INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, ECONOMICS & MANAGEMENT

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HYPOTHESES

RESEARCH METHODOLOGY

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FINDINGS

RECOMMENDATIONS/SUGGESTIONS

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MOBILITY AND MIGRATION OF FEMALE SEX WORKERS: NEED FOR STRATEGIC INTERVENTIONS

GOVERDAN KUMMARIKUNTA
RESEARCH SCHOLAR IN SOCIAL WORK
SOLAPUR UNIVERSITY
SOLAPUR

DR. CHANNAVEER R.M.
CHAIRMAN
DEPARTMENT OF SOCIAL WORK
DAVANGERE UNIVERSITY
DAVANGERE

ABSTRACT

Globalization has affected all walks of life. Infrastructural facilities and access to services available in the cities could make conspicuous impact on the life style of people. The sex work area is no exception to this phenomenon. Free movement of female sex workers through migration and mobility has caused new constraints in the implementation of the health services. Of late, the migration and mobility trends are common phenomenon in the sex work profession. The principal aim of the study is to review the research studies to verify the associational trend of migration and mobility of female sex workers with HIV/AIDS and STI infections. The present study is based on the evidence-based approach to scan the studies pertaining to the migration and mobility of female sex workers. There are vulnerabilities and risks of HIV/AIDS and STI infections associated with the migration and mobility. This trend has been a neglected aspect of the research in the field of sex work profession and sexual health. The present paper could attempt to make an evidence-based presentation of the research studies to explain the association between migration and mobility with HIV/AIDS and STI infections. The study could conceptually establish the association of HIV/AIDS and STI with the migration and mobility trend, which is becoming a common phenomenon in the sex industry due to promotion of clientele networking. This knowledge facilitate the strategic interventions on the part of the government machinery and the NGOs to improve the public health system to address the emerging service need of the migrant and mobile female sex workers.

KEYWORDS
Mobility, Migration, Female Sex work, Intervention.

CONTEXT

Globalization has brought the market at centre stage of human society. Consequently, there is radical transformation in the social, economic, educational, health, security and political domains of society across the world. The demographic factors indicate that the growth of town and cities is increasing more than ever. There is a trend of mobility and migration towards urban India. People are moving for education, employment and health services to the cities across the world. Although the rural population is large in India, the growing trend of urbanization is increasing at an alarming rate. The global and local contexts are able to attract people for various activities. Neo-liberal economic environment has changed the course of action of the female sex work in particular and sex work in general. Globalization has made deeper impact on the sex work activity in the developed, developing and underdeveloped countries. India as a giant developing nation 'Asia' is no exception to this. Human beings are in search of new pleasures from time to time. Sex activity is the most dominant pleasurable activity across the world. Changing structure and functions of family, community and society are able to influence the desires and aspirations, which exert on the choices and options of individuals. There is growing trend of eco-tourism and sex-tourism throughout the world. Such offers are commercially promoted by the market forces. Hence, globalization is a major cause for the emergence of mobility and migration trends in sex work activity. This context is changing the scenario for the HIV/AIDS and STI infections.

INTRODUCTION

Sex workers are highly mobile populations, moving both within and across district and states, as individually or with other sex worker in the world (J Vandepitte, 2006). Mobility and migration are key facilitating factors in the transmission and spread of HIV and sexually transmitted infections in Asia in general and India in particular. There is a dichotomy between predominantly internal migration, notable urbanisation and external migration among the individuals and groups such as sex workers. These groups are mobile and characterised by different behaviours, access to service and risk exposure to HIV and STI (UNDP. 2010). Most of the migration among female sex workers is to large urban centres and some specific areas that are "hot spot" for HIV transmission (Halli. S 2008). Sex workers are both commercial and mobile (Rakhi Dandona, 2005). It is estimated that around 2.4 million people in India are living with HIV. Most HIV transmission in India is heterosexual (Chandrasekaran et al., 2006), and research has indicated that a substantial proportion of this transmission involves sexual networks that include female sex workers (FSWs) (Nagelkerke et al., 2002). FSWs in India work in a variety of settings and arrangements (Nag 2006).

For programmers working within a particular geographic area, it is important to understand the mobility context so that interventions are appropriately designed and targeted; specific strategies for reaching mobile and migrant FSWs working within different settings will be required. For example, in the case of India, women practicing sex work in brothels are usually mobile and easily identifiable, but might be difficult to reach, if the brothel madams do not offer support to the programme. Mobile FSWs operating on the street and other public places can be contacted directly, without the need for permission from agents, but might be less easily identifiable as they arrive to the nearby towns for sex work and move back home. Moreover, a programme needs to take into account that women who are mobile have different levels of vulnerability and risk for contracting sexually transmitted infections including HIV. The extent to which a mobile sex worker is able to work autonomously will impact on her ability and freedom to negotiate condom use or regulate the number and type of clients. Moreover, women come from different socio-demographic and economic backgrounds, which will likely influence their willingness and motivation to practice safe sex.

This paper reviews the existing literature on mobility and migration of female sex work in India, and risk and vulnerability factors of HIV and STI transmission among female sex workers.

METHODOLOGY OF STUDY

The study conducted a Medline search to identify all papers published since 1986 on sex work in India, using the text words: 'India' AND ('sex work mobility' OR 'sex work migration'). Bibliographies of identified articles were hand searched. In addition, we searched for reports, presentations or abstracts that discuss or mention mobility and migration. More specifically, we researched the websites of National AIDS Control Organization (NACO) of the Government of India; and the main funding organization on HIV prevention and care in India, namely Avahan – India Initiative of the Bill and Melinda Gates Foundation. Subsequently, we searched Google using the combination of words like; sex work mobility in India and sex work migration in India. In addition to the articles and reports found

through these systematic searches, we also reviewed books, reports or papers on FSWs found in various libraries in India or from other HIV / AIDS specialists in India. The articles, reports, presentations and abstracts that contained discussions or mentions mobility and migration of sex work were thoroughly referred as review for the study.

MIGRATION, MOBILITY AND RISK

Movement of people from one place to another is an age-old phenomenon, its current scale and characteristics make it an issue of rising global importance. International migration, defined as individuals living outside of their country of origin for more than one year, is characterized by increasing regulation by states, an increasing proportion of migration to developed countries, and stronger ties between migrants and their home countries due to inexpensive travel and communications. Halli S, et al, said migration (across state borders) and mobility (within state borders) of people is common in India and can take many different forms. Migration and mobility of sex workers is strongly associated with the lack of an enabling legal and policy environment in relation to HIV and sex work. It has high levels of stigma and discrimination and strongly indicative of implications for service delivery system for HIV/AIDS and STI clientele population.

The role of commercial sex in the global HIV epidemic has been especially prominent in selected countries in Southeast Asia. Typically, the transmission path has been from drug users to sex workers, from sex workers to clients, and finally from clients to wives and regular sexual partners in the general population (Gangakhedkar et al,. 1995). In a review of sexual behaviour in India with risk of HIV/AIDS transmission by Moni Nag, indicates that the risk of transmission of HIV and other sexually transmitted diseases is higher in sexual relationships with multiple sexual partners and without the use of condom. Also, the author mentioned that there is a widespread belief in India that prostitutes are primarily responsible for the origin and spread of AIDS and it can be mostly controlled by testing all of them for HIV and isolating those who are found positive.

A cross sectional study was conducted in China to understand the risk and behaviours and HIV/STI rates among female sex workers. The study recruited 270 FSWs. Out of which, a total of 117 (43.3%) FSWs moved to another city during the year. Risk factors are increased mobility included being from another city within Yanan, China (adjusted hazard ratio (AHR) 1.67, 95% CI 1.09-2.56), being outside Yunman (AHR 1.58, 95% CI 1.04-2.54). Also, the study found out that HIV-positive subjects were less likely to change residence, earned less per client, had more clients each month, and used condoms more consistently with regular partners. About half of the HIV-positive women changed their residence during the follow-up period, compared to two thirds of HIV-negative subjects. The author concluded, those working in higher risk entertainment venus, who tended to be more drug-using and HIV-positive sex workers, were less mobile. The reason for mobility was most commonly related to increasing income. The study further documented high rates of HIV/STIs in the cohort which, when combined with the high rates of mobility, implies that HIV may spread to low-risk areas through mobile FSWs.

On the other hand, trafficking as a global phenomenon delves on the social disadvantages of migrant and mobile population. A study conducted by Charistine Joffres et al, mentioned the majority of trafficked persons are young women or children who have been forced into sex work as a result of poverty, often before they were 18 years old. An increasing demand for younger children and virgins, partly fuelled by the fear of HIV/AIDS; the emergence of new sources and destinations for trafficked persons and increased commercial sexual exploitation (CSE) and the transmission of HIV and other sexually transmitted disease.

A review was conducted by Binod et al on Nepal's migrant women and men and their risk to HIV/STI. Results of analyses of community-based surveys, risk-group surveys, and service statistics consistently showed that men and women who had worked in Mumbai have a much higher prevalence of HIV than those who worked in other parts of India or only within Nepal. The review shows that studies drawing samples from communities in Achham, Doti, and Kailali reported that about 6–10% of men returned from Mumbai compared to up to 4% men working in other parts of India and up to 3% of those working in Nepal were HIV-positive. This pattern of higher proportions of HIV-positive cases among Mumbai returnees than other people was reflected among men attending voluntary counselling and testing (VCT) clinics and also among sex workers surveyed in Kathmandu. Of men who took services from the VCT clinics during 2001–2003, 12.5% of 32 Mumbai returnees compared to 8.5% of 106 India returnee and 2.3% of 210 internal migrants were HIV-positive. Among sex workers surveyed in the Kathmandu Valley, HIV positivity was higher among Mumbai returnees (73%, n=12, in 2001) compared to India returnees as a whole (44%, n=9, in 1999/2000 and 42%, n=33, in 2001); and these rates were several-fold the prevalence of HIV (17% in 1999–2000 and 16% in 2000) in the overall samples of sex workers. While the total samples (300 each year) were adequate, statistics for returnee sex workers were based on very small denominators and hence prone to uncertainty. Further, it is well-known that Nepalese sex workers who are rescued, escaped, or abandoned, because of HIV-positive status, from brothels are often condemned by families and communities and hence again get involved in sex work for survival . However, no estimates are available about the volume of returnees and those who resume sex work. It is also less clear that where these returnee sex workers, and perhaps the migrant men, contracted the virus. Some returnees might have contracted the virus in the home country, but many of them might have returned with the virus. The returnees reflected the situation of Mumbai where HIV infections among FSWs increased sharply from 1% in 1989 to 51% by 1993 and stayed above this level thereafter. No information was available on differentials in the prevalence of HIV by country of origin of sex workers in Mumbai. Although this pattern reflected the epidemic pattern seen in the far-west districts, these findings are based on clinical data and, therefore, cannot be generalized to the migrant community at large.

A clinical study conducted in 2001 among women of migrant communities of Kailali found only one HIV case (0.3%) among 900 women who were tested. Although the prevalence of HIV was very low in this sample compared to that of migrant men in Doti and Achham, as many as 11% of these women were diagnosed with one or more untreated sexually transmitted infection(s). Since migrant returnees tend to have unsafe sex with their wives and other sex partners, infections among women are likely to rise. More migrants than non-migrants reported the involvement in risky sexual behaviours when away from home. In a 1994 survey in 11 mid- and far-western districts, 49% of male and 40% of female seasonal labour migrants reported premarital or extramarital sex when they were away. In sex work tool kit paper by WHO (2004) mentioned that several factors heighten sex workers' vulnerability to HIV. Many sex workers are migrants and otherwise mobile within nation states and are thus, difficult to reach via standard outreach and health services. They face cultural, social, legal and linguistic obstacles to accessing services and information. Equally important, many women in sex work experience violence on the streets, on the job or in their personal lives, which increases their vulnerability to HIV and other health concerns. For example, research from Bangladesh, Namibia, India and elsewhere shows that many sex workers, particularly those who work on the streets, report being beaten, threatened with a weapon, slashed, choked, raped and coerced into sex (WHO, 2004).

In Karnataka the situation indicates that on average, mobile FSWs moved to four different locations for sex work in the two years prior to the survey. 84 percent of the FSWs sampled for the survey reported that they had moved to at least one in past two years. Locations and that they had moved to at least one location outside the district in the one in which they lived. On an average, female sex workers moved 3.5 times in last two years to other locations. 2.8 percent moved across district for sex work .The greater mobility showed associations with a consistent decrease in condom use; increased exposure to sexually transmitted infections; and increased perceived risk of HIV. It is likely that since FSWs move to maximize trade opportunities, they use less discretion in using condoms when they are mobile (Shiva S Halli et al, 2007).

CULTURAL DISADVANTAGES AND RISK

Prostitution as a profession has a long history in India. Nag (2006) distinguishes between Devadasis (women dedicated to gods, who engage in sex work), hereditary FSWs, singing/dancing FSWs, brothel-based FSWs, floating (flying or street) FSWs, call girls, male sex workers and child sex workers. These women have multiple sexual partners and migrate to the nearby towns and major destinations for sex work.

In Karnataka the migrant sex workers especially the female migrants in general are at increased risk of involvement in HIV/STI related risk behaviours. Migrant women who had ever engaged in commercial sex are at especially increased risk of exposure to HIV/STD infection. HIV prevention information and skills of preventive measures need to be delivered to them to avert their risk practice and correct their misconceptions. Situation analyses and negotiation skill training to initiate and promote condom use among them should be included in the prevention intervention program as they may be most relevant to this population (Halli S et al, 2007).

There is an emerging need to understand the cultural events like Jatras (religious festivals). Jatras represent venues for female sex workers (FSWs) to meet potential clients in an environment of anonymity. Data from a survey conducted among 1499 mobile FSWs in Karnataka, India were analysed using bivariate and

multivariate analysis. Overall, 31% of mobile FSWs reported attending jatras in the previous year. Women who sold sex at jatras tended to practice sex work in public places, in their own homes or on highways. Jatra attendees reported lower condom use with their last commercial sexual partners at their usual places of sex work. Jatra-related mobility was a significant predictor of non-condom use at their usual place of residence, after controlling for socio demographic, sex work-related, HIV vulnerability and programme exposure variables. Moreover, only 13% of FSWs used condoms consistently at jatras (Halli S et al, 2010).

SOCIAL DISADVANTAGES AND VULNERABILITY

It was examined on the association between alcohol use and sexual risk in two critical migrant populations living within the same geographical areas--migrant men and female sex-workers (FSWs). Data are drawn from two independent surveys of migrant FSWs and male workers in 14 districts of four high HIV prevalent Indian states. In the paper we have examined the independent effects of degree of mobility and alcohol use prior to sex on HIV risk behaviours. Nearly two-thirds of FSWs and a similar proportion of male migrant workers, as well as nine out of ten clients of FSWs consume alcohol. More than half of the FSWs and their clients consumed alcohol prior to sex. The practice of alcohol use prior to sex among both FSWs and their clients has a significant association with inconsistent condom use during paid as well as unpaid sex, and these effects are independent of degree of mobility. The results suggest a need for developing an in-depth understanding of the role of alcohol in accentuating HIV risk particularly among migrant populations who move frequently from one place another (Verma R.K. et al., 2010). Migration for work takes people away from the social environment of their families and community. This can lead to an increased likelihood to engage in risky behaviour. Concerted efforts are needed to address the vulnerabilities of the large migrant population. Furthermore, a high proportion of female sex workers in India are mobile. The mobility of sex workers is likely a major factor contributing to HIV transmission by connecting high-risk sexual networks (Sudip Muzumder, 2008).

The scenario in Nagaland highlights the lives of mobile population at the time of entry into sex work was socio-culturally and economically vulnerable as evidenced by the early age of sexual debut, low levels of education, unemployment, absence of protective male partners, and poor relationships with families. Participants experienced high levels of mobility, insecure accommodation, the need to financially support family, and the demand to give a portion of their income to others. The use of alcohol and other drugs, including heroin, was widespread. For these women, sex work can be seen as a pragmatic option for earning sufficient income to live. The women's lives would be improved by strategies to promote their health, ensure their safety, and protect their rights as long as they are engaging in sex work. This is likely to benefit not only the sex workers but also their children, their families, and the wider community (Bowen KJ, 2010).

STRATEGIC INTERVENTIONS

The present study through an evidence-based analysis of the research studies conducted in India and abroad, proposes appropriate interventions.

- The development of alternative employment opportunities is vital to protect against the entry into sex work and to support women who want to exit sex work.
- Condom availability and accessibility at jatras should be a priority for HIV prevention programmes, and such programmes should make efforts to introduce outreach activities at jatras.
- There is a dire need to understand the pattern and extent of migration and mobility among the sex workers. This facilitates the logistics to be mobilized to avail access to health services for the sex workers.
- The PHCs and Sub-Centers need to monitor the migration and mobility patterns in their jurisdiction.
- The district health administration need to prepare a migration and mobility mapping with regard to female sex workers in particular and sex workers in general. This would enable the administration to equip with monitoring and evaluation of the focuses and targeted programs for the migrant and mobile sex workers.

CONCLUSION

The research studies indicate that the mobility and migration of female sex workers has the influence in transmission of HIV/AIDS among the sex workers as well to the bridge population. Mobility and migration of the sex workers are considered as dependent variable to explain the extent of variation in HIV/AIDS and STI transmission. There is need of further research at micro and macro level. Interdisciplinary studies could yield better results to understand pragmatically the emergence of migration and mobility of female sex workers. The pattern of mobility and migration, risk of HIV among mobile and migrant sex workers and HIV transmission among female sex workers in India is rightly observed in the study. There is a need for further evidence-based analysis on migration and mobility of female sex workers, which takes account of HIV risk for researchers and programmers.

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