ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11, 2022

Violence and HIV/STI Vulnerability Among Female Sex Workers in Delhi's Red Light Area

Jyotsna Paul[1], Dr. Sapna Sachdeva Nair[2], Rajesh Nair[3]

[1]Ex MPH student at Indian Institute of Public Health Delhi (IIPH-Delhi)

[2]Associate Professor, Smt. Sushma Swaraj Government College for Girls, Ballabgarh

[3]Amity Institute of Behavioural & Allied Sciences, Amity University Haryana, Gurugram and Ex Additional Professor at IIPH-Delhi.

Corresponding author: sapnasach@rediffmail.com

ABSTRACT

Introduction: According to the World Health Organization (WHO), violence is defined as the intentional use of physical force or power against a group or community, resulting in or having a high likelihood of resulting in injury. This study focuses on various types of violence, including sexual violence (perpetrated by clients, police, procurers, family members, or intimate partners), physical violence, and verbal abuse. Most violence against sex workers is a manifestation of gender inequality and discrimination directed at women.

Objective: The objective of this study is to assess the prevalence of violence experienced by female sex workers and its potential role as an underlying factor in increasing their vulnerability to contracting HIV/STIs.

Method: A cross-sectional study was conducted in the Red Light Area (brothels) of GB Road, Delhi. A total of 119 female sex workers participated in the quantitative study, using a closed-ended questionnaire to assess the violence they experienced and how it increased their vulnerability to contracting HIV/STIs. In-depth interviews were also conducted with six female sex workers, two peer educators, and one doctor (as part of a targeted intervention project). The interviews were transcribed, and thematic analysis was performed to understand the depth of violence and the stigma faced by FSWs.

Results: The primary reason for respondents entering sex work was poverty, with 94% of FSWs being illiterate. Physical violence, mainly perpetrated by brothel madams ("Nyka" in local slang) or the police, was reported by 45% of FSWs. Additionally, 24% of FSWs reported sexual violence, mainly in the form of forced intercourse (penetrative sex) without the use of condoms, perpetrated by their trusted partners ("Babu" in local slang).

Conclusion: As of now, no mechanism has been established under the National AIDS Control Programme to address the violent behaviors experienced by FSWs in the Red Light Area of GB Road, Delhi. The violence experienced by FSWs often leads to unprotected sexual behavior, thereby increasing their vulnerability to contracting STIs and HIV/AIDS. Therefore, it can be concluded that violence serves as an underlying factor in the increasing prevalence of HIV/STIs among female sex workers.

INTRODUCTION

Sex work in India has a deep-rooted history that spans from ancient times to the present. While it transcends religious boundaries, various ideologies and symbolized names have been used to describe this profession. Even in ancient texts like the epic Ramayana, there are references to traditions where individuals would offer their wives to other men in exchange for financial compensation (Valmiki Shlok).

In Hindu culture, the term 'courtesan' is often associated with 'tawaif,' women who would perform dance, sing, recite poetry, and entertain their patrons at mehfils (gatherings). While sex might have been incidental, it was not typically a contractual guarantee (source: "The Hindu: Mapping Cultures," 2004).

Within Hinduism, the practice of 'devdasis' also existed. Devdasis were women who were dedicated to serving temples, which granted them a high social status. However, as Islamic invaders led to the destruction of temples and the loss of patronage from kings, many devdasis were forced into lives of poverty and prostitution (Kannabiran, 1995).

In contrast, within Islam, prostitution is considered a sin and is strictly forbidden. This historical perspective underscores the diversity of views and practices surrounding sex work in India, shaped by various religious and cultural influences.In middle ages, sex work (prostitution) was tolerated because it helped prevent the greater evils of rape, sodomy, and masturbation. Augustine Hippo was quoted saying that “if you remove prostitution from the society you will unsettle everything on account of lust”. Sex workers themselves say, we are doing so much for the society but we are still treated with discrimination.

In a book written by PranNevile, he told us about the insecurities of the Britishers and how did they full-fill their need of sexual pleasure. Realizing the sex starvation among their soldiers, the British felt compelled to establish Lal Bazaars (Red light areas) in cantonments that were out of bound for civilians, in there the Indian prostitutes were kept for physical needs of the soldiers. Soon they discovered that their soldiers had begun to afflict with venereal diseases like syphilis and gonorrhea, then they established local hospitals to cure these women. There are three largest red-light areas in India – Sonagachi in Kolkata, roughly around 14,000 (“The Red Lights of Sonagachi,” 2017)sex workers work there, and it is Asia‟s largest red-light area. Kamathipura in Mumbai comprises of approximately 5,000 sex workers in which the majority of sex workers are trafficked as minors from rural parts of Bangladesh and Nepal (Gezinski and Karandikar, 2013)According to official estimates, there are over 12, 00,000 sex workers India. Whereas in Delhi, G. B. Road is the third largest red-light area in India with approximately 4000-5,000 sex workers living there.

In India, thousands of females are trafficked from neighbouring country Nepal and also from Bangladesh. Most women and girls are brought here by assuring that they will get work here, with the help of which they can help their expenses and their families. But they are tricked and pushed into the business of sex work (prostitution), and in actually they do not have any option to get out of this hell. They can neither go to the police nor there do any mean of escape from the traffickers, due to this they are forced to remain in those brothel houses. The painful fact is that their mental health gets hurt of being hopeless, helpless and they get ready for the prostitution (sex work). The other reason for this is also because they see it as the only way to feed their families, their circumstances become so cruel due to which they are forced to sell their body. This was about those woman and girls who are forced into prostitution without their consent. The woman and girls who agree for this business enters because there are many reasons for entry into sex work – poverty, lack of better employment, gender inequalities. As a word „Prostitution‟ is also as stigmatized as „Sex workers‟ are. Peer pressure and lack of education are one of the main reasons for entry into sex work. “59.08%

of sex workers in India"(Divish Gupta and Simrat Ahluwalia, 2012) states economic distress as a reason for falling into this profession. After a certain point, money is the thing which excites them to be continued in this profession. Also, they have several responsibilities, if they backed out who is going to feed their children, who are going to bear the burden of education for their children. They don‟t want their children to be illiterate due to poverty. Before entering into prostitution, the woman and girls do not know the risks of it.

Sex work is closely associated with the transmission of sexually transmitted diseases, with HIV/AIDS being a significant public health concern. Globally, approximately 36.9 million people are living with HIV, and India contributes significantly to this number, with 2.1 million cases ("HIV and AIDS in India," 2017). In fact, India ranks third in the world in terms of the magnitude of its HIV epidemic.

Prostitution, often referred to as the world's oldest profession, is a topic of ongoing debate among lawyers, politicians, and health professionals. It is considered by some as a "necessary evil" with potential societal benefits, such as providing an avenue for sexual pleasure and possibly reducing rape cases. However, this debate hinges on two distinct aspects of prostitution: those who choose it willingly and those who are forced into it.

Human trafficking, one of the most egregious violations of human rights, disproportionately affects women and children, especially in developing countries. GB Road, in particular, is notorious for the trafficking of minor girls. Shockingly, in 2009, an estimated 1.2 million children worldwide were trafficked for sexual exploitation, including prostitution and the production of sexually abusive content. It's important to note that while human trafficking has international dimensions, the majority, approximately 90%, occurs within India's borders ("India Hub of Child Trafficking in South Asia | India News," 2009).

In India, the legal framework surrounding prostitution is primarily governed by the Immoral Trafficking Prevention Act, 1956 (ITPA). It's important to note that the ITPA does not criminalize prostitution or prostitutes themselves. Instead, it mainly focuses on punishing third parties who facilitate prostitution, such as brothel keeping, living off earnings from prostitution, and procuring, even when sex work is not coerced (source: Dr.TulsingSonwani, 2013).

Complicating matters, some states have laws requiring individuals with HIV to disclose their status to sexual partners, potentially deterring sex workers who are HIV positive from seeking support in cases of sexual violence due to fear of prosecution. Laws and policies, including those criminalizing sex work, can increase sex workers' vulnerability to violence. Forced rescue and rehabilitation raids by police under anti-trafficking laws may lead to sex workers being evicted from their residences onto the streets, where they are more exposed to violence.
It's worth noting that laws may not always recognize rape against the MSM (men who have sex with men) population or sex workers as crimes, and police may refuse to register such cases. Fear of harassment and discrimination often discourages reporting of such violence.
Sexual violence against female sex workers encompasses a range of deeply distressing experiences, including rape, gang rape, sexual harassment, and physical or psychological coercion into unwanted sexual acts. These experiences, which are often degrading and humiliating, contribute to the pervasive vulnerability and mental health challenges faced by this marginalized population.

RATIONALE OF STUDY:

Recent data from the Health Sector Survey (HSS) in 2016 indicate a reduction in the incidence and prevalence of HIV/STIs among female sex workers (FSWs) in India. This study aims to investigate whether various forms of violence inflicted by clients, intimate partners (such as husbands or boyfriends), and individuals in their surroundings contribute, as an underlying factor, to an increased vulnerability to contracting HIV/STIs among FSWs.

Violence has been identified as a significant factor that heightens the risk of HIV/STI transmission among marginalized populations, including sex workers. The National AIDS Control Programme (NACP), implemented since 1992, has been instrumental in efforts to prevent and control HIV/STIs across various states, with a particular focus on Most at Risk Groups, including FSWs.

By exploring the link between violence and HIV/STI vulnerability among FSWs, this study seeks to contribute valuable insights to inform future interventions and strategies aimed at reducing the transmission of these infections within this high-risk population.

RESEARCH QUESTIONS:

1. Determine the prevalence of various types of violence experienced by FSWs in and around the Red Light area of Delhi. This could include physical violence, sexual violence, verbal abuse, and other forms of mistreatment.
2. Investigate whether violence acts as an underlying factor that increases the vulnerability of FSWs to contracting HIV/STIs. Gather perspectives from both FSWs and implementers of the National AIDS Control Programme (NACP) regarding this relationship.
3. Explore the existence of programmatic mechanisms designed to empower FSWs in dealing with violence from clients, sexual partners, and those around them. Assess the effectiveness of these mechanisms from the perspectives of FSWs and the community.
4. Determine if there has been any change in the incidence of violence experienced by sex workers in the past five years. This assessment could provide insights into the impact of various interventions and programs.
5. Collect the views and opinions of FSWs regarding the improvement and strengthening of mechanisms to address violence. This input can inform future initiatives aimed at enhancing the safety and well-being of FSWs.

LITERATURE REVIEW:

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, physiological harm, development, or deprivation."In this study, we focused on interpersonal violence, which encompasses violence between individuals. It is further categorized into family and intimate partner violence as well as community violence, primarily involving physical, sexual, and certain forms of collective violence, such as social violence.

When examining violence in the context of prostitution, it's essential to understand the historical evolution of the profession. The term "tawaif," originating from Arabic, initially referred to a group of dancing females. However, this evolved to include sexual gratification of clients as a significant aspect.

Significant changes occurred in the perception of prostitution in India during the nineteenth century. The concept of biological purity, aimed at preserving racial purity, led the British regime to discourage interracial breeding with Indians. The Contagious Disease Act, first

passed in 1864 to prevent venereal diseases within the armed forces, allowed police officers to arrest women suspected of engaging in prostitution. Notably, the act did not address the role of male customers in disease transmission.

In response to the act, the Ladies National Association published an article titled "Women's Protest" in the Daily News on January 1, 1870. The article highlighted concerns about women's personal security and reputation being jeopardized by the law. It focused on the perception that women were the primary carriers of contagious diseases, overlooking the role of male customers in disease transmission.The Suppression of Immoral Traffic in Women and Men Act of 1956 punishes those who seduce or exploit individuals in custody or who live off the earnings of prostitution. However, research indicates that violence perpetrated by the police during arrests has led to an increase in HIV cases among sex workers.

Poverty and Lower Socioeconomic Status: Drivers of Prostitution in India

Poverty and lower socioeconomic status are formidable challenges in India, with an estimated 276 million people living below the poverty line and approximately 31 million facing unemployment. For many women, these dire circumstances compel them to turn to prostitution as a means to support their families or to address debts and financial obligations.Once women enter the profession of prostitution, extricating themselves from it becomes exceedingly difficult. They become reliant on the income generated through sex work to meet their basic needs and those of their families. This reliance often creates a cycle where they find it challenging to leave due to the lack of alternative earning sources.

Moreover, the stigma and discrimination faced by this high-risk group further exacerbate their vulnerability. Societal prejudice against sex workers creates barriers to their reintegration into mainstream society, making it even harder for them to step back from prostitution.Addressing the multifaceted issue of women turning to prostitution due to poverty and socioeconomic constraints requires comprehensive social and economic support systems that provide alternative opportunities for livelihood and tackle the pervasive stigma and discrimination faced by this marginalized population.

Peer Pressure

Young people often succumb to peer pressure, particularly when it comes to emulating the lifestyles of their friends, driven by the allure of financial gain. In pursuit of a lavish college lifestyle, many adolescents are drawn into activities that can have severe consequences. This phenomenon is especially prominent in cities like Delhi and Mumbai, where the influence of peers, coupled with the desire to conform to metropolitan culture, leads students to engage in such activities primarily for financial gain.

However, what often begins as an attempt to adapt to the city's culture can take a dangerous turn, with adolescents unknowingly becoming vulnerable to exploitation and violence. Breaking free from these circumstances becomes increasingly challenging due to factors like blackmail, fear of societal judgment, or dependence on the income they receive to meet their basic needs.

Disturbingly, UNAIDS and UNICEF report that around one-third of all new HIV infections in 2012 occurred among individuals aged 15 to 24. This age group is particularly vulnerable to HIV/AIDS, and the statistics reveal that AIDS-related deaths have increased among them over the past decade.Addressing the complex challenges faced by adolescents in urban environments and providing them with support, education, and resources to make informed decisions is crucial in mitigating the risks they face, including the spread of HIV infections.

Factors influencing contemporary perceptions of sex work

Sex work is a topic that often evokes conflicting opinions and perceptions in our society. Several factors contribute to the varied perspectives surrounding women's involvement in sex work. While in many developed countries, sex work is acknowledged as an official profession, in our country, it is often viewed with disdain and stigmatized, leading sex workers to live on the margins of society.

Sex work has been a part of human society for thousands of years, and despite its enduring presence, it has not been widely accepted by society at large. It is considered one of the world's oldest professions, where individuals exchange money for sexual intimacy and pleasure. Interestingly, sex work has been influenced by dominant religious traditions and can be found in various forms across different faiths.

Historically, even in ancient times, sex work played a role in society. For example, when a King received a guest King from a friendly kingdom, it was common for the guest King, his ministers, and other prominent individuals to be provided with the services of the most renowned sex workers in the state for their sexual pleasure.

Stigma and discrimination

In a questionnaire, female sex workers were asked whether they had experienced stigma from family, friends, and healthcare providers in the past 12 months. The responses were disheartening, with a staggering 98% acknowledging that they had indeed encountered discrimination from their families, friends, and even fellow brothel members. However, there was a notable decline in such incidents when seeking healthcare services, indicating some progress in this aspect. Many sex workers reported a preference for private practitioners over government hospitals when seeking medical care.

AIMS & OBJECTIVES:

The objective of this study is to investigate the prevalence of different types of violence experienced by female sex workers and explore how such violence may increase their vulnerability to contracting HIV/STIs. Additionally, the study aims to examine any existing approaches or mechanisms designed to address violent behaviors perpetrated by clients, other sexual partners, and individuals in the social environment of female sex workers (FSWs). Further to:

1. Investigate whether violence acts as an underlying factor that increases the vulnerability of FSWs to contracting HIV/STIs.
2. Gather perspectives from both FSWs and implementers of the National AIDS Control Programme (NACP) regarding the role of violence in increasing this vulnerability.
3. Study the programmatic mechanisms in place to empower FSWs in dealing with violence perpetrated by clients, other sexual partners, and individuals in their social environment.
4. Understand the perspectives of the FSW community regarding the effectiveness of these mechanisms in mitigating violent behaviors.
5. Assess if there has been any change, whether an increase or decrease, in violence experienced by sex workers in the past five years.
6. Explore the perspectives of both FSWs and NACP program implementers in strengthening the existing mechanisms for addressing violence.

METHODOLOGY:

Study Design

The cross-sectional study design is used in which quantitative data was collected using closed ended questionnaire and qualitative data was collected using In-depth interviews. The study was conducted in four months from December 2018-March 2019.

Study area and setting

The study was conducted in central Delhi"s Red Light area at Garstin Bastion Road (or GB Road). Sources says it began in Mughal period.(Nagpal et al., 2017), one of the fifth largest red light areas of India, it is basically a busy market place for automobile parts and hardware goods lined with two or three-storybuildings that have shops on the ground floor and brothels on the upper floors(Divish Gupta and Simrat Ahluwalia, 2012). There are approximately 23 buildings comprises of 94 rooms which are called „brothels" and *hotspots in epidemiology terms*, where approximately 2500-5000 sexually active sex workers are living (told by local informant). These are some floating sex worker who keeps changing their work location. This number excludes sex workers who are 40 years and above. There are pimps/broker who get clients to the brothel and would get their commission per client. Under NACP with the support from NACO and DSACS there are NGOs named „Shaktivaheni" and „IMDT (Indian Medical Development Trust)". The researcher identified this site because of the availability of female sex workers. Been working for more than a decade, these NGO were aware of the exact situation of the brothels. They also had good rapport with FSWs. It also helped the PI to collect the data for the present study in the most possible true scenario.

Study population

The respondents of present study were brothel-based female sex workers at Red Light Area, GB Road, New Delhi, excluding those women who were pregnant and were lactating mothers. Female sex workers from different regions of the country were included in the study so as to get diverse perspectives and experiences as possible.

Inclusion: Female Sex Workers aged between 18 to 40 years

Exclusion: Any Pregnant/ Lactating women and respondents who refused to give consent

Sample size estimation

The sample size was calculated usingOpenEpi, Version 3. Sample size of n=155 was estimated using prevalence of violence in female sex worker in Delhi was reported 25.4%. (National AIDS Control Organization, 2014). Precession and non-response rate of seven percent were used. However, when the actual data collection progressed, the data from n=119 respondents (who were available) was collected, based on the availability of FSWs who agreed to participate in the study. Only completed questionnaire has been used for the final data analysis.

The following simple formula (Daniel, 1999) can be used:

$$n = \frac{Z^2 P(1-P)}{d^2}$$

Where n= sample size,

Z= Z statistics for level of confidence

P=expected prevalence, d= precision

Sample selection procedure- Our primarysampling unit was brothel at the red light area GB road, Delhi from which female sex workers will be selected based on the convenience by using inclusion and exclusion criteria. There were 94 rooms in a cluster numbering from 1 to 94. The data collection was done from brothel No.1 and onwards till data is collected n=119. From each brothel data from 5-6 FSWs were collected. Each brothel comprises 10-15 FSWs. The data were collected from FSWs and programme implementers after taking written informed consent, and those who were illiterate from them verbal consent was taken.

In-depth interviews- In-depth interviews were conducted from following respondents:

Table 1- Study population

Participant type	Number interviewed
Female sex worker	04
Peer educator(FSW)	02
Counsellor	01
Outreach worker cum counsellor	01
Doctor	01

In-depth interviews were conducted with six female sex workers out of which two was peer educator from the FSW community, and two programme implementers who works with the community and one doctor from the NGO. For in depth interviews permissions and appointments were obtained a priori. The names and identities of the respondents have been concealed in order to preserve anonymity.

Study Tool

Quantitative: questionnaire comprises of six section, demographic section, and general sexual behavior, sections of condom use pattern with occasional and regular partner and experience of physical and sexual violence

Quantitative variables

Demographic variables

Age was measured as a continuous variable. Whereas marital status was categorical (whether report being currently married, widowed, divorced or separated), children and the venue in which they solicit their clients (brothel, hotel, home, lodge) were also assessed.

Violence

Physical violence (last 12months) was measured by combining two items; participants responded to how many times they experience someone has beaten(hurt, hit, slapped, pushed, kicked, choked or burned) you with who was the person who has beaten you. Sexual violence (last 12 months) was measured by asking participants whether anyone forced them to have sex without a condom, or forced to have sex several times after your denial Women were also asked to identify the perpetrator of each type of violence (client, husband, relationship partner, police, stranger).

Sources of HIV risk

Accepting more money for not using condom was measured by combining two items; condom use in last one month during sexual intercourse, if yes/no with what was the main reason for not using condom in that instance (client refused, client paid more, was afraid of violence, forced to have sex without condom, trusted partner). Consistent condom use was measured by asking participants how often they used a condom with their occasional or regular client in last one week and also last time, participants who reported „every time" are

the consistent condom user. Also asked for anal intercourse in last one week with regular, and if they responded yes then the followed question is how often they have used a condom

Demographic variables		
Percentage	No	

Qualitative

Variables

After translating transcribed interviews in English, codes were generated and according to each code, themes were made, "violence by intimate partner/trusted partner", ": context of violence", "conflict and violence" these were the main themes. Duration of each interview was approx. 30-35 minute.

Data Compilation and Analysis Plan

The process of data collection was iterative. The researcher revisited the interviewees if any gap or lacunae was identified during data compilation and interpretation. Analysis (manual) was initiated concurrently with the data collection process.It was collected by closed ended questionnaire which was filled by administrator. Data entry was done in excel followed by descriptive analyses using Stata 14.2. Section of condom use pattern with occasional/regular client, questions related to anal sex was asked, only two participant responded, remaining were
not comfortable to answer this question.

RESULTS

The overall aim of the present study was to assess the prevalence of different types of violence experienced by female sex workers which may be instrumental in increasing (as an underlying factor) their vulnerability of contracting HIV/ STIs. Present study was conducted keeping in mind following research objectives:

- To assess the prevalence of different types of violence experienced by FSWs, perpetrated by their clients, other sexual partners and people around FSWs in the Red-Light area of Delhi.
- To study whether violence increases (as an underlying factor) the vulnerability of contracting HIV/ STIs? Understand the perspectives of FSWs and NACP program implementers regarding the role of violence in increasing the vulnerability of contracting HIV/ STIs by FSWs and their sexual partners.
- To study the programmatic mechanisms for empowering FSWs in dealing with violence perpetrated by their clients, other sexual partners and people around FSWs.
- To understand the community (FSWs) perspectives regarding the effectiveness of such mechanisms in mitigating with violent behaviors?
- To assess if there any increase/ decrease in violence as experienced by Sex workers in last five years
- To understand the perspectives of FSWs and NACP program implementers in strengthening such mechanisms of dealing with Violence.

ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11, 2022

Demographic characteristics		
Age at start of sex work:		
21-30	51.26	61
31-40	45.38	54
41-50	3.36	4
Literacy :		
Literate	6	7
Illiterate	94	112
Marital status:		
Never married	26	31
Currently married	16	20
Widowed	31	37
Separated	12	15
Divorced	13	16
Children		
Not having child	27	33
Having child	71	85
Sex work venue		
Brothels	100	199

Table 2- Demographic characteristics of study respondents (n=119)

N = 119 FSWs agreed to participate in the study

Age was measured as a continuous variable.
Out of our study sample that is 119, about 50% responded that they started sex work between the age of 21 to 30years. 94% FSW were found to be illiterate, only one found to be metric (10^{th} class) pass, and 5% FSW were aware of to how to write their own name. For the current analysis literacy was defined as the ability to read and write. All FSW respondents were asked about their current marital status, out of which 31% reported to be widowed and from these numbers most of them reported their husband died in Nepal earthquake tragedy. The proportion of FSWs who never married was 26%. All FSW were asked about their living situation (if they were living alone, with family or others). Understanding the living situation

of the FSW may be indicative of their vulnerability and / or their practice of risky behaviors. Majority of FSW living with other sex workers, in which more than 80% FSWs are living in brothels under Nyka(malkin or madam). 11 percent were commission based FSWs which were directly under manager. There was only one Delhi based woman who reported to visits to attend clients in brothels during evenings.

General sexual Behavior

All FSW were asked questions related to sexual risk behaviors and practice of sex work, which put them at increased risk for HIV/STIs infection. Understanding the onset of sexual behavior initiation into sex work, places where FSW solicit their clients and other sex work practices provide insights for better understanding of the risks of HIV/STIs among FSW.

Table 3- General sexual behavior

General sexual behaviour	
Years of sex work :	**Missing values**
1-10	78(65%)
11-17	29(24%)
20-55	12(10%)
Customer per day	7.22±3.34
Avail condom	
Peer educator/outreach worker	**100(84%)**
NGO office	**19(15%)**
Condom use in last one month	
Yes	**56(47%)**
No	**61(51%)**
Don't know	**2(1%)**
Client refused	**5(4%)**
Client paid more	**15(12%)**
Condom was not available	**1**
Was afraid of violence	**6(5%)**
Had forced sex	**4(3%)**
Trusted partner	**15(12%)**
Condom of poor quality	**7(6%)**

In this study, duration in sex work was calculated based on the age of FSWs and the age when they initiated sex work. Overall FSWs started sex work at average age of 20 years. One main finding is that 8 FSW reported that they started sex work at the 11- 13 year of age. Sources of HIV/STIs risk was examined through some factors like condom use in last one month, 47 percent FSWs reported the of using condom and 51% reported they are not using condom for some reason which also measured by a follow up question- What is reason for not using condom? Overall 12 percent of respondents reported for not using condom in that instance if they have sex with trusted a partner. It was found that 12 percent of clients reach-out directly to FSWs by paying extra money to Nyka (malkin) by and after that FSWs are forced to attend the same client under pressure from Nyka.

FSWs are at high risk for HIV as they have multiple sexual partners and the patterns of condom use with these partners vary considerably. All the FSWs were asked about their sexual behaviors with different male partners including who pay them and do not pay them

for not having sex. Occasional clients are those who FSW does not recognize as regular client, the client is unfamiliar, one time partner. While regular clients are those who FSW recognizes, as they regularly or repeatedly visit the FSW for sexual transactions and they can be her boy friend /lover, husband. 42% FSW who have Occasional client and 7% were those who use condom consistently. Consistent condom use was defined as FSW who use condom every-time while having sex in last one month. Only 22% FSWs used condom last sexual encounter. When we talk about regular client, only 12% of FSWs had used condom with their regular non-paying partner, out of this only 3% were consistent condom user. 42 FSWs reported to have unsafe sex with their regular partner.

Table 4- Perpetrators of physical violence as perceived by respondents (n=119)

Perpetrators of physical violence							
Clients	Husband	BF/Partner	Madam/Broker	Police	Other sex worker	Other(vendor)	Missing value
10	6	11	22(18%)	21	6	3	44

Table 5 -Frequency of physical violence

Physical violence	
once	54(45%)
2-5times	26(21%)
Never	38(31%)

In this study, most of the violent behaviours were experienced by the FSWs were from brothel members and police. Stigma and discrimination faced by FSWs was reported to be more experienced from family and friends, as compared to the health facilities. Respondents were asked if they had been hit, kicked, dragged, choked, burned in the previous year. 45% of FSWs reported physical violence mainly from madam (Nyka) or by broker (pimp). 30% of FSWs reported that they didn‟t face any violence in the last one year.

Sexual Violence

Table 6- Sexual violence experienced by FSWs (n=119)

Experienced of sexual violence		
Forced to have sex without condom	Forced to have sex several time after your denial	Missing values
24 (20%)	7(5%)	61(51%)

Compared with physical violence, fewer sex workers reported sexual violence. But these FSWs are more at risk of contracting HIV and STIs, as 20% FSWs reported to have forced sex without condom. 5% FSW reported to have sex several times after denial. Informing someone about violence is less common, most of the FSWs did not knew to whom to inform such types of violence. One of the finding in the qualitative method, FSW responded that *"we can handle our own, we don't want support from police."*

On being asked, that being an FSW if your family, friends or neighbor had treated you disrespectfully; and if they had felt that they were being treated differently (such as received less care, attention) than others in health facilities because. Figure 3 shows that more than 90% FSWs reported that they faced some kind of discrimination; they had been treated

disrespectfully by their family, friends and neighbor as compared to health facility. About 90% FSWs strongly agree that there was no discrimination faced by them at health care facilities.

Qualitative data

Data comprises of In-depth interviews conducted among six female sex workers and three programme implementers. Below are the findings of qualitative data generated based on thematic approach/ analysis, using indepth interviews:

Early life and context of entry into sex work

Most of the respondents reported that their native place is in Nepal or in Karnataka state. Majority of them admitted that their husband died in the earthquake and they were in search of a job and later ended up in sex work.

Main reason for entry in to sex work :

1. *Illiteracy*: The majority of female sex workers were illiterate as also found in the quantitative data. Due to poverty and lack of better better employment opportunities they reported to get into this profession (sex work), some willingly while others were traficked.
2. *Abandoned Relationships:* Participants described that being widowed, abandoned by their husband or having separated, divorced, they decided to earn their own livelyhood. One of the female sex workers said-
   "I came here at the age of 16-17 years, I got pregnant, I have three children to feed, my husband left me at a very young age. I came under Nyka(Malkin) whatever she ordered me, I have to do that only"-(VIO_BRO_Shant_7).
3. *Human Traficking for sex work:* Most of the underage girls were brought there through trafficking as told by one of the programme implementers during the interview. Also he informed that girls upto 16 years of age were kept under the supervision of a madam (their incharge), so nobody can get to know about their presence in the brothel.

The context of violence:

Workplace violence –Physical violence by madam and broker is found to be more prevalant. Because Nyka(Malkin) are client procurers, the client visits FSWs through them. Money is paid to Nyka first and then goes to sex workers. As a sex worker cannot admit this in front of her Malkin, one of the programme implementers quoted in his interview-

"one of the FSW reported to him, in Delhi when there was no hotspot other than GB road, she had to attend 50 clients in a day. The clinets were sent by Nyka. She had monopoly in sending the number of clinets" -VIO_Program_Sal

*"Major threat of violence is by their broker (Pimp) or Nyka(Malkin), they compel them in any condition to attend a client."-VIO_Program_Ree*Under such cricemstances the FSWs does not have negotiation power to decide the number of clients or the use of condom while having sex.

There are two categories of female sex workers –Lochi and Commission based FSW. Lochi category is under Nyka(Malkin) and commission based FSW directly comes through the manager. Lochi have to do everything according to Nyka(Malkin), even clients payment are not given directly to a sex worker. Nyka provides money as per the requests from FSW. And the Nyka were elderly Ex- FSW, who wants to earn money from the younger FSW. Even during illness or being on menstruation, no relaxation is given to FSW in attending the number of clients. Because of client offering some extra money to the Malkin/Nyka , they pressurize

for not using a condom with a client, causing increased risk of getting HIV and STIs infections.

Violence by intimate partner/Trusted partner

Experiencing physical and sexual violence by their trusted partner was reported as more frequent as compared to the normal client. *"One of the female sex workers reported that her husband is the owner of this brothel, after attending the client he does sexual intercourse against my will. If I deny doing so, because I am tired of attending so many clients, he pushed me against a wall and beat me up".*

Conflict and violence

On being asked that what kind of violence you faced in last one year? In response, sex workers told their stories about sex without condoms, police raid, physical beating by client, physical beating by their regular partner. One of the Nyka said –

" because she asked for the money inadvance he (clinet) refused to pay, then after an argument, he called 2 more people and dragged her to the room for the sexual intercourse."

Men's desire for unprotected sex and arguments over payment often triggered conflict, including threat, intimidation, and violence. Any complaint against client or other partner to the police resulted in physical/verbal assault with the FSWs. It was stated by FSW that **police was not supportive** for FSWs. One of them reported-

"During Police raid they came up in the morning, we all were very tired because we had worked full night, and when I questioned him why you always visit in the morning, he showed me his baton and said- "I will insert this in your asshole and will take me to the police station."

Also, another participant reported – *"During raid he took one girl with him, no one knows where she is. She never came back neither to her village nor to a brothel".*

One of the programme implementers and FSW reported that there are some **clients who give alcohol** to FSWs, so that they can have sex without a condom without the knowledge of FSW.They are treated as a slave if they are under madam or broker. They cannot deny to the client, nor asked for money. Because money was already paid to Nyka(Malkin). One of them said- *"I came under him jaisa bolega visa karna padta hai hmko, We are selling our body to get money nothing worse can happen more than this so we are not afraid".- VIO_BRO_Shant_7*

Mechanism to tackle violence

When asked to both the programme implementers and female sex workers about the mechanism for reporting or safegaurding FSWs against violence, the programme implementer responded, *"as such, there is no different committee or mechanism for mitigating with violence. If something major happens we inform the police to handle it, in their own way. We just make them aware about the risk of getting HIV and STIs. We are the medium to provide them support which is given by the government to them".*

Also, due to some misunderstanding now female sex workers hesitate to talk about violence with outreach workers or program implementers. They think NGO workers leaks information to police, that is why police raids are frequent nowadays to brothels. Brokers restricted entries of NGO workers in some of the brothels and they are not allowed to talk to them about violence and other issued related to the quality of living in brothels, personal details of FSWs.

"They don't get any training that how to tackle the violence"- said one programme implementer *VIO_Program_Ree*

When asked FSW the same question, three of them responded that they did not knew to whom to report, and the majority said that we tackle violence on our own. Police only bring trouble to us. They are not helpful. One FSW reported to inform doctor madam (from the NGO there) if something bothers us.

Quality of condom

Female sex worker complained to programme implementers that, "*condom distributed recently are not of good quality, there is no lubrication in it and we get hurt by it. So due to this issue, usage of condom decreased in the previous month."*

This show highly irresponsible behavior, due to late in delivery condom, usage decreases. A sex worker will do their routine job (sex work), some of them buy condoms from outside but the majority says they take condoms from NGO as per requirement. But when cheked with NGO there was no other quality of condoms available. One of the programme implementers stated that – "*The condoms which are supplied by the government are then made available to the FSWs at the respective brothels. FSWs informed that they entertain the client without a condom because they want money. Risk of getting HIV/STIs increases. Also from these many days, NGO outreach worker, counselor, work hard to aware them about contracting HIV/STIs, all goes down due to small mistakes like these."*

Increases the risk of contracting HIV and STIs

As this has biological importance that vaginal intercourse without any protection during menstruation increases the risk for the heterosexual transmission of immunodeficiency virus or other sexually transmitted diseases, A doctor from the NGO said in an interview *"No relaxation is given to them in the menstruation period. Also a pregnant woman of 7-8 months continuous to work till labor, so due to this practice chances of transmission of HIV to mother to child also becames high."*

"Mostly with a trusted partner they don't use a condom, so if the trusted partner is HIV positive they also become HIV positive"- VIO_Program_Sal. In complementation to the quantitative results, it has been found in the quliative data that violence increases the vulnerability of FSWs for contracting HIV and STIs.

DISCUSSION:

Thevulnerability of contracting HIV and STIs in female sex workers due to violence was explored. This included how violence indirectly relate to one of the causes such as the coercive behaviour of „Malkin" (Nyka, madam) compel FSWs to practice sex work without condom. The proportion of female sex workers who reported some kind of violence whether it is verbal abuse, physical assault or sexual violence at some time ranged from 30-45%. However, physical violence is more prevalent in settings like brothel, 45% of woman reported physical violence. The literature review also examined STI and HIV prevalence among key affected population including FSWs, and it has been found that one of the major route of HIV transmission is through sexual route. FSWs are one of the core transmitters of HIV and STI transmission among general population. However the prevalence of HIV has gone down among FSWs, but still she prevalence of HIV has remained concentrated among FSWs in addition to IDUs and Men who have sex with men. The spread of HIV and STI infections among sex workers is mainly related with sex work. And female sex worker are more prone, due to gender inequalities and stigma attached to them.

Much of the empirical literature form developed nations have suggested infections rates among female sex workers increases due to irregular use of condom with their trusted partners, in comparison to the consistent use of condom with clients. Our findings highlight the extent and varying forms of violence within the lives of FSWs as well as the impact of

this violence on HIV and STIs risk. Present study findings build on a number of studies documenting the link between experiences of violence by FSWs and increased unprotected sexual behaviors resulting in HIV and STI transmission.

General sexual behavior

The number of subjects who knew the methods of transmission and protective effect of condom (knowledge level) were higher, than the actual practice followed by female sex workers. More than 50% female sex workers reported to not using condom in last one month.

The main reasons highlighted by sex workers of not been able to use condom are:
Most of the respondents knew about the risk factors of not using condom but in practice condom use was low due reasons highlighted by respondents - client refused, client paid more for non use of condom as condom creates barrier, condom was not available, was afraid of violence, had forced sex by trusted partner, or condom of poor quality. 12% FSWs responded that the client paid more money to Malkin to force by FSWs to have sex without condom. And approximately same number of female sex workers (12%) reported that they did not use condom with their trusted partner such as husbands, boy friends. As one study which was conducted in four cities supports this statement by saying that they observed a tremendous difference in condom use with paying partners and non paying partners which is "condom use with clients and non paying partners (regular parners) in our study was higher than the reports from our neighboring countries."

Through qualitative study, reason came out to of this practice is, Nyka (malkin) which is more than 45 age, she is not sexually active in this profession. Her only source of income is young female sex worker under her, so she forced FSWs to have sex without condom because she is getting paid directly by client. Client perpetrated and husband perpetrated violence among female sex workers in Andhra Pradesh settings shows "The link between client-perpetrated and husband-perpetrated violence and accepting more money for sex trades without a condom provides some evidence of the possible contribution of economic factors in explaining the association between victimization and increased HIV risk behaviors (e.g., non-condom use during sex trades with clients to make more money)"(Elizabeth Reed, and Allison K Groves, 2016). Another argument for this kind of practice shown by a study which is on motherhood and risk for HIV and STIs among females sex worker in Mexico is - "FSWs with children were significantly less likely to use condoms consistently and more likely to accept more money for sex without a condom, suggesting that the financial burdens of motherhood increased HIV and STI risk behaviors" (Servin et al., 2017).

Second main reason of not using condom is due to their trusted partner, as through in-depth interviews many female sex workers and programme implementers reported that their trusted partner who are non-paying partners, sometimes forced them to have sex without condom. If female sex workers deny to have sex without condom they were physically assaulted by their regular partners. Some reported the reason of not using condom with trusted partner is that they believe their partner is faithful to them, which is like another emerging risk factor of contracting HIV and STIs need to be addressed through preventive interventions.

In general sexual behavior, one important aspect of indirect violence at workplace measured by (number of clients attended in a day) through quantitative study, average of client attended per day came out to be 7. Through thematic analysis, young and fair skin tone female sex worker attend more client in a day ranging between13-15 clients per day, as compared to darker skin tone females. Objectification of her body leads to discrimination within workplace. As per programme implementers, this number was even more when there were no other parlors for soliciting clients except GB road. At that point of time female sex workers at GB Road brothels used to attend 50 clients in a day, which itself shows poor health condition

of female sex worker and level of sexual, physical and economic violence faced by them through brokers and Nykas (madams).

Experience of physical and sexual violence

The experiences of FSWs in this study showed that sex workers face a double- but ultimately inseparable- threat of violence form clients and law enforcement agencies such as Police. These legal violations hinders in seeking help by FSWs in episodes of violence as perpetrated by their paying and non- paying clients, brokers, madams etc. Background of present study highlighted that implementation of law is obstructed by law enforcement agencies by denying help/ support to the sex workers and is a breach to their individual human rights. In real terms one of the the weaker section of society the „females sex workers" have to pay for all such violent experinces, in terms of paying money or by getting assaulted. This obstructs FSW from reporting perpetrators of violence and seeking legal help after physical or sexual assault. This study setting shows (GB road) , there were two police station, one police booth especially for woman candidates, despite of this setting, Female sex workers reported , no help was provided by police on complaints of violence form client or by local vendor. In reverse, police harrasses and demand for paying money by female sex workers and by their clients. Various study also observed that sex worker who seeks justice against perpetrators was pointless. Findings from another study which shows the association between Police related violence increase chances of contracting HIV and STIs. The study outlined that "police-related experiences are highly associated with HIV risk and violence in this sample of FSWs. There was a clear pattern of linkages between experiences demonstrating police power over FSWs and different indicators of HIV, sexual risk, especially self-reported STI symptoms, acceptance of more money for sex without a condom, and experience of violence from clients"(Jennifer Toller Erausquin and Elizabeth Reed, 2011). In response to this study, qualitative findings are- At GB road the role of police is minimum in preventing or mitigating with violence faced by FSWs as they don"t involve police in any situation as recorded in one of the interview by programme implementers as well as admitted by female sex workers. Police is only creating trouble for us rather than actually helping as informed by present study"s respondents. Police take money as bribe, for not arresting perpetrators of violence. In one of the reported incident by FSW that "*during raids, police arrested one girl by saying she is minor, she need to be send back at her place but in actual neither she returned to brothel nor at her home, nobody knows where she is kept or murdered."* Police violence against female sex workers is a worldwide phenomenon, regardless of whether sex work is criminalized or legalized (Lima et al., 2017). Other studies suggests- "As the qualitative synthesis demonstrates, in New Zealand, following decriminalisation, sex workers reported being better able to refuse clients and insist on condom use, amid improved relationships with police and managers"(L1 Plumridge, 2001)." Other research in this setting indicates that decriminalisation has the potential not only to reduce discrimination, denials of justice, and verbal abuse but also to improve sex workers" emotional well-being"(Platt et al., 2018).

Physical violence reported by brokers and madams is arround 22% which is like the highest in respect of violence perpetrated by husbands, boy friends, other fellow sex workers. This is because; expecting more money, economic scarcity plays a major role in these kinds of settings. Once you are above the age of 45 years or so, you have financial insecurity plus they have responsibilities of their children, which leave them with only option of earning, by the younger FSWs.

We also measure the depth of violence by asking, frequency of violence experinced in last year, which came out to be 54 FSWs (45 percent) faced physical violence (hit, kicked or dragged, choked, burned) at least once in previous year. This factor needs to be studied in

larger sample unit for better results. Because every study stated the violence from these settings, but depth of violence need to be measured for better interventions.

How sexual violence increase the risk of contracting HIV/STIs?
Our findings of sexual violence says, 20 percent of females sex workers reported to have forced sex without condom which increases FSWs risk of contracting HIV and STIs. 54 percent of respondents denied to provide information on this question due to the fear from madams and brokers present in and around brothel. Main reason came out for sexual violence through qualitative data was – as there is no mechanism in place to prevent and mitigate violence. Neither FSWs are trained to handle situation like these, intimate partners or clients take advantage by harassing FSWs for their physical pleasure. At GB road red light area, being one of the oldest settings for soliciting clients for sex work, FSWs have some power over clients. So client perpetrated sexual violence is not very common as compared to the sexual violence committed by FSWs own intimate partners. Many of them reported if they deny for sex with their husband boy friend, in case they are tired after attending so many clients, they at times beat them and have forced sex without condom. A systematic review found that 6.6% of female sex workers in India that had suffered violence in the previous year had been raped by the police(Francisca Sueli da Silva Lima, 2017) as well.

Stigma and discrimination- In this study, stigma and discrimination experienced among female sex worker is comparatively more by family members, neighbors, and friends in comparison to the healthcare delivery workers. Number of FSWs facing discrimination by family members, friends or neighbors is almost 90%, whereas at health facilities only one FSW reported that she ever faced disrespectful behavior by a doctor while seeking health care services. In qualitative study, when they asked about discrimination at health facilities one of the FSWs said, *"we mostly go to the private practitioners, if we are paying their fees why wouldn't they entertain us."*

Other studies highlighted the influence of stigma and discrimination faced by female sex workers regarding the access to HIV related healthcare services. "Sex work-related stigma was positively correlated with getting a recent HIV test. One explanation may be that sex workers may feel that they can better hide involvement in sex work from health care providers, but it is more difficult to hide an HIV status. Therefore, perceived stigma specific to sex work is not making women less likely to go for an HIV test"(King and Maman, 2013). "A recent literature review demonstrates that criminalization, stigma, poor working conditions, isolation from peer and social networks, and financial insecurity have negative repercussions for sex workers mental health"(Cunningham, 2018)

Mechanism to tackle violence
As our findings from the study suggest there is no proper mechanism yet established under the NACP to tackle violence faced by females sex workers. Programme implementers said – we only make them aware them about what violence is, but there is no specific committee or mitigation plan in place for handling these issues. One of the reasons is, as we discussed earlier, police is not helpful, other than police there is no government entity which can provide them a support mechanism. Also due to trust issues with outreach workers, now they don"t respond to violence related questions. Despite of many interventions conducted under National AIDS Control Programme on reducing HIV, but if there is no proper mechanism to tackle violence among female sex worker. Availability of free condoms alone is not going help in reducing the prevalence of HIV infection among key affected population such as FSWs. "A systematic review of violence against female sex workers in the world, examined the role of the sex work environment in promoting or reducing the risk of violence and found

that in India, female sex workers that worked in their own homes were less prone to sexual violence by clients than those who worked in brothels."

Another picture, which came out, was, that girls who are under age living in brothels almost came through trafficking. The age of girls at first sex was 13 year or even less in some cases, as reported by some respondents.

Findings denote that the violence against female sex workers have increased by factors which are related to discrimination, social inequalities and sex work itself. Discrimination experienced by FSWs was more at society level specifically by family, friend and neighbors was much higher than the discrimination faced at healthcare facility level. This may be treated as a positive response for the health seeking behavior of FSWs. But mostly, the FSWs make visit to private practitioners. FSWs were of opinion regarding stigma and discrimination related question that "if doctor is getting fees why will, they not provide us treatment." While interacting with the female sex workers at solicitation sites, we realized that many of them don"t have even time to have their meals.

Intake of alcohol also put them at risk of contracting HIV/STIs, questions related to alcohol use was not answered directly by any of the FSWs. Though during the qualitative data collection, one of the programme implementer and one peer educator reported that sometimes FSWs are not aware about the use of condom due to intake of alcohol. Intake of alcohol is sometimes deliberate to cope up with the challenging lifestyle they had and sometimes clients tricked them to have alcohol for not using condom. Finding from another study which is on substance use and HIV among female sex worker, shows consumption of alcohol by client and female sex worker compromise the ability of FSW to negotiate safer sexual behaviour by correct and consistent condom use. "Drinking in the context of sex work is particularly problematic given alcohol"s association with increased sexual risk-taking and higher incidence of physical abuse and forced sex among FSWs"(Servin et al., 2017).
Despite of many interventions conducted by National AIDS Control Programme on reducing HIV, if there is no proper mechanism to tackle violence among female sex worker, availability of free condom is not going to help to reduce the prevalence of HIV in key affected population.
Most of the sex workers in present study were from Nepal, Andhra Pradesh, Karnataka and Bangladesh. This may be due to the prevalent poor economic conditions in Nepal and Bangladesh. Most of the FSWs reported that being widowed, or being separated from their husbands has led them to choose sex work as a last option for their survival. Many FSWs also reported that they were trafficked to sex work. Another possible reason could be as study findings suggests, the objectification of female sex workers body, as clients come according to the fair skin of FSWs, their young age, so the girls from Nepal are more in demand because of their fairer skin.

Limitations

Our findings should be interpreted in light of several limitations. First, the data analysed were cross-sectional, restricted our ability to ascertain causality. The duration of data collection of approx. two moths was a limiting factor because the topic of present study was quite sensitive.

The brothel setting was also not free from fear caused by madams and brokers, in and aroundbrothel. This may has caused response bias because of social desirability of FSWs in the brothel setting. The recall period of last one year, one month and one week in some questions related to the sex work, violence and condom use was difficult to answer by the respondents. This may have caused recall bias.

Our study has inconsistencies while collecting data in presence of „Malkin" sitting next to the responded. Due to which FSWs were hesitating in giving their honest responses. We saw these narratives change after a relationship of trust and rapport that had been built by researcher while ongoing the data collection. For instance, in the second or third meetings, the narratives reflected a true story faced by them. Quite a few women did not knew Hindi and English proficiently. Language was one of the barrier in getting better responses. Fear of getting arrested by police caused not allowing audio recording of two interviews. This may have restricted principal investigator to obtain better quality of data. Though the interviews were noted down manually by using pen and note pad, but chances of leaving some important information increases.

In quantitative data, questions on anal sex had higher number of missing values as the rapport building for these kind of questions was needed more quality time, which was quite difficult to make in such short duration of present study.

Strengths and Recommendation

Finally, it is recommended that more qualitative research should be carried out for better understanding of high risk sexual and violent practices among females ex workers. Despite of these limitations, our study presents one of the efforts to find out the extent violence faced by female sex workers in brothel settings, which may increase their vulnerability of contracting HIV and STIs. Also this can be used as a baseline study for assessing more factors, which can show strong association between violence and infections like HIV and sexually transmitted diseases. Our qualitative findings shows there is no preventive and mitigating mechanism to tackle violence in such settings and hence the vulnerability of contracting HIV and STIs may increase. No training is given to female sex workers to defend themselves from violence incidents. These findings suggests, need for strong reinforcement for preventing and controlling violence among FSWs with the help of government and NGOs. Hence our finding support the potential positive impact innovative interventions targeting different type of violence among females sex workers interactions reduce HIV and STIs vulnerability.The evidence outlined by present study also highlights the need to identify and address the economic and socio-cultural factors and gender inequalities that promote a culture of violence against women worldwide through public health interventions.

REFERENCES

1. Addressing Violence against Sex Workers, 2013.
2. Agenda for zero discrimination for health care settings, 2017.
3. Divish Gupta, Simrat Ahluwalia, 2012. Sex Workers on G.B. Road: Economic Aspects and Prospects for Upliftment.
4. Flavia Zalwango, Lina Eriksson, 2010. Parenting and money making sexwork and women"s choices in urban Uganda.
5. Heise, L., Ellsberg, M., 1999. Ending violence against women.
6. Kartz, 2013. impact of HIV related stigma on treatment adhrence: systematic review and meta-synthesis.
7. L., Lima, F.S. da S., Merchán-Hamann, E., Urdaneta, M., Damacena, G.N., Szwarcwald, C.L., 2017. Factors associated with violence against female sex workers in ten Brazilian cities. Cad. SaúdePública 33. https://doi.org/10.1590/0102-311x00157815
8. Nagpal, A., Tajdar, A., Siddiqui, M., Hassan, M., Gaur, S., Hashim, M., 2017. Beyond the Brothels: A Qualitative Study of the Destitute Female Sex Workers of

ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed (Group -I) Journal Volume 11, Iss 11, 2022

Central Delhi Red Light Area. J. Geogr. Stud. 1, 26–36. https://doi.org/10.21523/gcj5.17010103

9. National AIDS ControlProgramme (NACP), 2014. IBBS report.
10. Sara Sethia, 2018. The Legality of Sex Work in India.
11. Sigsworth, E.M., Wyke, T.J., 2013. A Study of Victorian Prostitution and Venereal Disease, in: Suffer and Be Still Women in the Victorian Age. Routledge.
12. Suvakanta N Swain, Niranjan Saggurti, 2011. Experience of violence and adverse reproductive health outcomes, HIV risks among mobile female sex workers in India.