)
3.	Both by Clients and FSWs	12 (34.3%)
	<b>Total</b>	<b>35 (100%)</b>

The Table-6.52 shows the FSWs' views about meeting the cost of alcohol consumed by them. It is found that out of 35 FSWs, 48.6 per cent FSWs informed that their clients bear the cost of alcohol, 34.3 per cent FSWs informed that both the FSWs and their clients bear the cost and remaining 17.1 per cent FSWs from their own pocket. Out of 35 FSWs, 30 FSWs (85.7%) revealed that due to the influence of alcohol, both their clients and they indulge in unsafe sex i.e. sex without condom. The remaining 5 FSWs (14.3%) shared that they take alcohol within limit. Hence, out of 60 FSWs under the study, these 30 FSWs are vulnerable to HIV, STIs, etc due to unsafe sex under the influence of alcohol.

**Table-6.53: FSWs' Views about Giving up Alcohol**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents</i>
1.	Will try to give up	16 (45.7%)
2.	Don't want to give up	16 (45.7%)
3.	Tried, but failed	03 (08.6%)
	<b>Total</b>	<b>35 (100%)</b>

It is already seen (see Table-6.50) that out of 60 FSWs under the study, 35 FSWs used to drink alcohol. Table-6.53 shows about their views of giving up alcohol. It is found that 16 FSWs don't want to give up alcohol because without this they won't be able to entertain their customers in normal mental state. The remaining 16 FSWs informed that they will try to give up alcohol in future and other 3 FSWs informed that they tried, but failed to quit this habit.

**Figure-6.1: Coping Strategies of FSWs who are HIV Positive**

1. Reduced taking clients
2. Using condom in every sexual encounter
3. Providing vaginal sex & masturbation only
4. Providing sexual service at home only
5. Left consumption of alcohol
6. Regularly in touch with respective NGOs
7. Maintaining health and hygiene as per doctor's advice
8. Visiting temple and praying god to reduce mental health problem

It is found that out of 60 FSWs under the study, 2 FSWs are HIV- positive (see Table-5.34). The coping strategies of the FSWs who are HIV-positive have been shown in the Figure-6.1. It is quite surprising to see that none of these two HIV-positive FSWs stopped entertaining clients on their own. It is learnt that both of them don't reveal their HIV-positive status to their clients due to fear of losing their earning. It is also found that one of the FSW's husband is also HIV- positive. Therefore, these 2 FSWs are knowingly engaged in this risky behaviour of infecting their clients with HIV as condom can't ensure fully safer sex. Intentional spreading of HIV is a punishable offence in India and these 2 FSWs are not even aware such legal provisions. Therefore, the role of concern TIP implementing NGOs and their staff members 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.

**Table-6.54: Job Satisfaction of FSWs in Sex Work**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Satisfied with sex work	36 (60.0%)
2.	Dissatisfied with sex work	24 (40.0%)
	<b>Total</b>	<b>60 (100%)</b>

The Radical Feminists argue that prostitution is not a conscious and calculated choice of women in many cases, and they strongly opposed to prostitution as they see the

practice of prostitution as a form of violence against women. On the other hand, Liberal Feminists hold that due to lack of equal opportunity in the workplace for women, prostitution exists to satisfy the survival need. Prostitution and other forms of sex work can be valid choices for women and men who choose to be engaged in it. More or less, all the FSWs in this study are struggling by their own to improve their standard of living. But the million dollar question is whether they are satisfied in this profession? Table-6.54 shows FSWs’ job satisfaction and feelings about their profession. Out of 60 FSWs under the study, 60 per cent (36 FSWs) of the respondents are happy in this sex industry; where as 40 per cent (24 FSWs) are not happy with their sex workers’ occupation.

**Table-6.55: Reasons of Job Satisfaction**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Helping to satisfy family needs	14 (38.9%)
2.	Feeling of loneliness is reduced	05 (13.9%)
3.	Satisfying own sexual needs	05 (13.9%)
4.	Taking revenge against unfaithful husbands	02 (05.5%)
5.	Enjoying financial independence & comfortable life	10 (27.8%)
	<b>Total</b>	<b>36 (100%)</b>

It is found that out of 60 FSWs, 36 FSWs (60%) are satisfied with their sex work (see Table-6.54). Table-6.55 describes about the reasons of 36 FSWs’ job satisfaction. It is found that out of 36 FSWs, 38.9 per cent (14 FSWs) are satisfied with their sex work as they are helping to satisfy their family needs, and 27.8 per cent (10 FSWs) revealed that they are happy as they are enjoying financial independence with comfortable and luxurious life, which their family/husbands can’t provide. They also shared that now their kids are going to schools. Other reasons of 12 FSWs’ job satisfaction include – not feeling lonely any more (13.9%), their own sexual needs are satisfied (13.9%), and taking revenge against husbands (5.5%). Actually, these 12 FSWs are also concerned with meeting their basic needs, but they are more concerned about their unmet secondary needs like love, affection, etc., which are satisfied now being in the FSWs’ occupation. Therefore, it is found that out of 36 FSWs, 24 FSWs are satisfied in their sex worker’s profession as it helps to satisfy their economic needs, while remaining 12 FSWs are satisfied as it helps them to meet their psycho-social and sexual needs.

**Table-6.56: Reasons of Job Dissatisfaction**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Dishonest & not socially accepted	13 (54.2%)
2.	Fear of being caught red handed & punishment	04 (16.7%)
3.	Too much competition	02 (08.3%)
4.	No future prospect	05 (20.8%)
	<b>Total</b>	<b>24 (100%)</b>

Sex work is a threat to the moral fabric of society. FSWs are seen as the most extreme representative of what is bad, evil and immoral in the society. Hence, the sex workers and their profession don't have any social approval. To live in a society with dignity, all human being tend to have social approval to their jobs. This is true in case of sex workers also. The legal status of Prostitution is ambiguous in India like many other parts of the world. Prostitution *per se* is not illegal in India, but the Indian law has clauses penalizing a prostitute for practice of prostitution in a public place and soliciting for clients under Immoral Traffic (Prevention) Act, 1956. The illegal aspect of their occupation is also a source of stress and anxiety for them

It is learnt that out of 60 FSWs, 24 FSWs under the study don't have any job satisfaction and they are not happy with their sex work occupation (see Table-6.54). Table-6.56 shows that out of 24 FSWs, majority 54.2 per cent of them think that sex work is not approved and accepted by the society and dishonest way of earning. So, on the social and moral ground, they are unhappy with this profession. The table also indicates other reasons of FSWs' job dissatisfaction like – no future prospect (20.8%), fear of getting caught red handed and punishment (16.7%), and too much competition in sex trade (8.3%). Therefore, it is not just the 24 FSWs, even among those who are happy in this profession are forced by economic compulsion (poverty) to meet their personal as well as family needs.

**Table-6.57: Coping Strategies of FSWs who have Job Dissatisfaction**

<i>Sl. No.</i>	<i>Coping Strategies</i>	<i>No. of Respondents (%)</i>
1.	Visiting temple/mosque and praying God	05 (20.8%)
2.	Helpless as there is no other alternatives	07 (29.2%)
3.	Accepted as the destiny given by God/Allah	06 (25.0%)
4.	Using alcohol/ <i>Ganja</i>	06 (25.0%)
	<b>Total</b>	<b>24 (100%)</b>

It is already seen that 24 FSWs under the study are not satisfied in this profession. Table-6.57 shows the coping strategies of these 24 FSWs who are unhappy in this job of sex work. It is found that 7 respondents (29.2%) are helpless as there is no other alternative way of earning their livelihood and 6 respondents (25%) accepted this profession as the destiny given by their God/ Allah. These 6 respondents believe that after five days of birth, God comes to the new born baby and write his/her destiny. So they are doing their job in spite of their dissatisfaction as they are destined by the God. In this context, they informed that “*if we think this is a punishment given by God, then it is punishment; and if reward, then it is a reward given by the God*”. Other 6 respondents (25%) shared that they drink alcohol and take *ganja* to forget their misdeeds of indulging in sex work. They are doing this work against their will and feeling frustrated and depressed as they can’t leave this profession now. The consumption of alcohol and *ganja* act as a pain killer to reduce their loneliness too. Another 5 FSWs (20.8%) informed that they are visiting temples, mosques and praying to God for his mercy to forgive their sin. It is further learnt that 2 FSWs have read their respective Holy Books like the *Gita*/ the *Quran* 7 times and 3 times respectively. According to them, whenever they feel guilty for being in this profession, they try to recollect some lines from these holy books which give them mental peace. Out of these 5 FSWs, another 2 FSWs informed that at the beginning of their sex work, they used to cry as they have learnt to perceive sex work as a dirty and morally evil work from their very childhood. So, it was hard for them to adjust with this profession of sex work. But gradually, they were acquainted with this work and now they don’t allow their conscience to ask about morality, honesty, etc. Hence, this table indicates that though 24 FSWs are dissatisfied with their sex work profession, they are forced to continue against their wishes to earn their bread and butter. Therefore, it shows the helplessness of FSWs and lack of other suitable alternative job opportunity where they can work with self-dignity.

**Table-6.58: FSWs’ Views about Giving up of Sex Workers’ Job**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of Respondents (%)</i>
1.	Want to give up if better chances are given	27 (45.0%)
2.	Don’t want to give up even if they get better chances	33 (55.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.58 shows that 55 per cent of the FSWs under the study are not willing to leave this profession, even if better alternatives or other job opportunities are given to them, while remaining 45 per cent of the respondents expressed their willingness to leave this profession of sex work, if they are given better alternatives.

**Table-6.59: Reasons of Not Giving up Sex Workers' Job**

<i>Sl. No.</i>	<i>Reasons</i>	<i>No. of Respondents (%)</i>
1.	Difficult to join the main stream of the society	20 (60.6%)
2.	Can enjoy more comfortable life	08 (24.2%)
3.	Loneliness has reduced	05 (15.2%)
	<b>Total</b>	<b>33 (100%)</b>

Table-6.59 shows the reasons of not giving up sex work by 33 FSWs under the study, even if they are given better chances. The table shows that majority i.e. 20 FSWs (60.6%) don't want to give up sex work as it is quite hard and difficult for them to join the main stream of the society again now due to social stigma. This is bitter reality that women who sell sex are stigmatized in Tripura as well as in the whole world. This social stigma is not only expressed by others, but ironically sex workers themselves also internalized this stigma. According to them, they cannot get their respectable status back, even if they give up their sex worker's job. Other major reasons of not giving up sex worker's job are – living more comfortable and luxurious life now (8 FSWs) and sex worker's job has reduced their loneliness (5 FSWs). In the present study, though these 20 FSWs (60.6%) are not willing to leave the sex worker's job, but in reality they were forced to stay back in this job due to the prevailing social stigma about FSWs in the society.

**Table-6.60: Freedom of Expenditure of FSWs' Own Earned Money**

<i>Sl. No.</i>	<i>Responses</i>	<i>No. of the Respondents (%)</i>
1.	Have freedom	30 (50.0%)
2.	Don't have freedom	30 (50.0%)
	<b>Total</b>	<b>60 (100%)</b>

Table-6.60 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 also learnt that out of 30 FSWs who have freedom of spending their own earned money, 11 FSWs can spend their earning for their own needs, while remaining 19 FSWs informed that they spent their earnings for their family only. It is

also learnt from the other 30 FSWs who don't have freedom to spend their hard earned money that their money is taken away forcefully sometimes by their husbands (13 FSWs); in-laws (8 FSWs); children (4 FSWs); and regular partners (5 FSWs). Even in this 21<sup>st</sup> Century, a mother can sacrifice her life for the sake of her kids and her family in Indian culture. Therefore, FSWs of Tripura also are most sufferers in terms of gender discrimination. It is found that out of 60 FSWs, 20 FSWs informed that after meeting all expenditures, they have some money left for saving for their future. But the remaining 40 FSWs (66.7%) are not happy with their earning as they can't save money for their future. Hence, these 40 FSWs under the study are still suffering from poverty.

**Table-6.61: FSWs' Advice to their Fellow FSWs**

<i>Sl. No.</i>	<i>Advices</i>	<i>No. of Respondents (%)</i>
1.	If possible, try to leave this profession	44 (73.3%)
2.	Use condom in every sexual encounter	60 (100%)
3.	Don't bring children & relatives in sex work	60 (100%)
4.	Form Association to protect & fight for justice	21 (35.0%)
5.	Keep yourself equipped to protect from unwanted violence, danger, etc	52 (86.7%)

Table-6.61 shows the advices given by 60 FSWs under the study for their fellow FSWs. It is found that 44 FSWs (73.3%) advised that other sex workers should leave this profession, i.e. sex work, as early as possible. They too feel that prostitution has no social acceptance and continuously been seen as a problem for the society. Prostitutes are seen as the most extreme representative of what is bad and evil. All the FSWs advised their fellow FSWs to use condom in every sexual encounter for the betterment of other sex workers' own health and safety. This response shows that they are concerned about health, but unfortunately could not practice the same knowledge for themselves. They know that only condom can secure their good health through preventing STI, HIV/AIDS, etc. All FSWs under the study 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. Out of 60 FSWs, 21 FSWs (35%) opined that there is a need to form Association of FSWs in Tripura to protect and fight for justice by themselves. According to them, there is hardly any unity among FSWs due to competitive feelings and hidden nature of this work. The ambiguous legal status of the sex work is giving fuel in it. Only 'we

feelings' can make them united. If sex workers once become united, only then they can easily fight for their rights and can resist violence against them to some extent. These group of sex workers want 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. It is also found that 52 FSWs (86.7%) 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.

Part-I of this Chapter has highlighted various risk factors and vulnerable factors that the FSWs under the study are facing in their day-to-day life along with their coping strategies to deal with those stressful events and problems. From the above discussions, it is clear that there is a positive correlation between the vulnerable factors and the heightened risks among FSWs with regard to HIV/AIDS in Tripura. FSWs' ways of living as well as their nature of work have exposed them directly and indirectly to physical, psychological, economical and social hazards. There are various factors which act as a barrier for FSWs to adopt safer sex practice i.e. sex with condom with their clients. They are particularly vulnerable in mental and physical health problems like infection of STIs, HIV, etc.; attempt to suicide; habit of alcohol consumption; and eve teasing, sexual assault, rape or other violence in their sexual relationship. It is also found that in many cases, they have limited control over their sexual relationship which manifests their sexual subordination as well as their helplessness. FSWs' such condition reflects the prevailing social stigma in the society as well as criminalization of sex work and sex workers in Tripura as well as in India and other countries. It is also mirrored that FSWs, who are dependent on sex work as a source of income to survive or support their families' basic needs, they are also vulnerable to HIV infection due to their lack negotiation skill for safer sex, charging price for their services, etc. Human rights violations are particularly prevalent in the lives of FSWs both by their clients and by the society. Here, the male client play his role as a dominant person needing fulfilment of sexual pleasure, while majority of the female sex workers (FSW) internalizes the fact that their clients need a subordinate sex provider for satisfying his sexual urge (Majumdar, & Sukai, 2014). In this type of

patriarchal setting, those who pay money to satisfy their sex instinct are ‘clients’ and those who sell their services are called ‘prostitutes’! From this negative and conservative cultural attitude toward sex workers and their occupation, sex work is labelled as a threat against the morale fabric of society, which in turn is throwing FSWs into their occupational vulnerabilities *vis-a-vis* vulnerabilities to HIV/AIDS

It is also seen from the Part-I that FSWs are using various coping strategies to cope up with various vulnerable factors and problems faced by them. Some of the coping strategies are proving more effective than others depending upon the situation and upon the concerned FSWs, who are adopting these strategies. Some specific coping styles that are using by the FSWs under the study in Tripura are – (i) humour or positive reframing of the situation (internalising that they are satisfying families’ basic need, satisfying their unmet sexual need etc.); (ii) seeking support (asking for help to NGO staff, political party etc.); (iii) problem solving (keeping mobile in switched off, reducing clients, leaving alcohol consumption, using condom even with regular partners, etc.); (iv) resorting to spiritual beliefs (destined by God , reading religious books, visiting temples/ mosques, etc.); denial (taking tobacco, substance for inhaling, consumption of alcohol); (v) self-blaming (FSWs are responsible for spreading of HIV/AIDS) ; and venting (quarrelling with clients or others, telling lie etc). However, apart from detrimental health effect, the vulnerable factors are also the outcomes of violation of their rights as a human being. Hence, 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 and thereby making them marginalized section in the society.

## **Part-II: Case Studies**

### **6.2 In-depth Case Studies and Observation**

It has already been mentioned in the research methodology (see Chapter-3) that 10 in-depth case studies will be undertaken to get more clear idea about the FSWs and HIV/AIDS in Tripura. The present section deals with selected case studies of the 10 respondents (FSWs). The cases highlighted the different experiences and aspects encountered by these FSWs during their life time. The details discussions on case studies are presented below:

#### **Case-1**

Ganga (name changed) is in her early 30s and belongs to a remote village. When she was 16 years old, her parents gave her marriage. Her husband was a bus driver in Assam-Agartala road (NH-44). Ganga had both mother-in-law and father-in law who were with her. Her husband used to take night halt outside the house due to his nature of work. Her husband used to take alcohol. He told Ganga that long route driving is impossible without drinks. She didn't speak anything. But, several times she requested her husband to change the job and route of his driving, so that they could stay together. But, her husband replied that it was not possible for him. After 4 years of their marriage, Ganga gave birth to a girl child. The whole family was happy due to new born baby. When their child is two years old, suddenly her husband became severely ill. Doctor told that her husband is suffering from major *spondylitis*. After treatment, her husband was not physically fit to join the same job of driving. Ganga noticed that her husband became more addicted to alcohol. He is the only earning member of their family. She became too much stressed to manage the household. One night, her husband invited one of his friends for dinner. That night, both the friends took a whole bottle of alcohol. After the dinner Ganga entered her room. Her husband told that his friend will stay that night at their home. Ganga didn't object on humanitarian ground. Suddenly, at night her husband's friend entered into her room; and her husband locked them from outside by saying that she had to sleep with his friend as he took money from him. Ganga requested her husband and also fell down to his friend's feet, but all in vain. His friend forcefully raped Ganga at that night. Next morning she informed everything to her in-laws. They told that they are helpless in

this matter as they grew old; they are dependent on their son only. Ganga was only child of her parents and they died few years back. Hence, she had no other place to go and forced to stay at her husband's house for the sake of her little daughter. From that day, every night her husband used to bring new clients for her. Many times, she protested and refused, but her husband didn't pay any attention to her such appeals. Ganga was living with hell and was helpless, but forced to entertain clients for her daughter. Their family was suffering from social boycott in the neighbourhood due to her sex work. In the mean time, once she felt ill and it continued for 20 to 25 days. Weakness grew in her body and mind. She heard about a NGO in their village, which was working for poor women. Once in her husband's absence, she met with the NGO's staff and discussed everything. The NGO's staff listened to her problems sympathetically and advised to visit ICTC for HIV test. Next morning, one of the NGO staff escorted her to ICTC. After few days of her test, it is found that Ganga is HIV-positive. It was so shocking and disastrous to Ganga that she could not think anything and totally collapsed. The NGO's counsellor consoled her and advised to keep in touch with the NGO. From then, she is closely attached with the NGO. But, for the sake of her little daughter and for the sake of her family, she is still forced to continue sex work by hiding her HIV-positive status.

### **Case-2**

Sabitri (name changed) was from poor family. She stopped her study after class VI, due to her family's poor financial condition. At her age of 20, her parents gave marriage with a person who was a Group D employee in a State government office. Gradually, she was experiencing that every evening her husband returned home in a drunken condition. She requested many time to her husband for giving up this bad habit. But, sometime she was beaten up badly by her husband for her such protest. Moreover, her husband was reluctant to bear the expenses of the family. They had one son and a daughter. She was thinking about an engagement, so that she could earn a little for her children. But being a wife of a government employee, it was not possible for her to take any available job like working as a maid servant. So, she was trying to search a suitable dignified job. At this time of her crisis, she met a person who assured her a part time job in his office. Sabitri trusted him and as per his advice, she submitted all her relevant documents to him. One fine evening, she was told to meet

with him at his office. Sabitri went to that office by keeping her two children at her neighbor's custody. She was waiting for a long period with that man in the office for the boss; then she found that an unknown person having gigantic figure entered into the room. Then the person, who summoned Sabitri here, told her to discuss about her problem to his boss and left the room. *“After a short conversation, that boss of the office tried to embrace me. I understood the ill motive of the person. I was succeeded to release me forcefully from his grip and escaped from that office finally. I realized that I have been cheated by the man, who assured me to give a job. I became at a loss that very moment, because it was not possible for me to return home at night as there were no vehicles at that time. Finding no other alternatives, I spent that night at roadside as I have no friends or relatives nearby. The next morning, I returned home and all my neighbours were asking about my job. I only told that everything was fine. I thought how to manage my all neighbors every time; so I started to visit the town regularly at office hour to show my neighbors that I am in job. But this type of acting did not help me to run the family. One day I met a woman who became very close to me shortly. That woman told me that she is earning through sex work and advised me to try for this. No capital is needed in this business except their body”.* Sabitri was hesitant but by considering the future of her two kids, she accepted the proposal and started her new life of sex worker with the help of that woman. She ran her sex business smoothly for 10 years. Every evening she had to return home after finishing her sex services, as if she is returning from her job. None of her neighbours or her husband was aware about her sex worker's job. By this time, she came to know from one of her friend about a NGO which is working in Agartala city for the benefit of FSWs like her. With the help of her friend she visited that NGO and learnt that they are providing STI health care services and condoms at free of cost. From then, she started to access these services from the NGO. She left her husband's residence after the marriage of her son and daughter. Presently, she is above 40 years and residing in a community toilet at Agartala city as no landlord wanted her as a tenant. Now she is asking brothel for the sex workers like her. Once, when the representatives of NACO visited, she put her prayer to them. They assured her but till date no such initiatives taken from the concerned NGO or government authority.

### Case-3

Parija (name changed) is 34 years old. At her early age she got married socially. Her husband was a daily labor. One evening, when she was pregnant with six months, her husband brought another woman at their home. She asked her husband about that woman. Her husband told that the new woman is her co-wife (second wife). Parija immediately narrated everything to her mother-in-law for justice. Her mother-in-law told that the practice of more than one marriage for a man is not illegal in their Muslim community. Parija realized that a pathetic future is waiting for her. She felt meaningless to stay with her husband anymore. After such emotional setback, she left her husband forever and took shelter at her parental home. Her parents were very poor. Parija's two brothers were living separately from their parents with their respective own family. So after her daughter's birth, her parents were experiencing more burdens which were also felt by Parija. When her daughter is of seven month, her brother-in-law managed a job for her. She was given a duty of home management including cooking for a single person, who is a government employee by profession and residing in a rented room. But her wage was not sufficient enough to maintain her family. One day Parija requested her master to allow her to do another work without hampering his household work as she needs more money for her baby. The man gave her a proposal that he will take the sole responsibility of her family, if she agreed to satisfy him sexually. Finding no other alternatives, she gave her consent to her master. She herself was also enjoying a happy life. She was maintaining this relation secretly. Only the younger brother of her partner knew about this relation. In the mean time, for more income, she started to take more clients at her masters' rented room in his absence. One morning when Parija came to her work, she found that her master was severely ill. *"After a few days, I got shocking news that both of the kidneys of my partner have become non-functioning and immediate transplantation of kidney is required. Once, I heard that if someone donate one of his/her kidneys, then both the donor and receiver could survive and spent rest of the life smoothly. Within a moment I decided to donate one of my kidneys. Because I thought if my partner died, I will be in a big trouble with my daughter and my parents. I would not be able to save my family."* Whatever she decided, she told it to her partner and he became optimistic about his life again. The younger brother of her partner came to her house and advised her to not to take such a big risk as there is no guarantee that his elder brother will

survive even after kidney transplantation. Then his master's brother proposed that if she is agreed, he would like to provide all the facilities like his elder brother on same condition of satisfying him sexually. Parija thought for a while about the poverty of their family and ultimately gave her consent. She disagreed to donate her kidney at the last moment and she was slapped by her master for her changed mind. Parija left him forever. After a few days, she got the news of her master's death. She cried but didn't go to see the dead body. She continued her relation with her master's brother and other clients also. By this time, she came to know about the NGO's TI programme and became health conscious. Parija has been accessing STI and other health care services, condoms, etc., from the respective NGO since last 5 years.

#### **Case-4**

Julie (name changed) was a girl of a remote hamlet. They were four brothers and two sisters including her. Julie was the second eldest child in the family. The younger most sister was dumb and deaf. She had lost her parents when she was 13 years old. Julie had read only up to class-II. Having been the victim of poverty, she was forced to take a job in suburban area. She worked as a whole time maid servant in someone's house. But she could not work in the same house for a long period due to her habit of stealing food and money. Many times she was caught and beaten by her employers. At her growing age, she fell in love with a rickshaw-puller. One day she left her master's house riding on that rickshaw with a dream of living a happy family life. She spent that night in a house which was owned by a friend of her would be husband and had sex with her lover. Julie did not object to sex before marriage as the next day they were supposed to get married in a nearby temple. But, unfortunately the next morning, she found herself alone in the room. Her would be husband escaped which shattered Julie both physically and mentally. Her dreams didn't come true and felt too much depressed. Her mind was roaming to and fro aimlessly. Lastly, she made her mind to go back at her own home with so many ominous thinking. *“On that day, I was beaten by my elder brother. I was tied with a rope for the next three days. I was freed by my deaf and dumb youngest sister. As soon as I was freed, I fled away from my home. I passed my nights on footpath in Agartala. Finding no other alternatives, I started my new life – the life of sex worker. My home is now this footpath. Every morning I pack up my beddings and keep those in the nearby shop. At the starting,*

*after mitigating my essential expenditure, I had no money left to live in a rented room and but now no landlord wanted me as their tenant.”* In these days, she came in contact with the TI programme of a NGO through one of her fellow FSW friend and availing all services from the said NGO. Julie used to have 16 to 18 clients on an average per week. Mostly her clients are migrant labours. Sometimes she engaged in group sex also. Though free condoms are given by the NGO’s staff members, she didn’t approach her clients to use condom out of fear of losing clients. Generally, she used to visit the NGO for her STI and general health problems. But she did not visit ICTC due apathetic attitude of the staff. Julie was not satisfied with her sex work profession as society would never accept it. To avoid her pains and sorrow, she started to inhale dendrite and also sometimes takes alcohol provided by her clients. Too much dendrite- addicted Julie had only one question to the Researcher — *“Didi, during rainy season, it’s tough for me to live in the footpath. And manage my livelihood. If the government builds small quarters for women like us, we would not be sufferer. I heard that there are quarters for ‘veshya’ (sex workers) in Kolkata and Delhi. Would you please convey my humble prayer to our government?”* Though Julie was sunken in herself by the addiction of dendrite, but a new glimpse of light for life was seen in her drowsy and sleepy eyes by thinking that one day government will think about her.

### **Case-5**

Bela (name changed) is morbidly black and thin in her physical structure. Visually collar bones of both sides are coming out. The sufferings from malnutrition and anaemia are clearly visible. She is suffering from suffocation and desperately breathing pressing small piece of torn cloth in between her lips. After a while, taking out some black liquid from a phial and putting it on her slipper she smears on both her palm and then began to polish her hair. She is 24 years old. Bela shared that the small bundle of torn cloth with liquid dendrite is her only all time company and strength that can relieve her from the pain and suffering. Her bare necessity to earn money is for buying her dinner and dendrite as she takes lunch in a nearby temple at free of cost. She always use shoe glue as hair colour to give blackish look of her hair. Bela lost her parents in her infancy and is bereft of formal education. She only knows how to write her name. While living with her elder sister, she falls in the trap of love with a person who promised to marry her and she eloped with him. All the night they were

engaged in sexual amusement. The next day, her husband went out for their marital shopping as they were going to get married. But her lover never returned from the market. Having caught in a strange situation, Bela helplessly returned to her elder sister, but her elder sister didn't accept her due to social stigma. Bela came out from her home and any how able to manage a shelter at footpath to live in. While telling her life story, Bela suddenly asked the Researcher - *"Didi, please give me Rs.5/- as I am feeling too much hungry and pain in my lower abdomen"*. After receiving a packet of sweets, she told about the reason for not visiting the doctor of NGO implementing TI programme for the treatment of her pain. She said, as she loitered here and there in day time, she can't manage her time. In her opinion, inhaling of liquid dendrites relieves her from lower abdomen pain. She told that many clients do not pay her fully as per commitment, except few good-natured people. She cannot even negotiate with them for using condoms out of fear of losing income. If she denies to provide sex at free of cost, some clients physically torture her. Stains of scratching were seen everywhere in the visible part of her body. She has gone under abortion for 3-4 times. Still she is desperately striving for her dinner and huge tubes of dendrite through her sex work. While returning back, Bela requested the researcher - *"Didi, will you take me to your home. I do not want to live in this footpath any more. I will help you in your household work as maid servant. I don't need any cash money, but you have to bear my every responsibility along with my dendrite tubes."* Bela made it so embarrassing for the researcher at the end of her interview, but this is crude reality of a FSW's life.

### **Case-6**

Arshi (name changed) is a good looking girl who lost her mother in the early days of her childhood. She has grown up in family with her step- mother. Her father was a day labourer and goes out early in the morning in search of work. She is illiterate and when she is 15 years old she got married because of parental pressure. Arshi is the second wife of her husband. Her husband's first wife died leaving her two sons aged 7 years and 5 years respectively. She had to take new responsibility and liability of five members including her old aged mother-in-law. Later, she became mother of a girl and a boy. Suddenly, the family had faced a disaster when her husband was killed by the terrorists. It was a very difficult task on the part of a young helpless widow to

provide two square meals in a day for six members. Mental agony gripped her life. Moreover, being a Muslim lady, Arshi failed to earn her livelihood by working as a household maid in their Hindu dominated locality. Gradually, she found a job of breaking bricks and stones as a daily laborer. But, her income was not enough to satisfy the need of six members' family. One day, her supervisor proposed her to be his bed partner in exchange of handsome amount. Arshi thought that she can't run the family in the long run only through this job of breaking of bricks and stones. After giving a serious thought for several days, she finally accepted the proposal and engaged in sexual relation with her supervisor. Gradually, she started entertaining other clients for more income. After a year, she realized that the sex trade of her is not safe as the two son of her husband's first wife is becoming mature. Lastly, she decided to move to the town with her own younger daughter and son by leaving her two elder sons and mother-in-law in their village. She took a rented room, but failed to even get a job of maid in the town due to her religion. After few days, Arshi met with her some known clients along with a new service holder client and again started the sex worker's job. She also managed again a job of breaking bricks and stones in the town. She was sending money to the village in every month without any fail. In the mean time, she met a woman who requested her to visit the NGO which is working for FSWs. The woman also told that she knew about Arshi's sex work. At first, Arshi hesitated to visit the NGO out of fear of disclosure of her identity in public. After receiving assurance from that woman, Arshi started to access free health care services from the respective TI implementing NGO. She had undergone for HIV test escorted by the NGO's staff. Arshi is happy due to her HIV- negative test result. Arshi informed – *“One night, I dreamt goddess ‘Ma Kali’ of Hindus wearing white bangles and sindoor on forehead and ordered me to worship ‘Her’ only with the red flower and ‘belpata’ (the holy leaves of wood apple ). She also ordered me to wear white bangles and sindoor like Her. I told Ma Kali that I could give holy ‘belpata’ and red flowers, but I won't e able to wear white bangles and sindoor like as Hindu women. I could not do the unholy job of converting my own religion. I started to worship her with flowers and ‘belpata’.* She found herself happy for both the worship and increasing income from sex work and from the work of breaking bricks and stones. After two weeks of her dream, she found out whirling hair lock on her head and she instantly cut it out. But, after it, she suddenly felt morbid and took admission to hospital due to over bleeding during menstruation. Arshi thought that *Ma Kali*

punished her for committing the sin of sex work. She shortened her sex work after returning home from hospital and thinks that any how she will stop her sex work. Gradually her income is coming down and her anxiety is going up for her family expenditure. By this time, she dreamt *Ma Kali* again. *“Ma kali told me to continue my sex work. From that day I got relief from my anxiety. Side by side, I offer red flowers and the ‘belpata’ to Ma Kali twice a day secretly. I know whole heartedly that she will take care of me every moment and the profession of sex work is my destiny as directed by Ma Kali.”* Now her own son and daughter are going to school and she is sending money regularly to her village for her other two sons and mother-in-law. In reply of the researcher’s question, Arshi didn’t share anything about her dream to NGO’s counsellor or any other NGO’s staff due to the fear getting exposed as she is worshipping the Hindu Goddess. She expressed that even after knowing her FSW identity, people may not kill her, but if her worshipping leaked, then people of her religious community will kill her. Arshi’s story shows another side of FSW’s pathetic life and indifferent attitude of the society.

### **Case-7**

Sanjibani (name changed) is the eldest daughter of a very poor family. She has two younger brothers. Her father is a physically challenged person and mother looks after the family by working as a daily labourer. Sanjibani and her brothers would go to the school mainly to have mid-day meal in the school, as the earthen-woven would blaze in their house at night only. So, they would have to go to school even with their dirty clothes and illness. Otherwise, they would have to pass the day without food. The BSF (Border Security Force) camp is situated just 50 meters away from Sanjibani’s house. While growing up, gradually she came to know that few aunties of her neighbourhood houses are making and selling *chowak* (country-liquor). The jawans of the BSF camp would come to their aunties’ house to buy this. Then she realized that through this liquor business, those aunties were able to provide two square meals to their family members. Sanjibani proposed to her mother to start the same business of *chowak*. Accordingly, Sanjibani left her school for the sake of looking after her family; and both she and her mother started to prepare country liquor and sell those to BSF jawans and others. But, she failed to compete with neighborhood aunties in this business. The concept of “Free” came to her mind from the TV advertisement. She

decided to make free sex with her regular good customers of *chowak* to increase the income. This trick is due to provide three square meals to the mouth of every family member. She started to provide sexual services at free of cost, when she is 20 years old. In her own words— *“Didi, while I started sex work, BSF jawans would come and make physical relationship only in condition of buying chowak. During sexual intercourse with some of jawans, it was like a physical torture that could hardly be endured. Sometimes, I had to stand still in the neck-deep water of ponds due to burning sensation in genital organs. My parents knew everything, but never forbade me from sex work on account of our poverty. Gradually, I became attached with a NGO, working for women like us. They advised me to use condom in every sexual act and gave condoms at free of cost. They also advised me to take money instead of providing free sex, which too will support to run my family. From then, I have started to access all the health care services by the said NGO and started to take money from my clients, but unable to use condoms all the time. Generally, I used to entertain my clients either at my home or any other open place. One day, I was compelled to go to BSF camp at night as my mother indulged me to do so. I thought about entertaining only one officer of the BSF, but 3-4 jawans, did not allow me either to rest or sleep all the night. Oh God! It was a very horrible and painful night. I was suffering from severe pain and left the camp with fever and handsome cash”*. She laughed sorrowfully and said, *“Now I used to take the advantage of their invitation to entertain them in the BSF camp. I need to see that my brothers are well established in their future life.”* She was continuously crying while narrating these to the researcher. It seems to the researcher that although she started to provide ‘free’ sexual service to increase her income from the liquor business but end up with a full time FSW. Now she is suffering from internalized stigma due to her sex work.

### **Case-8**

One day early morning around 4 am, the researcher along with a NGO staff (Out Reach Worker) was going to meet and interview few other FSWs. Suddenly, when passing by a road side tent, they saw a girl was lying downward on the road just 100 meters away of the tent, whose lower portion was burnt. It is visible that back part of her head injured and still bleeding. Having turned the body upward, it found that the girl was Shirin (name changed) to whom the researcher interviewed last day only! She

was wearing the same frock when she was interviewed last day by the researcher. She was even bleeding through her forehead and she was unconscious. Instantly, Shirin was admitted to a nearby government hospital with the help of other NGO staff through concerned NGO's vehicle. There was no problem in getting Shirin admitted in the hospital. After fighting more than 3 weeks, Shirin got her life back and was recovering slowly. Lying on the bed of hospital, Shirin narrated — *“Two drunkards came in my tent and forced me to have sex for free of cost. That time I was cooking as I have to go out early morning. I was trying them to resist. Then, I started running away from my tent to save myself. One of them threw fire wood from my earthen oven; and the fire caught me at a moment as I was wearing a synthetic frock. I was running and loudly crying for help, but there was none to help me. While I was out of their reach, they started to throw stones lying on the road for maintenance. Suddenly a stone fell on backside of my head and instantly I fell down on the road. I was relieved while the drunkards fled away on seeing the headlights of an approaching car. I waved my hands for help. But the car did not stop. After that I could not remember anything, maybe I became senseless. Since then I could not recollect anything about what happened. When I got my sense, I found myself lying on the bed of hospital. Thank you Didi (the researcher) for giving me a new life.”*

Shirin is now 16 years old and shy by nature. She never went to school. She is living alone in the heart of Agartala – capital of Tripura. She spends her night in a tent by the road side; and in day time she rolls back her tent. It is observed that used dendrites' tubes have been scattered all around her tent. Her step mother used to beaten her severely and she had left her own house at the age of 11 years. After working 3-4 years as maid in someone's house, she had to leave that house because of immense physical torture, if she did any mistake in her work. They did not pay her a single penny in return of her work. Then, when she found some street call girls (FSWs) soliciting clients, she decided to earn money like them. But she has no place to stay nor had the money to take any rented room. Hence, she started living in the tent on road side. Mean while, from fellow street call girls (FSWs), she came to know about NGO's free health care services. She visited several times to the concern NGO for her health problem and STI treatments. But, Shirin still believes that HIV is also transmitted from the clothes used as napkin during menstruation. She used to get condoms from the peer educators of the NGOs who are also FSWs like her. But she

never used condom out of fear of losing clients. The string-like lower end of condom is used by Shirin as hair band. Currently, she was released from hospital.

### **Case-9**

Swapna (name changed) was a handball player. She had dream to play at the National level. Her dream was partly fulfilled, when she played as a State Player of Tripura in Jalandhar, Punjab. But, her dream of becoming a National player remained unfulfilled in her life. Swapna met Ratan, as both of them used to practice in the same play ground. Ratan is a football player and had a stout body. They both fell in love and had an affair between them. Besides games and sports, they also used to discuss about their future conjugal life. While reading in class IX, one day Swapna left her home with Ratan and got married as her family objected to her affairs. After this, both of them had to stop their playing career also. Whatever little money they had, it was finished within 10 days after their marriage. Ratan contacted his family members and returned to home along with his newly married wife. But, family members of Swapna did not accept this marriage with other caste guy and cut all relation with her. Her parents are very conservative *Brahmin* family. Ratan bought an auto-rickshaw by taking loan from the bank to run his family. Unfortunately after some years, Ratan, the father of two sons lost his right leg due to a severe road accident. In the words of Swapna, *“I was clueless and puzzled for sometimes. Suddenly, the spirit of sport’s man arouse in my mind. Sports people never leave any battle. In the mean time, I got a job of ‘ASHA’ (Accredited Social Health Activist) under health department with the help of few doctors. But it was a contractual job and salary was not sufficient to maintain my family. One night, while I was staying at hospital with a patient, a doctor on duty came close to me and highly praised of my beauty. It was very difficult for me to resist his proposal as my body and mind were sexually starved for many days. And we had sex at the hospital at that night. Next morning, I returned home with a perfect satisfaction. Since that day, the doctor often called me during his night duty and always he gave handsome money to me. I often recite the verse of the Gita, whenever I felt myself guilty for my relation with the doctor to get my mental peace. Do you know Didi, I have gone through the Gita for seven times? One day, I was caught red handed with the doctor by a sales boy of a nearby medicine shop. Doctor gave him handful amount of money as bribes to keep his mouth shut. But I could not escape*

*from the sales boy. One day while I was returning home, that boy demanded sex from me and warned otherwise, he would disclose the matter to my husband. I felt helpless and was forced to accept his demand and developed sexual relation with him also. But, he never paid me except paying the charge of hotel only. Sometimes he visited with his friends, and I have no other option but to satisfy them too. But, his friends used to pay me as per my demand. I concealed the entire episode from the knowledge of the doctor, because of fear that he may leave me and I will lose the income. In addition, the said doctor is too good and well-mannered gentleman. Now I am leading a better life this way.*” Being a health worker, she herself knows about the TI programme of local NGO and accessing their services as when required. She is accessing these services from the NGO for the last three years. Swapna knows all the scientific reasons of HIV/AIDS. She told that after accessing health care services from NGO, she is motivated enough to use condom to protect herself from STIs, HIV/AIDS, etc. Now she is using condom consistently.

### **Case-10**

Bubli (name changed) lost her mother while she was only 5 years old. Her father got married again even before the completion of one year of her mother’s death. At first, she didn’t accept her *Natun Maa* (step-mother). Gradually, she realized that her step mother is her destiny; and whenever she would become disobedient, her step-mother stopped giving her food. Her drunkard father knew it very well, but he was helpless. In the mean time, she got one step brother and one step sister in her family. Being the eldest sibling, Bubli had to perform all the household duties as directed by her step mother. When she was 17 years old, Bubli said *“One night I woke up from my bed following whispering from the bed room of my parents. Their words were not clear to me. But, so far I remember, there were two Hindi-speaking and one uncle from my neighbourhood. I could at least understand, they were arguing over something. I clearly heard two words - ‘Shadi’ (marriage ceremony) and ‘Haryana’. I failed to make out whose marriage and why was my father bargaining with those two persons vis-à-vis with a neighbourhood uncle? I became worried and don’t know when went into sleep.”* The next morning Bubli woke up by her step-mother, and she informed that a very kind hearted person from Haryana agreed to marry her without any dowry on that day itself. The clothes and silver ornaments are being given by the groom.

Later on she came to know the whole unheard story of that night. In her own words—  
*“My father sold me in exchange of Rs. 5000/- out of his greed. There is a lack of marriageable girls in Haryana. I was crying helplessly. My father assured me that my husband is from a very well-to-do family and I would lead a better life there than staying with step-mother. After the forceful marriage, I left for Haryana with my husband. After 20-25 days of my marriage, one night, the second younger brother of my husband entered into my bedroom and locked the door from inside. While I was loudly shouting and crying for help, by putting his hand on my mouth, my brother-in-law informed that he entered with the consent of my husband only. This is the normal custom of their society. He also threatened to kill me, if I cried aloud.”* In this way, Bublī had to be the bed partner of his two brother-in-laws along with her own husband. Thus, she was raped at every night. She could not inform others due to the fear of getting murdered. She was desperately looking for any scope to be fled away. Lastly, one day she got an opportunity and fled away. In Bublī’s version, — *“Didi, I don’t know how I have reached Guwahati from Haryana. Thereafter, I directly came to Tripura by bus. My father was reluctant to give me shelter. Then my maternal uncle took me to his home. Three to four years later, with the help of my maternal uncle, I got married again with an aged widower. But my bad luck was running behind me. My husband is addicted to all kinds of substance abuse and also regularly used to visit FSWs. He very often tortures me physically for bringing money from my maternal uncle. I could not bring money as my maternal uncle is very poor. Even he many times burnt different parts of my body with the fire of bidi. At last, my husband provided me machines (clients for sex work) to earn money. He used to bring unknown clients and pushed them into my room by locking the door from outside. In this way, I am entertaining old and new clients almost every night. My husband becomes the pimp for my sex work and collects the money from the clients after bargaining with them. Whenever I protested against it, his physical torture on me increased. Thus, I have turned into a ‘prostitute’ by none other than my own husband. The same story of Haryana repeated in my life. Sometimes, clients directly gave me money instead of giving to my husband. Whenever I opposed to handover that money to my husband, I become a victim of physical and mental violence. At present, I have a son aged three years. Every day I am comparing the appearance of my son with my old clients, only to get confirmed whose son ‘he’ is! Being his mother, even I don’t know who the real father of my son is. Oh God! What a life you have given to me! ”.*

During her this stage of life, Bubli came to know about the local NGO through a client and a peer educator (FSW) and started accessing their all health care services. The NGO's staff tried to convince her husband, but failed to make him understand; and in return she got more physical torture. Later, she herself requested the NGO staff members to stop their advocacy for Bubli.

From the above case studies, it is clear that rarely any woman despite their poverty voluntarily and willingly makes a choice to become a sex worker. Majority of FSWs like every woman had a dream of living happily with their husband, children and other family members. But some people of this society are the real culprits who forcefully pushed them into this profession of sex work; but the very same society to which these criminals belong, has social stigma towards FSWs and hate them for their engagement in sex work. Some of them left their homes with their lovers with the dream of leading happy family life, or some went to city in search of a job to earn their better livelihood, but many of them lastly ended up in the profession of sex workers as they were ditched, deceived and forced by their own family members, husbands, lovers, employers, etc. as the case may be. Therefore, one cannot conclude that these FSWs are voluntarily selected sex work as their profession rather they were left with no other alternatives. But, whatever may be the reason, sex work in India is an illegal trade as per law like some of sections of Indian Penal Code (IPC) and the regulating laws like Immoral Trafficking and Prevention Act (ITPA). Sex work is not an isolated individual evil act, but it is the by-product of our so called structured social system which failed to provide suitable earning opportunities and to ensure safety and security to the women. As a result, the female sex workers (FSWs) are marginalized and not under any social security schemes or the protected by any law, but now labelled as “high risk group or reservoir of HIV/AIDS or evils of the society”. The FSWs may also become a part of the main stream of society and useful citizen, if suitable measures are taken to remove social stigma and de-criminalize sex work and female sex workers.