Health awareness among sex workers: A study on the sex workers of Assam

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**ABSTRACT**

Sex work presents specific health concerns. The social, cultural, and economic vulnerabilities result in sex work for women. The health of sex workers is influenced by several social and individual factors. Besides, the nature of the profession compels them to avoid public contact and denies them access to healthcare services and social support services. Sex workers are also seen as neglecting their health because of their marginalised status in society. Their awareness of self-care is negligible which deteriorates their conditions. The laxity of basic self-care makes them more vulnerable in the hands of others. Lack of their ability to take a stand for themselves made them exposed to more violence. Undergo this, the present paper emphasises highlighting the awareness of female sex workers on self-healthcare. The study will be an occasion to understand their knowledge of the importance of health care. The study has concluded that female sex workers are not aware of their basic sexual and mental health. However, they are concerned with providing safe or protected sexual services.

Keywords: sex workers, sex work, health.

**I.INTRODUCTION**

The social processes including westernisation, urbanisation, and capitalisation brought by colonisation resulted in displacement and economic marginalisation of women. Over the century, this indicates the insignificant growth in the sex trade. The age-old traditional institution of Devadasi began to convert into a banal sex trade in the colonial era in the form of brothels to generate profit for the British and domestic soldiers. In the early 18th century, Indian prostitution appeared increasingly in lower caste and rural areas because of the new economic system enforced by the British (Banerjee, 1998). Commercial sex work is mostly the outcome of social, cultural, and economic vulnerabilities of women instead of the preferred option. The health of sex workers is influenced by a variety of social and individual factors like illiteracy, destitution, unawareness, stigma, substance abuse, discrimination, and captivity. Additionally, access to healthcare services and social support is denied due to the nature of the profession and its avoidance of unnecessary social contacts which made them vulnerable to many diseases mainly sexually transmitted diseases (UNAIDS, 2002). The lack of control over self in decision-making and continued acceptance of the sex trade results in insufficiency to anticipate diseases (Chattopadhyay and McKaig, 2004). According to the Indian Community Welfare Organisation (ICWO), 93% of Indian sex workers enter the trade due to economic obligation, generational poverty, family debts, and betrayal by husbands or lovers (Jaishankar and Haldar, 2006).

Sex workers are a diversified population with economic, structural, social, and legal variability and also in their health needs. Sex work is a socio-medical problem that has changed in recent times in several respects (Mardh, 1997). Unprotected sex with clients, non-paying partners, and pimps is common among sex workers (Philpot et., 1997). This has promoted the transmission of sexually transmitted diseases among them. In a study on Bulgarian-based sex work, 43% of sex workers admitted to showing symptoms of genital infection (Tchoudimirova et al., 1997). A study in Bologna found that 72% of sex workers have signs of vaginosis and cervicitis (A. D'Antuono, personal communication). Besides, in Riga, 20% were diagnosed with undesired pregnancy (Kurova et al., 1998). The establishment of sexual intercourse by mobile sex workers with tourists as well as local male inhabitants is very common. During tourist seasons, the local male takes the services of prostitutes. This aspect of sex work has been overlooked which edges the transmission of infections among female sex workers (Mardh and Gene, 1998).

The delivery of health care services to sex workers is indirectly related to the health of their clients, clients' sexual partners as well as an unborn child of the sex workers and the partners of their clients (Mardh, 1996). In delivering optimal health care to the sex workers is laded by the category of patients. The unwillingness of a sex worker to reveal her identity to her physicians is not able to consider the health issues related to prostitution. Another problem is the lack of compensation by any third party (insurance, pimps, etc) and the lack of afford to pay for expensive treatment and laboratory tests. The paucity of precautionary measures and recurrent exposure of sex workers to sexually transmitted diseases are the management problems of concern (Mardh et al., 1999).

Prostitution is one of the controversial works mostly undertaken by women which has always been subjected by law or custom. The social and legal control over sex work and sex workers has varied over time and places. In India, where this study was conducted, the legislation declared it a legal profession but socially disapproved. Because of the socially displeasing status attached to sex work, it lies outside the social provisions for occupational health concerns (Alexander, 1998). Thus, the legal, medical, and welfare needs of the sex workers are not accomplished properly. Moreover, the narrow focus of the public on limiting their health to HIV/AIDS rather than general well-being also made them unaware of different health-related issues. A smaller number of reports are documented regarding their views on different themes (Clever, 1998).

**Sex work and health**

Several studies documented that work-related vulnerabilities may impact health. Work stress, lack of autonomy, shift work, poor working conditions, etc., result in poor health conditions (Lindblom et al., 2006). Certain work traits are associated with a range of precautionary injuries and accidents, for instance, infectious diseases, musculoskeletal disorders, psychological aspects, etc (Collins and Schneid, 2001). Likewise, few researchers examined the specific work situation of sex workers. Even though, sex workers are not homogeneous groups, their individual and work characteristics differ from others. The nature of sex work impacted negatively on health. It is because of the work itself, social stigma, or emotional cost attached to the industry. The role delineation interlinked with secrecy and stigma doubles the complexity of sex work (Dollard, Winefield, and Winefield, 2003). The social isolation of sex work provides narrow opportunities to develop helpful and educational relationships with other workers (Dalla, 2000). The exposure of sex workers to poor health conditions at work including physical danger. The estimated violence at the workplace ranges from 35% to 94% experienced by sex workers (El-bassel and Witte, 2001). Sexual services providers are associated with the problems of musculoskeletal disorders (Alexander, 1998). Besides, poor mental health, injection of the drug, and leaving home at an early age are some traits found in female sex workers (Potter, Martin, and Romans, 1999). The welfare of the sex workers is a significant public health issue. It carries awful occupational risks that make a psychological impact with its violence, forced custody, fraudulence with other injuries, and lifelong consequences. However, one should know that there is more to health than AIDS.

**II. METHODOLOGY**

The objective of the study is to find out the awareness of female sex workers on their health through their health hygiene and maintenance practices. The health awareness of the sex workers is obtained through six criteria including frequency of visiting doctors, knowledge of mental illness, mensuration hygiene, protective measures, sexual intercourse, and use of alcohol and drugs. The study has adopted a qualitative approach and exploratory research design. The area of the study is Golaghat and Guwahati districts of Assam which comprises two different societies that is a metropolitan city and a backward town of Assam. The selection of the area is based on its diverse nature of society and the sufficient availability of sex workers in both towns. For the study, a total number of 120 respondents (60 from each district) have been selected. The selection of the sample is based on a snowball sampling design based on the nature of the study. The primary data has been collected through interview methods and focus group discussions. Additionally, the secondary data has been collected through journals, books, published reports, etc. The study has maintained the privacy of the respondents and all the respondents provided informed consent. The respondents are comprised of both registered and non-registered sex workers. Each of them is above 18 years of age and involved in the profession consciously or without coercing or trafficking.

**III. FINDINGS**

1. **Socio-economic profile**

The study is conducted based on the data from female sex workers of Assam comprising of age between 18 to 44 years of age. The respondents belonged to the General, OBC, Scheduled Caste, and Scheduled Tribe categories. They belong to the Assamese, Nepali, and Bengali communities. The respondents comprise Hinduism, Islam, and Sikhism. 68% are literate with 45% in HSLC Passed, 11% Graduates, and the remaining 12% HS passed. 48% are married, 19% are separated, 4% are divorced, 4% are widowed and 25% are unmarried. Their monthly income ranges from 5000-45,000. They provide sexual services at home and lodges. 29% of sex workers are in the profession for two to five years, 66% are between five years to ten years, and 5% are above ten years.

1. **Awareness**

A healthy life is a positive experience for both individuals and societies. As a resource for day-to-day living, health is influenced by social, economic, and environmental factors (Glossary of Terms, 2021). Awareness or knowledge of self-health care is of utmost importance for well-being. Numerous studies have documented the health status of sex workers concerning HIV/AIDS, but their self-awareness also needs to be documented for proper understanding of the health situation. In the present study, the health awareness of female sex workers is reviewed based on six criteria. These are as follows:

**i. Frequency of visiting doctors**

One of the most common indicators of health awareness is the regular checkup. The study found that none of the sex workers had the habit of regular doctor visits. For them, visiting doctors regularly means spending money unnecessarily. Some of the respondents also claimed that they don't have much money to lead the life of a rich person who has the habit of regular health checkups. Some of them narrate:

*‘We don’t belong to a rich family. We are in this profession due to lack of financial security and as such visiting doctors without having diseases is only a waste of money’*.

*'Regular checkups are for rich people. We are poor. For us, medical healthcare means spending money without valid cause'.*

*'Why there is the necessity to visit doctors if we are healthy. Doctors will make us sick if we visit regularly. Going to doctors means inviting diseases.*

The above narrations showed that the sex workers are not aware of regular checkups. They don't think that their profession might invite some silent diseases. For all the respondents it is funny and unnecessary to visit doctors without any health issues.

**ii. Knowledge of mental illness**

In the study, the mental illness comprises anxiety, depression, tension, aggression, not happy with work, not satisfactory life, and stress. While interviewing on these issues, many of the respondents reported that they were not happy and satisfied with their work. But on asking about any mental diseases they are facing, they simply laughed and replied that they are not mentally retarded person.

Some of their narrations are:

*‘I am not psychologically ill person. I know that I am mentally stable. I have the problem of stress and anxiety but I am not a mental person’.*

*'Tension, problems, and unhappiness are part and parcel of life. these issues cannot make us mentally retarded person. I know how to handle my problems. I will not become mentally sick because of these.*

*'Who will be happy here? We are just making money. Our unhappiness does not make us mentally sick.*

The narrations show that the respondents are not aware of psychological issues apart from psychological disorders. However, the study found that their profession is affecting their mental health of which they are not aware. Because of this, they don't go for treatment.

**iii. Menstruation**

Healthcare during menstruation is one of the necessary steps in maintaining a healthy life. The present study found that 86% of the respondents have a regular menstruation cycle. All of the respondents used sanitary napkins available in the local markets that Stayfree and Whisper. None of them are comfortable with using mensuration cups and tampons. However, most of them used cloth during their early days of menarche. All of them purchase the sanitary napkins on their own. Besides, they don't provide sexual services from 1st day to 7th day of the mensuration period. In some cases, if clients force them to provide sexual services, they prefer to opt for hand jobs and kisses. Consequently, on asking about their health conditions during this period, some of them said that they suffered from lower abdomen pain and back pain. However, none of them are concerned to go for treatment.

Some of them narrate:

*'My period blood flow is normal and it comes on a regular cycle. Some sorts of health issues while having a period are normal. During my childhood, my mother told me that some discomfort is normal while bleeding'.*

*'As long as I can bear the pain, I will live like this. As it is bearable, I can handle it on my own. There is no need for any medical treatment'.*

*'I know I am suffering through it but how can I go for treatment? My husband does not know about my work. If the doctor can able to find out, what will happen?'*

The above narrations highlight the dilemma a sex worker has throughout her life. Not disclosing about their work is itself made them isolated from the medical treatment which may hamper their health. Moreover, their acceptance of suffering during mensuration as normal is also a sign of a lack of awareness regarding their health condition.

**iv. Protective measures during sexual intercourse**

Protective sex is a measure of precaution against many sexually transmitted diseases. It also helps to avoid unwanted pregnancy. In the present study, the respondents are seen to be aware of using male condoms as a protective measure to avoid diseases. None of them provide sexual services without condoms. They are aware of sexually transmitted infections and thus always use male condoms which they use to carry.

They narrate:

*'Without condoms, I don't allow anyone to do sex. What if I got AIDs from the clients'*

*'To avoid pregnancy, to maintain hygiene, and also to prevent infections I always carry condoms and ask the client to use them while having sex'.*

*'Though some clients don't want to use condoms when I made them aware of the negative consequences of not using condoms, they agreed to use'.*

The above narrations made it clear that the respondents, in the study are aware of the sexually transmitted diseases. Moreover, they also wanted to maintain hygiene and thus always prefer to use condoms. The study highlighted the care of sex workers towards their sexual health.

**v. Sexual intercourse**

Providing sexual services to clients is a factor that might affect the health of sex workers. Most of the respondents (87%) provide sexual services daily. 56% of them take two clients in a day. However, some of them claimed that sometimes, despite their bad health they have to provide sexual services and thus feel lethargic and weak. Some respondents also argued that sometimes, due to the rough sexual intercourse by their clients, they get hurt. Some clients also want to have anal sex of which the sex workers are not much comfortable.

Some of their narrations are:

*'I always provide two times sexual services regularly. Sometimes, it made me feel weak. But for money, I have to do it.*

*‘There are some clients who are fond of experiencing rough sex. Due to which I get hurt’.*

*‘Some of my clients ask for oral sex. Many times, I negate it but sometimes I have to provide even though I am not comfortable with it. I find it unhygienic'.*

The narrations depicted the sexual life of the sex workers. It has been found that many of the sex workers provide their services as a form of work thus involving no emotional bonding with clients. Because of this, they feel fatigued. During their sexual services, the study found, that many of their clients want to use them as sex objects of which they are not comfortable.

**vi. Use of intoxicated items**

Use of intoxicated items like alcohol, drugs, cigarettes, etc., hampered the health of a person. The various studies also highlighted the use of such things by sex workers is common. In the present study, 76% of the respondents take alcohol and cigarettes, 12% of them take only alcohol and 12% have not used any intoxicated things. Some of the reasons in their voices:

*‘I used only alcohol with some of my clients as they need company. At first, I did not take but gradually when my clients forced me, I started of taking it. I take it in my work area when no one is there except the client’.*

*'I am fond of taking alcohol and cigarettes during my student life. I cannot leave these two things as these are like my energy supplements.*

*'After marriage, I started talking about alcohol as my husband is fond of it. He is a regular drinker and after seeing him, I have also started taking but not on a regular note'.*

The above narrations showed that sex workers are less concerned about the bad impact of alcohol and drugs. though none of them are heavy users of these products, most often they use it as a habit and as a companion to others.

**IV. DISCUSSION**

The health factor of sex workers cannot be assumed to be isolated but an important continuum of risks that sex workers are always exposed to and engage with. In this study, the authors evaluated the knowledge and awareness of female sex workers in Assam towards their health. The female sex workers demonstrated little knowledge of the necessity of basic healthcare. Besides, the study found that none of the sex workers had health insurance. The lack of awareness of the sex workers towards their health is depicting their failure to take necessary actions to prevent health risks and danger. This behaviour is considered immoral and lacks citizenship responsibilities. Stanko (1996) argued that women who are not able to take responsibility are outside the public protection realm. In this context, the sex workers fall in this group of women. It has been found that they are aware of using condoms to prevent sexually transmitted infections, but are not aware of other diseases and routine healthcare services for being a sex worker. They have a low knowledge score to understand the benefits of routine health checkups. The problems faced during the menstruation period are also accepted by them as normal which again depicts their lack of awareness of their health. They are not concerned about the bad impact of their profession on the health. Moreover, the study also found that many times, due to the fear of their identification by the healthcare providers as sex workers, they try to avoid healthcare services. It shows the negative impact of viewing a profession by the society towards its workers.

The habitual performance of providing sexual services regularly is also a sign of their bondage towards their profession. As many (97%) of them are involved in the profession out of compulsion to earn money, they have neglected their health (physical, sexual, and mental). The ill-treatment of their clients also made them more vulnerable and prone to bad health. Rough sex or using them as sex machines, in some cases, as argued by sex workers, made them feel like a marginalise section of society. It generates low self-esteem, trauma, lack of trust among the sex workers. However, though they feel stressed and not happy with their work, they obtain it as part and parcel of life. It shows their lack of knowledge regarding the mental illness of which they are suffering. Some of the respondents argued that possessing the habit of using intoxicating things might also affect their health.

Besides, the study also found that sex workers have an awareness of protected or safe sex. The study found that all of the sex workers have the habit of carrying condoms with them. In this context, a sex worker said, *'Usually many clients ask for having sex without condoms, but when we explain to them the negative impact of not using condoms, they don’t argue further. And in some cases, we avoid vaginal penetration if the client is not hygienic. In that case, we do hand job and ejaculate'*. The narration highlighted that the sex workers have a fear of sexually transmitted infections. However, on asked them about sexually transmitted diseases, they referred to AIDS/HIV. They are not known for other diseases like genital herpes, chlamydia, gonorrhea, syphilis, etc. A few of them said that sometimes they feel a burning sensation and itching in the vagina but never attend doctors for it as they prefer to use remedies from the internet.

**V. CONCLUSION**

By highlighting the awareness of sex workers, this study emphasises the importance of knowledge a sex worker should have regarding self healthcare. The appropriate care of mental health, physical health, and sexual health of sex workers cannot be ignorable. This group of women is already marginalised and stigmatised in the eyes of society. The impact of societal disapproval of sex work has been witnessed in the health of sex workers. In trying to avoid public appearances and to avoid disclosure of their profession, they prefer not to visit doctors until it is urgent. Thus, they remained in the back on healthcare services.

Due to their profession, they are already vulnerable to various kinds of diseases. With this, if they are not aware of their health maintenance system, they may be prone to many health-related problems. Female sex workers appear to be taking risks by the standards of others in society and are deprived of the rights to protection granted to other citizens. They are also outside the acceptable concept of femininity.

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