

## To Understand the Challenges Faced by Female Sex Workers in Seeking Health Care in Miraj town (Maharashtra)

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### Abstract

**Background:** Sex workers face challenges in terms of health, emotion, financial, and social because of their profession. Great majority of female sex workers tend to self-diagnose and seek over-the-counter medication from pharmacies or use traditional home remedies for sexually transmitted infections treatment rather than to visit health institution. Present study is conducted to understand the challenges faced by female sex workers in seeking health care.

**Methods:** 138 female sex workers aged 18-45 years in urban area of Miraj city and registered with NGO were purposively selected from the reference population. Information was collected on characters like age, education, duration of sex work, place of work, and monthly income, any illness in last one year, treatment taken for the same, place of treatment, and problems encountered in taking treatment etc. by using pre-tested and structured questionnaire and in-depth interview guide.

**Results:** Mean age of the participants was  $34.82 \pm 6.83$  years. Mean duration of sex work was 11.18 years. 68.11% respondents had no formal education. 43.48% participants experienced one or other illness during last one year

Challenges faced by the participants in seeking health care at government facilities included-unaware of health care facilities (10.86%), facilities far away from their place of work (15.94%), inconvenient OPD timings (26.08%) and inconvenient location of hospitals (9.42%).

Fear of revealing occupation secret (20.28%), fear of result (6.52%) and negative attitude of health worker towards the participants (34.05%) were the obstacles for not seeking health care from government health facilities.

**Key Words:** Female sex worker, sex work, sex trade, peer educator, STDs, HIV

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## Introduction

The Joint United Nations Programme on HIV/AIDS has defined sex work as the receipt of money or goods in exchange for sexual services, either regularly or occasionally<sup>1</sup> Sex work in India operates discreetly due to unfavourable legal environment.<sup>2</sup> Literature suggests that women who are involved in sex work are often forced, to engage in sex work against their will, due to economic reasons.<sup>3,4</sup>

As per recent figures, 8,68,000 women in India are currently engaged in sex work.<sup>5</sup> In India, there exist an intricate correlation between sex work and prevalent issues such as caste discrimination, poverty and gender inequality. Furthermore, practices like underage marriage and the dedication of young girls to sex work as part of religious traditions contribute to this complex scenario.<sup>6</sup>

Female Sex workers (FSWs) encounter challenges distinct from those faced by women in the general population while availing various social schemes.<sup>7</sup> The secret nature of sex work and stigma has restricted FSWs' access to various government services, including health and social services.<sup>8</sup>

Health interventions has often focused FSWs primarily as the recipients of prevention interventions for HIV and other sexually transmitted infections.<sup>9,10</sup>

In India, FSWs encounter severe stigma, exposing them to an elevated risk of communicable diseases and physical violence.<sup>11</sup> Factors such as HIV-related stigma, stigma associated with sex work, and the prevalence of STIs pose significant barriers for FSWs while accessing healthcare services.<sup>12</sup> Past negative experiences within the government healthcare system and knowledge of other FSWs unfavourable experiences serve as deterrents, discouraging them from seeking services at Anti-Retroviral Treatment centres.<sup>13</sup>

Studies have shown that service providers' judgmental and negative attitudes, coupled with a lack of confidence and the fear of being identified as sex workers, serve as obstacles hindering the access and utilization of health services for FSWs.<sup>14,15</sup> FSWs residing with family members or relatives are less inclined to visit or access healthcare, possibly influenced by the secretive nature of their sex work.

Additionally, FSWs in rural and semi-urban areas are less prone to seek STI treatment at NGO clinics, potentially attributed to the perceived inadequacy of services in those regions.<sup>16</sup>

With the above background, present study was carried out to understand the challenges faced by female sex workers in urban area of Miraj town registered with Sampada GraminMahila Sanstha (SANGRAM) NGO while seeking health care at Government health care facilities. The primary focus of this NGO is working with marginalised groups like sex workers to prevent HIV and gender-based violence, and to provide care and support for group members in need.

## Material and Methods

This was a quantitative research study conducted in Miraj Town, Maharashtra. Data collection was done from January to June 2023. Female sex workers aged 18 to 45 years who were involved in the sex trade for at least six months prior to the survey were the part of the study. The study employed the convenient sampling method, followed by a snowball-sampling technique. Thus during study period 138 FSWs were interviewed. A pre-tested and structured questionnaire and in-depth interview guide was used to collect data. A pilot study was conducted with 5 FSWs to test the questionnaire. Minor modifications of the questionnaire were made after the pilot to ensure that the words used were understandable and acceptable. The results from this pilot study are not included in the analysis. During study, information was collected on demographic characters like age, education, duration of sex work, place of work, and monthly income, any illness in last one year, treatment taken for the same and place of treatment. Their knowledge about clinical signs or symptoms of HIV, RTI/STI and Information about problems encountered in taking treatment was also obtained. Face to face interviews were performed in a place where respondents felt relaxed and confident to openly discuss the interview questions.

The study was approved by Institutional Ethics Committee of Government Medical College Miraj.

## Results

**Table 1: Age wise distribution of participants**

Age (years)	Frequency	Percentage
20-25	19	13.77
26-30	37	26.82
31-35	42	30.42
36-40	25	18.12
41-45	15	10.87
Total	138	100.0

Age wise distribution of the study participants is shown in table 1. Mean age of the participants was  $34.82 \pm 6.83$  years. No participant was below 20 years of age group.

25 (18.13%) participants were engaged in sex work since 1 to 5 years, while 101 (73.18 %) participants were engaged in sex work since 5 to 20 years. Only 12 (08.69%) were in the occupation for 20 years and more. Mean duration of sex work was 11.18 years

In the present study, 57 (41.30%) participants were married while 17 (12.33%) were never married. 41 (29.71 %) participants were either separated, divorcee or widow. 23 (16.66%) were devadasi (that means they were married to God) They were the victims of old traditions which pushed them into the profession as sex worker.

94(68.11%) respondents had no formal education. Only few i.e., 17 and 6 attended secondary school and higher secondary school respectively. Only two were graduated. The various reasons for not attending the schooling were - offering themselves to God, early marriage, parent's poverty, apathy as female child etc.

**Table 2: distribution of the participants suffering from common illness in last one year (n=60)**

Diseases	Frequency	Percentage
Skin infection	05	3.62
Pain /burning while urination/warts	03	2.17
HIV positive	02	1.44
Diabetes mellitus	02	1.44
Persistent cough	06	4.34
Common cold (URI)	21	15.21
Fever	34	24.63
Body ache	42	30.43

In the present study, out of 138 participants, 60 (43.48%) participants experienced one or other illness during last one year. Three (2.17%) participants suffered with reproductive health problems like pain in lower abdomen /burning urination and warts of which two participants were HIV Positive (table 2). Both these HIV positive participants were on ART (antiretroviral treatment) since 5 years. No problem identified in lockdown period for getting ART treatment. Two participants were diagnosed of having diabetes mellitus six months before and both were taking treatment from private practitioner. Out of these 60 participants, 44 consulted private practitioner identified by the NGO for medical care, 12 took self-medication and only 4 participants attended the government facilities for medical care

**Table 3: Challenges in visiting Government Health facilities for seeking health care(n=138)**

Challenges	Frequency	Percentage
Not knowing about health center	15	10.86
Health facility is far away	22	15.94
OPD timings inconvenient	36	26.08
Inconvenient location of hospitals	13	09.42
Fear of result	09	06.52
Fear of occupation secret disclosure	28	20.28
Negative attitude of health worker	47	34.05
Reluctant to attend health center	20	14.94
Don't care for symptoms	05	04.17

When asked about the challenges faced by the participants in seeking health care at government facilities, 22(15.94%) said that the government facilities are far away from their place of work. According to 36(26.08%) participants, OPD timings are inconvenient while according to 13(9.42%) participants the location of hospitals is inconvenient.15 (10.86%) participants said that they did not know about such health care facilities as these FSW are brought here for sex trade from other places like Nepal, Bihar, Karnataka etc. (Table 3)

According to 28 (20.28%) participants, fear of revealing occupation secret was one of the major obstacles for not seeking health care from government health facilities. Fear of result (after examination or laboratory testing) and negative attitude of health worker at government facilities towards the participants were another obstacles reported by 9 (6.52%) and 47 (34.05%) participants respectively in seeking health care at government facilities were. 20 (14.94%) participants were still reluctant to attend health center while 5 (4.17%) participants did not care about the illness they suffered.

When asked about the attitude towards action taking during illness, 18 (13.04%) participants felt that there was no need of treatment during illness as these illness subsides as its own, 21 (15.21%) felt that home remedies were sufficient and 22 (15.94%) relied on self-medication. 34 (24.63%) participants felt that they should go to government health facilities. 95 (68.84%) felt that they should consult private health services from nearby practitioner for the common illnesses as these private practitioners provide low cost treatment and the friendly reception.

Knowledge about route of transmission of HIV through blood transfusion, through sex without use of condom, from mother to child, from use of infected syringes and needles and wet kissing was known to 39.13%, 64.49%, 12.31%, 18.84% and 5.79% respondents respectively.

Lower abdominal pain, ulcer on the genital area, vaginal discharge, pain during intercourse and genital itching were the most common symptoms of STD according to 85%, 72.5%, 70.84%, 51.67% and 50% participants respectively.

When asked about the experience on the health facility 90% informed about their dissatisfaction about the health care services received from government health care provider. 10% participants informed that they felt discrimination in treatment after disclosing even their address. Hence most of them attend private practitioner identified by their NGO.

82% participants received health service information from peer educators, 12% received information from fellow friends, 5% from others sources (TV, customers,) and 1% had received information from healthcare provider during the visit.

All the participants regularly use condoms for sex. These condoms are distributed to them regularly by the NGO. The NGO working for these FSW provides health services and distributes condom to these FSW in collaboration with NACO.

90 percent participants were aware of treatment (ART) for HIV positive patients and its availability at government health center free of cost. But all participants get tested for hepatitis, STI etc every six monthly at private clinics.

60% participants said that separate health services should be made available near to their work area for 24 x 7 hours so that they could attend it as per their need and without any fear.

## Discussion

Several factors may contribute to individuals entering into sex work including economic circumstances, lack of alternative employment opportunities and social inequalities.<sup>17</sup>

Majority of our study participants are deserted / separated wives with or without family support. Even they did not reveal their profession to their family members. Such women may be brought to the city by procurers for the sex trade, or may fall into their hands after arrival if they have no connections in city to assist them in finding food and accommodation.<sup>18</sup>

82% participants in present study received information about health facilities and availabilities of health services from peer educators. Positive peer influence and community support can encourage individuals to seek healthcare. Ketkesone Phrasisombath et al. also mentioned that 44% received health information from peer educators, 34% from fellow friends, 26% from a pimp, and 26% from healthcare provider.<sup>16</sup> Peer workers and other outreach workers help FSWs to get benefits of the program e.g. free HIV testing, consulting for STI treatment, linking them with other social benefit schemes, providing free condoms to promote safer sexual practices etc.<sup>16,19,20</sup>

Most of the participants use condom during sex for protection against STDs and HIV infection and also for prevention of pregnancy hence no one had infected with STDs or pregnant during last one

year. The NGO with the help of NACO provides good quality condoms regularly that offer protection during sex to these FSW.

Almost all the participants take treatment in the private hospital nearby and a private physician visiting to peer educators' office fortnightly. Abel G also pointed out the same observation in his study that most sex workers have regular sexual health check-ups and most access their General Practitioner for both general health needs (91.8%) and sexual health needs (41.3%).<sup>21</sup>

People differ in their willingness to seek help from health care services. Some go readily for treatment others only when in great pain and in advanced state of ill health.<sup>22</sup>In our study 43.48% respondents reported general medical ailments such as fever, body ache, UTI, skin infection, diabetes etc followed by 2.17 % who reported to have a sexually transmitted infection including HIV. Similar findings are also stated by Bala Ritu et al in their study.<sup>23</sup>

In the present study no participant had revealed their identity at government health facilities as they were afraid of discrimination in treatment. The fear of judgment on the part of health professionals is a decisive factor for sex workers not to seek medical care or, when they do, not to reveal their profession.<sup>24</sup>

The study by Bungay et al. pointed out that sex workers do not reveal what they do in clinics for fear of judgments, discrimination due to their social position or for fear of the consultation being limited to STIs, reducing the focus on health problems not related to the sexuality.<sup>25</sup>

Challenges faced by the participants in seeking health care at government facilities included-unaware of health care facilities (10.86%), government facilities far away from their place of work (15.94%), inconvenient OPD timings (26.08%) and inconvenient location of hospitals (9.42%).

According to 28 (20.28%) participants, fear of revealing occupation secret was one of the major obstacles for not seeking health care from government health facilities. Fear of result (after examination or laboratory testing) and negative attitude of health worker towards the participants were other obstacles in seeking health care at government facilities by 9 (6.52%) and 47 (34.05%) participants respectively. Similar findings were also mentioned by various authors.<sup>14,15</sup>

The study participants were affiliated with local NGO. This NGO provides a range of services to support the well-being and empowerment of FSWs. It works to eliminate the stigma and discrimination associated to sex work. In addition to its central activity of condom distribution, it also plays a role in creation of awareness about HIV/AIDS and providing need based health services in the locality of participants. Due to this and to keep the occupational secret confidential, most of the participants avail health services from the private practitioner made available by NGO. They provide low cost treatment with friendly reception. This is one of the reason that very few participants avail health services from Government Hospital.

### Conclusion

To improve the health seeking behaviour of FSW, it is essential to implement strategies that reduce stigma, provide non-judgemental healthcare services, address economic vulnerabilities and create supportive environments. Health care service providers at Government health facilities should be trained to provide non-discriminatory, non-judgmental, and trauma-informed care to the FSWs. Creating safe and welcoming spaces where sex workers can access healthcare without fear of discrimination or exposure can encourage them to seek essential services. In the present study, data was collected from female sex workers who were available on the days of interview. The results may not be generalised to other FSWs because we have no assurance that our small purposive sample was an accurate representation of the total population of sex workers in the city. This study provided impetus for further research and valuable information that can be used when designing services and information campaigns for FSWs in this particular setting.

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**Ethical Clearance:** The study was approved by Institutional Ethics Committee of Government Medical College Miraj (Reference No. GMCM/IEC-2022/09 dated 06.09.2022)

**Conflicts of interest:** Nil

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