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HIV/AIDS: PUBLIC HEALTH APPROACH – SPECIAL REFERENCE WITH FEMALE SEX WORKERS (FSW) IN VELLORE CITY – TAMIL NADU

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Abstract: *Purpose:* Alarming to note that India might take the lead, ranking number one in the race of spreading the deadliest disease called HIV/AIDS. Based on the data, Female Sex workers (FSW) are contributing major share to spread the disease. FSW are those who are selling their body for money and pleasure. Now a day, so many women are engaged in this profession due to poor economic factors, lack of education, need for a luxurious life, family problems and for sexual pleasure. Due to lack of awareness most of the sex workers are infected by STD and HIV/AIDS and it's a grave concern towards the Public Health.

Design / Methodology/ Approach: The study mainly focused on these objectives such as to study their health, social, economical status, their problems and its causes. Primary data using convenient sampling through questionnaire and interview method and secondary data from wide range of literature and various journal publications have been utilized.

Research Limitation: The aggregate of all the units pertaining to a study is called universe. FSW are spread all over Vellore, hence, it is difficult to identify the respondents in one particular area, so as the universe of this research study is considered as indefinite universe. A portion of a population selected for this study which the researcher has taken is only 100 samples. (FSW).

Practical Implication: This study would help to improve the living conditions and give more knowledge about the deadly disease – HIV/AIDS among female sex workers, by which it could improve their public health.

Findings: The findings of the study emphasize on HIV/AIDS and the role of the Female Sex Workers in relation to Public Health and further it also suggests for improving their living condition and preventing the communicable disease in the community.

Originality/Value: A study on HIV/AIDS in relation to public health incorporate with FSW is the original work of the author.

Keywords: HIV/AIDS, Female Sex Workers, Public Health.

INTRODUCTION

Prostitution is one of the oldest professions of the world practiced, since the birth of the organized society and practiced in almost all the countries and every feel of the society in India. The Vedas, the earliest of the known Indian literature, abound in references to prostitution as an organized and established institution and in

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Indian mythology there are many references of high class prostitution in the form of celestial demigods acting as prostitutes. They are referred to as Menaka, Rambha, Urvashi, and Thilothamma. Religious prostitutes were attached to the famous temples of Maharaja of Ujjain and the system of holy prostitutes of young girls, who had been offered by the parents to the service of the God and their religion. In the south India, they are known as Devadasi and in North India as Mukhies. These dancing girls were considered, essential at the time of offering of prayers and were given a place of honour and gradually due to the laxity of morals among the priests; they misused the systems for immoral purpose. Under the garb of religious dedication of girls to temples, clandestine, prostitution developed.

The medieval period gave great importance to women and wine. The Muslim rulers with the exception of Aurangzeb recognized under royal patronage. After the downfall of the mugal empire hoards of concubines dancing and sing girls and women came out of the royal palaces and they were not trained for any profession and society had no jobs to offer them. When faced with economic problem they had no choice, but to take recourse to the laziest of all trades the trade of sex. The palace of women in India did not improve during the British regime, conditions continued to deteriorate and in the absence of state control and regulation, prostitution thrived on a large commercial scale. Social disabilities and economic hardships of women made them an easy victim to the gangsters of this profession.

Today, prostitution exists in almost every big city of the country and women from third world countries are given allurement to work in India as waitresses, models, artists and cabaret performers which subsequently lead to their exploitation by the flesh traders. Besides, there are "High class call girls" who are engaged on lucrative jobs and yet return to their vice activities during lights in every discrete manner. If the traditional brothers or red light areas are on the wane, the evil of prostitution has manifested itself in posh localities or metropolitan cities in the guise of singing and dancing shows. Prostitution in India can therefore be called as "Ancient vice in Modern Grab".

REVIEW OF LITERATURE

Various studies have been conducted on the Female Sex Workers in related HIV/AIDS.

A woman's organization and Ahmadabad Municipal Corporation AIDS Control Society conducted a joint study to measure the impact of an intervention targeted at sex workers in Ahmadabad. From 2000 to 2004, the percentage of sex workers in Ahmadabad using condoms rose from 32% to 79% the percentage of Commercial Sex Workers with more than 5 clients per day fell from 30% to 23%. HIV rates in antenatal women fell from 5% to 25% and in STI clinics, HIV rates fell from 7.2% to 4.3%. These successes are attributed to early awareness initiatives targeting sex

workers, but these are not named are detailed in the articles. - *News Articles, Indian Express, May 12, 2005).*

Samraksha, a non- governmental organization in Bangalore, South India, established in 1993 to take steps to control the spread of HIV infection. As a result of their interaction with FSW, the Samraksha team realized that the management of STD is a crucial component in their fight against HIV. An analysis of the success of their clinic for the commercial sex workers with STD's revealed that the training for health care parishioners; outreach and constant adjustments of needs, to cater to the widely dispersed CSW population in Bangalore to be the reasons. -*International Journal of STD, AIDS p (9)7: 418-23).*

A study carried out by *Singh & Bhave (1994)* By comparing existing literature on HIV rates in the two cities of Bombay and Delhi, a family planning organization reveals the difference in the prevalence rates (50% in Bombay and 5% in Delhi) although it shows no major difference in the sex work activity (for e.g. no disparity in number of clients) The most important factor here was that Delhi had higher condom use rates than Bombay. The paper concludes that the low prevalence rate of HIV among the CSW is because of its more isolated geography, but if interventions are not started soon it would have catastrophic effects. A short review of interventions shows that education works to promote condom use and keep rates low.

A. N. Malaviya, (1994) described the effect of HIV prevention intervention among female sex workers in Delhi-"Over a two year period, we found a marked increase in condom use with little increase in HIV seroprevalence. The prevalence of HIV infection did not increase during the study period (one positive among 701 in 1988)." The intervention study involved group discussions; counseling of madams, pimps, sex workers, and nochis (babus or temporary husbands); distribution of pamphlets and posters; a short video on AIDS (which had FSW involvement in creating it), and peer counselors. Two years later, there was follow-up assessment (200 FSWs were interviewed about HIV awareness and condom use) wherein, HIV awareness rose from 5% to 70%, and self-reported condom use rose from 20% to 50%. There was only one HIV positive woman each time (these were two different women). It concludes that Delhi is late in getting HIV because of geographic isolation, but HIV is high among professional blood donors (who are often clients of FSWs). It is not clear why HIV rates are low among FSWs. Perhaps, the intervention helped, but there is a need to explore other socioeconomic factors.

Divekar. A. A. (2000) indicates the "the prevalence of Neisseria gonorrhea and its association with other STD causing organisms". Three hundred and thirty-six consecutive women (FSWs and married contacts), attending a sexually transmitted disease (STD) clinic in Mumbai, were screened for N.gonorrhea, Chlamydia trachomatis and Trichomonas vaginalis. Per speculum examination was performed and clinical signs were recorded and symptoms perceived by the women were also

recorded. The mean age for married contacts, FSWs and positive women was 27.9, 29.7 and 27.5, respectively. 9.7% of the women were positive for N.gonorrhea, 23.2% were chlamydia-positive and 5.9% had trichomoniasis. N.gonorrhea was isolated more frequently from FSWs as compared to the married contacts. The prevalence of HIV was significantly higher among women with multiple sex partners (FSWs). Gonococcal infection is significantly associated with the presence of HIV and also a significant association between sexual habits and prevalence of gonorrhea, trichomoniasis and HIV was observed. The prevalence of gonorrhea over 1988 to 1996 remained approximately the same.

A study by *Jana.S & M. S. Chakraborty (1994)* to complement Pal's study of 1994, among sex workers in an unnamed red light district in Kolkata showed high STD prevalence. All sex workers engaged in vaginal sex; 75% in oral sex (charges of which were higher than vaginal sex); 4% had anal sex; and 27% had group sex. About 83% practiced washing their external genitalia with antiseptic solution after intercourse and also slouched with antiseptics to prevent pregnancy and infection. Two-thirds of CSWs were aware of the dangers of STD in their work, and knew about HIV.

According to *Venkatramana. C. S. P. (2001)* in brothels in an unnamed red light district in Calcutta, STDs were found to be very high compared to the prevalence of HIV. Syphilis and T. Vaginalis were associated with those who have been there for longer time in sex work, but gonorrhea was highest among those in sex work for less than six months. About half of workers had a single STI, one-quarter had two, and almost four percent had multiple infections. Over 80% were infected with one or more STD pathogens were found to be HIV positive, eight also had clinical symptoms of other STDs. While HIV was low at the time of the study, the high prevalence of STDs, high illiteracy, and high prevalence of unprotected sex all make for a quick spread of HIV.

Harcourt. C' (2005) stats that CSWs are the common, if not sole source of HIV transmitters in India seemed relevant. The letter notes high female-to-male transmission in India of HIV-1, HIV-2, and dual infections. Dual infection generally needs greater number of (female to male) exposures for transmission. Fifty percent of HIV positive men had histories of less than ten contacts with CSWs.

According to *V. C. Sethulakshmi (1993)* a study was conducted on the risk factors for HIV infection in patients attending clinics for sexually transmitted diseases in India and 2800 patients were interviewed between 13 May 1993 and 15 July 1994 at the outpatient clinics and the prevalence of HIV infection was found to be alarmingly high among female sex workers and men attending clinics for sexually transmitted diseases, particularly in those who had recently had contact with sex workers in India. A high prevalence of HIV infection was also found in monogamous, married women presenting to the clinics who denied any history of prostitution. Other risk factors (for a general population) were contact with sex workers, less education, receptive anal sex, tattoos, and genital ulcers.

India has the world's highest number of HIV/AIDS infections for any country outside Africa. Eighty-five percent of HIV transmission in India occurs through heterosexual contact. One billion population, a large number of female sex workers, high prevalence of sexually transmitted infection (STIs) and low condom use make a potent combination for explosive growth of the epidemic. Taking available estimates of the number of female sex workers (FSWs) their work patterns, prevalence of HIV and STIs and condom use among them in 1999 as the base, and adopting reasonable infectivity rates, the paper attempts to present a model to estimate the spread of HIV infection in commercial sex networks until 2005. HIV infections in commercial sex networks are estimated to increase from the 1999 level of approximately 2.49 million to about 3.93 million by 2005 in a favourable scenario, and to 6.87 million in a worse scenario. Spread of HIV is influenced in the short term by condom use and prevalence of STIs, and these are the only factors that can be manipulated to limit the spread of the infection. Effective program interventions (with CSWs to reduce STIs and increase condom use) could prevent 5.5 million infections between 1999 and 2005. This projection included only brothel-based female sex workers *(Tropical medicine & International health p6 (12): 1040-61).*

TYPES OF SEX WORKERS

Devadasi

To compares Devadasi (religiously linked or traditional) FSWs to non-Devadasi sex workers in Karnataka. Devadasi sex workers were found to be more likely to be from rural areas, be illiterate, work from their homes; have more clients, be less exposed to violence, experience less police harassment, and start at a younger age which connected to financial need. Authors state that the Devadasi population might be easier to mobilize than other workers because Devadasi sex workers experience fewer stigmas, so they would be more willing to self-identify with a FSW group *(Journals of Infections Disease. p 191 Suppl (1) 2005 Feb I).*

Child Sex Workers

An estimated 85% of all prostitutes in Calcutta and Delhi enter the sex work at an early age and their numbers are rising. These girl prostitutes are primarily located in low-middle income areas and business districts and the brothel keepers regularly recruit young girls and this was known by government officials and an estimated 33% of prostitutes are young girls. In Bangalore, Calcutta, Delhi and Hyderabad, there are an estimated 10,000 girl prostitutes and UNICEF estimates about 300,000 child prostitutes. Girl prostitutes are grouped as common prostitutes, singers and dancers, call girls, religious prostitutes or Devadasi and caged brothel prostitutes. The causes of prostitution include ill treatment by parents, bad company, family prostitutes, social customs, and inability to arrange marriage, lack of sex education, media, prior incest, rape, early marriage, desertion, and lack of recreational facilities,

ignorance and acceptance of prostitution. Most of them enter involuntarily and then become a part of the system of exploitation. *Kumar A., (1994)*.

Call Girls & High Class Escort Girls

Call girls and High class escort girls earn higher incomes and have some freedom in choosing their clients who mostly belong to the middle and upper classes. In a study of 150 call-girls, 20 clients and ten madams in Delhi, Bombay and Calcutta in the 1970s, *Kapur P. (1978)* found that the earning of call-girls ranged from Rs. 50 to 100 per hour and Rs. 400 to 10,000 per night and 80% of their clients were married. Many of them had suffered from sexually transmitted diseases (STDs) at one time or other and had experience of induced abortion, but in general, they tried to take good care of their health by visiting physicians whenever necessary. Many of them wanted their clients to use condoms but most clients did not comply. A high proportion of their clients preferred oral sex to vaginal intercourse. In a subsequent study of nine call-girls in Delhi in 1993, also he found that some of them belonging to the upper-middle class were aware of AIDS and rejected clients who refused to use condoms.

At the other end of the spectrum, which operates high-class escort girls recruited from women's colleges and the vast cadres of India's fashion and film industries, they can command large sums of money. These services usually operate by way of introduction. However, a recent trend has seen the emergence of several snazzy websites, openly advertising their services- *Biswanath Joardar (1984)*.

VENUES OF SEX WORK

Types of sex work venues that exists worldwide or in developing countries include window or doorway; club, bar, or pub work; other all male venues; hotels; and transport (trucking) areas. Different types of sex work have different degrees of health and safety risk. Direct forms (where it is recognized than to exchange sex for a fee is that purpose of the transaction), indoor venues, legal and high-cost transactions generally bring less health risk. Outdoor venues, some indirect forms (spontaneous exchanges, often involving drugs or alcohol, that are not generally recognized as sex work), and illegal and unregistered sex work generally bring more health risk. Poorer sex workers, ones who choose to or are forced to service high numbers of clients are at higher risk for disease. Brothel-based sex work can have fewer risks since they provide greater security than that is possible on the streets, and brothel settings are more accessible to health and education services. *(Sexually Transmitted Infections p. 81 (3): 201-6).*

Dutta. M. K. & Saha. A., (1998) uses life histories of four trafficked women to describe trafficking issues and its stresses the importance of agency and grass-roots level interventions. It suggests that remand homes engage in another form of trafficking, rather than their supposed goal of "saving" or rehabilitating CSWs.

Corruption in state government merely compounds the problem. Stricter border control is not enough; rather, it leads to illegal, organized routes.

MOBILIZATION OF SEX WORKERS

According to *Meena, (2005)* epidemic has singled out women in sex work as vectors and carriers, increasing the already existing stigma against them. This leads to more police violence, more forced unsafe sex, more HIV, and reduces sex worker's ability to demand autonomy, rights, and health services. Sex workers are vulnerable to sexual abuse from authorities such as local gangs, police, immigration officials, etc and trafficked women are at most risk.

In India, 96% of all AIDS cases are in only ten states and of all HIV cases, 85% are transmitted through sexual contact, 3% are prenatal, 3% are blood borne, 2% are from IDU, and 7% are not known. Current prevention efforts are being implemented in all 32 states by NACO (National AIDS Control Organization). They focus on reducing HIV among high-risk groups (sex workers, truck drivers, MSMs, and IDUs) through peer counseling, condom promotion, treatment of STDs, safe blood provision, and prevention of mother-to-child transmission.

LEGAL PROVISION

Legislation passed in India regarding prostitution in 1956 and 1986 did not have the objective of abolishing prostitutes and prostitution; the stated objectives of the legislation were 'suppression' and 'prevention of prostitution'. The 1956 Suppression of Immoral Trafficking Act (SITA) assumed that prostitution was a 'necessary evil' and prohibited a prostitute from soliciting clients in public places and forced her to work in certain areas known as red-light areas, thereby exposing her to exploitation by pimps and others. Though the SITA did not aim to punish prostitutes unless they solicited, it gave enough powers to police and other government agencies to terrorize harass and financially exploit a prostitute. Legislation regarding AIDS was introduced in the Rajya Sabha in 1989 which gave some government agencies sweeping powers to infringe the liberties of certain categories of people, but, owing to strong opposition by a few activist groups, it was withdrawn in 1992.

DEFINITION OF PUBLIC HEALTH DEFINITION

"The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards" *http://www.thefreedictionary.com/public+health*

MATERIAL AND METHORDS

Female sex workers who are residing at Vasanthapuram, Old town, Old bus stand, Thottapalayam and Sampath Nagar of Vellore Corporation were selected for the

study. After getting the informed consent from each sex workers, data was collected using a pre tested interview schedule by confirming to confidentiality and the study is descriptive research design. Although it was bit hard to select and identify the FSW, with help of pimps and madams (brokers), 100 FSW were identified and selected through convenient sampling. The collected data was analyzed using statistical package SPSS (Statistical package for social sciences version 19.0).

Operational Definition

"Prostitution describes sexual intercourse in exchange for remuneration. The legal status or prostitution varies in different countries The great degree of social stigma associated with prostitution both buyers and sellers has lead to terminology such as commercial sex trade, commercial sex work, female sex workers are sex trade . Organizers of prostitution are called as pimps if they are males and madams if they are women.

ANALYSIS AND INTERPRETATION

Socio – Demographic Details		*N*	*%*
Age	<18-25 years	13	13
	26-30 years	32	32
	31-35 years	42	42
	36-40> years	13	13
	Total	100	100
Marital status	Married	74	74
	Married n divorce	08	08
	Unmarried living with spouse	12	12
	Total	100	100
Husband's Job	Daily Wages	79	79
	Self employed	06	06
	No work	15	15
	Total	100	100
Property of the respondent	No Own House	84	84
	Having Own House	12	12
	Total	100	100

- Age is an important factor, which shows the effectiveness of work for more earnings, and it denotes the development of the person's growth and maturity. Nearly half (42%) of the respondents are being in the age group of (31-35) years. The rest (32%) of the respondents have (26-30) years of age, whereas in the other age groups of the respondents were distributed more or less equal. Among the respondents the researcher selected the age criteria from 18 years to 40 years because the women those who are involving themselves during this period were higher in numbers. The clients prefer the middle age group women i.e. from (31-35) years, so majority of middle age group women are engaged in this profession.

- Marriage is a very important social institution which admits, men and women in the family life, majority (74%) of the respondents are married. The rest (8%) of the respondents are divorced and (6%) are unmarried among those some are living with other's spouse. Hence majority of the respondents are married but their husbands are not contributing money to run the family, so majority of the respondents engaged in the sex work profession.
- 79% of their husbands are engaged in daily wage earning. Few of them are engaged in self employed and they are not getting the job regularly, due to this situation, they are economically suffered. Due to this causes the majority of women engaged in this profession and few of them said that their husband are unemployed, which led them into this profession.
- House is the basic needs for every human being majority of 88% of the respondents do not have own house, only 12% of the respondents only have own house.

Mode of Sex work Operation		*n*	*%*
Sex work operation time	Part time	58	58
	Full time	42	42
	Total	100	100
Number of Clients attended per day	1- 2 clients	48	48
	3-4 clients	50	50
	5 and above clients	02	02
	Total	100	100
Number of days engaged per month	05-10 days in a month	13	13
	11-15 days in a month	26	26
	16-26 days in a month	61	61
	Total	100	100
Type of Sex work	Street Based	50	50
	Brothel Based	32	32
	Lodge based	13	13
	Home based	05	05
	Total	100	100

- FSW's sex work operation time of the respondents are more than half (58%) of the respondents engaged in part-time, whereas the rest of the (42%) of the respondents only engaged in full time sex work and not engaged in any other job, and there will be high risk of infecting among the full time sex workers.
- In spite of local NGO's health education to reduce their clients, full time sex workers are attended 3- 4 clients per days (50%) and they are not willing reduce their clients, whereas (48%) of the respondents are attended clients 1 to 2 per day.
- Nearly two third (61%) of the respondents are engaged in 11 to 15 days, whereas one forth (26%) of the respondent engaged in 16 to 26 days and rest of 13% of

the respondents engaged in 5 to 10 days. The voluntary organizations have taken the steps to provide skill training to this community to come out from this profession.

- In many country, street based pick up is common, from this study it shows that half (50%) of the respondents picked the clients street based, nearly one third (32%) of the respondents picked the clients from brothel houses, only (13%) of the respondents, picked the clients from lodges. The respondents those who are pricked the clients from street corner are considered as high risk respondents because they are not following safe sex practices.

Knowledge about STI & HIV/AIDS		*N*	*%*
Knowledge of STI	Yes	83	83
	No	17	17
	Total	100	100
Knowledge about	Yes	85	85
HIV/AIDS	No	15	15
	Total	100	100
Knowledge about	Yes	96	96
Safe sex method	No	04	04
	Total	100	100

- Sexually transmitted Infection is called STI which spread through unsafe sex, majority (83%) of the respondents had the knowledge of STI and (17%) of the respondents only don't have the knowledge about STI.
- 85% of the respondents had the knowledge about HIV/AIDS and 15% of the respondents don't have the knowledge about HIV/AIDS.
- Safe sex is nothing but when indulging in sex; partner or clients wear condoms to prevent STI/HIV/AIDS. All most majority of the respondents (96%) are aware of safe sex practice, whereas only 4% of the respondents do not aware of safe sex practice.

Health Seeking Attitude		*N*	*%*
HIV/AIDS Test of	Yes	77	77
the Respondents	No	23	23
	Total	100	100
Result of HIV Test	Positive	37	37
	Negative	63	63
	Total	100	100
Health Seeking Attitude		*N*	*%*
Periodical test Undergone	Yes	46	46
	No	54	54
	Total	100	100

- HIV /AIDS test is most important to the sex workers because they are always engaging in sex work profession and it can easily infected by HIV/AIDS. More than three fourth of the respondents (77%) are undergone HIV/AIDS test whereas one fourth of the respondents don't want to go for HIV/AIDS test due to fear and guilty.
- Test results are confidentiality because the respondents are weaker section and they do not tolerate if they are positive. Hence the results are announced to the respondents only before the counseling by the counselor. Majority (77%) of the respondents not infected by HIV/AIDS and rest of nearly one fourth (23%) of the respondents are infected to HIV/AIDS.
- Regular health checkup or medical checkup is called periodical test. 54% of the respondents did not go for periodical checkup, whereas 46% of the respondents are taking periodical health checkup by the awareness created by the voluntary organizations.

Health seeking behaviour of the Respondents		*N*	*%*
Health seeking behaviour	Immediate	12	12
	After 02 Days	32	32
	Self treatment	56	56
	Total	100	100
Usage of Contraceptives	Yes	65	65
	No	35	35
	Total	100	100
Practice of condoms with husband / Regular Partners	Yes	11	11
	No	84	84
	Not Applicable	05	05
	Total	100	100
Clients are against for safe sex practice	Yes	47	47
	No	53	53
	Total	100	100

- Self treatment and self medication during their sick period are constituting nearly 56% and the main reasons is due to economic problems of the respondents, whereas nearly one third 32% of the respondents taken treatment after two days and only 12% of the respondents only taken the immediate treatment during the sick time.
- In sex work profession, sex workers must use condom with all the clients, because HIV/AIDS and STI are highly spread through unsafe sex. Nearly 35 % of the respondents have the knowledge about safe sex but they not fully practicing safe sex method due to more money offered by the clients, hence, they do not use condoms with clients, where as 65% clients are using condom while they are engaged in sexual activities and they are fully aware of the impact of unsafe sex.

- Three fourth (84%) of the respondents do not use condoms with husband or regular partner because they are interested to using condoms due to reduction of pleasure from the husband and more money from the regular partners, only (11%) of the respondents only using condoms with their husband or regular partner.
- Clients means those who are to the customers of sex workers are called clients. 53% of the respondents said clients are not against safe sex practice, where has nearly half (47%) of the respondents said clients are against for safe sex practice. Hence most of the clients are aware of STI and HIV / AIDS and they are not against to safe sex practice, however, the rest of the clients are aware of the disease and safe sex, but, they don't want to use condoms, because, condom is not giving sexual full satisfaction while indulging in sex, so, they are against for safe sex.

Emotional / Social Recognition		*N*	*%*
Emotional Stability	Yes	71	71
	No	29	29
	Total	100	100
Social Recognition	Yes	83	83
	No	17	17
	Total	100	100
Sexual abuse of the Respondents	Yes	60	60
	No	40	40
	Total	100	100
Relationship with the Spouse	Good relationship	63	63
	Not having good relationship	37	37
	Total	100	100
Social Status of the Respondents	Yes	82	82
	No	18	18
	Total	100	100

- The emotional stability or the reaction of respondents relating to engaging themselves in sex work profession nearly 71% of the respondents feel very bad to became this profession, whereas the one fourth (29%) of the respondents don't feel for became this profession.
- Social recognition in the sense, to accept the sex workers in socially to treating them as a normal human being. Majority (83%) of the respondents feel they are not recognized in society, whereas only (17%) of the respondents feel that they are recognized in the society.
- Abuse in the sense exploring or to act in misbehave or to misuse sexually misbehave is called sexually abuse, nearly two third (60%) of the respondents met sexual abuse and the rest of more than one third of the respondents do not face any sexual abuse. Maximum number of the respondents met the sexual

abuse, by the clients are forced to have group sex, aggressive sex, cheated for money and the clients are refused to give money after they are satisfied.

- Husband and wife relationship should play a role in the development of their family and they need to have mutual understanding with each other, nearly two thirds (63%) of the respondents make a good relationship with their spouse and rest of one fourth (24%) of the respondents do not have good relationship with their spouse.
- Majority (82%) of the respondents feel easy to develop relationship with their neighbours, only (18%) of the respondents does not make a good relationship with their neighbours, due to discrimination and guilty is the main reason.

MAIN FINDINGS AND SUGGESTIONS

1. Majority middle age group woman are engaged in the sex work profession between the age group of 31 – 35 years, and all are married, but due to their family circumstance they were engaged into this profession. The customers prefer only the middle age group women.
2. Education is inevitable for any individuals since it gives the basic knowledge regarding the society and also promotes the personality. The majority of the respondents are very backward in education and they studied up to primary level. None of them had any higher education. A proper women education plays a major vital role.
3. Marriage is a very important social institution which admits men and women in the family life. Majority of the respondents are married but their husbands are not contributing money to run the family, Hence majority of the respondents engaged in the sex work profession.
4. Regarding occupation of the sex workers husbands, most of them engaged as coolie and not getting the permanent job and it had an impact on their day to day financial crisis, which lead them in economically suffered and their living condition is very poor. The poor economical factor leads them to push in to this profession.
5. The full time sex workers are the maximum high risk people they can have a chance to easily infect by HIV/AIDS.
6. The maximum number of the days (20 days/pm) engaged only in sex work shows that this groups can be high risk and possibility of getting infected by HIV/AIDS.
7. Majority of the respondents had the knowledge about sexually transmitted infection but sometimes they do not practice for safe sex. Due to this reason majority (70%) of the respondents infected in STI, they were taken treatment through NGO or Govt. Hospitals.

8. Regarding HIV/AIDS Knowledge, majority of the respondents are aware of HIV/AIDS since, Government and Voluntary organization are creating various awareness programme regarding HIV/AIDS. However, few percentage of the FSW does not go for HIV test.
9. One fourth of the respondents do not go for HIV test, due to fear and not interested. 14% of the respondents have found HIV positive, and among them only few respondents are only taken ART treatment, others do not taken ART treatment because not interested for taking ART treatment.
10. Majority of the respondents felt that they feel very bad and emotionally disturbed to involve in this sex work profession.
11. 54% of the respondents taken periodical health checkup and the rest of them do not taken periodical test.
12. Safe sex practice : Majority of the respondents known the safe sex practice, 96% of the sex workers are having the knowledge about safe sex practice, but more than 65% of the sex workers only practicing safe sex method. However, due to extra money the sex workers do not use contraceptives for all clients.
13. 83% of the Sex workers feel that they are not recognized in the society and due to this unrecognizing, most of the sex workers are abused, and group sexual abuse and this lead to infection of Sexually transmitted disease.
14. Majority of the sex workers have the good relationship with their husband and if at all any misunderstanding, they themselves taken steps for solved their problems.

SUGGESTIONS

1. Education plays a vital role in the living condition and cultural change of the society; it is an investment in human to improve his productivity. Efforts should be made by the government to provide higher educational facilities to improve their status.
2. Preference should be given in government and nongovernmental sectors particularly for occupations which will help them to raise their standard of living.
3. Voluntary organizations / SHG should focus them to reducing their sex working days, by engaged them into different kinds of skill based training and employments.
4. Majority of the sex workers had the knowledge about STI/HIV/AIDS, but more than (50%) of the respondents are infected by STD, some of them are infected by HIV/AIDS. Nearly one fourth of the sex workers are not interested to go for HIV test and some of the HIV infected sex workers do not take ART treatment. The Government and non-governmental organizations are creating awareness among the Sex Workers about the consequences of the illness.

5. The sex workers have the knowledge about safe sex practice but they are not using condoms with all the clients. Government and voluntary organization must provide proper education about safe sex methods and promote free condoms in all areas.
6. Psychological problems are most predominant in various aspects to FSW, and if the voluntary and Governmental organizations must provide proper and appropriate counseling, it will help them.

SUMMARY & CONCULSION

Summary

Prostitution is one of the major social problems in our country and they are facing lot of problems from the clients, police personal, pimps, and so called mothers. Acceptance of their profession in the society is very meager. Since, they are also human being, but, without the proper safe practice of sex professional might lead to the deadly killer disease, HIV/AIDS. Their living condition, social background, family situation, psychological problems and their inadequate economic condition lead them to this professional, However, the NGO's and Governmental social welfare department should initiate various rehabilitation programme to repatriate into the society.

Conclusion

By this study, the researcher found that social status of living condition is very poor and enormous amounts of social discrimination are prevailing on them, which is due to their profession. Very poor economic status, huge family size, less backward in education qualification and husbands are not holding any permanent jobs both in government and in private settings, lead and forced them into this kind of trade. Also, it's an easy earn money; within the span of two to three hours in a day make them feel happier. However, the public health point of view that they should be in a proper guidance, regular medical checkup and follow up for the betterment of their health as well as to their client. In-depth studies need to planned to carry out to analysis the and proper rehabilitation measurement should be taken for the welfare of this kind of people, who are engaged in this trade. Both, government and Non-governmental organization take a joint venture to initiate and implement the exiting welfare scheme to rehabilitate them and also develop their saving habits.

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