

Strategizing Occupational Health and safety in Sex Work settings-A case study

Dr. Smarajit Jana and Dr. Protim Ray

Background:

Sex work being a livelihood option for a section of women in our country came into the limelight in the era of HIV epidemic primarily for the sake of HIV prevention program. Sex worker who provide sex services to multiple partners are at a higher risk in acquiring HIV and other sexually transmitted infection. Globally priority was given to sex workers' intervention program judging it from the epidemiology of HIV transmission. Sex worker was coined as 'core group transmitter' and the intervention strategy was designed to provide education on HIV and AIDS, provision was made for STI treatment and condoms were made available to sex workers following behavior change communication[BC] strategy. However over a period of time slowly but steadily the strategy of HIV Intervention program made a shift through adopting elements of occupational health interventions. The change in programming approaches is linked to the experience of a unique demonstration project called Sonagachi intervention program which was started in one of the largest red light district in Kolkata, having a population of more than seven thousand sex workers in 1992, The intervention program was mooted by the National Govt. of India and was implemented through the All India Institute of Hygiene and Public Health, a premier Public Health Institute of the country with an objective to develop an appropriate model of HIV intervention program among the sex workers what could be replicated throughout the country. The experimental strategies and activities of Sonagachi Intervention program including its outcome immensely influenced National Intervention program policies and strategies. The program made a significant contribution in modifying the public health intervention strategies of HIV intervention program globally

Process of development

The HIV Intervention Program was steered through a 'peer led' approach. Peers are sex workers who are provided with training on HIV/AIDS followed by they are recruited as health worker to carry out health education and condom promotion among the community members.

Interaction with these peer workers helped the project implementers to know and learn many intricate issues related to the life and occupation of sex workers. It was learnt that sex workers' prime concern is the police harassment and not the HIV. Sex-workers' inability to protect themselves from sexually transmitted infections including HIV is linked to their 'powerlessness' as reflected by their inability to negotiate effectively with the clients including other stakeholders in the sex trade. They try to avoid interaction with outsiders whom they consider as representative of main stream society who always wanted them to get rehabilitated as they look down upon women in sex work and depict them as bad or fallen women. Keeping all these issues in mind the demonstration project of Sonagachi in consultation with the sex workers took an effort to develop a set of guiding principles. The basic approaches is summed up as three 'R's' namely Respect, Reliance and Recognition. That is to respect sex workers as human being, reliance on their potential and skill to make changes in their life and recognition of her livelihood option as sex worker including basic human and citizenship rights. In practice the Project implementer took an effort to lay down strategies and activities through building a relationship of mutual trust and rapport between the community of sex workers and the staff members of the project. This led to the modification of the project design through incorporation of other development elements based on the perceived needs and demands of the community members e.g. education, micro credit, cultural activities etc. Availing a 'social space' thus created through this intervention program sex worker started articulating their issues and strategies challenging the common perception of the society. They argued that "I don't kill or hurt anybody, I don't force anybody to avail services, I don't take bribe neither I steal - so why I am depicted as 'bad' or 'fallen women'? I provide only entertainment for which I charge a fee so what is wrong about it? Is entertainment is a sin and those who sell entertainment services would be considered as bad or criminal? And why all these 'social activists' joined hands with the police who is our enemy to oust us from my livelihood opportunity?"

Even if one accepts their logic, it was difficult for the team members of the intervention program to acknowledge their views as it pivoted around a strong social value and belief system built over centuries. In order to skirt direct debate, many of the project personnel tried to circumvent the real issue and raised questions related to their life and occupation, regarding their mode of entry into the sex trade and so on so forth. However all these interaction surrounding these issues led to the foundations of a new intervention policy and approaches? It becomes apparent that the community wants to consider their work like any other occupation. Like labors in any other work is exposed to various occupational hazards they do consider themselves are similarly exposed to STI and HIV because of the hazardous working environment. As the project

implementers were committed to follow a community centric approach they took an effort to modify intervention strategies as per the perception of the community. Gradually various other activities to influence the working environment were incorporated into the HIV intervention strategies. The unsafe working condition that enhances sex-workers' vulnerability to sexually transmitted infections (STIs) and HIV became a target for intervention activities.

When the project was initiated in 1992, condom use rate was a meager 2%, STI prevalence rate was as high as 81% and HIV prevalence was found to be around 2%. However based on the new realization the intervention program added components of advocacy and negotiation with the stakeholders of sex trade e.g police, administration and local political bodies. It became clear that the basic obstacles behind safer sex practices are not the poor attitude or lack of initiative on the part of the sex workers to ensure safer sex. The predominant role is played by the power brokers who govern her life and occupation. Various factors pertaining to the working environment of sex work limits her ability to engage into safer sex practices. It is the power and proximity of other stakeholders in the sex trade who play a determining role regarding what sort of sex practices would be followed..As the sex trade is primarily managed and controlled by a nexus of police and local goons, the Sonagachi intervention program sooner strategize to pacify these powerbrokers. From the angle of HIV intervention program It was conceived that in one way or other these powerbrokers of the sex trade will influence the 'outcome' of HIV Intervention Program.

The outcome of new intervention approaches,

The peer-based HIV intervention program of Sonagachi resulted in the collectivization of the sex worker leading to the formation of sex workers' collective by 1995 named as Durbar Mahila Samanwaya Committee (DMSC). This collective of 'Fallen women' grew primarily out of the need to fight against police harassment and not necessarily to address HIV but the very programming approaches of Sonagachi created an unique opportunity for collectivization and capacity building of sex workers. The collective of sex workers over a period of time created history in developing and managing not only HIV Intervention program but led to many other development initiatives of their own like education, cultural activity, micro credit, Anti-trafficking and other program with an objective to improve the quality of life of sex workers and their children.

The program bring about resounding success what can be verified based on the evidence collected from the scientific studies conducted in successive years in Sonagachi:

YEAR	1992	1993	1995	1998	2001	2005	2009
No. of SW surveyed	442	612	582	506	614	560	250
Condom %	2.7	69.3	81.7	90.5	84.5	85.7	91.0

Table 1: Percentage of Sex Workers using Condoms through sample surveys during the various years at Sonagachi

YEAR	1992	1993	1995	1998	2001	2005	2007	2009	2011
No. of SW surveyed	442	612	582	506	614	560	250	250	250
HIV %	1.13	1.15	4.81	5.53	11.73	5.18	5.20	5.17	5.20

Table 2: HIV Prevalence among Sex Workers as assessed through sample surveys during the various years at Sonagachi

YEAR	1992	1993	1995	1998	2001	2005	2007	2009	2011
No. of SW surveyed	417	607	475	506	614	559	250	250	250
VDRL Positive % (Above 1:8)	25.4	28.5	14.1	11.5	8.76	4.82	3.20	2.17	2.20

Table 3: Result of serological tests for syphilis (1:8 and above dilution) among Sex Workers as assessed through sample surveys during the various years at Sonagachi

Perhaps shifting of programming strategy from BCC to occupational health and safety could be one of the underlying reasons behind the success of Sonagachi intervention program. The National Govt took this lesson forward and articulated this element of intervention as ‘creating enabling environment’ what became an integral and budgeted component of HIV intervention program in the country. Based on the review and analysis of sonagachi intervention model it was conceived that the process of collectivization did play a significant role preceded by the creation of ‘safe space’ for the sex workers community. The collective bargaining power of sex workers in the .The Ministry of Health and Family welfare, Govt of India captured this learning and brought this component into the mainstream HIV intervention strategy as ‘community organizing and ownership building’ to improve the quality and coverage of HIV intervention program. National Govt lay down a process with adequate financial support with an objective to replicate the same strategy throughout the country. Sooner many other Global policy makers including major donors adapted this model. of intervention what made a paradigm shift in the concept and designing of the HIV intervention program globally. However, it was not a smooth sailing to begin with as there were many others in the field of health and in other development sectors who opposed this viewpoint from their perspective and more likely from the ideological view point of sex and sexual morality..

ideological standpoint.

But this success of sonagachi intervention model is not restricted to health intervention program. Only. DMSC’s engagement in other development arena is emphatic what looks like an extra

ordinary development in comparison to many other program in the country but a close look into all these activities would bring out underlying potential of a community led approaches. Economic insecurity coupled with extraordinarily extortionate money lending practices that exist in sex work sites, had always been part of the lives of the sex workers. They could not save their incomes and it was impossible for many of them to escape debt traps. To change this, the collective took one of the most significant steps by registering a co-operative society by 1995(Usha Multipurpose Co-operative Society Limited, or Usha). Usha is of, for and by the sex workers. Sex-workers collective succeeded in persuading the Government of West Bengal to remove a clause what prohibits sex workers in opening their co –operative as they do not bear good moral character, The Clause was finally removed giving way to register a co-operative of 'sex workers'first of its kind in the country. The registration of the Co-operative marks an important stage for the sex workers in their struggle to re-frame the definitions and meanings of their occupation. This has bolster their campaign for social recognition as sex workers and their ' rights to self-determination. Usha runs a micro-credit program for sex workers; creates alternative jobs for out-of-work or retired sex workers and does social marketing of condoms.

The success story of the micro credit is as follows:

	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Members	94	104	214	483	1801	2219	2712	4771	5901	7242	8084	8568	10016	10284	13824	16332
Working Capital (lacs of Rs)	0.6	8.45	9.91	12.65	62.33	95.68	115.33	180	250	350	446.24	450	650	675	850	925
Loan to members (lacs of Rs)	0	0.97	2.2	3.59	2.61	3.41	17.7	23.69	44.64	200	123.59	230	250	280	325	450

Turnover (lacs of Rs)	3	15	17.5	20	40	150	180	350	525	800	900	925	975	1075	1025	1175
-----------------------------	---	----	------	----	----	-----	-----	-----	-----	-----	-----	-----	-----	------	------	------

Sex Work and Trafficking

The underpinning of occupational health and safety model adapted in the HIV intervention program of sonagachi speaks volumes of human rights of sex workers. It became important to the sex workers' collective to keep eye on issues while implementing health interventions such as their right to choose work, safe working environment, provision of health and other services and freedom from violence. DMSC took the responsibility to address issues of violence including trafficking of women and girls in the sex trade through the establishment of Self Regulatory Board-a concept duly translated into operation following a partnership framework between the local government and the sexworkers collective.. The president of the board is the local Councilor or the sitting member of the Legislative assembly and in rural areas it is the Panchayat members. Along with them, there are representatives from the social welfare department .The board also include a lawyer and a doctor of repute from the local area. Other than anti trafficking activities, The Board also looks after the cleanliness and maintenance of the roads, adequate supply of drinking water, and cleanliness of the drainage system. They also arrange for Voter Cards and Ration Cards for the sex workers, arrange for residential schools, crèches, vocational trainings for the children etc

For all new entrants into the sex trade,one has to appear before the Board before taking up the sex work The Board would first verify her age assess her willingness to join or there are any coercion behind her entry into the sex work. the profession. If she is found underage or unwilling to join DMSC would send her back to her home or would provide choice to attend boarding school or vocational training program as she would not be allowed to join as sex worker.

Number of underage and unwilling girls removed during successive years:through 33 SRBs

Year	Underage Girls*	Unwilling Women	Total
2001	29	02	31
2002	26	07	33

2003	53	08	61
2004	129	20	149
2005	21	14	35
2006	82	23	105
2007	61	16	77
2008	97	16	113
2009	55	14	69
2010	58	11	69
2011**	57	20	77
Total	668	151	819
*Underage: Age at rescue less than 18			
** Up to December 2011			

Conclusion

Decriminalization of sex trade is consistent with human rights of individual sex worker. It would,

Discussion

Incidence of violence is extremely high and often perpetrated by the law enforcing agencies and sex workers access to social or legal redressal system is almost nil. Although women in sex work are citizens of the country, they do not enjoy the same rights as other women or citizens of India. Almost all human rights are denied to these women – as because they are in sex work. Their and their children's right to education, health, and social security are often negated on the ground of their 'immoral occupation.' Till the point HIV came into the focus, they were not even visible by the mainstream society, which includes progressive and scores of social activists barring a section of them who were active in chanting 'rehabilitation' program for sex workers.

Stigma attached to sex and sex work, the organization of sex trade, govt. policies and legislations related to sex work and the overall social control mechanism centering around the ideological construct of 'morality' – altogether pushes sex workers to live at the margins of the society and reduces her capability to enforce safer sex. Stigma attached to 'sex and sex workers' is rooted in the construct of patriarchal society what appears to be the major factor that keeps women in general and sex workers in particular from accessing rights and social justice including social entitlement as citizen of the country. The vulnerability of sex workers is based on her 'social position' determined by the criminalized status of her occupation conferred through existing legislation. In addition to that the judgmental stand of a section of policy makers who treat them as 'subhuman' based on the preconceived notion and values linked to sex and sexuality further alienates sex workers. However getting a minimal opportunity and space they could challenge the social construct as articulated in their manifesto declared in the First National Conference of Sex Workers held in Kolkata during 1997. "It was crucial to view us in our totality – as complete persons with a range of emotional and material needs, living with a concrete and specific social, political and ideological context which determine the quality of our lives and our health and not see us merely in terms of our sexual behavior".

Collectivization: giving women a voice

By giving women in sex work a voice - and a space to grow - the collective slowly has cultivated their natural leaders. Uneducated women now mastered the courage to enter into government offices demanding their dues and asserting their rights, asking for entitlements. Their demands started focusing deeper issues like 'decriminalization of sex work' so that they can live safely and to choose their options either to continue in the sex trade or to move out to other occupation. DMSC expanded their organization though out the state of West Bengal and succeeded in creating a new image by identifying themselves as sex workers as opposed to prostitute[synonymous with bad or fallen women]. Carving out a new identity has helped to build their self esteem and confidence to aspire for a better and healthier life for them and for their children.

Why they felt the need to start 'education program' for themselves as articulated in the 'Brief

Profile' of DMSC is amply clear. "Our experience has taught us that for a marginalized group like us to achieve empowerment, it is imperative that we improve our self esteem and begin a process of self-actualization. We have realized that in striving collectively against all social injustice, we must protect our right to information and our accessibility to appropriate instruction and educational opportunities. Our long-term goal is to achieve our desire for a better life, for a better tomorrow for ourselves and for our children".

Their effort to build better career for them and their children showed significant change over the years as follows with the improvement in educational status:

Category	1992 (%)	1995 (%)	1998 (%)	2001 (%)	2005 (%)	2010 (%)
Illiterate	84.4	68.6	53.3	57.4	54.4	47.2
Just literate	12.2	17.3	13.9	11.5	19.5	24.3
Primary Level	2.6	8.4	27.5	26.0	20.9	23.7
Secondary Level	0.8	5.7	5.3	5.1	5.2	4.8

mean that sex workers can openly access health and other services. They and their clients can be openly targeted for safer sex campaigns. Decriminalization will place sex workers in a stronger position to resist demands in unsafe sex, or to avoid violence. Decriminalization would also reduce the general level of violence in sex work.

The Immoral Trafficking Prevention Act (ITPA) that criminalize various aspects of sex work make sex workers vulnerable to abuse, make it harder for them to insist upon condom use with the clients, make it difficult for them to access appropriate health and other services too. Current laws regulating sex work thus substantially contribute to the vulnerability of sex workers to HIV. The reduction of their vulnerability towards HIV will be achieved in an environment where sex workers are empowered to take more effective control over the terms and conditions on which they trade in sex.

The experience of Sonagachi intervention program suggests that the empowerment of sex workers individual, and a bread winner in the family is dependent how effectively social and a political space is created for the community through adopting a process not imposed from the top but bringing community members as change maker themselves. To initiate this process

there is need to carve a new social identity followed by leadership building from and within the community based on their perceived needs and rights. Empowering strategies for a marginalized community can't be restricted at individual level but at community as well as societal level is extremely important.