ISSN (Print Version) 0975-3931
ISSN (On Line Version) 2278-1277

Young Sex Workers and Their Health Hazards in Old Age: A Study in Mumbai-Karnataka Region

Gangadhar B. Sonar[1]

Introduction

In India, many women and children are victims of trafficking. The involvement of adult men in illegal sex is increasing demand of sex with young girls, especially virgins. For this reason, the average age at which young girl enters the commercial sex work has been steadily declining (Mai, 1994). Out of 100,000 Indian commercial sex workers, 40 percent of them enter the commercial sex work immediately after puberty (Jones, 1995). Studies found that 40% of female sex workers enter profession soon after puberty and grow as illiterate and unskilled adults without formal schooling.

Female commercial sex workers have largely been exploited physically, economically, emotionally and mentally and experience miserable conditions. The unhealthy life and hazardous working conditions expose them to myriad of health complications in their early 40s. The practice of sex work is largely found in Mumbai-Karnataka region in the districts of Bijapur, Bagalkot and Belgaum districts of Karnataka (Singh, 2009). Sex workers are largely found in these areas due to four reasons. The existence of Devadasi system; being border of Maharashtra (customers from Maharashtra visit these districts); increased risk of poverty and hunger; and international tourism encouraged commercial sex work and thereby increase the demand for commercial sex workers in this region.

They develop several health hazards over a period of couple of decades by working in sex work. Increasing health complications and deteriorating physical fitness make them to get early aging than the general population. By the age 45, they will not be able to attract the customers. Hence, voluntarily or involuntarily, withdraw from sex work. Some of them re-employ as pimps, but many are left as desert and destitute. Their health issues need to be addressed for utilizing their human resources for the betterment of society. A sound health is central aspect of human happiness and well-being (WHO, 2016).

[1] Assistant Professor and Principal Investigator of UGC-MRP, Department of Social Work, Rani Channamma University P.G.Centre, Toravi-586108, Tq & Dist:Vijayapur, Karnataka, sonargb@rcub.ac.in

ISSN (Print Version) 0975-3931
ISSN (On Line Version) 2278-1277

Health Hazards of Sex Work: A Review

Health status of the female commercial sex workers has a bearing on their quality of life. Health is broadly defined as a state of physical, mental and social wellbeing. Factors which influence on the health of the individuals are varied over a period of time and across geographic locations. In most societies, work plays a pivotal role in the lives of its citizens. Hence, it is essential to explore the impact of sex work on the health of female commercial sex workers during their old age.

Farley and Barkan (1998) explore the health problems including respiratory symptoms and cardiovascular symptoms among the street based sex workers. Rekart (2005) reveals that the physical health of sex workers may be affected by a range of practices and strategies implemented by sex workers themselves in an effort to modify risks or cope up with particular situations. These strategies are often based on personal beliefs and experiences, traditions and cultures and advice from peers. Although these strategies are intended to reduce risk, some may worsen the situation. For instance, sex workers may use various products to remove excess lubrication which increases risk of infection because of a lack of mucosal integrity, increased risk of ascending infection caused by propelling bacterium up the cervical canal, potentially infertility and vaginal irritation (Peterson, 1990; Morton and others, 2002; and Wong and others, 2006).

Lynda and others (2002) made a study on African American commercial sex workers aged between 19 and 61 years. They observed the health problems such as; respiratory problems including allergies, sinus infection, cold, pneumonia, and tuberculosis. They further noticed dental problems, lump on breast, swollen legs, bleeding ulcers, abscesses on legs, lip burns caused by hot crack pipes, facial rashes and sores, herpes, frost bite, and cellulites or osteomyelitis. Some of them suffered with strokes because they used to take crack cocaine. Most of them are not aware about the availability of medical services related to sexually transmitted diseases.

Ward and Weber (1999) conducted a study in London on sex workers and found that 1.3 percent were HIV positive, 2.3 percent had Syphilis, 3.0 percent had Gonorrhea and 8.2 percent had Chlamydia at baseline. Over the nine-year study period, a number of sex workers tested positive for bacterial infections (incidence for Gonorrhea and Chlamydia was 5.6 and 12.6 per 100 persons respectively) and infections were twice as likely to have been acquired from a non-commercial partner as a client (95 percent). Moreover, a number of women became HIV, hepatitis B and hepatitis C, sero-positive although these viral infections were more likely to have been associated with injecting drug use rather than sexual encounters.

Raluca and others (2009) studied 2312 participants in an integrated biological and behavioural assessments of female sex workers in Karnataka, India. Logistic regression was used to predict HIV/STI status (high-titer syphilis, gonorrhea or Chlamydia) and linear regression to predict client volume. They reveal that the street to lodge female sex workers had high HIV (30 percent) and STI prevalence (27 percent), followed by brothel to brothel female sex workers (34 and 13 percent, respectively). It identifies that street to lodge female sex workers are at high risk.

WHO (1994) conducted a survey of commercial sex workers in a red light area of Kolkata in 1992 on the population based sexually transmitted disease (STDs) shows that only 25 percent did not have any STD, 52 percent had a single infection, and 23 percent had 2 or more infections. In India, more than 90 percent of HIV transmission is witnessed through the sexual route and commercial sex workers, who have multiple sex partners, are at the risk of getting infected with HIV, which causes AIDS. Besides, heterosexual behaviour with commercial sex workers is a risky activity when a man indulges in it for instant pleasure. This illicit or extramarital indulgence is an open invitation to STDs and AIDS or both (Jayashree and Parvathy, 2004; and Somayajulu, 2004).

UNDCP (2002) reveals that there is a need to understand the links between substance use and sex work. It is also known that intersect between sex work and injecting drug use has fuelled the HIV infection in Northeast India. Injecting drug users with sexually transmitted diseases transmit HIV efficiently to their non-injecting spouses. Injecting drug user's exhibit high levels of sexual risk behaviours and especially non-condom use, in particular with regular sexual partners is low in many cities of India including Chennai. It was also found that women affected by HIV/AIDS are out of the reach of doctors because they cannot afford to go due to both social and economic factors. The precariousness of women's families, their personal status, the disadvantaged state of the female population, and biological vulnerability lead to the rapid spread of the epidemic. Similarly, infected women face greater risks of rejection, ostracism and neglect, making them even more vulnerable. Where women participate in earning for the household, lost labour due to HIV may well affect the ability of women to feed their households (Winefield and Winefield, 2003; Scarlet Alliance and AFAO, 2000; Phoenix and Pattynama, 2006; Wolffers and Beelen, 2003; and Farrimond and Joffee, 2006).

William (2006) reveals that sex workers are denied their basic civil rights. This disenfranchised population lacks general access to not only basic health services but also are prone to various occupational health hazards. These hazards increase their health risks as they are at the mercy of the clients and the caretakers (brothel owners, lovers, pimps or madams), who might physically traumatise them by sexual assault, rape and physical abuse. They are also prone to extraordinary violence from other fronts. Benson and Matthews (1996) depict on the sex worker's reluctance to reveal occupation affects and their access to health care. There is a fear among the sex workers that they may receive a prejudiced response from health staff. They have limited access to health care provisions. This is particularly evident amongst those sex workers who have got children.

The health aspects of the female elderly commercial sex workers, diagnosis of the illness/health problems; type of treatment taken; and found anyone around infected with HIVAIDS have something to do with quality of life of the female elderly commercial sex workers. At the outset it is apparent that there is a paucity of data on the health hazards developed by young sex workers in their old age. The outcome of this study

may benefit the policy makers, planners and development professions working in the field of health and gender issues.

Methodology

This study is an attempt to explore the health hazards among the elderly female commercial sex workers who entered profession between 13 and 35 years. The study adopted descriptive research design using qualitative methodologies along with quantitative techniques. It was conducted with the female commercial sex workers aged 45 years and above who joined the profession between the age group of 13 to 35 years. The universe of the study constitutes 8,383. It was adopted multi stage stratified random sampling. 600 female sex workers were studied with the help of community based organizations working in Mumbai-Karnataka region viz., Bijapur, Bagalkot and Belgaum districts of Karnataka. Semi-structured interview schedule was used as a tool and interview, observation, case study and focused group discussion methods were used as techniques of data collection. The data collected according to above methodology were processed and analysed drawing bi-variate tables, percentage and proportions. SPSS was used to calculate the statistical applications.

The type of health problems/illness developed by the female elderly commercial sex workers, whether the illnesses are properly diagnosed, if diagnosed, where the treatment is taken are explored in order to understand their health condition. The health hazards related to sex work such as Urinary Tract Infections, Ulcer over genital area, White Discharge, Abdomen Pain, Skin Eruptions, Rheumatic Difficulties, Swelling over Genital Area, Asthma, Sleeping Disorder, Indigestion, Chronic Cold, Diabetes and Hypertension are explored.

Out of 600 female elderly commercial sex workers, a majority of them more than three-fifth is suffering from Rheumatic and Indigestion problems. A significant proportion more than two-fifth are suffering from Swelling, White Discharge and Urinary Tract Infections. A good proportion more than three-tenth are suffering from Ulcer over genital area, Abdomen pain, Sleeping disorder and Hypertension. Further, more than one-fourth respondents are suffering from Asthma and Skin related problems. More than one-fifth respondents are suffering from Chronic Cold. Less than one-fifth respondents are suffering from Diabetes.

Among the female elderly commercial sex workers who are suffering from health problems, a majority of them more than two-fifth each got diagnosed White discharge and Indigestion. A significant proportions more than three-tenth respondents each got diagnosed Urinary Tract Infections, Ulcer over genital area, and Swelling. A good proportion of the respondents more than one-fourth got diagnosed Hypertension. A considerable proportion about one-fifth respondents each got diagnosed Rheumatic, Asthma, Chronic Cold and Diabetes. A small proportion more than one-tenth respondents got diagnosed Sleeping disorder and slightly less proportion got diagnosed Abdomen pain and Skin related problems.

ISSN (Print Version) 0975-3931
ISSN (On Line Version) 2278-1277

Health Hazardous developed by Female Sex Workers in Old Age N=600

Sl. No.	Illness/Diseases	Suffering With		Whether Diagnosed?			If diagnosed, Place of Treatment taken from				
		Yes	No	Yes	No	NA	No Treatment	Indigenous	Government	Private	NA
1	Urinary tract infections	250	350	230	20	350	20	00	210	00	370
		41.7%	58.3%	38.3%	3.3%	58.3%	3.3%	00%	35.0%	00%	61.7%
2	Ulcer over genital area	218	382	202	16	382	00	00	202	00	398
		36.3%	63.7%	33.7%	2.7%	63.7%	00%	00%	33.7%	00%	66.3%
3	White discharge	250	350	242	8	350	00	14	241	14	358
		41.7%	58.3%	40.3%	1.3%	58.3%	00%	2.3%	35.7%	2.3%	59.7%
4	Abdomen pain	206	394	45	161	394	3	19	23	00	555
		34.3%	65.7%	7.5%	26.8%	65.7%	0.5%	3.2%	3.8%	00%	92.5%
5	Skin related	163	437	46	117	437	8	11	20	7	554
		27.2%	72.8%	7.7%	19.5%	72.8%	1.3%	1.8%	3.3%	1.2%	92.3%
6	Rheumatic	410	190	114	296	190	8	70	36	00	486
		68.3%	31.7%	19.0%	49.3%	31.7%	1.3%	11.7%	6.0%	00%	81.0%
7	Swelling	254	346	202	52	346	00	14	188	00	398
		42.3%	57.7%	33.7%	8.7%	57.7%	00%	2.3	31.3%	00%	66.3%
8	Asthma	170	430	101	69	430	39	26	36	00	499
		28.3%	71.7%	16.8%	11.5%	71.7%	6.5%	4.3%	6.0%	00%	83.2%
9	Sleeping Disorder	192	408	64	128	408	4	28	32	00	536
		32.0%	68.0%	10.7%	21.3%	68.0%	.7%	4.7%	5.3%	00%	89.3%
10	Indigestion	376	224	260	116	224	00	32	228	00	340
		62.7%	37.3%	43.3%	19.3%	37.3%	00%	5.3%	38.0%	00%	56.7%
11	Chronic Cold	124	476	104	20	476	00	64	40	00	496
		20.7%	79.3%	17.3%	3.3%	79.3%	00%	10.7%	6.7%	00%	82.7%
12	Diabetes	106	494	88	18	494	16	27	45	00	512
		17.7%	82.3%	18.0%	3.0%	82.3%	2.7%	4.5%	7.5%	00%	85.3%
13	Hypertension	202	398	156	46	398	11	43	102	00	444
		33.7%	66.3%	26.0%	7.7%	66.3%	1.8%	7.2%	17.0%	00%	74.0%

The female elderly commercial sex workers who have developed health problems, more than one-tenth each got treatment at Government hospitals in relation to Urinary Tract Infection, Ulcer over genital area, White discharge, Swelling, and Indigestion. A considerable proportion less than one-tenth respondents took indigenous treatment in relation to Rheumatic and Chronic Cold. A meagre number of the respondents did not take treatment to any of the health problems. Very meagre respondents approached private hospitals for treatment.

It is clear from the above table that a majority of the female elderly commercial sex workers are suffering from health problems such as; Rheumatic disorder (68.3 percent); Indigestion (62.7 percent); Swelling (42.3 percent); White discharge (41.7 percent) Urinary Tract Infection (41.7 percent); Ulcer over genital area (36.3 percent); Abdomen pain (34.3 percent); Hypertension (33.7 percent); Sleeping disorder (32 percent); Asthma (28.3 percent); Skin related problems (27.2 percent); Chronic Cold (20.7 percent); and Diabetes (17.7 percent). A significant proportion (24.3 percent) of the female elderly commercial sex workers reported that they have people around infected with HIV AIDS. Further, (25.3 percent) of them never undergone HIV/AIDS testing.

Further, the female elderly commercial sex workers who approached the Doctor and got diagnosed their health problems such as; White discharge (40.3 percent); Indigestion (43.3 percent); Urinary Tract Infections (38.3 percent); Ulcer over genital area (33.7 percent); Swelling (33.7 percent); Hypertension (26 percent); Rheumatic disorder (19 percent); Diabetes (18 percent); Chronic Cold (17.3 percent); Asthma (16.8 percent); Sleeping disorder (10.7 percent); Skin related problems (7.7 percent); and Abdomen pain (7.5 percent).

It is also clear that the female elderly commercial sex workers who got diagnosed of different health problems, very few of them approached private hospitals for treatment. A considerable number of the respondents did not take any treatment. A good percent of the respondents have taken indigenous treatment for the illness like Rheumatic (11.7); and Chronic Cold (10.7). Many of the respondents took treatment at Government hospitals for the illness like White discharge (35.7 percent); Urinary Tract Infections (35 percent); Indigestion (35 percent); Ulcer over genital area (33.7 percent); and Swelling (31.3 percent).

Due to poor socio-economic and living conditions the female elderly commercial sex workers have developed many health complications. Improper sleep and food consumption made them to experience deteriorating physical and health conditions. Many of the respondents hardly got diagnosed their health complications properly. Those who got diagnosed, very few of them approached the hospitals for treatment. It is to be noted that a majority of the female elderly commercial sex workers approached Government hospitals for treatment as treatment at private hospitals is not affordable to them. It is true in the case of *Janaki (name changed). She has been using lubricant to minimize pain during sex. Now she has developed vaginal irritation. Janaki also developed the problems of lip burn and swollen leg. These are the consequences of*

unsafe sex and hazardous working condition. In another case of Ratnamma (name changed) who developed sores and bleeding ulcers over genital area as a consequence of sex work. The focussed group discussion has revealed that there are good chunk of the elderly commercial sex workers who have developed the symptoms of Syphilis, Gonorrhea, Hot Crack Pipes, Allergies, Sinus infection, Pneumonia, Tuberculosis, Respiratory related and Cardiovascular complications.

Conclusion and Suggestions

The female elderly commercial sex workers who entered sex work at young age their health status is deteriorating at their early 40s. Several illness are developed among them such as; rheumatic disorder, indigestion, swelling, whit discharge, urinary tract infection, ulcer over genital area, abdomen pain, hypertension, sleeping disorder, asthma, skin related problems, chronic cold and diabetes. Many of them need to undergo thorough diagnosis. Poverty and lack of access to health services are the major threats to them for not undergoing proper diagnosis. Many of them are deprived from the quality treatment, as treatment is a costly affair and not affordable to everyone. Government hospitals lack facilities in terms of specialized services, timely and quality treatment. Many of them have not undergone HIV test so far. There are possibilities of infections among them. In order to ameliorate their health conditions following suggestions are made;

1. The health problems need be diagnosed properly and treatment be given at the government hospitals. If the facilities are not available at government hospital, subsidy be given to avail treatment at private hospitals.
2. Comprehensive health care system need to be developed considering various health issues of female elderly commercial sex workers.
3. Free health checks up camps need to be organized for the female commercial sex workers who are in their early 40s to identify several health problems and prevent the possible hazards at their later stage of life.
4. The commercial sex workers when they are active in the profession and earning better should be educated to make health insurance policies in order to meet out the costly treatment during old age.
5. HIV test be made with necessary counselling in order to prevent infections and provide proper treatment.
6. Old age pension scheme be extended to this section of women by relaxing age criteria to 45 years and enhance the pension amount to meet basic needs.
7. The issues of poverty and hunger need to be addressed over poverty alleviation and livelihood promotion programs. Reducing economic inequality is the only solution to improve their life condition and empower them economically. This also has a bearing on their social empowerment.
8. Improvements in the healthcare system are required to address prevention, diagnosis and treatment of major health problems such as STDs, STIs and other chronic illness.

9. Helpline need to be established to attend the various issues of sex workers and provide necessary assistance.

References

Benson, C. and Matthews, R., (1996). Report of the Parliamentary Group on Prostitution. London: Middlesex University.

Farley, M., and Barkan, H., (1998). Prostitution, violence, and posttraumatic stress disorder. *Women and Health, Vol.27 No.*3, pp.37-49.

Farrimond, H. and Joffe, H., (2006). Pollution, Peril and Poverty: A British study of the stigmatisation of smokers. *Journal of Community and Applied Social Psychology*, Vol.16 No.6, pp.481-491.

Jayashree, R. and Parvathy, K., (2004). Sexual Behaviour of Commercial Sex Workers and Risk in Reproductive Health. *Indian Journal of Social Work*, Vol. 65, No.4.

Jones W. Gavin, (1995). Prostitution in Indonesia. Inter Press SVC.

Lynda, M. Baker, Patricia and Deena L. Policicchio, (2002). General health problems of inter-city sex workers: A pilot study. Project report by the Department of Sociology, Indiana University of Pennsylvania.

Mai Chiang, (1994). Cambodia Country Report by The Cambodian Women's Development Association. Presented at the International Workshop on Traffic and Migration of Women, Thailand.

Morton, A., Tabrizi, S., Garland, S., and Lee, P., (2002). Will the legalization of street sex work improve health?. *Sexually Transmitted Infections, Vol.78* No.4, pp.309.

Peterson, (1990). The Category "Prostitute" in scientific inquiry. *Journal of sex research*, Vol.279 No.3, pp.397-407.

Phoenix, A. and Pattynama, P., (2006). Intersectionality. *European Journal of Women's Studies*, Vol.13 No.3, pp.187-192.

Raluca Buzdugan, Andrew Copas, Stephen Moses, James Blanchard, Shajy Isac, Banadakoppa M Ramesh, Reynold Washington, Shiva S Halli and Frances M. Cowan, (2009). Devising a female sex work typology using data from Karnataka, India, [Online] Available at: <http://ije.oxfordjournals.org/content/39/2/439> (Accessed on 14 May 2013).

Rekart, M., (2005). Sex-work harm reduction. *The Lancet, 366*, pp.2123-2134.

Scarlet Alliance and Australian Federation of AIDS Organisations, (2000). A guide to best practice. Occupational health and safety in the Australian sex industry, Sydney: Scarlet Alliance and Australian Federation of AIDS Organisations.

Singh Ram Shankar, (2009). Encyclopedia of Women and Children Trafficking. New Delhi: Anmol Publications Pvt. Ltd.

Somayajulu, V.V., (2004). Sexual Behaviour and HIV/AIDS Related implications. *Indian Journal of Social Work*, Vol. 65, No.5.

UNDCP, (2002). Women and Drug Abuse: The Problem in India. [ONLINE] Available at: <http://www.unodc.org/documents/hiv-aids/publications/drugs_abuse_problem_ web. pdf> [Accessed on 28 Feb 2013].

Ward, H., Day, S., and Weber, J., (1999). Risky business: Health and safety in the sex industry over a 9 year period. *Sexually Transmitted Infections, Vol.75* No.5, pp.340-343.

WHO, (2016). http://www.who.int/hdp/en/ last accessed on 6th January, 2016.

WHO, (1994). HIV/AIDS in Southeast Asia, IX Meeting of the National Programme Managers, 1st Ed. New Delhi: WHO Regional office of S E Asia.

William Rachna, (2006). Reproductive Health Practices and Health Seeking Behaviour of Female Sex Workers in Tamil Nadu. *Working Paper Series*, No. 12.

Winefield, Dollard, M. and Winefield, H., (2003). Occupational Stress in the Service Professions. London: Taylor and Francis.

Wolffers, I. and Van Beelen, N., (2003.) Public health and the human rights of sex workers, 1st ed. London: Lancet.

Wong, W., Holroyd, E., Gray, A., and Ling, D., (2006). Female street sex workers in Hong Kong: Moving beyond sexual health. *Journal of Women's Health, Vol.15* No.4, pp.390- 399.