

ORIGINAL RESEARCH

To study the impact of physical violence in female commercial sex workers in Western Maharashtra

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Received: 20 February, 2023

Accepted: 02 March, 2023

ABSTRACT

Background: FSWs in India have experienced high levels of physical and sexual violence from clients, madams (brothel owners) and police. recent evidence from India suggests reporting of sexual violence among FSWs lies between 20% to 63%. However, in a study from southern India, the reported prevalence of physical and sexual violence among FSWs ranged between 50% to 77%. Evidence from in south and western India further suggests high level of sexual violence was perpetrated by partners of FSWs. Moreover, FSWs experienced sexual violence were more likely to be vulnerable to both reproductive health problems and HIV risks.

Materials & methods: A total of sample size of 72 was enrolled. The present study was conducted in Ahmednagar district, Maharashtra for 6 months duration. A predesigned, semistructured questionnaire was used for interview and examination purpose. The results were analysed using SPSS software. The p- value less than 0.05 were considered significant.

Results: Women in both groups had mean age of about 31 years, more than half of them were literate (51% vs. 57%, respectively). Higher proportion of women experiencing violence had other sources of income than sex work, who did not experience physical violence (40% vs. 30% respectively; $p < 0.001$).

Conclusion: This shows significant effect of physical violence among female sex workers. According to the study's findings, FSWs who have been the victims of physical abuse are more likely to report STI symptoms and irregular condom use.

Keywords: Physical violence, Sex workers, female.

INTRODUCTION

Female sex workers (FSWs) are recognized as the most vulnerable population group to violence.¹ Empirical evidence suggests that they are at a greater risk of experiencing violence, contracting sexually transmitted infections (STIs), including HIV and stigmatisation.² Research reports suggest violence against FSWs can increase their vulnerability to HIV risk through several mechanisms.³ Studies in India report that about 10%–50% of FSWs experienced physical violence at the time of the survey.^{4,5} Paying partners, police, brokers, madams and non-paying partners are found to be the main

perpetrators of violence whereas the perpetration from strangers or fellow FSWs were less prevalent. Sex workers generally considered violence as a part of their job and they lack proper information about their rights.¹ Many FSWs do not disclose or report their experience of violence because of fear of negative repercussions and consequences of disclosure. Moreover, previous research reports suggest that disclosure of violence is not an individual decision of an FSW but depends on the enabling societal contexts.^{6,7}

FSWs in India have experienced high levels of physical and sexual violence from clients, madams (brothel owners) and police.⁸ recent evidence from India suggests reporting of sexual violence among FSWs lies between 20% to 63%. However, in a study from southern India, the reported prevalence of physical and sexual violence among FSWs ranged between 50% to 77%.⁸ Evidence from in south and western India further suggests high level of sexual violence was perpetrated by partners of FSWs.^{9,10} Moreover, FSWs experienced sexual violence were more likely to be vulnerable to both reproductive health problems and HIV risks.⁹ Existing evidence among FSWs suggests that acts of physical and sexual violence are independently associated with a number of factors including inconsistent condom use, STI symptoms and infection, anal sex, multiple forced pregnancy terminations and suicidal attempts.¹¹⁻¹³ Sustained violence is a human rights violation and commonly observed in studies and programs of FSW.¹⁴ Globally, the estimated prevalence of lifetime experience of violence among women of reproductive age ranges from 15–71%.¹⁵ However, the burden of violence against FSW is shown to be even higher than of other women, with prevalence estimates ranging from approximately 40%-75%. Documented perpetrators of violence against FSW include clients, uniformed police, managers or pimps, and non-paying partners.¹⁶ Hence, this study was conducted to study impact of physical violence in female commercial sex workers in ahmednagar district for 6 months.

MATERIALS & METHODS

A total of sample size of 72 was enrolled. The present study was conducted in ahmednagar district, Maharashtra for 6 months duration. This study assesses factors that elevate the HIV-related risks and existing HIV interventions. The detailed sampling strategy was done for the previous bio-behavioural studies described. In this survey a total of 72 completed the behavioural interview with a response rate of 96%. These FSWs belonged to Targeted Intervention (TI) NGOs implementing HIV-prevention program and geographically spread across the ahmednagar district. The FSWs were interviewed face-to-face using pretested structured questionnaire by the trained staff of the TI NGO, who were part of the local community, in a private setting away from the solicitation site. Interviews were conducted either in Hindi or local language that respondents speak or understand. The results were analysed using CS Pro software. The p- value less than 0.05 were considered significant.

RESULTS

Women in both groups had mean age of about 31 years, more than half of them were literate (51% vs. 57%, respectively), and about 81% were exposed to ongoing HIV prevention programme in the district. Higher proportion of women experiencing violence had other sources of income than sex work, who did not experience physical violence (40% vs. 30% respectively; $p < 0.001$). Moreover, the proportion of FSWs consuming alcohol were significantly higher in the group who experienced violence compared to their counterparts who did not report any physical violence at the time of survey (39% vs. 31%, respectively; $p < 0.001$). Significantly larger proportion of FSWs among those experienced physical violence were found to be soliciting for their clients in public places (30%), had 10 or more clients per week (21%), than their respective counterparts who had not experienced physical violence either by their regular partners or occasional/regular clients.

Table 1: Proportion of FSWs experienced physical violence

Variables	Total	Experienced physical violence (%)	Did not experience physical violence	P-value
N	72	12 (16.6)	60 (83.4)	
Mean age	31.6	31.8	31.2	
Literate %	54.3	51.6	57.6	
Source of income other than sex work %	34.5	40.2	30.3	0.001
Consume alcohol %	32.5	39.5	31.4	0.001
Public places %	18	30.4	15.2	0.001
10 or more clients	15.1	20.5	14.8	0.05
Exposed to HIV intervention	81.2	82.5	80.3	
Consistent condom use with regular partners	25.4	22.7	32.1	0.001

DISCUSSION

Worldwide, sex work has been considered as a primordial and widespread profession among females and there is a presence of about 40 million FSWs, including an estimated 870,000 FSWs in India.¹⁷ India has become one of the most flourishing sex industries in the world and Mumbai, Delhi, Chennai, and Kolkata are being at the epicenter of this traffic.¹⁷ Despite of having such a large volume, sex workers have often found to be marginalized and experience discrimination and violence from their intimate partners (non-paying), regular and occasional clients, relatives, and gatekeepers.¹⁸ In addition, young sex workers have often been found to be suffering from more psychological disturbances such as depression, anxiety, irritability, distrust, shame, rejection, low self-esteem and post-traumatic stress disorder as a result of violence perpetrated by different clients/partners.¹⁹ Hence, this study was conducted to study impact of physical violence in female commercial sex workers in ahmednagar district for 6 months.

In the present study, women in both groups had mean age of about 31 years, more than half of them were literate (51% vs. 57%, respectively), and about 81% were exposed to ongoing HIV prevention programme in the district. Higher proportion of women experiencing violence had other sources of income than sex work, who did not experience physical violence (40% vs. 30% respectively; $p < 0.001$). Moreover, the proportion of FSWs consuming alcohol were significantly higher in the group who experienced violence compared to their counterparts who did not report any physical violence at the time of survey (39% vs. 31%, respectively; $p < 0.001$). A study by Prakash R et al, about 18% of sampled FSWs reported physical violence at the time of the survey. The likelihood of experiencing such violence was significantly higher among FSWs who solicited clients at public places, engaged in other economic activities apart from sex work, had savings, and reported high client volume per week. FSWs experiencing violence were also inconsistent condom users while engaging in sex with regular partners and clients. The average adjusted effect of violence clearly depicted an increase in the risk of any STI (11%, $p < 0.05$) and multiple STIs (8%, $p < 0.10$) and reduction in treatment seeking (10%, $p < 0.05$). The study demonstrates a significant effect of physical violence on reporting of any STI symptom and treatment seeking. Findings call for

the immediate inclusion of strategies aimed to address violence related challenges in HIV prevention program currently being provided at Thane district. Such strategies would further help in enhancing the access to tailored STI prevention and care services among FSWs in the district.²⁰

In the present study, significantly larger proportion of FSWs among those experienced physical violence were found to be soliciting for their clients in public places (30%), had 10 or more clients per week (21%), than their respective counterparts who had not experienced physical violence either by their regular partners or occasional/regular clients. Another study by Lyons CE et al, Police refusal of protection was associated with physical (adjusted Odds Ratio [aOR]:2.8; 95%CI: 1.7,4.4) and sexual violence (aOR: 3.0; 95%CI: 1.9,4.8). Blackmail was associated with physical (aOR: 2.5; 95%CI: 1.5,4.2) and sexual violence (aOR: 2.4; 95%CI: 1.5,4.0). Physical violence was associated with fear (aOR: 2.2; 95%CI: 1.3,3.1) and avoidance of seeking health services (aOR:2.3; 95%CI:1.5, 3.8). Violence is prevalent among FSW in Abidjan and associated with features of the work environment. These relationships highlight layers of rights violations affecting FSW, underscoring the need for structural interventions and policy reforms to improve work environments; and to address police harassment, stigma, and rights violations to reduce violence and improve access to HIV interventions.²¹ Mahapatra B et al, About 54% of FSWs did not disclose their experience of violence to anyone with considerable variations in the pattern of disclosure across states. Another 36% of FSWs shared the experience with NGO worker/peer. Compared to violence perpetrated by paying partners/stranger, that by non-paying partner were twice more likely to report non-disclosure (53% vs. 68%, Adjusted Odds Ratio [AOR]: 1.8, 95% Confidence Interval [CI]: 1.3–2.4). Similarly, FSWs who were not registered with an NGO/sex worker collective were 40% more likely to report non-disclosure of violence against those registered (58% vs. 53%, AOR: 1.4, 95% CI: 1.1–1.9). Non-disclosure of physical violence is quite high among FSWs which can be a barrier to the success of violence reduction efforts. Immediate efforts are required to understand the reasons behind non-disclosure based on which interventions can be developed. Community collectivisation and designing gender-based interventions with the involvement of non-paying partners should be the way forward.²²

CONCLUSION

According to the study's findings, FSWs who have been the victims of physical abuse are more likely to report STI symptoms and irregular condom use. Also, this violence made it harder for women to get medical attention for their most recent STI symptoms. To decrease the risk of STIs and expand access to specialised STI prevention and treatment services, violence-related difficulties in HIV prevention programmes must be addressed.

REFERENCES

1. World Health Organization (WHO) (2005) Violence Against Women and HIV/AIDS: Critical Intersections– Violence against sex workers and HIV prevention. Information Bulletin Series. Geneva, Switzerland: Department of Gender, Women and Health (GWH), Family and Community Health (FCH), WHO.
2. Beattie TS, Bhattacharjee P, Ramesh BM, Gurnani V, Anthony J, et al. (2010) Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program. *BMC Public Health* 10: 476.
3. Stockman JK, Lucea MB, Draughon JE, Sabri B, Anderson JC, et al. (2013) Intimate partner violence and HIV risk factors among African-American and African-Caribbean women in clinic-based settings. *AIDS Care* 25: 472–480.

4. Deering KN, Bhattacharjee P, Mohan HL, Bradley J, Shannon K, et al. (2013) Violence and HIV risk among female sex workers in Southern India. *Sex Transm Dis* 40: 168–174.
5. Deering K, Bhattacharjee P, Mohan HL, Bradley J, Shannon K, et al. (2011) Occupational and intimate partner violence and inconsistent condom use with clients among female sex workers in southern India. *Sex Transm Infect* 87: A66–A67.
6. Asthana S, Oostvogels R (1996) Community participation in HIV prevention: problems and prospects for community-based strategies among female sex workers in Madras. *SocSci Med* 43: 133–148.
7. Panchanadeswaran S, El-Bassel N, Gilbert L, Wu E, Chang M (2008) An examination of the perceived social support levels of women in methadone maintenance treatment programs who experience various forms of intimate partner violence. *Womens Health Issues* 18: 35–43.
8. George A, Sabarwal S, Martin P. Violence in contract work among female sex workers in Andhra Pradesh, India. *The Journal of infectious diseases*. 2011;204(S12):35–40.
9. Swain SN, Saggurti N, Battala M, Verma RK, Jain AK. Experience of violence and adverse reproductive health outcomes, HIV risks among mobile female sex workers in India. *BMC public health*. 2011;11:357
10. Go VF, Srikrishnan A.K., Parker C.B., Salter M., Green A.M., Sivaram S., et al. High Prevalence of Forced Sex Among Non-Brothel Based, Wine Shop Centered Sex Workers in Chennai, India. *AIDS and behavior*. 2011;5(1):163–71.
11. Beattie TS, Bhattacharjee P, Ramesh BM, Gurnani V, Anthony J, Isac S, et al. Violence against female sex workers in Karnataka state, south India: impact on health, and reductions in violence following an intervention program. *BMC public health*. 2010;10:
12. Reed E, Gupta J, Biradavolu M, Devireddy V, Blankenship KM. The context of economic insecurity and its relation to violence and risk factors for HIV among female sex workers in Andhra Pradesh, India. *Public health reports (Washington, DC: 1974)*. 2010;125Suppl 4:81–9.
13. Shahmanesh M, Wayal S, Cowan F, Mabey D, Copas A, Patel V. Suicidal behavior among female sex workers in Goa, India: the silent epidemic. *American journal of public health*. 2009;99(7):1239–46.
14. Deering KN, Amin A, Shoveller J, et al. A systematic review of the correlates of violence against sex workers. *American journal of public health*. 2014 May;104(5):e42–54.
15. Pallitto CC, Garcia-Moreno C, Jansen HA, Heise L, Ellsberg M, Watts C. Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*. 2013 Jan;120(1):3–9.
16. Lim S, Peitzmeier S, Cange C, et al. Violence against female sex workers in Cameroon: accounts of violence, harm reduction, and potential solutions. *Journal of acquired immune deficiency syndromes (1999)* 2015 Mar 1;68(Suppl 2):S241–247.
17. Charpenel Y. *Sexual exploitation: a growing menace*. Paris, France: Foundation SCELLES, 2014.
18. Mayhew S, Collumbein M, Qureshi A, Platt L, Rafiq N, Faisal A, Lalji N, Hawkes S. Protecting the unprotected: missed-method research on drug use, sex work and rights in Pakistan's fight against HIV/AIDS. *Sex Transm Infect* 2009;85(Suppl 2):31–6.

19. Roxburgh A, Degenhardt L, Copeland J. Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry* 2006;24(6):24–8.
20. Prakash R, Manthri S, Tayyaba S, Joy A, Raj SS, Singh D, Agarwal A. Effect of Physical Violence on Sexually Transmitted Infections and Treatment Seeking Behaviour among Female Sex Workers in Thane District, Maharashtra, India. *PLoS One*. 2016 Mar 2;11(3):e0150347.
21. Lyons CE, Grosso A, Drame FM, Ketende S, Diouf D, Ba I, Shannon K, Ezouatchi R, Bamba A, Kouame A, Baral S. Physical and Sexual Violence Affecting Female Sex Workers in Abidjan, Côte d'Ivoire: Prevalence, and the Relationship with the Work Environment, HIV, and Access to Health Services. *J Acquir Immune Defic Syndr*. 2017 May 1;75(1):9-17.
22. Mahapatra B, Battala M, Porwal A, Saggurti N. Non-disclosure of violence among female sex workers: evidence from a large scale cross-sectional survey in India. *PLoS One*. 2014 May 20;9(5):e98321.