

CHAPTER: 2

REVIEW OF LITERATURE

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The Researcher is studying one of the most vulnerable sections of women whose human rights are violated by their family members, society and even by the protectors of law i.e. Police. In the earlier chapter, The Researcher has at length discussed the conceptual and methodological framework of the study. The material described and reviewed here has been collected from books, journals, published articles, research works and websites which was accessed by the researcher from Centre for Social Studies library, Surat, Veer Narmad South Gujarat University library, Surat, TISS Library, Mumbai, Hansa Mehta library, Vadodara, faculty of social work library, Vadodara. This chapter provides information on important national and international studies undertaken on the subject of sex work and looks at both the global scenario and Indian Scenario in the context of three major categories: (1) Studies related to the health aspects of commercial sex worker mainly as HIV/AIDS. (2) Studies focused on psychological and legal aspects. (3) Social Science Researches (4) Researches related to evacuation.

The researcher, before, critically discussing the available literature wishes to explain the premises of selecting the contents of this chapter.

1. Studying the history of this red light area in Surat city which existed for more than two centuries and the sudden decision to evacuate necessitated the need for exploring the researches and reviewing the same from the very beginning and hence though the researches in 1980s and 1990s may apparently seem dated, provides the back drop and the context in which the sex workers' settlement was evacuated. It was thus purposely decided to dig in to distant past researches as well.
2. Unlike the displacements occurring owing to natural disasters, planned displacement owing to developmental projects (those justified as the purpose of future community good benefiting to the larger population, etc.). The present study focuses on displacement on account of state's/ Local Authorities' relatively sudden unsettling of the long settled community of vulnerable women and their livelihood. The review therefore focuses on the

displacement researches which were directly comparable to the present study and relevant to the cause of social justice.

3. The researcher put in her efforts to access some of the empirical researches taken up by NACO and its state units. She however was not permitted formal access to their detailed research reports. Hence the researcher had to depend on their results available in public domain.

SECTION – A : STUDIES RELATED TO HEALTH ASPECTS OF COMMERCIAL SEX WORKERS MAINLY AS HIV AND AIDS

INDIAN STUDIES

1. In 1994-95 a nation-wide survey of the HIV/AIDS related high risk behavior groups was conducted by **NACO, Delhi**. Commercial sex workers and their customers were included in the six categories of high risk behavior groups. In Gujarat Surat, Ahmedabad, Rajkot and Vadodara cities were covered by this survey. Unfortunately, the consolidated report of Gujarat state was not accessible.
2. The survey team from Surat from the Preventive and Social Medicine Department of Government Hospital, Surat (NACO, 1992). The socio-cultural profile of sex workers presented in their report revealed certain facts which are: red-light area of Surat had 30 to 40 brothels through which 350-400 active sex workers were estimated to practice flesh trade. Sex workers were from the age group of 16 to 45 years, majority fell in the age group of 22 to 40 years. 75% of them were Maharashtrians, followed by Nepalese (17%). Local sex workers were very few in number (little more than 1%). 95% of sex workers were Hindus. Their clients mainly came from low socio-economic class, usually skilled/unskilled workers from textile and diamond industries. The upper class clients preferred to avail their services outside the red-light areas, usually at a nearby tourist places like Ubharat, Hazira or Dummas. All sex workers denied practice of oral or anal sex. Normal vaginal intercourse was their commonest services. Occasionally they agreed to masturbate the clients on demand. The study made a reference of a survey conducted in 1992 of Surat Red-light area by centre for Adult Education, S.G.U. The researcher has worked with them so having good rapport with them which can be useful to her for her study.

3. **Rao, Nag, Mishra, and Dey (1994)** in their paper titled "Sexual Behavior Pattern of Truck drivers and their Helpers in Relation to Female Sex workers" presented and analyzed the data on sexual behavior gathered from a sample of 100 truckers passing through Uluberia check-post in West Bengal during October to December 1993.

The Uluberia check-post is located at 55 km. west of Calcutta. The study observed that to satisfy trucker's needs, informal sex markets had grown up in various points along the highway. The 'Dhaba' owners sometimes worked as brokers and facilitated the illicit sexual encounters. Often sexual acts took place inside the trucks.

The researchers initially used focus group discussion methods and later used personal interviews of respondents for data collection. It was found that truckers at Uluberia were predominantly natives of Punjab, Bihar and Uttar Pradesh. Their age ranged from 15 to 45 years. 62 out of 100 truckers were literate but none had any college education.

Majority reported their first sexual encounter between 15 and 19 years of age. 97 admitted about their visit to female sex workers. The most common reason for visiting sex worker was 'inability to "control the desire for sex'. Others explained consumption of hot food in Dhabas and 'body heat' generated by driving as the factors which led them to contact sex workers. 'Peer pressure' and matrimonial disharmony' were reported as other factors. Their payment to sex workers for a single visit ranged from Rs. 10 to 30 on the highways and Rs. 50 to 500 in red-light areas. Punjabi drivers were charged higher than usual rates as with them the sexual act did not end fast. Majority of respondents reported three to seven visits per week.

Among the sexual techniques practiced, most truckers revealed indulgence ... in penetrative and vaginal sex with wives and sex workers where as oral and anal sex with other truckers in which the '*Khalasis*' (cleaners) played the passive role. Use of condoms was infrequent. 84% reported history of illness, similar to the symptoms of S.T.Ds. Only 13 truckers had full awareness regarding AIDS. The study indicated urgent need for AIDS/STD prevention programme and scope for further action research programme.

4. **Jean D'Cunha (1998)** presented a paper titled "The Health of Women and Female Children in Prostitution: Some Issues for Consideration" at a seminar in TISS, Bombay. The paper primarily contained the life experience of women and female

children in prostitution drawn from intensive discussions with them as well as health personnel on a wide spectrum of concerns including their health and well being or the lack of it. The paper extended to other parts of South and South-East Asia, as well as parts of Africa and the USA, attempted to underline similarities in health issues and concerns and some dissimilarities that are context specific. Moreover the paper addressed the concerns of women and female children situated at the lower end of the hierarchically tiered sex service sector/industry i.e., women and female children in street prostitution; in conditions of confinement and bondage in brothels and in the hospitality industry peculiar to parts of Southeast Asia.

The paper is broadly divided into two parts. The first contextualized the health and well being or lack of it of women and female children in prostitution; the second highlighted their specific health issues and concerns.

According to D'Cunha, "The health and well being (or lack of it) of women and female children in prostitution is located within an understanding of (a) contemporary socio-economic, political and cultural structures and processes (b) an understanding of the institution of prostitution, more specifically the fore-mentioned institutional manifestations- their socio-economic political and ideological bases - framed essentially within the context of the political economy of women's reproductive labor, including the North-South dimensions of this phenomenon and (c) the specific alienation that women and female children face in prostitution. The paper acknowledged prostitution as a dimension of women's reproductive labor, it was critical of societies based on commodity production and the increasing commodification of all aspects of life and consequently cannot concur with the commodification of sex, women's and children's bodies".

Variability in the sexual structure in a rural Indian setting: implications for HIV Prevention Strategies. Objectives of the study were to describe the sexual structure including members and distribution of female sex workers (FSWs) and male sexual behaviors in the Bagalkot district of the state of Karnataka in South India. Methodology of study included village health workers and peer educators enumerated FSWs in each village by interviewing key informants and FSWs. Urban FSWs Populations were estimated using systematic interviews with key informants to identify sex work sites and then validating FSW population at each sex work site.

Male sexual behaviors were measured through confidential polling booth surveys in randomly selected villages. HIV prevalence was estimated through a community based survey using randomized cluster sampling. Lorenz Curves and Gini Coefficients were used to describe the degree of clustering of FSW populations. Result of the study was, an estimated 7280 FSWs in Bagalkot district (17.1/1000 adult males), 87% live and work in rural areas. The relative size of the FSW population varies from 9.6 to 30.5/1000 adult males in the six sub district administrative areas (*Talukas*) The FSW population was highest in the three *Talukas* with more irrigated land and fewer and larger villages. FSW populations are highly clustered; 93(15%) of the villages accounted for 54% of all rural FSWs. There is a high degree of FSW clustering in all *Talukas*, and *Talukas* with fewer and larger villages have larger clusters and more FSWs overall. General population HIV prevalence is highest in the *Taluka* with the highest relative FSW population. In suggestion, Prevention programmes in India should be scaled up to reach FSWs in rural areas. These programmes should be focused on those districts and sub district areas with large concentrations of FSWs. More research is required to determine the distribution of FSWs in rural areas in other regions of India.

(http://sti.bmj.com/content/83/suppl_1/i30.)

5. **Krishnakumari K.** (2004) conducted study on 'Sexual Behavior of Adolescent Sex Workers'. This study focuses on adolescent sexual behavior and reasons leading to an early introduction to sexual life. The many types of adolescent sexual behavior, the reasons for adolescents indulging in sexual act, the use of contraceptives and the prevalence of sexually transmitted diseases (STDs) among them are examined. A base line survey was conducted in Thiruvananthapuram, Kochi and Kozhikode in Kerala state, and 825 children were identified to be engaged in the sex trade. The methods used were observations, focus group discussion and interviews with key informants and informal discussions and interviews with experts on adolescent sex workers (ASWs). The study found that a complex interplay of economic, social, cultural, religious, familial, psychological and environmental factors led the children into the sex trade. The children are mainly from a poor economic background. Penury and inharmonious family relations are the main factors that drive children into a life of social depravity. The most exploited ASWs are those who operates in street and lodges. Most ASWs are at the mercy of caretakers and pimps who abuse the children

physically and monetarily. Their awareness of the consequences of pregnancies, abortions, and sexual health, STDs, AIDS and HIV is poor. The study recommends that awareness should be created among ASWs regarding their sexual health and among all social strata on issues like gender roles, sexual and domestic violence, and communication and negotiations skills.

6. **R. Jayshree and K.A. Parvathy** (2004) conducted a research on ‘Sexual behavior of commercial sex workers and risk in reproductive health’. Objective of the study was to study the sexual behavior of commercial sex workers and risk in reproductive health including sexually transmitted diseases (STDs) and HIV/AIDS. The data was generated from 200 female sex workers in Tirupati in Chittoor district of the Southern Indian state of Andhra Pradesh. For collection of data, an interview schedule was prepared on the basis of focus group discussions. The profile of the female sex workers included social and demographic variables such as religion, caste, education, age, age at marriage, current marital status, age of entry into the profession, and the years in the profession. The respondents were mainly underprivileged women belonging to the lower socio-economic strata. The reasons for their entry into the profession were mainly poverty, related economic burden, and dissolution of marriage, desertion by husband, lack of education and lack of alternate job opportunities. The study revealed that these women lost a major share of their earnings to brokers/pimps and the police and they faced harassment and sexual exploitation. The study advocates intervention programmes that focus on creating awareness about safe sex and condom use, skill training for income generating activities, and efforts to integrate STD/HIV/AIDS prevention activities with other ongoing activities such as non formal education, training in economic activities, micro-enterprise, education and care for their children and free legal aid.
7. **A team based research** (Talsania, Rathod, Shah, Patel, Mathur, 2007) on ‘A Clinico-epidemiological study’ was conducted in Ahmedabad. This study was conducted by clinical experts and Community Medicine Department of B.J. Medical College Ahmedabad to assess prevalence of STIs/HIV among female sex workers according to various socio-demographic and behavioral factors. A rapid clinical and laboratory surveillance was carried out so that they could be put under treatment, thus reducing the source of infections. A cross-sectional community based study was conducted

among the female sex workers registered under NGO Jyotisingh STD clinic of Ahmedabad, where Gujarat State AIDS Control Society is taking care of them since the year 2000. The female sex workers in this area lived in different ethnic clusters based on place of origin, language spoken, i.e., migrant population from different states of India. The survey was conducted as teamwork from 5th December to 25th December 2005. It was decided to study all (almost 3,000) FSWs registered under Jyotisingh. They could study only 1,930 FSWs for all aspects based on socio-demographic and behavioral factors during that period. Counseling was carried out for the purpose of clinical examination and for voluntary testing. Identification number for clinical and laboratory investigation was given to all (1,930) participants for confidentiality, but 1,527 participants were enrolled for laboratory tests. The rest (403) were not enrolled because of various reasons - like unwillingness, refusal to undergo clinical and laboratory examination and fear of disclosure of clinical condition. Voluntary informed consent was obtained from all the participants; personal privacy and confidentiality were respected at all the levels. The standard pro forma pre-designed, pre-tested earlier by the Department for International Development (DFID), New Delhi, was used. Open-ended questions covering their socio-demographic profile, daily life style, sexual practices and attitude, 'health care'-seeking behavior were asked. 'Health checkup' approach was taken to motivate the participants. All the participants were encouraged by giving them a gift from Jyoti Sangh.

Clinical examination of 1,527 participants was carried out by resident doctors of obstetrics and gynecology and skin department. All volunteers underwent per speculum and per vaginal examination, if necessary, at the obstetric and gynecological examination room and were sent to skin OPD room to rule out relevant dermatological conditions. Laboratory tests were used to confirm the diagnosis of syphilis (by VDRL) and other STIs. Participants were screened for HIV (ELISA), HBV, HCV; and other blood investigations (hemoglobin, blood group and blood sugar) were also carried out.

Data obtained through pro forma were entered into a computer with Epi Info package to establish co-relation. Various socio-demographic and behavioral factors and prevalence of STIs were examined by calculating odds ratio and Chi-square values. The result of the said study has shown that the mean age was 27.5 years. As many as

79.2% of sex workers belonged to Gujarat state, and the remaining 20.8% were from other states. The majority (95.0%) of FSWs were Hindu, and three-fourths of women were living with their husbands. About 88.5% of sex workers had less than two partners per day, and only 2.5% of sex workers had more than five partners per day.

Symptoms and treatment-seeking behaviors among FSWs showed that in half of the women, vaginal discharge was the major complaint reported within the last 6 months, followed by genital ulcer (4.9%) and dyspareunia (4.3%). Among all FSWs, 1,303 FSWs reported at least one symptom within the last 6 months, but nearly half of them had not sought any treatment; whereas 20.6% of FSWs went to Jyotisingh as they felt free to talk with the staff at Jyotisingh, along with counseling. It is also showed that STI prevalence was higher in the >25 years age group; in those who were married, illiterate; FSWs from other states; those having up to five sex partners per day; and those having income >1,000 per month. There was no significant difference when compared with respect to the age and marital status. Laboratory findings showed that 1.11% were HBV (asymptomatic carriers) positive; 1.44%, HCV positive; and 3.73%, VDRL positive. As many as 3.2% were found to be HIV positive. The present study highlights the need for generation of awareness regarding symptoms of STIs and importance of treatment for reducing the risk of getting HIV infection. Behavior change communication and condom promotion should be promoted as they are very effective means for prevention of STIs.

8. Under the guidance of **Gujarat State AIDS Control Society (GSACS), Department of Community Medicine**, Government Medical college, **Surat** conducted a research on ‘Prevalence of Sexually Transmitted Infections and HIV among Female Sex Workers of Surat in 2000.

Objectives: To measure prevalence of selected sexually transmitted infections (STI) and HIV among female sex workers (SWs) in the red light area of Surat, India, and to evaluate the performance of STI syndrome guidelines (for general population women in India) in this group against the standard etiological diagnosis of STIs by laboratory methods.

Methods: In a cross sectional study, 124 out of an estimated total of 500 SWs were mobilized to a health camp near the red light area during 2000. After obtaining

consent, a behavioural questioner was administered, followed by clinical examination and specimen collection for different STIs. 118 SWs completed all aspects of the survey. HIV testing was unlinked and anonymous.

Results: The mean number of different sexual partners of SWs per day was five. 94.9% reported consistent condom use with the clients. 58.5% of SWs had no symptoms related to STDs at the time of examination. Reported symptoms included lower abdominal pain (19.5%), abnormal vaginal discharge (12.7%), painful sexual intercourse (12.7%), painful maturation (11.0%), itching around the genital area (10.2%), and genital ulcer (5.9%). The prevalence of STI “syndromes” were vaginal discharge syndrome 51.7%, pain in lower abdomen 19.5%, enlarged inguinal lymph nodes 11.9%, and genital ulcer 5.9%. Based on the laboratory reports (excluding HIV tests), 62 (52.5%) SWs did not have any of the four tested STIs. Prevalence of laboratory confirmed STIs were syphilis 22.7% (based on reactive syphilis serology tests), gonorrhea 16.9%, genital Chlamydia infection 8.5% and trichomoniasis 14.4%. HIV prevalence was 43.2%. The performance of Indian recommended treatment guidelines for vaginal discharge syndrome (VDS) and genital ulcer syndrome (GUS) against etiological diagnosis was poor.

<http://www.ncbi.nlm.nih.gov/pubmed/12690130>

SECTION – A : STUDIES RELATED TO HEALTH ASPECTS OF COMMERCIAL SEX WORKERS MAINLY AS HIV AND AIDS

GLOBAL STUDIES

9. **A team of researchers** (Darling, Gloor, Ansermet-pagot, Vaucher, Surieux- paillard, Bodenmann, Cavassini) conducted a study (2012) ‘ on suboptimal access to primary health care among street based sex workers in southwest Switzerland’ was to quantify potential vulnerability factors in this population and to examine SSW healthcare use and unmet healthcare requirements. The method included cross-sectional questionnaire- based survey among SSWs working in Lausanne’s red light district between 1 February and 31 July 2010, examining SSW socio-demographic

characteristics and factors related to their health care. Result of the said research is as below, they interviewed 50 SSWs (76% of those approached). A fifth conducted their interviews in French, the official language in Lausanne. 48 participants (96%) were migrants, of whom 33/48 (69%) held no residence permit. 22/50 (44%) had been educated beyond obligatory schooling. 28/50 (56%) had no health insurance. 18/50 (36%) had been victims of physical violence. While 36/50 (72%) had seen a doctor during the preceding 12 months, only 15/50 (30%) were aware of a free clinic for individuals without health insurance. Those unaware of free services consulted emergency departments or doctors outside Switzerland. Gynecology, primary healthcare and dental services were most often listed as needed. Two individuals (of 50, 4%) disclosed positive HIV status; of the others, 24/48 (50%) had never had an HIV test. In its concluding remark, it was stated that vulnerable population comprises SSWs who, whether through mobility, insufficient education or language barriers, are unaware of services they are entitled to. With half the participants reporting no HIV testing, there is a need to enhance awareness of available facilities as well as to increase provision and uptake of HIV testing.

10. **A team based research** (Mumtaz, Kouyoumjian, Hilmi, Zidouh, rhilani, Alami, Bennani, Gouws, Ghys, Abu-Raddad article (2013) namely “ The distribution of New HIV infections by mode of exposure in Morocco’ aimed to estimate the distribution of new HIV infections in Morocco by mode of exposure using the modes of transmission (MoT) mathematical model. Its methodology contained the MoT model which was implemented within collaboration with the Morocco Ministry of Health and the Joint United Nations Programme on HIV/AIDS. The model was parameterized through a comprehensive review and synthesis of HIV and risk behavior data in Morocco, mainly through the Middle East and North Africa HIV/AIDS Synthesis Project. Uncertainty analyses were used to access the reliability of and uncertainty around our calculated estimates. This research resulted with the female sex workers (FSWs), clients of FSWs, men who have sex with men (MSM) and injecting drug users (IDUs) contributed 14%, 24%, 14%, 7% of new HIV infections , respectively. Two-third (67%) of new HIV infections occurred among FSWs, clients of FSWs, MSM and IDUs, or among the stable sexual partners of these populations. Casual heterosexual sex contributed 7% of HIV infections. More than (52%) of HIV incidence is among females, but 71% of these infections are due to an infected spouse.

The vast majority of HIV infections among men (89%) are due to high risk behavior. A very small HIV incidence is predicted to arise from medical injections or blood transfusions.

11. In a research by **Jeal and Salisbury** on ‘Protecting the Health of sex workers: will the real agenda please stand up’ was published on 2013 with the objectives to quantify potential vulnerability factors in this population and to examine SSW healthcare use and unmet healthcare requirements. The conducted method was a cross-sectional questionnaire-based survey among SSWs working in Lausanne’s red light district between 1 February and 31 July 2010, examining SSW socio-demographic characteristics and factors related to their healthcare. As a part of their study, they interviewed 50 SSW (76% of those approached). A fifth conducted their interviews in French, the official language in Lausanne. 48 participants (96%) were migrants, of whom 33/48 (69%) held no residence permit. 22/50(44%) had been educated beyond obligatory schooling. 28/50 (56%) had no health insurance. 18/50 (36%) had been victims of physical violence. While 36/50 (72%) had seen a doctor during the preceding 12 months, only 15/50 (30%) were aware of a free clinic for individuals without health insurance. Those unaware of free services consulted emergency departments or doctors outside Switzerland. Gynecology, primary healthcare and dental services were most often listed as needed. Two individuals (of 50.4%) disclosed HIV status; of the others. 24/48 (50%) had never had an HIV test. In conclusion, it was stated that this vulnerable population comprises SSWs who, whether thorough mobility, insufficient education or language barriers, are unaware of services they are entitled to, With half the participants reporting no HIV testing, there is a need to enhance awareness of available facilities as well as to increase provision and update of HIV testing.
12. Team based research (Okal J, Geibel S, Muraguri N, Tun W, Broz D, Kuria D, Kim A, Oluoch T, Raymond HF) on ‘ Estimates of the size of key population at risk for HIV infection: men who have sex with men, female sex workers and injecting drug users in Nairobi, Kenya was published online in 2013. The aim of the study was to estimate size of populations at higher risk for HIV infection are needed to help policymakers understand the scope of the epidemic and allocate appropriate resources. Population size estimates of men who have sex with men (MSM), female

sex workers (FSW) and intravenous drug users (IDU) are few or non-existent in Nairobi, Kenya. Methodology included integrated three population size estimation methods into a behavioural surveillance survey among MSM.

FSW and IDU in Nairobi during 2010-2011. These methods included the multiplier method, 'Wisdom of the Crowds' and an approach that drew on published literature. The median of the three estimates was hypothesized to be the most plausible size estimate with the other results forming the upper and lower plausible bounds. That were shared with community representatives and stakeholders to finalize 'best' point estimates and plausible bounds based on the data collected in Nairobi, a priori expectations from the global literature and stakeholder input. The result showed that there are approximately 11 042 MSM with a plausible range of 10 000-22 222, 29 494 FSW with a plausible range of 10 000-54 467 FSW and approximately 6107 IDU and plausibly 5031-10 937 IDU living in Nairobi. In conclusion, they employed multiple methods and used a wide range of data sources to estimate the size of three hidden population in Nairobi, Kenya. These estimates may be useful to advocate for and to plan, implement and evaluate HIV prevention and care programmes for MSM FSW and IDU. Surveillance activities should consider integrating population size estimation in their protocols.

SECTION – B : . PSYCHOLOGICAL AND LEGAL ASPECTS

INDIAN STUDIES

13. In 1990 A research based article on 'Causes of Prostitution and Methods of Prevention' by **Abhijit Dasgupta** was published in Social Welfare Journal. The said study was taken up in 1987-88 on behalf of a Calcutta based NGO called 'Development Dialogue' concerned about negative effects of rural women's migration. The two hypothesis underlying the research study were : i) In the Post Independence Indian context, prostitution was purely a labor supply-demand phenomenon and ii) therefore social hygiene oriented interventions were bound to fail in increasing influx of rural women to urban brothels. It covered 6,698 prostitutes

in 408 premises in eight recognized brothel areas of Calcutta and excluded call girls and clandestine prostitutes.

14. The procurers, brothel keepers, pimps, intermediaries and touts were described as 'the masters of the trade' by **Dr. Mukherjee**, 'who derived economic benefit and power out of the trade'. The study focused on prevention and control of the trade, Dr. Mukherjee concluded that though there were ample legal provisions, improper implementation and inadequate rehabilitation measures made prevention and control of flesh trade more difficult. He noted that conditions in the protective homes actually enabled growth of lesbianism. Voluntary efforts - both organizational and individual had their own limitations in this field. Police and others who were entrusted to deal with the problem gave lowest priority to it and saw no need to suppress it. The recommendations of the above study clearly differentiated between 'flesh trade' and 'trafficking', and were based on the assumption that flesh trade cannot be wiped out from society while trafficking can be done away with.
15. In 1991, a sample survey was conducted at the **initiative of the government of India** by C.S.W.B. in the six metros - Bombay, Delhi, Calcutta, Madras, Hyderabad and Bangalore revealed that at the time of entry 15% of the prostitutes were in the category of children and another 24.5% were minors. Economic distress was indicated as the major cause of entry in to flesh trade.
16. In January 1991 a paper published by **Dr. Pawar** attempted to examine "the extent of prostitution enforcement of the I.T.P. Act and recent amendments in the Act" (Pawar 1991). The paper discussed at length the legal aspects of Immoral Trafficking before and after the amendment in 1986. According to the author, the changes, though well intended showed little impact in terms of total registered cases, arrests and convictions. Thus, legal approach alone was not an appropriate strategy to abolish and prevent the obnoxious practice of exploiting and trafficking in girls. Pawar also questioned the laws' attitude towards customers in addition to that of traffickers and brothel keepers.
17. In the same journal **Ms. Priti Patkar's** (1991) paper illustrated from actual field experience the miserable plight of the girl children in the red-light areas of Kamatipura,

Bombay. Reference was also made to the teeth less legislation and the need to initiate social work intervention. Her observations are narrated at appropriate place later and hence not mentioned here. An unpublished Dissertation of Ms. Patakar from Faculty of Social work, too probed in to the conditions of sex workers of Kamatipura, Bombay.

18. In 1992, Protection of women in Moral Danger (A study of Trafficking in women in Rajasthan) was written by Dr. **B.S. Bedi** The study covered both rural and urban, traditional and clandestine, casual and committed (institutionalized) prostitutes in Rajasthan. The respondents were contacted from city and rural, Udaipur, District. Tonk and Dholpur. Apart from studying the personal and family background of respondents and other trade related aspects, it also aimed at evaluating governmental efforts to check flesh trade, to assess the role of voluntary organizations and at studying the likely nexus between child marriages and prostitution. Dr. Bedi's action plan covered the following recommendations : i) Special component plan for the development of communities that were traditionally involved in prostitution. ii) Strengthening of organizational structures to promote policy formulation, programme planning and co-ordination of women development, welfare and protective programmes at National, State, District and grass root level. iii) Effective implementation of the related legislation for the protection of women. iv) Effective administration of institutional services both for the victims of immoral traffic as also for women in distress and in need of temporary shelter, protection and care in the absence of which there might be fear, she may not be way laid to prostitution. v) To strengthen protective machinery as may be easily available to needy women without any inhibition and embarrassment, and vi) General recommendations covering other areas including rehabilitation of middlemen, sex education and family counselling, adult education programmes, protection of women workers in unorganized sectors and welfare programme for women in distress.

19. In 1994 Ms. **Sutapa Bhattacharya**, programme officer and Mr. **S.K. Senapati**, Research Director of CINI ~ Child in Need Institution ~ published an article on 'Sexual practices of the sex workers in a red-light area of Calcutta' in the Indian Journal of Social work. Their study aimed to collect qualitative data on the sexual practices of sex workers for understanding their sexual behavior based on which AIDS

prevention strategies could be planned. It covered 300-400 sex workers residing in Rambagan area located in Northern part of Calcutta. Initially information on various terminologies was gathered through step-wise ethnographic exploration method, informal talks, mapping, benchmark survey through a brief structured schedule and interviews, case-studies and focus group discussion techniques were used. To overcome sex workers' inhibitions in discussing their sexual practice, tricolored self monitoring cards were used - each color indicating vaginal, oral or anal sex. The findings revealed that out of 75 houses, 45 houses had 414 sex workers who were catering to the needs of low and middle income group customers. Three categories of sex workers were identified :-i) Permanent category: those who were engaged in business and were permanent residents of the area. ii) Fixed-flying category : those who came from outside and operated in the area, and went back after the day's earning. iii) Flying category: women who came with clients picked up from other areas and used the rooms on rental basis per 'shot' (sexual act).

Majority of sex workers hailed from rural areas. Others were migrants from neighboring Indian states or Bangladesh. 70 percent were Hindus. The rates for ordinary sex workers ranged between Rs.15 to 35 per client for 15 to 20 minutes of services. The minimum rate for overnight services was Rs.200/-.Economic crisis-was the main reason for their entry. The data from self monitoring cards of 100 sex workers revealed that: i) The average number of sexual encounters per week per worker varied from 12.3 to 29. The average number of clients at the end of the month was less compared to that at the beginning of the month. More than 89 percent of sex workers engaged in peno-vaginal sex. About 10 percent of the sex workers reported practicing oral sex (locally termed as 'Fanoy' or 'sucking'). The incidence of anal sex was as low as 0.4 percent. Awareness about and practice of protected sex was low among the respondents. Some suggestions are given out of this research were : Developing IEC materials like flip charts, flash cards, posters, video. These need to be developed through community involvement. Individual/group counseling through peer educators. Participatory approach for training and orientation, in depth research linked with interventions, Identification of appropriate methodologies of data collection on sensitive issues, Process documentation of intervention strategies for identifying gaps and taking corrective steps. The above research study is an important contribution in the

field as it has successfully used the qualitative methodology and participatory approach in an Indian setting.

20. In February 1997, the Maharashtra Journal of Social work published a report of the conference on "Child and Human Rights". It contained a paper on 'Child and Sexual Abuse' by **Dr. Gracy Fernandes**. The paper covered the issues of child sexual abuse and child prostitution and presented a profile of abused children. Writing on the implications of the issue for social work education and practice, she recommended that social work graduates must be prepared for practice in a range of agencies and services with people and groups that have complex problems.
21. The National Conference of Sex workers held at Calcutta in November **1997** was truly a milestone in the history of prostitution in India. In the era of 'Participatory Development' sex workers have understood the need for organizing themselves and have started playing an active role in their own development. The report of the conference had been published by Durbar Mahila Samanvya Samiti, Calcutta in the same year i.e. 1997. Muzaffar Islam (1998) summarized the same in Social Welfare Journal of January **1998**. The main fourfold demand of Indian sex workers were as follows :-a) PITA should be done away with b) sex workers should be accorded the status of 'worker' c) sex workers should have the right to self regulation (i.e. professional freedom) d) formation of a statutory board for all round development of prostitutes in India.
22. **Jean D'Cunha** conducted a research on 'The legalization of Prostitution' in 1991. An objective of the study was to assess the impact of legalization of prostitution as a system of law for India also assumed significance in the light of policy rethinking and reformulation and could provide some pointers for legal reform. The said quantitative study was based on primary as well as secondary sources of data. Primary sources includes the prostitutes of Pune. They were interviewed at the semi government STD clinic of Dr. Kotnis Arogya Kendra Hospital, Pune. Detailed interviews were also held with brothel keeper, police officials, lawyers, social workers, protective home authorities and women activists. In- depth discussion were conducted with European and Third world Prostitutes, researchers, lawyers, social workers and women activists who participated in the Brussels Congress in 1986. There were several problems in data collection and tabulation . to identify a sex

worker was attached to brothel or independent was difficult. A purposive quota sample of prostitutes was used for lack of choice. As data collection with respect to interviews with prostitutes included open ended, in-depth personal discussion which is found fail to quantify and tabulate such emotions and perceptions.

23. **Kumar Pramod (1961)** conducted a research on 'Prostitution: A socio-psychological Analysis'. Author examined the personal data of a group of prostitutes in one of the Agra districts of western U.P. The study was based on 136 registered prostitutes of Basia and Guthla, the two prostitute villages in the Agra district. The author used a small questioner to study the mental health of these prostitutes in particular and had also collected some case histories during field work. The research was highlighted by citing case histories. The author regretted that the measures taken by governments are experimental and they were too inadequate to meet the complexity of the problem. It is found that they (58.9%) were quite young in age (below 25 years). Most (30.87%) of them seemed economically stressed. 56.62% of them were illiterate. 55.88% of them were unmarried, widows also constitute a good proportion of sample (27.21%). Only 18.38% of them take regular medical advice or precautions to check vulnerable diseases. 58.1% of them never consulted a doctor as they complained that medical facilities are not provided to them. Most of them accepted that social and family factors brought them in this trade. The case studies showed how innocent and mentally immature girls because of ill-treatment at home, are seduced by persons who usually take the advantage of the opportunity by alluring them with a happier and more comfortable life. And once they are misled, because of our rigid social codes, they are doomed to lead a life of shame throughout their life. The prostitutes showed the signs of unhealthy mental life. They suffer from nervousness, mental depression, and lack of general interests. The author suggested recommendation for government and for family and for society to get rid of this problem.

SECTION – B : . PSYCHOLOGICAL AND LEGAL ASPECTS

GLOBAL STUDIES

24. According to a team (Emmanuel, Thompson, Athar, Salim, Sonia, Akhtar, Blanchard) research on 'the organisation, operational dynamics and structure of female sex worker in Pakistan' (2013), is a description of the social organization

and structural patterns of female sex work in different geographic regions of Pakistan was given clearly. They adopted geographic and network mapping data collected among FSWs in 15 cities across Pakistan in 2011 as a part of the Canada-Pakistan HIV/AIDS surveillance project. In the said research, a total number of 89 178 FSWs were estimated in the target cities for an average of 7.2 FSWs per 1000 adult males. 55 % of the estimated number of FSWs concentrated in Karachi and Lahore. Based on the operations of female sex work, two major typologies of FSWs were identified : establishment-based and non-establishment-based. FSWs were further sub typed into those operating brothels, homes, *kothikhanas*, and streets and by cell phone. Cities varied considerably in terms of predominance of different FSW typologies. It was concluded with revealing fact that there is considerable heterogeneity among FSWs in Pakistan, geographically and in terms of operational typology. Understanding the social organization of sex work and the influence of social-cultural and legal factors in Pakistan is essential for the design of HIV prevention programmes and other services for FSWs.

SECTION – C : . SOCIAL SCIENCE RESEARCHES

INDIAN STUDIES

25. In 1994 a book titled 'Devdasi Cult - A Sociological Analysis' authored by **Jogan Shankar** was published. It was based on his research work conducted during 1988. The study utilized a blend of historical method along with empirical and ethnographic tools. Over and above using secondary source material, field based data was generated through participant and non-participant observation, semi structured schedule, genealogies, life histories and case studies and formal and informal interviews.

The study described in details the genesis and prevalence of Devdasi cult and presented a profile of Devdasis of Yellampura village. The most interesting part of the study is detailed verbal description of the dedication ceremony, initiation ceremony and deflowering ceremony.

26. **Adele Weiner** (1996) authored an article on 'Understanding Social Needs of Street Walking Prostitutes' in the International Journal of Social work. The article discussed

and analyzed data collected from 1,963 female prostitutes from five boroughs of New York City - covering information on demographics, family and living arrangements, sex and drug practices, HIV status and risk reduction practices and health histories. But the more relevant aspect of the article was details of the outreach programme - a mobile outreach van providing HIV counselling and testing and distributing condoms, bleach kits for needle cleaning and HIV prevention information to street walking prostitutes throughout the five boroughs of New York City. In concluding remarks, the author hoped that social workers were encouraged to look for creative ways to provide outreach and develop relationships with a vulnerable population - usually preferring to remain concealed.

27. **Prof. Smt. Rane** from TISS, Bombay conducted a study titled "Child prostitution in Uttar Pradesh" in January **1997** which examined socio-economic conditions of 1341 child prostitutes in 13 cities of Agra, Allahabad, Basti, Goraklipur, Lucknow, Meemt, Hardoi, Faizabad, Firozabad, Pratapgad, Raibareilly, Sitapur and Varanasi. The major objectives of the study was examining magnitude of prostitution in UP. The finding of the study were: i) of 1341 child prostitutes, 793 were brothel-based and 548 operated the profession from the family/household itself. ii) All prostitutes under study were child prostitutes in the sense that they were below the age of 16 years at the entry point of the profession. Out of 793 brothel-based prostitutes 5.67 per cent were from Nepal and among those of Indian origin, majority were from the State of U.P. itself (63.8 per cent), followed by Rajasthan, Bihar, West Bengal and Maharashtra. The same trend was observed about the states of origin of 548 family-based prostitutes. Educational level of the most of the prostitutes was low and more than 60 per cent were illiterates. They lacked any vocational training before they were landed into prostitution. Majority of them (72.9 per cent) were unmarried and rest were divorced, separated and widows. With regard to their family background more than half of the respondents had lost their fathers. Majority belonged to the families with poor socioeconomic conditions with illiteracy, unemployment, engaged in agriculture labour and poor income. More than half of the families were below the poverty line. Due to poverty, more than 65 per cent of the brothel-based prostitutes took up the profession on their own; while, the rest were inducted by their relatives, friends and other persons. Majority (70 per cent) were in the profession for more than 3 years. Among brothel-based prostitutes 34.4 per cent suffered from sexually transmitted

diseases; while, the proportion for the same among family-based prostitutes was 31 per cent. More than a quarter of brothel-based prostitutes were not aware of AIDS and about half of the family-based prostitutes were ignorant about AIDS.

28. In 1994 **Ms. Mer** conducted a pilot study of commercial sex workers in the Rajkot, Gujarat red-light area as a part of her M.S.W. study under the guidance of researcher, Leena Mehta. The study (unpublished) covered 63 female commercial sex workers and was exploratory in nature. Its findings revealed that majority of sex workers were unmarried, were Hindus and were illiterate. Presence of Nepalese girls was noted, non use of condoms in clients was rejected by 40% of sex workers. The rates in Rajkot flesh market were highly fluctuating. Their legal and health awareness levels were found to be quite low. Frequently, they had to pay 'Haptas' or protection money to the police as well as to the local antisocial elements. The study pointed out need for social work intervention in terms of legal aid and health awareness.
29. In 1997 a case study research-cum-field action programme was conducted by M.S.W. trainees of Faculty of Social work under Researchers' supervision on street walkers of Vadodara. The unpublished report was compiled by Mehta. The study reveals that in Vadodara, streetwalking sex workers are mainly found in Mangalbazar and Sayajigunj area. They became active from afternoon hours and worked late night. Many of them entered flesh trade at a young age either out of economic necessity or as a consequence of frequent sexual abuse. Their rates ranged between Rs.60 to 100 per customer out of which about one third amounts was paid to the lodge owners who provided space for the sexual act.
30. In **1990**, the researcher Mehta, took up a study on a small scale on 'Prostitution in Surat City' as a part of the University Minor Research Scheme. The purpose was to update the data on the red-light area of Surat and to observe the trends in the flesh market. It was found that till 1990, the majority continued to be of Marathi sex workers professing Hindu religion. Majority of sex workers were unmarried and were illiterate. Poverty, ill-treatment by family members in case of married women and lack of social support in times of need was the major causative factors. The study strongly recommended intervention by state authorities mainly in terms of legal aid, welfare and rehabilitation and medical facilities. Sought to improve law

implementation, rehabilitation processes and to increase involvement of voluntary agencies.

31. In November 1998, a workshop on "Child Sex workers in Gujarat" was jointly organized by Centre for Social Studies, Surat and UNICEF, Gandhinagar. This was perhaps the first attempt of its kind as far as Gujarat State is concerned. Mehta Leena's paper on "Social Profile of Child Sex Workers" attempted to identify child sex workers from different social setting in Gujarat State.
32. In the same workshop **Dr. IS. Gilada** presented a paper titled "Child Prostitution : A blot on Humanity - a status report on Child Prostitution in India". Analyzing the data of over 5000 sex workers, he revealed that: 1. about 15 to 20% of estimated 60,000 sex workers in Mumbai are children. 2. About 15% of sex workers entered prostitution through Devdasi system. 3. A sex worker attends to an average of 3 clients daily and their average income share is about Rs.700/- per month. 4. Average 10-12 girls stay in one room (size approximately 10' x 12'). 5. Most of them eat from filthy cafeteria's/vendors. 6. Commodities are sold at double cost in these localities. Even water, the only hygiene available to them, is sold Rs."2/- for a bucket, when others in city have access to free water supply. 7. Most of the sex workers are forced to abuse drugs, alcohol and nicotine. 8. Most of the medical practitioners are quacks (90%) and act under instructions of brothel owners. Often quacks inject coloured water in vagina and uterus (intra-vaginal / intra-uterine injections) to treat STD's.
33. In the team (Shinde, Setia, Kavi, Anand, Jerajani) research on 'Socio-demographic characteristics of male sex workers (MSWs) in Mumbai'. There are many reports on female sex workers, but few studies on interventions for male sex workers. We report the socio-demographic characteristics of individuals who attended a clinic for MSM in Mumbai, India. The Humsafar Trust provides clinical services and HIV counseling and testing services to MSM and transgender in Mumbai. The Dept of Dermatology (LTMM College), one of the collaborating departments provides clinical services to these individuals. They analyzed the socio-demographic characteristics of the clinic attendees who reported sex work. In the result, it can clearly be seen that of the 75 individuals, 24 were males and 51 transgender. The mean age of the group was 23.3 (+ 4.9) yrs. About 15% were married or lived with a permanent partner. Of these

individuals, 85% reported sex work as a main source of income and 15% as an additional source. The primary occupation was sex work in 70% and 30% had other primary occupation (e g masseurs, bar boys). The venue for sex work was private in 67% of the workers and public in the rest. About 84% of them were into sex work for more than a year. The clientele was unskilled labourers for 59% of the sex workers. The overall HIV infection was 33%. HIV was associated with being a transgender (41% vs. 17%, $p=0.04$), age > 26 yrs (57% vs. 28% $p=0.04$), > 1 year of sex work (38% vs. 8% $p=0.05$) and income < Rs.2000 pm (62% vs. 27%, $p=0.02$). In Conclusion, Male sex workers are an important risk group for HIV in Mumbai. There is an urgent need of targeted interventions for prevention of HIV in this population. Qualitative research would be an important tool to identify social aspects of sex work, negotiation skills and other relevant issues.

(<http://www.iasociety.org/Default.aspx?pageId=11>)

34. **Shri S.K. Ghosh** (1996) who retired as Inspector General of Police, Orissa in 1969 published 'The World of Prostitutes' in 1996. The work is carried in two volumes and contains socio-economic origins and modes of prostitution prevailing in more than forty countries of the world. They also describe the role of State and present a detailed review of international organizations and instruments/ conventions dealing with traffic in persons. The information compiled in the volumes also include views expressed and papers presented by eminent sociologists, psychologists, professors, social reformers and representatives of Governments of different countries at the 28th Vienna International Congress, IAF (International Abolitionist Federation) and the 29th Stuttergrat International Congress, IAF. The researcher benefited a lot by reading these volumes. The information on specific topics has been quoted at appropriate places and hence not included in detail in the review of literature to avoid unnecessary repetition.
35. **Harshankar Adhikari** (2008) conducted a research titled 'Girl Children in Sex workers' Communities: Their representation in the sex trade'. The objective of the study was to delineate the process related to growth and attainment of maturity of the girl child in the sex workers' community and the circumstances under which these girls are forced into their mother's profession. The research examines the practice of marriage and marital relation among the children of CSWs in an attempt to

understand the reasons that compel them to enter their mothers' profession. The data for the said study was collected from red-light area in Bow bazaar, Kolkata. Data collection took place in three phases. The first phase involved conducting a complete census enumeration of all household of the area. Out of the 2200 resident CSWs, 200 CSWs who had biological or adopted children and lived in the area along with these children were purposively selected. The second phase involved the selection of 250 children (130 mothers) of both sexes between the age group of 6-25 years from a total of 325 children and documenting their experience of growing up as well as the problems faced by them during their growing years. The third phase focused on an examination of the 64 records relating to the marriage and marital relations of the children that had been collected over the past five years. The data collection method for the said study included (a) interviews of the CSWs and their children and (b) participatory observation on various aspects of their life and trade, the data collection team made frequent visits to the places where children gathered together and played with their peer groups to observe their interaction. Further, these visits provided the team with opportunities to do following (1) study the role of the community and understand the relationship within it (2) work with individuals and carry out case studies of the families. (3) Collect information from the children on the experience of the process of selection of a life partner and the current status of their marital relation. The data reveals that the CSWs usually provide care to their infants for a period of 4-6 weeks post the birth and there was no gender bias or preferences for a male offspring. The data shows that 16.4 percent of the girls were never enrolled in school. Eighteen percent dropped out from school. Significantly 7.2 percent of these girls dropped out between their ages of 10-16 years when they were undergoing their high school education. Only 19.2 percent of the girls continues their school education. Approximately 10 percent of the girls left their schools to assist their mothers in trade. A small percent of these left the school without even completing primary education. Another 10.2 % dropped out as a result of having to take on household chores such as cooking, fetching water, sweeping, cleaning, daily shopping, and looking after their younger siblings. Peers influenced 6.9% girls to leave their schools. A few (6.9%) were withdrawn from their schools because of their romantic relationships. Other reasons included lack of support from the mother (2.3% of girls and 11.6% of the boys), poor scholastic performance (11.5% of girls and 7.9% of the boys), influence of the community and peers (5.3% of girls and 11.2% of the boys) and attitude of the

teacher (1.1% of the girls and 2.3% of the boys). The data also reveals that the girls are encouraged by their mothers to supply alcohol and other foods to their clients so as to avail special rewards from that particular client. It also reveals that the aged sex workers are generally incapable of attracting their clients. So, for their survival they use their teenage girls to attract clients. Another finding says that these young girls either stay on the terraces and roofs of their houses or in the streets and lanes of the community when their mothers are with clients. Moreover, many of the girls from such families opt for marriages at young ages (15-16 Years). It is found that in 73.2 % of marriages (out of 64) during the last five years, both partners belonged to the sex workers' community and only 26.3 % of the marriages had taken place with partner without links to the sex workers community. A large majority (82.6%) of marriages were based on romantic relations. The data further shows that a majority of girls (27 out of 33) chose to get married to men from within the sex workers community.

36. **T. Vikraman Pillai** (1982) in his article 'Prostitution in India' revealed general and the profession as practiced in Delhi. Objective of the study was to ascertain the socio-economic background of these prostitutes; and the reason why these women had taken up this profession. The study revealed that the causes for practicing and adopting the profession are mainly poverty, ignorance, craze for a glamorous life, marriage arranged against the girl's wish, negligence or desertion by husband; the ill-treatment by the in-laws, lack of education at school and at home, rapacious and very rude treatment meted out by husband and other close relatives, unhealthy environment, bad association and imitation of western way of life. The hypothesis of this study was an attempt to ascertain the factors that compelled these women to take to prostitution and to study their socio-economic background. Methodology of the study was very clear. The data were collected through personal interviews with the inmates of G.B. road red-light area in Delhi in a random sample of 50 cases. This study showed that 40% of women were entered into this profession in the age group of 16 to 22. , 28% of them were into the age group of 16 to 18 years, 34% of them were into the age group of 19 to 21 years and the rest were above the age of 20 years. 63.83% of them belonged to Hindu religion and schedule caste families and 8.15 % belonged to other community. 64% of women were unmarried while the rest were once married. The study indicated that 80% of women were introduced into the profession by their relatives or their family members due to poverty. Brothel keeper took 50% of earnings of sex workers.

70% of them were illiterate. The study revealed that 76% of them were suffering from VD. Only 12% of them liked prostitution. It is also suggested with remark that, “No concrete steps have been so far taken by the Government or Social Welfare Board to rehabilitate them or to provide them with gainful employment”.

37. The **NHRC** (National Human Rights Commission) conducted action research on trafficking in women and children in India 2002-2003 with the involvement of the **Department of women and Child Development, Government of India**. The objective of this research was to study the trends and dimensions of trafficking in order to identify the vulnerability factors and issues so that it would facilitate the response systems in developing and implementing holistic policies and programmes to combat trafficking. The primary data was collected by interviewing 4006 persons falling under seven categories, spread over 13 states/UTs. These categories are (a) victims of CSE (b) survivors (c) brothel owners (d) traffickers (e) clientele (f) trafficked children rescued from exploitative labor and servitude and (g) police officials.

Out of the interviewed survivors and victims who were trafficked for CSE, the maximum (29.5%) were from Andhra Pradesh, followed by Karnataka (15%), West Bengal (12.5%) and Tamil Nadu (12.3%). Intra state trafficking was also observed to be very high in almost all the states studied except Delhi and Goa. 464 victims of commercial sexual exploitation interviewed. Majority (68.5%) of them belonged to the age group of 22-35 years. Majority (44.3%) of them started their life in brothels. 60.6% of them were victim of child marriages. Nr to half of them accepted that their traffickers are male and the rest said female. Majority of them (68%) were lured by the promises of jobs and 16.8% by promises of marriage. 72.5% of them had been convicted earlier on the charges of soliciting. 561 survivors of commercial sexual exploitation were interviewed which revealed that 61.7% of them were already being exploited in brothels before the age of 18 years. Majority 51.7% of them from deprived section of the society. 57.9% of them were arrested by the police earlier. Average number of clients was seven per day. 852 clients were interviewed for the said study which indicates that 45.5% were married and 72.9% of them were living with their spouses. 85% were local residents. 93.8% were frequent visitors to brothels. 412 brothel owners were interviewed for the said study which suggests that 67.2%

were victims of CSE before becoming brothel owners. 860 children were exploited in the brothels. The highest demand was of virgin. 53.4% stated that they avoid arrest or police action by bribing the concerned police officials. 160 traffickers were intervened for the said study. 57.5% stated that money is arranged by brothel owners. 69.8% had no freedom to move.

38. **Madhusudana Battala** (n.d.) had conducted a study on 'Internal Trafficking of Women into Sex Work in India: Problems in Rehabilitation and Reintegration'. The broad objective of the study was to examine the process of trafficking of women into sex work and to explore the problems and prospects in rehabilitation and reintegrating. The predominant state, Andhra Pradesh has been selected for study purpose. The mapping of the catchment (source) areas in Andhra Pradesh was carried out and found that the drought prone areas in few districts are more vulnerable. To assess the problems and prospects in rehabilitation and reintegrating the trafficked women, the stakeholder like NGO's involving in the trafficking issue in Andhra Pradesh (Source area) were interviewed. The government officials of various departments at source areas interviewed. To understand the process of trafficking as well as the problems in reintegration the in depth interviews carried out with the women who reintegrated into the society. In addition to the trafficked women the interviews with the agents, brokers, mediators and other such persons who are involving in trafficking of women at catchment source area, like pimps, brokers, agents etc to understand the dynamics of the trafficking in women into sex work. The summery of findings suggests that there is a link between gender discrimination, poverty, deprivation and trafficking. Discrimination also means for the girl child, deprivation of education, lack of economic opportunities, an early marriage, early child bearing and risks to health and well being. Many tribal customs also do not permit women to own land, which is the main source of income in a rural community, thus making women far more vulnerable than men. "The victims not only face the danger of being psychologically abused, but also the reality of being infected with HIV/AIDS. It is also likely that they will become procurers after a few years of victimization". The existing discrimination and stigmatization by the own family members in addition to the community people while reintegrating in the society making women further vulnerable for trafficking.

39. The study conducted by **Kumar Anil (2005)** on 'Female sex workers and clients: Contexts, sexual behavior and Implications' examines the linkages between contexts and sexual behavior among two high risk groups: female sex workers and their clients. The study was conducted in 2000 in two selected red-light areas in Mumbai: near Lamington Road and near Falkland road. There were 1578 sex workers operating from two areas, with variations across buildings. Out of these 1578 FSWs, 300 from the Lamington road and 201 from Falkland area were selected in such a way that the sample size from each building was proportional to the number of sex workers operating. The study reveals a high level of sexual demand from clients and severe economic pressure on the female sex workers. Contrary to the general belief, clients are from both lower and better off socioeconomic categories; the proportion of married clients is considerable; and one third of the clients are youth aged 15-24 years. About 50% of clients and sex workers have ever experienced symptoms of sexually transmitted diseases. The study discussed the immediate and long-term implications of the observed contexts and sexual behavior.

SECTION – C : . SOCIAL SCIENCE RESEARCHES

GLOBAL STUDIES

40. One team Research (Vandepitte, Lyster, Dallabetta, Crabbe, Alary, Buve) on 'Estimate of the number of female sex workers in different regions of the world' (2006) to collect estimated numbers of female sex workers (FSW) and present proportions of FSW in the female population (FSW prevalence) in different regions of the world. Their method was- sub national and national estimated numbers of FSW reported in published and unpublished literature, as well as from field investigators involved in research or interventions targeted at FSW, were collected. The proportion of FSW in the adult female population was calculated. Sub national estimate were extrapolated to national estimates if appropriate. Population surveys were scanned for proportions of adult women having sex in exchange for money or goods. It was resulted with the FSW prevalence in the capitals ranged between 0.7% and 4.3% and in other urban areas between 0.4% and 4.3%. Population surveys' from this same region yielded even higher proportions of Women involved in

transactional sex. The national FSW prevalence in Asia ranged Between 0.2% and 2.6%; in the ex-Russian Federations between 0.1% and 1.5%; in East Europe between 0.4% and 1.4%; in West Europe between 0.1% and 1.4%; and in Latin America between 0.2% and 7.4%. Estimates from rural areas were only available from one country. In concluding remark of the research, it was said that although it is well known and accepted that FSW are a highly vulnerable group in the scope of the HIV epidemic. Most countries in the world do not know the size of this populations group. The estimates of the prevalence of FSW presented in the paper showed how important hard-to-reach population group was in all parts of the world.

41. Patterns of sex work contact among men in the general population of Switzerland, 1987-2000' was a team research study. Objectives of the study were to analyze the prevalence of lifetime recourse to prostitution (LRP) among men in the general population of Switzerland from a trend and cohort perspective. In methodology, using nine repeated representative cross-sectional surveys from 1987 to 2000, age-specific estimates of LRP were computed. Trends and period effect were analyzed as the evolution of cross-sectional population estimates within age group and overall. Cohort analysis relied on cohorts constructed from the 1989 survey and followed in subsequent waves. Age and cohorts effects were modelled using logistic regression and non-parametric monotone regression. The result indicated the prevalence for the younger groups was found to be logically lower, there was no consistent increasing or decreasing trend over the years. over 1987-2000 was 11.5% (range 8.3 to 12.7); for the 31-45 year group, the mean was 21.5% (range over 1989-2000 20.3 to 23.0%)? Regarding cohort analysis. The Prevalence of LRP was found to increase steeply in the youngest ages before reaching a plateau near the age of 40 years. At the age of 43 years, Prevalence was estimated to be 22.6% (95% CI 21.1% to 24.1%). In conclusion, the steep increase in the cohort-wise Prevalence of LRP in younger ages calls for a concentration of prevention activities in young people. If the plateauing at approximately 40 years of age is not followed by a further increase later in life, which is not known, then consumers of paid sex would be repeat buyers only, a fact that should be taken into account by prevention. (<http://www.ncbi.nlm.nih.gov/pubmed/18524843>)

42. A study on 'Sex Trade in Thailand was conducted by **Veena N. (2007)**. The aim of the study was to identify the sex workers who use the internet to offer sexual services in Thailand. The sex workers who use such services were interviewed in the period of August-September 2003. Contact was initiated through the internet, although friends and acquaintances also introduced some sex workers. Several woman who agreed to talk did not come to the meetings as they feared the researchers were connected with police and would harass them. Using the history method, the women were asked to speak about their lives, their work and themselves with some topic as focal points. They were then asked some pointed questions. (i) How did you start providing sex service through internet? (ii) Why did you start doing this? (iii) What are the problems you have encountered? (iv) How did you solve the problems? Total 20 women were interviewed. Seven women were in their early 20s, while three were in their late 20s. four women were students, one was employed, and the other five were currently unemployed. Most of the women said that they had heard about this method of sex from other women. Some said that it is common knowledge as Thai language newspapers published article about such sites. Most women spent between 2-3 hours online before fixing an appointment. Several women had loaded their photographs online for the men to browse. Some had sexy and/or nude photos, while others (especially students) had only passport photo on the screen. Five women sold sexual services to finance their lifestyle while the rest did so to support their children. Peer pressure was specifically mentioned by younger women as a reason for taking up sex work. Three of the women did not know how to use PC or internet and dependent on their friends to chat on their behalf and fix appointments. They said that 70 % of the men sex buyers were married and had families.

SECTION – D : RESEARCH RELATED TO EVACUATION

INDIAN STUDIES

43. **Kumar Rahul** (2011) conducted a study on 'Impact of Displacement through the framework of social justice: an anthropological insight'. The study attempts to identify the various impoverishment risks unleashed by development projects, the approach of development practitioner towards the displaced people or project affected people which lack the fundamental constitution values of social justice and human

rights, the discrepancy or mismatch between policy goals and means. Temporal model of resettlement phases propounded by Scudder (1973) and the other is improvement model of Cernea (1997) were used for the said study. The study suggests that the development induced displacement has come to acquire special significance due to the rapid race for development in increasing changing world. In the line of development, numerous urban development and hydroelectric projects as well as the industries have been set up in India; which finally led to the displacement of more than 60 million people but surprisingly very few of them have been resettled and rehabilitated successfully. Even after more than a half century of independence, not enough attention has been paid to the costs paid to the rights of displaced people in terms of social justice and the resultant degradation in the lives of people, not to mention the increasing disempowerment and impoverishment of poor.

This chapter highlighted different methodologies adopted by various researchers on the subject of the sex workers. The next chapter presents a detailed discussion about the methodology adopted by the researcher for her subject of research.