

## Living and Working Environment of Female Sex Workers in Bangladesh and Their Vulnerabilities to HIV/AIDS

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**Abstract:** In Bangladesh, sex work is neither legal nor it is socially and culturally recognized. The female sex workers have an increased risk of HIV infection due to various factors. This study argues that only for their vulnerability is heightened due to their increasing economic need, unhealthy living and working environment, socio-cultural attitudes and violence. It reveals that violence is the part of their everyday life that renders them vulnerable to HIV/AIDS. In addition, it concludes that exploitation as well as poverty compels the poor and helpless women to get involved in sex profession as a livelihood strategy for survival. The study has been carried out in and around a large brothel and in various city streets in Dhaka applying a Feminist Case Study approach towards a qualitative investigation on the living and working environment in particular with regard to HIV/AIDS related risk and vulnerability.

### 1.0 Introduction

Recent research reports that the rapid spread of HIV/AIDS<sup>2</sup> throughout the globe is one of the burning development challenges and has become a threat to the very existence of many populations. The overwhelming consequence of the HIV epidemic is in fact everyday threatening all human beings, nations and the international community posing a challenge to human survival, human development, economic wellbeing of the marginalized section of the male and female and the quality of human life as well. According to the UNAIDS Fact Sheet (2004), over 60 million people have been affected with HIV infection. UNAIDS estimated that over 68 million people will die of AIDS prematurely in 45 countries which are most affected by this disease between 2000 and 2020. UNAIDS also reports (2004) that of the infected 42 million people, over

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<sup>2</sup> Human immunodeficiency virus (HIV) is a retrovirus that can lead to acquired immunodeficiency syndrome (AIDS) and AIDS are a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.

90% of them living in the developing world. By December 2006, 39.5 million people throughout the world have infected with the HIV virus. In 2006, the newly infected people with HIV were 4.3 million. (UNAIDS/WHO, 2006, pp: 3-8).

Given the developing countries scenario as far as Bangladesh is concerned, it has not been spread so far. According to the Joint United Nations Program on HIV/AIDS report, there are 13,000 HIV-positive people in Bangladesh and that HIV prevalence in the adult population is less than a tenth of one percent (UNAIDS, 2001). In a recent study by NASAP (2006) showed that HIV prevalence in the adult population is currently 7500 in Bangladesh. This low prevalence situation cannot give guarantee that Bangladesh is risk free from HIV/AIDS epidemic. A total of 874 HIV positive cases have been reported and from available information, so far, 204 HIV infected persons developed AIDS of which 109 already died. In reality, HIV/AIDS epidemic in Bangladesh is not very well understood and the existing situation is only partly known. Although it is not known exactly how many people are infected, it is true that HIV is being detected among our population especially among vulnerable cohorts.

Many of the earliest cases of HIV/AIDS in Asia-reported in 1984 and 1985-were among homosexual contact among male. In 1986 clients and female sex workers was detected in parts of India (Narain, 2004). According to UNAIDS (2002) report, factors that appear to heighten sex workers' vulnerability to, and risk of, HIV infection especially for women, include many reasons such as, stigmatization and marginalization, limited economic options, gender-related differences and inequalities, sexual exploitation and trafficking etc. Bangladesh, as a developing country, the impact of the HIV epidemic must be understood in the context of the critical social and economic perspective and the subordination of women and adjustment policies that had been continuing till today.

Bangladesh is a densely populated poor country, where about 200,000 commercial female sex workers having an average of four to eight clients each day (Alam, 2005). This needs to draw attention to find out cause and effect of HIV/AIDS risk factors that relate to gender vulnerability and future policy measures to combat the risk successfully. In addition, awareness of HIV/AIDS in the Bangladeshi population remains quite low. Recent survey found that only 19 percent of ever-married women

and 33 percent of currently married men had heard of AIDS (Sadik, 2003). There is no such substantial past study was found regarding gender vulnerability and HIV/AIDS risk factor in Bangladesh.

### 1.1 Statement of the Problem

In Bangladesh, there remains a poor statistics of information about HIV/AIDS, especially gendered vulnerability to HIV/AIDS. Further as a poor and male dominating Muslim country, women in Bangladesh are more vulnerable in every aspect and also to HIV infection in relation to poverty, gender inequality and other factors, which affects women more relatively to men. A gender perspective brings power differentials into view to explain vulnerability to HIV, enabling a response where vulnerability is greatest.

Bangladesh is surrounded by three part of the India with high HIV prevalence---West Bengal to the west and Northwestern India to the east -and is also neighbor to the epidemics of Southeast Asia. There is a good deal of migration across Bangladesh's borders. According to Human Rights report in Bangladesh (2002), a total of 25,000 Bangladeshi women and children are trafficked out of the country annually. The experience of neighboring countries is that high levels of commercial sex pave the way for rapid rises of HIV among sex workers and their clients. The message could not be clearer that a similar situation may be imminent in Bangladesh. This is especially likely since commercial sex appears to be even more common in Bangladesh than elsewhere, at least among some occupational groups. In recent years, Bangladesh Government, some NGOs and social workers have been taken initiatives to build awareness among common people and among target group related to commercial sex workers about the risk and vulnerability to HIV/AIDS. However, many other factors may increase female sex workers vulnerability to HIV in Bangladesh. They are also migrant and mobile within the country. They face cultural, social, legal and linguistic obstacle to access services.

### 1.2 Rationale

Since HIV/AIDS first emerged 24 years ago, it has spread as relentless around the globe. In Bangladesh, it has not been spread so far, but the sexual and drug-taking behaviors that carry a risk of HIV infection exist in this country just as they do in most other countries. Bangladesh is at a critical stage in the course of its AIDS epidemic. HIV/AIDS is not new in Bangladesh but the up growing red alert on HIV/AIDS is one of the major

social problems for the country. The low prevalence situation of our country does not show that Bangladesh is risk free from HIV/AIDS epidemic due to various types of reasons; especially the cultural study on HIV prevalence among the most risk population in Bangladesh is limited.

Like many other developing countries, women's subordinate role in the society and family promote them socially at risk of HIV infection in Bangladesh. Their sexual behavior and the use of condoms during sex has been considered the primary weapon for prevention HIV infection among sex workers, as well as among others who engage in risky behavior. The prostitutes who are considered as the most vulnerable group to HIV/AIDS had very poor knowledge about the consequence of this pandemic. This study will mainly look into Gender vulnerability of Sex workers in HIV/AIDS in Bangladesh, who do not have access or have very limited access to STI and HIV/AIDS services.

The AIDS epidemic has added another stigma and discrimination against female sex workers in Bangladesh that they are spreading HIV/AIDS whether they are entertaining the male counterparts. Violence and lack of control over one's life means that sex workers may give lower priority to their health needs and behavior change. The present study will try to investigate the experience of female sex workers in Bangladesh with regard to risk of HIV/AIDS, cultural phenomena and how they are culturally constructed some risk factors of HIV/AIDS. This finding can be explored partly with the substantial contribution to the existing policy and strategy used by different stakeholders.

### 1.3 Objectives

The objective of this article is to understand the intersection of gender vulnerability and HIV/AIDS risk with respect to living and working conditions of brothel based and street-based female sex workers and provide some suggestive measures for decreasing vulnerability leading to HIV risk in Bangladesh.

## 2.0 Methodology

### 2.1 Study Area

In view of possibility of having adequate information about the experience of female sex workers in Bangladesh - Dhaka city and Rajbari district are selected as study areas for this study. Since this study aims to use feminist case study approach, the following two categories of cases

are selected as study areas: (1) case study in brothel-based sex workers in Rajbari district (Daulatdia), and (2) case study in street/floating area-based sex workers in Dhaka city.

The Daulatdia brothel in Rajbari district is one of the popular brothels in Bangladesh. It is said that the majority of the Daulatdia brothel-based sex workers came from different parts of Bangladesh particularly from poverty prone areas and a number of sex workers have been identified HIV positive in Daulatdia brothel. Moreover, its environment is said to be very dirty and most of the sex workers in this brothel are found to be infected by sexually transmitted diseases (STDs) and among street/floating sex workers in Dhaka city, due to some practical problems this specific study areas could not be maintained strictly. Therefore, data and information have been collected from the sex workers who are working in different places of Bangladesh. It was done in different drop-in centers of PIACT Bangladesh and DURJOY office in Dhaka

## 2.2 Respondents

This study has been conducted in Daulatdia brothel and some streets of the Dhaka city because Daulatdia brothel is the largest in the country and a huge number of women are working there and also a huge number of women are working as floating sex workers in the streets of Dhaka city. The case studies have evolved around the lives of some female brothel based sex workers and street based sex workers in Dhaka city.

The mean age of the sex workers in brothel is 26 years ranging between 14 and 55 years and that of street based sex workers it is 22 years ranging between 14 and 43 years. Majority (70 percent) of the sex workers in brothel never attended school and about 25 percent had some years of primary education. Street based sex workers reportedly had almost similar education level.

Most of the sex workers of Daulatdia brothel and Dhaka streets came from different poverty-prone areas of the country. Majority of them also came from extended families due to poverty and as a victim of society.

In Daulatdia brothel, the sex workers have a daily income ranging between taka 50 and 1000 depending on various factors. The street based sex workers also have the similar daily income. They all depicted a grim picture of their living. In Daulatdia brothel, 75 percent of the sex workers reportedly maintain their family members at parental homes. Similar scenario exists for female sex workers in Dhaka city streets. Poverty, poor socio-economic condition, exploitation and gender disparity are the main reasons to get engaged in sex work.

### 2.3 Data Collection Process

The primary data of this study have been collected both in Daulatdia brothel and in street/floating areas during October to December 2007 through open-ended interviews with a total of 40 women sex workers in two case study areas (20 each from Daulatdia brothel and street/floating areas). A deliberate choice has been made. The interviews were in a simple framework within which respondents expressed their own understanding by their own words.

For secondary data/information books, journals, policy papers, project documents and published/unpublished research reports regarding HIV/AIDS were reviewed. Apart from the primary respondents, other key informants such as Mastans, Sardarnis, and Police personnel have been interviewed during the study period. It is said that women sex workers in Bangladesh are financially, physically and sexually exploited by mastans, sardarni, police etc. Similarly, some clients (both permanent and temporary) have also been interviewed during the study period to get real picture of the sex workers in brothel and streets. Furthermore, informal discussion have also been conducted with the main respondents (FSWs) and key informants (representatives of government/ non government) who are working for HIV/AIDS Prevention projects, in order to understand the trends of HIV/AIDS in Daulatdia brothel and street/floating area based sex workers and their vulnerability, vulnerable groups etc. Similarly, informal discussions were conducted with the representatives of NGOs who are working on health issue like HIV/AIDS prevention for sex workers in two case study areas.

2.4 Data Analysis : Considering the nature of the study data/information was analyzed qualitatively. Gender analytical tool has been applied for discussion and interpretation of the findings, as gender is a factor of analysis to explain the forms of gender inequality caused by various organizational and social forces.

### 3.0 Working and Living Condition of sex workers

All over the world, prostitutes usually live as group themselves together in cluster based areas in towns or villages. In different countries there are various types of sex workers, such as brothel based sex workers, street based sex workers, bar or massage parlor based sex workers. It depends on the living and working conditions. The speed of spreading HIV/AIDS infections also depends on living and working conditions. For example, street based female sex workers have no shelter or residence for their work which increases their vulnerability because of unavailability of condoms near at hand, though condom use is potentially a key factor for prevention of HIV infection. In addition, they are in more risk than brothel based sex workers or other groups because they are living in increased violent condition created by their clients and police pressure. Many of the street based sex workers experience violence on the streets, on the job or in their personal lives. It may increase their vulnerability to HIV infection and other health hazards. Furthermore, brothel based sex workers are also vulnerable to HIV risk because of their living standard, income and working condition.

### 4.0 Living conditions and Life of Female Sex Workers in Daulatdia Brothel

Daulatdia brothel is now the largest one in the country and it does like a slum or village. The whole brothel belongs to a landowner. The landlord is usually known as zaminder. The bariwali, i.e., house-owners take lands on long-term lease from land lord and build rooms on it, otherwise they have to pay the landlords a monthly rent. Some information regarding the house-owner (Bariwali) obtained by some key informants in this study. For instance, Marjina Begum (35), Executive Director of MMS (Sex Workers Organization) in Daulatdia. Brothel stated that, the house-owner (bariwali) is turn lets her rooms to different sex workers and also she can be a sex-worker in business or a retired one. The daily rent of each of her rooms is 50-150 taka. The rooms indicate the levels of prosperity of the tenants. Regarding facilities, water and sanitation facilities are very inadequate there. In every houses of this brothel, there is a single tub well for use of 12-15 sex workers including their children (if they live with them) as well as their clients (if present).

Based on the information provided by key informants, this study revealed that there are about more than 300 houses in Daulatdia brothel, which accommodated approximately 315 Sarderni and 1800 sex workers. This

number varies (1500-3000) time to time depend on business condition. For instance, the demand of customers are very low during Ramadan (Muslim fasting month) and sometimes sex workers move to other places to find customers. At present, most of sex workers are permanent dwellers of the brothel and they work independently. Among the all sex workers in Daulatdia 40 percent of whom were below 18 years of age at present and a considerable number of the adolescent girls in sex work here are daughters of sex workers. Altogether about 600 children live here with their mothers.



Picture: A child of a general FSW



Picture: Living Environment: A kitchen

Researcher further observed that each house consists of six or seven rooms for the sex workers. The majority of rooms are tin-shaded bamboo made and a very few of brick structures. Each room is furnished with only a small bed, one table and one chair. The room of the leaders (Sarderni) is well furnished and well lighted, having TV, Cassette player, dressing table, wardrobe etc., but the general sex workers room's environments are very dirty and congested. It is observed that there are wet cloths like petticoat, Sari, blouse etc having here and there. There is no separate space for privacy or to keep the clothes or other things. In every house, there is a small kitchen without gas or electricity facilities. All members of these house cook separately in the same space with oil-stoves or small log or chop-wood. This place is very unhygienic and dirty. It is also observed that bones of the fishes, meats, scale of vegetables, used condoms pack etc. are scattered around the tube-well and here and there.





Picture: Living Environment: A tub well



Picture: Living Environment: A toilet

The following table shows the living conditions of female sex workers in Daulatdia brothel.

Table -1: Information about the sex workers in the Daulatdia Brothel

Indicators	Observation
Number of Prostitutes in the Daulatdia brothel	Approximately 1800
Number of Sardarni	Approximately 315
Number of prostitutes under each Bariwali / Sardarni	6-8
Average clients per day	7-8
Average income per day	350-500 TK.
Average expenditure per day	300-400 TK.
Number of toilets	One for each of 12-15 persons
Condition of toilets	Open or ring-slab, bamboo wall or covered by jute-cloth. Water for toilet comes from river
Water supply for drinking, bathing and cooking	One tube-well (with no space) for each of 12-15 persons
Water supply for other activities( far from brothel)	River water for bathing and washing.
Number of occupancy per room	One female in each small tin-shade room (clothes are hanged on the wall.) Only a small size bed is available and some times a table and a chair.

Source: Researcher's observation and information provided by key informants

Based on interviews with key informants and female sex workers in Daulatdia brothel, researcher's observation and from secondary sources, this study found different types of sex workers in Daulatdia brothel. For example, one type of sex workers are bonded sex workers- young and under-aged (below 18 years old) girls, they have usually been kidnapped by gangs, sold to Sardarni (leader, working as manager/house owner) by stepmothers or by broker or lured here by boyfriends with promises of good jobs. The bonded sex workers, commonly known as Chukri (lash),

are bonded to a leader who owns them and have the least freedom. They are not allowed to go outside the brothel freely and their owner controls all their financial activities. They are severely restricted within their controlled environment. They cannot choose their own customers. Moreover, they must not fall in love. The tender age of the bonded sex workers makes them more vulnerable to fall in love and they still hanker after freedom. They even dream of life outside the brothel, of the possibility of marriage and of family. They often resist working with customers, particularly if they have fallen in love. Furthermore, the bonded sex workers are most at risk because their leader (Sardarni) often agrees to let men pay more for not using a condom.

Following are some cases of the bonded sex workers real life experiences:

#### Case-1

*Sulekha, a 15 years old bonded sex worker, came to Daulatdia brothel when she was only 11 years old. Her father is alive but mother is no more. She has 3 brothers and sisters. She studied up to class IV. Due to extreme poverty, she came to Dhaka with her neighbor in search of job, but her neighbor sold her to a leader (Sardarni) in this brothel. Here the 'sardarni' compelled her to do bad thing by force and beat her mercilessly if she refuses to do that. She told that she has to repay the money to her leader, which she (leader) spent for her. Her leader takes all the money she earned everyday and just gives her a small amount for her dress and cosmetics. She even does not know the actual amount of money she earns daily.*

*She has to meet 6-8 clients everyday. Sometimes clients gift her some valuable things like gold chain, ring etc. She is familiar about HIV/AIDS, but cannot use condom all the time, as her leader (Sardarni) and clients do not like it. Sometimes even, they beat her if she tries to convince her clients to use condom. She reported that if anybody enters here once, she has no way to leave this place.*

This study also found some of sex workers (30-40%), who are born and brought up in Daulatdia brothel. Most of them are also very young in age but comparatively they lead life independently. They are working under taking care of their mothers. Following is one such case of a sex worker, who brought up in Daulatdia brothel.

#### Case-2

*Pakhi, a 18 years old sex worker, born and brought up in Daulatdia brothel. Her mother is also a sex worker in this brothel. She does not know who is her father. She has been involved in this work last 3/4 years. She is not happy with this work and expressed her unhappiness to the researcher in this way: "what can I do without doing this as I was born as a daughter of an unchaste woman? Unchaste work is my fate. This is my work I have to do this either I like it or not. I have intension to marry but*

*whom should I marry?" She usually gives her earning to her mother. Her mother cannot do work like before. She earns 500 - 1000 Taka (Bangladeshi currency) daily. She said, "it is not hard to find clients, because I groom myself well. I spend two hours getting ready and then I wait outside. If I want to earn 200 Taka (2.80 USD), I have to spend at least 40 Taka on my face and clothes." Pakhi is quite free to buy whatever she likes.*

*She informed that she is not addicted to drugs but sometimes she drinks alcohol to make her clients happy. She does not want to meet with any clients, who are reluctant to use condoms, but sometimes she cannot follow this strictly, as she needs to hold her clients. Considering the economic conditions of her clients, she takes money. She does not work if she feels sick physically and takes rest until recover. Sometimes, she enjoys herself watching movie at the cinema hall and she does not need anyone's permission for that.*

Other types of sex workers encompassed within this study are the free sex workers, who get the chance of becoming free from bonded sex workers after a certain period or came in own will. A key informant Dr. Julia (BWHC) informed the researcher that these free sex workers are also known as Independent Sex Workers. They are comparatively free from the bindings that are mandatory for the bonded sex workers (Chhukri).

In addition, based on interviews with female sex workers in Daulatdia brothel, researcher's observation and secondary sources, this study uncovered that independent sex workers rent their own house and make direct contact with the clients. These findings are identical with those of earlier research conducted in other brothels in Bangladesh, for example, the Gender Analysis Study Report of HIV Program on Tangail Brothel, Feb 2006 and the Study on KAP, CARE, Bangladesh, 2004.

This study identified another type of women in the Daulatdia brothel, called Sarderni (leader) or Bariwalis (owners of houses), who buy new girls from the procurers and put them in business as bonded girls. They engage many bonded girls (Chhukri) and earn huge amount of money by them. However, they (Sarderni or Bariwali) spend a little amount of their income for the girls. They control everything related to the bonded girls' lives. The leader usually has one person (not all), a permanent client - known as babu (master), who often run shops within the brothel and with whom the leader (Sarderni) has an emotional attachment. Although sardarni has a fixed client, she continues serving others as well.

Apart from leaders, there are elderly women in the brothel, who could not become Sarderni, work as maid or cook. They can no longer earn their living as sex workers. These women are addressed as Mashi (Auntie).

They often arrange a ritual marriage of a girl, who was born in the brothel with another girl or a banana tree before starting this profession. This type of symbolic marriage is arranged from their cultural belief that a maiden cannot sell her chastity to anybody other than her husband. A sarderni (leader) of this brothel expressed her views as follows:

### Case- 3

*"For a long time I work independently in this brothel. Now I am also a Bariwali (house owner). I have 6/7 tenants. I take 1500 taka per month as rent from every girl. Water, toilet and electricity expenditures are my responsibility. These charge (bills) are separate from room rent. There is one kitchen and every one cooks by turn. I use to pay 200 taka as monthly rent for the land. I never misbehave with my tenants like others. I always advise them to be good.*

*I use condom with my clients. In addition, I do not allow my tenant to work without using condom. However, all of them don't follow my advice. They are very young and greedy for money. I don't pressure to do that because it is our business. Customers are our fortuity. Is it possible to avoid their desires?*

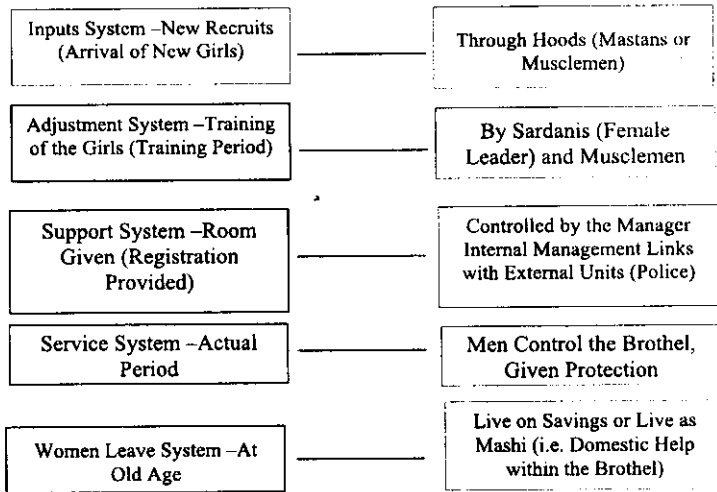
*I have no relation with any broker. If any girl comes willingly I give her my house. If she is of fewer than 18, I myself inform the police, police take her to vagabond shelter home. What happens last? It is seen that she comes back to this place!"*

*Aklima (35), a sex worker (Bariwali), Daulatdia brothel*

Based on secondary source (Ahsan et al., 1999), the system, under which the brothels operate, can be conceptualized as in the following figure 1. Regarding how to get clients, it is uncovered by the respondents that the sex workers stand on the gate (which is open for 24 hours) from early morning until late at night in colorful dress and make up to draw attention of the clients. A sex worker normally takes 2-20 clients which in average of (7-8) per day and do not get weekly/monthly leave as per the information provided by the respondents.

These findings are identical with earlier research conducted in other brothels in Bangladesh, for example, the Gender Analysis Study Report of HIV Program on Tangail Brothel Feb 2006; Study on KAP, CARE, Bangladesh, 2004.

Figure -1: The Brothel System in Bangladesh

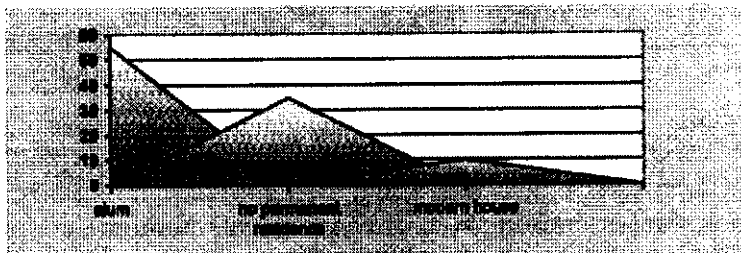


Source: Ahsan *et.al.*, 1999

### 5.0 Living Conditions and Life of Street Based Sex workers in Dhaka City

After the eviction of some old brothels in Dhaka and Narayanganj Districts, a huge number of sex workers started working as street based sex workers in Dhaka city. There are acute residential problem in Dhaka city. According to researcher's study, it is indicated that 35% of the street sex workers have no permanent residence. Majority of the street based respondents (55 percent) reportedly live in slum areas of Dhaka city and clients' chosen premises are commonly used for rendering sexual services to them (Figure 2). Sometimes they experience expensive and comfortable bedrooms or guest rooms when they are hired by rich people.

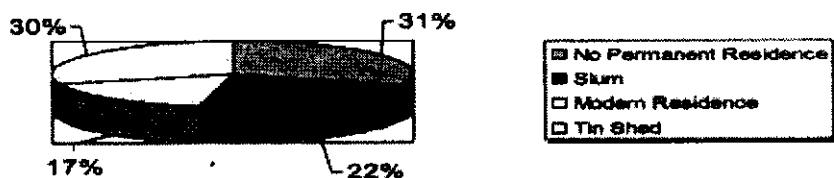
Figure -2: Accommodations of Street based Female Sex Workers in Dhaka city



Source: Interview with the Street based Female Sex Workers in Dhaka City

Another important study of PIACT, Bangladesh (2005) reported that 31% percentage of sex workers reported no permanent residence in Dhaka city (Figure 2-A). The street based respondents reported that they work at different types of places such as at the dark corner of park, vacant/abandoned compartment of train in railway station, under construction building, abandoned house, brickfield, launch, boat, cinema hall and other lonely places.

Figure -2-A: Accommodations of Street-based Female Sex Workers in Dhaka city



Source: Baseline Survey Report, PIACT, 2005

Despite the fact that they experience violence, exploitation and various types of torture by police, customers, pimps and others due to vulnerable situation of their livelihood, many of respondents prefer working on the streets to staying in brothel. It is also reported that professionally the street based female sex workers in Dhaka city enjoy more liberty than the brothel based sex workers. Even then in most cases they cannot run their business independently and they have to give share to other interest groups such as hoodlums, brokers and police. It is observed that in the afternoon, the sex workers wear colorful dress and get on attractive makeup to look alluring and then move here and there in some specific places in search of clients. Sometimes, clients give signals and their agents (pimps) manage clients for them. After the financial agreement, they move to a place suitable for the clients as well as for themselves.

Although majority of respondents reported to prefer to work on the streets rather than in brothel, they experience violence, exploitation and various types of torture from police, customers, pimps and others due to vulnerable situation of their livelihood. A needs assessment study on Knowledge, Attitudes and Practice (KAP) conducted by CARE-Bangladesh (2004) reports that they condemn the fact that they have come to this world to be deprived of love, husband, and family. Therefore, in the street, if a woman sex worker finds a male client

pretending to love her, out of her hunger for affection and real love, she spends her earning on the newly found "love" only to be disappointed when he leaves. The departure is usually painful as he makes it clear that he could never take seriously a relationship with a prostitute. Once more, this locks them to the profession and they have no option but to accept their destiny.

The following case is of a street based sex worker that views:

#### Case - 4

*"I came to this work when I was only 12/13 years old. At first I used to work in garments. A supervisor there raped me and gave to the hands of woman. That woman sold me to a broker. He compelled me to do this captivating me in his house. He himself took the money. One day I fled away from that place with the help of a client who regularly came to me and stayed in his house about one and half month as his wife. Here I became acquainted with two women who used to work in Zia Uddan in parliament area. One day they brought me after getting strong make up out in the road for catch a client.*

*At the beginning I felt very bad. Nevertheless, what can be done! Once I became unchaste there is no way of coming out. Gradually I also started trade in the road. I have no education so that I may live by doing job. The salary in garments job was not enough, only 1200 tk. per month. Besides there we also have to satisfy the lust of my boss and colleague.*

*Roads are better than that, though here we also have to tolerate the beating of police, mastans, pimps etc. every now and then. However if they are paid money or have free sex they leave us and if not police send us to vagabond shelter home in stead of leaving.*

*Police and terrorists never use condom even if they heat physically and also in words. You don' believe that how much beating I have experienced! In addition, I went to vagabond shelter homes many times. So hardship is there!"*

*Kona (17), a street based sex worker in Dhaka City*

## 6.0 Working Environment and HIV/AIDS Vulnerability of female Sex Workers in Bangladesh

### 6.1 Vulnerabilities to violation of human rights in Brothel Based Sex Workers

Based on interview with female sex workers and key informants, this study uncovers that in case of bonded young sex workers, who are owned by Sardarni (leader, working as manager/house owner) have to abide by too many rules and restrictions, which result in violation of human rights.

If they (bonded sex workers) do not obey the rules or disagree to serve customers as Sardarni wishes, punishment or suffering is a must. They have no control over their own body, sexuality and income. All these depend on the Sardarni, who bought them. It is reported by the respondents that sometimes they have to use drugs for the pleasure of the clients. Even the number of clients, frequency, or duration etc. depends on the wish of Sardarni. If they (bonded sex workers) do not earn enough money or cannot satisfy the customers, they get punished by stoppage of food supply even.

The study reveals that seducing a new girl or violation of her chastity is quiet often in Daulatdia brothel. Majority of respondents in the brothel say that when a new girl is unwilling to take customers or desires to leave the brothel, it is a common practice that she is beaten up unkindly by the Bariwali or by the Sardarni, and thereafter gang rape takes place by dalals or pimps. Sometimes the sardarni or brokers create and organize oppressive group in brothel who torture the sex workers in case of their defiance to work as their wish. This study found few sex workers who reported that their sardarni had been kind, patient and protective. It is also reported by the female sex workers in Daulatdia brothel that the police personnel extort money and also claim free sex forcibly. Nonetheless, it is revealed by the key informants that this type of violence is less in Daulatdia brothel than in other brothels in Bangladesh. Sometimes clients also get violent. The female sex workers have to bear physical abuses by drunken men too. In these circumstances, safe sex practice is unthinkable to them. Ultimately they become vulnerable to HIV. Quoted below are some statements of female sex workers (respondents) in Daulatdia brothel:

*"Sometimes sardarni asks not to use condoms if the client offers more money."  
Sheli (15), Daulatdia brothel.*

*"I cannot use condoms with mastans." Chunki (30), Daulatdia brothel.*

In Daulatdia brothel, income is associated with beauty and beauty is closely related to youth. Women sex workers, who cannot earn enough money for survival, are more vulnerable to HIV/AIDS, because the cost of living in brothel is very high. Their daily expenditure is about taka 250 - 300 on an average including food, house rent and electricity charge for fan, bulb, TV etc. As earning status is not same in all the cases, sex workers who get less than 4-5 clients everyday are compelled to take clients who want to pay more money giving the condition of not using



condom. Some female sex workers (respondents) in Daulatdia brothel reported in this regard:

*"Our livelihood depends on getting a customer. When we do not get a customer, we go without food. In that case we are compelled to take client on any condition."*  
Josna (14), Daulatdia brothel.

*"Among us some are well off, because they have beauty. As she has a higher demand in the market, she takes 20 clients a day but some starve regularly."*  
Jhumur (17), Daulatdia

*"I know about HIV/AIDS, but I can not say anything regarding the use of condom in the fear of losing customers."* Tripti (25), Daulatdia.

## 6.2 Vulnerabilities to violation of human rights in Street Based Sex Workers

Living and working facilities are the fundamental human rights and needs for survival. Nevertheless, these are the great problematic issues for the street based sex workers in Bangladesh. In Dhaka city, they spend nights and work at different unprotected and risky places. The violation or lack of human rights harm the street based sex workers and this may be the greatest cause of their sufferings. In addition, majority of street-based sex workers reported their experience of violence. According to their report, different clients desire different sexual behavior, which make the sex workers severely vulnerable to HIV infection. Specific vulnerabilities of street based sex workers are related to their public exposure and uncertainty of living.

### 6.2.1 Vulnerabilities to violence in brothel and in the street based sex workers

From discussion and interview, it is identified that the vulnerability of most of the street based sex workers are related to different types of physical and sexual violence. In addition, brothel based sex workers have experienced in different types of violence but street based sex workers are greater risk for violence. According to their experience, the street based sex workers usually go with a person as per their agreement, but most often they are forced and finally compelled to have sex with several people. These people do not want to use condoms and it becomes difficult for them to even raise the issue of condom use. They are frequently chased, beaten up, faced with forced sex including oral and anal sex or rape, and finally they are refused of payment. In such cases use of condom is totally impossible. Consequently, they become

psychologically depressed, careless to own life and vulnerable to drug, which increasingly lead the sex workers to HIV/AIDS vulnerability.

Due to small sample size of this study, it is difficult to ascertain the actual figure of sex workers, who have experienced violence; nonetheless, majority of the respondents admit that they have experienced different types of violence. According to a study report, "the majority (58 percent) of the street-based sex workers are victim of violence during their professional activities. The people, who are mainly responsible for violence against sex workers, are reported to be mastan (muscleman/gang members), police, and clients (floating SWs). Sometimes street-based sex workers also face violence from their relatives, pimps, sardarni/madam or others (in brothels). Torture inflicted by the police is also reported to be the highest. Police torture includes extortion of money, demand for free sex, harassment, and arrest without issuing any warrant. It is also reported that over 30 percent of street based sex workers' business is controlled by policemen, and consequently a major part of their income is taken away by them" (Khan, 1988). It is also reported that a considerable number of the women who did sex work on the streets or in the hotels, especially street sex workers in the Dhaka region, were beaten or raped in the year previous to the surveillance (37 to 63 percent). They were also subject to being arrested (Khan, 1988). The brothel based sex workers seem to experience much less violence (about 5 percent), although the violence in brothels may be under reported.

As quoted by some street based sex workers with regard to their vulnerability due to experience of violence:

*"Roads are better than garments though here we also have to tolerate the beating of police every now and then. However if they can be satisfied by free sexual service or money, we can escape vagabond shelter home. If you see my back you will be surprised to see how much beating I have experienced. I went to vagabond shelter homes for 4/5 times. Therefore, hardship is there! They do not provide enough food" Kona (15), street-based sex workers in Dhaka city.*

*"The terrorists and 'mastans' don't use condoms. They do group sex without condoms. Many times they don't pay, rather they threaten. Once they wanted to throw me from the rooftop of a building. I told nothing in fear. Generally I don't do sex with the customers who don't want to use condom. I try to make them understand. Most of them become convinced." Labony (43), Ghulsan, street-based sex workers in Dhaka city.*

*"Police catch me at times. However, let me free as well by taking money. I have to pay money to the Rangbaz (hoodlums) when they frighten me. If any difficulty*

arises, police beat me. In this situation I have to have sex with them or pay money. They want to make anal, oral and also penetrative sex. They do not use condom during having sex. Normally they have sex forcefully by threatening" Taslina (30), Farm gate, street-based sex workers in Dhaka city.

"The terrorists and 'mastans' don't use condoms. They do group sex without condoms. Many times they don't pay, rather they threaten. One day, a group of 'mastan' wanted to throw me from the roof top of a building for not using condom" Manju (32), Street-based sex workers in Dhaka city.

The following tables (Table-2 & 3) show the human rights violations of sex workers revealed by CARE in 2004.

Table-2: Human Rights Violations of Sex Workers found from the Literature Review

Forms of Violations	Perpetrators	Circumstances
Verbal abuse	Police, <i>sardarni</i>	Not following the orders of the <i>sardarni</i> . Social unacceptability – their very presence anywhere on the streets invokes police wrath
Toll collection	<i>Mastans</i> , police	Protection money
Taken to police station and locked up for the night and released the next day by paying money	Police	Usually at night, police round up and take to station, supposedly for creating public nuisance – their very presence is viewed as public nuisance.
Forced sex with pay	<i>Mastans</i> , Police	This may be outright, rape to force sex for not taking them to the police station or refusal to pay after sex.
Burn with cigarette	<i>Mastans</i>	A common form of hurt inflicted on the sex- worker as part of pleasure for the man.
Rape of the virgin	Representatives of the <i>sardarni</i> , <i>babu</i>	Girls, who are new and have been bought, experience their first sexual intercourse in the form of rape. This is a kind of breaking- in after which she starts to serve customers.
Physical violence during sex	Customers, often drunken customers	Men tend to bite, whip or penetrate by causing pain etc.
Forced oral sex	Customer	Some customers insist on oral sex, which the women find unacceptable.
Refusal to condoms (especially for street based sex workers)	Customer	Lack of awareness on sexual safety
Betnes when fall in love	<i>Sardarni</i>	Concern that if she falls in love, she will try to run away and the boy will help her and the <i>sardarni</i> will lose her "investment."
Betnes for refusing a customer	<i>Sardarni</i>	The bonded sex-worker is viewed as property of the <i>sardarni</i> and she must do as much work as possible to maximize the returns on the "investment"
Betnes for fighting with each other	<i>Sardarni</i> , police	When there is a quarrel among the girls in the brothel, they are taken to the police station to maintain the discipline of the brothel.

Reason for going out of the brothel	Sardemi	The sardemi tried her best to safeguard her "property" and there is real concern that the girl may try to escape.
Sex-workers pay more for services and goods	Society	Shopkeepers and service providers charge more to sex-worker who end up paying as they try to live down the stigma associated with them.
Must wear burkha in public and sandals are still not allowed in some places	Society	They have been taught that they are "bad" and pollutants. Therefore, they should try to make themselves as invisible as possible.
No burial	Society, religious leaders	It is traditional to set afloat the dead bodies of sex-workers in the river.
Rationing/reduction of food	Sardemi	When the girls do not earn enough. Alternatively, when they try to escape or fall in love, they are punished by restricting their food.
Families refuse to take the girl back	Family & Society	Since sex-work is considered "bad" and socially unacceptable, families quite frequently refused to keep a linkage with the sex worker.
Little scope for education of their children	Society, School authority	Stigma is attached to the child: there is fear that if she is allowed in school then other parents will object.

Source: A needs assessment study on knowledge, Attitudes and Practices by CARE, 2004

Table-3: Experience of violation of rights based and the intensity of violations as described by sex- workers from the streets and the brothel

Sufferings of Street Based Sex Workers	Sufferings of Brothel Based Sex Workers
<p><b>Suffer most:</b></p> <p>Cannot send child to school                      Cannot raise child in a proper way                      Cannot go home to parents and family                      Children are ashamed of our sex-worker identity                      Lover cheats/abuses                      No burial after death                      People holler verbal abuse—                      Mastan threaten to attack with acid or blade</p> <p><b>Moderate suffering:</b></p> <p>People refuse to pay for services                      People negotiate for two person, but 20 people work                      Forced oral/anal sex—refusal causes beating                      Forced services to police and mastan                      Free for all to rape                      Mastan snatch their night's earnings                      Have to be timid in front of police                      Must pay toll to mastan, police</p> <p><b>Less suffering:</b></p> <p>No right to exist/ invisibility                      --"Even customers do not want to see us after we have serviced them"                      --"When we go bathe on Friday, people ask why you have come?"                      Verbal abuse by other sex -workers</p>	<p><b>Suffer most:</b></p> <p>Not getting customer                      Fear of the customer                      Mastan pester customers                      No fixed times of work                      Not have a family and husband                      When fixed man goes off to a younger women                      Can not send child to school                      No arrangements to keep children in the brothel                      No place for children to play                      No place for the elderly                      Must register again after moving to a new place                      Not being able to read and write                      No burial</p> <p><b>Moderate suffering:</b></p> <p>People view with contempt                      "People spit at us when we go to market bare footed"                      Can not take child to school                      Fighting amongst each other for customers                      Scarcity of water</p> <p><b>Less suffering:</b></p> <p>In- Fighting among us                      Being cheated in love                      Jealousy of lovers                      When a customer is lost due to bargain</p>

Source: A needs assessment study on knowledge, Attitudes and Practices by CARE, 2004

### 6.3 Vulnerabilities from Unhygienic Environment

It is observed in Daulatdia brothel that sex workers live in a small tin-shade room. There are 6-8 rooms in a house, which is under the control of a 'sarderni'. Each room is very narrow, where there is a space for a bed: a fan and a light in each room, which is not well furnished. However, the room of 'Sarderni' is spacious, comparatively well furnished having TV, dressing table, wardrobe etc. In every house of Daulatdia brothel, there is a single tube-well and a toilet for use of 6-8 sex workers and their clients. Because of insufficient number of toilet as well as sanitation and water facility, diarrhea, malnutrition and STDs are very common among the brothel based sex workers. As reported by a key informant who worked as NGO health worker:

*"About 80% of the sex workers have been suffering from STDs and diarrhea; malnutrition, weakness and physical pain are very common among them."*

Further discussion with the female respondents and key informants (for example, NGO workers), it is revealed that clients have to pay extra money, if they want to use toilet. Moreover, they also have to pay entry fee to community police. These expenditures are extra burden for the clients. As a result, they feel no interest to use toilet after or before intercourse, which may lead to STDs, and these consequently increase the vulnerability to HIV infection of the sex workers.

This study further uncovers that sex workers with kids in Daulatdia brothel feel another kind of pressure - lack of privacy, as their kids also stay with them in the same room. As quoted by some sex workers in Daulatdia brothel:

*"Children are our main problem. We have to stay in the same room and there have no privacy. So, our children become ruined."*

*"We want to avoid our child when there is customer in our room and we give extra money to buy food or to engage otherwise."*

It is reported by both respondents and key informants that children of sex workers are severely depressed and become addicted to injecting drugs, heroine, Marijuana and pathedrine etc., which lead them to different types of risky behavior. Consequently they become vulnerable and make other sex workers vulnerable to HIV AIDS.

### 6.4 Social insecurity and vulnerability

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### 6.4 Social insecurity and vulnerability

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reported that they are subjected to frequent abusive remarks, which give birth to questions about their presence in public. The customers want to possess the sex workers, but at the same time, they do not accept them socially. Living on the streets, they were concerned about the uncertainty of their lives, as it affects their children. Neither they can raise their children in a proper home, nor they can send them to school for study like other children. They also do not get a rental house for living. Many have expressed that the fear of social rejection by their parents was something that causes them great pain-in some ways they felt it had closed the door for them to ever leave the profession. These feeling make them vulnerable to quiet and peaceful living, even they are financially solvent; sometimes they severely depressed and become addicted drugs and neglect their own life from social stigma and unacceptability.

Similar findings also reported in a research report on slums, which indicates that the slums of Dhaka are densely populated and the dwellers live there in an environment where alcohol, prostitution and violence, lack of family hygiene and nutrition, lack of income and education, and women's weak status are becoming increasingly common. This atmosphere can be linked to ill health and ultimately to STDs in slums (Health Programs for the Urban Poor: Issues and Recommendations). A paramedic doctor in DIC (Drop in Centre, Adabor, Shyamoly) who is employed by PIACT Bangladesh to provide treatment to street based sex workers stated as:

*"Although the sex workers do not confess about STDs, but I have practically experienced that all of them are suffering from STDs and most of them are addicted to drugs." Dr. Beauty Begum. PIACT.*

### 6.5 Vulnerabilities from Social Norms and Culture

In general, all professional sex workers working both in brothel and in the streets mentioned that they are victims of different types of discrimination in every aspect of social norms of the culture. As for example, they cannot go outside to take part or enjoy any recreational and entertaining activities. Even cannot wear sandals or shoes while going out of the brothel for different purposes, they are not allowed to attend any rituals, and their dead bodies are thrown in to the river rather than burial. In this context they mentioned like,

*"The all people of the society such as landlords, shopkeepers, religious leaders, police, doctors, health workers and other elites even do not consider us as member of society" a sex worker, Dhaka.*

*"We are neglected in every sphere, such as we are restricted to free movement with wiring shoes, even among us if anyone died she was not allowed to bury in graveyard and nobody takes part in her funeral" (Margina Begum A leader of MMS, Daulatdia ).*

Again, she elaborated that,

*"Although the situation is changing now, recently we bought a peace of land for graveyard and took an Imam (Religious leader of mosque) on contract basis for funeral of us as an outcome of our long day's movement especially in Daulatdia brothel."*

One of them expressed like;

*"The gentleman who uses us in darkness of night, hate us during the day light and behaves rudely with us" Rina (30), Dhaka*

In this regard, many sex workers expressed their vengeance and grief against their relatives also. They cannot go to their own homes with their identity or disclose about their profession although they provide money to them. Most of them hide their identity as garments workers or so. Although some parents know about their real means of earning but they hide it from others as they feel ashamed of the socially hate full profession of their girls.

*"I cannot go home with the identity of a sex worker"...A sex-worker, Dhaka City:*

*"Once there was poverty, but I had contact with parents. Now I have money, but the relatives have gone very far away...A sex-worker, Daulatdia*

*"Now I can earn but can not reveal identity to parents..." A sex-worker, Daulatdia*

However, these are not any risk factors for HIV transmission but all these forms of socio-cultural deprivation put them in psychological stigma and depression as a result they get addicted to alcohol or other drugs. They are not willing to seek treatment as well which may ultimately lead to vulnerability to HIV infection.

It is also revealed from this study that in respect of sexual behavior, men desire to enforce sex without using condoms during intercourse because the male dominancy and patriarchal practice and belief of masculinity in sex issue like others. So in spite of being aware of the fact in some cases, the sex workers can not but submit themselves without using condoms which are the first prevention technology available to protect HIV transmission.



*"I use condoms with my clients all time, but not with my permanent client (lover). He does not like this. He says that he gets less satisfaction by using condoms neither it is comfortable.. " Nipa (25), Dhaka*

*"My friend (Babu) is like my husband. Normally I use condom, but can't with the man of my own (babu) .He does not like it. I believe that he doesn't have any disease" Asma, (35) Daulatdia*

## 6.6 Public Services and Vulnerabilities of Female sex workers in Daulatdia and in the Street in Dhaka City

Generally, Government facilities or Public services are very poor in all aspects in Bangladesh. In Daulatdia brothel, there are no water, sanitation and sewerage facilities provided by the government. Water crisis is a problem in almost all urban areas of Bangladesh. The water is more acute in slums but in the brothel areas, it is even more. In both Daulatdia brothel and in case of street based sex workers, there is no such government health intervention that is mentionable. Moreover, the social safety net management is not at high level.

The landlords/sardernis try to maximize the profits but do a very little to ensure proper sanitation and access to water. In the brothel of Daulatdia it was found that they did not have access to the government water supply service. Although they have arranged tube-well and toilet in the brothel with the help of the NGOs, these are very inadequate. They do not also have adequate facilities for healthy disposal of used condoms and garbage. It has been gathered from the key informants and the sex workers that Government only supplies electricity in the brothel at actual cost. Therefore, the prevailing living condition leads to unhygienic environment causing of diseases like diarrhea, cholera, tuberculosis etc. leading to weakness and susceptibility to any kind of secondary infections, which in turn causes their vulnerability to HIV and other STDs easily.

In Dhaka city the street based sex workers are always in vulnerable condition due to inappropriate water, toilet, sewerage, and sanitation system.

One of the key informants stated:

*"There is no special government allotment and facilities for the sex workers. And the chairman of the locality does not take any initiative for them although they are voters of that locality". UNO, Goalando Upazila, Rajbari.*

Another key informant (Govt. official) also stated that,

*"We do not have any type of intervention program for the sex workers", Social welfare officer, Goalanda, Rajbari.*

The government also provides police security support for protecting the clients. Child prostitution is prohibited in the brothel. However, key informants and various other sources (Tahmina, Qurratul and Morel, Shisir, 2004) indicate that there exists a chain of exploitations due to weak enforcement of law that increases the vulnerability. While elaborating they explain - a sex worker has to collect affidavits from first class magistrate through Notary Public to prove that she possesses good health and she has already attained the legal age of maturity (18 years) for this profession. The sex workers themselves, sardernis or brokers usually collect these certificates without investigation of their health status and age through illegal means. As a result, girls below 18 years of age and of ill health are entering into the folk of child prostitution adding vulnerability of the sex workers.

A police officer (key informant) stated:

*"When a sex worker shows the affidavit certificate, we feel helpless despite the fact that we clearly understand they are under aged and have ill-health." OC, Goalondo, Rajbari.*

He added saying:

*"Compulsory medical check-up by the Govt. social welfare sector may contribute to the reduction of child prostitution as well as HIV."*

The Govt. has a provision for rehabilitation of the vagabonds by means of vocational training in the vagabond centre. But many of the street based female sex workers being arrested by police were taken to the vagabond center, but they had to stay there and lead inhuman life due to misuse of law.

Sex workers and some key informants unequivocally expressed this opinion.

*"I learnt sewing in the vagabond centre. But they do not give enough food to eat and I was often physically abused", Kakon (14 years), Gulshan, Dhaka.*

Another sex worker said:

*"Police caught and beat me several times and sent me to vagabond centre. There are many sufferings, such as less food, although I learnt alphabet and sign my name." Rupa (28), Dhaka.*

## 7.0 Findings

The study uncovered the following findings related to the vulnerability of female sex workers to HIV/AIDS of the two case study areas:

### 7.1 Vulnerability of female sex workers to HIV/AIDS with respect to living and working conditions

Female sex workers can have a crucial influence in the transmission of HIV/AIDS as well as they are more vulnerable to HIV infection. Living and working environment is an important cause of their vulnerability to HIV/AIDS in brothel and as well as in the street. Accommodation problem is the greater for street based sex workers. Owing to unhygienic environment of the brothel, inadequate toilet facilities, lack of public services such as water supply, sanitation and electricity problem and inadequate of treatment facilities put the sex workers and their clients at the risk of STDs and STI even HIV/AIDS infection. On the other hand, floating lifestyle of the street based sex workers also make them confront poor living conditions having no access to public services (e.g. water, sanitation).

Regarding working conditions, the sex workers generally sell sex in a complex environment in brothel and in the street. They are entangled in different types of bondages and oppression. For this they have to do whatever the clients as well as the Sardarmi, mastans, pimps and police enforce them and may put off condom use. For bonded brothel based sex workers, at times, they do not have any thing to say in the matter of choosing customers, condom use, fixing time, remuneration and even the way of doing sex according to the instructions of the clients. Street based sex workers also face similar situations while interacting with different clientele groups. Very often some clients want them to use drugs with them otherwise they have an apprehension of losing customers. Situations like this often pressure brothel based as well as street based sex workers, to surrender themselves to unsafe sexual practices and use dugs, which increase their vulnerability to HIV/AIDS.

### 7.2 Vulnerability of female sex workers to HIV/AIDS due to socio-economic and cultural factors

This study revealed that socio-economic and cultural factors such as poverty, social attitudes, stigma, discriminations, etc. affect female sex workers. Majority of female sex workers in both study areas reported that

poverty is the main reason for their entry into this profession. Economic vulnerability compels the illiterate helpless women to come out of doors as migrant job seekers or having been exploited by traffickers. Sometimes they are sold out in a brothel by their close relatives such as so-called husband, lover, maternal or paternal uncle or stepmother etc. Consequently, they get nothing but to take this risky profession to HIV/AIDs and they are victims of different types of discrimination in every aspect of social norms and culture. Once entering into this profession they are further subject to socio-cultural discriminations. They cannot go outside to take part or enjoy any recreational and entertaining activities. Even they cannot wear sandals or shoes while going out of the brothel for different purposes. In addition, they are not allowed to attend any rituals, and their bodies after death are thrown into the river, but are not buried. They cannot go to their own homes with their identity nor can they disclose their profession, although they send money regularly to their families. Even though these are not any risk factors for HIV transmission, all these forms of socio-economic and cultural deprivation put them in psychological stigma and depression. As a result, they get addicted to alcohol or other drugs. They are not willing to seek treatment as well, which may ultimately lead to vulnerability to HIV infection.

### 7.3 Violation of human rights

Another negative aspect observed to exist in the living environment of the sex workers is violation of human rights. There is an internal hierarchy among brothel based sex workers (BBSW) and street based sex workers (SBSW). In brothel, the bonded young sex workers working under supreme control of the *Sardarni* (leader, working as manager/house owner) have to abide by too many rules and restrictions leading to violation of human rights. The street based female sex workers in Dhaka city enjoy more liberty than the Daulatdia brothel based sex workers. Even then, in most cases they cannot run their business independently and they have to share their income with other interest groups, such as hoodlums, brokers, and policemen. They also experience abuse of law as they are often picked up from the streets and sent to the police custody or vagabond shelters. But actually they cannot be regarded as vagabonds in legal interpretation of the term. Physical, sexual and mental torture and other abusive behaviors are very common in case of both brothel and street based sex workers. Also in case of child prostitution there are severe violations of laws.

## 8.0 Recommendations

From the light of the above findings, the following recommendations are proposed:

- To improve their quality of life and hygienic living and working environment, access to public services such as water supply, electricity, sanitation, toilet, sewerage etc. facilities should be provided by Government, which will help to reduce vulnerabilities of HIV/AIDS and other STDs.
- Provisions like daycare services and education for sex worker's children need to be created for brothel based and street based sex workers to ensure by the NGOs that the children are taken care of while their mother is at work. The program should match the working hours of the mother;
- For the female sex workers, special intervention should be ensured by Government and as well as NGOs for treatment and health care system. Government should issue health cards to all sex workers to ensure their regular visits, check-up, free blood screening test and counseling for STDs and HIV/AIDS at every Govt. hospital and specialized health facility, helps maintain appropriate working and living conditions including introduction of fixed information centre and clinic and/or drop-in-centers for street based sex workers;
- Effective all ongoing GO/NGO programs on health educations, awareness raising programs, promoting condom use and any type of HIV/AIDS intervention requires that all sex workers should be aware of HIV/AIDS and STDs properly including the threats that it poses to them. Not only the female sex workers, their clients, pimps, mastans, also are responsible for condom use and they should be included in health education and HIV/AIDS intervention program. Only education or individualized behavior change a campaign alone is not sufficient, innovative and multi-pronged approaches should be undertaken to attack traditional beliefs, superstitions and misconceptions at their very root. Also the Government, voluntary welfare organizations, human rights organizations and NGOs and media can and should play a positive role to bring a change in the attitude of the community;
- As street sex workers are mobile and hidden population, and therefore less accessible for any kind of intervention, but some kind of mobile

services might succeed in locating most of them. Mobile information workers and clinic that could speak to the sex workers individually and treat them might be a better option along with fixed site information centre and clinic.

## 9.0 Conclusion

This study, like most studies in this field, found that the living and working environment of sex workers in Bangladesh is very poor (congested, dirty, noisy and unhygienic) which are susceptible to infections of STDs and HIV/AIDS. Poor sanitation system, insufficient water and power supply, lack of adequate nutritional intakes also increase their health problems. Besides, they do not have access to proper information, regular healthcare facilities available in the public sector. Even, majority of them cannot afford expensive and standard private health care. Further, they are vulnerable because of their unwillingness to disclose their profession while going out for seeking health care. So due to their unhygienic and malnourished health status and lack of health care they become more vulnerable to diseases like STDs and HIV infection.

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