

Targeted Interventions to Improve the Health of Female Sex Workers in Amritsar: A Cross-Sectional Study

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Abstract

Introduction: Individuals working in the sex industry continue to experience many negative health outcomes such as sexually transmitted infections and HIV/ AIDS, owing to lack of knowledge, careless attitude, inaccessibility of contraceptives or practice of unprotected sex.

Aims/objectives: To assess the targeted interventions done to improve the health of female sex workers (FSWs) in Amritsar.

Material & Methods: This cross-sectional study, in 4 randomly selected hotspot areas under targeted intervention (TI) included 180 FSWs after obtaining written informed consent. We used one to one interview for collecting required information on structured questionnaire. The data was compiled using Microsoft excel and analyzed using EpiInfo07 by calculating proportions and inferential statistics.

Results: Age of study participants ranged from 19-45 years and most (66%) belonged to middle socio-economic class. Majority (73%) were in the profession for 3-5 years. Majority i.e. 98% underwent regular health checkups and HIV testing conducted by T.I. site. None was HIV positive. All FSWs (100%) were provided condom regularly by T.I. site. 85% reported to have knowledge about STIs. 95% reported regular conduction of health education programs by T.I. site.

Conclusion: Targeted interventions play a key role in conducting regular health check-ups of FSWs, imparting knowledge about STIs, its prevention and provision of condoms.

Key words: Female sex workers, targeted interventions, health check-ups, HIV testing, knowledge about STIs, condom provision.

Introduction

Individuals working in the sex industry continue to experience many negative health outcomes such

as sexually transmitted infections and HIV/ AIDS, owing to lack of knowledge, careless attitude, inaccessibility of contraceptives or practice of unprotected sex. As per the Integrated Biological

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Behavioral Surveillance (IBBS) conducted in 2014-15, HIV prevalence among female sex workers (FSWs) found to be 2.2%, which is eight times more than among pregnant women attending antenatal clinics (0.29%) as per HIV Sentinel Surveillance (HSS) 2014-15.¹ As of now, no specific health related program has been launched for sex workers although a major role is being played by National AIDS Control Organization (NACO) where National AIDS Control Programme (NACP) evolve and revolve around its twin objective of bringing about HIV prevention and providing treatment to people living with HIV including high risk groups (HRGs) such as female sex workers (FSWs).² NACP is a 100% centrally sponsored project³ which through the State AIDS Prevention and Control Societies (SACS) and various non-government organizations (NGOs) guides prevention programme at state, district and village level.² Under Punjab State AIDS Prevention and Control Society (PSACS), there are 59 targeted intervention project (TIs) in Punjab catering to the needs of various high risk groups out of which 32 are solely working for female commercial sex workers (FCSWs). Out of the 32 TIs working for FCSWs in Punjab, 3 are located in Amritsar.³ Apart from prevention of HIV infection, TIs facilitate prevention and treatment of sexually transmitted infections, counselling services to FCSWs, contraception provision, regular health check-ups, provision of legal support, Information Education and Communication (IEC) and Behavior Change Communication (BCC) activities and awareness on various health related issues are also linked to care, support and treatment services for HIV infected. All these services especially (counselling and health related) are provided through peer educators which are selected from within the high risk group (HRGs) for every hotspot.

Material and Methods

The present study was conducted in Amritsar under guidance of the Department of Community Medicine, Government Medical College, Amritsar. In Amritsar city, there are total 5 TI sites/ projects under PSACS. Out of the 5, 3 TI sites serve FCSWs and the remaining 2 cater to injecting drug users (IDUs). Out of these, one TI Site was randomly selected by lottery method, which came out to be All India

Women Conference (AIWC). The study population was selected from 4 out of the 10 hotspots under AIWC. 45 FCSWs from each of the selected hotspots were selected making a total sample size of 180. The study was planned to be conducted over a period of one year i.e. from 1st January 2020 to 31st December 2020 but due to COVID-19 pandemic and associated lockdown, the period of data collection was extended by 3 months.(till 31st March, 2021) Following inclusion and exclusion criteria were applied for the selection of study population:

4.4. a Inclusion criteria:

The FCSWs who:

- Gave a written informed consent,
- Were aged ≥ 18 years,
- Were registered with any of the three TI sites in District Amritsar, were included in the study.

4.4. b Exclusion criteria:

The FCSWs who were:

- Not available on third repeated visit,
- Deaf and/or dumb and/or suffered from any mental illness,
- Non-cooperative or not willing to participate in the study, were excluded from the study.

A written Informed consent was obtained prior to commencement of the interview. The interview of each respondent was held in a completely confidential environment with a one-to-one approach i.e. presence of only the interviewer and one study participant. No personal identifiers such as name and address were recorded, to maintain confidentiality. No invasive intervention was performed. For this study, a semi-structured questionnaire was developed keeping the aims and objectives of the study in mind.

The questionnaire consisted of following sections:

1. Section-I - socio-demographic profile of FCSWs.
2. Section-II - general health assessment including reproductive health.
3. Section-III - occupational profile and occupational health of FCSWs.

4. Section-IV - personal and social history of FCSWs.
5. Section-V - mental health and occupational stigma of FCSWs.

Data was compiled and analyzed using MS Excel and Epi info. For nominal, categorical and ordinal data, frequencies / proportions were calculated. For establishing association, chi-square test was used, where p-value of < 0.05 (on both sides) was considered to be statistically significant.

Observation and Results

Table 1: Distribution of female commercial sex workers according to their socio-demographic profile (N = 180)

Variable	Frequency	Percentage
Age-group (in years)		
18-25	31	17
26-35	117	65
36-45	32	18
Religion		
Hindu	84	47
Sikh	87	48
Others	09	05
Caste		
SC/ST	149	83
General	21	12
OBC	10	05
Family type		
Nuclear	132	73
Joint	48	27
Accommodation type		
Rented	37	21
Own	143	79
Education		
Illiterate	14	08
Primary	19	10
Middle	50	28
High	82	46
Intermediate & above	15	08

Table 1 shows that out of 180 FCSWs, majority i.e.117 (65%) were aged between 26-35 years whereas somewhat similar number were aged between 18-25 years (31; 17%) and 36-45 years (32; 18%), respectively.

Almost equal number of FCSWs followed Sikhism and Hinduism (87; 48% vs 84; 47%). As far as caste was concerned, most i.e.149 (83%) were from SC/ST caste. Majority i.e. 132 FCSWs (73%) lived in nuclear families and 143 (79%) in their own residences. Only 8% of the FCSWs were illiterate and 82% (147) had attained education up to middle class and above.

Table 2 shows the distribution of FCSWs according to their occupational profile where majority i.e. (147; 82%) entered the profession between the age of 18-25 years. The various reasons cited by FCSWs for entering the profession were need for money (99%), no other job option (42%), good and easy money (50%) and self-adventure (4%). Most of the study participants (91%), had been in the profession for more than 3 years. Majority (111; 62%) worked part-time in this profession whereas 38% (69) worked full-time. All 180 FSWs (100%) provided both oral and vaginal sex services. Majority i.e. 140 (78%) were married at the time of entry in the profession.

Table 2: Distribution of female commercial sex workers according to their occupational profile (N = 180)

Variable	Number	Percentage
Age of entry in the profession (in years)		
18-25	147	82
26-35	31	17
36-45	2	01
Primary reason to enter the profession (multiple responses)		
Need for money	179	99
Could not get another job	75	42
Good and easy money	89	50
Self-adventure / pleasure	7	04
Years in profession		
1 - < 3 years	16	09
3 - 5 years	131	73
> 5 years	33	18
Type of engagement		
Part time	111	62

Continue

Variable	Number	Percentage
Full time	69	38
Types of services (multiple responses)		
Vaginal sex	180	100
Oral sex	180	100
Marital status at entry		
Unmarried	40	22
Married	140	78

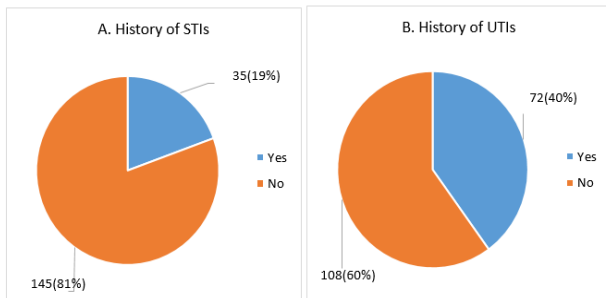


Figure 1: Distribution of female commercial sex workers according to history of sexually transmitted infections and urinary tract infections in their life time (N = 180)

Among all the study participants, 19% and 40% gave a history of STI and UTI, respectively (Fig. 1 A and B). All those who gave history of STI and UTI, took treatment for the infection.

Most i.e. 177 (98%) underwent regular health check-up at 3 monthly interval from Civil Hospital, Amritsar. The HIV test was conducted every 6 months at Integrated Counselling and Testing Center (ICTC), irrespective of the HIV status of female sex worker. (Fig. 2)

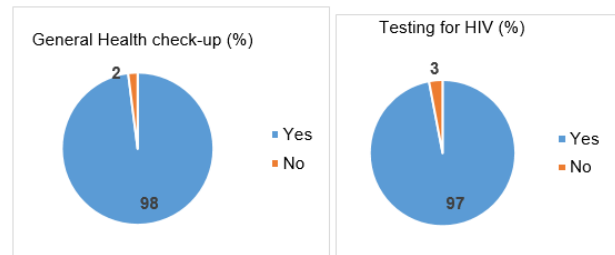


Figure 2: Distribution of FSWs according to regular health check-ups conducted by T.I. site (N=180)

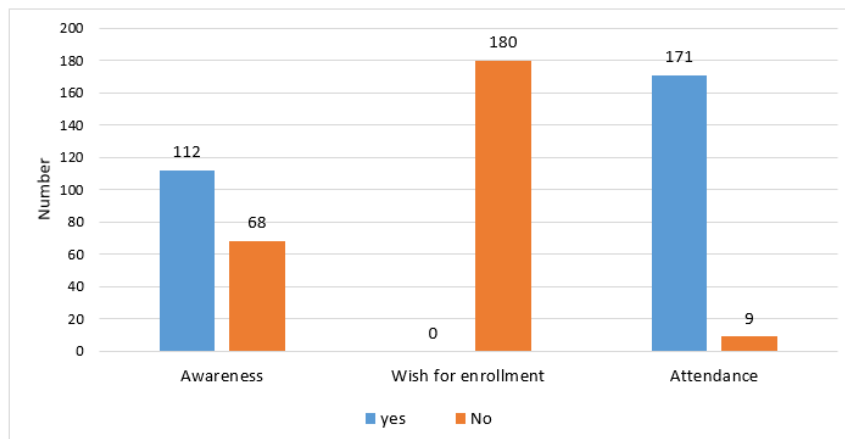


Figure 3: Distribution of female commercial sex workers according to knowledge, attitude and practices related to services provided and health education programs run by government and NGOs (N=180)

Among the study participants, majority i.e. (112; 62%) were aware of services provided by government for FCSWs. In spite of having knowledge about it, none reported wish for enrollment in rehabilitation programs run by various government and NGOs (fig. 3). However, 95% (171) reported attending health education programs run by government.

In the present study, 85% reported having knowledge about STIs and its prevention. Multiple

responses were recorded on asking about the methods of prevention such as condom use, abstaining from sex and avoiding multiple partners. All 100% FCSWs knew of condom use as one of the methods of prevention of STDs. Around 70% knew of sex abstinence as one of the methods of STD prevention.

Majority i.e. 85% of respondents had complete knowledge of benefits of condom such as STI/HIV prevention and prevention from skin diseases such as

syphilis and all 100% knew of prevention of unwanted pregnancy as one of the benefits of condom. All 180 female sex workers received condoms bi-weekly from the targeted intervention site, through the peer educator.

Discussion

In the present study, it was observed that the majority i.e. 65% of the FCSWs were in the age group ranging from 26-35 years whereas the remaining 17% and 18% were in the age group 18-25 years and 36-45 years, respectively (table no 1). Majority of the FCSWs falling in this age range i.e. 26 – 35 years, could be due to the fact that most women attain peak of their sexual activity in this age group. It is also a professionally profitable age as FCSWs of this age group are more in demand due to their young looks. Similar results have been reported by a multi centric study conducted in 22 districts from four high HIV prevalence states in India (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) which also revealed that majority of FCSWs were in the middle age group and 25% were in the age group of 18-25 years.⁴ It was observed that majority (82%) of the female commercial sex workers entered the profession in the age group 18-25 years (table no.2). A study by LA Kramer in Arizona showed the mean age of entry of FCSWs in the profession to be 23.⁵ This could be because of the fact that it is a vulnerable age in which girls can easily fall prey in the hands of commercial sex work due to various reasons such as want of easy and good money, bad company, self-adventure and pleasure etc. It was observed that majority (73%) were in the profession for 3-5 years and 78% were married at the time of entry in the profession.

98% of female commercial sex workers underwent regular health checkups, at 3 monthly interval from civil hospital in the city (figure 2). The checkup included general physical examination, routine blood tests and vaginal examination. The female commercial sex workers were subsequently provided treatment for any bodily complaints. This was majorly due to the awareness and active counselling imparted by the peer educators of the targeted intervention and partly due to the FCSW's attitude of self-care owing to the realization that any condition of ill-health might cause direct loss of clientage and daily wage in addition to health problems. The HIV test is mandatorily conducted at 6 monthly interval irrespective of the HIV status of the sex worker. The

routine health checkup and HIV test are conducted by the Targeted Intervention through Integrated Counselling and Testing Center (ICTC) under the guidelines of National AIDS Control Programme. With a considerably high proportion of female sex workers getting their necessary checkup, it can be assumed that female sex workers are imparted the necessary information and are repeatedly sensitized by the peer educators regarding their health and risks associated with their profession. The Targeted Intervention is definitely playing a crucial role in educating the sex workers regarding health. Another quasi-experimental intervention study conducted among Filipina commercial sex workers showed that HIV testing increased 86% from baseline to follow up and was significantly associated with higher HIV/AIDS knowledge.⁶ An association between regular health checkups and testing for HIV/AIDS was also seen in the current study.

Sexually transmitted infections (STIs) and Reproductive tract infections (RTIs) are important public health problems in India. The prevalence of these infections is considerably higher among high risk groups (HRGs) such as female commercial sex workers (FCSWs), ranging from 20-30%.⁷ In the present study, 19% of female commercial sex workers reported history of sexually transmitted infections which is in concordance with other studies on FCSWs of India in which the number of FCSWs having reported STI episodes was in the similar range. A qualitative study conducted to assess the psychological morbidity among female commercial sex workers at Victoria Hospital, Bangalore, showed 22% of their respondents were suffering from sexually transmitted diseases.⁸ A considerably higher proportion of FCSWs having knowledge about STIs and its prevention highlights the efforts being put by peer educators and TI in increasing knowledge of FCSWs and raising awareness on the same through repeated sensitization and sharing information. It shows that FCSWs realize that they are in a profession where they are facing repeated sexual exposures which could be a threat to these infections. However, no association between knowledge about STIs and socio demographic profile of FCSWs was found. Knowledge about STIs and its prevention also had no association with years spent by FCSWs in profession. In similitude with this observation, a community randomized trial regarding knowledge of STI symptoms among female sex workers in Peru showed the baseline knowledge of FSWs to be

90.6%.⁹ Another study conducted by R. Hemalatha et al among female sex workers in Andhra Pradesh showed that nearly 90% of FCSWs had heard of STIs and could correctly identify at least two of the most common STI symptoms.¹⁰ The knowledge about STDs and its prevention and benefits of condom was imparted mainly through peer educators of targeted intervention where sex workers were enrolled. The necessary efforts are being made by the peer educators in providing complete information to the sex workers regarding sexual health, STDs/HIV, its prevention and methods of contraception. Repeated trainings and IEC sessions are conducted by the Targeted Intervention in which detailed information regarding STIs, HIV and various other health depleting conditions are discussed. The training sessions also include giving FCSWs knowledge on condom types, its correct application and various benefits of condom. FCSWs are also routinely informed about various other contraceptive methods and their benefits but they are repeatedly sensitized on use of regular condom irrespective of any circumstance or condition. Majority reported attending health education programs and training sessions run by peer educators and targeted intervention site. FCSWs reported that these health education programs and training sessions were quite helpful in giving them appropriate knowledge on various health related issues associated with their profession. It was reported that peer educators make note of the FCSWs who do not attend health sessions regularly and repeatedly pursue and motivate them to do so by paying them personal home visits and informing them on the risks associated with this profession and informing them on the benefits of these health sessions.

Conclusion

Targeted intervention sites, through various interventions such as, conducting regular health check-ups, HIV testing and providing condoms play a key role in improving the health of female commercial sex workers. Information, Education and Communication (IEC) sessions conducted by targeted intervention sites, have significantly imparted knowledge to FSWs on various relevant health issues.

Conflict of interest: None

Source of funding: None

Ethical clearance: Ethical clearance was obtained from the institutional ethical committee of Government Medical College, Amritsar prior to the commencement of the study.

References

1. Pandey A, Dhingra N, Kumar P, Sahu D, Reddy DC, Narayan P, et al. Sustained progress, but no room for complacency: Results of 2015 HIV estimations in India. *Indian J Med Res.* 2017; 146(1):83-96.
2. Salve HR, Rai SK, Kant S, Raj Y, Reddy DC. Demographic and sexual behavior characteristics of men who have sex with men (MSM) Registered in a targeted intervention (TI) program in India. *World J AIDS.* 2015;5(03):256.
3. Punjab State AIDS Control Society Government of Punjab, India [Internet]. [cited 2022 Feb 4]. Available from: <https://punjabsacs.punjab.gov.in/>
4. Sharma V, Saggurti N, Bharat S. Association between general media exposure and sexual behavior among mobile female sex workers in India. *International Journal of Communication and Health.* 2015;15:60-8.
5. Kramer LA. Emotional Experiences of Performing Prostitution. *Journal of Trauma Practice.* 2004;2(3-4):186-97.
6. Chiao C, Morisky DE, Ksobiech K, Malow RM. Promoting HIV Testing and Condom Use Among Filipina Commercial Sex Workers: Findings from a Quasi-Experimental Intervention Study. *AIDS Behav.* 2009;13(5):892-901.
7. Shukla P, Masood J, Singh JV, Singh VK, Gupta A, Krishna A. Predictors of Sexually Transmitted Infections among Female Sex Workers (FSWs) in a City of Northern India. *Indian J Community Med.* 2015;40(2):121-6.
8. Pandiyan K, Chandrasekhar H, Madhusudhan S. Psychological morbidity among female commercial sex workers with alcohol and drug abuse. *Indian J Psychiatry.* 2012;54(4):349-51.
9. Kohler PK, Campos PE, Garcia PJ, Carcamo CP, Buendia C, Hughes JP, et al. STI screening uptake and knowledge of STI symptoms among female sex workers participating in a community randomized trial in Peru. *Int J STD AIDS.* 2016;27(5):402-10.
10. Hemalatha R, Kumar RH, Venkaiah K, Srinivasan K, Brahmam GNV. Prevalence of & knowledge, attitude & practices towards HIV & sexually transmitted infections (STIs) among female sex workers (FSWs) in Andhra Pradesh. *Indian J Med Res.* 2011;134(4):470-5.