



Push to Open

**An appraisal of sex workers'
access to basic services**

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Photographs used in this documents have been taken by sex workers from different states as part of a photography workshop conducted by UNDP-TAHA.

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Foreword

The United Nations Development Programme (UNDP)- Trafficking and HIV/AIDS (TAHA) project is a national programme that seeks to address and prevent the trafficking of women and children. I have been actively involved in the formulation of the TAHA programme which has been conceptualised within a rights based framework where it seeks to protect the right to safe migration while at the same time addressing trafficking and sexual exploitation of women.

Further, the emphasis has been on a community based approach for partnership building with those who are most vulnerable to HIV and most affected by the epidemic. TAHA also seeks to integrally address structural issues like gender-based inequity and economic disempowerment that act as drivers for trafficking and HIV.

As has been noted in the introductory section of this analysis - the moral debate that circumscribes the discussion about sex work 'is deeply divisive, often denying both a voice and the ability to make choices to the women at its centre.' Yet it has been long recognized that unless sex workers are placed at the center of any intervention and allowed to make the right decisions for themselves the dual objectives of prevention of trafficking and improving the well-being of sex workers, in particular their susceptibility to get infected with

HIV and AIDS cannot be effectively addressed.

Although today the debate surrounding sex workers largely takes place within the HIV and AIDS prevention context it is important to acknowledge and as the analysis rightly points out 'that addressing sex workers has to indeed extend beyond the public health realm to encompass issues related to values, morality, violence, exploitation, vulnerability, stigma and marginalization all of which together shape the life of the sex worker and determine her risk.'

In this study and analysis, quantitative information on the current context within which sex workers lead their daily lives has been collected. This has been done primarily through systematic documentation of their access to various services. While only indicative in its scope and scale, the findings highlight the gaps and illustrate the need for a more comprehensive approach to the way interventions are designed for sex workers.

I commend the effort made by UNDP-TAHA to document sex worker's experiences vis a vis access to services.



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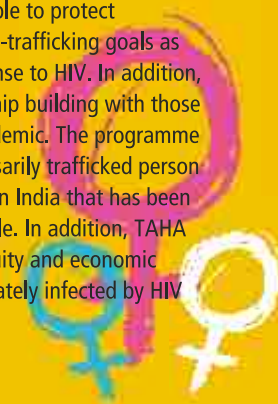
The effort and time put in by the SPMUs, the NGOs and the sex workers who participated in the study warrant worthy mention. UNDP-TAHA is very thankful to Care India for conducting the research in Karnataka, to Dr. Jana for his very helpful inputs and to Ms. Rupsa Malik for writing and compiling the report. UNDP-TAHA team members Ms. Mona Mishra, Ms. Mini Thakur, Mr. Shiv Shankar and Ms. Malika Malhotra deserve special mention.

About UNDP-TAHA

The United Nations Development Programme (UNDP)- Trafficking and HIV/AIDS (TAHA) project is a national programme that seeks to address and prevent the trafficking of women and children. The TAHA secretariat is in Delhi. In addition, State Project Management Units (SPMU) have been set up and housed within the State AIDS Control Societies (SACS) in 10 (except Orissa) of the 11 states where TAHA implements its programme. The anti-trafficking goal of the programme is located within a HIV and AIDS and safe mobility framework. TAHA is supported by NACO, DWCD and DFID and is implemented in partnership with more than 70 local and national partners.

UNDP-TAHA derives its political commitment to address issues related to trafficking, safe mobility and HIV and AIDS from several UN declarations including the most recent UNGASS declaration in which Section 31 includes a commitment on the part of national Governments "to strengthen legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls." In addition the Millennium Development Goal (MDG) Goal 6 to "combat HIV/AIDS, malaria and other diseases" and India's 10th, 5 year plan that includes objectives to create 80% awareness among the general population in rural areas and to achieve zero level increase of HIV /AIDS prevalence by 2007 together provide the overall context within which TAHA has been designed and is being implemented.

The TAHA programme is conceptualised within a rights based framework where it seeks to protect the right to safe migration while at the same time addressing trafficking which is one of the most profound violations of the rights of an individual. Trafficking of persons for sexual exploitation has been identified as one of the drivers of the HIV and AIDS epidemic. It is recognised that those being trafficked lack support systems, autonomy and choice to be able to protect themselves from getting infected. TAHA therefore sees its anti-trafficking goals as contributing toward developing models for a long-term response to HIV. In addition, the emphasis is on a community based approach for partnership building with those who are most vulnerable to HIV and most affected by the epidemic. The programme also acknowledges that all sex workers in India are not necessarily trafficked person and in principle supports the vibrant sex workers' movement in India that has been demanding the right to dignity and safety as part of its struggle. In addition, TAHA integrally addresses the structural issues - gender-based inequity and economic disempowerment - that results in women being disproportionately infected by HIV and AIDS as well as being trafficked in large numbers.





Executive Summary

The anti-trafficking goal of TAHA is located within a HIV and AIDS and safe mobility framework. Further the programme is conceptualised within a rights based framework. However, the moral debate that circumscribes the discussion about sex work is often deeply divisive and the contradictory measures that stem from these varied approaches - abolitionist, prohibitionist, liberal - have served to create uncertainty and fear among sex workers and can potentially result in them not seeking services even when they are available.

The fact that sex work has been identified as one type of high-risk behavior that drives the HIV and AIDS epidemic has resulted in putting the spotlight on sex workers as a core population group that needs to be targeted with prevention messages. The NACP-III (launched on April, 2007) emphasizes the rights and provision of adequate services to vulnerable and high risk populations and further, insures that they are made available 'in a non-discriminatory manner based on ethical codes and guidelines' (NACO;2006:4).

However, the context within which sex workers lead their daily lives is ill-understood and most data focuses mainly on disease and infections and related issues e.g. condom use. The entitlement of sex workers as citizens of this country remains mostly ignored. It is with the purpose of deriving a more comprehensive understanding of their lives - in concrete terms - that this study has been commissioned. The lens through which sex worker lives have been assessed is by evaluating their access to various services.

This study is a departure from the earlier studies in that it has collected information with a view to understanding both the multi-dimensional needs of sex workers and the availability and accessibility of the range of services that caters to these diverse needs. The study has been undertaken by UNDP-

TAHA in partnership with its local state-level partners over a period of two months (October and November, 2006). A total of 286 sex workers have been interviewed across nine states.

Some of the findings in brief:

- More than 43% of the respondents interviewed reported not having a ration card. In Bihar this figure is even lower - only 22% of respondents have ration cards.
- Only 13 % reported having a below poverty line (BPL) card.
- Only 9% of respondents from Tamil Nadu, 3% from UP and Gujarat, and none of the respondents from Bihar have health cards.
- Close to 50% of all respondents reported not having a birth certificate. None of the respondents from Bihar and Delhi, 5% of respondents from Tamil Nadu, 12% from West Bengal and 6% from Uttar Pradesh have birth certificates.
- 50% of the sex workers in this study reported that their children have never been to school. 80% also report not having access to day-care centres for small children as a result having to keep them in their place of work.
- Almost 50% reported not seeking services like ante-natal care and institutional delivery from the public health facilities.
- More than 47% did not have a voter's identification card.
- 65% of all the sex workers interviewed reported not having a bank account.
- 52% reported keeping their savings with family members as well as taking loans from them.
- 75% of 285 respondents do not have caste certificates. None of the respondents from Bihar and Delhi have caste certificates. Further, only 3% from UP and 4% from West Bengal had caste certificates.
- 75% of respondents have never availed the services of family counseling centers, shelter homes or help lines.
- 50% of respondents reported availing of police protection, less than half (43 percent) of the sex workers interviewed reported availing of legal services or services of public/private prosecutor. Many women also mention being denied services even when they did seek support as a result of the stigma associated with their profession.
- As few as 9% reported being able to meet directly with the block development officer (BDO).
- In the study 50% of the respondents reported attending marriages, visits to cinema halls and restaurants as well as visits to religious places in the year prior to the study. However, it is not clear if this took place as a result of sex workers hiding their true identity or not.



Sex Work and Trafficking

DEBATES, MOVEMENTS AND THE LAW

For centuries the official response to sex work (through legislation, reforms, health programmes amongst other measures) has been guided by 'stereotypes, prejudices, myths, and a failure to appreciate the complexity and diversity of sex work and as a result the social context within which sex work exists remains unchanged. The moral debate that circumscribes the discussion about sex work 'is deeply divisive, often denying both a voice and the ability to make choices to the women at its centre. Radicals and abolitionists believe that prostitution can be eradicated and that removing criminal proscription would institutionalize violence against women and their objectification in sexual slavery. The liberal viewpoint recognizes the inevitability and legitimacy of sex work and that choices, even when constrained, are still legitimate' (BMJ;2007:52-53). It is, however, the former approach that is the prevailing norm in most countries including India. Sex work and trafficking is regulated and sought to be prevented by codifying it under criminal law and this results in 'state oppression, constraints on autonomy and the resulting abuse and exploitation' (BMJ;2007:52-53) of sex workers.

In India, the Immoral Trafficking (Prevention) Act, 1986 seeks to prevent trafficking and regulate sex work. Although the law does not criminalize sex work per se it makes various activities related to sex work (soliciting of clients, advertising prostitution, living off the earnings of prostitutes, recruiting prostitutes, or trafficking in women) a punishable offence. At the implementation level this has translated mainly into criminalizing the lives and work of sex workers who continue to be evicted, jailed and convicted for engaging in prostitution. The law makes no distinction between voluntary sex work and trafficking.

In recent years, trafficking has emerged as a major

human rights concern and many governments in particular have devoted significant funding in combating trafficking at the global level. Sometimes donor countries' official stand on trafficking has translated at the programmatic level into an abolitionist approach toward sex work that tends to view all women in the profession as trafficked persons. This interlinking of sex work and trafficking has resulted in the curbing of activities that seek to empower sex workers. This linear understanding and position on trafficking and sex work has played an influential role in the way issues related to women in sex work are addressed globally.

Recent developments in India also tend to lean towards, some would say, a prohibitionist approach toward sex work as a proxy to curb trafficking. This has resulted in a growing number of raids in sex work venues including brothels. At the same time as a result of lobbying efforts of sex worker groups, who together represent a vibrant movement for sex worker rights in this country, the government has from time to time articulated the need for a rights based approach to addressing sex workers. A national government official, for example, announced at a press conference a couple of years ago that the government plans to introduce licenses for sex workers to alleviate some of the stigma and discrimination that sex workers continue to face in their daily lives and bring them into the mainstream. Although since the announcement no development has taken place in this regard the contradictory nature of the various measures used to address trafficking and promote the safety of sex workers underscores the complexity and ideological fault lines that guide laws and policies in this regard.

The ambiguity in the way sex work is addressed and in particular the emphasis to prevent trafficking often





Sex Work and Trafficking

DEBATES, MOVEMENTS AND THE LAW

results in measures that serve to create fear among sex workers and can potentially result in them not seeking services even when they are available. Anti-trafficking measures have typically and disproportionately centered around demolition of tenements in red-light areas and eviction and repatriation of sex workers to their home states and less toward addressing structural issues associated with women migrating from their hometowns and villages to enter the sex trade in other states. According to Samarjit Jana, founding member of the sex worker collective at Sonagachi, Kolkata, a direct result of such actions has been an overall decline in brothel based sex trade as symbolized by red-light areas like Baina (the red light area in Goa which was demolished two years ago). However, he adds that this in no way means that there is an overall decline in the trade. It simply means that the brothel has been replaced by street, hotel and flat-based sex trade. To quote him, it “leads to the spread of sex work over a diffused and ill-defined area, where women will be invisible, inaccessible and consequently vulnerable to abuse, violence, and infections including HIV.”⁷ The most direct impact of demolitions has been seen in the provision and access to much needed services.

Brothel-based sex work is the target of most raids as this remains the most visible and easily identifiable space where sex work takes place. Yet it is in this setting more than anywhere else that sex workers have perhaps managed to attain some degree of safety and sense of community. Sex worker collectives that have emerged as a result of NGO initiatives have developed strategies that have resulted in sex workers incrementally gaining rights, effectively protesting against police atrocities, being able to access healthcare services, deciding to undergo HIV testing, being able to negotiate condom

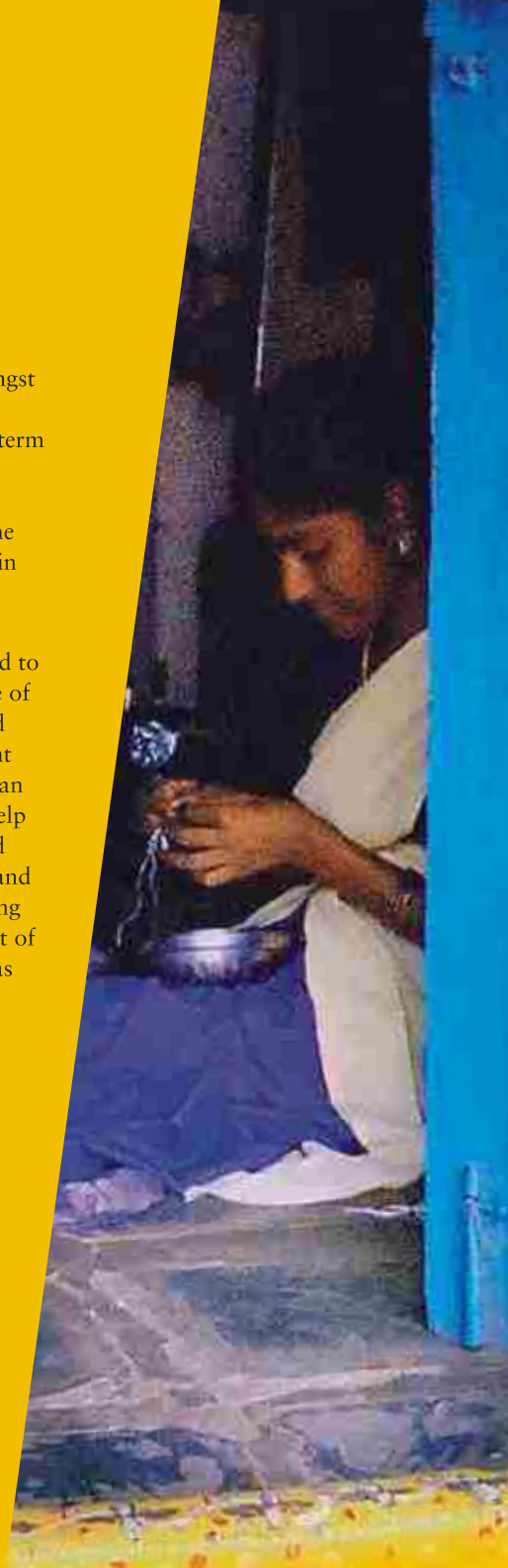
use and practice safe sex with their clients, amongst other things. All of these together have helped created the enabling conditions that in the long-term will help guarantee their safety and well-being. Morally driven ‘rescue and rehabilitation’ approaches, on the other hand, fail to address the socio-cultural and economic disadvantages within which sex workers lead their daily lives.

In India, a number of NGOs, activists and sex worker collectives have been demanding the need to decriminalize sex work. Legalisation or any type of regulatory approach is on the other hand viewed with some caution e.g. the recent pronouncement granting licenses to sex workers. This measure can indeed give the profession a formal status and help sex workers obtain identity and ration cards and also enable them to access government services and other social welfare schemes. However, a licensing scheme also implies an increase in state oversight of sex work and sex worker lives which as ITPA has shown is often prone to misuse, abuse and corruption.

“We just want to be treated as human beings, neither criminals to be incarcerated nor victims to be rescued”

(Shahmanesh quoting a SW in an email communication; 2007)

*Posted by: Lawyers’ Collective India in SEA-AIDS [sea-aids@forums.healthdev.org]



Sex Work, HIV/AIDS and National AIDS Control Programme (NACP)

The emergence of HIV and AIDS and the identification of sex work as one type of high-risk behavior that drives the epidemic has resulted in putting the spotlight on sex workers as a core population group that needs to be targeted with HIV and AIDS prevention messages and services to be able to effectively curb the spread of the epidemic to the general population.. Evidence shows that those who sell and buy sex are more vulnerable to STI infections including HIV and AIDS. Female sex workers (FSW), in particular, are one of the key target groups that the National AIDS Control programme addresses through Targeted

Interventions (TIs)*. The NACP-III (launched in April, 2007) states that it `will strive to ensure that PLHA as well as vulnerable and high risk populations have access to rights and that requisite services are made available to them in a non-discriminatory manner based on ethical codes and guidelines" (NACO;2006:4).

The first phase of the National AIDS Control Program (NACP) was launched in the late-eighties to prevent the spread of the epidemic in India. The epidemic is currently concentrated among those who remain the most marginalized and stigmatized in our society sex workers, men who have sex with men and injecting drug users. All are criminalized by Indian law either as a result of their sexuality (MSM) or because of their profession (sex workers).

TIs with populations at risk, for e.g. sex workers, are an important strategy of the national programme. As a result of this focus, sex workers have become the public face of the epidemic and this has for both good and bad reasons generated wide-spread public debate about sex work and trafficking which inevitably gets intertwined with the former. Although this discussion often takes place primarily within a HIV and AIDS prevention paradigm it is important to acknowledge that addressing sex workers as part of these



programmes extends beyond the public health realm to encompass issues related to values, morality, violence, exploitation, vulnerability, stigma and marginalisation, all of which together shape the life of the sex worker and determine her risk. The role of law and in particular the diverse goals articulated by the various actors ranging from (de)criminalization to legalisation and (self) regulation play a pivotal role in shaping this broader debate and all of this together presents a unique and profound conundrum both for the provision of services and the ability of sex workers to be able to access them.

Currently the National AIDS Control Policy (NACP) emphasizes a rights based approach as the guiding principle for HIV prevention among sex workers with a particular emphasis toward promoting community mobilisation and the creation of an enabling environment. This stems from the recognition that without addressing the safety and overall well-being of sex workers any HIV prevention effort is unlikely to be effective and show desirable outcomes with regard to HIV prevention goals. In addition there is the added demand mainly from the sex workers themselves to shift to a more comprehensive approach to address their continuum of needs ranging from prevention to treatment and care.

In spite of close to two decades of targeted interventions with female sex workers particularly in red-light districts, HIV and AIDS infection rates remain high ranging between 50 to 70%. The TIs do not reach all sex

workers in the various settings from which they operate. The challenges of reaching street-based sex workers have been well-documented in various countries including India. As a result of anti-trafficking measures that typically target red light areas, brothel-based sex work is increasingly shifting to other venues that are harder to identify and sex workers cannot be easily reached in these new settings. This presents even greater challenges for the execution of TIs and to effectively implement a 100 percent condom use policy. In addition, although most sex workers who have received prevention messages now understand the importance of condom use with clients most still remain reluctant to negotiate condom use with their partners or long-term clients. The TIs have not been effective in creating the same sense of risk among sex workers with their regular partners or change the conditions that make them unable or reluctant to negotiate condom use with partners (Amin; 2004:10).

*Targeted Interventions (TIs) are a specific set of interventions in AIDS Control Programme. TIs specifically refer to interventions that work with high risk behavior groups. This includes core groups seen to be most vulnerable and at the risk of infection like sex workers, injecting drug users and men who have sex with men. In addition TIs also address the bridge population which includes truckers, migrant labour and street children. Central purpose is to provide services that target populations need to practice safe behaviour that reduce transmission of HIV. Two core components of effective TIs are the creation of an enabling environment and community mobilisation
Reference:NACOC; 2004:8



A total of 285 sex workers have been covered across nine states i.e. Andhra Pradesh, Bihar, Uttar Pradesh, West Bengal, Gujarat, Delhi, Karnataka, Tamil Nadu, and Kerala.

Rationale, Scope and Methodology for the Study

Amidst all the debate and controversy that surrounds sex work and its close association with trafficking and sexual slavery, often the women who are at the center of the discussion get lost. The context within which they lead their daily lives is ill-understood and most data focuses mainly on disease and infections and related issues e.g. condom use. It is with the purpose of better understanding their lives that the following study has been commissioned. Sex worker lives have been assessed by evaluating their access to various services.

The study has been undertaken by UNDP-TAHA in partnership with its local state-level partners over a period of two months (October and November, 2006) to quantitatively assess the needs of sex workers and their access to services. Till date, primarily behavioural surveillance has been undertaken to assess sex worker behavior with regard to health seeking behavior in the specific context of STIs and HIV and AIDS. However, there are few studies that provide adequate understanding of sex workers access to services writ large which in turn allows for a concrete assessment of their rights and entitlements. This study is a departure from the earlier studies in that it has

collected information with a view to understanding both the multi-dimensional needs of this community and the availability and accessibility of the range of services that caters to these diverse needs.

At the policy level two Ministries primarily address sex workers - the Ministry of Women and Child Development and Ministry of Health and Family Welfare. The former is mainly concerned with the implementation of ITPA and related issues that emerge from that. The Health Ministry, in particular the National AIDS Control Organisation (NACO), has been focusing on sex workers mainly as a result of its focus on at-risk population with whom it implements TIs for AIDS prevention. The absence of any visible role by other Ministries linked to improving the well-being of sex workers illustrates clearly the perceptions that guide policies with this community - as vectors of disease and as disruptive elements in society who need to be 'regulated'. The entitlement of sex workers as citizens of this country remains mostly ignored.

A structured in-depth interview was conducted with respondents selected on the basis of the random sampling method by SPMU personnel and state level, local NGOs. A total of 285 sex workers have been covered across nine states i.e. Andhra Pradesh, Bihar, Uttar Pradesh, Gujarat, Delhi, Karnataka, West Bengal, Tamil Nadu, and Kerala. Approximately, 25-30 sex workers were interviewed in each state.



Findings of the study and analysis

Of the 285 sex workers who were interviewed across nine states, half reported not possessing a ration card (123) or a Voter Identity card (136). More than 43% reported to have never voted.



Identity Cards and Access to Financial Services

Owning a ration card, voter's identity card, passport is necessary for individuals to access various services like opening a bank account, getting subsidised rations through the public distribution system as well as realizing their rights as citizens by being able to vote amongst other things. Yet a significant population of this country, particularly the poor and under-privileged, often do not possess these documents. This has further exacerbated their marginalization and resulted in denial of basic rights and services. For sex workers and others who are stigmatized and often criminalized by law, the inability to establish their identity is even more profound. Not possessing any valid identification often has a spiraling effect as often this results in not being able to obtain other services and benefits that are contingent on possessing these documents. Examples of this include being able to open a bank account, and getting a gas or phone connection.

Of the 285 sex workers who were interviewed across nine states, half reported not possessing a ration card (123) or a Voter Identity card (136). More than 43% reported to have never voted.

65% of them have never visited a bank nor have a bank account. This low statistic could among other reasons be the result of not having valid identification which is essential to be able to open a bank account. In addition, it is likely that women might not have the necessary information oability to go to a bank and fill up forms as many of them might be illiterate, they might lack the autonomy or mobility to go to a bank and they might not have independent access to their income. In the study, 226 sex workers out of 285 reported not having any educational qualification and/or school leaving certificate. 52% reported keeping their savings with family members.



The study findings provide disaggregated information with regard to the various types of financial services that are available and the extent to which sex workers are availing these facilities. For example, 71 out of the 285 women interviewed (25%) had insurance, 37 percent or 106 out of 285 had savings with a bank, only 21% had ever taken a loan from a financial institution (61 out of 285) and 26% had kept their savings with the post office (73 out of 285).

Family members provide informal 'financial service' for most sex workers. 52% of the sex workers interviewed reported keeping their savings with family members as well as taking loans from them. Self Help Groups (SHGs) appear to be another useful mechanism for savings and credit for sex workers. 75% of those interviewed reported keeping their savings with SHGs. Unlike savings it is typically the transactions and persons who deal in providing credit that appear to be more problematic. Money lenders top the list of persons from whom sex workers take loans (74%) followed by family members. The study did not collect detailed information on which family member (e.g. mother, father, brother, sister, others) is typically entrusted with keeping the sex workers savings and who among family members typically provides loans. Therefore it is hard to assess how exploitative this type of informal 'banking facility' might be.

Although most nationalized banks have a mandate to reach out to the poor segments of the population and there are several governments sponsored schemes and benefits intended for these groups, often proactive outreach is not undertaken by bank staff. 191 of the sex workers interviewed for the study reported not having any contact with bank officials.

As part of a documentary commissioned by CARE International to document the lives of sex workers in the

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region, members of the sex worker collective Durbar Mahila Samanwaya Committee (DMSC) were interviewed. In response to a question on the difficulty of opening a bank account one of the sex workers interviewed said ‘We had several problems with regard to opening a bank account. You need a reference, the account number of some other person, without which you cannot open an account. When they came to know that we are sex workers it was practically impossible to open an account.’

Recognizing the difficulty that sex workers face as a result of their profession DMSC decided to start its own bank -Usha Cooperative Bank. In addition, effort was made to help sex workers obtain identity cards. Sex workers now report that when they do try and open an account in other banks besides the one run by the collective they face fewer problems as they have the necessary identification to be able to open an account. The Collective also lobbied with the local branch of State Bank of India (SBI) to be able to open accounts. The SBI management took a decision that if DMSC opens an account with them and in turn gave introductory letter to the women then they will be allowed to open an account with a minimum balance of Rs. 250. The requirement to produce a voter or other identity card was waived. The main benefit of having an account is that now the state bank pass book has become an important source of identification, especially as many don't have any other form of ID. The other advantage is that SBI is an all India bank and all the benefits that are available to other customers are now available to the sex workers. In presenting these positive examples of how sex workers have negotiated means by which to deposit their savings in formal banking institutions, instead of money lenders or family members as has typically been the case, the objective is to demonstrate that access to services can indeed be made available to sex workers by proactive lobbying on the part of sex workers. This, however, is only possible if they are mobilized into collectives as individually they are often too disempowered to be able to negotiate similar benefits for themselves.

Below Poverty Line (BPL) Card

The BPL card is an important document for individuals to make access to various government schemes easier. Only 13% of women interviewed reported possessing a BPL card. The process of identification of families who are below poverty line has always been flawed and many have critiqued the basis on which the card is granted. Often at the local level, selection of beneficiaries is decided not on the basis of income but on the basis of factors such as caste and influence. Sex workers often, not only belong to backward castes but also lack influence. As a result, in spite of being eligible to receive BPL cards they are rarely able to obtain them. Not possessing a BPL card effectively shuts them out from a range of welfare schemes that the government provides for families in need of financial assistance.

Birth Certificate

Registration of birth is compulsory in India, however, approximately 57% of births get registered overall. As a result of gender bias even fewer girl child births get registered. To quote J K Banthia, former Registrar General and Census Commissioner of India 'Neither registered at birth, nor at death, women become 'invisible' as they do not enter the official records.' He goes on to say 'A birth certificate is a very important document to prove the existence of an individual. It is essential for school admission, for property rights and even for contesting elections' (quoted in Bahuguna; 2005). There is wide variation across states. Goa, Kerala, Mizoram among others report 100% registration whereas states in North India like Bihar report less than 20%.

In this study, only 53 sex workers among a total of 285 reported having a birth certificate. In Andhra Pradesh, of the total 35 sex workers interviewed, 30 did not have their certificates; in some of the other states the situation was even worse. In Bihar, of the total 18 women interviewed, none had a birth certificate; in Uttar Pradesh 29 out of 31 and in West Bengal 22 out of 25 did not have the document.

This lack of birth certificates has serious consequences for sex workers. Rescue of minors is an important focus, and rightly so, of anti-trafficking programmes. Inability to prove age, particularly in the case of young women, during the time of raid often results in adult sex workers also being removed from their place of work and placed in remand homes. For many sex worker collectives, in particular, this poses real challenges in ensuring the right of young adult women to undertake voluntary sex work as often they too are targeted during the raids.

Interestingly, although many adult sex workers reported not having a birth certificate the results were very different when it came to registering the birth of their children. Close to half the women interviewed said they have birth certificates for their children. It can be concluded that as a result of their exposure to programmes and an increase in their awareness on various issues, women have both recognized and prioritized the need to register the birth of their children and obtain their birth certificates.



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Health Services

As a result of the HIV and AIDS epidemic and associated prevention needs, sex workers are being explicitly targeted by HIV and AIDS prevention and treatment programmes. This is the one arena where one can almost conclude they have been 'over reached' with prevention messages at least in brothel-based settings. Two of the core areas where the target interventions focus are condom promotion and STI control. As part of the study sex workers were interviewed across nine states and more than 80% of respondents have reported that they have indeed availed services in public health facilities (government hospitals/clinics). In most instances (57%) this has been at the local health center.

However, a high percentage of women have also reported going to private health providers. 78% have sought the services of medical practitioners and 75% have been to private health clinics. It is likely that many of the women need to seek private health care for health problems for which services are not available in the public health facilities. One of the critiques of TIs and related health delivery has been its narrow focus on condom promotion and STI control and in failing to address the broader health needs of the women who engage in sex work. The study corroborates this finding as 50% of the sex workers did not avail of ante-natal care, institutional delivery or immunization for their children from these facilities.

50% of the sex workers did not avail of ante-natal care, institutional delivery or immunization for their children from public health facilities.





Referral & Counseling Services

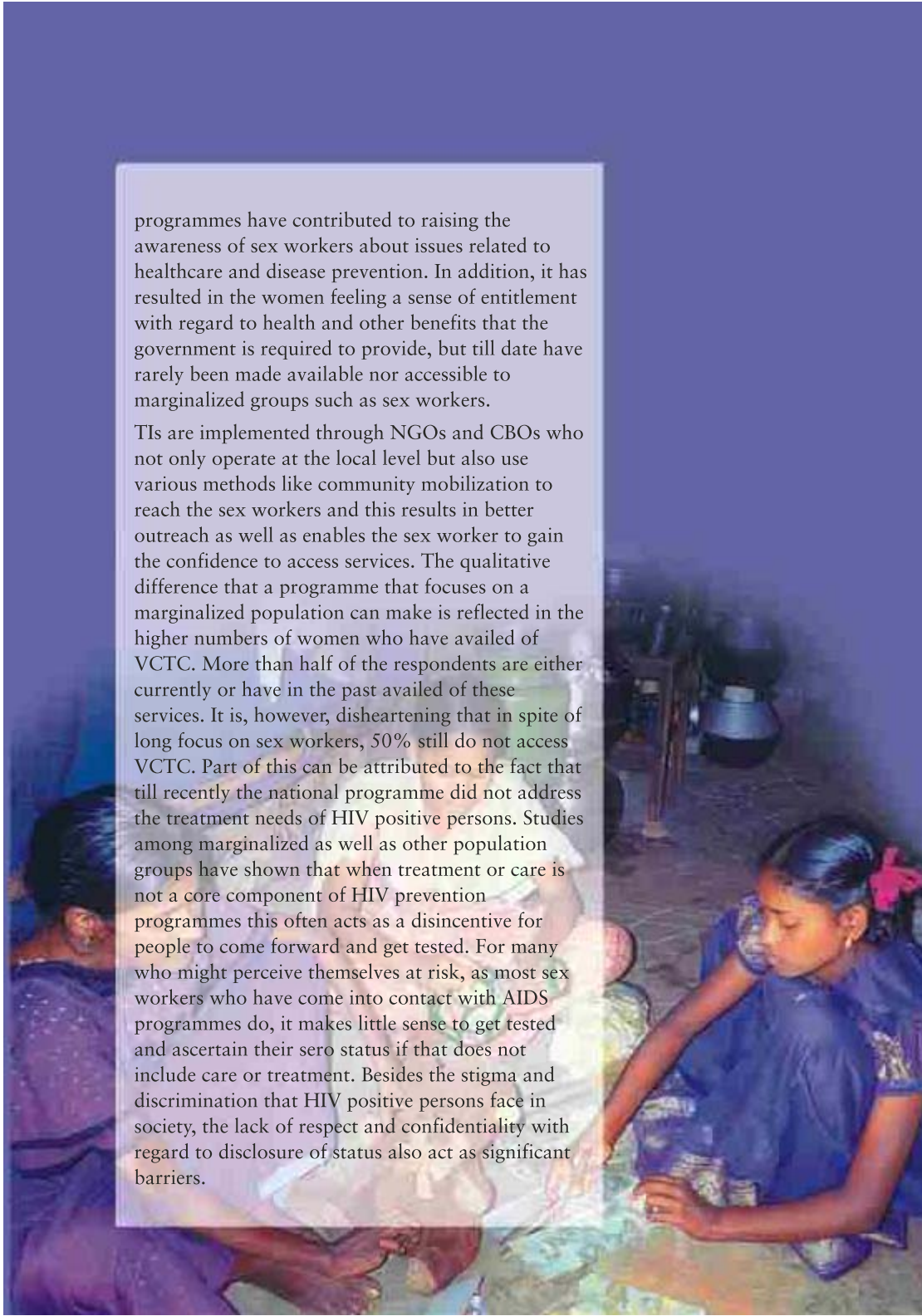
A broad range of referral and counseling services need to be made available to sex workers to address not just health needs but also trauma and violence related counseling including referral to legal services. AIDS prevention programmes have centered on promoting voluntary counseling and testing (VCT). Most of the national health programmes on maternal and child health, family planning, etc. often do not address sex workers. The Government does not have any large programmes that operate to scale and address issues such as trauma related to violence, legal aid, etc. for women. The few programmes that do exist do not have the capacity of intensive/extensive outreach, and typically operate through peer educators to reach marginalized populations like sex workers.

The lack of a broad range of counseling and referral services is reflected in the sex workers responses. For example, 75 percent of respondents have never availed the services of family counseling centers, shelter homes or help lines. The gap in availability or accessibility of government services has in some instances being filled by NGOs that work with sex workers. 69 percent reported availing services being provided by NGOs (199 out of 285).

As a result of the target interventions with sex workers, today there is indeed better provision of services and increased awareness among women about the availability of these services though most of this caters to HIV prevention goals. However, it would be fair to say that although the focus of the target interventions is HIV and AIDS, these

programmes have contributed to raising the awareness of sex workers about issues related to healthcare and disease prevention. In addition, it has resulted in the women feeling a sense of entitlement with regard to health and other benefits that the government is required to provide, but till date have rarely been made available nor accessible to marginalized groups such as sex workers.

TIs are implemented through NGOs and CBOs who not only operate at the local level but also use various methods like community mobilization to reach the sex workers and this results in better outreach as well as enables the sex worker to gain the confidence to access services. The qualitative difference that a programme that focuses on a marginalized population can make is reflected in the higher numbers of women who have availed of VCTC. More than half of the respondents are either currently or have in the past availed of these services. It is, however, disheartening that in spite of long focus on sex workers, 50% still do not access VCTC. Part of this can be attributed to the fact that till recently the national programme did not address the treatment needs of HIV positive persons. Studies among marginalized as well as other population groups have shown that when treatment or care is not a core component of HIV prevention programmes this often acts as a disincentive for people to come forward and get tested. For many who might perceive themselves at risk, as most sex workers who have come into contact with AIDS programmes do, it makes little sense to get tested and ascertain their sero status if that does not include care or treatment. Besides the stigma and discrimination that HIV positive persons face in society, the lack of respect and confidentiality with regard to disclosure of status also act as significant barriers.



Legal Services

As has been mentioned earlier sex workers need to access to a wide range of referral and counseling services beyond health. Violence is pervasive and most sex workers report experiencing violence from clients, local goons and from the police. The conflicting role that the police plays - both as protector of sex worker rights as well as perpetrator of violence and exploitation - has been one of the central challenges in both the implementation of programmes as well as toward improving the lives of sex workers. There are ample examples of the (mis)use of the ITPA to book, harass, and sexually exploit sex workers. Yet the police can and often does play a meaningful role if they are sensitized to sex worker needs. In addition, in settings where sex workers have been mobilized, they too have been forthcoming in registering complaints and demanding that the police provide them with protection when needed.

In this study more than 50% of respondents reported availing of police protection of which more than half said it was because of harassment from local goons and violence by clients. Financial cheating (34 out of 156 or 21%), eviction (20 out of 156 or 13%) and disputes with their land lord (18 out of 156 or 12%) were also cited as other reasons for seeking police protection.

Provision of legal services also constitutes an important parallel service that all sex workers should be able to access easily. However, less than half (43%) of the sex workers interviewed reported availing of legal services or services of public/private prosecutors. Similar to their reasons for seeking police protection, most respondents cited harassment from local goons (30 out of 122 or 25%) and violence by clients (37 out of 122 or 30%) as reasons for consulting a lawyer.

Legal aid/services are an important entitlement for all citizens of India. Particularly for marginalized populations like sex workers who are often criminalized for their profession, legal recourse is an important instrument to ensure that their rights are not violated. However, many of the respondents cites a range of reasons as to why they have been denied legal services, the most important being their profession and identity as sex workers. In addition lack of social support, lack of identification, the criminalized context of their work, family pressure and fear of being 'exposed', lack of financial support, stigma, lack of legal documents, lack of privacy and myth and misconception all play a role in their not being able to seek legal services.

Facilities for Children of Sex Workers

As a result of AIDS prevention and anti-trafficking programmes not only are sex workers in the spotlight today but along with them their children too have become part of the discussions and debates. At the heart of the debate lie concerns among many about the future of children who are born and grow up in brothels. Based on their identity they continue to face severe discrimination and stigma in our society. In concrete terms this has meant denial of admissions to school among other things. This study shows that close to half of the sex workers reported that their children have never been to school. Besides school authorities denying admission to these children it is likely other factors like poverty, lack of education of the sex workers themselves (226 reported not having any educational qualification), absence of schools in or near red light areas have collectively contributed to this low percentage.

However, it might be fair to say that for most sex workers, in spite of lacking education themselves, aspirations for their children are different. Most talk about wanting to educate their children and creating opportunities for them to build a different future.

It is evident that children of sex workers will face many challenges. It is therefore imperative that facilities and services be made easily available to them to alleviate some of these difficulties. Yet most sex workers who were interviewed for this study reported negligible or no access to facilities such as day care or anganwadi centers. Out of the total 285 women, 228 said their children had never been to a daycare center and 170 reported not sending them to an anganwadi. In effect this means that most small children spend their formative years in brothels or in other settings where sex work takes place.

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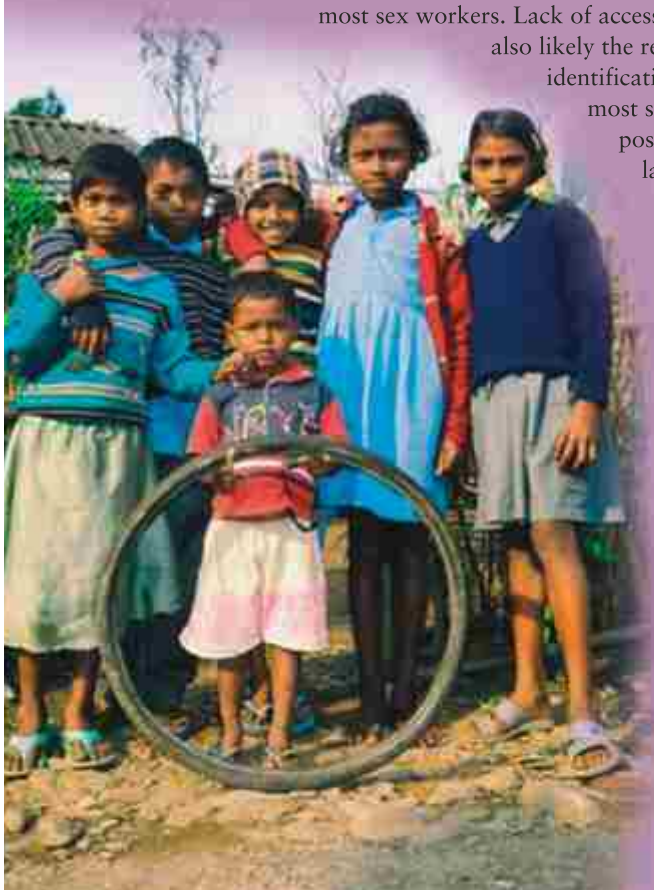
Access to Communication and Information Technology

Most sex workers reported low access to communication and information technology. Lack of a phone can be detrimental in enabling the sex worker to seek help when violence occurs. This is reflected in the low numbers of women who call helplines at the time of or after a violent incident has occurred. In addition, many sex workers lack mobility as their movement is often restricted by the brothel owners and pimps. In these situations as well, not having access to a phone often means they are cut off from communicating with their families, etc. 17% and 36% of sex workers interviewed reported having access to a phone or mobile phone respectively. 9% have reported using the internet, a low number which is likely the result of the lack of education among most sex workers. Lack of access to communication technology is

also likely the result of not having a valid photo identification and proof of residence which most sex workers report they do not

possess. In particular, obtaining a landline connection requires a

range of documents that most sex workers are unlikely to possess e.g. proof of residence, valid photo identification and a bank account. Obtaining a mobile phone connection has become comparatively easier which is the likely reason why larger numbers of women report having a cell phone connection.



Contact with government and social stakeholders/service providers

The national AIDS policy talks about creating an enabling environment within which vulnerable populations can effectively lead safe and healthy lives. One of the key indicators of this can be said to be the ability or access that sex workers have to key stakeholders in society who provide services or cater to their other social needs. Decades of marginalization and living in the fringes of society has eroded the sex workers ability to negotiate the broader social terrain. Most services providers have the same moral and social code toward sex workers and often label and discriminate against them.

As mentioned earlier the implementation of large numbers of target interventions has not only created greater awareness among sex workers about their health risks but has also resulted in their actively seeking health care. This is reflected in the fact that more than 50 percent of respondents said they have consulted a doctor (either government or private/trust) in the last one year preceding the study. A large number 181 out of 285, 64 percent, also reported interacting with VCTC counselors. Compared to these figures as few as 9% reported being able to meet directly with the block development officer (BDO). Interactions with counselors at family counseling centers, shelter home officials and elected representatives were also low.



Participation in social gathering/meeting

Sex workers often live in the fringes of society and severe stigma and discrimination from the society means that they are unable to be part of social gatherings. Ownership needs to be created at the societal level to help alleviate the disenfranchisement that sex workers continue to face outside of their place of work.

In the study close to half the respondents reported attending marriages, visits to cinema halls and restaurants as well as visits to religious places in the last one year. However, some of the respondents also reported being denied entry or active participation at these locations and gatherings.

Political participation in particular remains low. Inability to vote or take part in meetings and rallies is the result of sex workers lack of mobility. It is also likely that sex workers themselves do not prioritize such activities compared to others like visiting a place of worship. However, there is evidence to suggest that when sex workers are mobilized and become aware of their rights and entitlements as citizens of this country they are more prone to take part in political gatherings or to engage with politicians to demand that those rights be fulfilled. This has been amply demonstrated in the way sex workers have recently mobilized across the country to protest various amendments that the government has introduced as part of the ITPA. Many sex workers traveled to Delhi and took part in a big rally on International Women's Day, 8 March, 2005. In addition representatives of sex workers collectives from across the country met with elected representatives as well as trade union leaders and other key stakeholders to lobby against the proposed changes to the law. Mobilization and collectivization directly translate into greater awareness on the part of sex workers about the importance of taking part in these activities as well as enhanced their ability to actually do so.



Conclusion

Sex workers are citizens of India and have the same entitlements that are the right of every citizen of this country. However, criminal laws that seek to restrict sex work and trafficking have translated into practices that tend to criminalize sex work and have directly translated into both the denial and violation of their rights as citizens of India.

It is in this context that the findings of the study need to be evaluated. It is indeed true that as a result of the rapid spread of HIV/AIDS, the focus of prevention programmes for sex workers has grown and the community as a whole has gained some visibility. As a result, sex workers have been able to collectivise and have been the focus of certain types of services. However, these services focus narrowly on addressing risks related to HIV transmission and fail to provide or cater to their broader health and other social needs.

It is of utmost importance that the NACP recognizes the broader spectrum of needs of sex workers and effectively addresses the gaps and lacunae in service delivery to be able to fulfill its core goals to address HIV and AIDS prevention among vulnerable and at risk populations.

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Annexure

Table I		
Documents	Yes	No
Ration card	162	123
Voter Identity card	149	136
Bank Account/passbook	95	190
Residence proof (domicile certificate)	84	201
Education qualification/ School leaving certificate	59	226
Caste certificate	66	219
Health card	70	215
BPL card	37	248
PAN	6	279
Phone/mobile connection papers	68	217
Cooking gas connection papers	59	226
Age certificate	45	240
Birth certificate	53	232
Marriage certificate	49	236
Passport	13	272
Insurance papers	48	237
Electricity connection paper	94	191
Electricity bill	124	161
Water connection paper	36	249
Water bill	51	234
Birth certificate of your children	117	168
Immunization card of your children	89	196

Table II			
Financial Services	Ever +currently	Never	Ever been denied
Insurance services	71	214	13
Banking services (savings)	109	176	11
Banking services (loan)	61	224	10
Post office (for saving)	73	212	10

Table III			
Health Services	Ever +currently	Never	Ever been denied
Govt hospital/clinic	232	53	30
Health centre in your premises (by govt)	160	125	16
Private medical practitioner	222	63	22
Private health clinic	216	69	17
ANC and institutional delivery	119	166	15
Immunization for children	143	142	14

Table IV			
Services and Referrals	Ever + currently	Never	Ever been denied
Family Counseling centre	60	225	12
VCTC	168	117	9
Shelter home	43	242	9
Help line	38	247	7
NGO office	199	86	20

Table V			
Facilities for Children of Sex Workers	Ever + currently	Never	Ever been denied
School for your children	165	120	20
Day Care centre for your children	57	228	9
Angan Wadi Centre	106	179	6

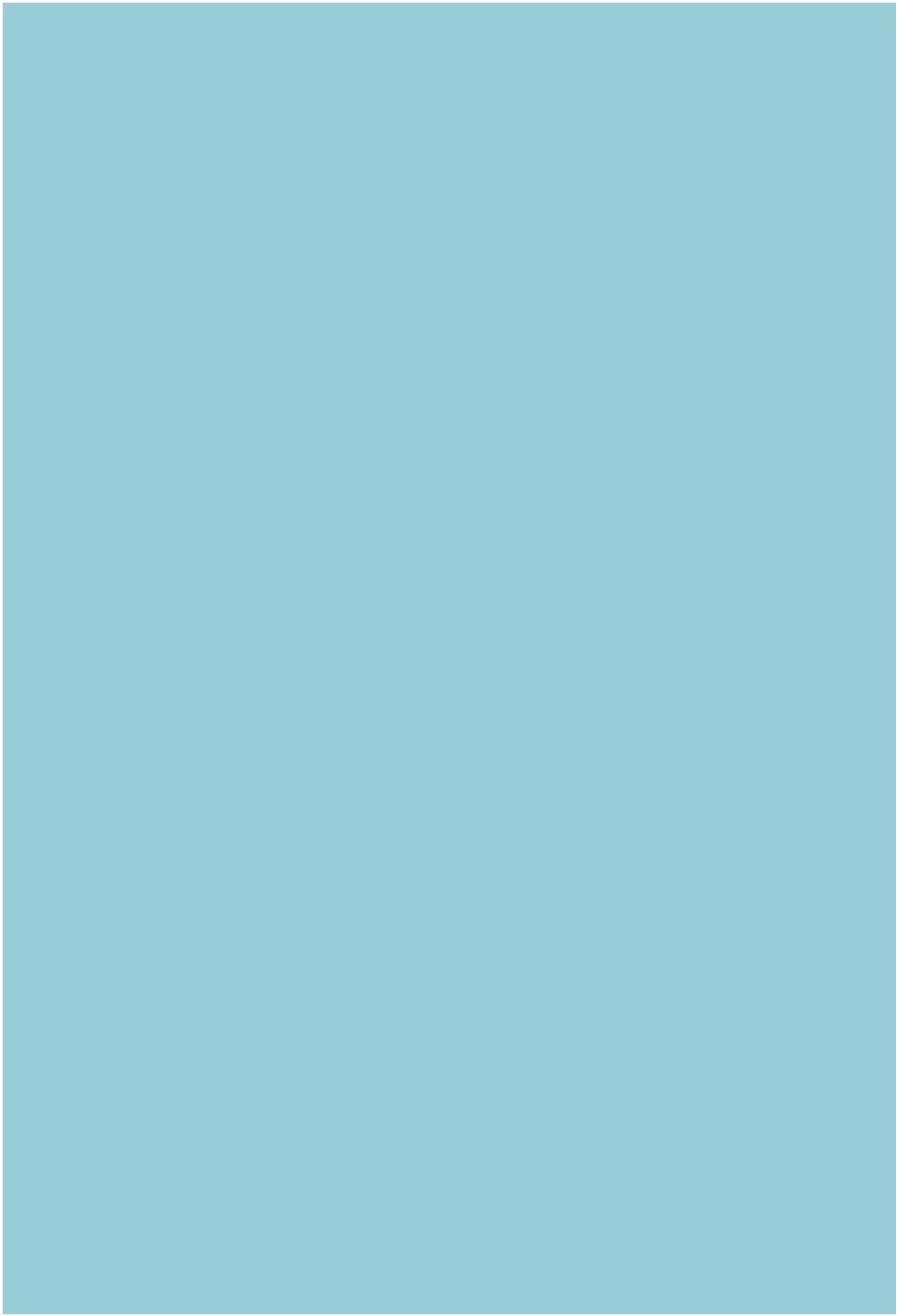
Table VI			
General Services	Ever + currently	Never	Ever been denied
Public Distribution Store	145	140	4
Phone (fixed line)	50	235	12
Mobile phone	102	183	12
Internet café	26	259	7
Electricity connection	141	144	12
Water connection	97	188	10
Voting in elections	161	124	NA

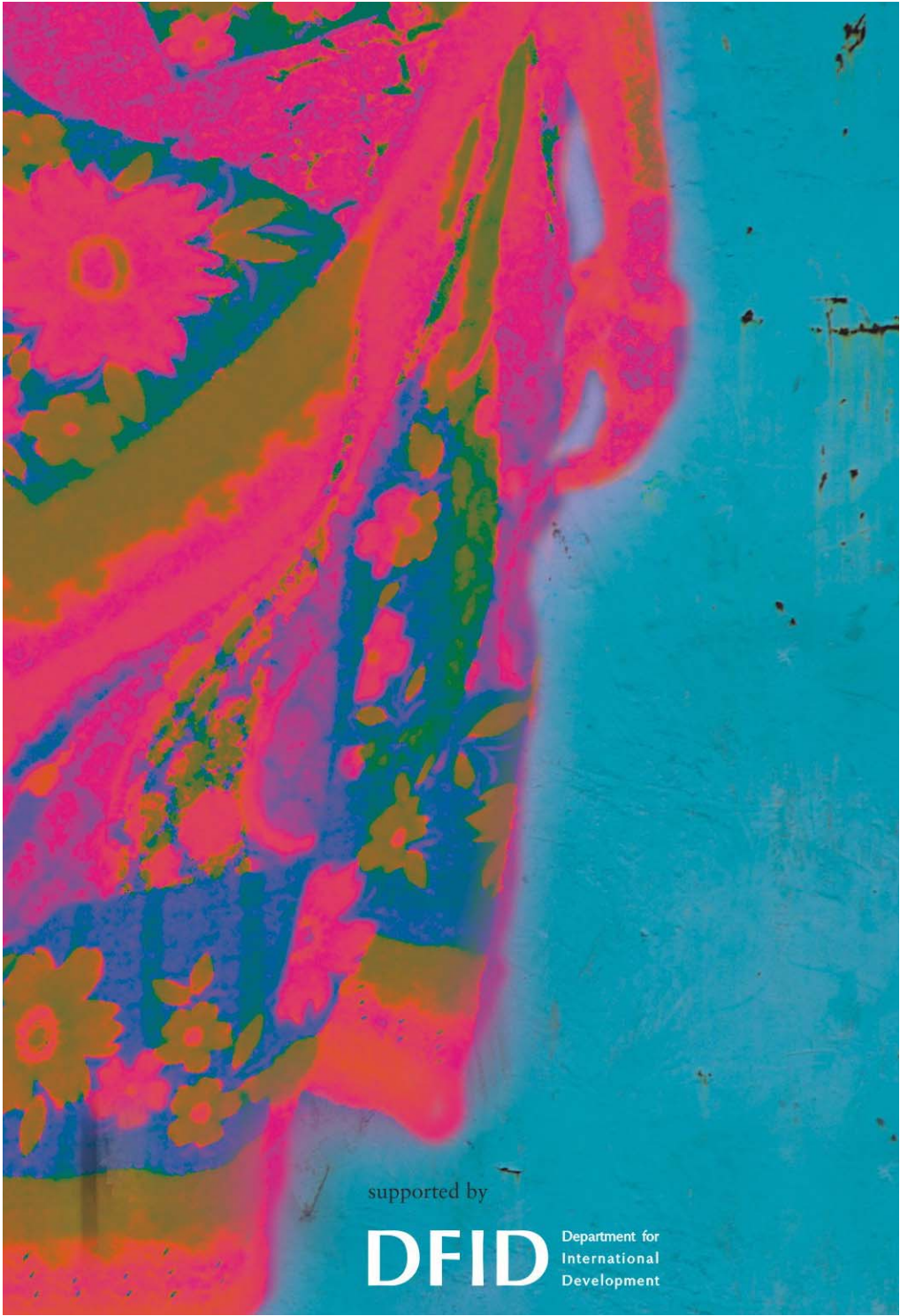
Table VII			
Legal Services	Ever + currently	Never	Ever been denied
Police protection*	156	129	35
Legal services(advocate/court)*	122	163	10

Table IX		
Contact with government and social stakeholders/service providers	Yes	No
Anganwadi worker	111	174
ANM/Govt health worker/MPW	120	165
Doctor (Govt)	215	70
Gynaecologist (Govt)	136	149
Doctor (private/NGO/trust)	247	38
Counselor at VCTC	181	104
Counselor at govt run Family Counseling Centre	56	229
Shelter home officials	23	262
Police officer	104	181
Advocate/lawyer/Notary public	69	216
Any Govt. officials	106	179
School staff	141	144
Bank officer	94	191
Public Distribution Store keeper	114	171
Block PDS officer	24	261
BDO	25	260
Revenue officer/Tehsildar/Land registrar	40	245
Elected representative:		
PRI official (Sarpanch/mukhiya/Zilla Parishad member/Block Pradhan)	42	243
Mayor/Municipal corporation members	42	243
MLA	23	262
MP	12	273
Minister	11	274

Table X		
Saving	Keep savings with	Lending from
With Madam/Nayika	30	33
Chit fund	37	37
Landlord	6	13
Family members	82	68
Bank	75	38
Post Office	31	
With trusted client/lover	29	47
Local leader	14	26
Self Help Group	75	57
Co-operatives	11	3
Local money lender/mahajan		74
Local shop keeper		36

Table XI			
Places	Mark	Denied entry/ participation	NA
Social occasions			
Marriage in family	181	38	66
Other family functions	176	51	58
Marriage or celebration in neighborhood	169	49	67
Restaurant	170	29	86
Cinema	194	19	72
List any other place mentioned by respondent	12	8	265
Religious purposes			
Temple/church/mosque	210	27	48
Religious function in the vicinity (Puja/mela/Urs/mass prayer etc)	195	25	65
List any other place mentioned by respondent	4	3	278
Political purposes			
Political meeting	72	27	186
Procession/rally	92	21	172
Panchayat meeting	60	29	196
Filing nomination	39	26	220
Casting vote (Voting)	97	24	164
To listen any political leader	85	16	184
List any other place mentioned by respondent	12	3	270





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