



HEALTH-SEEKING STRATEGIES AND SEXUAL HEALTH AMONG FEMALE SEX WORKERS IN URBAN INDIA: IMPLICATIONS FOR RESEARCH AND SERVICE PROVISION

CATRIN EVANS and HELEN LAMBERT*

Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, U.K.

Abstract—This paper presents and discusses selected findings from a study of health-seeking strategies in relation to sexual health among a group of female sex workers in Calcutta, India. Background information on sex work and sexually transmitted disease in Calcutta is followed by the presentation of findings pertaining to women's understandings of (sexual) health, treatment-seeking and service utilisation. In the urban context where health services are readily available, patterns of initial treatment-seeking are shown to be generally (biomedically) appropriate, but subsequent "non-compliant" therapeutic practices give cause for concern. Conventional approaches to the study of "health-seeking behaviour" are reviewed in the light of these findings and questions raised about the appropriateness of approaches that focus on initial choice of treatment type and/or assume processes of health-seeking to be determined primarily by cultural "beliefs" about illness. Inherent biomedical and culturalist biases in the orientation of such research are shown to produce an analytic neglect of the dual influences of material life conditions and people's perceptions of health, rather than illness, upon health-related strategies. Recommendations are made for operational research and policy formulation on the provision of effective sexual health services, and implications are drawn for the scope of interventions and applied research directed at improving sexual health. © 1997 Elsevier Science Ltd

Key words—health-seeking behaviour, India, HIV, sex work, sexual health, sexually transmitted diseases, compliance

INTRODUCTION

This paper presents and discusses selected findings from an ethnographic study that investigated health-seeking strategies in relation to sexual health among a group of sex workers in Calcutta, India (Evans and Lambert, 1994). Sexual health is a broad and complex topic and perceptions and practices relating to health maintenance and protection, family planning, sex work, risk and HIV were all investigated in the study. The present paper, however, restricts its focus to treatment-seeking and service provision in relation to the management of sexually transmitted diseases (STDs), although women's understandings of sexual health problems are described briefly in order to provide the necessary background to our discussion of health-seeking practices. The study was limited in both scope and scale; it did not include the clients or partners of sex workers, nor did it try to investigate the degree to which our empirical findings, conducted within one community, are generalisable to sex workers in Calcutta overall. In this paper, our data are used to exemplify and illuminate more general issues and considerations in the study of health-seeking in

South Asia, drawing on comparative material from studies of health-seeking in relation to other social groups and medical conditions in the region.

SEX WORK, STDS AND HIV IN CALCUTTA

Calcutta, with a population of 10.86 million, is India's largest city. Both prior to and since Independence, a combination of circumstances (from drought and famine to Partition and the Indo-Pakistan war in 1971) has contributed to massive in-migration of refugees and migrant labourers from Bangladesh and rural areas of West Bengal. Together with the effects of policies pursued by the communist Left Front government since 1977 and a lack of central government funding for urban development, this has produced severe urban degradation and resulted in extremely high rates of un- and under-employment, with 60% of the urban population living below the poverty line (Standing, 1990; Chaudhuri, 1990).

The nature of the sex trade in Calcutta is closely connected with the socio-economic and historical development of the city, and commercial sex has probably existed in Calcutta ever since its foundation as the capital of British India in 1773. Today, approximately 50,000–100,000 women in

*Author for correspondence.

Calcutta are thought to be engaged in commercial sex work (AIIHPH, 1993). It is estimated that some 12,000 of these women work from brothels in 18 well-defined redlight areas (AIIHPH, 1993).^{*} Working conditions in the brothels vary considerably, with some women able to practise independently from their own rented rooms and others working under the strict control of madams and pimps who take a high proportion of their earnings (Joardar, 1984; AIIHPH, 1992; Central Social Welfare Board, 1992; Dasgupta, 1990). Reasons for entering the sex trade are complex but closely linked to general economic impoverishment in rural India combined with few employment opportunities for unskilled female labour. Most sex workers in Calcutta are first generation migrants from rural West Bengal or Bangladesh, and for the majority of these women prostitution is a survival strategy in the face of extreme poverty which acts in combination with a variety of biographical events in their lives (Joardar, 1984; AIIHPH, 1992; Central Social Welfare Board, 1992). Many sex workers are deserted wives or are otherwise single with little family support, and such women may be brought to the city by procurers for the sex trade, or may fall into their hands after arrival if they have no connections in Calcutta to assist them in finding food and accommodation. Some urban-based women who become their families' main bread winners also turn to work in the sex trade (often covertly whilst still living with their families) for economic reasons, as the size of potential earnings from sex work is greater than that available from other employment opportunities for unskilled women, such as domestic service. Approximately 50% of sex workers

have living children, 50% of whom live with their mothers in the redlight areas.[†] Evidence from the present and other studies indicates that the majority of sex workers are in relationships with male partners, termed *babus*, succinctly defined by the women in the present study as either *khane vale* ("those who take/eat") or *dhene vale* ("those who give"). This refers to the fact that some of these men live off the sex worker's earnings and use the relationship to exploit their partner financially, whereas in other relationships the partners are mutually supportive and the sex worker is financially assisted by the *babu*.[‡] The legal status of sex work in India is similar to that in Britain, in that the sale of sex *per se* is not illegal, but all acts associated with prostitution that occur in a public domain (such as soliciting) are. Such laws work to criminalise prostitutes and leave women highly dependent upon pimps (to procure clients) and upon the whims of the police (D'Cunha, 1990). As in most countries, sex workers in India are a marginalised and stigmatised group who, until the detection of HIV in a prostitute in 1986, were largely ignored by both government and welfare organisations (ABVA, 1990; Mahila Sangha, undated; Evans, 1993).

As people with multiple sexual partners, sex workers form one of a number of "target groups" in India's National AIDS Control Programme (NACO, 1994), and in Calcutta they are the focus of a Sexual Health Project funded by the U.K.'s Overseas Development Administration (ODA), which is currently being implemented in the Indian State of West Bengal (Government of West Bengal, 1994).[§] An epidemiological study conducted in 1992 by the All India Institute of Hygiene and Public Health (AIIHPH) among 450 sex workers in Calcutta's largest redlight area revealed that only 1% used condoms on a regular basis, HIV prevalence was very low at 1%, but STDs were confirmed by laboratory diagnosis in 81% (AIIHPH, 1992). It is now clearly established that STD treatment is an effective strategy for HIV prevention (Grosskurth *et al.*, 1995; Laga, 1995), but STDs are also a serious health problem in themselves. This is especially the case in women, among whom untreated conditions may cause great physical distress (and in the case of prostitutes, loss of earnings) as well as leading potentially to infertility, ectopic pregnancy (the effects of pelvic inflammatory disease), cervical cancer, and neurological or cardiological complications that result from long-term syphilitic infection (Nataraj, 1994; Luthra *et al.*, 1992; Elias, 1991; Wasserheit and Holmes, 1992; Brunham and Ronald, 1991; Laga, 1992). Thus, effective management of STDs is crucial both from a humanitarian and from a public health perspective. Subsequent to the 1992 study (AIIHPH, 1992), a large and innovative STD/HIV intervention project was implemented by the AIIHPH in the main

^{*}There is a lack of information on male sex workers and on the working practices and lives of non-brothel-based female sex workers. The discussion here is thus restricted to brothel-based sex work.

[†]The remaining 50% of children are either looked after by relatives in the villages or are placed in institutional care (AIIHPH, 1994a).

[‡]Little is known about these men. Of the 27 sex workers interviewed for the present study, 85% were in a relationship with a *babu*, 91% received some financial support from these men, and half of the *babus* were married with wives living elsewhere (Sanlaap, 1994; Evans and Lambert, 1994).

[§]HIV in India is considered to be spread primarily through heterosexual intercourse, shared injection equipment and transfusion of contaminated blood products. There are currently 14,000 reported HIV positive cases in India and 700 identified cases of AIDS. These figures are likely to represent the tip of an epidemic iceberg. The World Health Organisation estimates that over one million Indians are already infected and approximately 5–10,000 already have AIDS. West Bengal is currently one of the less affected regions in the country with 297 reported HIV positive cases, of whom 25% comprise truck drivers, 19.5% comprise blood donors, 18.5% comprise "promiscuous persons and STD patients", and 16.8% comprise "prostitutes and pimps" (NACO, 1994).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات