

**EMPOWERMENT OF WOMEN SEX WORKERS**  
AN EXPLORATORY STUDY ON ROLE OF NGOS IN THE CONTEXT OF  
HIV/AIDS CONTROL PROGRAMME IN KERALA



*Dissertation submitted to*  
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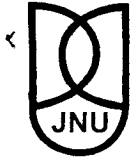
**MASTER OF PHILOSOPHY**

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CERTIFICATE

Certified that this dissertation entitled "**Empowerment of Women Sex Workers: An Exploratory Study on Role of NGOs in the Context of HIV/AIDS Control Programme in Kerala**" is submitted by me in partial fulfillment of the degree of **MASTER OF PHILOSOPHY** of this University. This dissertation has not been submitted earlier for any degree of this University or any other University and is my own work.



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We recommend that this dissertation be placed before the examiner for evaluation.



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TO  
DADDY & MUMMY

---

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## LIST OF ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AUSAID	Australian AID
BCC	Behaviour Change Communication
BMC	Bombay Municipal Corporation
BSS	Behaviour Surveillance Survey
CBOs	Community Based Organisations
CFLR	Centre for Legal Feminist Research
CIDA	Canadian International Development Agency
CSDS	Center for the Study of Developing Societies
CSM	Condom Social Marketing
CSMCH	Center of Social Medicine and Community Health
CSRD	Center for Social Research and Development
CSWs	Commercial Sex Workers
DfID, U.K	Department for International Development, United Kingdom
DGP	Director General of Police
DMM	Dalal Mac Mott Donald
DMSC	Durbar Mahila Samanvaya Committee
DMO	District Medical Officer
FGD	Focus Group Discussions
FHI	Family Health International
FIRM	Foundation for Integrated Research in Mental Health Action
FP	Family Planning
GNP+	Greater Involvement of People living with HIV and AIDS
GAATW	Global Alliance Against the Trafficking in Women
HIV	Human Immune Virus
HLL	Hindustan Latex Limited
HLFPPT	Hindustan Latex Family Planning Promotion Trust
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
IGPs	Income Generation Programmes
INP+	Indian Network of Positive People
ITP	Immoral Trafficking Prevention Act
IUDs	Intra Uterine Devices
KHPT	Karnataka Health Promotion Trust
KSACS	Kerala State AIDS Control Society
KISS	Kovalam Intervention Project for Safe Sex
MoHFP	Ministry of Health and Family Planning
MSMs	Men having Sex with Mens
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGOs	Non-Governmental Organisations
NNSW	National Network of Sex Workers
VDRL	Venereal Diseases Research Laboratory (Slide Test)
PEs	Peer Educators
PITA	Prevention of Immoral Trafficking Act
PLWHA	People Living with HIV and AIDS
PSC	Project Steering Committee
PSH	Partnership in Sexual Health
RCTC	Resource Center for Training and Counseling
RTIs	Reproductive Tract Infections
SACS	State AIDS Control Society

SHRC	Sexual Health Resource Center
SITA	Suppression of Immoral Trafficking Act
SMA	State Management Agency
SOMA	Social Organisation for Mental Health and Action
STCSW	Support Team for the Children of Sex Workers
STDs	Sexually Transmitted Disorders
STIs	Sexually Transmitted Infections
SWFK	Sex Workers Forum Kerala
TI	Targeted Intervention
UNDP	United Nations Development Programme
UNFPA	United National Family Planning Agency
USAID	United States Agency for International Development
VD	Venereal Diseases

# INTRODUCTION

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The literature on life conditions of women sex workers provides a record of their abuses and their various concerns. These women are surrounded by people who profit from their work. In most cases, policemen, local gundas and agents regularly take cuts for allowing the business to survive. After meeting the basic and compulsory needs, the money left after selling their body, drains away to a host of other people like lodge owners, moneylenders, local gundas, agents etc. A major share goes towards health care, travelling, dressing and make-up, food from outside etc., all necessitated by the nature of the profession.

As in any other occupation, the least reward accrues to the primary workers in this occupation as well. In addition, it is sex workers who face the impact of stigmatisation and social isolation. Financial rewards cannot be seen as compensation for the health risks, exposure to police harassment, violence, security for old age, effects on children and other hardships associated with the profession though certain groups may think for sex work.

The narratives of these women reveal tragedies that speak volumes about their vulnerabilities, the conflicts within families at the time of crises, violation of traditional norms especially with regard to sexual behaviour, dwelling pattern, debt to moneylenders, addiction to alcohol and substances often as a method of coping etc. Abuse against women within the family is tolerated and in Indian conditions, the women are likely to accept it. Given limited job opportunities, inappropriate skills for labour market and the commodification of women, joining sex trade is a coping strategy, very often a survival strategy for many women.

The perspectives dealing with the issues concerning women sex workers in society are highly complex. There exist different viewpoints in support of as well as acceptance of dealing with this profession and the sex workers. Societal attitudes on sexual morality, double standards, gender inequality, targeted approaches on women and sex workers in particular has generated much debate. Further, legalisation, de-criminalisation, rescue and rehabilitation, empowerment after being rescued from the trade, repeal of existing laws on prostitution, securing sexuality

rights etc. are the other discourses one finds prominent in the literature as prescriptions to deal with sex workers.

As the sexual route has been understood as one of the crucial channels of HIV transmission, there have been overwhelming efforts through and by Non-Governmental Organisations (NGOs) to reach out to all sex workers. These efforts have been directed towards disseminating messages through appropriate communication techniques that would change the nature of these workers sexual behaviour from high risk to low risk. The earlier interventions in HIV/AIDS control that did not consider structural barriers like poverty, gender, human right abuses and other social issues have failed in controlling HIV/AIDS. Learning the core causes of vulnerability, the programmers then redefined the strategy, incorporating certain development initiatives. The issue of improving conditions of women sex workers within the trade is given central focus in this strategy perspective. A new paradigm- 'Empowerment' is a recent phenomenon that has come to be an important component in the later HIV/AIDS control programme. This is operationalised through strengthening Community Based Organisations (CBOs) among these sections. Sub-initiatives towards empowerment like promoting micro credit and micro enterprises, mainstreaming activities, advocacy and networking, multi-sectoral and inter-sectoral collaborative initiatives, etc. have been prescribed as the new focus in ensuring sustainability of the programme and the organisations too.

The expectation that the sex workers will join together into concerted and organised groups has not yet materialised. Diverse vested interests threaten this process. Moreover, the empowerment perspective of the HIV/AIDS control programme that focuses on the issue of improving their conditions within the trade overlooks the challenges of a stigmatized and socially isolated population where instances of human right abuses and violence against these women are a normal phenomena, a society where existing laws depict prostitution as illegal and where double standards on gender still prevails.

The dissertation attempts to understand the empowerment initiatives of five NGOs in Kerala in the context of HIV/AIDS Control Programme and its effect on Women Sex Workers within the sex trade. The five NGOs represent a cross section of the state

each with more than five years of working experience with Women Sex Workers involved at the backdrop of HIV/AIDS control programme<sup>1</sup>. The NGOs namely Jeevana Samskriti, Kannur and Sthree Ashraya Kudumba Vikasana Sanghom (Vanitha Society), Kozhikode represents the north, Resource Centre for Training and Counselling (RCTC), Moovatupuzha (Ernakulam District), represents central while Social Organisation for Mental Health Action (SOMA) and Foundation for Integrated Research in Mental Health and Action (FIRM), Thiruvananthapuram represent the southern districts of Kerala. These NGOs operate with aid from the Department for International Development (DfID), United Kingdom in the state except FIRM. Currently all these organisations have empowerment of sex workers as their pivotal objective.

In the study, the empowerment process through the NGOs is denoted to the results of individual and collective actions due to certain organised endeavours, initiatives towards mainstreaming and liberating actions that help to gain dignity and acceptance. Broadly the study encompasses three major sections, one is the profile of sex workers in the socio-economic context, second is an expression of the concerns and needs of women sex workers and the third is aimed towards understanding the role of the NGOs in changing the lives of women sex workers. The latter is understood in terms of the inputs gained through streamlining leadership, team building, promotion of savings and credit, management of the external environment through seeking support of the power holders and building capacities through knowledge dissemination and skill trainings to enhance their self worth and supplement their income and policy support to accept their rights.

The study with qualitative and quantitative aspects has descriptions and analyses in the form of tables, narratives, case studies and field experiences of NGOs offering an overall understanding of the issues that are central to the lives of sex workers and the role of NGOs in addressing these in the context of HIV/AIDS control programme. All the interviewees were selected through purposive sampling of the population who had come on the specific day of the researcher's visit to the NGO office for different

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<sup>1</sup> There are 45 Targeted Intervention (TIs) Projects with Commercial Sex Workers (CSWs) (as of Dec. 2004) implemented through NGOs by KSACS, Govt. of Kerala with financial aid from Department for International Development (DfID), United Kingdom across the Kerala state. Source: [www.naco.nic.in](http://www.naco.nic.in).

purposes (like attending STD camps and review meeting of members, engaging in alternative employment programmes and also for rendering information to the researcher).

The primary data gathered for the study is through in-depth interviews with the respondents using a semi-structured interview schedule, personal interviews with people from other walks of society, case studies, Focus Group Discussions and Observations. The interview schedule broadly covered three sections; a) profile of sex workers, b) concerns of women sex workers, and c) Role of NGOs in changing the lives of women sex workers. The interviewees' responses were supplemented with personal interviews with the key functionaries of the organizations or the project leaders of the sex workers organizations, office bearers of the sex workers organization, officials of KSACS and the SMA. The researcher also visited homes of some respondents and sites like pick up points, condom outlets, STD clinics in the hospitals, counselling rooms, places where they engage in income generation activities etc. He was also observant to organisational meetings and training sessions held with the sex workers in the NGOs on the day of his visit. The secondary data collected were different publications, study reports from the NGOs, State Management Agency (SMA) and KSACS.

The information about women sex workers, their lives and working environment reveals their real life situation not as criminals but as victims and survivors of a society that refuses to accept them as part of the mainstream. However, there seems certain hope that the committed leaders who support the interests of these women will support the rights of the sex workers. It also needs to be understood that the outsiders' role in working with these sub populations should be of partners and decision makers, rather than implementers. Following is the brief description of the chapterisation and the contents in the dissertation.

**CHAPTER I:** The first chapter titled "Empowerment of Women Sex Workers: A Review and design of study" covers three broad sections namely; a) review of literature, b) conceptualization of the research problem and c) the design of the study. The literature review traces in particular the conditions and different categories of women sex workers in India, different perspectives on sex work and measures



towards changing conditions of sex workers. Different writings on sex work and societal views on sexual morality and double standards, gender inequality, approach to women in development programmes and sex workers in the HIV/AIDS control programme is described. Different discourses on legalisation, decriminalisation, rehabilitation and rescue, repeal of existing laws on prostitution, sex workers collective, different empowerment initiatives etc. are reviewed. The section also captures the scenario of HIV/AIDS in India and critically examines the place and role of women sex workers in the programme strategy in HIV preventive measures.

The conceptualization of the research problem urges for contextualising the HIV/AIDS control programme from the societal view with public health perspective rather than programmatic that is preoccupied with a North-centric approach. To analyse empowerment of the women sex workers in the study, the theoretical proposition of Paulo Friere's 'Pedagogy of the oppressed' is considered. The section on research design states the research problem, objective statements and describes the sampling techniques, tools administered and the data collection and analysis process. The section ends up acknowledging the limitations of the study.

**CHAPTER II:** The second chapter 'The profile of the NGOs' introduces the five organisations selected for the study. The stated objectives, the strategies, the functioning style, major accomplishments, milestones in the process of organisational development and different issues are elaborated. The evolution of Sex workers movement in Kerala is described in length in the section on FIRM.

**CHAPTER III:** The third chapter titled 'Profile of women sex workers' deals with variables such as age, education, marital status, concerns of sex workers' children, assets, dwelling patterns, income from sex work and alternative sources, saving patterns and pattern of seeking loans from moneylenders. The section is supplemented by descriptions and narrations in the form of case studies, stories and experiences that have been gathered along with the in-depth interviews through the schedules.

**CHAPTER IV:** The fourth chapter i.e. 'concerns and needs of women sex workers' provides an explorative description of two broad variables namely; a) concerns-

stigma, discrimination and different forms of harassment and b) problems and needs of women sex workers. The problems faced by the women sex workers from different sections of society are explored and presented. Concerns are described under different variables. This information was collected by requesting the respondents to recollect the episodes of harassment and demand of money by police, local gundas and agents during the last six-month period. The chapter also presents the perceptions of sex worker's problems as an extrapolated need. These are not only tabulated but also supplemented by descriptions given by others. The sex workers themselves prioritise the agency that best addresses their concerns. The purpose of this section was to understand the different needs in relation to the responses of the NGOs catering to the sex workers.

**CHAPTER V:** The fifth chapter aims to understand the role of the NGOs in changing the lives of women sex workers. It deals with the perceptions of the women sex workers about the role of the organisation, reason for joining the organisation and changes brought in their lives since joining the organisation. It also looks at the needs catered by the organisation in terms of general health, sexual/reproductive, social/rights, professional and economic priorities of the women sex workers correlating with the brief description of the stated objectives, strategies, style of functioning, priority areas and effect of the respective NGOs. An attempt is made to see if the above mean different things to the office bearers and members.

**CHAPTER VI:** The final chapter summarises the findings in each section, points to the factors that enhances or restricts empowerment of women sex workers within the sex trade in each NGO and its implications as an effective response to the HIV/AIDS issue.

# **CHAPTER ONE**

**EMPOWERMENT OF WOMEN SEX WORKERS:  
A REVIEW AND DESIGN OF STUDY**

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## **1.1 CONDITION OF WOMEN IN SEX WORK**

Women in India often do not have the power to negotiate sex within marriage and in extramarital liaisons. Women also have fewer opportunities for economic independence and sufficiency, and are often denied adequate nutrition, health care and education right from birth. For those who enter into sex work, this may be the only means of survival due to their destitute condition, i.e., widows and those abandoned by their husbands. Since risky sex is often related with expression of power, control, and exploitation, the spread of HIV is closely linked to the gender inequality and violations of basic rights of women.

India has a very long tradition of sex workers. From giving respect to royal concubines to the glorification of sex in the Kamasutra, Indians have long recognized that sex plays a large part in the lives of people and that people stray (Rozario, 1988 and Kate, 1971). Devadasi system prevailed in Kerala society in the early 15<sup>th</sup> century B.C (Menon ,1979), (Kumar,2003); (Nair ,1959).

The coming of the European power to India, took up a moral stand in support to the status of women in India, and it led to discrediting the prevailing systems like, sati, child marriage and Purdah system. Female education and remarriage of widows were encouraged. Laws dealing with Immoral Traffic were enacted under the British rule. In 1923, Suppression of Immoral Trafficking Act (SITA) was passed in Calcutta followed by Madras and Bombay presidencies.

After independence, both preventive and curative aspects vis-à-vis prostitution (that was then considered a social problem) have been taken up for policy formulation and implementation. Appointment of Advisory Committee on Social and Moral Hygiene by Central Social Welfare Board at a time as early as 1954 bears witness to this. The Suppression of Immoral Trafficking Act (SITA) in Women and Girls was passed in parliament in 1956 and amended in 1986 as Prevention of Immoral Trafficking Act (PITA).

The core causes that makes such women sex workers and other subpopulations dealt in HIV/AIDS programme towards vulnerability is the result from a complex interplay of social, economic, cultural and other systemic factors like, low

expectations from future, social identity and power, lack of power to take decisions regarding own actions and the existence of a social power structure preventing access to services (Sadanandan, 2004).

The annual turnover from sex work in India was estimated a few years back to be Rs 40,000 crores. 23 lakh women in India are believed to work as prostitutes and at least 3 lakhs among them are believed to be children (under 13 years). If estimated that even if these women sex workers entertain on an average two clients daily, then between 46 lakhs men visit them every day (Punnoose, 2003). The high turnout of women in this trade means that thousand of new entrants join every year, while there are also thousands of aged/ageing sex workers. Many others who benefit from the sex trade – the pimps, live-in partners, regular clients, the police, moneylenders etc. have also to be taken into account. According to one tentative estimate, there are about 20,000 sex workers in the state of Kerala (Subash, 2003).

The Human Rights Watch Report (2002) narrates the conditions of sex workers engaged in the brothels as are perhaps the lowest class of sex workers and essentially all female. They live in extremely unhygienic and crowded establishments ("cages") under ruthless and violent conditions imposed by both pimps and 'madams' (female overseers/owners), and are victims of police brutality and extortion. Estimates of this class of sex workers are about one million. Another report of the Human Rights Watch Report (1995) says, about 10% have been trafficked illegally from Nepal and Bangladesh and about a quarter are under the legal age of eighteen. Downer (1999) depicting the red light areas of Delhi, Kolkata, and Mumbai narrate the well-publicized examples of this class. These prostitutes typically charge between Rs. 20 - 100 and must have five or more customers every night to earn a livelihood as they get only a quarter or third of the take. The rest goes to the madams, the pimps, and the police. Many of these sex workers start very young, often as young as 10-12 years. They have usually been bought, or abducted, or coerced, or hoodwinked into the sex trade under fake promises of job or marriage by a very well-organized Mafia. Many are street children or children of sex workers or of women deserted by their husbands.

In addition to the cultural inability to demand the use of condoms from all their customers, they are also too poor to buy and supply them since the cost of condoms

is a significant fraction of their daily earning (Rao et.al, 2001). In three books published by the National Commission for Women on prostitution and women and children in the sex trade, ((i) *Lost Childhood (1997)*, (ii) *The Velvet Blouse, Sexual Exploitation of Children (1997)*, (iii) *Societal violence on Women and Children in Prostitution, (1995-96)*), the plight of this group of sex workers is very well documented and they highlight that unless supplied free or brought along by the customer, few brothel based sex workers use condoms regularly (with clients or their partners). Nevertheless, the proportion of customers using condoms is growing, albeit slowly, due to the work of many exceptional NGOs and community based organizations (CBOs).

Street Sex Workers do not have a fixed place of operation. The street sex workers in Kerala hang out in the streets, often near bus, taxi, truck and train stations, hoping to attract clients (Jayasree; 2001, 2002). Such sex workers are classified into the street based and the lodge based categories based on the place where the sex workers render services to the clients. They are usually picked up by clients and go to a place of either the client's choice or to a hotel. Some even have rented rooms where they take clients. They usually have a loose association with other sex workers and pimps. The most vulnerable to abuse and STIs are the street children as their sexual exploitation and coercion into sex trade starts as early as when they are seven years of age. Johnson et al (2002) estimates of this class amounts to one million and their numbers are growing.

Sex workers are often exploited even by the police and they rarely have fair access to law and justice. Most of these female sex workers live under the control of brutal and exploitative pimps and local power groups. Even today, as cited earlier, they have little ability to afford condoms or negotiate, much less demand, that all their clients use condoms(Maitreya , 2001). They, thus, continue to be highly vulnerable to STDs. To reduce infections among sex workers and the subsequent transmission of STDs from sex workers to the general public, the laws need to be changed and sex workers need to be empowered to seek decent working conditions and be provided access to health care.

Further there exists other form of sex workers other than the brothel based and street based ones. These as depicted in much newspaper reports are ;

- a) Housewives and Casual Sex Workers are people who have multiple identities and do not identify themselves as sex workers. They resort to sex work when in need of money, and also, to supplement the money given to them by their husbands for running the household or to buy vanity items. In most cases they solicit sex without the knowledge of their families. Sometimes, these women will also seek sex for pleasure with different partners, especially when their spouse is not staying with them. The profession has now been greatly facilitated by the proliferation of mobile phones and the AIDS prevention project staff find difficulty in identifying these categories,
- b) Call Girls are the so-called high-class prostitutes. Their services are obtained through escort services that are supposed to verify the credentials of both the sex worker and the clients. They can be housewives, students, professionals or full time sex-workers,
- c) Sex in Exchange for Favours like Jobs, promotions, transfer to highly desired locations or departments are "sold" as a substitute for bribes. Sex in exchange for favours is very common in rural India and in slums where it is driven by poverty and desperation, in addition to a host of other social and individual reasons. For a few kilograms of grain, or sugar, or for the right to cut grass for their cattle, women will offer in exchange the only "renewable" commodity they have — sex. Needless to say, there are many men who want risky sex and are ever ready to exploit the vulnerabilities of the poor and the marginalized, especially for such a low fee. Various studies have reported very high rates of HIV prevalence among the sex workers. In Panos Dossier publications (1990), HIV and AIDS threaten a woman in three ways as 'triple jeopardy'. a) She may become infected with HIV herself, and may then develop AIDS; 2) If she is HIV positive, she may pass this infection to her baby in the womb: her child may develop AIDS; c) Because women are the main carers for the sick, she will carry the burden if someone close to her develop AIDS. In nearly all societies, women are disadvantaged economically and socially. Many lack effective control over their sex lives, and are unable to protect themselves against infection. The book suggests "the stronger the woman's places in society, the greater are her options for HIV prevention".

A fact sheet of the Joint United Nations Programme on HIV/AIDS (UNAIDS) titled, "Vulnerable Populations" in January 2002 noted that in Mumbai, for example, an estimated 60 percent of women in prostitution were HIV-positive.

Persons in traditional high-risk groups-notably men who have sex with men, women in prostitution, and injectable drug users-face social marginalisation and deep stigma in India. While the epidemic has spread to the general population in some states, these high-risk persons remain crucial to the national AIDS control strategy. The stigma faced by women in prostitution and men who have sex with men is seen by many to be an important impediment to reaching these populations with HIV/AIDS information, condoms and other services linked to prevention.

Dube (2002) on "Sex, Lies and AIDS" says, "the women in prostitution face the second-class citizenship that characterizes their status in many countries, and the mainstream women's movement in India has not generally embraced the rights of women in prostitution as a high-priority cause".

In addition to the stigma and discrimination faced by high-risk persons, a wide range of human rights abuses associated with HIV/AIDS have been reported in India, many of which were discussed in the report on National Consultation on Human Rights and HIV/AIDS organized by the National Human Rights Commission in November 2000. Such abuses include discrimination against HIV-positive persons in employment and in access to health care, education, housing, and legal services; mandatory HIV testing, especially in some health care facilities, and violation of the confidentiality of testing; disinheritance, abandonment, violence and other abuses faced by wives and widows of men with HIV/AIDS; and denial of the right to information on HIV/AIDS, particularly for young people.

In the writings of Jayasree (2001) (2002), Manimala and Putul (2002), Maitreya (2002), (2003); Sleightholme and Sinha (1996) different issues that put women sex workers as marginalized and ostracized sections are narrated. Their writings reveal life stories about vulnerability, the conflicts within families at the time of crisis or violations of traditional norms especially with regard to sexual behaviour. Further they say the society upholds its hypocritical values by denying sex workers legal



rights, protection against police harassment, possibility of alternate employment or a secure future for their children.

## 1.2 SEX WORKERS AND HIV/AIDS CONTROL PROGRAMME

Sex workers are an important constituent of the HIV/AIDS control strategy. This is because since the early years of the HIV epidemic, it has become increasingly clear that in many places the role of commercial sex is significant in sustaining and expanding HIV epidemics, in different ways and at different rates. The same understanding of the association between multi-partner sex and HIV transmission led to sex workers and others such as homosexual men, being labelled 'high risk groups' (a north-centric global perspective).

Among the National Disease Control Programmes, only the National AIDS Control Programme has a distinct autonomous structure (National AIDS Control Organisation and respective State AIDS Control Societies (SACS)) under the Ministry of Health and Family Welfare, Government of India), to manage it. National AIDS Control Programme's (NACP-Phase III) budget towards controlling the HIV/AIDS pandemic in the country for the period 1996-2006 is Rs 2,064.65 crores. There are issues on the way these funds are channelled and allocated and within the programme the non-judicious priority given to certain components.

**Table:1.1**  
**Source of HIV/AIDS Funding in India**

Sl. No.	SOURCE OF HIV/AIDS FUNDING IN INDIA	Budget (in crores of Rs)
1.	Government of India	196.00
2.	World Bank	959.00
3.	United States AID (USAID)	230.58
4.	Global Fund for AIDS	122.74
5.	DfID, United Kingdom	487.00
6.	Canadian International Development Agency (CIDA)	37.81
7.	United Nations Development Programme (UNDP)	6.00
8.	Australian AID (AUSAID)	24.65

*Source: Annual Report 2004-2005; Ministry of Health and Family Welfare (MoHFW), Govt. of India*

A National AIDS Control Programme was established in 1987, and the National AIDS Control Organization (NACO), which currently oversees the government's anti-AIDS efforts, was founded in 1992. The national program to combat HIV/AIDS of the government of India is funded largely by a World Bank loan of about U.S. \$200 million (See Table No. 1.1), the second such HIV/AIDS loan for the country.

Reviewing The World Bank, Regional Update: South Asia-India, notes that the first project, which ran from 1992 to 1999 and had a budget of about U.S. \$100 million, helped to establish NACO and state-level AIDS coordinating bodies (the State AIDS Control Societies), developed capacity for surveys of HIV prevalence, and helped India to expand its program of preventive activities and improve blood screening. In the second project, about 23 percent of the budget is meant to support "targeted interventions" with high-risk groups, of which women in prostitution, men who have sex with men, and injecting drug users are explicitly named along with truck drivers and migrant labourers. According to the NACO, report *Combating HIV/AIDS in India (1999-2000)*, the targeted interventions component has attempted to: a) provide behaviour change communication (to motivate the beneficiaries to change to safer behaviours and to access services which helps protect against infection), b) provide and promote such services (such as STI services and condoms), c) create an enabling environment where the delivery of these interventions can be facilitated.

The World Bank, Project Appraisal Document on a proposed credit in the amount of SDR 140.82 to India for a Second National HIV/AIDS Control Project (Report No. 18918-IN), May 13, 1999 says that these groups together are estimated to constitute 5 per cent of the country's population. The same project appraisal document of the World Bank document notes,

"Global experience . . . demonstrates that the most effective strategy to prevent an epidemic is to intervene quickly among the groups at high risk for contracting and spreading HIV. The project would provide effective interventions such as counseling, condoms, treatment of sexually transmitted infections (STIs), client information and treatment to marginalized groups at high risk".

The "National AIDS Prevention and Control Policy," of NACO that was approved by the Union Cabinet in April 2002 also mentions these populations as groups exhibiting high-risk behaviour, particularly in the urban environment. The World Bank Project Appraisal Document proposes that the strategy of the program for reaching high-risk groups is "partnering with NGOs and CBOs [community based organizations]-organizations that have a long history of addressing the needs of marginalized populations," combined with measures to "decentralize planning, encourage participation of beneficiaries, and build capacity among NGOs in order to maximize the effectiveness of targeted interventions."

The current World Bank-funded program recognizes explicitly the importance of protection of human rights related to HIV/AIDS in India. The program "supports the protection of human rights by discouraging mandatory testing for HIV and places special emphasis on voluntary testing and counseling . . . . Furthermore, stigmatized groups (HIV-positive people; people living with AIDS or PLWAs; and groups at high risk of infection) would be represented on AIDS Control Societies (at state level)"

NACO estimates at the national level are about 5.1 million people who were suffering from HIV infection at the end of 2003. This indicates an increase of 5.3 lakhs HIV infections over estimated in 2002 (4.58 millions). The cumulative number of AIDS cases in the country has risen from 61,201 (as on December 2003) to 1,03,857 (as on March, 2005) (NACO, 2004). These include 74,020 males and 29,837 female. 1124 new cases of AIDS were detected in the month of March 2005. The distribution of likely sources of HIV infection in India is shown in the table below. The table shows that the sexual mode (85.76%) is the predominant mode of spread followed by perinatal transmission (3.58), use of infected syringe and needle (2.55%); and blood transfusion (2.03%). However, a significant percentage (6.08%) of probable route of HIV infection is yet to be known. NACO pools the data from STD care seekers, Commercial sex workers and persons who come for blood transfusion to public hospitals through the sentinel sites established across 154 locations in the country. The reliability of these NACO data is doubtful as issue of the accessibility and utilization of public health services by these coverage groups is not clear. Moreover the issue of seeking consent, maintaining confidentiality and adhering

privacy for STD diagnosis plays a crucial role is too not clear in the public hospitals that generates information through these sentinel sites.

Ritu (1998) and Kadiyal and Barnette (2004) raise questions of data generation and projections of the magnitude of the epidemic and overwhelming emphasis on the programmatic rather than societal concerns to deal with the epidemic.

**Table: 1.2**  
**Probable Route of HIV Infection in India: 31<sup>st</sup> March 2005**

<b>PROBABLE ROUTE OF HIV INFECTION IN INDIA: 31<sup>st</sup> MARCH 2005</b>		
<b>Category</b>	<b>No. of Cases</b>	<b>Percentages</b>
Sexual	89064	85.76
Perinatal	3713	3.58
Through infected Syringe and Needle	2649	2.55
Through blood and blood products	2113	2.03
Others (not specified)	6318	6.08
<b>Total</b>	<b>103857</b>	<b>100.00</b>

Source: [www.naco.nic.in](http://www.naco.nic.in)

In the proceedings report of the Workshop on Societal concerns and Strategies for AIDS Control in India it is described that the HIV/AIDS control programme boasts of a strategy that has more to do with developmental issues than medical ones, and involves largest number of partners outside the health system like Public Sector Undertakings, Private/Corporate firms, Academic/Research institutions, Multilateral and bilateral funding sources and NGOs etc. It urges for institutional restructuring on several issues like; gender relationships, the condition of women in prostitution, the media's role in commodification of sexuality, issues of access to basic needs and human rights, quality of health care services, community mobilisation in care and support etc. There are innumerable descriptions that lay down some basic principles of great importance in the context of HIV/AIDS Control Programme in India—

- a) Respecting human rights in a disease control interventions (for example; Human Right Watch Reports (1995), (2002); Jana et al (2004), Jayasree (2002); Cunha, (1991); CFLR- Law Reform Proposals Relating to the Rights

of Sex Workers and Sexual Offences in India (2004), Human Right Watch Reports (1995), (2002); Das (2003); Jayakumar (2003) etc.);

- b) creating mass awareness and providing information to all;
- c) positioning a public health problem as more of a developmental issue than a medical issue ( for example; (Banerji, 1992, 2000), Bennett (1987), Proceedings of the workshop report on Societal Concerns and Strategies for AIDS Control in India (2002); Panos Dossier (1986), (1990), (1992) etc.)
- d) envisaging action through partnerships between different social groups including civil society organisations within Indian society (for example; Gosina (2004);
- e) special focus on the working and living conditions of the socially marginalised sections- the poor, the migrants, the women in prostitution (for examples, Jana (1999), (2004); Dube (2002).

Targeted Interventions (TIs), a major component of India's National AIDS Control Programme (NACP), following the similar set of strategies world over, have contributed in creating awareness regarding the HIV/AIDS epidemic and in increasing access of the vulnerable populations (Sex workers, Men who have sex with Men (MSM) and Injecting Drug Users (IDU)) to the services that still lacks a "holistic public health perspective" (Banerji, 1992 and Qadeer, 1988) and also, towards contextualised planning considering an assessment of the existing resources-recognising positive features along with negative ones.

The TIs, attempt to: a) attain behavioural change through communication (to motivate the beneficiaries to change to safer behaviours and to access services which helps protect against infection), b) provide and promote such services (such as STI services and condoms), c) create an enabling environment where the delivery of these services could be easier(NACO, 1998).

Many TI's among high-risk groups have often contributed to an increase in social exclusion and discrimination against already vulnerable people like sex workers in the early phase. They may also have contributed to complacency among the general population who have, mistakenly, come to view HIV/AIDS as a disease of *others*. It is also likely that approaches that labelled sex workers as vectors of HIV infections also led to resistance and resentment from the very individuals whose

cooperation and mobilization were essential to successful responses (Oberhuber, 2000).

The TI components have not been able to address the more immediate needs of the primary stakeholders. The approach does not take into account that the sub populations in question do not have the desire or power to make decisions that would lead to the utilisation of such services, for if that would have been the case, the interventions would have achieved what they sought to i.e., halt and reverse the spread of infections in these populations. These aspects point to the gap in the current HIV programming and challenge the fundamental assumptions underlying the design of T.I (Jana 2002).

Being challenged by a new virus without having any curative medicine at hand, neither finding any effective preventive vaccine in foreseeable future, the scientific and medical community for all practical reasons embraced the behavioural model of intervention through Behaviour Change Communication (BCC) and from biomedical model of individual model of treatment and management of STIs (Kumar, 2002). The basic construct of the strategy is based on the idea that if individuals were provided with adequate information and means of prevention, they would be able to make reasonable decision and will engage in safer sex practices. The BCC strategies for high-risk groups were intensive than the ones prescribed for the general population. For the former, the social construct of behaviour and its implication in influencing practices were not considered important for programme development. The barrier to adopting safer practices was seen more of an aberration on the part of the individuals and their risk taking practices. The trend was to dissociate behaviour from the social identity and positions of the individual and his socio-political context. For example, we can consider sex workers who are not even considered to be members of the mainstream society across class, caste, gender and occupation.

According to Jana (2002), the entire strategy of BCC is a piecemeal approach and it has been criticised for faulty programme management and development as well as ineffective strategy and communication messages. The core issue of 'marginalisation' never figured in the process of programme design and development. How to design more effective behavioural change messages, choice

of media, management strategy etc. became the major discourse in HIV prevention programme.

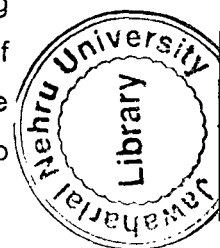
In intervention programmes, sex workers, who are one of the marginalised populations and a core transmitter from the viewpoint of HIV Epidemiology, are always the focus. It is the social exclusion process that forced them to live and die in the margins of the society and thus put them in a vulnerable situation. However, the universal tendency of targeted intervention programmes has been to project the sex workers as a high-risk behaviour group and to set the remarkable objective of changing their behaviour to reduce society's looming risk the HIV/AIDS epidemic (Singh et al, 2003). There can be a number of reasons for a man or woman choosing this occupation that could be classified under the socio-economic, cultural and many other sub-heads, and a framework preoccupied with behaviour will not, by definition, incorporate any of these. A women sex worker gets infected with STI (and for that matter with HIV) because of her work and hazardous work environment and, due to the specific nature of work organisation where she is incapacitated to negotiate her terms and conditions. The issue is truly occupational, not even faintly behavioural. It is, contrary to evidence from policy circles, in fact quite easy to comprehend the causal linkages between working and living conditions of a sex worker, and her behaviour and sexual practices (Jana, 2002).

The core issue of 'marginalisation' has never figured in the process of programme design and development. The so called 'HIV experts' try routinely to project HIV prevention through a tinted lens of technical excellence, both in terms of behavioural and or biomedical intervention model, that became the driving force for all subsequent research and programme development thereby divorcing it from all possible community and social dimension (Jana, 2002). Questions like how to design more effective behavioural change messages, about the choice of media and management strategies etc. became the major discourse in HIV prevention programmes (Singh et al, 2002). This very prejudiced approach blocked the vision of many community workers, who could not see many other developments in the community, as they could only see what they wanted to (Devraj, 1999).

Nair (2002) in her PhD thesis on the Sex workers in Kerala submitted to IIPS, Mumbai, narrate that the sex workers being associated with the HIV/AIDS intervention programme in Kerala may not necessarily gain anything in terms of reduced instances of violence. It is anyway, highly likely that those who experience violence feel the immediate need to come within the folds of the intervention programs. Association with the intervention programmes has not only increased the levels of awareness in matters concerning reproductive and sexual health, but also has been able to build in confidence and self worth in sex workers. But along with this, some of the sex workers have also attached a negative connotation to the presence of such programmes as these programmes have purportedly been instrumental in reducing their income and increasing the experience of violence.

Banerji (1992) and ICHI (2000) proposed the National AIDS Control Programme to deal HIV/AIDS through an integrated primary health care approach, with different aspects of social, medical, epidemiological, legal, ethical and gender aspects being addressed and different sectors contributing to the prevention and control of STD/AIDS/AIDS in diverse ways being involved. Priya (2003) proposes viewing the efforts at AIDS Control in India from a 'holistic public health perspective' that is also vastly represented in the writings of Banerji (1992), Illich (1977) and Qadeer (1998).

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Proceedings of the Workshop /dialogue Report on Societal Concerns and strategies of AIDS control in India (2002) called for contextualising the HIV/AIDS control programme from the societal view rather than within a north-centric approach. The perspectives on sexual behaviour patterns and determinants, creation of images of the epidemic in the public mind and communication strategies, and medical care and support of HIV/AIDS cases take us towards a more appropriate, deeper and comprehensive effort in understanding the issue. The papers urge for an institutional restructuring in terms of Gender relationships, the condition of women in prostitution, the media's role in the commodification of sexuality, issues of access to basic needs and human rights, quality of health care services, community mobilisation in care and support etc



### 1.3 PERSPECTIVES ON SEX WORKERS

The views concerning women sex workers in the society are highly complex. One could find different viewpoints in the literature that either support or oppose the profession as such. These are reflections on the societal attitudes on sexual morality, double standards, gender inequality, targeted approaches on women and sex workers in particular. Legalisation, de-criminalisation, rescue and rehabilitation, empowerment after rescuing from the trade, repeal of existing laws on prostitution, securing sexuality rights etc. are the other discourses one finds prominent in the literature as prescriptions to deal with sex workers. Further some take either position of in favour or against while others go on supporting both sides on different aspects of these issues. The following are some of the views on the above issues that were in the literature.

In the writings of Sleightholme and Sinha (1996), Jayasree (2001), the reason for the existence of sex work generally stresses on sex workers' status either as less mortals or victims of poverty. The literature usually narrates vulnerabilities of these women, substantiating their low socio-economic background, working exclusively for their own subsistence or subsistence of their family. In the face of the scourges of illiteracy, lack of access to resources and welfare measures, limited job opportunities, inappropriate skills for labour market and the commodification of women, joining sex trade is a coping strategy, and very often, a survival strategy for many women sex workers. They are outcast from their own families; sometimes even while the families still depending on them for subsistence. They are not invited for community functions. Most do not have a house and they spend days and nights in the streets, bus stations or cinema theatres.

Moreover, the belief that economic difficulties force women into the sex trade points to society's responsibility and acknowledges that the majority of the women are joining the profession as a livelihood option. This is, nevertheless, in no way an exhaustive explanation. Poverty alone cannot account for the gender discrimination of the sex trade whereby most often women are providing the service and men are being serviced. Economic arguments rarely explore how people's needs are strongly influenced by the gender.

Believing that sex workers are social and psychological deviants is a common rationalisation for stigmatizing them, branding them as 'bad woman' and absolving society of any responsibility or blame for their condition. This belief has no explanation for the sheer numbers of women who keep entering the profession, nor does it explore why the demand is there in the first place. It takes for granted that 'normal' men are polygamous by nature, while 'normal' women are monogamous.

The work done by Jayàsree (2001, 2002), Oberoi (1996), Meena (2000), Sleightholme and Sinha (1996), point to the 'double standard of sexual morality', and the fact that in patriarchal societies morality has two dimensions. It is this double standard that explains the stigmatisation of sex workers. Elite members of society turn their back on the plight of sex workers and the uncomfortable issues their existence raises. According to them, the main vantage point towards gender perspective in sex work is the division of labour according to a person's gender and a society's double standard of sexual morality. Indian society is patriarchal, characterized by male control over female labour, female sexuality and the female body; separating man and woman into different domains where the world of the latter is naturally undervalued and insecure. Men are more likely to have access to resources through economically productive skills, resultant jobs and income, land and housing which are frequently unavailable to woman in times of crises such as widowhood or singlehood. Poverty affects men and woman differently and women who have been dependent all their lives are more vulnerable and have fewer survival options than men, because of their subjugated existence. Woman's work is either underpaid or unpaid, as they are neither educated nor trained with a view to being economically dependent. It is partially because of the unequal division of labour based on gender that so many women join the sex trade when they are forced to start earning a livelihood.

A woman's prestige is strongly linked to her sexuality through chastity before marriage and faithfulness after, and she is severely punished if she deviates from this norm. However, on the other hand man is not linked to his sexuality in the same way, but to his behaviour in areas outside the family and the home. In Indian situation, divergent messages are given on sex. Media, popular culture increasingly display images of women as sexual commodities, as playthings for man's sexual

desires; at the same time we teach women to preserve their bodies for marriages and for one man, and to be a modest wife and mother. A man's sexual behaviour can be expressed in many ways outside marriage while a woman's virginity is seen as an absolute necessity.

#### **1.4 PERSPECTIVES ON SEX TRADE**

The issue of legalisation of sex trade is currently being widely debated, with both the sides, those for and against it, putting forth strong arguments supporting their cause. It is also necessary to recognize that the entire debate came up in a big way only after AIDS started assuming alarming proportions and legalisation of prostitution was perceived to be facilitating the AIDS control efforts, which were undertaken on a massive scale worldwide. It would be safe to say that the legalisation debate is an extremely complex one, with a lot of grey areas within it.

Those who support pro-legalisation views argue that sex workers reduce the incidence of rape, functioning as vent to the suppressed emotions of the single men, or who have different sexual preferences to those of their partners, helping them to express their sexuality in a harmless way. Many sex workers themselves use like arguments, pointing out that as their work serves a social purpose they should be free of police harassment and discrimination.

Lohakare (2002), analysing the situations of the NGOs in Pune and Mumbai working on AIDS control with women in sex trade, doubts if legalisation would enable the women in their activity to demand rights and benefits entitled to 'workers' in a profession. He is apprehensive that it would simply imply more oppressive state action and legitimize all the other forms of sexual exploitation like pornography, sex tourism etc and would not make any difference in the social status accorded to the sex workers.

Manimala and Putul (2002), leads debate on to the future of sex trade focusing on the legality issues through the voices of the women of Sonagachi (Kolkatta, West Bengal) and Chaturbhuj Stan (Muzafferpur, Bihar). Both places are popular for the women practicing sex trade. The respondents fear that legalisation of their

profession would arm the authorities with arbitrary power to revoke licenses, thus leaving sex workers even more vulnerable to harassment. Again, if it were to be recognized as legitimate work, it would imply decriminalisation of the infrastructure of the trade-brothel, brothel keeper, agent and pimp, which are all essential to the smooth commencement. Sex workers did not ask ever for legalisation of their work as the focus was always been decriminalisation of their work. Legalisation does not help sex workers as it involves mandatory health check ups, zoning (restricting sex work to specific zones in the city) and licensing. Setting up of licensing regime would merely produce yet another structural hurdle, as the issuing would invariably involve the payment of a fee or bribe. It would not stop exploitation, but merely shift the location of it, and allow for a mere redistribution of benefits within the exploitative system.

Those who support legalisation agree to the fact that they do not want to be branded as prostitutes. What they want to do is to stop extortion. Dr. Jana argues for legal protection, which he says will stop forceful entry into the profession, trafficking and curb child prostitution. It would also ensure better working conditions and will give the sex worker the right to say 'no' to police and mafia excesses.

More so, India's legal approach towards the sex work also upholds double standards. A feature of the toleration system worldwide has been that in its implementation it has been used mostly against the sex workers themselves (CFLR, 2004). India's legal approach is one of limited tolerance, where being a sex worker per se is not an offence and practicing sex work privately and independently is also not a crime. But practicing and soliciting in or near a public place is a punishable offence, the sex workers punishment is less stringent than that of her landlord, the brothel manager, or someone accused of trafficking. The legal rights of sex worker in these laws include the rights to rescue and rehabilitation. Sex workers do have the right to police protection just as any other citizen. They can however, with sufficient support, take advantage of existing loopholes and contradictions in the law to achieve some basic rights.

Cunha (1991) conducted an intensive survey in Bombay into the implementation of the laws regarding prostitution between 1980-87 and found that 596 brothel keepers

were arrested during the period compared to 9,240 sex workers. He cites several reasons why a higher number of sex workers are arrested: mass arrests to maintain arrest quotas as they are easy targets, to gain financially, a form of harassment accompanying extortion and sexual favours, the organizers of sex trade getting around the law by exploiting loopholes, while sex workers themselves are not organised enough to do so . The data fails to provide information on the proportion of total brothel keepers and sex workers in the area across which the arrests were made.

The laws on prostitution are ambiguous and, as a result, sex workers are exploited by even the police and rarely have fair access to law and justice. Most female sex workers live under the control of brutal and exploitative pimps, local gangsters and mafia, (Nair (2002), Sleightholme and Sinha (1996)). According to Maitreya (2003), the government, rather than acting to provide sex workers with the same fundamental rights guaranteed by the constitution to all, is hoping that sex workers and HIV somehow stay hidden in a closet and can be ignored. Most sex workers, even today, have little ability to afford condoms or negotiate, much less demand, that all their clients use condoms. They, thus, continue to be highly vulnerable to all Sexually Transmitted Infections (STIs).

Certain radical groups argue that, in sex work, one may or may not get pleasure or pain always from it; one may or may not suffer from boredom or the challenges encountered in the job. But for some women, sex work is the only viable option to maintain her livelihood and there can hardly be any contractual agreement in a job market without any exploitation (Jana, 2002).

Those who argue for the abolition of the trade (Chhabra, 2002)) focus on the negative effects pointing out the sex trade caters to and perpetuates the commodification of women, that it could actually, increase abuse against women because it reinforces the attitude that woman can be purchased and used by men. Legalising it would legitimise the myth that men have an uncontrollable sex drive. Feminists working towards changing the society's manifestly unfair attitude to all women and their sexuality often use these arguments.

Others including some senior police officials argue for abolishing the sex trade simply because it is 'immoral' and hope that they can stamp it out by using the law to get rid of the pick up points/ red light areas and impose state rehabilitation on the women (Poonoose , 2003).

## **1.5 PERSPECTIVES ON EMPOWERMENT**

Perspectives on empowerment of sex workers believe that the society has to be willing to grant them and their families all the basic human rights so that they can live with self-respect and dignity. Lohakara (2002) poses the issue of legalisation of sex trade that has thrown up several questions, which have been hitherto inadequately addressed. Would legalisation of sex work facilitate the process of empowerment of these women to fight for their well being and contribute to improving their lives, or would it result in legitimization of all other kinds of sexual exploitation like sex tourism, pornography and so on, further increasing their vulnerability?

Moreover the empowerment perspective on AIDS control programme overlooks the challenges of a stigmatized and socially isolated population where instances of human right abuses and violence against these women are normal phenomena, a society where existing laws that depict prostitution as illegal and where hypocrisy of mainstream society with double standards on gender still prevails.

Thus amongst the marginalized, empowerment – the means and ability to change one's life – lies not just with the individual, but involves complicated interactions with the local power structure, the family, the community, the society, and the resources needed for subsistence. It is in this respect that HIV/AIDS or any other disease involving behaviours and lifestyles cannot be dealt within isolation, but requires, in essence, the transformation of the whole society. While some governments and funding agencies have realized the need for such a holistic approach, they normally get overwhelmed by the magnitude of the task, and are fearful of cultural, social, and political setbacks; in the end resorting to a certain approach by focusing on a minute aspect of the bigger problem.

Towards theoretical preposition to analyse empowerment, Paulo Friere's "Pedagogy of the Oppressed", the journey between junctions of 'not knowing' and 'knowing and also having the power to act' is an arduous but an enriching one. This journey towards awareness has been set into four stages (Freire, 1970);

*Magic awareness:* a stage in which events and forces are seen beyond ones control (myths, magic, fate) a consequence of fate and unchangeable. These are imbibed by a social process usually filtered from the top to view one self as inferior and incapable of mastering ideas and skills of others. They are exploited but are at the same time dependant on those with authority or power. Therefore, in the researcher assumption, the general sex workers and sex workers community initially belongs to this level of magic awareness.

*Naive awareness:* At this stage people no longer passively accept the hardships of being "on the bottom". Rather they try to adapt so as to make the best of the situation in which they find themselves. However they continue to accept the values, rules, and social order defined by those on top. They make no attempt to critically examine or change the social order. Interventions following a service delivery mode usually bring sex workers to this level of consciousness.

*Critical awareness:* As persons begin to develop critical awareness they look more carefully at the causes of poverty and other human problems. They try to explain things through observation and reason. They start to question the values, rules, and expectations passed down by those in control. They discover that not individuals but the social system itself, is responsible for inequality, injustice, and suffering. They find that it is set up to favor the few at the expense of the many, yet they see that those in power are in some ways also weak, and are also 'dehumanized' by the system. Critically aware persons come to realize that only by changing the norms and procedures of organized society can the most serious ills of both the rich and the poor be corrected. It has been observed that participation in programming helps the beneficiaries to attain critical awareness.

*Fanatic awareness:* a fanatically aware person (or group of persons) rejects completely those in power and everything they represent, without trying to separate

the good from the bad. At the same time, he often returns to the traditional customs, dress, and beliefs, but in an exaggerated form. Whereas the outlook of persons with critical awareness is mostly positive, that of fanatics is often destructive. Their opinions tend to be rigid and seem to be a result from hatred than from understanding. Rather than learning and communicating with others as equals, they tend to repeat the standard radical doctrines of their popular, yet powerful leaders.

In the context of HIV/AIDS Control programme, the basic understanding is that only through empowerment will the sex workers become less prone to communicable diseases and the demand for commercial sex would reduce over time.

The lone highly publicized example of a significant change in the rights of brothel-based sex-workers, which occurred in response to the spread of HIV, is the Sonagachi project in Kolkata (The Durbar Mahila Samanwaya Committee (DMSC) pamphlet). In 1992 Dr. S. Jana opened a medical clinic in the red-light district to treat the prostitutes and their children, and to spread awareness about sexually transmitted diseases and safer-sex practices. Today, there is a co-operative of about 60,000 female and male sex workers, their children, and their clients that wields significant power in demanding good working conditions, mandatory use of condoms, health care, and education for their children.

The Sonagachi project in Kolkata is a highly successful model of empowerment of sex workers, which is unfortunately a one-off success story. The changes led to the creation of the self-empowering association, Durbar Mahila Samanwaya Committee (DMSC). In the writings of Jana (1999), many reasons are given for the success of the Sonagachi project while other similar attempts are facing much harder times: for example, the long tradition of labour unions and workers rights in West Bengal, the more socially oriented communist governments, large amount of funding and international support, and the vision and personality of Dr. Jana himself.

The government, while paying lip service to the example of Sonagachi, has not facilitated the transition in other areas by clearly defining the rights of sex-workers and creating the appropriate law and order situation to protect sex-workers from abuse. The government works circuitously at best; it funds NGOs and CBOs to work



with marginalized communities and to accomplish the task of educating them, decreasing the risk of STIs, and raising social awareness.

To reduce infections among sex workers and the subsequent transmission of STIs from sex workers to the general public, the laws need to be changed and sex workers need to be empowered to seek decent working conditions and provided access to health care and education. In addition, society has to be willing to grant them and their families all the basic human rights so that they can live with self-respect and dignity (Jana, 1999). Only through education and empowerment will sex workers become less prone to communicable diseases and the demand for commercial sex reduce over time. The poor gamble with their health every hour of the day, so a disease with fatal consequences five years down the line is not the foremost one in their list of priorities. Day to day survival by any means is their only priority and, for many, sex work is the only means of earning a meal. Improving the economic conditions of the poor is crucial if we are to reduce their dependence on sex work as the means of survival.

Chhabra (2002) provides an alternate view. This view states that:

- The current policies of "condom centric" HIV/AIDS intervention are leading to a "scenario of open breakdown of social and legal constraints to prostitution and promiscuity, including among the youth, with reliance on the efficacy of condom usage making it safe sex".
- Sex work is debasement of womanhood, and a condom centric approach is "to accept women as commodities and pleasure-slaves freely available to fulfil man's base whims".
- The claimed successes of the Sonagachi project are debatable. Her contention is that, in spite of tremendous international support, funding, and the sharing of expertise, the project has not achieved anything substantial in terms of its health objectives. On the other hand the touted successes have created a schism in the national public policy debate and led, de facto, to the condoning of promiscuity and the debasement of women.
- "Globally, there is increasing evidence of legalized prostitution backfiring with increased prostitution, trafficking and increase in organized crime".

- Intervention should be based on *rescue* and *rehabilitation*. "A far more discreet and conservative approach is required to protect the greater societal good while engaging those deviating from desirable norms".

The Malayalam documentation series brought out by SMA-Kerala for KSACS titled; "Leingika Thozhilalikalude Swasraya Padangal" (Translation; Sustainability Lessons of Sex Workers) (2003) narrates the documented process that led to the formation of an organisation solely run by the sex workers themselves named Vanitha Society in Kozhikode district of Kerala.

Sleightholme and Sinha (1996) highlight some possible future interventions to meet short and long term needs of the sex workers. These are; a) support sex workers initiatives and promote networking and coordination between different sex work groups, locally and nationally; b) Improve coordination between NGOs and enhance dialogue and networking between NGOs and the government; c) Support legal advice, counseling and crisis intervention centers for sex workers through local volunteers; d) Equip NGOs with drop in centers managed by elderly sex workers/child care facilities; e) Strengthen sex workers negotiating skills and build local leadership among the scope of projects; f) More action research on sex workers own prioritised health concerns; g) promote thrift and savings- as a means to build group capacity and fostering group identity; h) Reach out to ledge /home based sex workers who are violated from the reach of PSH projects; i) challenge the division of labour by gender through income generation programme beyond sex stereotypes. j) Sex workers need to be trained in marketable skill enabling them to be independent; k) Lobbying for review of laws on prostitution, involving sex workers on debates; l) Sensitise more police to issues relating to crimes against women and rights to protection of women before law; m) mainstreaming sex workers through giving sex workers to platform for airing their views and experiences; More cooperation and dialogue with women rights activists and sex workers. n) Develop movement challenging women being judged by their sexuality, limited options for employment etc. Lobby for rights of sex workers.

According to Overs (2002), certain measures with the sub-populations, to be undertaken in a sustained manner with faith in the rationale of the strategy and with

acceptance and participation of the beneficiaries through building the capacity and empowering the marginalised sub-populations and changing attitudes of policy makers and implementers would prove to be useful. According to Overs, realizing the gaps, three strategies currently characterize most programmatic responses to HIV and commercial sex namely a) Individual/cognitive interventions-influencing individuals attitudes and normative perceptions and increasing their skills and knowledge, b) Enhance Participation and Empowerment through building capacity in local NGOs to enable them to provide technical support that assists communities to identify issues and mobilise to change them effectively. Increased access to resources, raised collective self worth and solidarity are among the desired outcomes that help to reduce risk taking and c) Creation of an enabling environment stimulated by structural, policy and environmental interventions. At work this means having access to condoms, supportive management, adequate sanitation and security. Outside the work it can mean access to primary health care, adequate housing, equitable credit facilities, childcare and freedom from various kinds of abuses.

Sadanandan (2004) suggests towards addressing empowerment among sex workers and other sub populations through a) Nurturing leadership among the sub populations, b) Team building; c) Promoting Savings and credit d) managing the external environment, e) building capacities and f) policy support among the sub populations as part of the HIV/AIDS interventions.

## **1.6 DESIGN OF THE STUDY**

The study entitled 'Empowerment of Women Sex Workers: An Exploratory Study of NGOs in the context of HIV/AIDS Control Programme in Kerala' is of the exploratory research design that attempts to understand the empowerment initiatives of different NGOs in the context of HIV/AIDS Control Programme in Kerala state and its effect on Women Sex Workers within the sex trade. Although there is proliferation of NGO activity among Women Sex Workers in Kerala as a result of growing concerns over HIV/AIDS epidemic, few intervention are tuned to the exact needs of the women, neither in short or long term. In some areas, strong female leaders have emerged and represent the felt needs of women more accurately. This study confines to the

case of women sex workers in the Community intervention projects even though other high risk groups like MSMs, and composite groups like truckers, prisoners, migrant labourers, tribals, coastal community exposed to vibrant tourism activity etc are also dealt in the TI programmes in the state. The contention is that the effectiveness of HIV/AIDS prevention programme among Women Sex Workers depends on their empowerment.

This study dealing with qualitative and quantitative aspects that describes and analyses in form of narratives, case studies and shared field experiences of NGOs in the different empowerment initiatives within the sex trade towards Women Sex Workers at the backdrop of HIV/AIDS Control Programme in Kerala. However it also need to note the difficulties of gathering quantitative information in such a sensitive theme of over-valuing the results once they have been turned into supposedly objective facts and figures. The study offers an understanding of the issues that are central to the lives of sex workers and the role of NGOs in addressing those in the context of HIV/AIDS control programme. The information about women sex workers and their lives working environment reveals their real life situation, not as criminals but as victims and survivors of a society that has its biased understanding of the women's lives and prostitution. We need to accept sex workers not with pity or contempt but with respect as people with rights like others. The study also attempts to understand the role of NGOs in breaking the invisibility and isolation of sex workers.

The study has collection of information, stories and experiences collected through primary and secondary data sources. The study outcome is drawn primarily from the analysis of information gained; review of literature and from interviews with people. In case studies, all names have been changed for the sake of anonymity but the information gathered remains intact.

#### **1.6. a CONCEPTUAL DEFINITION**

As one finds "empowerment" as a complex process, the researcher tries out a functional definition to empowerment for the purpose of this study after reviewing the

literature as “ a process wherein an individual, section or community in the society changes from ‘de-powered’ to ‘empowered’ stage”.

The ‘de-powered’ situation denotes the situation of powerlessness due to poverty, social exclusion, exploitation, discrimination and so on in the context of socio-economic-cultural and political domains, while empowerment denote to the process of empowering, as a result of individual and collective actions. The latter is the culmination of multifaceted interactions through creation of an enabling environment so as to access power, space and resources. The process may be due to certain organised endeavours, initiatives towards mainstreaming and liberating action that help these groups in gaining dignity and acceptance.

#### **1.6.b PROBLEM STATEMENT**

The assumption towards achieving effectiveness in HIV/AIDS prevention programme is related to the empowerment among Women Sex Workers within the sex trade. And in doing so empowerment is incorporated as a component of the programme strategy. The process of empowerment is looked in terms of the evolution of leadership within the population, team building, savings and credit, management of the external environment through seeking support of the power holders and building capacities through knowledge dissemination and skill trainings to enhance their self worth and supplement their income and policy support to accept their rights. The research problem could be stated as;

- a) What is the role of the NGOs in empowering the Women Sex Workers within the sex trade in the context of HIV/AIDS prevention programme?
- b) What are the major strengths and issues in each of the NGOs in empowerment initiatives?
- c) Does empowerment of Women Sex Workers bring out a perceived reduction in the spread of HIV/AIDS?

### **1.6.c OBJECTIVES OF THE STUDY**

The broad objective of the study is

- To understand and explore into the role of NGOs towards empowerment of Women Sex Workers within the sex trade in the context of HIV/AIDS control programme in the Kerala State.

The specific objectives are;

1. To trace and describe the socio-economic and professional context of Women Sex Workers within the sex trade and associated with the NGOs.
2. To understand and analyse the role of NGOs in empowerment of women sex workers in the sex trade.
3. To identify factors that enhances or restricts empowerment initiatives as an effective response to HIV/AIDS issue.

### **1.6.d AREA OF THE STUDY**

Kerala State AIDS Control Society (KSACS) was set up in 1991 (then known as State AIDS Cell) to implement the National AIDS Control Programme. The Targeted Intervention as one of the components has been coordinated with the involvement of non-governmental agencies (NGOs) across the state<sup>2</sup>. Components like Blood Safety, Voluntary Testing and Counselling, STD Care so on have been undertaken within the Government health system. The Target Intervention component of NACP is sponsored through Department for International Development (DfID), United Kingdom, since 1997 in Kerala. On behalf of DfID, Dalal-Mott MacDonald (DMM) (till February 2005) and now Hindustan Latex Family Planning Promotion Trust (HLFPPT) of Hindustan Latex Limited (HLL) since March 2005, both corporate bodies render technical supports to KSACS in implementing the Targeted Intervention component. With the National AIDS Control Programme entering its third phase, the Targeted Intervention component is implemented in collaboration with 62 NGOs across state<sup>3</sup>. There are 45 Targeted Intervention (TIs) Projects with

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<sup>2</sup> The list of NGOs working in collaboration with National AIDS Control Organization (NACO) is available at <http://naco.nic.in/vsnaco/nacp/ngo.htm>.

<sup>3</sup> As of Dec. 2004; KSACS Data

Commercial Sex Workers (CSWs) (as of Dec. 2004) implemented through NGOs by KSACS, Govt. of Kerala across the Kerala state.

Five Non-Governmental Organisations (NGOs) with more than five years of experience in engaging with sex workers in the context of HIV/AIDS interventions in the state have been taken up for the study. Broadly in the study, two kinds of organisations feature, that works for and with the sex workers. One named Foundation for Integrated Research in Mental Health (FIRM), was one of the initial organisations in Kerala that took up HIV/AIDS interventions with financial aid from KSACS with sex workers, abruptly took off from KSACS on certain ideological differences and has sprung up around rights based concerns across the state that currently render support and services beyond the HIV/AIDS paradigm to the sex workers in the state. The coordination committee named, Sex Workers Forum Kerala (SWFK) facilitated by FIRM poses questions over values, patterns and practices of sex and sexuality, morality, culture and religion; gender and legal approaches. The organisation have linked up with similar national and international platforms and formed initiatives on specific issues and concerns, lobbying for sex worker rights. The others are the Partnership in Sexual Health (PSH) projects supported through NGOs to implement Targeted Intervention component of NACP that are involved in developmental/welfare approaches. Because of certain dissimilarities in their approaches and strategies with the sex workers four of such organisations are picked up for the study. These are Stree Ashraya Kudumba Vikasana Sangham (Vanitha Society) based in Kozhikode district, Jeevana Samskrity based in Kannur district, Resource Center for Training and Counseling (RCTC) based in Moovatupuzha municipality of Ernakulam district and Social Organisation for Mental Health Action (SOMA) based in Trivandrum district. The government provides health and at some level welfare interventions. The latter, being less significant than of the HIV/AIDS interventions programmes among women sex workers.

#### **1.6.e DATA COLLECTION PROCESS**

The tools for data collection included both primary and secondary sources. Primary data was collected through seeking permission from the appropriate authority involved. A request letter was submitted to inform the purpose of the research; the

agenda of the researcher wherein kind of activity involved, dates of visit and the duration required were specified. The response to the letter was confirmed over telephone. The dates of visit were finalized confirming the NGOs with any other engagements on the proposed dates. It also affixed an introduction letter from the Chairperson, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi and a letter from the Director of State Management Agency (SMA) to render support to the researcher. The copy of the letter was forwarded to the SMA Regional Offices based in Ernakulam and Kozhikode. In the case of FIRM, researcher directly sought permission from the General Secretary as directed by Mr. Maitreya, who thereafter introduced sex workers to the researcher across different districts.

The researcher purposively spent two hours initially to establish rapport with all the staff and sex workers in each organisation. In some cases, the researcher was introduced in a meeting, wherein the purpose of research was informed.

#### **1.6.f SAMPLING**

The study was engaged with five NGOs representing a cross section of the state with at least five years of working experience with Women Sex Workers involved at the backdrop of HIV/AIDS control programme. From Jeevana Samskrity, Kannur and Vanitha Society, Kozhikode represents the NGOs in the north, RCTC, Moovatupuzha (Ernakulam District), represents central while SOMA and FIRM, Thiruvananthapuram represents southern districts of Kerala state. The researcher spent around 3-4 days in each NGO selected for the study.

All the interviewees were purposively selected who had come on the specific day of researcher's visit to the NGO office for different purposes (like, attending STD camps, review meeting of members, engage in alternative employment programmes and also for rendering information to the researcher that was informed through the NGO officials). Most sex workers interviewed in each NGO were informed of the researchers visit by the NGO officials the day before. There were around 10-15 women sex workers who had come to the NGO office on each day of which women were called up individually in a separate space to undertake in-depth interview. On



each day at least three in-depth interviews, case studies wherever felt necessary, one or two Focus Group Discussions, observation of meetings/documents, interviewing NGO officials were done.

Barriers in accessing the respondents through their field of operation and infrequent visits of members to the NGO office had been the primary reason to undertake purposive samples, though most NGO had maintained and updated membership register except FIRM (that did not have any registers). It was informed by the NGO officials that accessing sex workers for interviews in their field is a difficult task. Normally that will disturb their working hours and without recommendations, they hardly cooperate for any such studies. There is a notion developed among these sexually marginal communities since the HIV/AIDS intervention projects, that they are increasingly treated as 'specimens' by so called experts.

In each NGO, two persons (except FIRM where four persons- Coordinators of SWFK) were the office bearers (sex workers themselves). And the rest were the members associated with the respective NGOs. From Jeevana Samskrity, Kannur and RCTC, Moovatupuzha, Ernakulam, only five people each were interviewed. In each of the later organisations, the two persons were either leaders or office bearers.

#### **1.6.g TOOLS OF DATA COLLECTION**

The Primary data sources were;

**1) INTERVIEWS** a) In-depth Interviews using a semi-structured interview schedule comprising both close ended with range of response scales and open ended seeking narration/description or statements were used. In a normal case, each interview process took around 40 minutes but however, in eliciting case studies, also went upto one and a half hours.

The interview schedule broadly covered three sections namely; a) Socio-economic and demographic context, b) Professional context, c) Role of NGOs in changing the lives of women sex workers.

The section on socio-economic and demographic context of women sex workers dealt with questions on the age, education, marital status, concerns of sex workers children, land asset, dwelling pattern, income from sex work and alternative sources, saving patterns and pattern of seeking loans from moneylenders. The section had both close-ended and open-ended questions. Whenever felt, the close-ended responses were accompanied with descriptions and narrations.

The professional context of women sex workers were explored through two broad variables namely; a) issues and concerns and b) needs of women sex workers. The frequency of issues and concerns from three sections namely, Police, Local Gundas and Agents (with whom the sex workers often have to encounter) were explored in terms of physical, verbal and sexual abuses and demanding money. From police, frequency of arrests was also explored.

Broadly the issues and concerns were elicited under the following variables namely; Physical abuse, Verbal abuse, Sexual abuse, demand of money and Arrest ( in the case of policemen). The responses on 'Physical abuse' were in the form of beating, kicking and hitting with arms and heavy materials (including lathis by Policemen) and even pulling hairs and breasts. On 'verbal abuse', sex workers overwhelmingly stated it as the form of either abusive language use at public places or police stations after arrests (by policemen). 'Sexual abuse' by the policemen is a common practice in the form of coercive sex including oral sex and gang rape without payment. The same by local gundas is in the form of seeking free sex from sex workers, asks for fresh and young girls to either use by them or present before someone, trap them if engaged in criminal activities with them. 'Demanding money' is a practice by all the three categories when sex workers resist paying particularly demanded by the Police may have to stay for more days or presented before the court with certain cooked up women. For local gundas, it's a kind of regular contribution to guard their profession working. In the case of agents, it's the commission or share towards introducing a customer. While the variable 'arrests' meant of the policemen arresting the sex workers on account of PITA or any other legal provisions. The frequency was elicited from the respondents to recollect the number of abuses, demanding money and arrest (from police) faced during the last six-month period. The frequency was categorized as Never, Rarely, Often and Frequently. 'Never' denote to no attempt in

the last six-month period. 'Rarely' denote to one attempt during the last six-month. 'Often' relate to 2-5 attempts and 'frequently' related to more than five attempts in the period.

In the second variable in the same section, questions were asked about each ones personal needs-to name in order of priority. Individual responses may be reflective of the group but prioritisation may be different supplemented by experiences of those who were outside the sex work community. The section on the interview schedule elicited different needs and the agencies that addresses (like NGOs/CBOs/Family etc) as prioritised by the sex workers themselves. The section looks into five broad areas of concern that is encountered by the sex workers namely, the General health needs, Sexual/Reproductive health needs, Social/Rights needs, needs related to their profession and immediate economic needs. The respondents were asked to prioritise five needs and the addressing agencies on the ascending order in each theme. The options on addressing agencies were given as Self/ Family, Community based Organisations (CBOs), Non Governmental Organisations (NGOs) and unmet. The purpose of this section was to understand the different needs in relation to the responses of the NGOs catering the sex workers to correlate with the goals, objectives and activities of the NGOs or CBOs undertaken for the study.

The third section of the interview schedule also had a combination of both close ended and open-ended questions that aimed towards understanding the role of the NGOs in changing the lives of women sex workers. The answers to the close-ended questions were asked to elaborate whenever felt necessary. There were multiple and single responses to the open ended questions. The multiple responses were clustered, compiled and presented in the tables on ascending order (based on maximum response rates). The section covered the following area in terms of the respondents feedback on the role of a sex worker organisation, reason for joining the organisation (based on the already framed variables (to which tick mark was to be made) on Gaining monetary benefits, save from policemen, accessing social welfare services, accessing health services, protection of rights, changing life conditions, convincing family members, reduce social isolation and any others), Changes in their lives since joining the organisation in terms of personal, professional and medical care, Changes in the incidence of STDS, Needs catered by the sex workers

organisation in terms of General health, Sexual/Reproductive, social/rights, professional and economic priorities of the women sex workers.

b) Personal Interviews were carried out with the key functionaries of the organizations or the project leaders of the sex workers organizations, office bearers of the Sex workers organization, officials of KSACS and the SMA. The purposive sampling technique was adhered towards the individuals interviewed and the individuals were selected on the basis of availability and access. Each interview was carried with different themes. On an average, each interview lasted for half an hour and information were sought towards narrating the processes, different empowerment initiatives through the NGOs, responses and effect on the community. This tool was undertaken with a interview guide with pre framed areas to be elicited.

**2) CASE STUDY:** Case studies were done when felt necessary in the course of information gathering with the interviewees. Cases on life, livelihood and profession contexts, single women-deserted single mothers and widow, discriminatory experiences from different quarters on them and their children, influence of the environment, the experiences of individuals related to the organizational growth, individual level changes through the organizations etc. is described in the study according to the contexts. The case studies were sought normally at their operational area or homes. Some cases were drawn at the office itself. Instances on participation and responses were also recorded while interviewing officials of KSACS and SMA.

**3) FOCUS GROUP DISCUSSIONS (FGDs):** Focus Group Discussions (FGDs) were done with the same sex workers and leaders with whom indepth interview was taken in each organizations using a pre-framed guide (see Annexure 2). Mostly the FGDs were undertaken in the organisation premises itself that lasted for 20-25 minutes. The following themes were facilitated for discussion with groups of 6-8 sex workers; a) effect of the organisation on them including their income and health status, b) participation-nature and type at different levels in the organization, c) responses in the HIV/AIDS programme, d) problems and hurdles faced in the profession and measures taken by the organisation. FGDs with the NGO office bearers carried the following themes; a) the background of the organisation, b) major responses of

KSACS/SMA towards empowerment initiatives by the NGO, d) empowerment initiatives and its effect on the sex workers.

**4) OBSERVATION:** Observation was another tool used. The researcher was observant to the office set up and meetings in the organization that was held on the visit days. Some of them were the Steering Committee Meeting, CBO meeting and Executive meeting of Sex workers organisation, Seminars. The researcher could also access minutes book, thrift and savings and other registers pertaining different meetings. The organization tasks, reporting and communication, the decision making process, the participation etc were noted down. During the visit to sex workers house or operational area, the nature of dwelling and surroundings were noted down. The researcher observed to a series of "Campaign on Sexuality and Minority rights" held at three cities of Kerala and was organised by FIRM; Sangama, Bangalore and SWARA (Sex Workers Association for Rights and Action), Calicut. The campaign had seminars, discussion, sex workers experience sharing on the themes and cultural programmes. Noted personalities on socio-cultural circles across the state attended it. The researcher engaged one-to one interaction with some of these discussants. The researcher also visited the sites, observed and elicited details of different income generation ventures undertaken by the sex worker organisation.

The Sources of secondary data were:

*At the NGO level;* a) Pamphlets depicting the organisation genesis, goal, objectives, activities, strategy, funding sources, operational area and the coverage groups, b) Communication materials-pamphlets, posters, banners, flip charts, training modules and reports, script of street plays, documentary films, autobiography etc., c) Project Proposals specifically on the HIV/AIDS prevention project submitted to KSACS/SMA, d) Studies-need assessment, thematic and action themes undertaken by the NGOs, e) Review and Evaluation reports, f) Published materials/ Papers presented at different forums, g) Newspaper/Magazine reports, h) Personal communications through letters and representations before the authorities, i) Minutes/Report books and the registers and j) Internet sources

*At the KSACS/SMA level;* a) Organizational Profiles-depicting the goal and objectives, the roles and responsibilities, the funding sources, different NACP

component, kind of projects and NGOs involved, operational area, coverage groups, major achievements, proposed plans etc., b) Reports of the Core Steering Meeting-reviews, recommendations and resolutions with respect to each project, c) Strategy Papers for Targeted Intervention Component, d) Study reports, communication materials, e) Publications and Newspaper reports, f) Evaluation and Review Reports and g) Internet sources

#### **1.6.h DATA ANALYSIS**

Primarily the data collected through in-depth interviews that elicited both quantifiable and open-ended responses that provided narration and descriptions were given codes. The NGO based interview schedules were separately tabulated to identify the responses of the four approaches. The cases that were seemed isolate from the general responses were further looked for the nature and its background.

These were tabulated linearly and across different variables. This was done mainly for the socio-economic variables. Certain qualitative data that had multiple responses (in different ways on a single theme) were categorized and given general code to reduce overlaps. The tabulated forms were analysed, appropriately supplemented with narrations collected through case studies, personal interviews, observations and secondary sources gathered during the fieldwork.

# **CHAPTER TWO**

## **PROFILE OF FIVE NON-GOVERNMENTAL ORGANISATIONS**

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## 2.1 INTRODUCTION

There are 62<sup>4</sup> Targeted Interventions (TIs)<sup>5</sup> projects of National AIDS Control Programme (NACP) with financial aid from Department of International Development (DfID), United Kingdom implemented by Kerala State AIDS Control Society (KSACS)<sup>6</sup> with the support of NGOs in Kerala state. The coverage groups of TIs are Commercial Sex Workers, Men having Sex with Men (MSM), Injecting Drug Users (IDUs), Truckers, Migrant Workers, Prisoners and others. Of this, 45 projects works with the Commercial Sex Workers (CSWs) directly. Groups of sex workers in each project are trained through Peer Educators (PEs) entrusted then to distribute condoms and teach other sex workers on the domain of HIV/AIDS concerns. Health Camps through STD clinics, Counselling, Referral, free medicine distributions are also available to sex workers through this project. Sex workers are provided information through the trainings on STDs/HIV and are then encouraged to persuade clients towards condom usage. The incidence of STDs has fallen in the entire project where PSH projects are working and HIV prevalence rates are low in Kerala<sup>7</sup>.

The Partnership in Sexual Health (PSH) projects has become a major source of employment for sex workers, and a group of young development professional/Para-professionals in the state. In terms of the emoluments earned by the development workers, social workers are attracted into the projects. It has given a new face for the professional development practice in Kerala state. For a large number of sex

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<sup>4</sup> KSACS Annual Report; as of Dec. 2004.

<sup>5</sup> Targeted Interventions (TIs), a major component of India's National AIDS Control Programme have contributed in creating awareness regarding the HIV/AIDS epidemic and in increasing access to vulnerable population (Sex workers, Men who have sex with Men (MSM) and Injecting Drug Users (IDU)) to services. The TIs, attempt to: a) provide behaviour change communication (to motivate the beneficiaries to change to safer behaviours and to access services which helps protect against infection), b) provide and promote such services (such as STI services and condoms), c) create an enabling environment where the delivery of these interventions can be facilitated.

<sup>6</sup> KSACS is technically supported through the State Management Agency (SMA) of Mac Mott Donald to provide management assistance in 'Partnership in Sexual Health' projects (PSH projects) with financial aid from DfID, Govt. of United Kingdom. Since March 2004, it is transferred to Hindustan Latex Family Planning Promotion Trust (HLFPPT) of Hindustan Latex Limited.

<sup>7</sup> Personal Communication; Dr. Rajan Kobragade IAS, Project Director of KSACS, Govt. of Kerala



workers, the alternative and supplementary work as Peer Educators (PEs) in the projects have given recognition in different quarters and have made a significant importance on the lives of these sex workers. The Peer Educators themselves have gained confidence, financial security and education and a lot of exposure through the work with the PSH projects. For example the literacy classes through the Community based Organisations (CBOs) reveal of the grave need of literacy<sup>8</sup>.

Most PSH projects run NGOs have organised CBOs where they run income generation programmes (IGPs) in terms of offering alternative regular employment, enable sex workers to develop to more worthy social identity subjects. The project also deals now with wider social/development objectives. Under the project, CBOs have been formed and registered which initiates IGPs and engage in other activities including social marketing of condoms at subsidized rates. These organisations are taking up need based social and legal issues<sup>9</sup>. These projects also network with other agencies to create an enabling environment towards tackling the sexual health and related issues. The projects also linking up with Government welfare schemes<sup>10</sup>

This chapter provides a profile of five Non-Governmental Organisations undertaken for the study that have been engaged with women sex workers at the backdrop of HIV/AIDS interventions in the state. Broadly in this study, two forms of organisations, exists which works for and with the sex workers. One named FIRM, was one of the initial organisations in Kerala that took up HIV/AIDS interventions with financial aid from KSACS with sex workers, abruptly took off from KSACS on certain ideological differences and has sprung up around rights based concerns that currently render support and services beyond the HIV/AIDS paradigm to the sex workers in the state. The others are the HIV/AIDS support project supported through non-governmental organisations that are involved in developmental/welfare approaches. Because of

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<sup>8</sup> Personal Communication; Mr. Abraham Mathew, Former Executive Director of State Management Agency of Mac Mott Donald. Currently Mr. Abraham is with National Programme Support Unit (PSU) of Mac Mott Donald for DfID based in New Delhi.

<sup>9</sup> Personal Communication; Mr. Manilal, NGO Advisor to KSACS.

<sup>10</sup> Personal Communication; Mr. Satheesh Chandran, a National Consultant to NACP (Programme Implementation), Former President of Partners Forum, Kerala (a forum formed in the year 2000 among the PSH projects in Kerala) and Assistant Director to SOMA, Thiruvananthapuram.

certain dissimilarities in their approaches and strategies with the sex workers four of such organisations are picked up for the study. These are Vanitha Society based in Kozhikode district, Jeevana Samskrity based in Kannur district, RCTC based in Moovatupuzha municipality of Ernakulam district and SOMA based in Trivandrum district. All these NGOs have at least five years of experience in working among the sex workers. The government provides health and at some level welfare interventions. The latter, being less significant than of the HIV/AIDS interventions programmes among sex workers.

## **2.2 FOUNDATION FOR INTEGRATED RESEARCH IN MENTAL HEALTH (FIRM), THIRUVANANTHAPURAM**

Foundation for Integrated Research in Mental Health (FIRM) is founded in 1995 by a group of social activists and doctors. The organisation aims towards promotion and improvement of the quality of life, through right-based activities with particular focus on the marginalized and stigmatized so as to help them integrate into the mainstream and facilitate collectiveness in the society.

Creation of awareness, Psycho-social Support and Human Right supports through lobbying and advocacy are the major strategies of FIRM. The major activities include;

- a) Render counseling services through Community intervention to individual / group/ family of HIV carriers/AIDS patients who suffer through stress on need and demand basis through family visits, interaction with family members and community leaders, training and awareness classes etc.
- b) Render practical and emotional support; legal advocacy and medical care to the Sex Workers in Kerala and thereby facilitate political empowerment for the recognition of their human rights. It aims to provide a safe supportive and non-judgmental space for women sex workers in Kerala, through addressing the issues determined as important by sex workers themselves.
- c) Render support to sex workers children in regular schooling, residential facilities, tuitions, educational grant, study materials and uniforms and promotes physical and psychological wellbeing through cultural/ physical activities.
- d) Support sexual minorities through raising awareness about sexuality minority rights with a special focus on women.

- e) Provision of human rights support to HIV positive people.
- f) Organising awareness programme, Seminar, Workshop, Film Festivals, Debating forum on issues of the organisational concern.

It has been getting financial support from Kerala State AIDS Control Society, Government of Kerala. But now there is financial support from private national and international foundation, individuals, firms, banks etc. to support its different projects and activities. FIRM networks with Sex Workers organization, Minority organizations, Legal organization, Women organizations, international organization, Government sources and HIV/AIDS organizations of national to international repute. The structure of FIRM comprises a group of social activists, doctors, representatives of sex workers, sexuality marginalized populations, PLWHA.

The major focus area of FIRM include mental health, HIV/AIDS and Human rights and have projects addressing the issues of people who area in distress, mentally challenged, sex workers, sexuality marginalized populations, PLWHA and their children and other marginalized groups.

ANASOOYA of FIRM has been working with Kerala Sex Workers since 1998. It aims to provide a safe supportive and non-judgmental space for women sex workers in Kerala, through addressing the issues determined as important by sex workers themselves. FIRM-Anasooya helped organize All Kerala Sex Workers Conferences, raised consciousness in the media and public to sex workers issues, provided medical and legal advocacy, financial and social support for Sex Workers and their Children. These support to sex workers facilitated the formation of Sex Workers Forum, Kerala (SWFK) in 1999. A center under Anasooya provides facilities for taking rest, bathing, and toilet, which is often not available for them at this time. The daytime drop-in center formats of the center allow the Sex workers to come and go according to their requirements. The Kerala Sex Workers / Sex Workers Forum is involved in the Board of Directors, decision making committees, project implementation, and employment of FIRM.

The sex workers were given training in video making and produced short documentaries on violence. These were screened at festivals in Thailand, Montreal

and GMHC, New York. SWFK produced posters on issues related to Sexuality, Sex Work, HIV/AIDS and Human rights.

### **2.2.a THE SEX WORKERS MOVEMENT IN KERALA**

This section narrates the Sex Workers Movement that took place through FIRM in Kerala<sup>11</sup>. It was in the year 1998 when FIRM took the AIDS Prevention Project from the State AIDS Control Society (SACS). As part of the project, the organization was to work with the group of women in prostitution on streets of Thiruvananthapuram City. The activity envisaged through the project was to identify Peer Educators from these women, train them in safe sex practices, send them back to the streets to educate their peers as well as the clients about AIDS and other STDs. Through the project, condoms were provided free of cost to them. The project directed that the AIDS being an epidemic status does not have cure or vaccine available, the urgency of immediate intervention said to be the need of the hour.

The NGOs who had taken similar projects in Kerala were asked to sensitize the public on the need to practice safe sex to prevent spread of AIDS and to do intervention projects among high risk groups, such as sex workers, sexual minorities, truck driver etc. But it was found that the police have no information about the situation and arrested the same women whom the FIRM project had trained as Peer Educators. FIRM even provided identity cards to avoid arrests. It didn't work. Also were asked to take advocacy classes to the police. But to their surprise, the 'officials' of the above said departments had not moved an inch and the organizations were left to face the brunt of the attack alone in the battlefield. The political parties whether left, right or center, kept a studied silence in these matter.

So during the classes, the project team used the occasion to sensitize them of the plight of the sex workers. Slowly the organisation became aware of the grave human right violations perpetuated by the police on them. The project had no provision to

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<sup>11</sup> Compilation of the personal communications with Paulson Raphel, a social activist who actively associated with Mr. Maitreya in the movement; T.V.Subash, the General Secretary of FIRM; Nalini Jameela and Sarada P.K, State Coordinator of SWFK; and letters and documents written by Maitreya and Dr. A.K. Jayasree (who are currently not with the movement).

fight for the human rights of the sex workers or go for any legal action against erring policemen. Sex Workers couldn't do the things asked them to and were afraid to carry the condoms fearing arrest. Condoms were used as evidence to punish them. Virtually the project came to a stand still.

On the one side the police treat the sex workers as criminals, arrest, torture, fine them or drive them away for being on the road. The funny thing was that PITA has never been used, instead they were charged with petty offences. This let the men free of all charges. It is easy for the police to fill the quotas of arrest for the petty offences. It is risky to arrest the goons of the city. While on the other side, NGOs were asked to treat sex workers as partners in the sexual health projects. The sex workers were arrested and imprisoned putting the organizations total inability and act as if nothing has happened. They had to pretend that jailing, torturing and discriminatory treatments are just the daily way of their life. It is just natural hazards of the job.

Mr. Maitreya, the then Project Coordinator of the FIRM Project wrote letters to the Commissioner of Police, Thiruvananthapuram making clear the situation consecutively for four times. But nothing happened except those arrest, beatings and torture went on just without abeyance.

Finding no cooperation from the side of police, Maitreya appealed to the magistrates whom was thought would intervene fell on deaf ears. Along with police harassment the goons of the city raped, robbed, beat up and even murdered them. Having no way out, the Project team went on complaining about every incident to higher authorities including The Chairperson of the Women's Commission, The District Collector, The District Director General of Police, The Police Commissioner, The Chairperson of the State Human Rights Commission and the Chief Minister of Kerala. The sex workers themselves wrote all those complaints in Malayalam. Everybody heard but nobody took any action. There were then around more than ten HIV/AIDS projects focusing sex workers under the State AIDS Control Society in different parts of Kerala and the story was almost the same everywhere.

So the team at FIRM decided to go public and bring all these concerns and issues to the attention of the media. So on the 20<sup>th</sup> and 21<sup>st</sup> February 1999 the first state level meeting of the sex workers at Hassan Marakar Hall in Thiruvananthapuram was organized<sup>12</sup>. Along with Maitreya, activists like, Paulson Raphel, Dr. A.K.Jayasree, Koodal Sobhan and J. Rajasekharan Nair led the meeting. More than hundred sex workers across the state attended the meeting. Eminent persons like O.N.V.Kurup, Paul Zachariah, Pazhavila Ramesan, Kurippuzha Srikumar, Rosemary (all poets and writers), Sugatha Kumary, the Chairperson of State Women's Commission and Sarada Muralidharan, the District Collector attended the meeting. They all listened to the plight of the sex workers at the hands of the police, public and goons alike and were shocked by the revelations. They then decided their solidarity for the cause. The Chairperson of Women's Commission promised to fetch alternative jobs for the women gathered there. The sex workers formed a State-wide Coordination Committee for future action. The meeting ended on a happy note.

After this meeting, similar movements of sex workers got sprung up in northern parts of Kerala under the leadership of Paulson Raphel and Adv. Tito Thomas who were then associated with Center for Social Research and Development (CSR D), an organisation based in Calicut and later on Paulson moved to "Jwalamukhi" another organization based in Trichur district of Kerala state. Both these organizations have been working with sex workers through the HIV/AIDS Prevention Project of the KSACS.

As the follow up of the first state level meet of sex workers in Thiruvananthapuram, the State Coordination Committee sought an appointment with the Chief Minister, was denied and when submitted a representation through the Personal Secretary to the Chief Minister (then Mr. E.K. Nayanar)<sup>13</sup>. This representation letter highlighted four major areas before the Government concerning the lives of sex workers (viz. Issues related to shelter, Repeal in the existing laws, Rehabilitation and other supporting income and Care of sex workers children), has till date has not received any feedback.

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<sup>12</sup> Report of the First State level Meeting of Sex Workers in Kerala; FIRM Document, pp.4

<sup>13</sup> Sex Workers Coordination Committee; Representation Letter to the Chief Minister of Kerala; dated; 03.03.1999.

On the 21<sup>st</sup> night itself the then Sub Inspector of Thampanoor Police Station, Thiruvananthapuram, beat up the sex workers thoroughly, even breaking one sex workers hand. Because it happened just after the meeting, both the visual and print media covered the happenings widely. The wide publicity brought a halt to the police harassment in Thiruvananthapuram but it erupted in Ernakulam, couth Railway Station premises. Even though two members of the Coordination committee namely Radhika and Lissy made a formal complaint to the Director General of Police, nothing happened and no action was taken. Because the media was on the alert, the police first let loose the goons, with whom they have good rapport on the sex workers. Then they framed up even murder cases against them. Then Maitheya, Dr. A.K.Jayasree and J. Rajasekharan Nair gave representation to the DGP about the incident against which too nothing happened.

So it was decided by the State Committee to conduct an open debate on the human rights issue of the sex workers<sup>14</sup>. The team members went to invite the DGP on the 6<sup>th</sup> of April '99. He declined to attend but promised to look in to the affair and asked us to provide him a copy of the debate. The debate was held at the Indian Medical Association hall on the 12<sup>th</sup> April'99. The debate was led by Dr. N.R.Madhava Menon (Member, National Law Commission), Dr. D. Babu Paul (Additional Chief Secretary, Govt. of Kerala), B.R.P.Bhaskar (Senior Journalist and Human Rights Activist), Ms Nafeesath Beevi (Member, Kerala State Women's Commission) and Paul Zachariah (writer and journalist). The report of the debate and a copy of the paper presented by Mr. N.R.Madhava Menon was given to the DGP on the 17<sup>th</sup> of April and waited for a month. As usual nothing had happened even after subsequent reminders.

Meanwhile the meeting brought out a support group for the sex workers. More than sixty persons indifferent teams participated in the activity. The work of the Support Team for the Children of Sex Workers (STCSW) was commendable. The activities are still going on under a different project of FIRM. During the same time sex workers of Trissur were arrested and beaten up by the police. So a Collectorate march was conducted to raise public consciousness. Along with the march, a meeting was also

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<sup>14</sup> Report on the Open debate forum on Human Rights issues of Sex Workers; FIRM document, pp.3.

organized in which person like Mr. Pavanan having long tradition of social activity also participated. Due to ill health former Supreme Court Justice V.R.Krishna Iyer could not attend the meeting but he had sent a note with Pavanan to be read at the venue.

Even though the movement could able to raise the issues of human rights of sex workers among the public and were able to derive some positive gestures, nothing had happened on the legal front. The police still beat them up and no public arm prevented them. The movement went round in different location across India sensitizing the higher authorities and invited them for the Second State level Meeting of Sex Workers in Ernakulam held in August 2000<sup>15</sup>. The National Women's Commission promised to participate but at the end did not turn up. It was a miserable experience for all the team members in holding this meeting. The proposed venue was in Dolphin Club, Thevara, Ernakulam District that belongs to the engineers of the Cochin Shipyard who at the last moment denied providing the hall. Then the hotels denied the booked rooms for the delegates coming from other states. The organizing teams were put in to great trouble by all these incidents. They appealed to the Mayor of Kochi, The District Collector, The Commissioner of Police but none responded. Somehow the meeting was conducted with the help of Yatra Auditorium, booked as a dormitory to stay.

During this meeting the sex workers raised the issue of alternate jobs promised by Ms Sugathakumary, the Chairperson of the State Women's Commission in the last State level meeting. This came reported in the newspapers and it did some good. Ms. Sugatha kumary came forward offering 30 jobs for the street sex workers of Thiruvananthapuram City with the help of State Industries minister. SWFK gave a list of thirty sex workers who were willing to work. But then it was found that the Government was offering a pittance as stipend for a month and there was no place to stay. Moreover the offer was silent on the cases falsely charged on the sex workers daily. Bring this to notice, Maitreya wrote a letter to Sugatha kumary on the difficulties involved. As a response she had asked for a list of sex workers without

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<sup>15</sup> Report on the Second State level Meeting of Sex Workers in Kerala; FIRM Document, pp.6.



any case. There was in fact none existing. The whole problem just remained in suspended animation.

There had been newspaper reports carrying stories of the closure of drop-in-centers of the Sexual health Projects of Kerala<sup>16</sup>. One among was the incident of a project in Neeleswaram, Kasargode District, was forced to close down the drop-in-center of the AIDS prevention project, for it was mistaken as a brothel. They were forced to move away and find a new place, which again was under threat. The NGO was asked to handle the sensitive issue to 'lie low'.

Appealing to the Chief Justice of High Court, Maitreya requested for justice towards looking into the thousand of false cases pending in the court against sex workers and order an enquiry into the police brutality perpetuated on these hapless women daily<sup>17</sup>. The letter had also requested the Chief Justice to appoint a commission to inquire in to the existing condition of the sex workers and pressurize Government to formulate new laws to decriminalize the premises of prostitution<sup>18</sup>.

### **2.3 STHREE ASHRAYA KUDUMBA VIKASANA SANGHOM (VANITHA SOCIETY), KOZHIKODE**

Shree Ashraya Kudumba Vikasana Sangham (Vanitha Society), Kozhikode formed in the year 2000 has a very explicitly women focused approach to its work. It is managed and staffed overwhelmingly by women sex workers. At PSH-project level, Vanitha Society implements Awareness programmes, runs a project clinic, Professional counseling on HIV/AIDS, Free distribution of condoms, training on different themes, Information center and referral services. A particular focus is on cases of violence against on women, where it liaisons with police, through building links with police officials and women cells to offer legal and logistic support to sex workers who are put in lockup and subjected to abuses or violence. The sex workers have been trained on legal issues. The following are its objectives;

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<sup>16</sup> The New Indian Express report dated 28.07.2001

<sup>17</sup> Maitreya, Letter to The Chief Justice, High Court of Kerala; dated 03.04.2000; FIRM Document

<sup>18</sup> Maitreya and Dr. Jayasree A.K; Letter to Mr. A.K.Antony, Chief Minister of Kerala; dated 30.07.2001; FIRM Document.

1. To manage the health related problems of Sex Workers and general public.
2. To ensure socio-economic upliftment of families dependent on females.
3. Educational enhancement of socially backward communities.
4. To provide legal aid services to the sex workers and others.
5. To collaborate with Government and non-government organizations.

Management and coordination of the organisation and its activities by sex workers themselves, rendering services to its members and general public and multi organisational collaboration and networking are the strategies of Vanitha Society.

The society has a seven member executive body and 130 members who are all engaged in sex work primarily in the total development of marginalised women and children. Since the inception of Vanitha Society in the year 2000, the sex workers themselves had taken up most to manage the activities related to the Partnership in Sexual Health Project. CSRD, the parent organisation of Vanitha Society phased out from their purview through certain well-defined stages. Currently CSRD renders certain need based technical supports. Organizational activities such as reporting and drafting, documenting, Account keeping, formulation of project proposal in collaboration with sex workers, support in monitoring and evaluating the processes, counseling, running the clinic etc. are done by the paid project staff other than the sex workers themselves. The Society has seven staff namely; a Project Manager, an Accountant, a Lab Technician cum Field Worker, three Field Organizer, and a Client Contact Organiser. The policy decisions on the activities are made by Sex Workers as members of the Society themselves. They have gained confidence to discuss their problems and concerns before the Police, Health care providers and media persons.

Two major areas of Vanitha society are a) implementing the Partnership in Sexual Health Project (PSH Project) in association with KSACS, Health Department, Government of Kerala. This project is in continuation of the same run through an NGO named Center for Social Research and Development (CSRD) in Kozhikode since 1995 and b) Various Self-Employment initiatives and women empowerment programmes. As of PSH-project, Vanitha Society implements Awareness programmes, runs a project clinic, Professional counseling on HIV/AIDS, Free

distribution of condoms, training on different themes, Information center and referral services. There had been certain internal limitations among the sex workers encountered in the establishment of such a society. These were primarily related to their a) lack of education, b) lack of effective communication skills, c) Low self-esteem/ lack of self-confidence and finally d) no economic source to engage activities so as to sustain such an organization. The prior three limitations are being resolved through continuous capacity building sessions. The fourth limitation is being resolved through initiating certain income generation ventures of self-employment nature.

The society engages in a range of activities like; Organise Seminars and awareness programmes on health related concerns, organize community meetings, literacy programmes, Self employment initiatives, Provide clinic for tests and treatment, children clubs, visit to police stations, de-addiction programmes, telephone booth, networking with health agencies, collection and distribution of condoms and thrift and credit activities.

The income generation ventures undertaken by the society are; a) Manufacture of Phenol, b) Manufacture of Bricks, c) Telephone Booth, d) Class on Tailoring and e) Saving programme. The organisation evaluates that through these ventures the sex workers, their solidarity feeling, responsibility consciousness and self-confidence have enhanced.

It was observed that, in Vanitha Society, there exists a recently sprung up crisis due to the form the organisation structure was designed. One that its registration was confined within seven sex workers as its executive board who were primarily associated as Peer Educators with CSRD, as so do the other members do not enjoy any stake in its leadership roles. Elections are held and contested annually (as per the bye law) between these board members to secure positions within the organisations. It is also because that the leaders (particularly the President and Secretary of Vanitha Society) enjoy certain privileges in the PSH project component heads. One, that as an exceptional project, they are paid a regular sum as honorarium from the PSH project head and second they enjoy the privilege of being invited at different meetings and conferences across different regions. This is also a

matter of non-acceptance of leadership and ego clash where leaders sprung up from a homogeneous socio-economic population. Worse form of lobbying to secure positions and power conflicts within the board members is a regular affair that have led to intolerable situation. In-group rivalry and even frictions among the members have gone to creating public scenes. Now the members inclined to different rival groups (who are not in power) do not visit the Vanitha Society Office and access its services. Ms Shreela, the Project Manager of the PSH Project run by the society narrated of different conflict led instances in the board meetings and has to initiate negotiation talks between them to draw out major decisions. Ms Shreela also said that, often the root cause of certain conflicts now is partly due to the over intervention of people from CSRD (its parent organisation) in its day-to-day affairs. One such recent instance was certain advice from them, created certain ideological confusion between the members and the smooth running of the project. Adv.Tito Thomas confessed of the lacunae in planning the structure of Vanitha Society as it currently passes through the crisis that was not ascertained. Sex workers are to be seen as a separate community and a deeper understanding of a range of their personal, social and cultural base is required aimed towards sustaining their knowledge and ability. They recommend for an amendment in the organisations byelaw that provides democratic space ensuring justice, equal rights and opportunity to all its members. In an interview with Mr.Abraham Mathew, the former Project Director of SMA-Kerala, said

*'the formation of an independent organisation of sex workers like that through CSRD was a hastily taken decision and for any organisation to capacitate and entrust the responsibility to its primary stakeholder and phasing out, requires adherence to certain cautiously build up steps. I sees the group formation and strengthening process was not given adequate pace and so do lag among the sex workers at Vanitha Society and as a result led to such an unbearable crisis state'.*

#### **2.4 JEEVANA SAMSKRITI, KANNUR**

Jeevana Samskriti, Kannur is an organization established in 1980 works under the umbrella organization SWAM (Culture & Technology Institute). The structure of Jeevana Samskriti consists of a General body, Executive body, Health Committee with representatives from Zilla Panchayath, Health Standing Committee member as

Chairman, District Medical Officer (DMO), doctors and different officials. The structure is so designed that it consists of 11 sex workers and 11 outsiders. The PSH project team member's meets weekly and components are thoroughly discussed.

Jeevana Samskriti initiated PSH project interventions in Kannur Municipality since 1998 among the Women sex workers and MSM community with aid from Kerala State AIDS Control Society, Government of Kerala. The major components to the project are Behavior Change Communication, Condoms, STD Care, Enabling Environment and Empowerment programme. As part of the intervention, in the year 2001, the organization facilitated to form a Health Committee in the Kannur municipality with District Medical Officer as Chairman and District Panchayath-Health Committee Chairman as Convener. Its aim was towards acceptance of sex workers situation and address their sexual health needs and concerns in the operational area. The Health Committee named as 'Karuna'(means; sympathy) was unparallel of its kind in Kerala and other than Women Sex workers, Health department officials, political party representatives, social workers and the elected peoples representatives were its members. After one year, when proposed to register the body under the Societies Act and was renamed as 'Chola'(means, shelter). Currently the Health Committee continues as the Advisory body to 'Chola', which is the Community Based Organization of women sex workers in the PSH interventions of Jeevana Samskriti.

The goal of Jeevana Samskriti is the promotion of integral health in view of the total development of the people through empowerment, particularly the marginalized sections. It adheres to the understanding that integral health encompass harmonious development of body, emotion, mind and spirit. And believes that the biggest hurdle in empowerment is the one-sided world-view that we are forced to pursue through media manipulation and through other subtle political pressures. Since 1998, the organization runs PSH project in effecting safe sex behavior among the sex workers with the aid from KSACS, Department of Health, Government of Kerala.

'Chola' is the community-based organization (CBO) of Women Sex Workers associated with Jeevana Samskriti that aimed towards their empowerment, acceptance to the profession and seeks them to assure personal and family security.

The vision of Chola is to bring pleasure and harmony in the families through resolving myths and misconceptions on sex and sexuality, promote conscientisation and empowerment among the marginalized and exploited sections in the society including the sex workers.

To operationalise the vision statement, the objectives of 'Chola' are;

- a) Awareness creation among the sex workers, reduction in social stigma, discrimination from different quarters, assaults and social isolation among the sex workers through empowerment and ensuring legal security;
- b) Enhance socio-economic-cultural literacy based initiatives towards mainstreaming the sex workers;
- c) Act on securing the human rights of sex workers, HIV/AIDS carriers/patients, aged and their dependents;
- d) Promotion of Cultural-literary and health based activities among the sex workers, their children and other family members.
- e) Develop and mould the boundaries of sexuality, gender, human rights etc in the context of Kerala and practice it in our socio-cultural milieu.

The strategy of the organisation is providing training and engaging in research, consultancy and publication in integral health practice. Involving people for health intervention among the marginalized sections. Provide free legal aid in fighting human right issues of the marginalized particularly the sex workers and under trial prisoners.

Ms. Suma<sup>19</sup> says the promotion of Chola;

*"is a self-generated interest among them against the one formed by most PSH projects in Kerala where the NGOs and staff members have not accepted them as they are".*

The sex workers invest from their own source of income primarily from the honorarium received as Peer Educators in the project to support and welfare of their own fellow beings. Chola has twenty governing body members with voting rights and members with non-voting rights. The objective of Chola is to look after the general

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<sup>19</sup> Focus Group Discussion with the sex workers at Jeevana Samskrity. Ms Suma is the President of Chola, the CBO promoted under Jeevana Samskrity, Kannur.

health/STI/reproductive needs, look after old ones, their own children and engage in viable income generation activities with autonomy.

A sex worker puts in that 'the difference of Chola from other similar organisations of sex workers is that the organisation is not relied on a single persons image (as seen in Vanitha Society) rather as a team movement and always second layer of leadership sprung up through continuous group dynamics. Here the position and role of an individual is overlooked. Through its different activities Chola influences its members in every walk of their life inculcating a sense of self –discipline in them. The atmosphere is to correct and modify each one'. According to Mr. Joseph<sup>20</sup>,

*'Jeevana Samskrity has created socio-cultural modification to the PSH component through introducing micro credit and skill trainings to undertake viable income generation ventures by the sex workers. A focus on advocacy and lobbying with different stakeholders including the general public is a challenge outside the purview of the PSH project. These all intervention aim towards bring in an attitudinal change of acceptance and identity among them'.*

Engaging in Social Research through the intervention had been given due importance by the organisation to modify the strategy at regular intervals. Some major studies have been on the identity crisis of Sex workers and MSMs in Kerala, Periodic analysis of behaviour change and certain cultural studies.

Fr. J.J Palath<sup>21</sup> who after had done strict catholic teachings says that

*'I am yet to get convinced on condom centric approach propagated through NACP. Condom can just be seen as a birth control tool rather than a health tool'.*

Through his priestly image, the sex workers through Chola is envisaged to get organised on two platforms one that adhering to political methods and other on the

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<sup>20</sup> Personal Communication; Mr. Joseph, Project Manager to the PSH Project of Jeevana Samskrity is also a research scholar in cultural studies at University of Calicut.

<sup>21</sup> Personal Communication; Fr. Palath S.J , Director of Jeevana Samskrity, Kannur. Fr. Palath is an anthropologist turned activist and have been organising coastal community, tribals since last thirty years and now with the sexually marginalised groups of sex workers and MSMs. He tries to analyse the life conditions of sex workers on cultural framework wherein the change in the 'social order' through social movements can only uproot their vulnerable life conditions. There is a need to wipe off the social myth that exists in the mainstream society.

development/welfare methods. Criticizing the sex workers movement under the leadership of Maitreya, was a premature and hasty attempt. Sex workers are emotionally volatile in nature, who takes time to mature and then only skills and values of the mainstream life get inculcated in them. The movement had been of much effective if taken up in a slow process through organising them, putting order in their life and then striving for changes in the broader social order.

## **2.5 RESOURCE CENTER FOR TRAINING AND COUNSELING (RCTC), MOOVATUPUZHA**

Resource Center for Training and Counseling (RCTC) is a charitable organization based in Muvattupuzha Taluk of Ernakulam District, Kerala. The organization was registered in 1999 by a group of social workers and doctors to facilitate training and counselling service to various quarters in the society. The major project of the organisation is the Partnership in Sexual Health project with the financial aid through Kerala State AIDS Control Society from DfID, United Kingdom since 1999 that runs its fifth phase of interventions with Commercial sex workers, MSMs, Jail Inmates, Clients and the Colony Inhabitants in Muvattupuzha, Koothattukulam Panchayaths and Kothamangalam Municipality area. The priority area of RCTC is on the issues of health, environment and education. The main project component is; Behaviour change communication, STD care, Condom programming, creation of an enabling environment and facilitate empowerment programme

The Partnership in Sexual Health Project through RCTC aims;

- a) To strengthen and sustain the behaviour change among the target groups through different communication strategies and techniques.
- b) To increase the acceptability, availability and affordability of condoms through developing and strengthening of condom distribution channels.
- c) To provide quality health care services and strengthen the existing care facilities in the target community.
- d) To create Health seeking behavior among target community especially for STD Care by strengthening infrastructure for STD treatment.
- e) To undertake capacity building and empowerment programmes for the stakeholders to make them functional for the sustainability of programme delivery in the target areas.
- f) To conduct micro studies with the help of stakeholders.
- g) Care and Support for HIV+ people.



- h) To strengthen and develop documentation system in the project.
- i) To hand over the programme delivery activities and administration of sex workers component to stakeholders' society.

RCTC adheres to building the capacities and empowering the women sex workers through the following strategies;

- Nurturing leadership among the Women sex workers, leading to the formation of community based organisations;
- Team building through engaging in activities that build cooperation and a group dynamism. It is also necessary to learn to resolve conflicts that are bound to emerge;
- Promoting Savings and credit to assure the community of degree of economic security as an insurance against unforeseen demands. Mobilising resources from the community generates certain degree for economic independence and a community feeling that involves in offering protection to every other member of the community;
- Managing the external environment through engaging the power holders (Media support, political advocacy and activism by the sex workers themselves and the organisation) in the social environment to generate support for the intervention and
- Building capacities to enhance self worth through awareness generation and inculcating skills as an alternate livelihood.

'Swarooma' (means Unity) is the name of the Community based Organisation (CBO) of Sex workers in RCTC. The organization with a membership of 44 sex workers got registered in 2001 under Charitable Societies Registration Act of 1955 and with the Kudumbasree NHG Project, Muvattupuzha in 2002. The organisation engages in a range of regular capacity building and conflict resolution programmes to mould confidence in them.

The organization of sex workers mainstreams in the society through a stage of reinforcement and acceptance of being a Sex Worker. As part of mainstreaming the sex workers, individual /group orientation were given to tertiary, secondary stakeholders on Target intervention programmes and its impact. This had helped to remove stigma against sex workers and invited them for various Kudumbasree programmes. RCTC provides space to the Sex Workers for public programme involvement and advocacy with individuals and agencies have all been in favor to the Sex Workers in reducing stigma in the public. The most important achievement of

Swarooma is its advocacy role entrusted to sex workers themselves<sup>22</sup>. Sex workers themselves have taken up advocacy and networking with officials/ people representatives of Moovatupuzha Municipality, Hospitals, Prison, business centers so as to associate their CBO in the subsidiary income generation ventures. Two major activities that the sex workers engage are the house to house waste collection and disposal and the running the laundry work contracted from Moovatupuzha taluk hospital. The sex workers at RCTC says<sup>23</sup>

*“that even though the focus of their organisation is on improving the sexual health, it primarily tries to mainstream them through enhancing the livelihood conditions, accessing welfare/development programmes from multiple agencies”.*

The organisation engage in a range of capacity building programmes for its members like, skill training to negotiate with the clients for condom use, changing the attitudes to build self esteem, shed inhibitions through engaging active participation of all the members in the meetings of the organisation, Project Steering Committee, general public gatherings etc. held at various platforms. Members are entrusted to organise, address the meeting and contribute at these gatherings.

As part of sustaining the organization of Sex Workers, Swarooma promotes to generate second layer of leadership through entrusting all activity component through division of labour.

RCTC holds difference among the Partnership in Sexual Health (PSH-Kerala) projects in the state for its quarterly held Project Steering Committee meetings. This committee seeks to involve and participate the different primary, secondary and tertiary stakeholders of the project in conceiving, planning, implementing, monitoring and review of the activities leveraged through the project. The Project Steering Committee (PSC) of RCTC comprises Chairman, Vice Chairman, Health Standing Committee member of Muvattupuzha Municipality, Deputy Superintendent of Police, Jail Staff, Doctors of Taluk Hospital Headquarters, Media representatives and the primary stakeholders. The Municipality provides lunch during these meeting.

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<sup>22</sup> Personal Communication; Ms Shafeena; Project Manager of RCTC, Moovatupuzha

<sup>23</sup> Focus Group Discussion with sex workers held at RCTC, Moovatupuzha

The organisation to own up the PSH project component by their CBO, they have worked out advocacy with the doctors of Skin and V.D Dept. in the Moovatupuzha Taluk hospital. The NGO refers the new and follow up STD cases to these doctors for effective treatment. The ownership of condom programming component of the project is done through social marketing strategy wherein the profit made is invested in the procurement and then sale of the condoms. Peer Educators will be managed by the RCTC through involving them in different income generation ventures. 'Swarooma' has managed to mobilise loans for their organisation to run certain income generation activities from the banks through linking up with the Kudumbasree programme (the poverty alleviation mission of Govt. of Kerala). The members have learnt financial management skills through account and book keeping since the formation of the CBO. This is a very important aspect as lack of which may impede the organisational growth.

Swarooma has rendered the sex workers with multiple skills- certain social skills like, addressing public with confidence, report writing including accounts and book keeping, negotiation and denying sex without condoms, managing organisation matters etc. These all have enhanced self-esteem in them. A documentary on the sex workers engagement of Swarooma (RCTC) in the laundry work of Taluk hospital, Moovatupuzha was telecasted in the documentary programme 'Aniyara' (meaning, Background) of the Soorya Television channel (Malayalam). The recent visit of World Health Organisation (WHO) team has recommended RCTC activities through the CBOs of sex workers as a model intervention in the field of HIV/AIDS control programme.

## **2.6 SOCIAL ORGANISATION FOR MENTAL HEALTH ACTION (SOMA), THIRUVANANTHAPURAM**

Social Organisation for Mental Health and Action (SOMA), based in Thiruvananthapuram was established in 1992 by a group of doctors and social workers dedicated to development activities. SOMA is one of the premier organisation in India engaged in health based interventions particularly in the area of HIV/AIDS interventions. Through the Mission - 'Transforming dreams into Deliverables', SOMA believes that this can be done by better systems of governance, planning and management. The organisation aims towards

- Rendering resource and training supports focusing on capacity building, training and consultancy services.
- Engaging in need based and issue based research programmes
- Community based HIV prevention programme through improving the sexual health status and addressing the socio economic felt needs besides health care of the sex workers and their children.
- Comprehensive rural water and sanitation programme through provision of sustainable quality drinking water facilities for the rural people.
- Comprehensive tribal community development through promotion of Income generation, Sanitation and Health care promotion, Community education and Community infrastructure development activities.
- Mobilising and utilising community resources to the optimum and specifically address the felt needs of the community on a day-to-day basis for a long-term period.

SOMA strictly adheres through professional approaches in planning and management to make development projects more effective where it combines technically sound approaches with effective planning and management methods. Community participation in all levels is an integral part of its entire programme.

SOMA is governed by Governing Board, contributes to the Strategic Planning and Management. Each project of SOMA has a manager who reports to the Asst. Director. In house systems for Governance & Management have been set up in SOMA The Resource & Training Division has conducted evaluation studies of Targeted intervention projects in three states of India – Karnataka, Goa and Nagaland and Rendered Technical consultancy for Monitoring and Evaluation on Targeted Interventions in Gujarat State.

The Director, Assistant Director and Resource coordinator of SOMA are providing technical assistance to State AIDS control Societies (Andhra Pradesh, Gujarat, Uttarpradesh, Karnataka, Nagaland, Madhya Pradesh, Tamil Nadu Orissa, BMC - Bombay Municipal Corporation) and was contracted by UNAIDS, NACO, FHI, SHRC, TFGI, KHPT etc.

The core competencies areas of SOMA are HIV/AIDS technical knowledge and experience, Programme Development & Management and Research and Capacity building. The organization has three major units namely; a) the Programme Management Unit, b) the Knowledge Management Unit having Resource and Training Division and Research Division and c) Community Service Unit.

Through the HIV/AIDS intervention in SOMA, Trivandrum nearly 10 years, SOMA had identified around 350 street based sex workers. Ms. Raji<sup>24</sup>, says, 'though there had been high rate of turnover among sex worker's who were identified in the initial project phase than now except around five old sex workers who still have contacts with SOMA. Others might have either stopped sex work or shifted their place of operation'. The sex workers at SOMA had been provided capacity-building sessions since it's beginning that they presume might not have been rendered in any in the similar projects. The sessions not only focused on awareness on the epidemic but also on improving their confidence and ability to negotiate for condom use before clients. The achievements in the initial phase were very well appreciated.

Even though SOMA is one of the most pioneer NGOs in the area of HIV/AIDS intervention in Kerala, its performance steadily fell down in the recent years. This was reflected from the personal interviews taken from Mr. Manilal NGO Advisor, KSACS, Mr. Abraham Mathew the Executive Director of SMA and Mr. Jaison, the Regional Officer of SMA. An evaluation done by P.E. George (Consultant) at KSACS/SMA level, reflects that the area where it falls down in performance in relation to the project are in the; Number of new contacts made, Maintenance of relationships with sex workers that are already identified contacts, people turnout in different programmes including STD camps, Number of new STD cases, referral services, Number of condom distributed, Advocacy efforts with agencies, empowerment efforts for the sex workers etc.

The report provides a detailed description of its reason too. One that, as the staff themselves put –as most sex workers in Trivandrum have now shifted their operational area to their places due to more police arrests and harassment which are

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<sup>24</sup> Personal Communication; Ms Raji; Project Coordinator of SOMA, Thiruvananthapuram

ill frequent if they operate in small towns, changed their mode of operation mainly through mobile phones wherein they need not put themselves up in the pick up points. (They have physical-psychological harassment/demand money and exploitation/ gang rape/ coercively engage in sex with out payment/ demand for drink from not only Police but also from local goons, pimps, agents, auto drivers, lodge owners etc. The general public stares at them abuse them and give police complaints). Therefore the new operation mode is finding it difficult for the SOMA team to reach out. Due to frequent shut down of drop-in center and shift of SOMA office (the current office at DPI Junction, Jagathy, Thiruvananthapuram is the third one), sex workers have lost confidence and stopped coming to the office. Meanwhile it needs to be noted that in the due course of nine years, SOMA had to shift thrice its office and drop in center that was were functioning mostly in the residential areas. The residential associations offended towards running such a programme and had to forcefully make them to shift. More over, the report also accuses the Project manager and coordinator for not going to the field. Even though SOMA is one of the premiers NGO that provides technical expertise to most HIV/ AIDS intervention programme across India, the field level activity is thus finding hard in fulfilling project demands and so ill performance. The Director and Asst. Director of SOMA are busy in rendering consultancy services in HIV/AIDS interventions to other institutions across the nation. All interviewed members were either present at the NGO office or contacted through them in the field operate as street sex workers in the Trivandrum city or outskirts.

As we have seen the profiles of five Non-Governmental Organisations undertaken for the study that have been engaged with women sex workers at the backdrop of HIV/AIDS interventions in the state, we now move on to look the socio-economic and demographic aspects of the women sex workers associated with them.

**CHAPTER THREE**  
**PROFILE OF WOMEN SEX WORKERS**

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### 3.1 INTRODUCTION

The profile of sex workers is gathered from purposive samples of forty respondents engaged with the five Non governmental organizations (NGOs) in Kerala. Semi-structured interview schedule was undertaken with forty sex workers associated with these NGOs. Ten women were considered from FIRM, Vanitha Society and SOMA while five women each from Jeevana Samskriti and RCTC. Certain information elicited through the interviews was explored further through the Focus Group Discussions (FGDs) and Woman based studies.

Of the five, FIRM is not funded by Kerala State AIDS Control Society (KSACS), Govt. of Kerala for its programmes. Its funding is based from other international and national funding sources that promote right based approaches among sex workers, other sexual minorities and HIV positives. Of the total ten respondents from FIRM, four were the Coordinators of the Sex Workers Forum- Kerala (SWFK), a state level coordination committee of sex workers in Kerala state facilitated by FIRM and the remaining six were the members. Of these, two people also associate with the KSACS aided PSH projects aimed to improve the sexual health condition through the NGOs like SARANG Foundation, Ernakulam (two members) and one is associated with Vanitha Society, Kozhikode who often associates with the programmes of FIRM when informed.

From the NGO, Stree Ashraya Vanitha Kudumba Sanghom (Vanitha Society), two were the office bearers and eight were members of the society. Vanitha Society has two broad areas a) implementing the KSACS aided Partnership in Sexual Health (PSH) Project aimed to improve the sexual health of the women sex workers and b) engaging income generation ventures through them and other marginalized women folk.

Jeevana Samskriti, Kannur and RCTC, Moovatupuzha, Ernakulam District also engage the PSH project with financial aid through KSACS, aimed towards improvement of sexual health of the female sex workers and have formed CBOs. Both these organisations have been engaged with the implementation of the project components for the last seven years. From each of these two NGOs five



respondents were interviewed. Of the five respondents, two were the Office Bearers cum Peer Educators.

It was observed that the office bearers of the Community based organizations (CBOs) are also the Peer Educators of the project in all the NGOs. The name of the CBOs of sex workers formed by Jeevana Samskriti and RCTC are 'Chola' and 'Swarooma' respectively.

Some sex workers feel that as their children have grown up, it's high time that they need to stop or reduce their sexual encounters. This is also because they are worried about their children's future-particularly of their girl child. Everyone knows that the NGOs are run through Project fund and will stop after certain time. And therefore NGOs facilitate the female sex workers to form CBOs.

NGOs like SOMA plans for initiating income generation ventures through a CBO in future for its members. The organisation could not develop CBO yet basically due to the meager turn out of the sex workers in their office.

Finally ten respondents have been interviewed from another NGO named SOMA based in Thiruvananthapuram that also engages in the Partnership in Sexual Health Project among the Women sex workers but has not facilitated to form any organisation among them.

The position of a Peer Educator in a project gets rotated annually or biannually in certain NGOs so as to motivate, mainstream, facilitate, participate, contribute and provide equal chances to every one. Some sex workers see the position of a Peer Educator in a project run by a NGO as the opportunity towards prospective income security for future and feels could to attain alternative employment generation opportunity.

### 3.2 SOCIAL CONDITIONS

Most sex workers in Kerala are from a low socio-economic background and they do the work exclusively for their own subsistence or subsistence of their family. Many are literate and some who are at young age wants to study more<sup>25</sup>.

Most of the sex workers in Kerala are invisible in the society. Their children are either not allowed entering into schools or are discriminated after entry. Most of them do not have ration cards and identity cards for election. Even after getting out of this work, the stigma continues. People do not accept them in the social life<sup>26</sup>.

Infact, these women live totally isolated from the society. Their very existence is ignored. They are outcast from their own families, even sometimes when the families depend on them for subsistence. They are not invited for community functions. About one fourth of them do not have a house and they spend days and nights in the streets, bus stations or cinema theatres.

The woman of Asha (33) depicts the story sex workers who exposed to miserable conditions in their life choose sex work as an option to survive. Asha, a single sex worker stays in one of the houses in the congested slums dwellers in Shanti Nagar Colony, Kozhikode. She is addicted to "Brown Sugar" since the last ten years. Showing a small packet with white powder, she said, "My life is ruined by it and want to get rid of the habit. I cry and pray to the god to save me from this substance." Her eyes get wet for a moment and she stops speaking for a while.

Asha was one among four siblings to a father who was a drunkard and sustained the family through brewing and selling illicit liquors. He had worked in arrack shops and provision stores. Due to profuse drinking habit, her father sold most of their land and forced them to stay in a small hut near the forest area. Hunger was a regular affair to everyone in the home. As everyone was afraid of their father, no neighbor dared to

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<sup>25</sup> SOMA (1999) Situational Appraisal of Sexual Health In Kerala – a Statewide study on Sexual Health and Health Care, pp. 123

<sup>26</sup> Maitreya (2002) Organising Sex Workers in Kerala: Need to protect Human Rights, Theme paper from FIRM/Thrani, pp.3

allow these girls in their homes. Angered by their father, their elder brother left home leaving his three sisters and father.

Asha had gone to school till 3<sup>rd</sup> standard and liked very much going and learning there. Her sisters had never been sent to the school. Even though her father assaulted and ordered Asha not to go, she continued for long without his knowledge. Her elder sister used to bake tapioca for her lunch. One day her father put all her books to fire after he came to know she was still attending school and then her life with the school abruptly stopped. She used to accompany her father after that to interior part of the forest where he engaged in illicit brewing. He used to physically harass her in the interior forest.

One day due to intolerable hunger situation in her home, Asha left after taking 80 paise from her fathers' shirt. She crossed the fields and reached a riverbank. After seeing her crossing the river, some people saved her from drowning. After listening to her story, they sympathized and arranged a job in a house in the nearby village. It was the house of a Military Officer who had children of her age. She had much work to do there but they had never given adequate food to eat. She used to steal dosa whenever she felt hungry. The house owners used to drag her to the main road asking the children to call her "Dosa kalli" (a mild and negative connotation for thief in vernacular form) after realizing her theft. These were the instances when she was subjected to extreme humiliation. Once she suffered from acute pain in legs due to arthritis preventing her from even walking properly. Later they admitted her to a hospital where she met a Muslim woman who arranged work for her in another home near the place called Thiruttiyattu in Kozhikode. This new house owner had ten children. At that time Asha was around 15 year old and was physically grown up. There too she had to do strenuous work that often went till midnights. She had to undergo acute forms of harassment there also. She decided to save herself from that home too due to grave harassment and workload. Without getting noticed by anyone, she walked through the road on a midnight after stealing fifty rupees from that home and taking her old dresses. An autorickshaw stopped at her and asked where was she going. She got into it and gave direction to reach railway station. But he stopped at a strange place where two policemen abruptly reached and started interrogating. The autodriver somehow managed to flee away from the place. The Policemen

brought her to the Women Police station where was asked if willing to go back to the house where she had been working. As Asha was not willing she, was then sent to the rescue home.

After two months Asha was released from the rescue home where she had met a lady by name Suhara Beevi. Suhara Beevi took, Asha to Shanti Nagar Colony where she started sex work and addiction to substances.

This woman is not an isolated description in itself. All the narration of sex workers is filled with such life experiences, problems, and betrayal and unkept promises that have finally made them accept the profession of sex work as a means to sustain themselves<sup>27</sup>. These women are always under the risk of and undergo stressful life. For the same reason, some of them are addicted to alcohol or drugs. Many are under the control of criminals and are involved in criminal activities unwillingly.

### **3.2.a AGE AND EDUCATION**

The Table No. 3.1 illustrates the age and education wise distribution of respondents interviewed from the NGOs undertaken for the study. As mentioned before, of the ten members interviewed from FIRM, four are SWFK coordinators and remaining six were its members. Interview was conducted at three of its zones of SWFK namely, Thiruvananthapuram, Ernakulam and Kozhikode District. The coordination tended to be older than the members. One Coordinator was between 30-39yrs of age while 3 were between 40-49yrs. On the other hand the members were younger. While two were between 19-29 years (2), 30-39 years (2) and 40-49 years (2) respectively. Regard to their education background, the SWFK Coordinators, was between 5-7<sup>th</sup> standard (1) and 8-10<sup>th</sup> standard (3) and the members had education upto 1-4<sup>th</sup> standard (3), 5-7<sup>th</sup> standard (1) or 8-10<sup>th</sup> standard (2).

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<sup>27</sup> Leingika Thozhilikalude Swasraya Padhangal (Malayalam) ( 2003) Best Practice Documentation Series, Published by Social Development Department, State Management Agency for KSACS

**Table No. 3.1  
AGE & EDUCATION OF THE RESPONDENTS (n=40)**

SL. No.	AGE	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCEITY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	19-29	2	3	1	1	7
2.	30-39	3	5	6	8	22
3.	40-49	5	2	3	1	11
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>
		<b>EDUCATION</b>				
1.	Illiterate	0	2	1	1	4
2.	1-4 Std	3	2	4	2	11
3.	5-7 Std	2	2	2	5	11
4.	8-10 Std	5	4	2	2	13
5.	11-12 Std	0	0	1	0	1
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In Vanitha Society, both the office bearers interviewed were of the age category between 40-49 years while the members were in the age group category between 19-29 (3) and 30-39 (5). Both the office bearers had been associated with Vanitha Society since its relationship with Center for Research and Development, Kozhikode (CSRD), its parent organisation that had initially made rapport with sex workers in the district. They had then become Peer Educators when interventions in sexual health project with aid from KSACS were taken up. One of the office bearer interviewed is the President to Vanitha Society. In terms of education, an office bearer has education between 8-10<sup>th</sup> and the other 5-7<sup>th</sup> standard. The former is a widow living in her owns house and the latter an unmarried women lives in a rented home. The members either were illiterate (2), undergone education between 1-4<sup>th</sup> (2), 5-7<sup>th</sup> (1) or 8-10<sup>th</sup> (3) Standards. One illiterate and other with 1-4<sup>th</sup> Standard dwell in streets.

Of the five respondents from Jeevana Samskriti, Kannur, two were the office bearers of the CBO named Chola. The members associated with the NGO do not get honorarium. With regard to their age and education, one was between 19-29 years and the other 40-49 years and both have undergone education between 8-10<sup>th</sup> standard. The age of the rest three members interviewed were between 30-39 (2) and 40-49 years (1). One of the former is illiterate, and the other two had between 1-4<sup>th</sup> standard of education. In RCTC, both the office bearers of the Swarooma were of

the age group between 30-39 years with education 5-7<sup>th</sup> and 11-12<sup>th</sup> Standards respectively. The members were between the age group 30-39 (2) and 40-49 (1) with education 1-4<sup>th</sup> (2) and 5-7<sup>th</sup> Standard respectively.

Most members associated with the SOMA belong to the age group above 30 years. One person interviewed was around 46 year old and educated till 8<sup>th</sup> standard. She is associated with SOMA since last 9 years. She had been working with SOMA since then as a Peer Educator. She being a senior PE narrates the way they had worked in the field since beginning of the PSH intervention to disseminate the project components-awareness, condom demonstration and supply, STD care, PE training etc. and brought other fellow beings into SOMA. Including her, two get honorarium from SOMA to work as PE in the project. The education of the interviewed women range between illiterate to 10<sup>th</sup> standard. Most of the sex workers interviewed was literate in SOMA. The one who had not taken any formal education could also read and write. Two women had attended school upto 4<sup>th</sup> standard. Five persons have undergone education between 5-7<sup>th</sup> standard.

### **3.2.b MARITAL STATUS**

When marital life fails, a woman have either to go back to her parental home or find a new home. If her parents are old and brothers have to look after their own families she has no way than to find a new home managing everything independently. Families who pay lumpsum assets as dowry including the share of parental property to their daughters' marriages do not expect them to return later as dependents. There is lot of social pressures on them to reconcile with their husbands, however good or bad he is, still for some the condition become so intolerable that they decide to abandon their husbands.

Sarada, (39), a sex worker from Allapuzha district described her condition as a deserted woman. She as a housewife was regularly ill-treated by her husband through physical assaults due to her resistance to his extramarital affairs. She was deserted after two years of their marriage. She was also the mother of a girl child from him. She initially resorted to stay with the in-laws who forced heavy domestic work, poured abusive words and even refused to give food. She was therefore forced

and then returned home to her parents who did not accept her, as they were old. Brothers also refused. An old man approached her when she was staying with a distant relatives place, offering her the job of a housemaid. She had reached Ernakulam when she realized the nature of work. There was no other choice then left with her but to work to sell her body since then. Now, Sarada wants to leave the job but after paying off all the loans taken for her daughter's marriage from the local moneylender.

Before marriage, the young women are dependent on their fathers and are brought up to be dependent on their husbands after marriage. As women get old, they are expected to depend on their sons. If women had no sons and if she has an unfaithful, violent husband of ill behavior then her security is in danger and her dependency renders her powerless. Widows in particular, fall foul of the dependency this society creates for women. If not granted the support of parent-in-laws or parents, a widow has to fend for herself without having prepared for independence. Some of the widow inevitably ends up working in the sex work.

**Table. 3.2**  
**Marital status of the respondents (n=40)**

SL. No	MARITAL STATUS	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCEITY	JEEVANA SAMSKRITI /RCTC	SOMA	
1.	Unmarried	0	1	1	0	2
2.	Married	0	2	4	0	6
3.	Divorce	1	0	0	1	2
4.	Widow	6	3	2	4	15
5.	Separate	3	3	3	4	13
6.	Live in partner	0	1	0	1	2
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

Table 3.2 reveals the marital status of the respondents wherein major chunks are single women. In FIRM, it was seen that the majority respondents interviewed was widows. Of the 4 SWFK Coordinators, three were widows and one as separated. While of the members one was a divorcee two were separated and three were Widows. All the three widow sex workers dwelt on the streets.

Of the two office bearers interviewed from Vanitha Society, one was unmarried and the other a widow while of the members' two were married, two were Widows, three were separated and one lived with a live in partner. One widow member and the other woman that has marital status 'separate' dwells at street.

With regard to marital status, of the two office bearers of Chola interviewed from Jeevana Samskriti, one was married and the other unmarried. And from the members, one was married and two were separated. Both office bearers of the Swarooma from RCTC, were widows, while from the members interviewed two had married status and one separated. Of all the ten women at Jeevana Samskriti, three women had married status. The office bearer who is married said that her husband had left her since ten years though the status remains married. Her two children (one boy and a girl) stay with her. While of the two members, husband of one is suffering from one-sided paralysis. She is in the field to manage his health expenses and children's education. The remaining woman's husband has relationships with other women too and hardly looks or stays with her.

From who were interviewed in SOMA were also single women except one who was a divorcee. Of the remaining, four were widows, four were separated and one was living with a live in partner. The divorce woman narrate her husband's extramarital relationship and when she resisted, was asked to leave him in his way or beat. The reason of widow becoming sex worker varied as to some after becoming a widow, it was a means to run the family expenditure, marry the girl child, educate their children, no one to look after (in-laws and family members) and so on.

From the table 1.b, it is also seen that maximum respondents are single women either as widow, divorce or separate (30 responses). Of this maximum responses were from FIRM and minimum from Jeevana Samskriti/RCTC.

The reason for separation were a) husband being either migrant or with illicit relations, hardly reaches home, abuses or does not provide money for family expenses. Therefore after waiting for long they had no other option to than to seek sex work. b) Some narrate of their husbands beating them, of their drinking, drug abuse habits and when resist beat and abuse in front of neighbours or relatives, c)



betrayed by a lover in the younger age after promising to give employment or marry. Unfortunately that was into the sex trade where they were sold. Some had married men who also had thoughts to make money out from their body and so got separated. d) Some had quarrels with their husband, came out from home, stayed with parents where they interacted with certain group of friends that later on realized was in a sex racket. One lady looked after by a lover who is a foreigner encountered in the international tourist spot, Kovalam, lived together for 3 years. The foreigner used to send money on her account for several months but that has stopped recently.

The woman of Omana (35) from Vembayam, Trivandrum District depicts the narration of widows ending up in sex work. Omana has two daughter aged 22 and 18 years. Less than a year of her husband's death, her parent in law threw her with the belongings out from their house. She then joined a cashew-peeling factory that engage as cottage industries along the homes in the nearby localities. For sometime, she did well for herself and her children. The owner of the venture also father of three children was attracted towards her and began to make advances. She submitted to these advances by allowing a sexual relationships, afraid of loosing the job. This went on for months. One-day the owner's wife discovered it resulting in her eviction from the job. Omana then on survived through such exploitations in most places including as home maids and construction sites until one brought her to the trade. She has rented a home where she keeps her daughters, pays rent, pay to police and pimps from the source of sex work. She says in jobs like housemaid, one like of her has double burden, one of doing housemaid chores and another of submitting to the sexual advances of the male members. While working in construction sites, other than the strenuous labour work, she had to engage in sex with co-workers, mistries, Supervisors, Contractors, Engineers and also bureaucrats presented by the contractors for favors in return of sanctioning the work. Omana says that in all these circumstances she is hardly paid in return for subjecting her body and is under valued. Therefore taking up sex work may decrease additional burdens that otherwise she faces from different quarters.

### 3.2.c CHILDREN OF SEX WORKERS

Majority of sex workers have children for most of whom the father figure is unknown. Some have a child of earlier days when she was married and now deserted. Sex workers have to take up a lot of responsibility, as most of them are single parents. For sex workers who have to look after their children this is much more challenging than women in any other profession. Being single women, they are the sole breadwinners in the family and the conventional caring role is also to be looked out by them. Further the stigma of their mothers being in the sex work and the environment where they live strongly influence the lives of the children.

They fiercely protect their children except the homeless variety, the poorest of the lot, is unable to fulfill their role. But they are minority among the sex workers<sup>28</sup>. The sex workers are on the street because they can't feed, teach or house their dear ones. Because of the stigma and other problems of raising children for sex workers, many of them leave with their parents who take care of them. The sex worker will pretend that they are employed in any office or factory in the city and provide for their upbringing. The children may even be unaware of their mothers' profession. In such situation, mothers hide their profession from children while interact through telephones or on visits. Their children get educated only if they can afford to conceal their identity admitting them in boarding schools. Once their identity is revealed, schools deny admission, Otherwise they may sell their children or leave them with beggars or relatives. Some send their children to away teaching in boarding schools or residential schools with the support of some charitable organizations like the one named "Chilla"- the home for sex workers children run by FIRM in Thiruvananthapuram.

Sandhya (32) from Kollam joined sex work at the age of 17 before which she was a young mother and a victim of a deserted husband. At the time of desertion by her husband, she was a mother of a girl child of 1 year from her husband. Second girl was born from an unknown father when Sandhya was 20 years. The pregnancy and

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<sup>28</sup> Maitreya (2002) The Role of sex workers in preventing sexual exploitation of Children, Theme paper from FIRM/ Thrani , pp. 4

childbirth had drastically affected her health condition, reduced her income and she was suffering from grave debt. She had no other option than to start sex work again after two months to fetch milk for her newborn child. And so she continues with the profession since then. Now she sends her children to boarding schools –she wants them to grow up in a healthy environment and provide all the life opportunities that she has missed. She does not want her children to enter *“this degrading and stigma ridden life like me”*. She is living and is in the profession only because of them. She wants both of them to have a stable married life.

In certain situations, the sex workers manage to support children with or without the earnings from sex work. The latter is mainly through putting their children to boarding schools run by charitable institutions. Even certain fixed clients/regular clients support them with regular monthly sum.

The children who live with sex workers in their homes grow up in unhygienic and unsafe surroundings. They are at risk to sexual abuse particularly the girls. The children are stigmatized due to their mothers’ profession, mostly denied school admissions and not accepted by relatives, denied playing in children parks or mingling with other children<sup>29</sup>.

Shalini (3) was very much attached to her mother, Vasantha. She lives in the same room while her mother entertains clients. Once she was put out from the room with the insistence of the client. While playing outside she hugged the combustion machine of a motorbike that was warm and kept at her courtyard burning her lower arm. Knowing the chances of sexual abuse mothers often have had to take hard decisions to send their small children elsewhere to stay.

Laxmi (09) from Trivandrum was admitted to a school in Nedumangadu, Trivandrum by her mother who is a sex worker. She had done her schooling till 6<sup>th</sup> standard. While admitting to the school, her mother did not reveal identity. One day somehow one of her schoolmate realized her identity and disclosed it to the others. This reached the ears of the teachers. Laxmi’s classmates were humiliating her in the

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<sup>29</sup> Ibid.4, pp. 6

classroom for several days and so were the teachers. For certain days she could manage to cope with the situation but when it went to intolerable condition she stopped going to the school. Her education got stopped since then. This is not the only woman with Laxmi alone, the frequent dropouts among sex workers children are because of such ill treatment and taunting in the school.

### **3.2.d AGED SEX WORKERS**

Sex worker like anyone else lose their charm and beauty, as they get older. They start looking for alternative income sources between the ages of 35-45 years. Some get involved in small businesses, like tea stalls, pan and cigarette shops, selling liquor, or supply of drugs etc. The data is provided under the head 'Aged Sex Workers' in the same chapter. Both daughters and sons support their sex worker mothers in old age providing them with shelter and security. The earning peak of sex workers is between 18-35 years. The older women suffer from increased competition from younger ones and so have to decrease their rates. Yet a few customers still prefer aged women. Many elderly sex workers are alcoholic and resort to substance abuse to ease out their mental pressures.

Kumari (40) a widow sex worker from Kozhikode, understanding that she is of less demand in the sex market got actively associated to Vanitha Society and puts effort to build on income generation ventures through their organisation. Kumari , was years back a highly demanded sex worker in the Kozhikode city and had an earning of atleast Rs1000 per day. There were some regular customers who would inform her one-week prior for a date with her. She had learned tactics to swing around the customers through glamorous make-ups and keeping up attractive physical stature. But as age progressed her income drastically fell and is preferred only by a fewer customers whom she knew since years. She has a daughter who had gone to Muscat (a gulf migrant as house maid-) who tells mother not to continue with it now. Kumari also receives Rs 3000/- per month regularly from her daughter who sends to her regularly. Kumari is now actively engaged with Vanitha Society these days, goes door-to-door in the outskirts of Calicut fetching phenol filled bottles to the market manufactured at the NGO. Now she feels happy in doing the job that gives recognition that she had never received in her life. Sometimes these women reveal

to the customers the nature of work she was in before joining the organisation. The responses from some express as “proud on them” while some pretend as if their entrance has “polluted” the home.

But Sheeja (39 ), narrates an opposite story from Kannur district. Adding to her age getting old Sheeja also suffers from chronic Kidney problem that has decreased the income from sex work. For years, she used to drink alcohol that is a common practice among the sex workers- where often customers used to offer them. Now as an alternative income source, she brews and supplies local arracks in packets that operate from her home. More than twice police raided her home and put in her in jail. She still does not want to stop the work, as she has to get her girl child married off. She still drinks well to ease out mental tensions.

Many daughters of sex workers come back after marriage (provided their husbands are willing) and live with and support their mothers. Dowry is paid to get daughters married off. Mothers still hope for a secure and stable married life for their daughters.

Nalini (46) from Bangladesh colony, Calicut is currently is Coordination to Sex Worker Forum, Kerala (SWFK) of FIRM. She is based from Trichur that she left years before to live in Santhi Nagar Colony. She is in the sex work profession since 28 years. She has 2 daughters from her husband who deserted in her younger age. She had always wanted to live a life of honorable housewife but her circumstances betrayed her. Her elder daughter is married to a man who knows and understands of his mother in laws profession. The second daughter has studied upto 9<sup>th</sup> standard and engages tailoring and sewing work. Nalini doesn't have a home of her own and so both she and her younger daughter stays with her elder daughter. The elder daughter is supporting Nalini who currently depends on certain fixed clients and a honorarium from SWFK worth Rs 2000/- which she gives to her elder daughter every month. They live in a small home that lacks a toilet and water supply. Her expectation on her second daughter is also to gain a stable married life as of her elder one. She is preparing to marry her off.

### 3.2.e LAND ASSET AND NATURE OF DWELLING

The following table (No. 3.3) depicts the information on Land Asset and Nature of Dwelling pattern of the respondents. It is observed that a majority of the respondents interviewed across the NGOs do not have land asset and live in rented houses. On land assets and dwelling pattern, among SWFK members, majority do not have land asset and live in rented house. One SWFK Coordinator from FIRM had land worth 3 cents and only two of the six respondents have land worth 2 and 5 cents respectively. All the above three women (with land asset) also dwell at own houses erected in these land (1 SFWK Coordinator and 2 members) while three Coordinators and a member live in rented homes. Three women live in streets. The three women on street are all widows, having no land asset, with income from sex work below Rs 1000(2) and Rs 3001-5000(1), no other income than sex work. They also do have any savings. Two of them had 'never' and one 'rarely' taken loan from any moneylenders.

**Table 3.3 Land asset and nature of dwelling (n=40)**

SL. No	LAND ASSET	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCEITY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	Yes	3	4	5	3	15
2.	No	7	6	5	7	25
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>
	<b>DWELLING PATTERN</b>					
1.	Own House	3	3	5	2	13
2.	Rented house	4	5	4	3	16
3.	Street	3	2	1	3	9
4.	Group living	0	0	0	2	2
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In Vanitha Society, majority of the interviewed members do not have land asset and live in rented house. Of the two-office bearer interviewed at Vanitha Society, one had land asset of 2 cents while the other did not have any. Of the other eight interviewed, three members had land asset (two has 5 cents and one 10 cents respectively) and the rest were landless. With regard to the dwelling pattern, of the two office bearers, one has her own house and the other rents a house. Of the six interviewed

members, dwelling is on own house (2), rented house (4) and on street (2). Of the two who dwell in street, one is a widow and the other separated.

Half of the members associated with Jeevana Samskriti/RCTC had land asset and own dwelling. Both the office bearers of Chola at Jeevana Samskriti did not have any land assets and dwell in rented houses while of the three members, one had land worth seven cents and the other two did not have any. Of them, one dwell on street and the rest two had their own houses.

In case of RCTC, both the office bearers had land asset worth 15 cents and 4 cents respectively and dwell at their own houses. While in woman of the members, two had land asset worth 5 cents and 4 cents and one did not have any. With regard to dwelling nature, one had their own home while the other two were living in rented homes.

In SOMA, majority of the respondents do not have land assets. Three women responded to have land assets range between 2-5 cents. Two of them engage some agriculture operation even though not profitable in the area. Of these two women, one has her own house inherited from her parents. Another got home as part of the Government's One Million House Scheme in the Poochedivilla bund colony in Trivandrum district. Five of others live in rented homes in erstwhile places across the city. One, lives in rented home along with her lover. Two of them live in-group with other sex workers. Three live with their children in the rented homes.

Those who live in streets either find places below the bridges, inside pipelines put for construction works, Railway Station, and Bus stands of Thampanoor/ East fort/ Statue premises in Trivandrum city. A lady stays regularly in the General Hospital premises where she says, she would gets enough food as left-outs from the admitted patients or bye standers to fill her stomach everyday.

### **3.3 ECONOMIC CONDITIONS**

Poverty is undoubtedly one of the important factor that compels women to enter sex work. For these women with limited or no options, joining sex work is a matter of

subsistence. Many cite poverty and lack of support as the most important factor that compelled to join the profession either to support themselves, family members including their children. A high number narrate stories of betrayal by people offering jobs, persuasion through relatives, friends that brought them into the profession. And certain other reasons like family violence, orphaned, misled, came with the lover, widowed, divorced/deserted etc. Many sex workers had joined the sex work after leaving or being abandoned by violent careless husbands-who would beat them and sexually abuse them or by in laws who had abandoned them.

The amount of money a sex worker can charge from the client depends on her desirability, current health status, the area she works and amount of risk she is prepared to take. For example without accepting to use condoms, a low income sex worker can charge more, charge more for variations in sex like oral/anal sex. Younger sex workers earn more if fixed clients are available with regular monthly income. During festivals season, it is busiest times for them. Rates in Kozhikode city are more than Moovatupuzha town. Rates for a single encounter with a sex worker in Kozhikode city range a sum between Rs 100-500 where the client themselves need to bear the related expenses that is not inclusive to the fixed sex workers rate like travel (usually taxi or an autorikshaw), room rent (usually lodges) and sometimes food. The normal rate for a single night encounter is usually Rs 500/-. While this is not so in certain towns of Kerala where the sex worker themselves bear these related expenses. And moreover in places like Moovattupuzha, Kothamangalam and Koothatukulam towns, the rates in a single encounter with sex worker hardly exceed Rs 300.

How much earning actually goes to sex workers depends on the system of her working whether she has a room or rented room, work with a pimp or independently or and has a vehicle of her own like autorikshaw etc. The earnings from sex work often get divided into different shares. Therefore, the income incurred from sex encounters cannot be ascertained as such and may fall much below the sum they have actually earned.



### 3.3.a INCOME FROM SEX WORK

The final income of a sex worker is quite low, once the 'overheads' are accounted for. A large chunk of their income spills away either through paying money to different people in the sex work field, settle legal issues, and snatch money. The income from sex work to a sex worker cannot be ascertained as such and may fall much below the sum mentioned. The auto-rickshaw and lodge owner have to be paid larger share than the usual on getting on clients for sex encounters. Expenses need to be met for their drink, smoking and substance abuse. Dressing and make-ups are another necessity of this profession that provokes the clientele demand. Because most often they are in the field, they have to take food from hotels or restaurants. Though there are no fixed charges but the average rates for sex encounters with sex workers across the cities in Kerala varies from Rs 200 to Rs 1000. The rate varies for a regular customer to a one-time customer, the place of operation (whether a city or a small town). The rates are usually fixed up through negotiations at the streets by sex workers themselves or through the pimps. Normal overnight charges are always above Rs 500.

The table 3.4, reveals the average monthly income of the sex workers interviewed from the four categories of NGOs. As mentioned above, four interviewed women were SWFK Coordinators, while the six were members associated with its movement. Some of the interviewed members also have active association with other NGOs engaged in HIV/AIDS interventions among sex workers.

It is inferred from the table that, most members associated with SWFK, earn a monthly income between Rs 3001-5000 from sex work. Of the SWFK coordinators, one earn between a sum Rs 1001-3000 while three between Rs 3001-5000. Of the members interviewed, less than Rs 1000 (2), between Rs 3001-5000 (3), Rs 5001-7000 (1) are the earnings from sex work. Two of the members with income from sex work less than Rs 1000 are street dwellers with no other alternative income. They are widows and have no savings. The one woman with an income between Rs 5001-7000 is of the age between 19-29 years, dwell on rented house and is a floating sex worker usually works with the network of pimps across Kerala, Karnataka and Tamil Nadu states.

In Vanitha Society, most members interviewed fetch an income between a sum of Rs 1001-3000 from sex work. With regard to the two office bearers, the average monthly income from sex work range between Rs 1001-3000. One of them now stopped going for sex work as frequently as before. Five members earn between Rs 1001-3000 and one between Rs 3001-5000. Member who earns between Rs 3001-5000 is of the age group between 19-29 years, educated to 8<sup>th</sup> standard, live with a partner in a rented house, having no land asset and lend money on interest. She also very often take loan from money lenders.

In the woman of Jeevana Samskriti/RCTC, majority of the respondents earn a sum between Rs 1001-3000 from sex work. Of the five respondents, two office bearers earn an average monthly income from sex work is between a sum worth Rs 1001-3000 and Rs 3001-5000 respectively. The three members interviewed said of a sum below Rs 1000 (1) and Rs 1001-3000 (2) respectively.

**Table 3.4 Monthly average income from sex work**

Sl. No.	INCOME FROM SEX WORK (In Rs per M)	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	> 1000	2	0	2	5	9
2.	1001-3000	1	9	5	3	18
3.	3001-5000	6	1	1	1	9
4.	5001-7000	1	0	1	1	3
5.	7001-9000	0	0	1	0	1
	<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

The member with the income below Rs 1000, is of the age group 30-39 years, an illiterate, separate marital status, with no land asset, dwell in streets, with no alternate income, no savings and rarely take money from the money lenders. Her husband deserted her three years back to marry another lady. Her two girl children live with one of her relatives in Vadakara (Kozhikode District).

In the case of RCTC, of the two office bearers, one gave an earning between Rs 5000-7000 and the other Rs 7000-9000. While the members interviewed, one said of below Rs 1000, and two between a sums worth Rs 1001-3000.

One of the PE's with an earning between Rs 5000-7000 on an average per month from sex work interviewed at the RCTC is of the age group 30-39, with 11-12<sup>th</sup> standard of education, widow, with land asset worth 5 cents owning a house, with alternate income of Rs 1001-2000 through PE work, engages with thrift and credit saving activities of the CBO and occasionally taking loans from the money lender. While the other PE getting Rs 7000-9000 on an average per month from sex work is also of the age group between 30-39 years, a widow, with land of four cents dwells in her own house, getting Rs 1001-2000 from the PE work, engages in thrift and credit activities and rarely takes loan from the money lenders. Both of them operate as home-based sex worker, which they say is lucrative and chances of spill over of income is less compared to street based operations. While a member who gets a monthly average income from sex work below a sum of Rs 1000 is of the age group 30-39 years, educated between 1-4<sup>th</sup> standard, married, with no land asset, dwells in a rented home, no alternative income source, has savings with individuals running chitty and occasionally take loans. She says that she occasionally goes for sex work and that is the reason for her low income. Her husband is a terminally ill patient and has one girl and boy child studying in the school.

A majority of interviewed women from SOMA earn a sum less than Rs 1000/- from sex work. The source of income from sex work among the women interviewed at SOMA ranges between Rs. 1000 to Rs 7000 per month. One cause could be that most of the women interviewed do not belong to productive age groups and so do less in demand in the sex circuit.

### **3.3.b ALTERNATIVE INCOME SOURCES**

Alternative income generation programmes initiated through the NGOs are rarely accompanied by any market assessment needs of the product or the earning potential of the sex workers who are also women. Certain stereotypic alternative income generation projects such as tailoring or readymade garment making cannot

be viewed as alternative livelihood options for women<sup>30</sup>. The idea behind such schemes is to provide them with menial income that supplements to run a family. These are inappropriate as sex workers are concerned and are unable to earn an independent livelihood. Some stick on to the projects as they are paid menial honorarium to work as Peer Educators to the PSH project that hardly meet their needs. Except those who are aged and lost their productive charm in the sex industry, others certainly are forced to sell their body in return to keep their economic needs on track.

**Table. 3.5.**  
**Income source other than sex work**

SI. No.	INCOME SOURCE OTHER THAN SEX WORK	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	No Income source	3	4	2	5	13
2.	PE/Honorarium - PSH Project	0	2	3	2	8
3.	Honorarium-SWFK	4	0	0	0	4
4.	PE and IGP of PSH Project	0	0	1	0	1
5.	Only IGP of PSH project	0	0	1	0	1
6.	Individual ventures for IG.	1	0	3	1	5
7.	Dependent on Son/daughter	2	1	0	0	3
8.	Dependent on Husband	0	1	0	0	1
9.	Dependent on Live in partner	0	2	0	2	4
	<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In FIRM, of the four interviewed women belonging to SFWK Coordinator category, earn between Rs 1001-2000 (predominantly as honorarium from FIRM). And of the three members one earns between Rs 0-500 (engages a slab vendor selling cigarettes, pan and lime juice) and the two categories of Rs 500-1000 (dependent on

<sup>30</sup> Training in skills catering decent livelihood is difficult for sex workers as of the challenge of providing work with an equivalent income they earn from sex work profession. Often the income generation ventures as a means to rehabilitate the sex workers are conceived within a four walls and inadequate understanding of their life, problems or needs.

son/daughter who stays with them- son is an autorickha driver and the daughter is a tailor) respectively.

Table 3.6 depict the income source other than sex work, from the interviews done with forty sex workers across four categories of NGOs. Of the ten women interviewed from FIRM, four receive monthly honorarium as SWFK Coordinator as between Rs 1500- 2000. While of the six remaining members, one engages a petty shop as an alternative source in the lanes of Shanti Nagar Colony, Calicut while 2 stays with their children and are also dependent on their income. The three women with no other income sources dwell at streets.

**Table No. 3.6**  
**Earnings from the other sources**

SI. No.	EARNINGS FROM OTHER SOURCES (In Rs)	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	No Income	3	4	2	5	14
2.	0-500	1	0	1	2	4
3.	501-1000	2	3	3	2	10
4.	1001-2000	4	1	2	1	8
5.	2001-4000	0	2	2	0	4
	<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In the woman with the interviewed women of Vanitha Society, the two office bearers are given a honorarium through the PSH Project between Rs 1500-2500. While of the members, four do not have any other income source than sex work. One of each sex workers depends either husband or daughter. Two living with live in partners. The two women with no income from other source s than sex work both dwell in streets. And of the two sex workers who live with partner, the partner works as a load worker at the Meenchantha market, Kozhikode and the other as a Coolie. While the women, one dependent on daughter (who goes to a soap factory) and the other on husband (as a contractual security guard with the local newspaper agency), the man earn a sum between Rs 501-1000.

In Vanitha Society, as already mentioned four members do not have income source other than sex work. Those who are dependent on live in partner, one man earns between a sum of Rs 2001-4000 and the other between Rs 501-1000.

The two office bearers gets a monthly honorarium as Peer Educator from Jeevana Samskriti while of the three members interviewed, two engage in an alternative income venture (both in the condom social marketing where they get commissions from the NGO) and one without any venture. From the Peer Education work in Jeevana Samskriti , the office bearers earn a sum between Rs 501-1000 and Rs 2000-4000. This difference is because of their seniority in the organisation. The office bearer earning between Rs 501-1000 for the PE from the NGO is of the age between 19-29 years, educated between 8-10<sup>th</sup> standard, unmarried, with no land and dwell in a rented house, earn a sum between Rs 3001-5000, no savings and occasionally take loans. She also operates as house based sex worker that lessens the risk of spill over of their income.

In woman of Swarooma too, of the two office bearers one engages as Peer Educator while the other along with the position as Peer educator also works for the CBO initiatives towards the Laundry programme in the Taluk Hospital and the Waste disposal activities in the Moovatupuzha municipality. Of the members interviewed, one runs an telephone booth, another engaged with both the Laundry/Waste disposal initiative/condom social marketing ventures and one without any income source other than sex work.

In RCTC as per Table 1.6, both the Peer Educators are earning between Rs 1001-2000. Meanwhile, of the one who runs a telephone booth said of an earning between Rs 0-500 per month and the one engaged with the municipality work and condom social marketing venture said of an earning between Rs 2001-4000 and one was without any income. When asked of any other sources of income in SOMA, five women solely depend on sex work while the rest five, two are PE in the project at SOMA, the live in partner contributes to her family for one and two sex workers have land and get some earning from agriculture sources. SOMA gives a honorarium of Rs 1000 and Rs1200/- to its P.E-based on seniority (exclusive of travel expenses in the field); with the woman with a lover, he gives Rs 50/- every evening except

sundays after meeting his personal expenditure that include eating from outside, drinking and other expenses. The two women responded to have agriculture have lands worth 3 cents and 2 cent. The woman with five cent based in Vellayani has given the land on annual lease for tapioca cultivation while the woman with two cents has grown vegetable (mostly red palak) that is often ruined due to pest attack or acute drought. This land has been inherited from their parents. Therefore, it is to be assumed in the other income source category too, that hardly meets their daily needs.

### **3.3.c SAVING PRACTICES**

Saving habits among sex workers is poor despite their earning capacity. Women have been in debt, spend more of excess money repaying loans, purchase of articles, dress, for food, drugs, alcohol etc. Traders also offer loans on 120% percent interests. Because most sex workers are illiterate, they are vulnerable to financial exploitation when depositing money, taking loan and repayment with interests.

The NGOs of PSH project in Kerala have now taken up savings and credit schemes through their community-based organisations in a wider way. Even though it may not be sufficient impact on solving their financial crisis of sex workers. As long as a sex worker remain healthy and attractive she will have food and income and will be able to support herself and her children through the earnings.

Table 3.7 provides information on the saving pattern of the sex workers interviewed from the NGOs. In FIRM, half of the interviewed sex workers do not have any savings. It is seen that five of interviewed women do not have any savings, of which two are SWFK coordinator and three members. The other two coordinators have savings with the local banks. In Vanitha Society, four of the respondents either do not have savings while five have bank savings. Of the two office bearers of Vanitha Society, one does not have any savings while the other said to have an account with the local bank. The two members without any savings as mentioned dwell in streets. The one woman that lives with a partner lends money to individuals on interests.

In Jeevana Samskriti, two women said that they do not have any savings while others contribute in the thrift and credit programmes of the CBO. One was a Peer Educator contributed to the Thrift and Credit programme run by the CBO (recently started in the organisation). In RCTC, the majority of the interviewed respondents do not have savings. Both the Peer Educators had been contributing in the thrift and Credit venture of the CBO.

**Table No. 3.7**  
**Kind of Savings**

Sl. No.	KIND OF SAVINGS (In Rs)	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	No Savings source	5	4	3	6	18
2.	Thrift and Credit of CBO	0	0	4	0	4
3.	Lend Money on Interests	1	1	0	0	2
4.	Chitty with individuals	0	0	1	3	4
5.	Savings through bank account	3	5	2	1	11
6.	Land as asset of savings	1	0	0	0	1
	<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In SOMA, six of the respondents do not have savings. The four women that have savings in SOMA, responded mostly as with local chitty collection agents. One has saving worth Rs 2000/- at the District Cooperative Bank, is one of the PE in SOMA. The remaining three women have upto Rs 700/- with moneylenders who render loans at the courtyard. A sum of Rs 20/- is given to the collection agent on every day basis. The interest on loans taken is range between 3-5%.



### 3.3.d LOANS FROM MONEY LENDERS

Table No.3. h reveal the frequency of loans taken by the sex workers from the money lenders. Need for money usually includes to lawyers for bailouts, purchase of household articles and dresses, for procuring drugs, alcohol etc. The frequency taking loan given the following scales- Never -never taken loan during last 12 months; Rarely- taken loan once in the year; Occasionally- loan taken twice in the year; Very Often-loan taken thrice in the year; Frequently-loan taken four times and more.

Of the total across the NGOs, about 45% of the sex workers occasionally take loans from the moneylenders while 33% rarely take loan. Of the ten women interviewed from FIRM, one member has never taken loans that are the member, two has taken rarely (one SWFK Coordinator and one member who dwells at the street), and majority has been occasionally taking loans (3 SWFK Coordinator and 4 members) from the moneylenders.

In Vanitha Society, everyone interviewed had taken loans from the moneylenders at different crisis situations. The two office bearers 'very often' take loans from the moneylenders. Of the members, four said of 'rarely', one said 'very often' and three as 'occasionally' taking loans. The two sex workers who dwell in streets take money rarely from the moneylenders.

**Table No. 3.8**  
**Loans from money lenders**

SI. No.	FREQUENCY OF LOANS FROM MONEY LENDERS	NAME OF THE NGO's				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	Never	1	0	1	0	2
2.	Rarely	2	4	6	1	13
3.	Occasionally	7	3	3	5	18
4.	Very Often	0	3	0	3	6
5.	Frequently	0	0	0	1	1
	<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

In Jeevana Samskriti, of the office bearers, one had never taken while the other has been rarely taking loans from the moneylenders. Of the members, two has been

rarely and one occasionally taking it from the moneylenders. In RCTC, of the two office bearers one has never and the other occasionally taking loans from the moneylenders while of the members, three has rarely and two has been rarely taking it. Of the total majority have been rarely taking loans from the moneylenders.

All the women interviewed in SOMA have taken loans either from moneylenders of different forms putting them more financial burden to engage in sex work to pay them back. Majority has been occasionally taking loans from the moneylenders. Of its two Peer Educators, one has been occasionally and the other rarely taking loans from the moneylenders while of its member, four have been occasionally, three very often and one frequently taking loans from them.

### **3.4 SUMMARY**

The age wise data show that on the whole, about 83% of respondents of the study fall above the age of 30 years. It seems that women sex workers the age below 30 years, who are also more in demand in the sex trade with high earning do not actively associate with the NGOs. The ones who are associated with the NGOs are either facing a) threat of fall in their income drop from sex work, b) are tempted by the honorarium fetched from the projects, c) see it as a resort of future security or d) as a resort to convincing their family members that they work for the organisations that are sponsored by the Government (which makes them part of the Government system and thus gives respectability). Identity Cards (with photo and seal) given by the NGOs to the office bearers give them recognition in the public. e) Some feel that as their children are growing up and the fear the influence on them of their own occupation, they need to seek alternate employment.

Most sex workers have been married at least once but currently are single (three fourth (75%)) either divorcee, widow or deserted. Some live with partners who may be or who guard them from local gundas. Women sex workers have husbands who have either left them, stay with multiple wives or support them as pimps. Of this with husbands, maximum responses were from FIRM and minimum from Jeevana Samskriti/RCTC. The single were evenly distributed across NGOs.

To most sex workers their children's father is unknown or a child of earlier days when they was married. Sex workers have to take up a lot of responsibility being single parents. These women are the sole breadwinners in the family. Stigma of their mothers being in the sex work and the environment where they live strongly influences the lives of these children.

Sex workers start looking for an alternative income sources between the ages of 35-45 years. Aged ones get involved in small businesses, like tea stalls, pan and cigarette shops, selling liquor, or supply of drugs etc. Both daughters and sons are seen to support their sex worker mothers in old age providing them with shelter and security. The reasons for their seeking alternative sources of income is the fact that fewer customers prefer aged women. Many sex workers are alcoholic and resort to substance abuse to ease out their mental pressures.

Almost 66% of the sex workers do not have any land asset. For those who have land, it ranges between 2-5 cents that too back in villages where they hail from and where they usually do not stay. Of those who have land in the towns some have managed to raise houses of their own. And the others (40%) are dwelling either in rented houses, corner of a rooms along another family or katch/ a dilapidated houses on meager rents). A good proportion (around 22%) of the respondents stays at streets or live in groups. Sex workers dwelling from street is a common feature in all the NGOs.

The income of a sex worker is low, and even that is often split up. A large chunk of their income spill away either through paying money to different people in the sex circuit, settling legal issues, paying lions share to police, agents, auto drivers and lodge owners. Half of the sex workers interviewed earn a sum between Rs 1001-3000 per month. Client fixing through mobile phones has become common among the sex workers and this is now reduces the problems of pimps and police arrests.

About half of the sex workers interviewed are literate and want to learn more. About 55% of the sex workers interviewed had gone to 1-4<sup>th</sup> and 5-7<sup>th</sup> standard of Education. Some expressed enthusiasm in learning skills that can fetch income at least equivalent to the one that sex work profession renders.

One third of the respondents are solely living on the income from sex work, as they do not have any other supplementary income. Of this maximum number were from SOMA (50% responses). One third of the respondents had income other than from sex work through the honorarium paid as Peer Educator or Coordinator (in case of SWFK). However, of those sex workers interviewed having some form of alternative income source other than sex work, maximum of them earn a small sum between Rs 500-1000 per month only. Some women particularly aged ones have managed to initiate petty business but those too do not guarantee their sustenance. However the Laundry and Waste collection initiatives of RCTC in the Moovatupuzha Municipality could be seen as a mainstreaming component and engagement with certain alternative income generation activities.

Saving habits among sex worker are poor, even in those whose earning capacity is more. Women are often in debt, and others spend more of excess money repaying loans. Moneylenders offer loans on 120% percent interests. Most sex workers are vulnerable to financial exploitation when depositing money, taking loan and repayment with interests. It was observed that from the respondents in the study, almost everyone takes loans from the moneylenders though their frequency varies. About half of the sex workers interviewed “occasionally” takes loans from moneylenders.

They also need to spend for purchase of articles, of dressing, for food, drugs, alcohol etc. Around half of the respondents to this study do not have savings. Maximum respondents with savings were from Jeevana Samskriti/RCTC while the minimums were from SOMA. Of those who practice savings, one fourth are at banks (both private and public- either initiated by the CBOs as part of micro credit programmes or at the individual levels). On the whole sex workers have started practicing saving habits more through the thrift and credit activities of the CBOs.

After learning the socio-economic and demographic background of women sex workers, over the next two chapters, the study move on to describe their concerns and needs and the role of the organizations in changing the lives of these women.

# **CHAPTER FOUR**

## **CONCERNS AND NEEDS OF WOMEN SEX WORKERS**

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## **4.1 INTRODUCTION**

In this chapter, an understanding of the concerns of women sex workers in the five NGOs, were explored through two broad variables namely; a) Concerns and b) needs of women sex workers. The concerns of sex workers are broadly of two forms: one, the stigma, discrimination and harassment faced across different quarters of the society and the second, the concerns from specific sections like, police, local gundas and agents with whom the sex workers often have to encounter.

To understand the needs of sex workers, questions were asked about each ones needs-to name in order of priority. While the overall responses may be reflective of the group, individual prioritisation may be different. This has been supplemented by experiences of those other than sex workers but connected to sex trade. The information were elicited from the women five broad area of needs to understand whether the NGO had been able to support them. The needs were decided through pilot interactions with sex worker community, correlated then with experts in community mobilization of HIV/AIDS control programme and reviewing the literatures. The five broad areas are General health needs, Sexual/Reproductive health needs, Social/Rights needs, needs related to their profession and immediate economic needs. The purpose of the section was to analyse their different needs in relation to the responses of the NGOs catering the sex workers. The analysis is also made correlating with the goals, objectives and activities of the five NGOs or CBOs undertaken for the study.

## **4.2 CONCERNS OF SEX WORKERS**

### **4.2.1 STIGMA AND DISCRIMINATION**

Sex workers narrated their grave experiences of gross discrimination from the general public that revolve around eve teasing and staring, neglect invitation to ceremonies (like house warming, marriage, birth celebrations), not lending house/rooms on rent, deny mingling children with theirs, deny support at crisis situation etc. To most, the family members had evicted from their homes and maintained no interactions. Some parental families of the sex workers look after their children, take money but disallow to stay.

There is widespread social stigma and discrimination on them in the society. Applying for ration card, seeking admission to schools for their children, seeking loans from banks or even starting an account or just going to a hospital requires them to fill forms with the husbands name. Their narratives of their experiences at these institutions are pitiful stories of discrimination. Due to discrimination they face, these women lie or put the names of a person or partners but that causes complications<sup>31</sup>.

They are discriminated even in the health care institutions. When they are admitted with some wounds due to torture, these are not registered in the medical records. Most have the experience of misbehavior from different health care providers, deny beds when admitted, demanding more money, labeling as HIV carriers and compel for HIV test etc. Some said that confidentiality of their blood test status is hardly assured in the public hospitals as it gets noted in their hospital case sheets with bold letters.

Nalini (46)<sup>32</sup> narrated her experience a year ago at the Trichur Medical College. She had gone as supporter to a fellow sex worker (name; Sudha) who was seeking antenatal check up. Initially every thing went well until a warden recognized them while at the doctors' consultation room. She had to deliver the child on the same day on a corner of the pavement. Nalini says that such behaviour may partly be because of her resistance on undergoing a test that she understood as related to confirming HIV/AIDS status. She says to have resisted it because some of the hospital nurses were eve teasing them as the prey of AIDS target. According to Nalini, when the

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<sup>31</sup> Ms Sarojini, a sex worker and the Director of Vanitha Society, Kozhikode narrated problems faced by the society members in filling the space in various application forms provided for "Name of the husband" on their children school admission, applying ration cards, starting an account in the bank, seeking loans, voters identity cards that hardly any has. There had even been several instances of rejecting the application, if the space is left blank or had to face humiliation if found incorrect information later on.

<sup>32</sup> Nalini , a sex worker, is also the State Coordinator of Sex Worker Forum Kerala (a state level coordination committee formed among the sex workers with the support of FIRM in 1998). She had been at the forefront in organizing All Kerala Sex Workers Conference twice in the state, coordinating and networking with similar organisation across the globe. Nalini has attended international conferences. She has directed two short documentaries on the theme violence on sex workers that were screened at Thailand, Montreal and GMHC, New York. Currently she is writing her autobiography entitled- 'Vilkkkan Shareerarvum Vaaghaan Vedhanayum' (meaning, Body to sell while Pains to receive), expected to be published by DC Book Publishers, Kottayam by May 2005.

general public in a clinic is not asked to undergo HIV confirmation test, why are they so. Is it because sex workers are targets and easily accessible for tests? These prejudices of health care providers need to be changed.

Sex workers also illustrated of their experience encountered with media persons. Initially in Kozhikode district news on sex workers were rampantly published. Usually most depict cooked up and false stories that thrills a common reader information happenings in their city. Usually these had the following heading, "Prostitutes nexus with criminals", "Prostitutes also drug peddlers", "Prostitutes target clients as teenagers", "AIDS among Prostitutes", "Prostitutes as agents of condom marketing companies", "Prostitutes area of operation amidst residential colonies through a NGO run drop-in-center", "Prostitutes mode of operation shifted" etc. Photos are taken with out permission and then published with description that has no relation to them<sup>33</sup>.

#### **4.2.2 HARASSMENT ON WOMEN SEX WORKERS**

The life of a sex worker is itself loaded with a range of problems. Most of them are independent and have themselves chosen the profession, each one has a personal history of often coercion, sexual abuse, or psychological torture that led them to this field. Violence are inflicted on the women sex workers from different sections like police, local gundas, general public, clients and care takers. All such incidents lead to mental trauma. As the life of sex workers revolves around stresses, some of them resort to the use of alcohol or substance abuse<sup>34</sup>.

Sex workers develop a range of survival strategies to cope with sex work. One is through linking themselves with projects aimed at improving their sexual health (the

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<sup>33</sup> Personal Communication with Mr Paulson Raphel who was initially associated with Indian Social Institute, New Delhi then to CSR, Kozhikode. He narrated the bitter experience in the Kozhikode district with the media who had been targeting their work through regular features in the local dailies and magazines portraying negative and prejudiced attitude on sex workers and him in the early days. Even documentaries solely targeting on their work with sex workers were telecasted on Television channels on those days. But he says that now there is hardly any such news from the media and understood the real nature sex workers life and the activities of the organizations working with them. Media has been very much supportive since the first sex workers conference held at Trivandrum in 1998.

<sup>34</sup> Nair, Saritha (2002) Sex Workers in Kerala: A Contextual study of their Life, Work and Reproductive Health, Ph.D Thesis-IIPS, Mumbai pp. 239



Partnership in Sexual Health (PSH) Projects of the KSACS, Govt. of Kerala). Being a peer educator with the identity card may sometimes provide them acceptance even before the policemen. The projects also provide honorarium to them and render free health care. Another is the engagement of some with SWFK too aimed to reduce the discrimination, and other Concerns related to the sex work through engaging the activities like gheraos, agitation, sex workers conference etc. called by the forum. Some still do not come before such limelight as of the threat from being recognized by the police and later on harassed. Similarly most know of the implications of building relationship with local gundas do so either due to fear or reduce problems. Building good rapport with the local gundas seems a necessary prerequisite for the work. The sex worker support the local gundas by providing shelter, money and sex with themselves or others introduced by them without payment. Sex worker even have often to provide fresh and young girls to these local gundas who are new to their profession.

It is evident that sex workers as a group of stigmatized women undergo abuses from many sections including state agencies. At the same time they do not get justice from anywhere. This situation is partly due to the existing law and partly due to the prevailing social norms. Even the law enforcers are biased towards these women. They face charges that are often false and cooked up. Often these women are arrested under the Kerala Police Act under Section 47, for committing public nuisance or under Section 292 for performing an obscene act in a public place<sup>35</sup>. In Kerala, sex workers are rarely arrested under Prevention of Immoral Trafficking Act (PITA), when it happen, the rules are not followed. There are no women police officers during their arrest. The clients are not taken into custody, and even if they are, they will be released after sometime without any charges.

It is very significant that under PITA, a woman cannot be punished simply because she prostitutes herself. Prostitution per se, is not declared or defined as a crime under the PITA, it criminalized solicitation for prostitution or prostitution activity (as defined in the Act) in or near a public place. The work prostitution is to be understood

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<sup>35</sup> Jayasree. A.K ( 2002) Violation of Human Rights and Torture of Sex Workers in Kerala, FIRM/Thrani Document. Pp. 6

in the manner defined in the act and not in its usual, conventional meaning<sup>36</sup>. However, when women are taken into custody, they are not charged but police can torture them physically. Sometimes, woman is not charged, but women are released after taking money. Sometimes they are imprisoned even before trial. If they want to take bail, there are lawyers ready outside the police station. But they have to give a huge amount for them. When these women are murdered, the accused is never punished. Since they do not have legal literacy, they succumb and agree to all the charges and get punished. They do not have any protection from criminals. Gang rape is often followed by physical violence inflicted on them. There are women when even when they are raped or severely injured, their complaints are not registered.

It is also very rare to punish traffickers under PITA. They can be arrested or taken from their residence at any time. Their children can be taken away from them and kept in Juvenile homes. They can be assaulted by anybody at any time. They are beaten up in the roadside even when they are sleep.

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<sup>3</sup> **PITA Sec.7. Prostitution in or in the vicinity of public space.-** (1) Any person who carries on prostitution and the person with whom such prostitution is carried on, in any premises:

- (a) which are within the area or areas, notified under subsection (3), or
- (b) which are within a distance of two hundred meters of any place of public religious worship, educational institution, hotel, hospital, nursing home or such other public place of any kind as may be notified in this behalf by the Commissioner of Police or Magistrate in the manner prescribed,
- (c) (3) The state Government may, having regard to the kinds of persons frequenting any area of areas in the state, the nature and the density of population therein and other relevant considerations, by notification in the official Gazette, direct that the prostitution shall not be carried on in such area as may be specified in the notification.

**Sec.8. Seducing or soliciting for purpose of prostitution.-**Whoever, in any public place or within sight of, and in such manner as to be seen or heard from, any public place, whether from within any building or house or not:

- (a) by words, gestures, willful expose of her person (whether by sitting by a window or on the balcony of a building or house or in any other way), or otherwise tempts or endeavor to tempt, or attracts or endeavor to attract the attention of, any person for the purpose of prostitution; or
- (b) solicits or molests any person, or loiters or acts in such manner as to cause obstruction or annoyance to persons residing nearby or passing by such public place or to offend against public decency, for the purpose of prostitution, shall be punishable on first conviction with imprisonment for a term which may extend to six months, or with fine which may extend to five hundred rupees, or with both, and in the event of a second or subsequent conviction, with imprisonment for a term which may extend to one year, and also with fine which may extend to five hundred rupees.

Women in the street are forced to sleep under drainage, parked vehicles or bushes to save themselves from police. They are tortured in different ways after taken into custody. Once a woman get arrested and branded as sex worker, she can further get arrested at any time and at any place. To fill up the quotas of crimes, these women are charged with false crimes<sup>37</sup>. They get arrested even when they go to the market, to the hospital, to school, when they go the market have food from a teashop. At the same time, their complaints are never registered even when they are severely abused. Sometimes police themselves instruct local Local gundas to torture these women.

The sex workers are physically assaulted by criminals, police, clients and sometimes by the public. Nature of assault varies a beating with sharp objects, kicking, hitting with heavy materials, burning with cigarettes, cutting hair etc. Even murder happens on certain occasions. Police use other criminals to harass these women. Any crime towards these women is not considered as an offence. They are justified, just because these women are sex workers. They do no have the power to fight this violence legally or socially.

Instance narrated by Lally (32) from SOMA provide a picture of harassment by local gundas. Her belongings including dresses were taken away by the group of local gundas when insisted paying lodge rent hired for sex. Even local gundas forcefully stay at sex workers homes bringing severe risk of molesting children especially their girl child. Sex workers here resort to either building up rapport with the local gundas as a matter of survival or resist if supported by either lover or fellows in their field.

They are prone to be raped by gangs or sometimes by the clients or those who accompany the clients. Their complaints are never registered as if any man can have sexual relations with them without their permission, just because they are sex workers. The policemen also have sex with the women of their choice without payment. In the areas where sex workers have not been able to organize themselves into groups, the policemen have been known to pressurise this women to accept their advances.

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<sup>37</sup> Human Right Watch Report ( 2002) Epidemic of Abuse: Police Harassment of HIV/AIDS outreach workers in India, pp. 47

These criminals bring some of the women to the field. Any women, who happened to be left in the street are abducted by gangs of men, raped and assaulted physically. This can happen to fresh girl or young women already in the field or senior women. But young girls are more vulnerable.

There had been several instances like one in Trichur, where a group of Local gundas lifted a sex worker, Latha (29) from the street in an autorikshaw and resorted to gang rape. When asked for payment, she was beaten up and her clothes were taken away. Latha suffered a temporary mental breakdown after the assault.

Sometimes, these women are also forced to give shelter to local gundas who hide from police or other gangs in their homes. Due to several instances of arrest of these local gundas from their homes, it is often presumed that sex workers have a nexus with the anti-social elements.

In addition to the violence inflicted by strangers many also tolerate violent relationship. Women tolerate violent relationships as of many reasons like; lack of alternatives, fear, desire to maintain a cordial relationship of working, need for protection and low self-esteem. Many sex workers who move from one town to another do so to escape violent relationship<sup>38</sup>.

Prasanna (32) was abducted by a group of six men in Trivandrum, was raped by most of them. When she resisted, she was beaten up with sticks and her forearm was broken. She had deeper injuries in cervix, scalp, thigh and vagina. There was another incident few years back in which a gang of men forcefully took two women after terrorizing with a knife. They were used to trap a man who was later murdered by the gang. After the murder the women were raped. But when the police charged the woman these women were included as accused they were tortured in custody also.

There are sporadic incidents of moral violence where people take law in their hands to punish these women. Some people themselves become the saviors of morality

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<sup>38</sup> Personal Communication; Paulson Raphael, Human Right Activist associated with SWFK.

and decide to clean their premises. These women might be beaten up, head shaven, evicted from their residences, kept under home arrests, or handed over to police.

The sex workers are always at risk of being abused and tortured by clients. This usually happens when the clients take them to the rooms under their control leading to different forms of torture varying from coercive sex to murder. Gang rape happens even when client takes a woman after fixing their rates and conditions. Sometimes they take revenge upon women, if they resisted in the past. Many women complain that they are forced to have oral sex, which they do not like. If they resist they will be tortured.

Sometimes women have caretakers who provide temporary protection. Most of the time, these men will be exploiting the women economically. Women are tortured, if they fail to provide the money they need or they feel that the woman is becoming independent.

The description below provides details of the concerns faced by the sex workers. The main perpetrators of these issues are three sections namely the policemen, local gundas and the agents. Broadly the Concerns are described under the following variables namely; Physical abuse, verbal abuse, sexual abuse, demand of money and arrest (in the woman of policemen). The responses on;

**Physical abuses** were in the form of beating, kicking and hitting with arms and heavy materials (including lathis by Policemen) and even pulling hairs and breasts.

For **Verbal abuse**, sex workers overwhelmingly stated as the form of either use of abusive language at public places or police stations after arrests. It is often through policemen and local gundas.

**Sexual abuse** by the policemen is a common practice in the form of coercive sex including oral sex and gang rape without payment. The same by local gundas is in the form of free sex from sex workers, asks for fresh and young girls to either use by them or present before someone, trap them if engaged in criminal activities with them.

**Demand of money** is a practice by all the three categories when sex workers resist paying, particularly demands by the Police they may have to stay in jail for more days or may even be presented before the court with certain cooked up women. For local gundas, it's a kind of regular contribution to guard their profession working. For agents, it's the commission or share towards introducing a customer.

While the variable **Arrest** meant of the policemen arresting the sex workers on account of PITA or any other legal provisions.

The respondents were requested to recollect the number of episodes of abuse, demand of money or arrest during the last six month period. The frequency was categorized as Never, Rarely, Often and Frequently. 'Never' denote to no attempt in the last six-month period. 'Rarely' denote to one attempt during the last six-month. 'Often' relate to 2-5 attempts and 'frequently' related to more than five attempts in the period.

#### **4.3.a CONCERNS FROM POLICE**

Physical and verbal abuse, sexual abuse, demanding money and arrests has been the major concerns faced by the sex workers from Police putting vulnerability in their life. The tables' 4.1.a to d depicts the responses of sex workers interviewed.

Physical abuse by the police is in form of beating, kicking and hitting with arms and heavy materials (usually lathis) and even pulling hairs and breasts. Across respondents from five NGOs, except in Jeevana Samskriti and RCTC, almost everyone have been exposed to physical abuses from policemen atleast once during the last six month period. The organisation members' say that Physical abuse that was rampant earlier has now reduced through advocacy with the Police Department.

**Table 4.1.a Concerns from police- FIRM**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY	ARREST
Never	0	0	5	0	0
Rarely	8	4	2	4	1
Often	2	4	3	6	9
Frequently	0	2	0	0	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

**Table 4.1.b Concerns from police- VANITHA SOCIETY**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY	ARREST
Never	0	0	1	0	0
Rarely	7	0	6	5	3
Often	3	10	3	3	7
Frequently	0	0	0	2	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

**Table 4.1.c Concerns from Police- JEEVANA SAMSKRITI and RCTC**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY	ARREST
Never	3	4	4	2	1
Rarely	7	6	5	5	2
Often	0	0	1	2	6
Frequently	0	0	0	1	1
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

**Table 4.1.d Concerns from Police- SOMA**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY	ARREST
Never	0	0	2	0	0
Rarely	6	4	2	3	1
Often	3	5	6	5	8
Frequently	1	1	0	2	1
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

*'Never' - No attempt; 'Rarely' -one attempt; 'Often' - 2-5 attempts and 'frequently' - more than five attempts in the last 6 month period.*

With regard to verbal abuse, sex workers overwhelmingly stated that they were subject to use of abusive language at public places or police stations after arrests. Verbal abuse at varying frequency from police is experienced by all the women interviewed at five NGOs. From different NGOs a good number said that at some point of time they had been exposed to sexual abuses by policemen. When asked of the nature of sexual harassment from police, they narrated of sexual abuses after arrests. Often their arrests are not accompanied by female police officers. They are put in police station cells mixed with men. Sexual abuse by the policemen is a common practice is in the form of coercive sex including oral sex and gang rape without payment.

Sheela (35) from SOMA narrated of an experience when four policemen used her throughout the night at the Kilimannoor police station two years back. When she complained before the Sub Inspector of the station next morning, he had no reaction other than cursing himself for having lost the opportunity. She says, "After increasingly knowing of HIV infection through peno-vaginal sex, the policemen now indulge towards forceful oral sex with us".

Paying regular sums between Rs 50-200 to policemen at the streets who are on patrol is a normal concern faced by sex workers in different towns in Kerala. Sex workers themselves find way out either through taking loans from money lenders or fellow beings and pays back through engaging in sex work.

In case of policemen demanding money from sex workers, almost everyone responded to have exposure of it except two from RCTC. After arrest, when sex workers resist payment demanded by the policemen they may have to stay in jail for more days or may be presented before the court with false charges. In the latter situation, they may be remanded and put in jail until they gets a bail or till the tenure ends if convicted by the court. It is also observed that in Kerala, all the female wings of the prisons are filled more with sex workers than inmates convicted of any other form<sup>39</sup>. Actually a share of the money incurred on release from sex worker also

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<sup>39</sup> Personal experience of the researcher at the Central Prison, Kannur & Trichur and District Prison, Calicut during 1998-2000, coordinating the HIV/AIDS Control project of KSACS, Govt. of Kerala. The project was implemented through an NGO named A.K. Sait Memorial Trust, Kozhikode and aimed towards improving the sexual health of prisoners in Kerala. Each



reaches the policemen. Arrest in the commonest phenomena observed among the sex workers interviewed from the study.

#### **4.3.b CONCERNS FROM LOCAL GUNDAS**

Local gundas either in individual or in organised form are another major concern for the sex workers. These local gundas are mostly criminals engaged in some form of anti social activities in the cities/town. They may also have relationship with the policemen. Sometimes policemen even direct the local gundas to harass the sex workers who do not resort to their wishes and wills.

The sex workers undergo physical and verbal abuse in different forms from these gundas. Further sexual abuse and demand for money has been another concern of routine faced from them. In certain places, these local gundas demarcate places of pick up points for the street sex workers. If the sex workers develop good rapport with these Local gundas as a survival mechanism, they may in return seek favour in different forms. Even some sex worker supports them in their anti-social activities like keeping their arms, drugs and brewing arrack in their homes. Sometimes the sex workers even have to support the Local gundas in their crimes like murder and theft etc.

Lally (35) from SOMA narrated of an incident when her fellow worker was trapped by a group of local gundas on charges of a murder that happened in the premises where she was gang raped few years back done by them. She says that *'in this work, survival is or not possible without a good rapport developed with them as a necessary prerequisite'*.

In all the case, the sex worker either surrenders before the local gundas as a matter of their survival or resist back if rendered support by someone like their lover or other sex workers.

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prison under the project had female wings coordinated by a Project Officer (Female) who also had to submit weekly reports of the project components that carried information on the no. of women reached/ of the total, STD Care provided, Network with the released woman with the local NGOs for follow up revealed the situation.

**Table 4.2.a Concerns from Local gundas- FIRM**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
Never	7	4	5	3
Rarely	2	4	5	5
Often	1	2	0	2
Frequently	0	0	0	0
Total	10	10	10	10

**Table 4.2.b Concerns from Local gundas- Vanitha Society**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
Never	6	4	4	4
Rarely	3	4	3	3
Often	1	2	3	3
Frequently	0	0	0	0
Total	10	10	10	10

**Table 4.2.c Concerns from Local gundas- Jeevana Samskriti and RCTC**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
Never	8	6	5	4
Rarely	2	4	4	5
Often	0	0	1	1
Frequently	0	0	0	0
Total	10	10	10	10

**Table 4.2.d Concerns from Local gundas- SOMA**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
Never	2	1	2	2
Rarely	4	5	4	3
Often	3	3	3	4
Frequently	1	1	1	1
Total	10	10	10	10

*'Never' - No attempt; 'Rarely' -one attempt; 'Often' - 2-5 attempts and 'frequently' - more than five attempts in the last 6 month period.*

The tables 4.2.a to d depicts that in different categories of NGOs, of the ten respondents each, more than half of the women (23 respondents) across all NGOs

have not been exposed to physical abuse from the local gundas as against the picture of harassment from Police. The maximum respondents who have less exposure of harassment from local goons were from Jeevana Samskriti/ RCTC and the least were from SOMA.

Sex workers undergo tremendous verbal abuse from local gundas. This is in the form of abusive usages in the streets among the general public. As the table shows except for SOMA, 40-60% of sex workers from other NGOs had stated that they have never been verbally abused by these local gundas. However an equal number had also responded that they had instances of verbal abused—except for these for SOMA where almost 50% complained of same above. About 20% had been abused except for these from Jeevana Samskriti/RCTC and except 10% from SOMA no other sex worker complained of frequent abuse. There is no respondent who have exposed to verbal abuse from local goons for more than five episodes in last six month period. The maximum respondent in this case was also from SOMA.

Sexual abuse from local goons is in the form of seeking free sex from them, asks for fresh and young girls to either use by them or present before someone, trap them if engaged in criminal activities with them is a matter of concern among sex workers. In all the women of sexual abuse, the sex workers themselves help them out or resort to the help of their live in partner who supports them.

Of the total respondents exposed to sexual abuses from local gundas, 50 % of the respondents from FIRM and Jeevana Samskriti/RCTC have been subjected to sexual abuses by local gundas as against 60% in Vanitha Society and 70% in SOMA. There is one women who dwell at street associated with SOMA has responded as more than five times of sexual abuse during the last six month period from local gundas.

Demanding money from a sex worker by local gundas is a routine affair in the streets. They sometimes even snatch money and threaten if resisted. Usually at a single attempt (atleast twice in a month) they have to give a sum between Rs 50-100. As in the woman with Policemen, these Local gundas also need to be made

happy by giving regular sums in certain cities like Trichur and Kozhikode<sup>40</sup>. The sex workers often surrender before them by giving regular payment whenever demanded or resist with the support of live in partners or fellow beings.

Of the total interviewed women across four categories that had experience of demanding money by the local gundas except one (from SOMA-also exposed to Physical, Verbal abuse and Sexual abuse 'frequently' from the Local gundas), none have more than five episode within last six month experience of money being demanded money by them. Across all the categories, 13 women have not been demanded money and the remaining had been at different frequencies.

#### **4. 3.c CONCERNS FROM AGENTS**

The agents in sex work circuit functions in the form of pimps who negotiate with the client, introduce to the sex worker. Some even could be found as the controller of the trade with a sex worker or a group of sex workers in the city. Even madams who engage in running beauty parlor or ice cream parlor are mind-boggling phenomena of sex racket operation the state<sup>41</sup>. It was observed that most sex workers in Kerala do not entertain agents, as their major part of the income gets shared with them.

The researcher noticed that the sex workers normally do not engage agents for their work. But still some feel that the bringing clients through the agents may help them not to stand at the pick up points at streets. The agents in the sex work circuit may

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<sup>40</sup> Personal Communication with Ms Nalini of SWFK-FIRM. She says that the regular practice of giving money to Police and Local gundas are reported more from Trichur and Kozhikode districts than much know in other districts in the state. However, she says that in certain districts the formation of sex workers organizations through the NGOs have drastically changed the situation. Even though NGOs have been well functioning in these districts too, the tradition of giving money to these two groups that is practiced since years is on decline though not completely.

<sup>41</sup> These form of sex rackets were recently in news when Mr. Kunhalikutty, the former Industries minister (Leader of Muslim League, a coalition partner in the Congress Government) in the A.K. Antony cabinet in Kerala was alleged of 'immoral' relationship with girls associated with this form. He was trying to rationalize that there exists no 'immoral' factor on such attempts. His resistance to quit the position on the allegation had provoked discourses and debates on the issue of sex and morality across the socio-political circles in the state. He was also of the stand that such allegations are baseless as far as immorality is concerned in it and was a purposeful assault by the left parties not only on him but also to the entire muslim community of the state. As the Ice cream Parlor woman popularly known was associated with the minister, had forced him to quit power in December 2004 also the result of grave accuse from the Court.

predominantly be an autorikshaw or taxi driver. Others may be a pan/cigarette seller, tea stall owner or a telephone booth operator. Working as an agent in the sex work circuit fetch additional income to all these people. Recently instances of sex rackets through beauty parlor and ice cream parlors have also been noticed run by females. As for the sex workers, the relationship with an agent is often based on the negotiation on the commission for introducing the clients. It often requires give and take and never ending sometimes. Therefore demanding money is a phenomena experienced by those who seek agents in their business.

**Table 4.3.a Concerns from Agents- FIRM**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
<b>No Agents</b>	9	8	8	8
<b>Rarely</b>	0	1	1	0
<b>Often</b>	1	1	1	2
<b>Frequently</b>	0	0	0	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

**Table 4.3.b Concerns from Agents- SOMA**

	PHYSICAL ABUSE	VERBAL ABUSE	SEXUAL ABUSE	DEMANDING MONEY
<b>No Agents</b>	9	9	9	7
<b>Rarely</b>	1	1	0	1
<b>Often</b>	0	0	1	2
<b>Frequently</b>	0	0	0	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

*'Never' - No attempt; 'Rarely' -one attempt; 'Often' - 2-5 attempts and 'frequently' - more than five attempts in the last 6 month period.*

Commissions based on percentages are understood between these individuals here. Husbands and live in partners functioning as agents to the sex worker has also been indicated to the researcher in Kozhikode. However it is worth reiterating that except for very few sex worker in FIRM and SOMA none of the others sex workers engaged any form of agents in their work.

Bindu (33) of FIRM narrated of the incident when the rate that was pre-determined between agent (who was an autorikshaw driver) and the client leaving her a small share. Also certain sex workers narrated instances when the police trapped some of them after the agents' arrest who thereafter reveal of their sex racket operation.

Only two from FIRM and three members from SOMA interviewed have been working with agents. As workers from Jeevana Samskriti/RCTC do not use agents, this did not apply to them. As tables reveal, most agents do not seem to indulge in any form of abuse or extortion of money. A few, about 10% of sex workers did complain of rare or frequent abuse. However 10-20% of sex workers in both NGO's did complain of regular demands of money.

### **4.3 NEEDS OF SEX WORKERS**

The beneficiaries involvement in the decision making process is now accepted as crucial to success of any programmes that are already envisaged for them. But the question is how often the government or Non Governmental Organisations (NGOs) take the effort to prioritise the benefits?<sup>42</sup>. Both government and NGOs frequently jump too quickly into projects that are not need based, which then reflect instead the interests and pre-occupations of the NGOs. NGOs are expected to have more flexibility and to be more in touch with the grassroots than governments. They are also supposed to be participatory because of their size and autonomy. Yet many NGOs working with sex workers reflect the needs and interests of their middle class staff rather than those of the sex workers themselves. There is a world of possibilities for relevant and need based interventions over and above Telephone booth and clinic for Sexually Transmitted Diseases (STDs).

Most NGOs work on sexual health issues at the backdrop of HIV/AIDS control programme among sex workers. Here the importance of need-based programmes are overlooked, while many health programmes are based on simple baseline surveys often predetermined on already drawn issues. Then they cover existing prejudices missing out some other real problems. Interventions focus overwhelmingly on HIV/AIDS neglecting other issues. Acknowledging the urgency fighting HIV/AIDS

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<sup>42</sup> Personal Communication; Joseph M.J; Executive Director, Participatory Learning and Action Network- Kerala (PLANET-Kerala). The organisation is a network of practitioners and institutions committed to participatory approaches in different development interventions including health sector in Kerala state. Recently the network submitted study report analysing public health care service utilization by people for Modernisation of Government Programme (MGP).

at different levels, we also believe that a broader understanding of the sex workers other problems and needs including other health needs will lead to a more effective and sensitive curb on the disease.

As of any individual, sex workers too have different needs. The section provides instances that often sex workers felt needs contradict with the needs created by outsiders. It is now been more widely recognized that the priorities poor people set for themselves do not necessarily match to the policy makers' priorities.

In this section, to understand the needs of sex workers, questions were asked about each ones needs-to name in order of priority. While the overall responses may be reflective of the group, individual prioritisation may be different. This has been supplemented by experiences of those other than sex workers but connected to sex trade. The information was elicited from the women five broad area of needs to understand whether the NGO had been able to support them. The needs were decided through pilot interactions with sex worker community, correlated then with experts in community mobilization of HIV/AIDS control programme and reviewing the literatures. The five broad areas are General health needs, Sexual/Reproductive health needs, Social/Rights needs, needs related to their profession and immediate economic needs. The purpose of the section was to analyse their different needs in relation to the responses of the NGOs catering the sex workers.

#### **4.3.a GENERAL HEALTH NEEDS**

For a sex worker, good health is crucial for work. Ill health can lead to loss of income, expenditure on treatment, loss of regular customers, indebtedness, and then further ill health because of over work and inadequate nourishment as they attempt to regain their previous financial position.

While eliciting responses on the different general health issues, the researcher deliberately attempted to present wide range of health concerns that confront sex worker through open ended questions.

Common ailments among the sex workers are due to their life condition that involves irregular homes, dwelling in streets, eating food from restaurants/hotels, smoking,

drinking alcohol, substance abuse and living in filthy places where infection is like water born diseases and mosquitos' thrive<sup>43</sup>. Sex workers health conditions have been weakened due to having suffered from the common ailments all their lives. Alcoholism in fact is an occupational hazard, as many clients demand that they drink together as part of encounters. Health problems are aggravated among the elderly sex workers who are likely to have low income and may therefore be weaker through malnourishment<sup>44</sup>.

While many ailments affect their physique, the work and life condition can take their toll on the women's mental health and their psychological problems and low self esteem may be expressed in acts of self mutilations such as scarring their body parts with blades, addiction to substances, alcohol and occasionally behaving violently<sup>45</sup>.

The table 4.4 represents the first priority of the five options mentioned by the respondents among the five NGOs undertaken for the study. Most sex workers resort to diverse form of health services including the Government and private clinic of allopathic to non-allopathic nature for their health problems. Sex workers who can afford it prefer to avail of or care from private practitioners<sup>46</sup>. Vanitha Society, Kozhikode run a medical clinic cum laboratory that are free or subsidized. These organisations give free medicines to the members and outsiders that are procured as part of the PSH project or samples received from the doctors. STD clinic with the support of doctors from Medical College, Kozhikode is held twice a month. Normally 15-20 people attend each time to these camps.

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<sup>43</sup> Personal Communication; Dr. Hashim , STD Care Consultant to PSH projects, General Hospital (Beach), Kozhikode. He says, on an average, he identifies and treats 3-5 STD women monthly through the Syndromic Management regime that too most are from the general population. Acknowledging the efforts of PSH projects, that the sex workers now are equipped with adequate knowledge and skills in preventing STDs and other infections, moreover their health seeking behaviour too has improved. Meanwhile he recollects five year down the line when atleast 20 women reached monthly to him that too at its last stage when alternative remedial practices (usually self medication) fails.

<sup>44</sup> Personal Communication; Ms. Sarada.P.K, Coordinator (Ernakulam) of SWFK-Kerala

<sup>45</sup> Personal Communication; Ms. Gowri Gopakumar, a reputed resource person and associated with FIRM as Project Manager in the KISS (Kovalam Intervention Project for Safe Sex) during 1998-2001. Currently Ms Gowri is a Psychiatric Social Worker at the Mental Health Hospital, Kuthiravattom, Kozhikode.

<sup>46</sup> Personal Communication; Ms Shafeena P.K, Project Manager, RCTC, Moovatupuzha.



**Table 4.4 General Health Problems**

Sl. No.	FIRST PRIORITY	NAME OF THE NGOS				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI /RCTC	SOMA	
1.	STDs	1	2	1	1	5
2.	Gastric problem	0	0	1	2	3
3.	Fever	3	3	5	1	12
4.	Cough	0	1	0	1	2
5.	Pelvic infection	0	0	0	1	1
6.	Wounds/cuts	0	0	0	1	1
7.	Asthma	1	0	0	1	2
8.	Diabetic	1	1	1	0	3
9.	Tuberculosis	1	0	0	0	1
10.	Dental ailments	1	1	0	0	2
11.	Body Pains	1	0	1	1	3
12.	Skin problems	1	1	1	1	4
13.	No needs	0	1	0	0	1
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

As the table reveals, the most frequent complaints is of fever- 30%, 12.5% STDs followed by skin problems 10%. Gastric problem, diabetic, body pain complaint by 7.5%, Cough, asthma and dental ailment by 5% and small 2.5% complaint of pelvic infections, wounds, T.B or no problem. Though fever complaint is more among the respondents from all the NGOs (30% in FIRM and Vanitha Society) except SOMA, it need to be noted that 50% of the sex workers from Jeevana Samskriti/RCTC said fever as their major health complaint.

Those who said of STDs as the problem recognize its symptoms as Genital Ulcer, Warts or cervical discharge that are taught through the PSH projects. Most provide the reason of reduced infections from STDs due to their regular condom usage. In FIRM, some sex workers said they either resort to self-medication through homemade remedies or ask chemist for the medicines that they know and often take for their health concerns. In SOMA, most respondents go to the General Hospital or W&C Hospital doctor whom they know through the PSH project. For two women these are unmet while resorted to the NGO to seek care for the ailment. This was with the STD case through the health camp.

On initial phases, SOMA project held General health camps with focus on STDs in the Project offices or drop in center wherein free medical checkup and medicines were distributed including of STDs. Sex workers were enthusiastic on those days and the turnover was so alarming that project team found unmanageable to control the rush on these days. Among them, STD women were identified, provided medicines on “syndromic management approach”, or referred to Public health laboratory for Venereal Diseases Research Laboratory (VDRL) tests. But since last two years, as of the KSACS direction towards integrating the projects health care component to General health Services, the funds have been cut short and the camps run solely to deal with STD women and the people with other ailments are referred to General health services to avail medicines (of course, free of cost). The frequency of the camps also got reduced (mostly once in a month) and sought to make advocacy with Skin and V.D Department of the Public Hospitals that have long queue and lack privacy particularly for sex workers who otherwise also are subjects of stigma and discrimination in public spaces<sup>47</sup>.

#### **4.3.b SEXUAL/REPRODUCTIVE HEALTH PROBLEMS**

Common sexual health problem among the sex workers are infections causing acute pain in the lower abdomen area. Infertility and miscarriages are a problem faced by many sex workers<sup>48</sup>. As many sex workers want children and look to them for security in old age, infertility and miscarriages are a high priority sexual health problem. Contraception is an important health issue for many sexually active women and more so for the sex workers. Two most common method of preventing pregnancies among the sex workers are sterilization and repeated abortions.<sup>49</sup>

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<sup>47</sup> Personal Communication; Prof. T.S.N. Pillai, an Academician and Development Consultant to State Management Agency (SMA) for KSACS. Mr. Pillai has been associated to a number of Pre and Post Project appraisals, Review and Evaluation studies and coordinated trainings for SMA of KSACS since its inception.

<sup>48</sup> Personal Communication; Mrs. Asha Ajiraj; a social worker and STD Counsellor at the Skin and Venereal Diseases Department of District Hospital, Kollam since last five years as part of the KSACS programme.

<sup>49</sup> Personal Communication; Mr. Vimal Ravi; (Regional Manager-Kerala) of the UNAIDS funded AIDS prevention project through the Hindustan Latex Family Planning Promotion Trust (HLFPPT). He has long association in the community based HIV/AIDS interventions in Tamil Nadu and Kerala state. He was Regional Coordinator to State Management Agency (SMA) for KSACS.

There are many problems associated with using condoms even though the sex workers consider it as an extremely important form of contraception. Use of condoms require cooperation from the clients and take up time negotiate, fit and use. Some clients are willing and will even bring their own condoms, but certain other are not interested and will get angry when the women ask for its use. Regular clients sometimes object if they had not used it before. The live-in partners who are sometimes lovers of the sex workers are more difficult to convince<sup>50</sup>.

However, these problems with condoms use are now easy to overcome in places where sex workers organisation have organised in Kerala and become confident enough and awareness of HIV/AIDS intervention programmes.

For example, in RCTC, Moovatupuzha it was estimated that 80% of the women are regularly using condoms with their one time customers. The other 20% use it irregularly. This achievement is attributed to the PSH project. There are several factors, however, that have helped the project to be such a success in area. The women are working independently. The area is relatively small, with 150-200 women practicing there. A strong advocacy and mainstreaming work with the police and local administration (Moovatupuzha municipality) have given a sense of confidence that empowers them, to negotiate condom use. The 20% who continue to have sex with one-off clients without condoms are those with special problems such as alcoholics or those in financial needs such as elderly women who will quietly take the risks in order to get more customers.

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<sup>50</sup> Personal Communications; Ms Shreela (Project Manager) and Ms. Hasina (Field Animator) of the b Vanitha Society, Kozhikode.

**Table 4.5**  
**Issues relating to sexual/reproductive health**

Si. No.	FIRST PRIORITY	NAME OF THE NGOs				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/RCTC	SOMA	
1.	Condoms use & refusal of sex	3	8	8	7	26
2.	Termination of pregnancy	1	0	0	1	2
3.	Choice of having children	1	0	1	0	2
4.	Decision on the delivery option	1	1	0	0	2
5.	Access to health care institution	1	0	0	0	1
6.	Access to information	3	0	1	2	6
10.	No specific needs	0	1	0	0	1
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

Table 4.5 give information elicited from the sex workers from different NGOs on their sexual /reproductive health problems on priority basis. Responses on the different sexual/ reproductive health problems faced by sex workers were stated as access to condoms-in terms of accessibility, availability and affordability and refusal of sex without it in any relationship other than husbands (65%), right to terminate pregnancy (5%), right to have choice of children and when to have children (5%), right to decide the option for delivery (5%), right to have access to reproductive and sexual health care particularly with regard to STDs (2.5%), and right to information (15.5%).

The three respondents from FIRM and two from SOMA office bearers said of the need towards access to information. The SWFK office bearers of the above response also said that the PSH project have hardly any space to integrate with the reproductive health component of women. Though as part of preventing the disease the project provides condoms that may also support them to prevent pregnancy. Most responded that the condoms provided through the project are of the brand 'Nirodh' (manufactured by Hindustan Latex Limited) which clients do not prefer as of

its conventional package and fragrance<sup>51</sup>. In such circumstances, they will have to fetch another costly brand by purchasing themselves from the medical shops or vendors as they insist on condom use.

FIRM members criticize PSH project saying that it does not provide any space to integrate reproductive health needs of women. Though as part of preventing the disease the project provides condoms that may also support them to prevent pregnancy. Most responded that the condom provided through the project is of the brand 'Nirodh' (manufactured by Hindustan Latex Limited) which clients do not prefer as of its conventional package and fragrance<sup>52</sup>. In such circumstances, they will have to fetch another costly brand by purchasing themselves from the medical shops or vendors as they insist on condom use.

In some cases NGOs support the sex workers suffering from any acute reproductive ill health problems on the basis of relationships that are out of the project focus. Of course, condom distribution is part of the project that is regularly delivered through the project. Others take up by themselves or helped by lovers or fellow sex workers. The hospitalization and medical expenses in these women put them in grave poverty for which sex work would be the only option left out when it's a case of single women run household.

#### **4. 4. c SOCIAL/RIGHTS NEEDS**

When the sex were asked of their different social/rights based needs, they responded that reduction in different forms of stigma and discrimination on them (22.5%), acceptance across different quarters of society (40%), support from the larger community (5.5%), care of the children including their education (22.5%), concerns over their old age (2.5%), need for proper housing (5.5%), issue of voters identity and ration cards (7.5%) and alternative livelihood options (5.5%).

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<sup>51</sup> Focus Group Discussion with Sex workers of FIRM.

<sup>52</sup> Ibid.51.

The table 4.6 provides information on various social needs of the sex workers interviewed through the NGOs in Kerala. The first priority across the different NGOs is depicted below.

Except from SOMA, 40% of respondents said acceptance from different quarters as their important social/rights based needs. To 40% of respondents from SOMA care for their children education seemed to be more important than the other aspects. This was so for members of Jeevana Samskriti/ RCTC.

**Table 4.6**  
**Social/Rights Needs**

SI. No.	FIRST PRIORITY	NAME OF THE NGOs				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	Reduction in stigma and discrimination	4	3	0	2	9
2.	Acceptance from different quarters	4	4	4	0	12
3.	Support of the community members	0	0	1	1	2
4.	Care for children Education	1	0	4	4	9
5.	Concerns over old age security	0	0	1	0	1
6.	Need for proper housing	1	0	0	1	2
7.	Increase income through IGP	0	0	0	2	2
8.	Access to ration cards	0	3	0	0	3
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

On the addressing source, the Peer Educator who finds the need for community support in her due priority said the NGO addresses it while for six case they themselves meet and for three women, it is all unmet. The response unmet came from two women who sought the need for income generation venture and one that needed shelter.

Respondents (seven from FIRM and six each from Vanitha Society and Jeevana Samskriti/RCTC) on the social/right-based needs say are also addressed by the

NGO or CBOs concerned, while for the others, these are either looked after by themselves or lie unmet. In the case of SOMA, the needs are predominantly taken care by themselves or are unmet.

#### **4.4.d NEEDS RELATED TO THE PROFESSION**

The government continues to uphold outdated laws. For example, the legal status of prostitutes and of prostitution is far from clear. The Prevention of Immoral Traffic Act (PITA), is mainly concerned with the induction of new persons into the trade and the circumstances leading to prostitution. It was clearly framed with only women in mind and the status of men in sex trade has yet to be clarified. The implementation of the Act has been poor for it has failed to prevent children ten years and even younger from being coerced into sex work. For an adult the profession, itself, is neither legal nor illegal. However, under Indian law, soliciting and promoting trade is illegal. This ambiguity has left the sex workers vulnerable to extortion and violence by pimps and police alike<sup>53</sup>. It is common for a sex worker to pay up to 80% or more of their intake to pimps, local power groups, and the police. The final cost is pushed down to the sex worker, often leaving them with so little that they cannot afford condoms. Many times they are coerced to have sex without condom or will opt to do so if the client is willing to pay more. The net result is that sex workers remain vulnerable and major vectors for transmission of STDs<sup>54</sup>. This issue on sex workers couples with extortion, sexual, physical and economic harassment. Table 4.7 provide information on the different needs of the sex workers related to their profession. The responses were diverse ranging from Repeal of PITA (37.5%), Accessing legal services (35%), and mutual support of other sex workers, demarcation of pick up points, advocacy with different agencies and no specific needs.

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<sup>53</sup> Personal Communication; Adv. Preetha, a lawyer interested in human rights violation concerns. She is also associated with 'Anweshi' -a Feminist organisation led by Ms Ajitha, a naxalite turned activist on women issues in the state. This statement was delivered in connection with the National Campaign for Sexuality Rights (organised by FIRM and SWARA) on 28.02.2005 held at Hotel Nalanda Hall, Kozhikode.

<sup>54</sup> Personal Communication; Adv. Tito Thomas, a human right activist and Chairman of Sex Workers Association for Rights and Action (SWARA). Adv. Tito is the Director of Center for Social Research and Development (CSR), Kozhikode- the parent organisation of the Vanitha Society and the person behind organizing sex workers right based movements in North Kerala.

**Table 4.7  
Needs related to the Profession**

Sl. No.	FIRST PRIORITY	NAME OF THE NGOs				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	Repeal of PITA and related laws	4	2	1	8	15
2.	Accessing Legal Services	2	7	4	1	14
3.	Mutual support of other sexworkers	0	0	4	1	5
4.	Demarcation of Pick up points	4	0	0	0	4
5.	Advocacy with different agencies	0	1	0	0	1
6.	No specific profession needs	0	0	1	0	1
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

The responses were scattered. To FIRM members repeal of PITA and demarcation of pick up points seemed to be an important professional issue and accessing legal services was mentioned as important by members of Vanitha Society. Vanitha Society members feel problems in accessing legal services where they have to give lumpsum amount to the lawyers when arrested by and the police and required to bail out. Most members have fell debt to different people since a large chunk of their money spills out on it. To Jeevana Samskriiti/RCTC, most members stated accessing legal services and mutual support to other sex workers as important to them. While to members of SOMA, repeal of PITA was an important professional concern. This is partly because the members of SOMA predominantly resort to street based soliciting and are harassed by police where are arrested and put in jail. This major professional concern required to change in most members.

#### **4.4.e ECONOMIC PRIORITIES**

For most of the sex workers with limited or no options, joining sex work is a matter of running their livelihood. Many sex worker state that the factor that compelled them to join the sex work is either to support themselves, family members including their children. A high number cite the reasons like economic difficulties, family violence, orphaned, cheated/misled, came with the lover, widowed, divorced/deserted, brought



by friend /relatives, etc. Same sex workers had joined the sex work after leaving or being abandoned by violent careless husbands-who would beat them and sexually abuse them or by parents in laws.

**Table 4.8  
Economic Priorities**

SI. No.	FIRST PRIORITY	NAME OF THE NGOs				TOTAL
		FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA	
1.	Education of children	2	1	1	3	7
2.	Household expenses	4	6	2	3	15
3.	Dressing and make ups	0	1	0	0	1
4.	Drinking/drugs/ smoking etc.	0	0	0	1	1
5.	Repayment of debts	2	0	1	0	3
6.	Expenses on health care	0	0	1	2	3
7.	Household assets purchase	0	1	0	0	1
8.	Money for savings	2	0	3	1	6
9.	Alternate income source	0	1	2	0	3
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>40</b>

The amount of money sex worker charges from client depends on her desirability, current health status, the area she works in and amount of risk she is prepared to take. The economic needs of the sex workers, ranged to the following responses- education of the children, Household expenditure, dressing/makeup, drinking/smoking/ drugs, traveling, commission to pimps, interests to pimps, interest to money lenders, repayment of debts, health care expenses, dowry/marriage expenses for the girl child, purchase of household assets, commission to Police, Food from outside, and starting alternate income source .

Tables 4.8 provide information on the economic priorities of these sex workers. Different responses were responses-education of the children (17.5%), Household expenditure (37.5%), dressing/makeup, drinking/smoking/ drugs (2.5%), repayment

of debts (5%), health care expenses (5%), dowry/marriage expenses for the girl child, purchase of household assets (2.5%), and starting alternate income source (2.5%). At SOMA, Of the two, who expressed health care as major economic need suffers from Asthma and was recently put up in hospital when she had spent around Rs 1500/- for treatment. These need are all met by sex workers themselves and an unmet case said of children education still unmet.

#### **4.4 SUMMARY**

Sex workers interviewed from all the NGOs have been subject from different forms of abuses and demands money by police, local gundas and agents. The concerns faced by the sex workers by three sections namely the policemen, local gundas and the agents were elicited under the following variables as physical abuse, verbal abuse, sexual abuse, demand of money and arrest (in the woman of policemen). The responses on;

Physical abuses were in the form of beating, kicking and hitting with arms and heavy materials (including lathis by Policemen) and even pulling hairs and breasts. For verbal abuse, sex workers overwhelmingly stated as the form of either use of abusive language at public places or police stations after arrests (by policemen). Sexual abuse by the policemen is a common practice in the form of coercive sex including oral sex and gang rape without payment. The same by local gundas is in the form of seeking free sex from sex workers, asks for fresh and young girls to either use by them or present before someone, trap them if engaged in criminal activities with them. Demand of money is a practice by all the three categories when sex workers resist paying particularly demanded by the Police may have to stay for more days or presented before the court with certain cooked up women. For local gundas, it's a kind of regular contribution to guard their profession working. For agents, it is the commission or share towards introducing a customer. While the variable arrest meant of the policemen arresting the sex workers on account of PITA or any other legal provisions.

The frequency was elicited from the respondents to recollect the number of abuses, demanding money and arrest (from police) faced during the last six-month period. The frequency was categorized as Never, Rarely, Often and Frequently. Never

denote to no attempt in the last six-month period. 'Rarely' denote to one attempt during the last six-month. Often relate to 2-5 attempts and frequently related to more than five attempts in the period.

The information provided by the respondent revealed that the least physical abuse experience is from the agents and the maximum is from police. Police have also been a major source of verbal abuse as compared to local gundas or agents. Next to the police, verbal abuse is more from local gundas. Experience of different form of sexual abuse on sex workers from police and local gundas are almost the same. From the 10 women interviewed from FIRM, all the members have exposed to some form of sexual abuse from local gundas.

Women stated that police and local gundas regularly demand money from them. The agents also in spite of their commission are seen to demand extra money from these women. Everyone interviewed at Vanitha Society has had the experience of demand of money by police and local gundas unlike other NGOs. The study, revealed that, most sex workers do not get subjected to agents for their deal. Thus a clear picture of these categories demanding money could not be inferred. But interview with those working through agents revealed of many conflicts on commissions.

Arrests by the police have been a major issue for all the sex workers interviewed. Sex workers after their arrest are charged and presented before the court on charges other than PITA. These threaten their source of livelihood. In most women, arrests lead to sexual abuse and demand for money as well. All these and demand for money have made the life of a sex worker more pitiful. On the concerns from local gundas too, the responses with comparatively less responses in all forms (viz. physical and verbal abuse, sexual abuse and demanding money) was from Jeevana Samskriti/RCTC. Sex workers face most concerns and issues from local gundas are from SOMA. Across all the NGOs, only a small number of sex workers (from SOMA and FIRM only) resorts to the agents. In doing so, the same respondents from both the NGOs almost equally face different forms of concerns from them. However the sex workers are subjects of demanding money is found most prominent from them.

In the data on different needs extrapolated as problems, it is inferred from the data that nearly 40% of the total respondents from the NGOs said 'fever', when questioned about general health problems. A wide range of other health related problems were also stated due to their environment, profession, low economic status and their vulnerability to abuse. Many of them were on enquiry about the support resorted to when the sex workers fall ill, most respondents from Vanitha Society and Jeevana Samskriti/RCTC said that they seek the support of the NGO or CBO's concerned. They attend to the regularly held STD care camps, where ailments other than STDs are also catered to.

Across all the respondents from the NGOs, access to condoms and refusal of sex without it in sexual relationships with the client is said to be the major sexual/reproductive problem of the sex workers. 40% of the women said they had a need of terminating pregnancy (mostly from the unknown father or live in partners). Women also wanted autonomy in the choice of having children and on decision on the option for delivery. Access to health care institution and services, and access to information particularly on diseases like STD/HIV/AIDS was another need. In addressing these needs, respondents from Vanitha Society and Jeevana Samskriti/RCTC go to NGO or the CBO's in most cases while sex workers from FIRM and SOMA addresses it by themselves or through support of their family members, live in partners or other sex workers. The difference may be due to the trust build among the members of Vanitha Society and Jeevana Samskriti/RCTC towards advocacy with doctors of public health hospitals giving consideration to the sex workers referred to them.

While prioritizing the social needs, majority of the sex workers, spoke of the need for acceptance from different quarters of society. The next priority for them was for proper care of their children and reduction in stigma and discriminations. Respondents (seven from FIRM and six each from Vanitha Society and Jeevana Samskriti/RCTC) said these needs were being addressed by the NGO or CBOs concerned. The others stated that, these needs are either looked after by them or lie unmet. The latter respondents from Jeevana Samskriti/RCTC were the ones who were not associated with the alternative income generation activities run by it. And from Vanitha Society, the above respondents were those who either was not

associated with the NGO (belonging to a dissent group) or the one not engaged with the alternative income generation programmes. In the case of SOMA the needs are predominantly taken care by them or are unmet, as the organisation does not hold health check up camps as in the early years.

Repealing PITA and other laws that harass sex workers and provision of legal services was stated the major need of sex workers as related to their profession. Among the same, repeal of PITA was a higher priority for those from SOMA while provision of legal services was more from Vanitha Society. From FIRM, repeal of PITA and demarcation of pick up points were said to be equally important. However the respondents from FIRM, Vanitha Society and Jeevana Samskriti/RCTC added that the NGOs and CBOs address most of these issues. SOMA however stated that it is they themselves who have to handle the problems. The difference is mainly due to the activities each NGO adhere to and its members trust their NGOs in helping them out of these problems. FIRM lobby for repeal of PITA and reduce police harassment through demanding through political mobilisation, Vanitha Society engage to render legal support and emotional support at the time of arrest while Jeevana Samskriti/RCTC engage in mainstreaming the sex workers through negotiations with the police. SOMA lags behind in all the above initiatives.

Majority of the sex workers considered meeting household expenses (37.5%), as their economic priority. Of these the majority were from Vanitha Society (60%) followed by FIRM (40%), SOMA (30%) and Jeevana Samskriti/RCTC (20%). Children Education was expressed as the second priority and more from SOMA members (30%). Majority respondents across all the NGOs stated that they themselves address these needs while members from Jeevana Samskriti/RCTC said the problems and needs addressed through their CBOs.

Having learnt different concerns and needs of the sex workers, in the next chapter we would discuss more on the role of the organizations in meeting the needs and changing the lives of these women by examining role of the organizations, changes in relation to personal, professional, health care aspects and in terms of reducing the incidence of STDs among these women. Further we would also compile the different needs catered by each organization for the women sex workers.

**CHAPTER FIVE**  
**ROLE OF ORGANISATIONS IN CHANGING LIVES OF**  
**WOMEN SEX WORKERS**

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## 5.1 INTRODUCTION

In Kerala state, the practical needs of the sex workers are gradually being brought into focus, although the spotlight is still on sexual health as HIV related funds pour into the control of HIV/AIDS. It is to be hoped that this new interest in the sex trade can be harnessed to tackle wider vulnerability issues impinging on relationships between sex workers and the sex trade organizers like, the pimps and clients, lovers and between sex worker and society in general. The new focus on the sex workers is helping to promote group formation among themselves is a means of minimizing vulnerabilities, an objective which is fundamental to any far reaching change in the interest in the sex workers in particular, and of women in general. Already, concerns over the spread of HIV/AIDS have given the sex workers a new bargaining power. Several leaders across the state have sprung up from the sex work who are articulating their demands, taking independent initiatives and refusing to be silenced. There are a growing number of women who are holding their heads high and demanding rights for women in their profession without hesitation and shame as before.

Through the Partnership in Sexual Health (PSH) projects, groups of sex workers in each project are trained towards peer educators entrusted then to distribute condoms and teach other sex workers on the domain of HIV/AIDS concerns. Health Camps through STD clinics, Counselling, Referral, free medicine distributions are also available to sex workers through this project. Sex workers are provided information through the trainings on STDs/HIV and are then encouraged to persuade clients towards condom usage. The incidence of STDs has fallen in the entire project where PSH projects are working and HIV prevalence rates are low in Kerala<sup>55</sup>.

The project has become a major source of employment for sex workers, and a group of young development professional/Para-professionals in the state. In terms of the emoluments earned by the development workers, social workers are attracted into the projects. It has given a new face for the professional development practice in Kerala state. For a large number of Sex Workers, the alternative and supplementary work as Peer Educators in the projects have given recognition in different quarters

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<sup>55</sup> Personal Communication; Dr. Rajan Kobragade IAS, Project Director of KSACS, Govt. of Kerala

and have made a significant importance on the lives of these sex workers. The Peer Educators themselves have gained confidence, financial security and education and a lot of exposure through the work with the PSH projects. For example the literacy classes through the Community based Organisations (CBOs) reveal of the grave need of literacy<sup>56</sup>.

Most PSH projects run NGOs have organised CBOs where they engage in income generation programmes (IGPs) in terms of offering alternative regular employment, enable sex workers to develop to more dignified subjects. The project also deals now with wider social/development objectives like, Organisation of CBOs, promoting thrift and credit programmes, engage in income generation ventures, mutual support activities at crisis, advocacy with government programmes, supporting children of sex workers, skill development activities, social marketing of condoms at subsidized rates. These organisations are taking up need based social and legal issues<sup>57</sup>. These projects also network with other agencies to create an enabling environment towards tackling the sexual health and related issues. The projects also linking up with Government welfare schemes<sup>58</sup>

This section narrates the approaches and initiatives of certain non-governmental organisations that have been engaged with sex workers at the backdrop of HIV/AIDS interventions in the state. Broadly in the study, two forms of organisations, exists which works of, for and with the sex workers. One named FIRM, was one of the initial organisations in Kerala that took up HIV/AIDS interventions with financial aid from KSACS with sex workers. FIRM stopped engaging in KSACS project on certain ideological differences and has sprung up around rights based concerns that currently render support and services beyond the HIV/AIDS paradigm to the sex workers in the state. The organisation have linked up with similar national and

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<sup>56</sup> Personal Communication; Mr. Abraham Mathew, Former Executive Director of State Management Agency of Mac Mott Donald. Currently Mr. Abraham is with National Programme Support Unit (PSU) of Mac Mott Donald for Dfid based in New Delhi.

<sup>57</sup> Personal Communication; Mr. Manilal, NGO Advisor to KSACS.

<sup>58</sup> Personal Communication; Mr. Satheesh Chandran, a National Consultant to NACP (Programme Implementation), Former President of Partners Forum, Kerala (a forum formed in the year 2000 among the PSH projects in Kerala) and Assistant Director to SOMA, Thiruvananthapuram.



international platforms and formed initiatives on specific issues and concerns, lobbying for sex worker rights.

The others are the HIV/AIDS support project supported through non-governmental organisations that are involved in developmental/welfare approaches. Because of certain dissimilarities in their approaches and strategies with the sex workers four of such organisations are picked up for the study. These are Vanitha Society based in Kozhikode district, Jeevana Samskriti based in Kannur district, RCTC based in Moovatupuzha municipality of Ernakulam district and SOMA based in Trivandrum district. All these NGOs have at least five years of experience in working among the sex workers. The government provides health and at some level welfare interventions.

The description below provides details of role of the organisations in changing the lives of women sex workers organisations in terms of the its impact on the members associated with it.

## **5.2 ROLE OF SEX WORKERS ORGANISATION**

When asked to list the role for the sex workers organisation the responses had both single and multiple answers. This was an open-ended question wherein the office bearers members had to list the role of the organisations on priorities as they feel. In the multiple responses, the most common answers were identified and tabulated on the ascending order in each column.

In FIRM (as depicted in the table No. 5.1.a), of the multiple response columns, the commonest response was to articulate rights of sex workers before the state. There were six responses in the category. Those women who said of a) articulation of rights of sex workers, narrated of the different unmet needs and concerns (basically of marginalisation and discrimination on them and their children) that has put them in a deplorable life situation, always on the threats of abuses, exploitation and police arrests. Primarily they see for collective actions (primarily of agitate/action mode) challenging the state on the existing laws and practices that curb their decent living. Some women even rationalize sex work in terms of their contributions in society to

reduce incidence of rape and physical abuses, b) reduce stigma was meant as all forms stereotypic notion and behaviour from the general public on sex workers that labels them as less mortal and put in isolation from interactions of all kind. Sex workers feel that collective action through Sex Workers Forum-Kerala (SWFK) organisation may provide right information on their background and bring changes in the societal attitude, rendering a better space in the mainstream, c) fulfill different needs primarily talked of the provision of ration cards and voters identity cards as most do not have a house to show the permanent address, concerns over old age security and capacity to respond against all forms of exploitative situations with increased bargaining power, d) to some who said to reduce profession related concerns put forth the different forms of abuses, demand of money by local goons and arrests by police, e) One respondent narrated of the pathetic situation of sex workers who are streamlined from the society as of their stigma and discrimination across different quarters like general public, police, court, health care providers, media etc and urged the demand of de-marginalisation, could be possible only with an concerted and organised lobbying against the state, f) one response who said as the need to get acceptance from society related to same profession being accepted in West Bengal and lacks in Kerala. She said of the societies double standards in viewing sexuality in prostitution where the providers are seen as polluters while the seekers are empathised as 'emotional ventilators'.

**Table 5.1.a  
Role of Sex Workers Organizations-FIRM**

Sl. No.	ROLE OF SEX WORKERS ORGANISATIONS-FIRM	TOTAL
<b>Single Responses</b>		
1.	To build community solidarity	1
2.	Integrate right based and development based initiatives for sex workers	1
3.	Articulate rights of the sex workers before the state	1
<b>Multiple Responses (in ascending order)</b>		
4.	Articulate sex workers rights before the state, reduce stigma on sex workers, fulfill different needs, reduce profession related concerns, de-marginalise in the society, acceptance from society.	6
5.	Reduce stigma on the sex workers, inculcate confidence, start joint initiatives	1
<b>TOTAL</b>		<b>10</b>

Majority of office bearers and the members from FIRM said the pivotal role of the organisation is to articulate their rights before the state. As depicted in the table No. 5.1.a the row on second multiple response category, one respondent along with reduction of stigma on sex workers also mentions association with organisations inculcates confidence in sex workers. Being from poor socio-economic background, sex workers mental upbringings are often reinforced with inhibitions, inferiority complex, fear and pessimism. She feels that the collectivity will bring in a sense of confidence and could further also be harnessed in engaging joint ventures as a security for their future. The women who said to show the community solidarity through the organisations view it in addressing their common concerns and issues. The SWFK member from Ernakulam said the role of FIRMs approach should be to integrate both fighting for rights and development oriented initiatives. Such a blend may attract more sex workers to join the organisation. The development oriented initiative means to her as the formation of CBOs, promoting savings and credit and joint income generation ventures.

**Table 5.1.b**  
**Role of Sex Workers Organisations- Vanitha Society**

SI. No.	ROLE OF SEX WORKERS ORGANISATIONS-VANITHA SOCEITY	TOTAL
<b>Single Response</b>		
1	De-marginalise sex workers in the society	1
<b>Multiple Responses (in ascending order)</b>		
2	For Social cohesion-mutual support, provide right information, build advocacy with different agencies and people, ownership of the project components, reduce profession related concerns, control diseases, articulate rights before the state, fulfill different demands	5
3	Control diseases in the sex workers, ownership of the project components.	2
4	Control diseases in the sex workers, initiate alternate income generation ventures, build community solidarity	1
5	Fulfil different needs of the sex workers, bring acceptance in the society	1
<b>TOTAL</b>		<b>10</b>

Majority of sex workers (both the office bearers and members) in Vanitha Society (table 5.1.b) said the role of the sex workers organisation is towards building social cohesion and mutual support among sex workers. The organisation provides them a forum of mutual exchange of grief and happiness than the early days isolation and

emotional breakdown with no one to hear to their problems. Some view the organisation is needed towards curbing the incidence of diseases like STDs that can lead to HIV/AIDS among sex workers and also through a series of process, they themselves own up the project components. To a respondent, the organisation is significant in fulfilling different needs of the sex workers like, health needs, financial needs and certain needs related to their profession. One said “the activities through organisation like Vanitha Society works to de-marginalise the sex workers into the society with which most of us are suffering. The scale of eve teasing and abuses on us are so rampant. Even the state does not want to acknowledge our existence in the society. Most arrest and assaults are part of the wipe out drive on us ”.

**Table 5.1.c Role of Sex Workers Organisations-Jeevana Samskriti/RCTC**

Sl. No.	ROLE OF SEX WORKERS ORGANISATIONS-JEEVANA SAMSKRITI/RCTC	TOTAL
<b>Single Responses</b>		
1.	To de-marginalise sex workers	1
2.	To initiate joint income generation ventures	2
<b>Multiple Responses (in ascending order)</b>		
4.	Control diseases among sex workers, fulfill different needs, negotiate with the client, bring about an attitudinal change, acceptance from different quarters	4
5.	Engage in advocacy with different agencies and people for development activities, ownership of the project components	4
<b>TOTAL</b>		<b>10</b>

With regard to the role of sex workers organisations among the office bearers from Jeevana Samskriti was to control the diseases particularly the STDs while for RCTC (both office bearers and members), it was to engage in mainstreaming activities which they says is through advocacy with different agencies and people. The office bearers at Jeevana Samskriti clarified that though the focus of their organisation is on improving the sexual health of the sex workers, the organisation also aims towards enhancing the livelihood conditions through accessing welfare/development programmes from multiple agencies. The organisation engage in a range of capacity building programmes for its members like, skill training to negotiate with the clients for condom use, changing the attitudes to build self esteem, shed inhibitions through engaging active participation of all the members in the meetings of the organisation, Project Steering Committee, general public gatherings etc. held at various platforms.

Members are entrusted to organise, address the meeting and contribute at these gatherings.

The most important achievement of RCTC is its advocacy role entrusted to sex workers themselves of RCTC. This strategy is envisaged in the Project Proposal too of RCTC. Sex workers themselves have taken up advocacy and networking with officials/ people representatives of Moovatupuzha Municipality, Hospitals, Prison, business centers so as to associate their CBO in the subsidiary income generation ventures. One office bearer and a member from RCTC said of their role in the organisation to own up the PSH project component by their CBO. For which they have worked out advocacy with the doctors of Skin and V.D Dept. in the Moovatupuzha Taluk hospital. The NGO refers the new and follow up STD cases to these doctors for effective treatment. The ownership of condom programming component of the project is done through social marketing strategy wherein the profit made is invested in the procurement and then sale of the condoms. Peer Educators will be managed by the RCTC through involving them in different income generation ventures. The CBO, Swarooma of RCTC has managed to mobilise loans for their organisation to run certain income generation activities from the banks through linking up with the Kudumbasree programme (the poverty alleviation mission of Govt. of Kerala). The members have learnt financial management skills through account and book keeping since the formation of the CBO. This is a very important aspect as lack of which may impede the organisational growth.

Both the office bearers interviewed at Jeevana Samskriti feel the CBOs of sex workers as a source of alternative income to its members. The President of Chola- the CBO of Jeevana Samskriti, Ms Suma expects that the finance generated through the CBO will help in organisation strengthening. The organisation pools out a minimum sum from the honorarium of Peer Educators to invest in the organisation. This sum is often utilized towards supporting the members in their crisis situation on humanitarian grounds. As such there has not been any viable income generation ventures launched and hardly made any network with financial institution to pool resources through the Chola of Jeevana Samskriti as against seen in RCTC.

**Table. No. 5.1.d**  
**Role of Sex Workers Organisations-SOMA**

Sl. No.	ROLE OF SEX WORKERS ORGANISATIONS-SOMA	TOTAL
<b>Single Responses</b>		
1.	Reduce professional related concerns	1
2.	Build social cohesion and mutual support	1
<b>Multiple Responses (in ascending order)</b>		
3.	Initiate income generation ventures among the sex workers, fulfill different needs, negotiate with the client, bring about attitudinal change	8
<b>TOTAL</b>		<b>10</b>

The office bearers of SOMA feel the role of the organisations as to reduce the professional level concerns that affect them while for its members it is to initiate income generation ventures. Even though the women of SOMA are aware and convinced of the need of CBOs, the NGO is yet to develop any CBO among them though it has more than eight years of intervention with sex workers. The NGO being in the Trivandrum city, it has access to information and resources and so do the sex workers are more aware on different aspects of HIV/AIDS issue compared to other district NGOs. The project concepts and strategy are clear to the respondent. It also seemed that there had been a series of capacity building sessions with most. This indicates that most often the role of sex workers organisation is outside driven mostly through NGO leaders driven programme as part of the project component. The individual level perception may not match with the organisational one. Most sex workers interviewed at SOMA feel that the CBO if formed among them can initiate income generation activities as a supplementary source as an old age security.

### **5.3 REASON FOR JOINING THE ORGANISATION**

The table 5.2.a shows the different reason for joining the organisation to the ten women at each NGOs. The questions were close ended and the women had to provide their options from either from the provided answers from the table.

Table 5.2

## Reason for Joining the Organisation

SI. No.	REASON FOR JOINING THE ORGANISATION	FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA (at Project level)
		Responses (n=10 in each variable)			
1.	Securing monetary benefit	1	1	3	2
2.	Save from Police arrest	9	6	5	6
3.	Accessing social welfare services	5	6	9	4
4.	Accessing health services	0	6	9	8
5.	Protecting the rights	9	2	7	0
6.	Changing the life conditions	4	3	5	9
7.	Convincing family members	0	2	5	4
8.	Reduce social isolation	5	7	9	6
9.	Increase security feelings	8	7	9	4
10.	Any others (not said above)	0	0	7	0

In FIRM, three major reasons were given for joining the organisation, that is, to save from Police arrest, protecting their rights or increased security feelings. In Vanitha Society, the responses were to reduce social isolation, increased security feeling, accessing health and social services through it.

A member from Vanitha Society whom the researcher met at her rented home in Bangladesh Colony, a mother of three children and deserted from her husband seven years before said,

*"My children have grown up and started going to school. I live and earn for them. Going to the street and doing sex work is certainly not acceptable in the mainstream society. Most people in Kozhikode town now recognize me; I often get customers from some of them. I have made good relationships with petty shop owners, telephone booth operators, autodrivars, and certain big shots that reach to either Mavoor road or Mufassil Bus stand to introduce me to customers. I feel to stop it but who will provide food (pointing to her belly) for*

*my family, if I do not earn of my own. I do not have even a single penny as savings and am Rs 12,000 under debt that I have taken from certain moneylenders, other sex workers. I have to work to pay them all back. My daughter is now 14 year old and I need to prepare to marry her off. My son is in a boarding school in Palakkad, I need money to visit him once in two month and provide money to meet his expenses. I do not know any other work except this though I realise this can ruin my children's future. Association with Vanitha Society gives me credibility to convince my children as I am working with the organisation and reduced going for sex work".*

The majority responses from Jeevana Samskriti and RCTC were to access social and health services and reduced social isolation and increased security feeling. While at SOMA, the sex workers said that they have joined the project to change the life conditions (which they meant build up some changes in life conditions through the drop-in center where they can take rest and interact with others than the one at street without any discipline). A major of them also said that to access health care services, they had joined SOMA.

#### **5.4 ROLE OF SEX WORKERS IN THE ORGANISATION**

The main objective of FIRM is to focus on stigmatized and marginalized groups so as to help them reintegrate into mainstream and facilitate collectiveness of weaker sections of society. The following section describes information gathered from the ten members associated with Sex Workers Forum Kerala that was formed by FIRM. Of this, three were the coordinators of SWFK based in Kozhikode, Ernakulam and Thiruvananthapuram respectively. While the seven were members associated with the organisation. All the ten said that the decision regarding formation of SWFK was resolved in a common meeting attended by sex workers and Mr. Maitreya led the movement. Two of their representatives are board members to FIRM who regularly attends the board meetings often held biannually. They often put forth proposals affecting the sex workers at the organisation meetings that are thoroughly discussed and resolutions are passed on a consensus. One of the board member who is the state coordinator of SFWK said that, most sex workers in the state though is not actively involved in the forum activities expresses solidarity to SWFK movement. This is because of their association with NGOs engaged in PSH projects of KSACS where they either function as Peer Educators or active beneficiaries to it. KSACS do not entertain association of the project beneficiaries (Female sex workers or MSMs)



in the SWFK activities as it is out of the programme objectives<sup>59</sup>. Most members interviewed for the study from FIRM are aware of the objectives and activities of the forum.

**Table 5.3.a**  
**Role of Sex workers in FIRM**

Sl. No.	ROLE OF SEXWORKERS IN FIRM	TOTAL
<b>Single Responses</b>		
1	No Specific role ascertained	2
2	Attend meetings	4
<b>Multiple Responses (in ascending order)</b>		
3	Coordination of activities, Convene meetings, represent sex workers at different platforms	1
4	Coordination of activities, Participate in meetings	1
5	Attend meetings, represent sex workers at different platforms	2
<b>TOTAL</b>		<b>10</b>

On their role in the organisation, three SWFK Coordinators and a member gave the multiple responses. The responses were a) Coordination of activities –which was narrated as for organising a agitation programme, the activity include the formation of a task force, holding regular meetings, delegating duties to each, communications, pooling resources and other related logistics. b) Convene meetings meant to chair the meeting and facilitate the discussions. The people also ensure that everyone's suggestions are considered and resolutions are made on mutual consensus. c) Represent sex workers at different platforms relate to attending certain programmes in the state or elsewhere as a representative of the SWFK. This also include of their representation in the FIRM's governing body. Ms Nalini Jameela (State Coordinator, SWFK) narrated of her experiences in attending camera operation workshop in Bangkok, attending international conference (eg. World Social Forum, Mumbai) or national conferences held in Mumbai and Kolkatta as representative of sex worker in Kerala, d) Attending meets are either active or passive attendance in the meetings or gatherings called by the organisation. Four members interviewed from the organisation have said of the same as their role. Two members interviewed from SWFK said that they have no specific role as yet delegated by anyone from the

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<sup>59</sup> Personal Communication; Mr. Manilal, NGO Advisor - KSACS, Govt. of Kerala.

organisation. These members are even not regular in attending the programme at the district levels.

Table 5.3.a depicts the different roles entrusted or engaged by the members associated with FIRM. The responses range from single response of either no specific role ascertained or attending the meetings when called upon to combination of different roles mostly engaged by the Coordinators of SWFK. It was observed that the role of the office bearers and members of FIRM, attending meeting organised by SWFK was the major role though for the coordinators are also involved in coordination and management of these meetings. In SWFK, other than the Coordinators (who earn a regular sum as honorarium from FIRM), no member is entrusted with specific duties. This indicates that there is no delegation of roles or duties to its members. Most of them do it as of their commitment to the cause the organisation and the objectives to which it stands for. There is no membership or attendance registers kept at the state office based in Thiruvananthapuram and all the information is communicated through the District Coordinators. Sex workers can join and participate in the trainings/Seminars and Conferences organised at the state or district levels, as and when they like. Therefore, in a way all the sex workers of Kerala state are its members. The researcher attended a series of Campaign on Sexuality Rights organised by FIRM in Thiruvananthapuram, Kozhikode and Ernakulam districts during the field work period wherein sex workers across the district attended.

In Vanitha Society (see Table 5.3.b), those who gave multiple responses (six women) seem to be actively involved with the organisations and are inclined to the President of Vanitha Society (who is said to be in power) and others (four women) were seemed indifferent in responding to the researcher. The researcher interviewed them either at their home or the lanes of the colony. These four members stay in the Shanti Nagar Colony slums (in the same premises where Vanitha Society functions) and said that they rarely go to the office these days due to the friction that exists between the board members. Even some board members do not attend the Vanitha Society meetings when called up.

**Table 5.3.b**  
**Role of Sex workers in Vanitha Society**

Sl. No.	ROLE OF SEXWORKERS IN VANITHA SOCEITY	TOTAL
<b>Single Responses</b>		
1	Do not know	1
2	No specific role ascertained	2
3	Participate in meetings	1
<b>Multiple Responses (in ascending order)</b>		
4	Meeting people and visiting institutions, Coordination of activities, Convening meetings, supporting members, crisis management.	1
5	Meeting people and visiting institutions, Information dissemination, crisis management.	2
6	Meeting people and visiting institutions, attending meetings/awareness classes	3
	<b>TOTAL</b>	<b>10</b>

Both the office bearers and members narrated their major roles in the organisation as to meet individuals (also Police / bank and officials) through visiting their offices. In Vanitha Society too, some members were not delegated any organisational responsibilities. The President narrated of her different coordination roles, convening meetings, supporting its members like for example, visiting them at the Police station when arrested and discussing the matter with the Inspector, seeking lawyers help in releasing them, financial support at crisis (sometimes), arranging education related supports for sex workers children or placing them in boarding schools etc. She also mentioned of her role in conflict resolution in the Vanitha society meetings and among its members and linking with people and institutions towards fulfilling the objectives and realise different organisation activities. While the five with multiple responses (of which one was the Vice President of Vanitha Society) were those who were either engaged with income generation ventures or take literacy classes for those illiterate women. The latter also engages awareness classes on certain occasion to her fellow sex workers. Majority of them said linkage with agencies and people, meant of their marketing role of the products made at the Vanitha Society. It includes both house-to-house visits and visits to vendors and shop owners in the outskirts of the district.

**Table 5.3.c**  
**Role of Sex Workers in Jeevana Samskriti/RCTC**

Sl. No	ROLE OF SEXWORKERS IN JEEVANA SAMSKRITI/RCTC	TOTAL
<b>Single Response</b>		
1	Participate in meetings	3
<b>Multiple Responses (in ascending order)</b>		
2	Convene meetings, Coordination of activities, linkages with agencies and people, crisis management.	1
3	Convene meetings, Coordination of activities, linkages with agencies and people, supporting members, represent sex workers at different platforms	1
4	Convene meetings, conflict resolution, marketing of products and involvement in the income generation activities	1
5	Convene meetings, linkages with agencies and people, information dissemination	1
6	Involvement in income generation activities and represent sex workers at different platforms, Participate in meetings	1
7	Report writing, attend meetings	1
8	Participate in the meetings, report writings and involvement in the income generation activities	1
<b>TOTAL</b>		<b>10</b>

The Vice President has an additional role of conflict resolution among the members in the organisation. Of those who gave single response, one seem to be a passive member she said of the occasional visits to the organisation particularly if there is any health camp, meeting, or any other programme. To three of the women the role in the organisation was not delegated.

As depicted in the table, 5.1.c.in Jeevana Samskriti/RCTC, the roles other than convening meetings and building linkages with individuals and agencies primarily with the office bearers, the members are also entrusted with report writing, represent sex workers at different forums, engage in income generation activities and participate in the meetings. There is decentralization of roles in both the organisation. Some of them were engaged with the task of fulfilling project components (the PEs), while others looked after income generation activities, coordination of the CBOs and reporting.

**Table. No. 5.3.d**  
**Role of Sex workers in SOMA**

Sl. No	ROLE OF SEXWORKERS IN SOMA ( in PSH project level)	TOTAL
<b>Single Response</b>		
1	Linkages with agencies and people	1
2	Participate in meetings	5
3	No specific role	1
4	Do not know	2
<b>Multiple Responses (in ascending order)</b>		
5	Information dissemination, linkages with agencies and people	1
	<b>TOTAL</b>	<b>10</b>

Those who have undergone formal schooling entrusted in documenting organisational meeting, training sessions and develop information materials (viz. IEC). The advocacy of RCTC with local institutions including hospitals is well knit that often representatives from sex workers organisation (namely Swarooma), is invited to felicitate public meetings. RCTC members are engaged with house-to-house waste collection, laundry work of Taluk hospital of Moovattupuzha Municipality. Column 2 and 3 represents responses of two office bearers from Jeevana Samskriti while, column 4 and 5 represent the same of RCTC. Column 7 and two women of column 1 are from Jeevana Samskriti, column 6,8 and one respondent of column 1 are from RCTC.

In SOMA, with regard to the roles of women sex workers, most members gave single responses and said that they come to the NGO office (at DPI Junction near Jagathy (Thiruvananthapuram) when called and usually these is to participate in the meetings that are often held bimonthly either to fix targets or review the project activity. The office bearers who are also Peer Educators the role is to convene meetings, taking classes and reaching to link with people and agencies. Most members interviewed are not sure of their role that indicates that there is hardly any delegation of roles from office bearers to the members. The Peer Educators earn a sum between Rs 500-1200 based on their seniority of engagement with the project. The Project Steering Committee meetings (PSC) are hardly held in SOMA even though it is formed.

## **5.4 CHANGES IN THE LIVES OF SEX WORKERS AFTER JOINING THE ORGANISATION**

Three areas were covered to elicit the changes that have occurred in their lives after joining the sex workers have joined the organisations. The responses to the open-ended question were compiled on ascending order to develop the table depicted below. Personal aspects basically provided an opportunity for introspection into the women changes in the knowledge (on different modes of preventing the disease transmission (mainly STD/HIV/AIDS), organisation and management of their organisations etc.) skills (technical skills like accounting, book keeping and recording, decision making and negotiation skills, advocacy skills, conflict management, engaging in income generation ventures etc.) and inculcating positive attitude. Professional changes brought in their nature and form of work that primarily looked into the reduction (if any) in the issues and concerns faced by the sex workers. Medical care aspects focused in the changes in their health seeking practices and the behaviour of health care providers.

### **5.5.a CHANGES AT THE PERSONAL LEVEL**

As seen in Table No. 5.4.a, in FIRM, the commonest feedback of office bearers and members on change through the organisation was that it has helped in reduction of hesitation improving their communication and negotiation skills. Awareness on their rights and privileges has helped them to gain confidence to critically respond to different situations that have been impeding them. There has also been a change in attitude towards the profession of sex work to which they are engaged has gained self-esteem. Most women who did not have any discipline in the life and have been in un-protective sex with the clients have now started denying sex without protection, reduced intake of alcohol (at least with the clients) and substances. For those who have been in coordination role in the movement has gained acceptance not only from their fellows but also from others in the society. Nalini, a sex worker turned coordinator of SWFK narrated of her experience in attending a week long Workshop to learn Movie Camera Operation for Women. She was one of the trainees among a group who had come to learn and take up ventures of their own as Camera 'women'. Nalini could see surprises face of everyone including the facilitators on the first day of the workshop, when introduced herself as a sex worker. The so-called

'progressive' participants to the Workshop initially had hesitations in even touching her, sharing the room and other interactions. But convinced on the sex workers movement and its objectives for which she coordinates, everyone praised her for the strength and courage to lead such a movement. She was given the best trainee certificate at that Workshop.

**Table No. 5.4.a Changes in the Personal aspects-FIRM**

SI. No.	CHANGES IN THE PERSONAL ASPECTS-FIRM	TOTAL
<b>Single Response</b>		
1.	Increased Self esteem	3
<b>Multiple Responses (on ascending order)</b>		
2.	Reduced hesitation, critically respond at different situations, inculcated a self discipline, enhanced awareness, self esteem, changes in the attitude, responsibility with acceptance	7
	<b>TOTAL</b>	<b>10</b>

**Table No. 5.4.b  
Changes in the Personal aspects-Vanitha Society**

SI. No.	CHANGES IN THE PERSONAL ASPECTS-VANITHA SOCEITY	TOTAL
<b>Single Responses</b>		
1.	No much change	1
2.	Inculcated different skills-coordination, management, social and administrative capacity	2
<b>Multiple Response (on ascending order)</b>		
3.	Improved Self-esteem, changes in the attitude, enhanced knowledge, reduced number of sex encounters, inculcated different skills.	7
	<b>TOTAL</b>	<b>10</b>

Ms. Sarada, associated with SWFK said

*"my peer sex workers had played a major part in realizing my potential. As an introvert and illiterate, I had hardly faced an audience, delivered a talk, looked up an official with confidence. Initially I shivered and perspired to come out with my views. I required immense planning and thoughts to construct a sentence before I opened up in a meeting. Accompanied by a friend I went to attend a class delivered by Mr. Paulson Rapheal at Trichur. After listening to him, lot of my personal conflicts was answered on the way we sex workers were being viewed and treated in the society. This gave me opportunities to deliver my concerns and views at public forums through microphone (She smiled....). and said microphone..., that scared me once, now it get scared of my loud voice. I don't need a microphone to talk at public meetings now. My peers have been helpful and gave me intense courage and always said you can do and among us only you can do this".*

The office bearers at Vanitha Society interviewed from Vanitha Society, narrated of different forms of skills-coordination and management of the organisation and its different activities, social skills of analysing different problems, resolving difference of opinion, conflicts among the members. While to most of its members said as improvement in self-esteem as of their association with the NGO. They have built up confidence to respond against different exploitative situations that have been felt impeding. They have inculcated discipline in the life those who have been in un-protective sex with the clients has now started denying sex without it, reduced intake of alcohol (at least with the clients) and substances particularly when they are in sex work. The members who are active in sales of different products like phenol bottles, soaps and masala powders produced at the organisation has gained acceptance not only from their fellows but also from others in the society.

Ms Saumini, a sex worker from Bangladesh Colony, Kozhikode and worked as Peer Educator with Vanitha Society for a long time says,

*“merely telling sex workers to use condom cannot assume a change in their behaviour and own up of any sustained change when the many other livelihood related concerns are still on. Even though they get convinced of the health related hazards of sex without a condom, there might have immense number of immediate economic needs. Moreover, not want to lose a client (who may be a casual or regular visitor to her) and broader issues of male domination, stigma, and harassments become forefront of their concern. Unless these are addressed how can you assess effectiveness of the project. The high focus on condoms through PSH programme is very narrow and so the reason Vanitha Society got into the promotion of income generation activities as a beginning venture. May be the organisation will work out action methods that can challenge the existing attitude of society on us and secure basic minimum rights as a citizen. The initiatives have brought in significant improvement towards building self-esteem to most. Some members even think of totally stopping sex work and engage full time in promoting the products through it, but that will take time unless the organisation can maintain its staff of its own and a major contract is given to us”.*



Table No. 5.4.c

**Changes in the Personal aspects-Jeevana Samskriti /RCTC**

Sl. No.	CHANGES IN THE PERSONAL ASPECTS-JEEVANA SAMSKRITI /RCTC	TOTAL
<b>Multiple Response (on ascending order)</b>		
1.	Acceptance of being a sex worker, inculcated skills, reduced hesitation, reduced discrimination	6
2.	Inculcated skills, change in attitude, self esteem, self discipline	4
<b>TOTAL</b>		<b>10</b>

In Jeevana Samskriti/RCTC, both the office bearers and members feel that since their association with the NGO, they have accepted themselves of being a sex worker. While majority women from RCTC feel the association with Swarooma has rendered them with multiple skills- like, addressing public with confidence, report writing including accounts and book keeping, negotiation and denying sex without condoms, managing organisation matters etc. These all have enhanced self-esteem in them.

Ms. Vasantha from RCTC said that

*"my the engagement with Swarooma-the CBO has given a meaning in life that was thought hopeless filled with drudgery when worked in isolation without anyone's support. I have stopped taking alcohol and pan masala these days and am very much careful on interacting with people and engaging the work entrusted through the organisation. It is also a matter of keeping up our image in the society that can be harmful for the organisation too, for which we engage. I am careful of my dressing and health these days".*

The organisation members also act as a mutual check mechanism in regular condom use, health seeking behaviour, matured and responsible behaviour in the meetings and activities engaged by the CBO.

One from RCTC and all the five women from Jeevana Samskriti said that their association with the CBOs have rendered acceptance from different quarters from the society. Their family members including children, health care providers, police, media have all started giving respect and treat them with dignity. A documentary on the sex workers engagement of Swarooma (RCTC) in the laundry work of Taluk hospital, Moovatupuzha was telecasted in the documentary programme 'Aniyara' (meaning, Background) of the Soorya Television channel (Malayalam). The recent visit of World Health Organisation (WHO) team has recommended RCTC activities

through the CBOs of sex workers as a model intervention in the field of HIV/AIDS control programme.

**Table No. 5.4.d**  
**Changes in the Personal aspects-SOMA**

Sl. No.	CHANGES IN THE PERSONAL ASPECTS-SOMA	TOTAL
<b>Single Responses</b>		
1.	No much change	1
2.	Enhanced awareness	2
<b>Multiple Response (on ascending order)</b>		
3.	Enhanced awareness, inculcated skills (negotiation skills for condom use), reduced hesitation	7
<b>TOTAL</b>		<b>10</b>

As depicted in the Table No. 5.4.d, association with SOMA to office bearers and members has rendered them to enhance knowledge on the prevention of STDs/HIV/AIDS among the majority of women.

Ms. Sherly from SOMA said,

*“Through the last eight years of my exposure with SOMA, I have learnt a lot on the mainstream lifestyles that were unknown to me. I know that now my health is under my control and lose of which also depends on me. I try to educate my fellow beings whenever I find an opportunity on the HIV/AIDS epidemic and its consequences. Even there were instances when I had to literally enter into the bed rooms of other sex workers and convince the client to use condoms”.*

Some said that as this knowledge was coupled with skills to deny sex with clients without condoms. But as certain respondent said of their practice of taking alcohol and other substances, the regular condom use while at sexual encounter as said by them is doubtful.

#### **5.5.b CHANGES AT THE PROFESSIONAL ASPECTS**

In FIRM, the most common response from both office bearers and members on the professional related changes as depicted in the Table No. 5.5.a was that it has reduced the harassment from Police that was predominant before. Though it is a common impeding factor to most sex workers, police arrest and abuse is less frequently reported as compared to the earlier years. However there was another perception that due to certain alternative form of sex work operation like, increased

use of mobile phones to communicate and fix clients and shifts of operation to other towns than waiting at the pick up points in the streets are the reason for less harassment and abuse by police than the organisation influenced change. Also it was generally agreed that exploitation (mostly physical abuse) by the Police is drastically changed and credited to FIRM for it. Police, Client and local goons are aware of the organisations strength and treat the sex workers with dignity. Some lawyers and human right activists associated with FIRM have intervened in certain instances of abuse reported by sex workers. Because of this exposure of sex workers and increased responses, the stigma and discrimination on them particularly in their profession environment has reduced.

**Table No. 5.5.a  
Changes in the Professional aspects-FIRM**

Sl. No	CHANGES IN THE PROFESSIONAL ASPECTS-FIRM	TOTAL
<b>Single Responses</b>		
1.	Increased support of the community members	1
2.	Reduced exploitation	3
<b>Multiple Response (on ascending order)</b>		
3.	Reduced harassment from Police, reduced stigma and discrimination.	6
<b>TOTAL</b>		<b>10</b>

**Table 5.5.b  
Changes in the professional aspects - Vanitha Society**

Sl. No.	CHANGES IN THE PROFESSIONAL ASPECTS - VANITHA SOCIETY	TOTAL
<b>Single Response</b>		
1.	Reduced Police harassment	2
<b>Multiple Responses (on ascending order)</b>		
2.	Social security feeling through alternate employment ventures, Limited number of sex encounters, increase in the number of condom use	5
3.	Improved negotiation skills Regular condom use	2
4.	Reduced exploitation.	1
<b>TOTAL</b>		<b>10</b>

Ms Girija from Vembayam, Thiruvananthapuram said,

*“since the formation of SWFK, police think twice before arresting sex workers from the street. They also see to it that women police officers accompany them. Usually these are predetermined programme of mass arrest to fill up their monthly targets. As normally the women police officers do not travel in Police Jeep on patrolling but these days they accompany the policemen to the spot. Unlike earlier days now we have weapons of mass protests and agitation before the DGP’s Office if any information of harassment is reported to us. Moreover we now have a relationship with certain socially conscious people including media people who will work to scoop the reports in the dailies.”*

With regard to the changes in the professional aspects, the office bearers and members of the Vanitha Society, (as depicted in the Table No. 5.5.b) said since they are engaged in different forms of income generation ventures with Vanitha Society, they feel secured for the future. The members supplement it by saying that it had reduced the number of sex encounters and even if they go, it is with strict adherence to condom use. They deny sex without condoms with all their clients. Two members said that with their association, their negotiation skills have improved and so do go for regular condom use.

**Table No. 5.5.c**  
**Changes in the Professional aspects -Jeevana Samskriti/RCTC**

Sl. No.	CHANGES IN THE PROFESSIONAL ASPECTS - JEEVANA SAMSKRITI/RCTC	TOTAL
<b>Single Responses</b>		
1.	No much change	1
2.	Limited the number of sex encounter	1
3.	Reduced exploitation	1
<b>Multiple Responses (in ascending order)</b>		
4.	Social security feeling, reduction in stigma, reduced exploitation, regular condom use, improved negotiation skills, limited number of encounters	7
	<b>TOTAL</b>	<b>10</b>

To both office bearers and members from Jeevana Samskriti (office bearers only)/RCTC with regard to their profession related changes; their association with the CBOs has rendered them a social security feeling (expectation for the future-through forgoing present consumption, health promoting activities) unlike in the past. To majority members of Jeevana Samskriti feel that it has reduced the stigma and different forms of exploitations that had been encountered regularly from different

quarters of society, they have gained social skills that could be of use in their life. Regular condom use and reduced number of sexual encounters have put them in less risk of infections to STDs.

Ms. Shafeena P.K, the Project Manager of RCTC says,

*“initially a number of appropriate management techniques were adopted to keep up the morale of RCTC members. The outcome is the increased confidence among members- to visit, meet and talk to the individuals/officials without much hesitation and undertakes any ventures for the common cause of the organisation. But somehow, certain members still do not reinforce and gained acceptance of being a sex worker”.*

**Table No. 5.5.d**  
**Changes in the Profession-SOMA**

Sl. No.	CHANGES IN THE PROFESSION-SOMA	TOTAL
<b>Multiple Response (on ascending order)</b>		
1.	Regular condom use and increased negotiation skills	9
2.	Regular condom use, Peer pressure	1
	<b>TOTAL</b>	<b>10</b>

With regard to the changes brought out in the profession after associating with SOMA, both office bearers and members said that they practice regular condoms usage at any sexual encounters. They know the focus of the project and so articulate their response accordingly. Most sex workers associated with SOMA are the culprits of Police arrests and therefore have changed their operation to small towns where the police do not recognize or harm them.

Ms Lally, a respondent showed a small bit of paper in which around ten cases were written and the respective number and dates on which she was charged and had to attend court regularly. She says,

*“major part of my income from sex work goes on bailing out while on arrest”.*

#### **5.5.c CHANGES IN THE MEDICAL CARE ASPECTS**

With regard to the changes in the Medical care aspects (see table. No. 5.6.a), the office bearers and members in FIRM, give partial credit to the PSH projects for its effective advocacy with the Public hospitals and the health care providers. Certainly due to sex workers increased response (credit to FIRM), they are hardly exposed to any isolation or misbehaviour in the medical settings. To most women, the improved

relationship with health care providers, resort to increased health-seeking behaviour for all their ailments through the hospitals. Moreover, as an outcome (due to regular practice of condom use in sex encounters and increased health seeking behaviour), the incidence of STDs has come down.

**Table. No. 5.6.a**  
**Changes in the Medical Care aspects- FIRM**

SI. No.	CHANGES IN THE MEDICAL CARE ASPECTS- FIRM	TOTAL
<b>Single Response</b>		
1.	Increase in the response from health care providers	8
<b>Multiple Reponses (on ascending order)</b>		
2.	Improved response from health care providers, Increase health seeking behaviour, less STD occurrence	2
	<b>TOTAL</b>	<b>10</b>

**Table No. 5.6.b**  
**Changes in the Medical Care aspects - Vanitha Society**

SI. No.	CHANGES IN THE MEDICAL CARE ASPECTS - VANITHA SOCEITY	TOTAL
<b>Single Response</b>		
1.	Less isolation in hospitals	2
<b>Multiple Reponses (on ascending order)</b>		
2.	Regular check ups through the clinic, less isolation in hospitals, improved response from health care providers	8
	<b>TOTAL</b>	<b>10</b>

**Table No. 5.6.c**  
**Changes in the Medical Care aspects-Jeevana Samskriti /RCTC**

SI. No.	CHANGES IN THE MEDICAL CARE ASPECTS- JEEVANA SAMSKRITY /RCTC	TOTAL
<b>Single Response</b>		
1.	Lessen isolation in hospitals	2
<b>Multiple Responses (on ascending order)</b>		
2.	Increased health seeking behaviour, less STD occurrence, lessen isolation in hospitals	8
<b>TOTAL</b>		<b>10</b>

Thanks to a health clinic functioning along the office of Vanitha Society, most women (Table 5.6 b) that they undergo regular tests and check-up through it. Because of the advocacy efforts in the hospitals too, unlike early days, they are responded well by the health care providers and so do not feel isolation.

Similarly majority of the women (both office bearers and members) from Jeevana Samskriti/RCTC, expressed increased response from health care providers and decreased isolation in hospitals due to effective advocacy of the NGOs. Initially sex workers had hesitation to visit public hospitals due to their experience of misbehaviour of the different health care providers including nurses, long waiting in queues, eve teasing by the general public etc. The organisation have created forums of regular interactions through engaging doctors in taking health awareness classes, STD care camps, involved in the Project Steering Committee (a structure that involves elected peoples representatives, local influential people, bureaucrats, doctors other than sex workers), engaged in celebrations and so a good rapport is established. RCTC have now stopped organising STD camps with the project funds rather are referred to the hospitals.

**Table No. 5.6.d**  
**Changes in the Medical Care aspects-SOMA (at Project Level)**

SI. No.	CHANGES IN THE MEDICAL CARE ASPECTS-SOMA (at Project Level)	TOTAL
<b>Multiple Responses (on ascending order)</b>		
1.	Increased health-seeking behaviour, less STD occurrence.	10
<b>TOTAL</b>		<b>10</b>

For SOMA, all the women said that the major change in the medical care aspects since they have associated with the project is their increased health seeking practices. Initially STD Care focused health camps were organised by SOMA and everyone used attend it but since they are referred to the Public hospitals where exist no privacy and long waiting in queues, some said that they prefer to go private clinics for all their ailments.

#### **5.5.d CHANGES IN THE INCIDENCE OF STD's**

In FIRM, (as seen in the Table No. 5.7.a) all the women said that the organisations have played a major role towards reduction in STD cases. With regard to its reason, the most common reason (from both office bearers and members) was due to their increased negotiation skills to deny sex without condom in any form of sex encounters outside the marital tie. They give partial credit for their association with PSH projects run by KSACS for its increased advocacy efforts with the Public health hospitals (for integrating STD care component) and routine and intensive capacity building sessions to improve their negotiation skills. This has helped the sex workers in increased condom use and reduction of repeated STD infections. The response were combined and other factors as depicted in the table like, increased communication skills, pressure of community members (other sex workers), reduced number of encounters (for some it is due to their less demand in the market as getting aged and others due to their engagement as Coordinators of SWFK). It was generally agreed that in enhancing communication and negotiation skills and increased response to exploitative situation, FIRM's has played a major part and therefore declined reported cases of STD have declined.



**Table No. 5.7.a**  
**Reason for Changes in the Incidence of STD's-FIRM**

SI. No.	REASON FOR REDUCTION IN THE INCIDENCE OF STD's-FIRM	TOTAL
<b>Single Response</b>		
1.	No decrease in the incidence of STDs	2
<b>Multiple Reponses (on ascending order)</b>		
2.	Improved negotiation skills on refusal to condom use, Links with PSH projects, improved communication skills and response, reduction in repeated infections, pressure of community members, limited number of sex encounters, increased condom use, advocacy with Medical care aspects services.	8
<b>TOTAL</b>		<b>10</b>

Of the total response a minor chunk of respondents feels that the decline in the STD cases cannot be ascertained in general. STD cases are more prevalent among the unreachable populations who are at high risk (they give examples as certain house wives whose husbands are away as migrant workers, college going youngsters and home based sex workers) who are not exposed to adequate knowledge and skills to prevent STD/HIV/AIDS as the one associated with any organisations. It was noted that none of them narrated cases or issues of interacting with HIV carriers or Persons Living With HIV/AIDS (PLWHA) (though all the objectives of the NGOs state of care and support to HIV carriers and AIDS patients) during the fieldwork.

**Table No. 5.7.b**  
**Reasons for reduction in the incidence of STD's- Vanitha Society**

SI. No.	REASONS FOR REDUCTION IN THE INCIDENCE OF STD's-VANITHA SOCEITY	TOTAL
<b>Single Responses</b>		
1.	No decrease in the incidence of STDs	1
2.	Reduction in repeated infections	1
3.	Pressure of community members	1
<b>Multiple Responses (in ascending order)</b>		
4.	Pressure of the community members, Increased condom use, increased knowledge level, improved negotiation skills, increased health seeking behaviour, limited encounters.	7
<b>TOTAL</b>		<b>10</b>

When asked of the effect of the organisations on decline of STD cases in Vanitha Society, most said (both office bearers and members) that due to the increased pressure from other sex workers who got organised through the forum of the Vanitha Society, they had either limited sex encounters or if engage is with the condoms. Different capacity building programmes including awareness sessions at Vanitha Society have improved their negotiation skills with the clients for condom use and increased health seeking behaviour either through the regular health camps organised at the organisation as part of the PSH project or through public hospital (mostly General (Beach) hospital, Kozhikode).

**Table No. 5.7.c**

**Reasons for reduction in the incidence of STD's- Jeevana Samskriti /RCTC**

Sl. No.	REASON FOR REDUCTION IN THE INCIDENCE OF STD's- JEEVANA SAMSKRITI /RCTC	TOTAL
<b>Single Responses</b>		
1.	Not so as more than sex workers there are un-reached population and their clients.	2
2.	Increased health seeking behaviour	1
<b>Multiple Responses (in ascending order)</b>		
3.	Increased health seeking behaviour, Reduction in repeated infections, pressure of peers, links with Medical care aspects institutions, increased number of condom use, increased knowledge, improved negotiation skills.	7
	<b>TOTAL</b>	<b>10</b>

The women interviewed at Jeevana Samskriti/RCTC have said that the organisation with the STD/HIV/AIDS interventions have brought out manifold reduction of the diseases particularly related to sexually transmitted kinds that were predominant among the women sex workers. Both office bearers and members cited reasons as increased health seeking behaviour through accessing the STD care component that also worked either through mutual pressure from the community or through health awareness sessions. Almost everyone who mentioned the same as reason also access public hospitals had earlier been resort to diverse form of practices (including self-medication). The interventions have given them immense skills to negotiate on condom use with the clients. Now almost everyone deny sex without condoms with

their clients. Regular use of condoms by sex workers is checked through the 'condom tracking' strategy by the peer educators – Number of condoms distributed/used vis-à-vis the encounters among each cases. Two women who are members to the organisation talk of beyond the organisation activities said that the effect of the organisation cannot be ascertained as a major chunk of the population who engage in multi partner sex are unreached and not addressed through the NGO due to their nature of sex work as they resort to house or lodge based deals.

Ms. Zubaida (36) of Jeevana Samskriti who hail from Wayanad said,

*"sir, down the line five years back, I wouldn't have sat across you, look at your eyes and talk in the manner you see me today. My voice wouldn't come out if I happen to see a male. Somehow, I had developed a feeling that all male have come to eat me. There is only one need out for them from me. I did not know to bargain, whatever was placed at their mercy had to be taken. Boys had been using me for a meagre sum of Rs 2-10 who comes to visit Wayanad for this sole purpose. I was a cheap commodity (translation of the vernacular word-"charakku") for everyone. My development is immense after joining Jeevana Samskriti beyond the level that even I couldn't have imagined. My friends today place me as an ideal among them. They ask me to deliver classes, talk on behalf of them before the officials and doctors. I get aggressive when a case of exploitation is informed to me. In hospitals, doctors give me a place to sit before them which itself is a matter of recognition. "*

**Table No. 5.7.d**  
**Reasons for reduction in the incidence of STD's- SOMA (At Project Level)**

Sl. No.	REASON FOR REDUCTION IN THE INCIDENCE OF STD's- SOMA (at Project level)	TOTAL
<b>Single Response</b>		
1.	Regular condom usage	5
<b>Multiple Reponses (on ascending order)</b>		
2.	Regular condom use, increased health seeking behaviour, reduction in repeated infections, increased knowledge, improved negotiation skills, limited number of encounters	5
<b>TOTAL</b>		<b>10</b>

Both office bearers and members in SOMA believe that there has been a decline in the incidence of STDs among the sex workers and is due to their regular condom use. They give the credit to the intensive awareness on prevention and control of STDs provided through the PSH project in SOMA. This change towards regular condom use in any sexual encounters and increased health seeking behaviour has led to reduction in repeated infections related to sexually transmitted modes. Two

women said that because of their growing age and less demand in the sex market, they have reduced the number of encounters.

#### 5.4 NEEDS CATERED TO BY THE ORGANISATIONS

Final part of the interview, to cross check the responses, five categories of needs were asked that is catered by the organisations to which they associate with. These close-ended questions had sought answers of two scales either of 'Yes' or 'No'. These were to know if the organisations cater to the needs on a). General health, b). Sexual/Reproductive health needs, c). Social/Right based needs, d). Profession related needs and e). Economic priorities.

**Table. No. 5.8**  
**Needs catered by the organisations**

Sl. No	NEEDS CATERED BY THE ORGANISATIONS	FIRM	VANITHA SOCIETY	JEEVANA SAMSKRITI/ RCTC	SOMA (at Project level)
		Responses (n=10 in each variable)			
1.	General Medical care aspects Needs	0	9	8	1
2.	Sexual/Reproductive health needs	1	9	9	6
3.	Social/Right based needs	7	6	6	1
4.	Profession related needs	8	9	10	0
5.	Economic based needs	0	3	7	0

As depicted in the table no 5.8, both office bearers and members from FIRM said of the Social/Right based needs and needs related to the profession as the focus of the NGO. The social/right based needs to them meant to most as to 'live as a dignified individual with the privileges of a normal citizen that is devoid of any stigma and discrimination and accepting them and their profession as of any others'.

A Coordinator of SWFK said that

*'they should not be culprits of society's 'pseudo morality' or double standards of morality and legality that are used on to wipe them off from the place where they work and the organisation that hail to address these than seeing their issues in a simple and narrow form'.*

Criticizing the HIV/AIDS intervention, a member of SWFK said

*“any intervention with sex workers like PSH project may likely to fail if it lacks coordination on with other departments that impede the basic livelihood concerns of sex workers. Health Department implementing PSH project does not coordinate with the Police Department and so most Peer Educators who were associated with FIRM were arrested and brutally assaulted by the Policemen”.*

SWFK is trying to address these concerns and issues rather than implementing a project that sees sex workers in a discreet form to change their risky behaviours from the real world that put them in vulnerability.

In Vanitha Society, most women (both office bearers and members) said that the organisation caters to general health needs, Sexual/Reproductive needs and needs related to their profession. The effective advocacy with the Skin and V.D Department at the General Beach Hospital, Kozhikode has made referrals easy for most members. The clinic and the concurrent doctors' services help them to improve their health seeking practices. Distribution of Condoms and medicines are often procured from the project account.

Ms. Sarojini, the President of Vanitha Society said

*“we have improved relationships with local police stations in most places across the district through which sex workers when arrested are released on bail without much trouble. Some of our members are assigned to reach to the Police Stations whenever information of arrests of the sex workers is passed on them-render them food, tea and clothes. They render legal and social support to the arrested fellow beings and put effort to release them as early as possible”.*

Ms Shreela, the Project Manager of Vanitha Society said,

*“The social support to the members is such that no member of Vanitha Society should suffer from mental trauma caused as a result of arrests. The legal aid particularly the services of the lawyer and the sum to release on bail are often met from the organisational account if the sex worker does not have the capacity to pay on the spot”.*

Most office bearers and members interviewed from Jeevana Samskriti/RCTC, said that their organisation caters to profession related needs, then General health and Sexual/Reproductive health needs. An overwhelming majority of its members has also said that the organisation caters to their economic needs. To them profession

related needs meant of change in the attitude of society towards sex workers that is devoid of any stigma and discrimination. This is seen as a response of the increased involvement of RCTC in the subsidiary activities of the Municipality and hospitals. The organisation representatives have been increasingly invited to address public functions and felicitate some of those. People do not feel so much fuss in mingling with them and their voices are noted when they participate in the PSC meetings. PSC meeting is held at the Municipality Chairpersons cabin where elected people representatives, doctors, police and prison officials, and other representatives attend along with the sex workers.

Ms Shylaja, a sex worker says that

*“the media has played a crucial role in bring newspaper reports and telecasting documentaries that depicted the sex workers life conditions and the activity they associate with the municipality in the recent years”.*

With the increased relationship with Police persons, they hardly harm the sex workers and there is immense public support in the income generation activities they have taken up. Jeevana Samskriti and RCTC have made good relationship with the health care providers that now they seek care and treatment from hospitals with dignity and given due acceptance and so the general health and sexual/reproductive Medical care aspects are addressed by the organisation. Some sex workers said that they do not engage in sex deals in Moovatupuzha town instead go to Kothamangalam or Kootatukulam Towns, as they do not want to bring down the acceptance they have gained through the activities in collaboration with the Municipality. Almost every household member recognizes them because of their house-to-house waste collection venture. This is against the mission statement put by Mr. Abraham Mathew (the then Executive Director of SMA of KSACS)-‘reinforcing and acceptance of being a sex worker’. Mr. Manilal, the NGO Advisor of KSACS agreed this at the personal interview taken for the same research.

The savings and credit activities promoted by these organisations through the formation of CBOs that have helped them to avail loans have been of immense help. Usually the loans are to meet their daily household chores and fulfill immediate needs like education for their children, purchase of medicines if any family member falls ill, purchase of cattle/poultry, house maintenance (also include change of

thatched roof), paying house rents/ electricity/water bills, visit to children (in case the children do not stay with them), meet marriage or funeral expenses etc. The President of Swarooma-the CBO formed in RCTC said that 'the repayment rate of loans is also effective as most members are engaged in the alternative source of income generation programme through the Moovatupuzha Municipality which is contributed by the Peer Educators from their honorarium'.

Among the office bearers and members from SOMA, the responses were comparatively poor but most said their reproductive/sexual health needs were met by the organisation. A sex worker described an instance of finance support, rendered by project staff (on humanitarian grounds) at crisis situation. Otherwise hardly the organisation hardly caters to any of their personal needs. Those who felt that needs of the reproductive/sexual health was met predominantly said of the condoms provided as part of the project component too has brought social marketing (where they have to pay a minimum sum to access it) into focus. The project does not focus on STD camps since last one year and workers are referred to the hospitals where advocacy efforts have been inadequate.

## **5.7 SUMMARY**

The chapter dealt to understand the role of NGOs and the changing lives of women sex workers as perceived by them. With regard to the role of the organisation in changing the lives of the sex workers, both office bearers and members from FIRM said the role of sex workers organisation is to articulate their concerns before the society. This has to be coupled with creating an attitudinal change in perceptions of society towards sex workers. Office bearers and members of Vanitha Society, feel the role of the NGO is to build a social support system among the sex workers through cohesion and mutual support. A majority also said that the organisation acts as a peer pressure forum towards regular condom use and health seeking behaviour and therefore can control the incidence of sexually transmitted diseases among them. The latter was also the overwhelming response from the office bearers of Jeevana Samskriti. The office bearers and members from RCTC stated that it provided them immense opportunity towards collaboration and linking up with multiple organisations and individual that brought out attitudinal change (engaging in income generation activities lead to income security through imbibing saving habits that were lagging

earlier in them) and a sense of self esteem in most. To the office bearers from SOMA, the role of the organisation is to reduce profession related concerns like police arrests, different forms of abuses and exploitations, discrimination in the society etc.

With regard to the role of office bearers and members of FIRM, it was stated that it is confined to participation in meetings or mass gatherings. The members and office bearers associated with SOMA too. To most office bearers and members of Vanitha Society, the role is predominantly meeting people and visiting institutions for various reasons. The purpose may be to seek loans from banks to engage in income generation activities, marketing of products, visiting police stations to support the fellow sex workers on arrest, visiting lawyers for legal services like bail after arrest, information dissemination on the epidemic (as Peer Educators) and so on for better advocacy work. While at Jeevana Samskriti/RCTC, there is decentralization in entrusting the responsibilities, the members are involved in all the organisational/administrative matters including reporting and account and book keeping other than the advocacy work of meeting people and visiting agencies.

With regard to changes brought out through associating with the NGOs concerned; the personal changes among majority of office bearers and members at FIRM was of shedding hesitation in talking to people, present their views, negotiate and say 'no' to the circumstances that is against their will. The most important personal change is that they introduce themselves as a sex worker at every walk of life. This has developed radical boost to the members. For both office bearers interviewed at Vanitha Society, inculcating different social skills that has been so important for not only organisational growth but also at individual level has been a source of building self confidence. This is so because of their acceptance and respect gained from the families in the residential colonies while going for marketing the products of income generation ventures. To majority of members it has helped to enhance self-esteem.

For office bearers and majority of members in Jeevana Samskriti/RCTC, acceptance of being a sex worker is the major personal change that was lacking in most before joining the organisation. They have now shed hesitations and mingle with people and their learned different skills have given them a sense of worth. In RCTC the change



in their attitude engagement with alternative income generation activities that gives economic security and savings for their future has gained a sense of self-esteem. People have started recognizing and accepting them without discrimination. This created a wish to stay “respectable”.

At the SOMA project level, the office bearers and majority of members said that the project has provided them with adequate information on the epidemic and therefore the behaviour change towards non-risky sex behaviour was the pivotal change in most. The increased capacity building sessions through SOMA has given them a power to say ‘no’ and deny sex without condoms.

In the changes brought about in their profession due to the sex workers association with the organisation, among the office bearers and members associated with FIRM and SOMA, reduction of physical harassment by policemen and the unnecessary arrests has been the major change though it still prevalent on but meager scale as compared to the early years. The sex workers movement through FIRM and the media reports had been a major source towards reduction of stigma and discrimination on them that was predominant in the early years. One of the office bearers from SWFK said that the changes in the societal attitude have to be harnessed through mass gathering and media reports. For the office bearers of Vanitha Society, gaining awareness and different skills has been a major change. The members said that their engagement with income generation ventures has given them a sense of economic security and started thinking and foreseeing future prospects. This has also been a reason to reduce the number of their sexual encounters. The PSH project that focuses on behaviour change towards less risky sex has brought in behaviour of regular condom use and denying of sex without it.

At Jeevana Samskriti/RCTC, for both office bearers and members the increased engagement with alternative income generation ventures has rendered them a sense of social security feeling and reduction of stigma and discrimination from different quarters of society. The CBOs provide loans for its members that fulfill most of their household needs.

A majority of sex workers associated with SOMA said that the PSH project has played an important role in bringing about change by regular condom use in any circumstances. The meetings and trainings inculcated them towards negotiation skills with the clients. Sex workers in SOMA feel that there hasn't been a reduction of Police arrests and harassment (as compared to FIRM members response) in Trivandrum city and therefore most of its members resort shifting to alternative strategy for their sex deals (use of mobile phones, often change of place of operation, operating in small towns where policemen do not recognize them or house based engagements rather than standing in streets).

Regarding access to health care services, across all the members interviewed in the NGOs, majority of them responded that their attitude towards health seeking practice had been a major boost since they have associated with it. The advocacy efforts of NGOs like Vanitha Society and Jeevana Samskriti/RCTC with the health care providers is commendable that the STD care component is integrated into the public hospitals. Response of health care providers and their attitudinal change towards sex workers show certain prospects of integration of NACP programme into the general health services. But problems of privacy for diagnosis of STDs and confidentiality for sex workers in the public hospitals still to be addressed as reported from SOMA. As FIRM does not provide health care services to its members, this section is not significant.

Almost everyone agree that the organisations had been pivotal in reducing incidence of STDs among them. They stated that the incidence of STDs symptoms among the respondents have drastically reduced since their association with the NGOs. The continuous series of inputs through the PSH project in the form of awareness classes, capacity building on negotiation skills, STD care and advocacy with health care providers and access to hospitals, improved health seeking practices, behaviour change towards regular condom use and deny sex without it etc. has been credited to it. Some women have even been able to reduce the number of encounters due to their engagement with structural interventions of the NGO concerned. Those who have been engaged with income generation ventures have had a reduction in the number of sexual encounters. FIRM that currently do not have KSACS funded project, most of its members said that they have been accessing the services and

benefits brought through local PSH projects. Accessing the referred doctors and public hospitals with which the project has made good advocacy. FIRM do not have criteria of membership to its members.

Some office bearers from FIRM pointed out a different but relevant issue pointing that multi partner sexual encounters are more among the ones who are yet to be reached out by the PSH project and therefore the incidence of STDs cannot be ascertained as decreased. Their access to medical care and health seeking practices too are unknown. They usually engage through house based or sub urban operations with or without mobile phones to whom reaching out is merely possible for the project staff.

When asked if the organisation caters to all the felt needs of its members, the office bearers and members from FIRM said that, the organisation focuses to access the social/rights needs and profession related needs. To them the social/ right based need means various programmes and activities organised by FIRM aimed to secure their rights like repeal of laws that hamper sex work, to advocate for arrest by female police officers instead of males, improved access to legal services, state intervention in accessing decent and viable employment opportunity, reduce stigma and discrimination towards them and children. While profession related needs relates to reduction of different forms of abuses (physical, verbal and sexual), demanding money by the Police, local goons, agents and other quarters of society. The places where the Sex workers movement under FIRM has sprung up have started showing their community solidarity through responding critically against all ill situations against sex workers. In Ernakulam district, the sex workers forum has framed charter of basic standards to be adhered by a client for hiring a sex worker. The forum members are able to ensure that those standards are considered mandatory and strictly adhered.

According to office bearers and majority of members from Vanitha Society, the organisation caters to General health, Sexual/reproductive health and profession related needs. Through the fortnightly held STD focused health camps, clinic facilities, distribution of medicines at nominal costs and advocacy with Public hospital for ready referral, the members general health, sexual/reproductive health needs are

catered by Vanitha Society. The system to support any member during arrests by visiting them, availing legal services and securing bail has been a major area catering to the profession related needs. Further the engagement of members in different income generation ventures and assigning duties to meet people and visit institutions and agencies for availing loans and marketing of products have helped in reducing stigma and discrimination from different walks of life. Acceptance by their family members and children due to sex workers involvement with ventures has given a sense of worth.

In Jeevana Samskriti/RCTC, most of the needs except social/right-based needs were said as to be catered by their organisation. The general health, sexual/reproductive needs are catered to through the public hospitals where the organisations have made effective advocacy. Professional needs meant to most members and of beneficiaries access to condoms, capacity towards interaction, and negotiation on condom with the clients, reduction in police arrests or abuse, and acceptance from different quarters leading to reduction in stigma and discrimination. Most said that the CBOs engagement with different agencies, availing loans, providing credit facilities, involvement with income generation activities have all been very useful to fulfill most of their immediate economic needs without even needing to go for sex work.

Among the office bearers and majority of members from SOMA the reproductive/sexual health were indifferently responded. The NGO also is poor in rendering those needs to its members. The project does not focus on STD camps since last one year and are referred to the public hospitals to which the organisations advocacy efforts have been inadequate.

Though empowerment strategies of each organization are different, the ultimate goal is to change the lives of sex workers. The organizations have made many changes in the lives of the sex workers associated with each one of them. Next chapter summarises each chapter of the study, discusses empowerment strategies and the issues in each NGOs undertaken for the study and the implications for the study.

**CHAPTER SIX**  
**SUMMARY AND CONCLUSION**

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## **6.1. INTRODUCTION**

The study is an attempt to understand the empowerment initiatives of five Non-Governmental Organisations (NGOs) that are involved in the HIV/AIDS control initiatives in Kerala and its effect on women sex workers within the sex trade. Here the term empowerment refers to organised individual and collective action, initiatives towards mainstreaming and liberative action that help to gain dignity and acceptance. However the study looks into three major aspects like socioeconomic profile of sex workers, second Major concerns faced by sex workers from different corners of the society which is explored through the stigma and discrimination, harassments faced from different quarters attached to this profession and thirdly it tried to understand problems extrapolated from their needs as perceived by the community. Finally the study discuss about the role of selected NGO,s in changing the lives of women sex workers.

The later is understood in terms of the inputs gained through streamlining leadership, team building, promotion of savings and credit, management of the external environment through seeking support of the power holders and building capacities through knowledge dissemination and skill trainings to enhance their self worth and supplement their income and policy support to accept their rights. The following are summary of each section, discussion of the major findings and implications for action in the same area of study.

## **6.2. OVERALL SUMMARY**

### **6. 2. a. PROFILE OF WOMEN SEX WORKERS**

The age wise data shows that about 83% of respondents fall above the age of 30 years. It seems that women sex workers of age below 30 years, who are also more in demand in the sex trade with high earning do not actively associate with the NGOs. Those workers who are associated with the NGOs, are either facing a) threat of fall in their income drop from sex work, b) are tempted by the honorarium fetched from the projects, c) see it as a resort of future security or d) as a resort to convincing their family members that they work for the organisations that are sponsored by the Government (which makes them feel that they are part of the Government system

and that gives respectability in some circles). Identity Cards (with photo and seal) given by the NGOs to the office bearers also gave them recognition in the public. e) Some are threatened by the fear that their job legitimacy may affect their children's future adversely and thereby prefer to seek for alternate employment.

Most sex workers were married at least once but currently remain single or (three fourth (75%)) divorcee, or widow or deserted. Some live with partners who often guard them from local gundas. In most cases their husbands either left them alone, stay with multiple wives or support them as pimps.

Ignorance about father and burden of single parenting is a serious problem faced by many of the sex workers. They have to take up lots of responsibilities being single parents as they are the sole breadwinners in the family. Stigma of their mothers being in the sex work and the environment where they live strongly influences the lives of children born to them. It is observed that most of them were in search of an alternative income source between the ages of 35-45 years. Aged ones get involved in small businesses, like tea stalls, pan and cigarette shops, selling liquor, or supply of drugs etc. Both daughters and sons are seen to support their sex worker mothers in old age providing them with shelter and security. The reasons for this lie in the fact that only few customers prefer aged women. Many sex workers are alcoholic and resort to substance abuse to ease out their mental pressures. Almost 66% of the sex workers do not have any land asset. For those who have land, it ranges between 2-5 cents that too back in villages where they hail from and where they usually do not stay. Of those who have land in the towns some have managed to raise houses of their own. And the others (40%) are dwelling either in rented houses, corner of a room along another family or katcha / dilapidated houses on meager rents). A good proportion (around 22%) of the respondents stays at streets or lives in groups. Sex workers dwelling from street is a common feature in all the NGOs.

The income of a sex worker is low, and even that is often split up. A large chunk of their income spill away either through paying money to different people in the sex circuit, settling legal issues, paying lions shares to police, agents, auto drivers and lodge owners. Half of the sex workers interviewed earns a sum between Rs 1001-3000 per month. Client fixing through mobile phones has become common among

the sex workers and this is now reduces the problems of pimps and police arrests. About half of the sex workers interviewed are literate and want to learn more. About 55% of the sex workers interviewed had gone to 1-4<sup>th</sup> and 5-7<sup>th</sup> standard of Education. Some expressed enthusiasm in learning skills that can fetch income at least equivalent to the one that sex work profession renders.

One third of the respondents are solely living on the income from sex work, as they do not have any other supplementary income. Of this maximum number were from SOMA (50% responses). One third of the respondents had income other than from sex work through the honorarium paid as Peer Educator or Coordinator (in case of SWFK). However, of those sex workers interviewed having some form of alternative income source other than sex work, maximum of them earn a small sum between Rs 500-1000 per month only. Some women particularly aged ones have managed to initiate petty business but those too do not guarantee their sustenance. However the Laundry and Waste collection initiatives of RCTC in the Moovatupuzha Municipality could be seen as a mainstreaming component and engagement with certain alternative income generation activities.

Saving habits among sex workers are poor, even in those whose earning capacity is more. Women are often in debt, and others spend more of excess money repaying loans. Moneylenders offer loans on 120% interests. Most sex workers are vulnerable to financial exploitation when depositing money, taking loan and repayment with interests. It was observed that from the respondents in the study, almost everyone takes loans from the moneylenders though their frequency varies. About half of the sex workers interviewed "occasionally" takes loans from moneylenders.

They also need to spend for purchase of articles, of dressing, for food, drugs, alcohol etc. Around half of the respondents to this study do not have savings. Maximum respondents with savings were from Jeevana Samskrity/RCTC while the minimums were from SOMA. Of those who practice savings, one fourth are at banks (both private and public- either initiated by the CBOs as part of micro credit programmes or at the individual levels). On the whole sex workers have started practicing saving habits more through the thrift and credit activities of the CBOs.



## **6. 2. b. CONCERNS AND NEEDS OF WOMEN SEX WORKERS**

### **6. 2. b.i HARASSMENTS**

Sex workers interviewed from all the NGOs have been subject from different forms of abuses and demands money by police, local gundas and agents. The concerns faced by the sex workers by three sections namely the policemen, local gundas and the agents were elicited under the following variables as physical abuse, verbal abuse, sexual abuse, demand of money and arrest (in the woman of policemen). The responses on; Physical abuses were in the form of beating, kicking and hitting with arms and heavy materials (including lathis by Policemen) and even pulling hairs and breasts. For verbal abuse, sex workers overwhelmingly stated as the form of either use of abusive language at public places or police stations after arrests (by policemen). Sexual abuse by the policemen is a common practice in the form of coercive sex including oral sex and gang rape without payment. The same by local gundas is in the form of seeking free sex from sex workers, asks for fresh and young girls to either use by them or present before someone, trap them if engaged in criminal activities with them. Demand of money is a practice by all the three categories when sex workers resist paying particularly demanded by the Police may have to stay for more days or presented before the court with certain cooked up women. For local gundas, it's a kind of regular contribution to guard their profession working. For agents, it is the commission or share towards introducing a customer. While the variable arrest meant of the policemen arresting the sex workers on account of PITA or any other legal provisions.

The information provided by the respondent revealed that the least physical abuse experience is from the agents and the maximum is from police. Police have also been a major source of verbal abuse as compared to local gundas or agents. Next to the police, verbal abuse is more from local gundas. Experience of different form of sexual abuse on sex workers from police and local gundas are almost the same. Women stated that police and local gundas regularly demand money from them. The agents also in spite of their commission are seen to demand extra money from these women. Everyone interviewed at Vanitha Society has had the experience of demand of money by police and local gundas unlike other NGOs. The study revealed that, most sex workers do not get subjected to agents for their deal. Thus a clear picture

of these categories demanding money could not be inferred. But interview with those working through agents revealed of many conflicts on commissions.

Arrests by the police have been a major issue for all the sex workers interviewed. Sex workers after their arrest are charged and presented before the court on charges other than PITA. This threatens their source of livelihood. All these and demand for money have made the life of a sex worker more pitiful. On the concerns from local gundas too, the responses with comparatively less responses in all forms (viz. physical and verbal abuse, sexual abuse and demanding money) was from Jeevana Samskriti/RCTC. Sex workers face most concerns and issues from Local gundas are from SOMA. Across all the NGOs, only a small number of sex workers (from SOMA and FIRM only) resorts to the agents. In doing so, the same respondents from both the NGOs almost equally face different forms of concerns from them. However the sex workers are subjects of demanding money is found most prominent from them.

#### **6. 2. b.i PROBLEMS AND NEEDS**

Nearly 40% responded that 'fever', fever as a major health problem. Most of the other reported health problems are related to their environment, profession, low economic status and their vulnerability to abuse. They do attend the regularly held STD care camps, where ailments other than STDs are also catered.

All the respondents are of the opinion that accessibility to condoms is necessary for continuing in the profession. Entering into sexual relationship with clients without condoms leads to sexual/reproductive problem for the sex workers. 40% of the women said they had a need of terminating pregnancy (mostly from the unknown father or live in partners). They demanded access to health care institution and services, and information diseases like STD/HIV/AIDS was another need. In addressing these needs, respondents from Vanitha Society and Jeevana Samskriti/RCTC go to NGO or the CBO's in most cases while sex workers from FIRM and SOMA addresses it by themselves or through support of their family members, live in partners or other sex workers. The difference may be due to the trust build among the members of Vanitha Society and Jeevana Samskriti/RCTC towards advocacy with doctors of public health hospitals giving consideration to the sex workers referred to them.

While prioritizing the social needs, majority of them considers social stigmatization as major problem. The next priority for them was for proper care of their children and reduction in stigma and discriminations. Respondents (seven from FIRM and six each from Vanitha Society and Jeevana Samskriti/RCTC) said these needs were being addressed by the NGO or CBOs concerned. The others stated that, these needs are either looked after by them or lie unmet. The latter respondents from Jeevana Samskriti/RCTC were the ones who were not associated with the alternative income generation activities run by it. And from Vanitha Society, the above respondents were those who either was not associated with the NGO (belonging to a dissent group) or the one not engaged with the alternative income generation programmes. In the case of SOMA the needs are predominantly taken care by them or are unmet, as the organisation does not hold health check up camps as in the early years.

Repealing PITA and other laws that harass sex workers and provision of legal services was stated the major need of sex workers as related to their profession. Among the same, repeal of PITA was a higher priority for those from SOMA while provision of legal services was more from Vanitha Society. From FIRM, repeal of PITA and demarcation of pick up points were said to be equally important. However the respondents from FIRM, Vanitha Society and Jeevana Samskriti/RCTC added that the NGOs and CBOs address most of these issues. SOMA however stated that it is they themselves who have to handle the problems. The difference is mainly due to the activities each NGO adhere to and its members trust their NGOs in helping them out of these problems. FIRM lobby for repeal of PITA and reduce police harassment through demanding through political mobilization, Vanitha Society engage to render legal support and emotional support at the time of arrest while Jeevana Samskriti/RCTC engage in mainstreaming the sex workers through negotiations with the police. SOMA lags behind in all the above initiatives.

Majority of the sex workers considered meeting household expenses (37.5%), as their economic priority. Of these the majority were from Vanitha Society (60%) followed by FIRM (40%), SOMA (30%) and Jeevana Samskriti/RCTC (20%). Children Education was expressed as the second priority and more from SOMA

members (30%). Majority respondents across all the NGOs stated that they themselves address these needs while members from Jeevana Samskriti/RCTC said the problems and needs addressed through their CBOs.

## **6.2.b ROLE OF ORGANISATIONS IN CHANGING LIVES OF WOMEN SEX WORKERS**

This chapter discusses about the role of NGOs and the changing lives of women sex workers as perceived by them. With regard to the role of the organisation in changing the lives of the sex workers, both office bearers and members from FIRM said the role of sex workers organisation is to articulate their concerns before the society. This has to be coupled with creating an attitudinal change in perceptions of society towards sex workers. Office bearers and members of Vanitha Society, feel the role of the NGO is to build a social support system among the sex workers through cohesion and mutual support. Majority of them demanded that the organization acts as a peer pressure forum towards regular condom use and health seeking behaviour and therefore can control the incidence of sexually transmitted diseases among them. The latter was also the overwhelming response from the office bearers of Jeevana Samskriti.

The office bearers and members from RCTC stated that it provided them immense opportunity towards collaboration and linking up with multiple organisations and individual that brought out attitudinal change (engaging in income generation activities lead to income security through imbibing saving habits that were lagging earlier in them) and a sense of self esteem in most cases . To the office bearers from SOMA, the role of the organisation is to reduce profession related concerns like police arrests, different forms of abuses and exploitations, discrimination in the society etc.

With regard to the role of office bearers and members of FIRM, it was stated that it is confined to participation in meetings or mass gatherings. The members and office bearers associated with SOMA too. To most office bearers and members of Vanitha Society, the role is predominantly meeting people and visiting institutions for various reasons. The purpose may be to seek loans from banks to engage in income generation activities, marketing of products, visiting police stations to support the

fellow sex workers on arrest, visiting lawyers for legal services like bail after arrest, information dissemination on the epidemic (as Peer Educators) and so on for better advocacy work. While at Jeevana Samskriti/RCTC, there is decentralization in entrusting the responsibilities, the members are involved in all the organisational/administrative matters including reporting and account and book keeping other than the advocacy work of meeting people and visiting agencies.

With regard to changes brought out through associating with the NGOs concerned; the personal changes among majority of office bearers and members at FIRM was of shedding hesitation in talking to people, present their views, negotiate and say 'no' to the circumstances that is against their will. The most important personal change is that they introduce themselves as a sex worker at every walk of life. This has developed radical boost to the members.

For both office bearers interviewed at Vanitha Society, inculcating different social skills that has been so important for not only organisational growth but also at individual level has been a source of building self confidence. This is so because of their acceptance and respect gained from the families in the residential colonies while going for marketing the products of income generation ventures. To majority of members it has helped to enhance self-esteem.

For office bearers and majority of members in Jeevana Samskriti/RCTC, acceptance of being a sex worker is the major personal change that was lacking in most before joining the organisation. They have now shed hesitations and mingle with people and their learned different skills have given them a sense of worth. In RCTC the change in their attitude engagement with alternative income generation activities that gives economic security and savings for their future has gained a sense of self-esteem. People have started recognizing and accepting them without discrimination. This created a wish to stay "respectable".

At the SOMA project level, the office bearers and majority of members said that the project has provided them with adequate information on the epidemic and therefore the behaviour change towards non-risky sex behaviour was the pivotal change in

most. The increased capacity building sessions through SOMA has given them a power to say 'no' and deny sex without condoms.

In the changes brought about in their profession due to the sex workers association with the organisation, among the office bearers and members associated with FIRM and SOMA, reduction of physical harassment by policemen and the unnecessary arrests has been the major change though it still prevalent on but meager scale as compared to the early years. The sex workers movement through FIRM and the media reports had been a major source towards reduction of stigma and discrimination on them that was predominant in the early years. One of the office bearers from SWFK said that the changes in the societal attitude have to be harnessed through mass gathering and media reports. For the office bearers of Vanitha Society, gaining awareness and different skills has been a major change. The members said that their engagement with income generation ventures has given them a sense of economic security and started thinking and foreseeing future prospects. This has also been a reason to reduce the number of their sexual encounters. The PSH project that focuses on behaviour change towards less risky sex has brought in behaviour of regular condom use and denying of sex without it.

At Jeevana Samskriti/RCTC, for both office bearers and members the increased engagement with alternative income generation ventures has rendered them a sense of social security feeling and reduction of stigma and discrimination from different quarters of society. The CBOs provide loans for its members that fulfill most of their household needs.

A majority of sex workers associated with SOMA said that the PSH project has played an important role in bringing about change by regular condom use in many circumstances. The meetings and trainings inculcated them towards negotiation skills with the clients. Sex workers in SOMA feel that there hasn't been a reduction of Police arrests and harassment (as compared to FIRM members response) in Trivandrum city and therefore most of its members resort shifting to alternative strategy for their sex deals (use of mobile phones, often change of place of operation, operating in small towns where policemen do not recognize them or house based engagements rather than standing in streets).

Regarding access to health care services, across all the members interviewed in the NGOs, majority of them responded that their attitude towards health seeking practice had been a major boost since they have associated with it. The advocacy efforts of NGOs like Vanitha Society and Jeevana Samskriti/RCTC with the health care providers is commendable that the STD care component is integrated into the public hospitals. Response of health care providers and their attitudinal change towards sex workers show certain prospects of integration of NACP programme into the general health services. But problems of privacy for diagnosis of STDs and confidentiality for sex workers in the public hospitals are yet to be addressed as reported from SOMA. As FIRM does not provide health care services to its members, this section is not significant.

Almost everyone agree that the organisations had been pivotal in reducing incidence of STDs among them. They stated that the incidence of STDs symptoms among the respondents have drastically reduced since their association with the NGOs. The continuous series of inputs through the PSH project in the form of awareness classes, capacity buildings on negotiation skills, STD care and advocacy with health care providers and access to hospitals, improved health seeking practices, behaviour change towards regular condom use and deny sex without it etc. has been credited to it. Some women have even been able to reduce the number of encounters due to their engagement with structural interventions of the NGO concerned. Those who have been engaged with income generation ventures have had a reduction in the number of sexual encounters. FIRM that currently do not have KSACS funded project, most of its members said that they have been accessing the services and benefits brought through local PSH projects. Accessing the referred doctors and public hospitals with which the project has made good advocacy. FIRM do not have criteria of membership to its members.

Some office bearers from FIRM pointed out a relevant issue that multi partner sexual encounters are more among the ones who are yet to be reached out by the PSH project and therefore the incidence of STDs cannot be ascertained as decreased. Their access to medical care and health seeking practices too are unknown. They

usually engage through house based or sub urban operations with or without mobile phones to which reaching out is merely possible for the project staff.

When asked if the organisation caters to all the felt needs of its members, the office bearers and members from FIRM said that, the organisation focuses to access the social/rights needs and profession related needs. To them the social/ right based need means various programmes and activities organised by FIRM aimed to secure their rights like repeal of laws that hamper sex work, to advocate for arrest by female police officers instead of males, improved access to legal services, state intervention in accessing decent and viable employment opportunity, reduce stigma and discrimination towards them and children. While profession related needs relates to reduction of different forms of abuses (physical, verbal and sexual), demanding money by the Police, local goons, agents and other quarters of society. The places where the Sex workers movement under FIRM has sprung up have started showing their community solidarity through responding critically against all ill situations against sex workers. In Ernakulam district, the sex workers forum has framed charter of basic standards to be adhered by a client for hiring a sex worker. The forum members are able to ensure that those standards are considered mandatory and strictly adhered.

According to office bearers and majority of members from Vanitha Society, the organisation caters to General health, Sexual/reproductive health and profession related needs. Through the fortnightly held STD focused health camps, clinic facilities, distribution of medicines at nominal costs and advocacy with Public hospital for ready referral, the members general health, sexual/reproductive health needs are catered by Vanitha Society. The system to support any member during arrests by visiting them, availing legal services and securing bail has been a major area catering to the profession related needs. Further the engagement of members in different income generation ventures and assigning duties to meet people and visit institutions and agencies for availing loans and marketing of products have helped in reducing stigma and discrimination from different walks of life. Acceptance by their family members and children due to sex workers involvement with ventures has given a sense of worth.



In Jeevana Samskriti/RCTC, most of the needs except social/right-based needs were catered by their organisation. The general health, sexual/reproductive needs are catered to through the public hospitals where the organisations have made effective advocacy. Professional needs meant to most members and of beneficiaries access to condoms, capacity towards interaction, and negotiation on condom with the clients, reduction in police arrests or abuse, and acceptance from different quarters leading to reduction in stigma and discrimination. Most said that the CBOs engagement with different agencies, availing loans, providing credit facilities, involvement with income generation activities have all been very useful to fulfill most of their immediate economic needs without even needing to go for sex work.

Among the office bearers and majority of members from SOMA the reproductive/sexual health were indifferently responded. The NGO also is poor in rendering those needs to its members. The project does not focus on STD camps since last one year and are referred to the public hospitals to which the organisations advocacy efforts have been inadequate.

### **6.3 DISCUSSIONS**

The socio-economic status of women sex workers interviewed across the NGOs seems to be very low. These women live totally in isolation from mainstream society where even their bare existence is ignored. They are treated as outcastes from their own families. They suffer grave forms of abuse, exploitation, stigma and discrimination, and are denied of the basic minimum rights of a normal citizen, such as access to ration cards, voters identity cards etc. Most of them opted for this profession exclusively for their own subsistence or subsistence of their family. It is observed that their children are often subjected to discrimination in the neighbourhood and in the schools. Even after getting out of this work, the stigma continues. People do not accept them in the social life and they are not even invited for community functions. About one fourth of the interviewed sample do not have a house and used to spend their days and nights in the streets, bus stations or cinema theatres.

There are different perceptions on sex trade and suggestions to improve the conditions of women sex workers. Some take either position while others go on to

both sides on these issues. The voices of these women started hearing in the public spheres. Since the understanding that sexual route is a major channel of HIV transmission and HIV/AIDS control programmers have categorized them as a 'high risk groups'. Emphasis was given on disseminating messages towards changing their behaviour from high risk to low risk as a pivotal component in the HIV/AIDS prevention strategy. These strategies totally ignored the causes of vulnerability that put these women in a risky sexual behaviour.

Understanding the lacunae that were reflected through ineffectiveness of the programme, the programmers then redefined the strategy incorporating certain development initiatives. A new paradigm- Empowerment then found place as a component in the HIV/AIDS control programme. These programmes for empowerment are operationalised through strengthening Community Based Organisations (CBOs) among these populations. Initiatives towards empowerment like promoting micro credit and micro enterprises, mainstreaming activities, advocacy and networking, multi-sectoral and inter-sectoral collaborative initiatives, etc. were prescribed as the new focus in ensuring sustainability of the programme and the organisations.

Broadly two forms of organisations were taken for the study. One named FIRM, was one of the initial organisations in Kerala that took up HIV/AIDS interventions with financial aid from KSACS with sex workers. FIRM stopped engaging in KSACS project on certain ideological differences and has sprung up around addressing concerns other than health care. The strategy is to address the issues like harassment and denial of rights through political mobilization. Demand for rights, lobbying and networking has been its major activities through Sex Workers Forum Kerala that was formed among the sex workers in the year 1999. The organisation also renders support and services beyond the HIV/AIDS paradigm to the sex workers in the state. The other NGOs namely Vanitha Society, Jeevana Samskriti, RCTC and SOMA run the HIV/AIDS projects involving in developmental/welfare agencies. Because of certain dissimilarities in their approaches and strategies with the sex workers four of such organisations are picked up for the study.

Empowerment strategies towards changing the lives of the women sex workers in each NGO have been different. The strategies of FIRM's in coherence with its objectives have been lobbying to secure their rights before the state through political mobilization and networking with similar organisations across the globe. FIRM also renders emotional support to its members and care and rehabilitation of sex workers children through running residential homes. Mainstreaming and negotiations with different stakeholders for alternative income generation activities and reduction of concerns of sex workers has been the major strategies of Jeevana Samskriti and RCTC. Enabling and strengthening capacities on taking up income generation ventures and negotiating with diverse stakeholders like police, health care providers and promoting their organisation has been the focus of Vanitha Society. SOMA has been on to focus in improving sexual health of its members. Though NGOs like FIRM, Vanitha Society and Jeevana Samskriti/ RCTC has been successful in realizing their organisational strategies, SOMA is unsuccessful particularly in the area of advocacy and networking efforts. The following are a brief note on certain issues at each NGO level that bring out pros and cons on empowerment initiatives of women sex workers.

### **6.3. a FOUNDATION FOR INTEGRATED RESEARCH IN MENTAL HEALTH ACTION (FIRM), THIRUVANANTHAPURAM**

FIRM, aims towards enhancing the quality of life of stigmatized and marginalised sections through securing their rights. This is realised through measures like mainstreaming and building collectiveness through lobbying and networking efforts. The organisation renders emotional support to people in distress including sex workers, runs a residential home for the children of sex workers. There is no income generation initiatives as seen in the other NGOs in the study. The initiatives of FIRM have been commendable in areas like lobbying for rights of sex workers, lobby for review of laws on prostitution, involving sex workers on debates and campaigns, sensitising police to issues relating to crimes against women and rights to protection of women before law, mainstreaming sex workers to platform for airing their view and experiences and developing movements that challenge women being judged by their sexuality.

However, it was also observed that though there is a Sex Workers Forum, Kerala (SWFK), sex workers depended on a person who lead them initially and was outside the sex workers community. The recent resignation of Maitreya, its leader has brought in certain dilemma among its members though the effects on the organisation may not be seen yet. Acceptance of any alternate leadership by its members since the resignation without promoting second cadre of leader is a concern in the organisation now. There also seem to be a lack of delegation of roles and responsibilities entrusted to the members who associate with the forum. Also SWFK does not have organisational discipline in terms of spelt role clarity, communication process, financial management, membership criteria, documentation etc.

### **6.3.b. VANITHA SOCIETY, KOZHIKODE**

The only community led organisation in the state is Vanitha Society, Kozhikode is formed by Women sex workers against the backdrop of HIV/AIDS Control programme. The Executive body of Vanitha Society comprises seven members who were primarily associated as Peer Educators with Center for Social Research and Development (CSR D) --its parent organisation. However, the general body members do not enjoy any stake in its leadership roles. Elections are held and contested annually (as per the bye law) between the seven members. The President and Secretary of Vanitha Society enjoy certain privileges, one, that as an exceptional project, they incur honorarium from the PSH project head and second they enjoy the privilege of being invited at different meetings and conferences across different regions. This has become a matter of non-acceptance by its members expecting where everyone is wanting privileged positions. Worse form of lobbying to secure positions and power conflicts within the board members are a regular affair that have led to intolerable situation. In-group rivalry and frictions among the members is a regular scene. Now the members are inclined to different rival groups (who are not in power). They do not visit the Vanitha Society Office and access its services. This has provided a good lesson and has brought major set backs on those who envisaged the organisation.

Most evaluation studies find lacunae in planning the structure of Vanitha Society as it currently passes through a crisis that was not ascertained before its formation. Sex

workers are to be seen as a separate community and a deeper understanding of a range of their personal, social and cultural base is required aimed towards sustaining their knowledge and ability. They recommend for an amendment in the organisations byelaw that provides democratic space ensuring justice, equal rights and opportunity to all its members.

Vanitha Society, as an organisation managed by sex workers themselves seem to be of the ultimate form in empowerment. The organisational issues and conflicts arising within the members are inherent and could be ascertained in any of such organisation among the community who have long history of marginalisation and stigmatisation. These could also be inferred as the outbursts of strengths that is imbibed. Certainly the issues that occur need be sorted out in the best appropriate way possible.

### **6.3.c. RESOURCE CENTER FOR TRAINING AND COUNSELING (RCTC), MOOVATUPUZHA, ERNAKULAM DISTRICT**

The objective of empowerment through PSH programme of KSACS is to mainstream sex workers in society through reinforcement and acceptance of being a Sex Worker. None of the respondents interviewed in the NGOs have reached such a stage of understanding or attitudinal change. Though mainstreaming activities of RCTC are well recognized and commendable, the attitude of its members too do not cohere to the community empowerment goals envisaged in the PSH programme. The mainstreaming activities put forth through RCTC helped the members to remove stigma against them as are increasingly invited in different development initiatives of Moovatupuzha municipality. RCTC created immense space for its community to be involved in public programmes and advocacies with individuals and agencies have all been in favor to the Sex Workers in reducing stigma in the public. In certain area, the sex workers themselves have taken up advocacy and networking roles with officials/ people representatives of Moovatupuzha Municipality, Hospitals, Prison, business centers so as to associate their CBO in taking up different forms of ventures. Two major activities that the sex workers engage at RCTC are the house-to-house waste collection and disposal as well as the running of the laundry work contracted by Moovatupuzha taluk hospital.

But despite these initiatives, the members associated with RCTC have not been able to accept themselves being a sex worker as envisaged by KSACS. They have either reduced sex encounters or engages in sex work outside the project area where they are not been recognized and feel their profession as something degrading and unacceptable in the society. Moreover, as children are also stigmatized, some stated that they want their children to be out from their profession. It infers that sex workers do not want to stay in their profession and want to achieve 'respectability' even though they are less stigmatized and discriminated. Thus their attitude does not cohere to what KSACS envisage through PSH project for its primary stakeholders. This also indicate of the problem with top down approach in the KSACS programme.

#### **6.3.d. JEEVANA SAMSKRITI, KANNUR**

Jeevana Samskriti emphasis has been on the CBO named Chola that is formed among the sex workers. Chola's aim is to bring pleasure and harmony in the families through resolving myths and misconceptions on sex and sexuality, promote conscientisation and empowerment among the marginalized and exploited sections in society including the sex workers. The members' interviewed have been comparatively more confident and accepted themselves.

The sex workers through Chola have become organised on two platforms one that adhering to political methods and other on the development/welfare methods. It has learned lessons from SFWK led by Mr. Maitreya, as a premature and hasty attempt. The movement could have been effective if it had been taken up in a slow process through organising sex workers, putting order in their life and then striving for changes in the broader social order. The difference of Chola from other similar organisations of sex workers is that the organisation does not depended on a single persons image (as seen in Vanitha Society or FIRM) rather as a team movement and always second layer of leadership is promoted through continuous group dynamics. Here the position and role of an individual is subsumed to the layer of collectives. A focus on advocacy and lobbying with different stakeholders including the general public is another activity of Jeevana Samskriti.. These interventions aim towards bringing in an attitudinal change of acceptance and identity among the sex workers. Engaging in Social Research through the intervention had been given due importance by the organisation to modify the strategy at regular intervals.

In Jeevana Samskriti, the CBO to enable its functioning needs to mobilise funds from different agencies. Currently its members contribute from their own source to support and welfare of their own fellow beings. This is overwhelmingly criticized as 'charity' based approach and do not ensure empowerment to sex workers.

#### **6.3.e. SOCIAL ORGANISATION FOR MENTAL HEALTH AND ACTION (SOMA), THIRUVANANTHAPURAM**

Through the HIV/AIDS intervention in SOMA nearly 10 years, SOMA had identified around 350 street based sex workers. The organisations activities is confined to delivery of project components. The project Coordinator said though there had been high rate of turnover among sex worker's who were identified in the initial project phase than now except around five old sex workers who still have contacts with SOMA. Others might have either stopped sex work or shifted their place of operation. The sex workers at SOMA had been provided capacity-building sessions since it's beginning that they presume might not have been rendered in any in the similar projects. The sessions not only focused on awareness on the epidemic but also on improving their confidence and ability to negotiate for condom use before clients. The achievements in the initial phase were very well appreciated.

Even though SOMA is one of the most pioneer NGOs in the area of HIV/AIDS intervention in Kerala, its performance steadily fell down in the recent years. This is reflected in the area where it fell in performance levels in relation to the project are in the; Number of new contacts made, Maintenance of relationships with sex workers that are already identified contacts, people turnout in different programmes including STD camps, Number of new STD cases, referral services, Number of condom distributed, Advocacy efforts with agencies, empowerment efforts for the sex workers etc. One that, as the staff themselves put –as most sex workers in Trivandrum have now shifted their operational area to their places due to more police arrests and harassment which are ill frequent if they operate in small towns, changed their mode of operation mainly through mobile phones wherein they need not put themselves up in the pick up points. Therefore the new operation mode is finding it difficult for the SOMA team to reach out. Due to frequent shut down of drop-in center and shift of SOMA office (the current office at DPI Junction, Jagathy, Thiruvananthapuram is the

third one), sex workers have lost confidence and stopped coming to the office. Meanwhile it needs to be noted that in the due course of nine years, SOMA had to shift thrice its office and drop in center that was were functioning mostly in the residential areas. The residential associations offended towards running such a programme and had to forcefully make them to shift. The Project manager and coordinator do not visit the field. Even though SOMA is one of the premiers NGO that provides technical expertise to most HIV/ AIDS intervention programme across India, the field level activity is thus finding hard in fulfilling project demands and so ill performance.

## **6.4 IMPLICATIONS FOR ACTION**

### **6.4.a. PROVISION OF SERVICES**

Public health literature (eg. Banerji (1984), (1985), (2003), Banerji and Anderson (1963) etc.) depict that in ensuring sustainability of any disease control programme, its components need integration into general health services. The HIV/AIDS control programme components cannot separate themselves from this general notion. There have been certain initiatives among the PSH project to integrate components such as STD care into the general health services. As part of the KSACS direction towards integrating the projects health care component to general health services, funds have been cut down in many PSH projects and the STD camps run solely to refer cases to public hospitals for diagnosis and treatment. The frequency of the camps reduced in most projects and sought to make advocacy with Skin and V.D Department of the Public Hospitals. Such a policy of KSACS continues to ensure hassles of standing on long queue and lack of privacy in the public hospital clinics that can harm these women who otherwise are also subjects of stigma and discrimination in the public. RCTC has made effective advocacy with the doctors of Skin and V.D Dept. in the Moovatupuzha Taluk hospital, and referral to the new and follow up STD cases for effective treatment is being carried out.

### **6.4 b. ORGANISING WOMEN SEX WORKERS**

Empowerment of a development initiative is better spelt when the community themselves build ownership of the programme component and enabled to deliver organisational tasks. And also in empowering a community like that of sex workers



through the formation of an organisation shouldn't be a hastily taken decision. For any organisation to capacitate and entrust the responsibility to its primary stakeholders and then phase out, requires adherence to certain cautiously build up steps (referring to Paulo Friere's paradigm of consciousness in the 'Pedagogy of the Oppressed'). Group formation and strengthening process need to be given adequate pace otherwise would result in a state of unbearable crisis as the one seen in Vanitha Society.

Enhancing active participation of the community in the development cycle is a pre-requisite to ensure empowerment. There seemed hardly any space for participation of women sex workers in any state level decision-making structures in KSACS or SMA. NGO representatives are often invited in all their meetings that often have bearing upon the community. The only sex workers who attend to such meetings are the office bearers from Vanitha Society (that too not as community representative but as NGO representative). Even in such circumstances the communication is often in English a language that is alien to them. Project Steering Committee (PSC) is the decision-making structures envisaged by the KSACS/SMA for the PSH projects with involvement of different levels of stakeholders including the communities with whom the organisation works. Except in RCTC, none of the NGOs holds regular PSC meetings. RCTC quarterly holds such a meeting with involvement and participation of different stakeholders of the project that conceives, plans, implement, monitor and review of the activities leveraged through the project. The Moovatupuzha municipality provides lunch to the participants to this meeting.

This tends to ensures a more effective and more need-based programmes. Different NGOs need to be coordinated based on their common vision to their efforts and persuaded to think more strategically on their long-term goals. There is need for a common platform between similar NGOs, elected representatives and government to agree, share and meet the common objectives.

In all the NGOs undertaken for the study, the administrative roles in the organisation are not delegated to its members from the office bearers except in Jeevana Samskriti and RCTC. The members' role often is confined to mere participation in the meetings, mass gatherings, meeting people or visiting agencies. These hardly

secure any space that enhances skills in management and coordination in the organisation.

#### **6.4.c. CONTRADICTIONS: OBJECTIVES OF KSACS AGAINST WOMEN'S PERSPECTIVES**

The objective of empowerment through PSH programme of KSACS is to mainstream sex workers in society through reinforcement and acceptance of being a Sex Worker. It was observed that most members associated with the NGOs have not been able to accept themselves being a sex worker. They have either reduced sex encounters or engage in sex work outside the project area where they are not been recognized and feel their profession as something degrading and unacceptable in the society. Moreover, as children are also stigmatized, some stated that they want their children to be out from their profession. Thus it can be inferred that sex workers do not want to stay in their profession and want to achieve 'respectability' even though they are less stigmatized and discriminated. Thus their attitude does not cohere to what KSACS envisage through PSH project for its primary stakeholders. This also indicates of the problem with top down approach in the KSACS programme.

The empowerment perspective of the HIV/AIDS control programme on the issue of improving the conditions of sex workers within the trade overlooks the challenges of a stigmatized and socially isolated population where instances of human right abuses and violence against these women are a normal phenomena, a larger society where existing laws depict prostitution as illegal and where hypocrisy of mainstream society with double standards on gender still prevails.

NGOs that have taken up PSH project are often overwhelmed with delivery of its components that may not be reflection of community-felt needs. As the Proceedings of the Workshop Report on Societal Concerns and Strategies for AIDS Control in India suggests, there is need for contextualised programme from the societal view rather than programmatic with perspectives on sexual behaviour patterns and determinants, creation of images of the epidemic in the public mind and communication strategies, and medical care and support of HIV/AIDS cases takes us towards a more appropriate, requires deeper and comprehensive response in understanding the issue. There is an immense need for institutional restructuring in

terms of Gender relationships, the condition of women in prostitution, the media role in commodification of sexuality, issues of access to basic needs and human rights, quality of health care services, community mobilisation in care and support etc. The programme should deal with HIV/AIDS issues through an integrated primary health care approach, with different aspects of social, medical, epidemiological, legal, ethical and gender aspects being addressed and different sectors contributing to the prevention and control of STD/AIDS/AIDS in diverse ways being involved.

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# ANNEXURE I

## INTERVIEW SCHEDULE

### MEMBERS/OFFICE BEARERS

#### A. DEMOGRAPHIC DETAILS

A.1	Name							
A.2	Age	1)<18	2)19-29	3)30-39	4) 40-49	5) >50		
A.3	Education	1)Illiterate	2) 1-4	3) 5-7	4)8-10	5) 11-12	6) UG	7) Other
A.4	Marital status	1)Unmarried	2) Married	3) Divorce	4) Widow	5)Separate d	6)othe r	
A.5	No. of Children		Male:			Female:		

#### A6 Family Details

##### Economic details

Sl. No.	R'ship with the informant	Age	Education	Occupation	Average monthly Income (Rs)
A6.1					
A6.2					
A6.3					
A6.4					
A6.5					

A.7	On an average in a month how much income do you get from sex work?				
1) 1000	2) 1001-3000	3) 3001-5000	4) 5001-7000	5) 7001-9000	6) >9000
A8	Do you have any other source of income			1. Yes	2. No
A9	If yes specify the source				
A10	Amount per month				
A11	Do you have savings			1. Yes	2. No
A12	If yes what type				
A13	Do you take loan from money lenders				
	1. Never	2. Rarely	3. Occasionally	4. Very often	5. Frequently
A14	Do you have land of your own			1. Yes	2. No
A15	Nature of dwelling				
	1. Own house	2. Rented house	3. Street	4. Others	

**PROFESSION DETAILS**

<b>A16</b>	At what age did you enter the sex work?	
<b>A17</b>	How long have you been in the sex work?	
<b>A18</b>	How long have you been in the this place?	

<b>A19</b> What are your <b>General Health needs</b> and who addresses those (1. Self/family, 2. CBO, 3. NGO, 4. Unmet		<b>Needs</b>	<b>Addressed by</b>
	A20.1		
	A20.2		
	A20.3		
	A20.4		
	A20.5		

<b>A20</b> What are your <b>Sexual/Reproductive Health needs</b> and who addresses those (1. Self/family, 2. CBO, 3. NGO, 4. Unmet		<b>Needs</b>	<b>Addressed by</b>
	A19.1		
	A19.2		
	A19.3		
	A19.4		
	A19.5		

<b>A21</b> What are your <b>Social/Rights needs</b> and who addresses those (1. Self/family, 2. CBO, 3. NGO, 4. Unmet		<b>Needs</b>	<b>Addressed by</b>
	A21.1		
	A21.2		
	A21.3		
	A21.4		
	A21.5		

<b>A22</b> What are your needs related to your <b>profession</b> Needs, who addresses those (1. Self/family, 2. CBO, 3. NGO, 4. Unmet		<b>Needs</b>	<b>Addressed by</b>
	A22.1		
	A22.2		
	A22.3		
	A22.4		
	A22.5		

<b>A23</b> What are your <b>Economic priorities</b> and who addresses those (1. Self/family, 2.		<b>Needs</b>	<b>Addressed by</b>
	A23.1		
	A23.2		
	A23.3		

CBO, 3. NGO, 4. Unmet	A23.4		
	A23.5		

24.1	General Public/ Neighbours	
24.2	Clients	
24.3	Police/Court/Police	
24.4	Family/Relatives	
24.5	Health care providers	
24.6	Media	
24.7	Others (specify)	

## CONCERNS OF SEX WORKERS

### A25. From Police

	Concerns	Frequency*	Sought help from**
A25.1	Physical Abuse		
A25.2	Verbal Abuse		
A25.3	Sexual abuse		
A25.4	Demanding money		
A25.5	Arrest		
A25.6	Others		

\*N-Never, R- Rarely (One or two time), O-Often (2-5 times), F- Frequently (more the 5 times) within last six month

\*\* 1. Caretaker, 2. CBO, 3. NGO, 4. Agents 5. Others

### A26. From Local Gundas

	Issues	Frequency*	Sought help from**
A26.1	Physical Abuse		
A26.2	Verbal Abuse		
A26.3	Sexual abuse		
A26.4	Demanding money		
A26.5	Others		

\* N-Never, R- Rarely (One or two time), O-Often (2-5 times), F- Frequently (more the 5 times) within last six month

\*\* 1. Caretaker, 2. CBO, 3. NGO, 4. Agents 5. Others

## A27. From Agents

	Issues	Frequency*	Sought help from**
A27.1	Physical Abuse		
A27.2	Verbal Abuse		
A27.3	Sexual abuse		
A27.4	Demanding money		
A27.5	others		

\* N-Never, R- Rarely (One or two time), O-Often (2-5 times), F- Frequently (more the 5 times) within last six month

\*\* 1. Caretaker, 2. CBO, 3. NGO, 4. Agents 5. Others

A28	Do you face any legal issues	1. Yes	2. No
A29	If yes, whom do you approach for help		
1. Caretaker	2. CBO	3. NGO	4. Lawyers 5. Others

## ORGANISATION RELATED DETAILS

A37	Awareness of the Orgn. Objectives		
A37.1	Thrift and credit		
A37.2	S-E Upliftment of members		
A37.3	Networking		
A37.4	Sexual health Care Services		
A37.5	Accessing Govt. Schemes for its members		
A37.6	Welfare for the WSWs and their children		
A37.7	Campaign against trafficking		

<b>A39</b>	<b>Are you aware of the Orgn. Activities</b>	<b>1. Yes</b>	<b>2. No</b>
A39.1	Capacity building of the members		
A39.2	Event Celebrations		
A39.3	Education support to children		
A39.4	Adult Education classes		
A39.5	Income generation programmes		
A39.6	Condom Social marketing programmes		
A39.7	Health care services		
A39.8	Others (if any)		
A40	Do you know the structure of the organisation	1. Yes	2. No
A41	Can you name three office bearers of the organisation	1. Yes	2. No
A42	Do you know about your role in the organisation	1. Yes	2. No
A42.1	List some of your major roles		
A43	Do you think that WSW based organisation is needed ?	1. Yes	2. No
A44	State reasons		

A45	Reason for joining the organisation?		
A45.1	Monetary Benefits	1. Yes	2. No
A45.2	Save from Police Arrests	1. Yes	2. No
A45.3	Access to Social Welfare services	1. Yes	2. No
A45.4	Access to health care services	1. Yes	2. No
A45.5	Protecting the rights	1. Yes	2. No
A45.6	Change in the lifestyle of WSWs	1. Yes	2. No
A45.7	Convincing the family	1. Yes	2. No
A45.8	Reduce Social Isolation	1. Yes	2. No
A45.9	WSW need to join the CBOs	1. Yes	2. No
A45.10	Increased security feeling	1. Yes	2. No
A45.11	Any other (specify)	1. Yes	2. No
A46	If you find any changes brought to you after joining the organisation , please explain on the following aspects.		
A46.1	Personal aspects		
A46.2	Profession aspect		

A46.2	Health care aspect	
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A47	Do you think the formation of WSW organisations had brought in a decline in the STD/HIV/AIDS ?	1. Yes	2. No	Remark

A48	Do you know of the funding of the programme?	1. Yes	2. No	Remark

A49	Do you think the PSH programme caters to all the needs of the WSWs?	1. Yes	2. No	3. Remarks
A49.1	General health Needs			
A49.2	Sexual/Reproductive health needs			
A49.3	Social/Rights needs			
A49.4	Profession related needs			
A49.5	Economic needs			

## ANNEXURE II

### INTERVIEW AND FGD GUIDES

#### **A. RESPONDENT: NGO Leaders/ KSACS/ SMA STAFF)**

1. Name :
2. Designation:
3. Experience:
4. Years of service in the organization:
5. Genesis of the organisation (narrate):
6. Describe the relationships existing between (NGO/KSACS/SMA/Community)
7. List the major objective of the organisation
8. List the activities undertaken by the organisation
9. Describe the structure of the organisation.
10. Who are its major coverage groups and how are they reached out (describe strategies for each target group)
11. How the programme strategies are developed and finalized.
12. Who are the major partners in the PSH projects?
13. How are participation of each partners ensured in the organisation. (in terms of representation, decision-making, roles and responsibility sharing, acceptance and recognition)
14. Name the different platforms where the WSWs are adequately represented
15. Has there been any episode /event WSWs demanded (organised and unorganized). How was it fulfilled? Did any demand led to changing the programme strategy.
16. List the major hurdles faced by the organisation in working with the WSWs.



## **B. RESPONDENT: NGO STAFF-PROGRAMME AND FIELD STAFF**

1. What are major objectives and activities? (narrate the nature of the NGO)
2. What was it doing before taking up the PSH projects with WSWs?
3. Was the NGO engaged with any organizational activities in support of CSWs before?
4. What is your role in the organization?
5. What was the motivation of members behind being with such an organisation?
6. Who had initiated the organization?
7. Who all were involved in it?
8. Who are the people who showed reluctance to associate with such an organisation? Why did they not join?
9. List out the benefits it gives to the members?
10. What are the major achievements from this organisation?
11. Narrate your personal experience in associating with such an organisation.
12. Narrate the reactions from various quarters on such an organisation.
13. Has the organisation brought changes in your nature of work? If so, List some of those.
14. Do you have any suggestion to improve the functioning of the Sex workers organisation?
15. Other than the organizing the CSWs, What can be the other strategies leading to the improvement of CSWs life situations practiced by the NGO?
16. Do you think such an organisation had brought in a decline in the prevalence of STD/HIV/AIDS cases? If so, how?
17. What is the role of Kerala State AIDS Control Society (KSACS)?
18. What is the stand of KSACS on the organisation of sex workers (relevant to FIRM)? If KSACS was supportive, what was their basis of support? If KSACS was not supportive, what do you think is the reason?

19. After the formation of the Sex workers organisation, do you feel that KSACS has been adequately represented by its members in its different decision making processes? If yes, name the forums and how?

**C. RESPONDENT: CBO OFFICE BEARER**

1. Name of the CBO:
2. Person given the information:
3. Date of formation:
4. Initial membership number:
5. Present number of memberships (Category wise: Street based/ House based)
6. What is the average age category of members (>15, 16-30, 31-45, <45)
7. What are the major objectives of the CBO?
8. List the executive committee members
9. Process of selection of office bearers (Election/ Nomination/Others)
10. Frequency of Executive Committee meetings
11. Date of last general body meeting
12. How the decisions are made (Participatory/Executive committee/ NGO consulted/ others)
13. Support received from other in decision-making process
14. What is the role of each board members (President/ Vice –president), Secretary/ Joint Secretary/Treasurer)
15. How many times office bearers are changed in a year
16. How often meetings are held
17. Average attendance in each meeting
18. How the finance is managed (CBO office bearers only/ Supported by NGO/ Supported by family members/ others)
19. Types of documents maintained by the CBO
20. What are the strengths of your CBO?
21. What are the areas needs to improve in your CBO
22. What are the obstacles faced by your CBO and how you overcome these.
23. What is the support received from your NGO
24. What are the major activities undertaken during thee periods and what is the outcome of these activities
25. What are the future plans of action by your CBO

26. What type of support you are expecting from your CBO
27. What type of support you are expecting from SMA
28. What type of support you are expecting from KSACS
29. What is your suggestion to improve the quality of your organisation

### ANNEXURE III

#### CASE STUDY FORMAT

##### OFFICE BEARERS/ MEMBERS

1. How did you initially enter into the commercial sex work? Narrate.

		Narrate
Trapped		
Economic problems		
Familial background		
Any others		

2. Narrate your kind of operation. Major concerns in operation and encountering from clients.
3. List out the major problems from other quarters.

General Public/Neighbors	
Family/ Relatives	
Police/Court/Prison	
Local goons	
Agents	
Health care providers	
others	

4. What are the changes brought in you and others members of the organization since you joined it?
5. What are the organisation's major achievements?
6. What are the problems associated with it.

