

## Review Article

# Factors influencing health-care access of female commercial sex workers in India: an in-depth review

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## ABSTRACT

Commercial sex workers (CSW) are a vulnerable section of the society with diverse health problems. However, different surveys have consistently shown limited healthcare access by this group. There are a lot of factors, related both to the health care facility and the potential users, which influence this access. In this review, we have analysed some of the factors affecting healthcare access of female CSWs in India. The analysis has been done according to a standard conceptual framework. Certain remedial measures have also been proposed at the end.

**Keywords:** Commercial sex worker, Healthcare access, Barrier, Policy

## INTRODUCTION

Commercial sex workers (CSW) comprise a marginalized and vulnerable section of any society. As a group, CSW includes male, female, children and transgenders. In this in-depth review, we will concentrate on only adult female CSWs belonging to the reproductive age group (15-49 years) in India. We have decided to focus on this demographic group as it is the largest section among CSWs in India.

The exact number of female CSWs in any region is difficult to estimate because of the covert nature of this profession. One estimate in India, done by mapping and census, puts the number of CSWs at 0.2 to 0.5% of the adult female population of any region.<sup>1</sup> In another study, it was estimated that up to 1% of the adult female population of reproductive age may be engaged in commercial sex in certain parts of India.<sup>2</sup> However, while brothel based CSWs are easier to reach, non-brothel based CSWs are often untraceable. This latter

unorganised group is also likely to be more vulnerable in terms of age and unmet healthcare needs. In one study from Andhra Pradesh, India it was found that nearly 50% of home based female CSWs were less than 24 years of age.<sup>3</sup>

CSWs have diverse health problems. Prevalence of various diseases like sexually transmitted diseases (STDs) is very high among CSWs. A study from Surat, India showed 43% prevalence of HIV and 23% prevalence of Syphilis in female CSWs.<sup>4</sup> Another study from south India found that female CSWs had very high levels of alcohol and tobacco abuse and up to 78% of them had psychiatric co-morbidity.<sup>5</sup>

In summary, female CSWs in India comprise a large and vulnerable population with high prevalence of various health problems. In this review, we aim to review (based on available literature) some of the problems in accessing health-care faced by this vulnerable population.

## CURRENT INITIATIVES

Certain healthcare interventions have been planned and many are already operational for female CSWs in India. The service delivery is through government sector workers, Non-government organisations (NGOs) and other charitable or community based institutions.

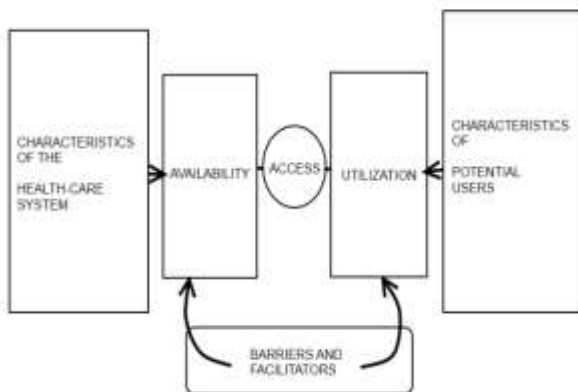
The government efforts for CSWs are mainly channelled through NACO, the national AIDS control organization.<sup>6</sup> The interventions planned through NACO include mapping of CSWs, building of drop-in centres (where they can get services like counselling for STDs and de-addiction) and scaling up of diagnostic and therapeutic services in an accessible and affordable manner.<sup>6</sup> Proper funding has also been provided.

The NGOs and other community based service delivery organizations have also done some remarkable work to ensure healthcare for female CSWs. Two Indian projects which have gained particular prominence include the Sonagachi project in West Bengal and the Avahan project in South India.<sup>7</sup> Both of these have succeeded in increasing certain aspects of health care delivery, both preventive and curative, in female CSWs.

However, the demand-supply gap for healthcare is still large and there are a lot of factors which adversely influence health care access of female CSWs in India. Next, we will analyse some of these factors.

## COLLECTION OF DATA

For this in-depth review, data was collected online from various databases like PubMed, Global Health, Popline and Embase. Only English language peer reviewed publications were included. Search was limited to publications after 2000. Grey literature was also searched for suitable data.



**Figure 1: Figure showing the conceptual framework used for discussion.**

## CONCEPTUAL FRAMEWORK

To analyse the problems, we have used a modified version (Figure 1) of the healthcare access framework devised by Khan and Bhardwaj.<sup>8</sup> The two main factors in this model are characteristics of the healthcare system (determining availability) and characteristics of the potential users (determining utilization). These are modified by various barriers or facilitators. The ensuing discussion will be divided into different segments according to this model.

## FACTORS INFLUENCING HEALTH-CARE ACCESS

We have divided the various factors into certain categories:

### *Characteristics of healthcare system*

#### *Health personnel*

Social stigma often makes the CSWs to work in a clandestine manner and hide their diseases.<sup>9</sup> Also, surveys have revealed that the prevailing social attitude of demarcating CSWs as outcasts is highly prevalent among healthcare workers including physicians.<sup>9</sup> CSWs may be left out of social programs and denied timely management at health-care facilities.<sup>9</sup> A study among CSWs in India have shown that more than two-thirds of them have had a very negative experience in hospitals or rehabilitation centres.<sup>10</sup> Such experiences often deter them from seeking healthcare in future. This trend is, by no means, specific to India. Studies involving CSWs from other countries have also shown that CSWs were often refused treatment by medical personnel just because of their profession.<sup>11</sup> Being HIV positive increased this stigma and negative attitude even further.<sup>11</sup>

In a survey from Nepal, a country whose socio-political structure is similar to India, it was found that female CSWs have a lot of grudges against health care facilities, which prevent them from utilizing the services.<sup>12</sup> CSWs stated that they often faced embarrassing questions at these centres, were often neglected or rebuked or even charged more.<sup>12</sup> They also reported facing a judgemental or disapproving attitude at all levels of healthcare. Another factor which prevented them from going to these places was the fear of recognition by their clients.<sup>12</sup>

#### *Facility related problems*

CSWs often go to the healthcare facilities with health problems like STDs. But often, they have stated a lack of privacy during examination.<sup>12</sup> Another important factor was the lack of gender compatibility. Female CSWs often preferred examination by a female staff. But adequate female staff are often absent in such centres in India.

## ***Characteristics of potential users***

### ***Financial factor***

Female CSWs in India usually live in considerable financial difficulty.<sup>13</sup> Thus, there is an issue of affordability of healthcare. In India, most of the individual health spending is out-of-pocket. Thus personal financial status is a limiting factor in accessing healthcare.

### ***Level of literacy***

Access to health care is also influenced by the level of literacy.<sup>14</sup> Female CSWs in India are generally with very low levels of literacy.<sup>15</sup> Thus, they often lack the necessary knowledge about the importance of their diseases and the need to consult medical facilities. False notions and superstitions about diseases and treatment also prevent them from accessing healthcare in time.

### ***Associated barriers***

#### ***Administrative***

The legal situation of CSWs in India is precarious and dubious.<sup>16</sup> Prostitution per se is not illegal in India but related activities like soliciting and pimping are. Also, different institutions of the government like the police and judiciary have been frequently accused of discriminating against CSWs.<sup>16</sup> In different surveys, the majority of CSWs have reported traumatic experiences with government organs like the police.<sup>16</sup> This makes them intrinsically mistrustful of and repulsive towards any government institution. Thus, government healthcare facilities are often avoided.

The international Labor Organization has repeatedly stressed on the need to ensure legally enforceable rights, including occupational health, for CSWs.<sup>16</sup> But in Indian law, CSWs are not recognised as labour.<sup>17</sup> Thus, they are denied the rights of occupational health and safety standards. There is no particular organizational structure to address their specific health problems.

According to the Indian constitution, CSWs, as marginalized population, have the right to justice, including the right to equal healthcare.<sup>18</sup> But the realisation of such fundamental rights, including the right to healthcare, is often impossible due to the lack of sensitivity and often, lack of knowledge, among the people in administration.

#### ***Political***

Although the CSWs in India have occasionally organized themselves into community groups with considerable power, they have never been included in the mainstream political discourse in the country<sup>7, 17</sup>. Thus, their

fundamental rights as citizens, including the right to healthcare, has never been included in political agenda.

Some authors have commented that female CSWs in India have been mired in a vicious politics of shame and exclusion.<sup>19</sup> Political discourse has concentrated more on their social position from a caste-based or feminist point of view than a rights-based approach.<sup>19</sup> While such feminist analyses are important, it must be admitted that a more fundamental aspect, that is their immediate healthcare needs, has largely been neglected beyond a few sporadic efforts.

## ***Socio-cultural***

### ***Cultural***

In Indian society, female CSWs are often stigmatised.<sup>20</sup> They are often seen as threats to the family structure of the society and are considered to be deviants in the moral framework of Indian culture. Such attitude often ostracizes them from the mainstream society and its institutions like healthcare facilities.

### ***Media***

The depiction of female CSWs in the Indian mass media is often derogatory. The reports often show them in a criminalising fashion and only serve to reinforce the social preconceived notions about them and their activities.<sup>21</sup> This trend is similar to the media attitude all over the world. The social inequalities and lack of justice faced by the CSWs are almost never highlighted.

## ***Associated facilitators***

### ***Peer educator***

The use of peer educators among CSWs often increase their rate of utilization of health services.<sup>22</sup> It has been shown from studies in South Africa that CSWs are more likely to use health clinics containing peer educators.<sup>22</sup> The Sonagachi project in West Bengal has also shown that presence of their own members at health clinics or outreach services (rather than only healthcare personnel) often encourages CSWs to use these facilities.<sup>7</sup> As we have mentioned earlier, the behaviour and actual or perceived attitudes of healthcare personnel is one of the major deterrents in healthcare access. The presence of peer educators in the facility can mollify this effect to a certain extent.

### ***Inclusion of community in planning***

A top down approach of planning healthcare for vulnerable groups like CSWs often face barriers because the policy makers often fail to decipher the true unmet needs of the population. But, if the target community itself is involved in the planning process, it often leads to better outcomes as far as utilization rates are concerned.<sup>23</sup>

The Avahan project in India, about which we have mentioned earlier, used this approach in certain aspects of planning in the district of Andhra Pradesh. The outcomes were encouraging.<sup>7</sup>

## CONCLUSION

There are thus various factors influencing the healthcare access of female CSWs in India. There is no single solution to the problem. While on one hand, policy and legal changes must be made, on the other hand socio-economic empowerment of the CSWs is also important. The medical personnel, including physicians, in target healthcare facilities must be sensitized about the barriers faced by CSWs. Proper training and counselling of these healthcare workers are needed to improve the overall environment in these facilities and make them patient-friendly.

Improving healthcare access of female CSWs will help to improve their health status and ultimately, this will help in reducing the transmission of various diseases like STDs.

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