

## CHAPTER - V

### **WORK ENVIRONMENT AND REHABILITATION POTENTIAL**

This chapter focuses on another important dimension of respondents' life style - i.e. their occupation and work environment. Occupational aspects have a great bearing on one's physical, social and mental state. This is especially so in case of brothel based sex workers' as there is no clear distinction between their personal life and work life. They live and work in the same place, in the same environment and barring their customers, interact with the same people around.

The major areas covered in this chapter are :-

- i) Occupational History.
- ii) Business Related Information.
- iii) Customers.
- iv) Health.
- v) Rehabilitation Potential.

#### **Occupational History :**

This section deals with the occupational history of the respondents. Sex work is an occupation around which there is a lot of controversy. On one hand it is described as one of the oldest profession of the world - having its roots in

religious beliefs, and on the other hand, even the most permissive and modern societies of the world are hesitant to accept it as a respectable occupation. In India, though sex work per se is not illegal, socially it is regarded as an immoral activity, and hence it is assumed that no person, in ordinary circumstances would choose to accept it as a means of livelihood.

The researcher felt the need to re-evaluate this assumption and to explore why, when and how girls and women get in to this socially shunned occupation.

**Table - 34 : Respondent's Age at Entering in to Flesh Trade**

Sr. No.	Age at entry	Frequency	Percent
1	Minor (18 years and below)	21	19.6
2	Major (Above 18 years)	86	80.4
Total		107	100

From legal point of view, sex work with a minor is not permissible. Any person availing the sex service from a minor or forcing a minor to give such service is punishable. Despite provision for stringent punishment in the law, minors do enter the world of flesh trade at a tender age. As seen in the above table, though majority of respondents entered the flesh trade after they became adult, almost one fifth of the respondents did start working as sex workers when they were minors.

Though minor entrants to flesh trade are small in number, it becomes a matter of concern when even a single young person is entering this risky trade having grave occupational and social hazards. They pose a question not only to the law implementers but also to the existing social and economic structures which compel a minor to accept sex work for their livelihood.

For planning any intervention programme and for exploring the rehabilitation potential for respondents, it may be necessary to know how long they have been in flesh trade.

**Table - 35 : Distribution of Respondents According to Years in Flesh Trade**

Sr.No.	No. of years in flesh trade	Frequency	Percent
1	Less than 1 year	06	05.7
2	1 to 5 years	24	22.4
3	6 to 10 years	47	43.9
4	11 to 15 years	15	14.0
5	16 to 20 years	12	11.2
6	More than 20 years	03	2.8
Total		107	100

As evident from the above table, among the present research population, a large majority of more than 90% are concentrated in one to twenty years of experience. Those who are freshly entered in flesh trade form a smaller group. As the age advances, the respondents become less occupationally active as they do not

get sufficient customers and hence are thrown out of business. This is why the number of respondents having more than twenty years of experience is smallest.

**Table - 36: Respondent's Years in Flesh Trade and Desire to leave Flesh Trade**

Sr.No.	Duration in Trade. Yrs.	<u>Desire to Leave Flesh Trade</u>		Total	%
		Yes	No		
1	Less than 1	00	06	06	05.7
2	1 to 5	09	15	24	22.4
3	6 to 10	15	32	47	43.9
4	11 to 15	06	09	15	14.0
5	16 to 20	06	06	12	11.2
6	More than 20	02	01	03	2.8
Total		38 (35.6%)	69 (64.4%)	107	100

The above table shows the total number of years spent by respondents in flesh trade and their desire to leave flesh trade and accept alternative mode of earning. Among each category up to 15 years' period in flesh trade, majority of respondents have declined the desire to leave sex work. In the fifth category i.e. respondents whose duration in flesh trade ranged from 16 to 20 years, the number is equally distributed between those who showed desire to leave flesh trade and those who refused. In the last category - who had spent more than 20 years in flesh trade, majority showed willingness to leave sex trade.

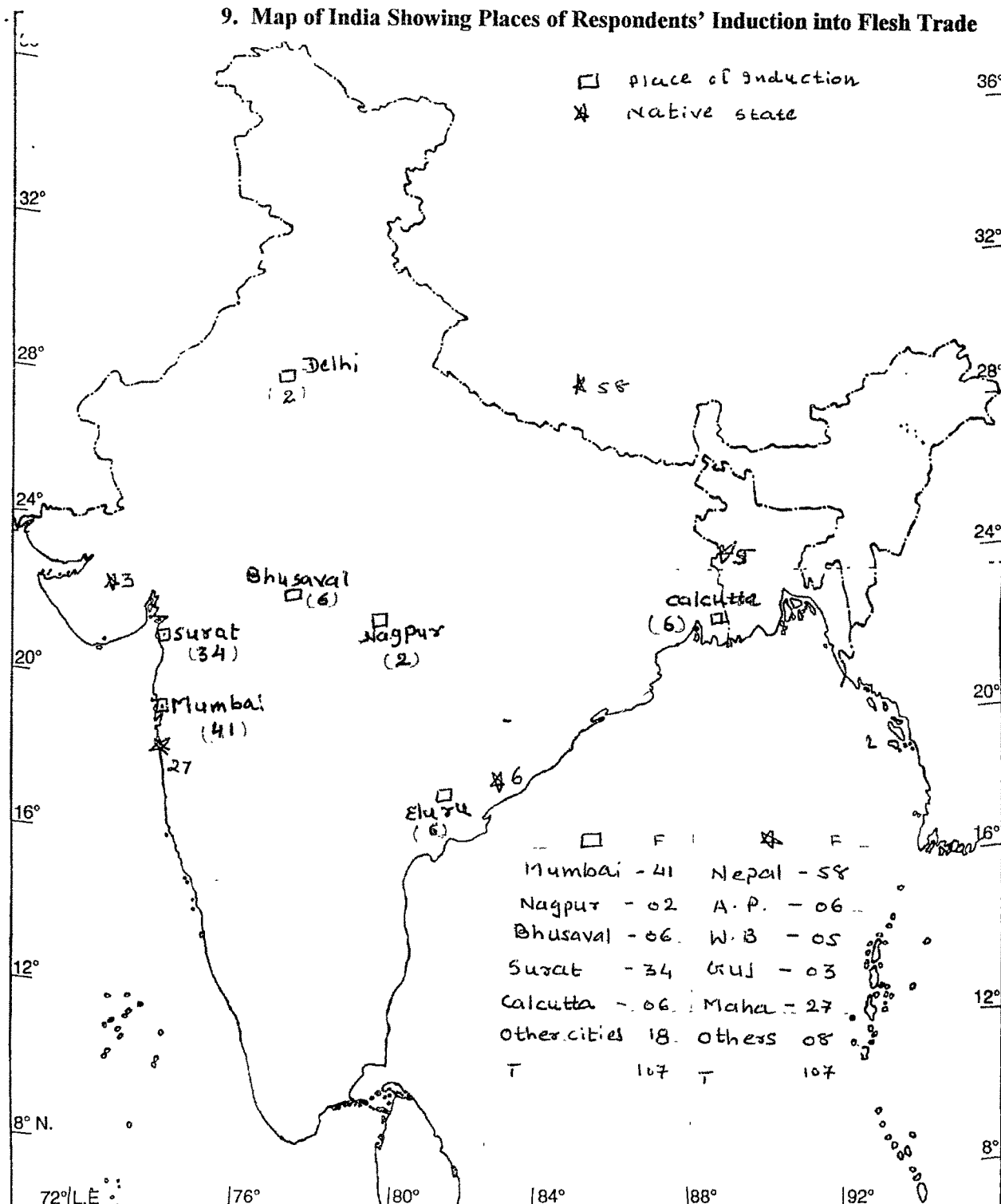
It is obvious that with the progress in duration of flesh trade, their age also progressed. With the progress in age, their survival in flesh trade was threatened owing to less number of customers coming to them and thus, older respondents were perhaps compelled to leave flesh trade and consider another option for earning their living.

**Table - 37 : Place from where Respondents Started Trading in Flesh**

Sr. No.	Place	Frequency	Percent
1	Bombay	41	38.3
2	Nagpur	02	01.9
3	Calcutta	06	5.6
4	Bhusaval	06	5.6
5	Surat	34	31.8
6	Other Cities	18	16.8
Total		107	100

Tapping the source of supply of women and girls in flesh trade can help in planning any prevention programme. As already stated in the earlier chapter, sex workers' is a floating population. They keep moving from one city to another either in search of better business or because of tightened police operations. It was, therefore, difficult for the researcher to chart the course of their movement. However, respondents could easily remember and share the place from where they were formally inducted into brothel based flesh trade.

9. Map of India Showing Places of Respondents' Induction into Flesh Trade



Bombay topped the list from where highest number of respondents started their career in brothel based flesh trade. Next was Surat possibly because it fetched fresh supply of sex workers from the nearby Maharashtra boarder regions. Relatively fewer respondents were from Calcutta possibly because of the long distance. Nagpur and Bhusaval were other towns from where respondents had started trading in flesh and then had moved to Surat.

According to some Nepalese respondents, over and above Bombay and Calcutta, Surat is becoming a fairly known place for flesh trade even in the place as far as Nepal ! Instead of the earlier trend of Surat being routed via Bombay or Calcutta, beginners from Nepal landing up straight in Surat red light area are not uncommon.

**Table - 38 : Reasons for Accepting Sex Work**

Sr. No.	Reasons	Frequency	Percent
1	Personal	03	2.8
2	Social	07	6.5
3	Economic	38	35.5
4	Social + Economic	47	43.9
5	Liking for the work	01	0.9
6	No Response	11	10.7
Total		107	100

While probing in to the reasons which led the respondents to accept sex work as an occupation it was found very clearly that limitations of our social and economic systems were the prime reasons.

The number of respondents who were victimised by both their social and economic circumstances was the highest. Social maladjustment coupled with economic problems made most of the women and girls vulnerable to prostitution. Ill treatment by parents, husband or in-laws and lack of alternative support system forced most of the respondents to take up prostitution.

Their next main reason for accepting prostitution was sheer poverty. More than one third of the respondents said that despite struggling hard, they could not earn enough even for two square meals a day. They migrated to urban areas in search of work and landed up in prostitution.

There was only one respondent who said that she accepted sex work because she liked the nature of work. Those with 'personal' reasons were the respondents who were neither socially maladjusted, nor poverty stricken but had accompanied their village friends who had left their families just to satisfy their curiosity for city life. They were not totally unaware of the risks involved in doing so but were ready to 'take a chance'.

Eleven respondents failed to give a satisfactory response. They tried to give a very vague answer to the question 'why they entered flesh trade' e.g. some said 'just like that i.e. (Aise hi) some others said 'while travelling aimlessly we landed up here' i.e. ("ghoomte ghoomte yanha aa gaye"). It is difficult to take their



response at face value. One can not resist suspecting a definite net work leading them to the red light areas, and respondents' fear in disclosing the same.

**Table - 39 : Specific Events that led Respondents to Leave Home**

Sr. No.	Event	Frequency	Percent
1	Husband's extramarital affair/ill-treatment	21	19.6
2	Ill treatment by in-laws	07	6.5
3	Death of Spouse or Parent	04	3.7
4	Deceived by boy friends/strangers	20	18.7
5	Lured by Village friends	04	3.7
6	Hunger/Extreme Poverty	31	29.0
7	Other Events	06	5.6
8	No Specific Event	14	13.1
Total		107	100

To abandon home and relations is a major and difficult decision. It is obvious that one is tempted to take such a grave decision only where the circumstances become unbearable or unmanageable and the hope to overcome the crisis is very thin - or, when one loses balance of mind out of distress.

Researcher tried to find out if there was any triggering event which led respondents to leave home and family. About 13% of respondents could not pinpoint any such event. A large number of respondents said that extreme poverty, and frequent non availability of food i.e. hunger was the triggering cause to leave home in search of work. A significant number of them listed ill-treatment by

husband or in-laws or husband's extramarital relations as such events. Deception by boyfriends - mainly refusing to keep up the promise to marry after having sexually exploited the girls or giving false promise to settle them in good jobs and selling them off in the sex market were also the reasons given by respondents to leave home. Four respondents were lured by their own friends working as sex workers.

Other events included respondents being accused of theft of or damage to the property of the employer, inability to pay up debts and threats of legal actions, or quarrels with parents.

Failure to cope the social, economic or emotional crisis created by these events ultimately led them to accept flesh trade.

**Table - 40 : Respondents Coerced into Flesh Trade**

Sr. No.	Whether Forced or Tortured	Frequency	Percent
1	Yes	15	14.0
2	No	92	86.0
Total		107	100

While majority of the respondents admitted of having accepted flesh trade voluntarily, a small number did say that they tried to resist being convinced or brain washed in to accepting flesh trade, but were physically forced or tortured and

thus, were compelled to work as sex workers by the traffickers, pimps or brothel keepers.

It must be noted that the above table is restricted to physical force or torture only and does not include gradual mental coaxing or brain washing techniques used by the traffickers. Locking up of respondents - amounting to restriction freedom of movement - is however, included in 'physical force'.

It was learnt that physical torture was applied only as a last resort especially in case of girls who were 'sold' to the brothel keepers or pimps. They were not allowed to leave until they returned the amount of 'price' paid by the brothel keeper through their earnings.

**Table - 41 : Previous Occupation of Respondents**

Sr. No.	Event	Frequency	Percent
1	Agriculture Labourer	29	27.1
2	Domestic Service / Housemaids	22	20.6
3	Hotel Jobs	02	1.9
4	Others	06	5.6
5	N.A (Did not work)	48	44.9
Total		107	100

The above table reveals the nature of occupation of respondents before accepting sex work as a means of lively hood.

It is seen that majority of them were working mainly as agriculture labourers or as domestic servants. Some worked in hotels as dishwashers or in shops. In other words, they accepted sexwork as a second option - when their previous occupation could not earn them a steady and satisfactory income to live an independent life. For a considerable number - though in minority - among the respondents were not working earlier. For them, sex work was the first occupation they ever took up - or were compelled to take up.

#### **Business Related Information :**

In the previous section on occupational history of respondents, data were collected on the reasons and mode of respondents entering sex industry, age at which they entered and number of years of working as sex service givers.

This section describes the present living environment of the respondents. Unlike call girls or clandestine prostitutes, brothel based sex workers' personal, social and work settings are not different. Having abandoned (or having been forced to abandon) their original social set up, brothel life becomes a part of their psychological, social and economic existence.

Saroj Jha (1994) in her article 'Lifestyle related problems of youth' has rightly said, "while India continues to face the challenges of coping with the diseases of under development, over population and poverty, a new set of health problems are emerging, called the lifestyle diseases, affecting mainly the urban,

but also the rural population. “Elaborating the meaning of ‘lifestyle’ diseases she adds,.. ‘with the advent of social medicine, it became apparent that a whole range of psycho-social factors have a very great influence over health. These factors are found largely in the social, political and cultural sides of people’s lives and influence the everyday behaviour of people at their place of learning, their place of work, in their homes and in their places of recreational activities’.”

Considering prostitution as a social hygiene problem, in turn, giving rise to many other life style diseases, understanding the immediate environment of sex workers becomes important. For this unfortunate section of society, their daily routine revolves round only one place - a brothel. Their home, their place of earning and their place of work is the same : a brothel - mostly a one / two room accommodation, shared by several others where they ate, slept, worked and spent most precious years of their life.

This section throws light on their living and working patterns. As already described in detail in the chapter on research setting, the physical layout of the brothels can be divided in to mainly three types :

- (i) the old time big brothel houses having several rooms, basement, ‘chowk’ or terrace open to sky.
- (ii) old houses divided in to several separate rooms.



**10. Business Setup in Early Nineties ... Business in Fullswing**  
(Source : Mehta 1990)



**Business Setup After Late Nineties ... When Police Becomes Active**  
(Source : Shrirang Studio 2000)

- (iii) newly constructed 'chawl' type buildings having number of separate rooms and common toilet facilities on each floor.

**Table - 42 : Respondent's Mode of Operating in Business**

Sr.No.	Business Mode	Frequency	Percent
1	Operated independently (self employed)	29	27.1
2	Operated under gharwali	78	72.9
Total		107	100

As the above table shows, majority of respondents operated under and through brothel keepers. Whether the brothel is a large building or a one room accommodation, the person owning the premises or occupying the same on rent is a 'gharawali'. Girls who could not afford to own or take on lease such premises independently function under a gharawali.

Little more than one fourth of the respondents, however, operated independently by taking a room on rent and sharing the room jointly. Though they carried out their routine business operations independently, they did enjoy shelter and support of some 'dalals', or premise owners or brothel keepers for 'special' purposes e.g. rescuing them from police raids, paying up their bail amount when arrested or any other type of legal complications. Though they hesitated in saying this fact clearly, most girls indirectly admitted that they were a part of a larger



network, and that their rent amount included the regular protection money to be given to the leaders of such network - a portion of which had to be passed on to the police and politicians.

In other words, in reality, there was hardly any respondent who operated independently in the true sense of the term.

### **Independent Units :**

Out of twenty nine respondents occupying the accommodation on rent, twenty five said that the amount of rent for one person was Rs.500 per month for one room. The highest rent paid was Rs.1500/- per month for four rooms. Mostly the amount of rent depended on the size and facilities of the accommodation.

Number of partners sharing common accommodation on independent basis ranged from zero to four i.e. those who could afford to pay higher rent occupied the room individually. Majority of respondents shared their room with two other partners. Electricity facility was there in all rooms. However, water and sanitation facilities had to be shared by the occupants usually living on one floor of a building. None of the single rooms that researcher saw had attached toilet - bath facilities. Most of these respondents got their tiffins from outside. Some of them used kerosene stoves to make tea etc. For want of space and ventilation, usually stoves were kept out side their rooms in the common lobby or passage.

### **‘Gharawali’ Owned Units :**

The ‘gharawali’ or brothel keeper owned units were mainly of two types. Two or three leading and well established gharawalis had real big premises - some, large enough to have two openings falling in two different streets. This facilitated their escape at the time of police raids. These homes had relatively better sanitation facilities. They had walled cubicles with ceiling fans to ensure comfort and privacy of customers.

The researcher could observe big water tanks with electric water pumps fitted to ensure round the clock availability of water. These places were cleaner than the independently owned units. Researcher could observe that gharawalis were strictly monitoring the business operations and were very conscious about their reputation.

The second type of gharawalis were women who owned or had rented small premises out of their little savings as retired sex workers. They operated through young girls, who in return of their stay paid them commission from their earnings.

One important thing to be noted was that unlike some of the red-light areas of other metropolis, none of the brothel keepers caged the girls. There were no visible restrictions on the freedom of movement of the girls working under gharawalis.

**Table - 43 : Distribution of respondents according the size of brothels**

Sr. No.	No. of rooms	Frequency	Percent
1	One	49	45.8
2	Two	19	17.8
3	Three	04	3.7
4	Four	02	1.9
5	Five	02	1.9
6	Six	02	1.9
7	Not applicable (independent)	29	27.1
Total		107	100

The above table clearly shows that majority of respondents were working under gharawalis having one or two room accommodation. Bigger brothels having rooms up to six in number had a separate spacious kitchen and ‘girasthi’ room i.e. room for personal use of brothel keeper. Some had given a part of their building on rent to small gharawalis or even other civilian families. 29 out of 107 respondents were self employed and functioned independently and hence are not included in the above table.

The number of girls working under the gharawalis ranged from one to fifteen. This included the number of girls working under the ‘didis’ i.e. under indirect control of the main gharawalis.

**Table - 44 : Total number of Persons Living on the Gharawali's Premises**

Sr. No.	No. of Persons	Frequency	Percent
1	One	03	2.8
2	Two	07	6.5
3	Three	14	13.1
4	Four	16	15.0
5	Five	16	15.0
6	Six	07	6.5
7	Seven	03	2.8
8	Eight	04	3.7
9	Nine	01	0.9
10	Ten	03	2.8
11	Eleven	03	2.8
12	Twelve	01	0.9
13	Thirteen	02	1.9
14	Fifteen	01	0.9
15	N.A. (Self employed)	29	27.1
Total		107	100

As can be seen from the above table, (excluding the twenty seven point one percent respondents who lived on self rented premises) majority of 43.1 respondents lived on a premise which was shared by three to five persons. Some respondents - through small in number - even lived in premise shared by ten to fifteen persons.

It must be noted that the persons sharing the place, over and above the sex workers and junior brothel keepers, included children of sex workers, relations of brothel keepers and even some retired prostitutes who now worked as cook or 'Aya' and their dependent children.

Not a single sex worker functioning under gharawali had a separate room of her own.

**Table - 45 : Respondents' mode of payment to the landlord / Gharawali**

Sr.No.	Mode of payment	Frequency	Percent
1	Fixed rent per month	21	19.6
2	50% of day's earning	71	66.4
3	Any other	15	14.0
Total		107	100

The mode of payment for using the premise for personal or business purpose largely depended on the mode of working of respondents. Most self employed, independent sex workers were paying a fixed monthly rent, (ranging from Rs.500 to Rs.1000) to the landlord / land lady or owner of a brothel. Most of the respondents functioning under gharawali followed a system of giving away a fixed portion (usually 50%) of their day's earnings to the gharawali.

The third type of mode of payment included their food, money too. i.e. the respondents over and above paying for their occupancy of premise also paid a fixed amount for their meals which was cooked by the aya / cook in a common kitchen.

**Table - 46 : Rates charged by Respondents**

Sr.No.	Rates (Rs.)	Frequency	Percent
1	10 to 19	35	32.7
2	20 to 29	40	37.3
3	30 to 39	08	07.5
4	40 to 49	22	20.6
5	50 and above	02	1.9
Total		107	100

The table reveals that 70% of respondents charged less than thirty rupees per transaction from each customer. About 28% of respondent's charges ranged from Rs. thirty to forty nine. Only two out of one hundred seven respondents said that their average charges per customer were Rs. fifty or more than that.

'Transaction' according to the respondents meant 'gharak ko ek bar "bithaneka" ' i.e. for one sitting per customer for normal services i.e. only for one sexual intercourse which did not take more than fifteen minutes.

Practically all respondents denied of going out of the red-light area to work but through informal sources researcher learnt that brothel keepers did send some trusted sex workers along with customers for a longer time. If a girl was taken out during day time for few hours the minimum charges were around Rs.300/-. For spending full night with the customer out-side, price ranged from Rs.500 to Rs.1000. The price, however, depended ultimately on the capacity of the customers and the final decision rested with the brothel keeper. One medical

practitioner working in the area even narrated an instance of a Nepali sex worker who was taken out by a customer and was forced to serve several persons in one night. When she returned next morning, she was bruised all over her body and was so terrified and shocked that she could not speak a word for days together. During the course of her treatment the doctor helped her to open up and collect herself emotionally. The girl took a vow never to go out with any customer in future.

**Table - 47 : Average Daily Income of Respondents**

Sr.No.	Daily Income in Rs.	Frequency	Percent
1	50 or less	21	19.6
2	51 to 100	62	58.0
3	101 and more	24	22.4
Total		107	100

In the previous section, it has already been found that economic reasons are the driving force behind women and girls entering flesh trade. The above table shows to what extent flesh trade helps them to earn. Majority i.e. 58% of respondent's daily income ranged from Rs. 51 to 100. 19.6% of respondent's income was Rs.50 or less per day and 22.4 percent respondent's daily income exceeded Rs.100/-.

It must be noted that this was their gross income from which they paid their rent or paid commission to the gharawali. Even out of their small earnings 37.4% of respondents said that they saved some amount for themselves, their children or for their dependent family members. 62.6% however said that despite trying hard, they could not save any money. They were the ones who earned barely to suffice their subsistence with great efforts.

**Table - 48 : Respondent's Income and Age**

Sr.No.	Age Group (Years)	Income Per Day			Total	%
		Less than Rs.50	Rs.51 to 100	Rs. 101 & Above		
1	11-20	00	00	04	04	3.7
2	21-30	12	37	20	69	64.5
3	31-40	06	23	00	29	27.1
4	41-50	03	02	00	05	4.7
5	50 +	00	00	00	00	0.0
Total		21	62	- 24	107	100

The above table shows that there is a clear association between the age group of respondents and their daily income. All the respondents below the age of twenty were earning more than Rs. 100/- per day. None of the respondents beyond the age of 30 years earned more than Rs. 100/-. It validates the hypothesis that younger sex workers fetched more income because they received more



customers and also owing to greater demand for young sex workers, customers were ready to pay higher rates. Youthhood is a pre-condition for successful bargaining in sex trade. Respondents above the age of forty could survive in the sex trade with difficulty. As seen in the table, of the total respondents above the age of forty, majority earned less than Rs. 50 per day.

It is worth noting that among the present research population, all the respondents in the age group of 11 to 20 years were actually minors. The fact that they got more income and more customers meant that they were subjected to sexual intercourse more frequently than the older respondents at a tender age and legally, each such intercourse amounted to rape ! In the following chapters, one case study of a minor sex worker is described in detail to throw light on this aspect.(Please see the case study of Dipti)

### **Customers :**

Like any other trade, commercial sex work, too, is governed by the forces of demand and supply. Flesh trade has not only survived the threats posed by the state through legal measures but has been flourishing day by day only because it has been supported by incessant flow of demand for it. The institution of marriage has proved to be an inadequate mechanism to channelise the sex drive of mankind.

Customers, thus, constitute a counterpart of sex workers. Hence any study aiming at preventing or controlling the ill effects of flesh trade cannot ignore them. The researcher, therefore, tried to collect information regarding the customers who depend on the Surat red-light area to satisfy their needs.

Before discussing the data on customers given by the sex workers, researcher would like to quote an incident which was a live example of the double standards being practised by sex service users.

During the process of data collection one morning, when researcher, escorted by the lady police constable as usual, proceeded to a small brothel house as per her plans, she found that the key to the empty basement shop where researcher sat and interviewed the respondents was lost. This created a little confusion. The business assistants of the shop owner tried to trace back who carried the bunch of key the previous night. A small group of localites gathered around on the road, trying to help out. A cyclist coming towards the crowd was keenly watching all this. He was a middle aged person, seemingly coming from a lower middle class, dressed in simple but neat clothings. For a while, he stopped as if trying to assess the situation. He asked the constable who the researcher was and where she came from. Then, with a lot of concern, he advised the researcher not to work in that area. He abused the sex workers like anything and said that researcher should not believe one word of what they said, that none of the sex

workers were trustworthy. Researcher politely told him not to worry about her and also said that her experience with the sex workers did not match with his observations. The man left the place.

After a while, it was clear that the researcher would have to sit in one of the brothels only as the key to her regular place of interview by mistake remained with a person who was to come back from Bombay only the next day.

Researcher, after convincing a brothel keeper to permit her to sit in the outer room settled to interview the inmates of that brothel. By the time she came halfway to her first interviewee of the day, the door to the inner room opened. Researcher caught a glimpse of the customer coming out of the room - he happened to be the same man who advised the researcher to stay away from these 'dirty women' just a few minutes back ! He was busy paying the girl. Researcher quickly withdrew her eyes from him and pretended to look busy writing something so as to save him the embarrassment.

Though this was a small incident, it clearly depicted the hypocrisy existing in the society. The double standards adopted by the members of the society make the problems of sex workers more complicated.

The data collected from the sex workers about their customers are as follows :

**Table - 49 : Average number of Customers Entertained per day**

Sr. No.	No. of Customers	No. of Respondents	Percent
1	1	06	5.6
2	2	38	35.5
3	3	45	42.1
4	4	11	10.3
5	5	06	5.6
6	12+	01	0.9
Total		107	100

The number of customers received by the sex workers determines the demand in the market, and the demand in turn decides the earnings of a respondent. At the same time, if the number of customers is very high, it can cause fatigue and health problems to the respondents.

As revealed by the above table more than 85% of respondents received 2 to 5 customers per day. Little more than 5% of respondents received one customer per day.

One young respondent said that on an average she entertained twelve customers per day and the shocking fact was that she was a minor ! (please see Dipti's case) She shared that providing sex service to so many persons did cause her health problems like infection and swelling but she tolerated it as the customers paid her handsomely. When the pain became unbearable, she used to consult a medical practitioner.

**Table - 50 : Type of customers usually received by the Respondents**

Sr. No.	Type of Customer	Frequency	Percent
1	'Bandhela' (regular)	24	22.4
2	'Naya' i.e. new	31	29.0
3	Both regular and new	52	48.6
Total		107	100

Customers coming to the same sex workers regularly are called 'Bandhela gharaks' or 'kayam ka gharak' i.e. permanent customers. According to the respondents, such customers prefer to stick to one sex worker for a variety of reasons - viz. affordable price, convenience, assurance of confidentiality, assurance of safety from police raids or liking the nature and service of a sex worker etc.

As the above table reveals nearly half the sex workers entertained both regular and new customers. 29% of respondents said that their clientele was mainly of floating nature. More than 22% of respondents' business usually depended on regular customers.

According to a general observation by the researcher, the older marathi sex workers especially housed in relatively bigger brothels owned by certain leading brothel keepers (who themselves were retired sex workers) usually received such 'regular' customers. It was also observed that such customers, too, were of relatively older age group. This observation of the researcher was confirmed by a

middle aged marathi sex worker who explained that if older customers go to young nepali girls, 'Aur Unase Kam Nahin ban pata' (i.e. customer fail to use the services due to their own physical inability) younger girls teased and laughed at them. On the other hand, we not only respect the dignity of our customers but co-operate with them by spending extra time with patience. There were instances when we even offered to return customer's money when they were unable to perform the sexual act. Thus, mature and understanding nature of sex workers together with their professional ethics and conduct ensured their survival in the business despite cut throat competition.

#### **Age Group of Customers :**

More than eighty percent of the respondents said that they received customers of almost all the age groups - youth, adults, middle aged as well as old men.

However, practically every respondent made it a point to mention that they do not entertain young boys - especially of school going age. They did admit that since there were schools in that area, at times young or adolescent boys of tender age did turn up to their doorsteps out of curiosity. But as a rule, such boys were either advised or threatened to go away by the respondents as well as their brothel keepers. According to one brothel keeper, "if we spoil children of tender age, god will not forgive us - they are like our own children and no mother would like to

spoil the life of a child”. She further explained that once a person has full grown mustache beard, he becomes a man and then he is wise enough to take his own decisions. ‘Achche bure ki akkal aane ke bad aadmi jo kuchch bhi karata hai, us ki apni jimmevari pe karata hai’ i.e. after gaining maturity of understanding what is right and what is wrong it is the man’s own responsibility for his own deeds. The onus of his actions, then, is not on us and hence we do not feel guilty”.

. Another lady explained the same point thus : “There are two laws - one, made by man and another made by god. We can break the man made law but if we make money through dragging children in to this vice, we would be breaking the law of nature and god. Our hearts do not permit us to displease god and hence we would rather starve than earn out of a child- minor customer !”.

The researcher, too, could not observe any young person entering any brothel during her data collection. Apart from what the sex workers said, the other possible reason for adolescents / young persons not being seen as customers was round the clock presence of police in the area.

**Table - 51 : Economic Class of Customers**

Sr. No.	Economic Class	Frequency	Percent
1	Rich Class	1	0.9
2	Middle Class	7	6.5
3	Lower middle class	36	33.6
4	Poor class	20	18.7
5	All classes	43	40.2
Total		107	100

Knowing the economic class of the customers may help in planning out the target groups while designing any preventive programme. It must be noted however, that the researcher has depended on the perception of the respondents while classifying the customers.

40% of respondents said that their customers generally came from all economic classes. Majority i.e. more than 52% of respondents however said that their customers mainly came from poor or lower middle class. They were mainly daily wage earners engaged in skilled or unskilled jobs.

Upon asking about the marital status of respondents majority of respondents of 57% said that they received both married as well as unmarried customers. They, of course, said that this information depended on what the customers shared with them or what the respondents could guess based on the customer's behaviour.

**Table - 52 : Type of Service Demanded by Customers**

Sr. No.	Type of Sex Service	Frequency	Percent
1	Normal Sex (Vaginal intercourse)	66	61.7
2	Normal + Other than normal (Vaginal + Oral & / or anal sex)	41	38.3
Total		107	100



Majority of respondents said that customers demanded ‘normal’ services from them. Their perception of ‘normal’ sex was restricted to vaginal intercourse. As the above table shows, more than 38% of respondents did come across customers who, in addition to ‘normal sex’ demanded oral or anal sex. Though such customers were in minority, they did form a significant number. It supports a general belief that one of the reasons for coming to commercial sex workers is to avail partnership in experimenting non traditional type of sex variations.

**Table - 53 : Type of Sex service provided by the Respondents**

Sr. No.	Sex variation	Frequency	Percent
1	Only normal (Vaginal)	106	99.1
2	Vaginal + Oral Sex Service	01	0.9
Total		107	100

Almost all the respondents said that they provided ‘normal’ sex service to the customers. Out of one hundred and seven, only one respondent admitted of providing oral sex service if the customer agreed to pay her higher price. It is possible that some of them might be offering such services but were unwilling to admit the fact. In other words, sex industry is not free from the social stigma attached with ‘other than conventional’ type of sexual relationship.

It was interesting to note that both Indian and Nepalese sex workers blamed each other for entertaining customers’ unusual - ‘unnatural’ sex demands and starting bad practices in the market but claimed that they never provided other than ‘normal’ sex service.

Some sex workers even supported their claim with a logical explanation. According to them ‘ a man comes to a brothel to seek a female sex partner. For any other type of sex variation they do not necessarily need a female partner and hence a man would always try to get the worth of his money through us - - - if at all he asks for other services, it is always in addition to the normal sex and never as a substitute for it’.

#### **Average Time Spent by Customer :**

All the respondents said that the average time spent by a customer for one transaction ranged from ten to fifteen minutes only. This, however, excluded their services outside the red-light area.

#### **Behaviour of Customers :**

It is obvious that any one who comes to the red-light area as a customer sees woman only as an object of sex - as a commodity that can be conveniently exchanged with money in a market.

Apart from sex hungry common men, the men who visit sex workers have close association with vices like alcoholism, substance abuse and crime. One can hardly expect sensitive, well behaved and well mannered clientele in sex market. The researcher, therefore felt the need to know how often the respondents came across rude and violent customers.

**Table - 54: Respondent's Encounter with Rude/Violent Customers**

Sr. No.	Encounters with Rude/ Violent Customers	Frequency	Percent
1	Frequent	25	23.4
2	Sometimes	48	44.9
3	Never	34	31.8
Total		107	100

As shown in the table, more than twenty three percent of respondents said that they frequently came across rude or violent customers. About forty five percent of respondents said they occasionally came across such customers where as more than thirty percent of respondents said that they never came across any violent customer. Those belonging to the last category mostly said that they never entertained drunken customers who usually had a tendency to fight or cheat the sex workers.

Upon asking how did they handle such customers, the researcher received the following information.

**Table - 55 : Person Handling Violent Customers**

Sr. No.	Who handles	Frequency	Percent
1	Self	30	28.0
2	Gharawali	23	21.5
3	Police	20	18.7
4	Not applicable	34	31.8
Total		107	100

28% of respondents said that whenever they came across customers who misbehaved with them or tried to cheat them by not paying the amount after having enjoyed their services, they themselves managed to deal with the customers. About 21% of respondents said that their 'gharawali' came to their rescue when violent customers misbehaved or threatened to physically harm respondents. More than 18% of them said that in case of any problem with the customer, they took police's help so that the dispute did not stretch further. Even in presence of researcher whenever some dispute occurred between the respondents and customers, the police constables posted in the red-light area immediately rushed to the scene and intervened.

Rest of the respondents never came across any uncontrollable customer and hence the question did not apply to them.

**Table - 56 : Whether Customers Offer to Marry Respondents**

Sr. No.	Whether offered to marry	Frequency	Percent
1	Yes	45	42.1
2	No	62	57.9
Total		107	100

The above table shows that a significant number of respondents received marriage offers from their customers. All of these, according to the respondents,

were not necessarily their ‘bandhela gharak’ or regular customers who showed at least some emotional bond or had special liking for them. Some fresh customers too, momentarily impressed by the beauty or youth of the respondents offered to take them along.

Where as majority of respondents said that they never received such offers from customers.

They more or less confirmed the fact that in most cases it was a clear business transaction and emotional indifference was a common feature for both the parties.

**Table - 57 : Respondent’s Emotional Attachment with Customers**

Sr. No.	Respondents Emotionally attached to any customer	Frequency	Percent
1	Yes	07	06.5
2	No	100	93.5
Total		107	100

More than 93% of respondents clearly denied of having any emotional attachment with any of their customers. A small number - seven out of hundred and seven - however, said they are emotionally involved with one of their customers. They however, were aware of the fact that their counterparts may not continue to respond to them with same love and affection and hence were aware of the fact that such relationship could not last for a long time.

The researcher could see that most respondents had consciously created an invisible shield around their emotional being. They had learned the bitter realities of life either through their own or their fellowmates past experiences. This was obvious from a very prompt, guarded and clear 'No' to their possibility of getting emotionally involved with a client. Practically each respondent quoted an example of some girl who trusted customer's promises to marry her, went with him and returned to the red-light area in a condition worse than before. (please see case of Anisa).

**Table - 58 : Whether Respondents Insist and Customers Agree to use Condom**

Sr. No.	Frequency of Condom use	Respondents insist		Customers Agree	
		Frequency	%	Frequency	%
1	Always	94	87.9	77	72.0
2	Sometimes	06	5.6	20	18.7
3	Never	07	6.5	10	09.3
Total		107	100	107	100

With government's and NGO's efforts to promote safer sex practices and AIDS awareness, one can notice that resistance to use condom has decreased.

As the above table shows about 88% of respondents said that they always insisted that customers must use condoms. The customers, too, agree to use condom. However, it also reveals that all customers did not necessarily agree to respondent's insistence. Some customers never agree to use condom and similarly

some respondents living almost in hand to mouth condition, for want of business, did not insist for such use as they feared loss of business.

### **Health :**

The health hazards involved in sex work have been recognised long back. In British India, the Contagious Diseases Act was passed as early as in 1866 which lasted only for two decades. The Act required prostitutes to function under police supervision and to undergo periodical medical examination and ensure treatment in case they were afflicted by the disease. The purpose of the law was to protect the British soldiers from the affliction of venereal diseases (Bedi, 1992). It is obvious that the Act primarily aimed at ensuring the well being of the soldiers rather than the prostitutes.

In recent years the onset of HIV/AIDS has forced researchers to look in to the health related issues of those in flesh trade. The difference is that this time increasing awareness regarding human rights has resulted in to health programmes for sex workers not only as carriers of venereal diseases of HIV/AIDS but also as **beneficiaries in their on right**. Before presenting the data received from the sex workers, researcher would like to briefly mention about the health services availed by the respondents and also the facts learnt from the government and private medical practitioners providing services to the sex workers.

Surat being a big city has a civil hospital. Like any other citizens, its services can be availed by the sex workers too. The PSM department of the Surat Medical College has an outreach programme mainly focusing on prevention of HIV/AIDS. Secondly, very recently, during the course of researcher's data collection, the Surat Municipal Corporation has opened a health centre in the red-light area to cater to the health needs of the sex workers as well as other members of the community. Also, the pregnant and nursing mothers are being helped through the ICDS programme.

There are several private medical practitioners whose services are extensively used by the sex workers. Researcher's discussion with these medical practitioners revealed that sex workers usually preferred to go to private practitioners for treatment. Apart from general illnesses like fever etc. they mainly suffered from venereal diseases like syphilis, gonorrhoea and injuries ranging from scratches to ruptured vagina. The recently established Municipal Corporation sponsored health dispensary is slowly getting acceptance among sex workers mainly after a lady medical officer took charge. The same dispensary is a condom distribution centre and researcher could observe sex workers freely coming and asking for condoms.



While interviewing the sex workers on health issues researcher could observe a certain amount of reluctance to talk on issues related with venereal disease. However, the data collected from sex workers are as follows.

**Table - 59 : Whether Respondent suffered from any Chronic sickness**

Sr. No.	Whether suffers from Chronic sickness	Frequency	Percent
1	Yes	02	1.9
2	No	105	98.1
Total		107	100

To minimise respondent's embarrassment while responding to some of the questions of very personal and sensitive nature, researcher initially began with questions which were easy to answer and facilitated respondents to open up.

As shown in the above table two out of 107 said that they suffered from chronic illness. Both of them were suffering from chronic asthma.

#### **General Health Problems :**

16.8% of respondents suffered from severe problem of backache. 1.9% had pain in the neck, 2.8% had pain in shoulders, similar number had pain in the hands. 6.5% had pain in feet, 0.9% had pain in chest, 28% of respondents said they frequently suffered from headache. 1.9% had nerves problems, 10.3% respondents usually got stomach-ache. 5.6% and 3.7% of the respondents had

complaints regarding eyes and ears respectively. 11.2% of respondents had skin related complaints.

It is noteworthy that though in minority, number of respondents suffering from headache, backache, stomach-ache and skin related problems is relatively higher. It is difficult to pinpoint their specific health problem as these suggested only symptomatic description. It is obvious that treatment of these problems is not possible until careful assessment of the same is done by a professionally qualified medical practitioner.

Researcher learnt that in case of minor health problems, most of the respondents resorted to self medication. ‘Vicks Action 500’ was the most popular tablet. Medical practitioners were consulted only when the pain or problem became unbearable and could not be cured through self medication.

**Table-60: Whether Respondent suffered from Sexually Transmitted Diseases**

Sr. No.	Whether suffered from STD	Frequency	Percent
1	Yes	16	15
2	No	101	85
Total		107	100

As the above table reveals, 15% of respondents admitted that they were suffering from one or the other type of sexually transmitted disease and were under treatment for the same. They usually termed these as ‘chandi’.

**Table - 61 : Major Sickness Suffered in Recent Past**

Sr. No.	If suffered from Major sickness in last 2 years	Frequency	Percent
1	Yes	07	6.5
2	No	100	93.5
Total		107	100

Over and above their petty health complaints, 6.5% of the respondents said that they suffered from major sickness in past two years. Their perception of 'major sickness' referred to illness which compelled them for hospitalization. Usually these included Hepatitis B or Phalsipherum, Malaria.

**Table - 62 : Whether Respondents Underwent Surgery**

Sr. No	Underwent Surgery	Frequency	Percent
1	Yes	12	11.2
2	No	95	88.8
Total		107	100

Twelve out of hundred and seven respondents had undergone major or minor surgery. These included surgery for removing appendix, or concerning their gynac troubles.

In most cases the brothel keepers lended money and took care of the respondents.

**Table - 63 : Health Complaints to their nature of work**

Sr. No.	Health problem due to Sex work	Frequency	Percent
1	Yes	23	21.5
2	No	84	78.5
Total		107	100

As the above table reveals, 21.5% of respondents attributed the cause of their health complaint to their nature of occupation i.e. sex work. Majority of respondents, however clearly said 'even housewives suffer from same health problems that we are suffering from and hence our work is in no way responsible for our health problems'.

**Table - 64 : Respondents' Preference for Place of Treatment**

Sr. No.	Place	Frequency	Percent
1	Govt. Hospital / Dispensary	04	3.7
2	Private Clinics / Practitioners	103	96.3
Total		107	100

The above table confirmed the fact that the researcher had gathered through the interviews with key informants. More than 96 percent of respondents said that

they preferred to consult private practitioners than going to government hospitals or dispensaries.

‘Convenience’ was the most important reason they gave for preferring to go to private medical practitioners. The distance of the government hospital is relatively more. They are required to spend more time and money for approaching the government hospital. But more than the distance and money, the complicated procedures of government hospital were what they really resented most. As one respondent described “even after spending so much after rickshaw fare when we reach there, we are required to take out a ‘*parachu*’ i.e. case paper and are sent from one room to another and then to the third .... We can not read, so we have to keep asking people who may or may not help us. We get lost in that huge building and feel so confused .. - instead, why not pay a little more and avail services of doctors who are just a few steps away and are easily approachable ?”.

Another reason shared by a near by shopkeeper was that these sex workers have a wrong notion that “higher a doctor’s fees, better would be his services”. Even if government provides them medical services at no or nominal cost, these workers would always go to a private doctor. With the corporation run dispensary, however, this trend is undergoing a gradual but steady change - especially after a lady doctor was posted there. Researcher herself observed respondents coming

with their children and consulting the lady medical practitioner or asking for free condoms.

**Table - 65 : Preference for type of Treatment**

Sr. No.	Type of Treatment	Frequency	Percent
1	Allopathy	103	96.3
2	Ayurved	04	03.7
Total		107	100

As revealed by the above table more than 96% of respondents preferred to take Allopathic treatment and only four out of hundred and seven respondents preferred Ayurvedic treatment. The possible reason behind preference for allopathic treatment could be, its easy accessibility and assurance of quick relief. Ayurvedic treatment requires observance of strict norms regarding food intake and takes longer time to be effective. The conditions in which the respondents live obviously did not suit the Ayurvedic branch of medicine. Thus respondents turned to Ayurved only when allopathic medicine did not cure their health problems.

**Table - 66 : Respondent's Awareness about Sexually Transmitted Diseases**

Sr. No.	Whether aware about STD / AIDS	Frequency	Percent
1	Yes	39	36.4
2	No	68	63.6
Total		107	100

About 36% of respondents said that they were aware about sexually transmitted diseases - including HIV / AIDS. Their perception of 'awareness' was restricted to 'have heard about it' or to 'disease that occurs / spreads while having sex with many persons'. By exception, one or two respondents even possessed technical information on HIV/AIDS which, according to them was given to them by doctors from Civil Hospital, Surat. More than 60% of respondents had no understanding about STD or AIDS.

It must be noted, however, that majority of respondents - about 85% of them did know that they should not entertain customers who refuse to wear 'Topi' or 'Nirodh' i.e. condoms because "doctors say so" or because 'the mousi insisted'.

15% of respondents reported that they did not always insist that customers should use condom either because they were unaware of the health risks involved in it or because they feared loss of business as some customers simply did not like using condoms while availing respondent's sex services.

### **Rehabilitation Potential :**

The USA National Council of Rehabilitation (1943) defines rehabilitation as 'restoration of the handicapped to the fullest physical, mental, social vocational and economic usefulness of which they are capable'. If prostitutes are classified as socially handicapped group, the same definition can be extended and applied to

them. For this unfortunate section of the society, their vocation itself adds to their vulnerability and hence, the primary focus of any rehabilitation programme for sex workers has to be on helping them to accept an alternative vocation which ensures their fullest physical, mental, social and economic usefulness.

In planning any rehabilitation strategy, the first step, therefore, is to assess how many respondents are ready to leave flesh trade. One also has to consider their preferences for alternative jobs and their readiness to learn a skilled job.

**Table - 67 : Respondents' readiness to leave flesh trade**

Sr. No.	Whether Ready	Frequency	Percent
1	Yes	38	35.6
2	No	69	64.4
Total		107	100

It can be seen that majority i.e. 64.4% of respondents were not ready to leave flesh trade. They gave several reasons for this stand. The two most common reasons given by them were : (i) having been labelled as fallen women, they would never be accepted by the society as normal persons, and (ii) whoever had tried to give up prostitution had failed miserably and had to come back to the same profession ultimately.

35.6% of respondents, however had a more positive approach towards society and did not loose hope in trying out something new. Some of these



respondents, however, clarified that they were ready to leave flesh trade only upon certain conditions e.g. if they were given a secured job giving steady income which was not less than their present income. Some of the younger respondents said they were making reasonably good money as sex worker and hence may not like to leave their work immediately. They wanted to collect a good sum of savings which could help them live a settled social life or collect enough dowry to get a good husband.

Upon asking what type of work they could do if they were compelled to leave flesh trade. They responded as follows :

**Table - 68 : Choice of Alternative Work if forced to leave flesh trade**

Sr. No.	Choice of work	Frequency	Percent
1	Knitting Woollens	06	5.6
2	Govt. Job	07	6.5
3	Any other work	60	56.0
4	No Work	34	31.8
Total		107	100

Majority of respondents said that in case they stopped getting customers or were compelled to leave flesh trade, they would work as 'Aya' or domestic servant / maid in or outside the red-light area. Some of the respondents knew excellent hand knitting work. Researcher observed quite a few Nepali respondents knitting

woollen shawls, sweaters and scarf. They shared that they earlier used to sell woollen articles prepared by them and that if they were compelled to leave flesh trade, they could switch back to their old vocation. 6.5% of respondents preferred ‘Sarkari Naukri’ or government service as it ensured good job security.

It is important to note that 31.8% respondents said they were not ready to take up any other work and would choose to beg on streets. They were neither prepared to learn any skilled vocation nor were they prepared to do labour work. Some even said that now they are not habituated to do any hard work and therefore would either stick to flesh trade or would take on begging.

**Table - 69 : Respondents’ Readiness to Undergo Vocational Training**

Sr. No.	Whether Ready for Vocational Training	Frequency	Percent
1	Yes	17	15.9
2	No	90	84.1
Total		107	100

The above table reveals the motivation of respondents to undergo vocational training. Only 15.9% of respondents said they could take some training in a newer vocation. Mainly, tailoring work or training in ‘machine knitting’ were their preferred choices.

**Table - 70 : Choice of Alternate Place to Settle**

Sr. No.	Choice of Place	Frequency	Percent
1	Home town	41	38.3
2	Other place in same city	62	58.0
3	Uncertain (Not fixed)	03	2.8
4	Any other	01	0.9
Total		107	100

Several times in past, attempts were made by local government authorities to evacuate the red-light area. Researcher asked the respondents if such an attempt is made again what was their place of choice. 2.8% of respondents said they were not sure about where they would shift. 38.3% of respondents said they would go back to their hometowns. One respondent said she would shift to any of the red-light areas in nearby places - i.e. either to Rajkot in Saurashtra or to Kamatipura, Bombay.

The response of majority of the respondents - 58% however was worth noting. They said they would stick to the same city as long as they could. They may continue their work or may stop it but would not leave Surat because even as beggars they could make sufficient money for their living here. None of the respondents was willing to live in any residential or custodial care institution !

### **Aspirations of Respondents :**

Every human being wants to progress in life. Setting of goals for what one wants in life or what one wants to become in future provides motivation and direction to her present lifestyle. The hope to achieve something in future gives a purpose to one's life. The term aspiration in present context means ' a strong desire to achieve something high or great and also includes an object of such desire' (Webster, 1969).

The researcher tried to know what the respondents aspired for in respect of their own 'self' and their children.

**Table - 71 : Respondents' Aspirations with Respect to Children**

Sr. No.	Aspiration	Frequency	Percent
1	Want to have a child	14	13.1
2	Do not want a child	57	53.2
3	Want a good job for Son	05	4.7
4	Want children to have good family life	26	24.3
5	No Aspiration	05	4.7
Total		107	100

As the above table reveals, respondents already having children wanted them to have a secure social and economic life. 4.7% of respondents having grown up male children wanted good job for their sons. Others wanted their

children to have a good social status by settling down in life and having a family of their own. Out of 76 respondents not having children, 14 respondents wanted to have at least one child of their own. One respondent even shared with the researcher that she was desperate to have her own child and even got herself checked by a doctor as she could not conceive. 57 respondents, however, very clearly told that they did not want a child as they could not economically afford one. 4.7% of respondents said they never thought about their future life and lived life as per God's wishes. While they did not crave for a child, they also did not mind having one if 'God so desired'.

**Table - 72 : Distribution of Respondents according to their Aspiration**

Sr. No.	Aspiration	Frequency	Percent
1	Owning a house	17	15.9
2	Having a family/marriage	10	9.3
3	Going back to their home town	18	16.8
4	Owning a brothel	12	11.2
5	No Aspiration	50	47.8
Total		107	100

The table shows that 47.8% of respondents had not thought about their future life or aspirations. On the other hand, rest of the respondents very clearly voiced their aspirations. 15.9% of respondents aspired to own a house of their

own. Their definition of house was very simple - it even included a one 'kuchcha' room with a roof that was owned by herself, so that when she could not afford to pay rent, she would not be driven out. Others - 9.3% - wanted to get married and settle down socially by having a family of their own. 16.8% of them had still some links in their native place which kept their attachment alive to their places of origin. They aspired to lead a peaceful life in their old age at their home towns, among their own people. 11.2% of respondents however, were professionally ambitious and wanted to climb the ladder in the flesh trade hierarchy by owning a brothel. Having worked as a mere 'Ladki' or 'chhokri', gaining the status of a 'gharawali' was their prime aspiration !

The next chapter describes the data on psycho social aspects.