Original Research Article

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A study on epidemiological determinants and reproductive health practices among female commercial sex workers of Dharwad district

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ABSTRACT

Background: Prostitution is linked with many socio-demographic disadvantages like minority status, low income and education level, frequent harassment by family and police and social stigma.

Methods: It's a cross-sectional study, done among female commercial sex workers. A sample of 100 women was chosen conveniently, for a study period of 2 months i.e. May and June 2015. The women were one-one interviewed in depth by a semi-structured questionnaire, finalized after Pilot testing. The data was entered into MS Excel, analysed using SPSS v 20.0 and data was presented as means and percentages.

Results: 48% of the study sample belonged to the age group of 30-39. 50% of the study samples were involved in home based sex trade, 6% in brothel and 8% in public streets. All of them reported some sort of STI symptom, 39% reported burning micturition, itching and genital sores and 28% reported excessive white discharge. Regarding violence and harassment, 65% faced domestic violence at home, 37% experienced sexual violence like beatings, burning of private parts and forcible sex without payment. 31% had experienced harassment by unnatural sex.

Conclusions: Poverty was cited as the most common reason for getting into this trade with half of their families being unaware of it and for a very meagre pay. Removal of social stigma can help in rehabilitating these women back into the society.

Keywords: Female commercial sex workers, SPAD, Dharwad

INTRODUCTION

The sex-worker is a 'public' woman, associated with sexual pleasure and stands in opposition to the family oriented woman. With the socially assigned role of fulfilling male desire, the sex-worker's body becomes a significant site for exploration with subsequent harm to the reproductive health of a woman. Reproductive health acquires new meaning with respect to a sex-worker. In spite of the fact that reproduction is socially prohibited for a sex-worker woman, the sexual performance that is required of her cannot isolate pleasure and procreation as

two separate spheres of activity and thus makes her, a specific subject of study in this regards.¹

Prostitution is linked with many socio-demographic disadvantages like minority status, low income and education level, frequent harassment by family and police and social stigma. The main reasons to start such illegal practices as their mainstream occupation are poverty or need for extra money; widowed or being abandoned or mistreatment by husband; being cheated or trapped into this trade, to pay off loan and as a part of tradition, devadasi system. This devadasi system is prevalent in many parts of north Karnataka.²

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Conception is considered as a work hazard for them so getting rid of unwanted pregnancies is part of their trade. Hence, use of contraceptives has become a very important issue within the profession as planned and restrained sexual practices cannot be expected in order to maintain their reproductive health. Meeting FSWs' need for contraception and antenatal care alongside HIV/STI prevention is critical, given their high rates of pregnancy, often unintended, as well as high rates of HIV and STIs.³

Other issues bothering this trade are legality of the trade, domestic violence and sexual harassment and the associated social stigma. Hence, leading on to depression, aggravated substance abuse and other mental health problems among these women. There is growing recognition of the need to strengthen linkages between reproductive health practices, HIV prevention services and mental health challenges for such vulnerable women, as they were never within the welfare policy of states, until the advent of AIDS, especially in regions where HIV is predominantly spread through heterosexual and vertical transmission and where unprotected sex between FSWs and their clients are key drivers of the HIV epidemic.^{4,5}

The paucity of publications among commercial sex workers in this regards, along with endemicity of STIs, HIV in northern part of Karnataka compelled us to study the socio-demographic profile, reproductive health practises and to determine the risk of violence and substance abuse among female commercial sex workers of Dharwad district.

METHODS

It's a cross-sectional study, done among female commercial sex workers of Dharwad district, along with SPAD organization, an NGO working for the welfare of Female commercial sex workers. This NGO has 2 branches in Bangalore and Hubli-Dharwad and they organize HIV prevention programs and de-addiction programs and conduct blood tests and General health check-ups and educate them regarding safe health practices. They also provide scholarships, pensions and loans to these women from this organization.

A sample of 100 women was chosen conveniently, for a study period of 2 months i.e. May and June 2015. Ethical clearance was obtained from KIMS, Hubli and permission was obtained from SPAD organization for carrying out this study. Informed oral consent of the participants was obtained before their enrolment into the study and was assured of confidentiality of the details.

The women were one-one interviewed in depth by a semi-structured questionnaire, finalized after Pilot testing. The questionnaire had questions on their sociodemographic profile, their client's status, reproductive health practises, knowledge regarding HIV and details on violence and substance abuse among them.

The data was entered into MS Excel, analysed using SPSS v 20.0 and data was presented as means and percentages. Tests of significance like chi-square were applied where ever necessary.

RESULTS

48% of the study sample belonged to the age group of 30-39, followed by 20-29, 30%. 67% were illiterates. 48% of them were married and 43% were either divorced or widowed or abandoned (Table 1).

Table 1: Distribution of sample according to their socio-demographic details.

Variable	Group	Number/ Percent
Age	20-29	30
	30-39	48
	>40	22
	Total	100
Literacy status	Illiterate	67
	Primary	23
	Secondary	10
	Total	100
Marital status	Unmarried	9
	Married	48
	Divorced/ widowed/ abandoned	43
	Total	100

Table 2: Distribution of sample according to details of their sex trade.

Variable	Group	Number/ Percent
	Brothel	6
Type of sex	Street/ Public	8
work	Hotel/ Lodge	36
	Home based	50
	Poverty	80
Reason for	Tradition	2
opting sex work	Cheated/	9
opting sex work	Trapped into	9
	Family pressure	9
Eamily grammant	Yes	16
Family support for the work	No	34
Tot the work	Family unaware	50
	None	36
Other means of	Labourer	43
earning	Vendor/ Tailor	18
	NGO work	3

50% of the study sample was involved in home based sex trade, 6% in brothel and 8% in public streets. 80%, cited poverty as the main reason for getting into this trade. 50% of the families were unaware of this profession of theirs while 16% received their family support for the

work. 36% of the women had no other means of earning, while others were engaged in work like labourer, vendor and household chores (Table 2).

Table 3: Distribution of sample according to their reproductive health practises.

Variable	Group	Number/ Percent
History of abortions	Yes	19
	No	81
M C	Natural	3
Means of abortions	Hospital	13
abortions	Quacks	3
Sex work during	Yes	34
Pregnancy	No	66
Name I are a C	0	4
Number of Children	1-2	52
Ciliuren	>3	44
Permanent	Yes	34
sterilisation	No	66
G 4 6	Increased white discharge	28
Symptoms of STI's	Burning micturition, Itching, Genital sores	39
	Abdominal Pain	33

19% of them reported abortions history and most of them were done in hospitals. Only 34% of the women carried out their sex work during pregnancy also. 54% of the study sample had around 2 children and 34% of them had undergone tubal ligation. All of them reported some sort of STI symptom, 39% reported burning micturition, itching and genital sores and 28% reported excessive white discharge. (Table 3)

Table 4: Distribution of sample according to their knowledge regarding HIV.

Variable	Group	Number/ Percent
Consider themselves	Yes	79
at risk for HIV	No	21
Vnowledge of UIV	Adequate	16
Knowledge of HIV Prevention	Only condom	62
1 Tevention	Don't know	22
Common of	NGO	78
Source of information	Colleague/ Friend	16
IIII OI III ati OII	Don't know	6
	Positive	33
Their HIV status	Negative	43
	Don't know	24
CU4- IIIV -4-4	Know	36
Clients HIV status	Don't know	64
Candam usass	Yes	89
Condom usage	No	11
	Regular	57
Frequency of	Occasional	20
condom usage	Rare	12
	Never	11

When asked about questions regarding their Knowledge on HIV, 79% of them consider themselves at risk of HIV while only 16% of them had adequate knowledge about HIV prevention. 78% responded NGO as their source of further information. 33% of them were HIV positive and 24% didn't know about their HIV status (Table 4).

46% had no history of substance abuse, while 6% had abused alcohol; 29%, tobacco and both tobacco and alcohol was present in 19% of the study sample. 29% responded saying that alcohol abuse helps them to carry out this trade of theirs and 39% were regular abusers. Regarding violence and harassment, 65% faced domestic violence at home, 37% experienced sexual violence like beatings, burning of private parts and forcible sex without payment. 31% had experienced harassment by unnatural sex (Table 5).

Table 5: Distribution of sample according to substance abuse and violence faced by them.

Variable	Group	Number/ Percent
	Alcohol	6
Type of substance	Tobacco	29
abuse	Both	19
	None	46
	For carrying out work	29
Reason for	Stress/ Pain relief	6
substance abuse	Habit	16
	Client/ Peer pressure	3
	Regular	36
Abuse frequency	Occasional	18
	Never	46
Act of violence faced		
Domestic violence	Yes	65
Domestic violence	No	35
Sexual violence	Yes	37
Sexual violetice	No	63
Forcible sex without	Yes	37
payment	No	63
Unnatural sex	Yes	31
Omiatural sex	No	69

The associations of their HIV status and condom usage was found statistically significant with P=0.042 and also Age at starting sex work with reason of starting was significant with P=0.04. Sexual violence with substance abuse also significant with P=0.027 by chi-square.

DISCUSSION

The socio-demographic details were almost similar to a study done by Becker et al in northern Karnataka, where in 45.2% were below 25 years of age and 70.5% were illiterates. And also to a PRC report no.130, march, 2003

by Ramesh in Bangalore, ICHAP, wherein the report stated, 17% as married, 35% being separated, divorced or left out and 66% being involved in home based or brothel based trade in northern Karnataka.

We documented poverty as the main reason for getting into this trade, 80% while, 50% of the families being unaware of this profession of theirs and only 16% received their family support for the work. However, 36% of the women had this as their only means of earning, while others were engaged in work like labourer, vendor and household chores. This finding of ours is in accord with the study done by sagguti et al among four states of India, herein they reported three-fifth of interviewed women stating poverty and lack of family support as the reason of being involved in selling sex. The struggle for basic survival and glittering economic benefits attract women into this profession at an very early age, hence targeting adolescents, getting them educated and inducing the behaviour change in them can reduce the rise of this profession by sheer number.

19% of them reported abortions history, 54% of the study sample had 1-2 children and 34% of the women carried out their sex work during pregnancy and also 34% of them had undergone tubal ligation. Similarly, the study of Becker et al in northern Karnataka documented the following reproductive health practises, 83.7% being pregnant at least once, 7.7% had undergone voluntary abortions, 92% carried out sex work in their pregnancy and 45.2% had undergone tubal ligation. The reported pregnancies and the high risk behaviour of this profession have a considerable implication for integrating the healthy reproductive practises and targeted HIV prevention among such women early in her career.

All of them reported some sort of STI symptom. 79% of them consider themselves at risk of HIV, 33% of them were HIV positive and 24% didn't know about their HIV status while only 16% of them had adequate knowledge about HIV prevention. Similarly in a study by Hemalata et al, done in Andhra Pradesh reported that 89% having at least one symptom of STI in the past 1year and only 35% considered themselves at risk, 16.3% were HIV positive and majority of them believed HIV cannot be prevented. Addressing the knowledge gaps with respect to STIs and HIV will go a long way in preventing the spread of these in the community and also NACO envisages targeted interventions among the high-risk populations that include behaviour change, health care, treatment of sexually-transmitted diseases, provision of condoms, and creating an enabling environment for behaviour change to reduce HIV/AIDS incidence.9

From our study, 46% had no history of substance abuse, while 6% had abused alcohol; 29%, tobacco and both tobacco and alcohol was seen in 19%. 29% responded saying that alcohol abuse helps them to carry out this trade of theirs. In a study by Kasturi Pandiyan in Bangalore reported that all female commercial sex

workers attending psychiatry OPD were alcohol abusers and 74% were tobacco abusers. The guilt and stigma associated with this trade indulges these women to substance abuse leading on to their health deterioration and further predisposing them for various diseases. The mental well-being of an individual is equally important for making the sound decisions in life.

Violence and harassment is an integral part of this group and we documented 65% facing domestic violence at home from husband or relatives, 37% experienced sexual violence like beatings, burning of private parts and forcible sex without payment and 31% by indulging in unnatural sex. However, Subadra Panchanadeshwaran study in Chennai reported that, 24% didn't experience any kind of violence and 62% had sexual violence from an intimate partner. The violence of this dark trade which often goes underreported and unnoticed. Addressing the human rights of this particular community will result in lesser violence for this the women has to pull herself out and help in quality reporting of the issues bothering them.

CONCLUSION

Most of them were illiterates, married and practising home based sex trade. Poverty was cited as the most common reason for getting into this trade with half of their families being unaware of it and for a very meagre pay. Almost all of them had STI complaints and few reported abortion history. The knowledge of HIV was poor among majority and out of stigma, many abused alcohol and tobacco. Violence both domestic and sexual is faced by them on a regular account.

Limitations

The study duration was small and sample being limited. Only female commercial sex workers associated with SPAD was studied and many of them were not open to very sensitive issues. Examination followed by investigation could have been done.

Recommendations

Educate for better hygiene practices, to protect against STIs and to provide vocational training activities. Removal of social stigma can help in rehabilitating these women back into the society.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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