

CHAPTER - II

REVIEW OF LITERATURE

The concept of prostitution is discussed in the earlier chapter. This chapter aims at giving an account of the literature reviewed by the researcher so as to develop an in-depth understanding on the subject. Literature on the concept of Lifestyle also has been briefly covered.

The conceptual and descriptive literature reviewed has been mainly covered in the Introductory Chapter. This chapter summarises the review of literature covering both field and library researches. Studies/researches in Indian setting are focused more as the institution of prostitution is highly influenced by socio-cultural factors in addition to the economic factors. Similarly, review of research studies conducted in the later half of the post independence India is described in greater details - of course - after presenting a brief account of literature in the earlier period. It must be noted that with the onset of HIV/AIDS, several micro level medico-social studies were taken up which mainly aimed at studying the sexual behaviour of the High Risk Behaviour groups. Sex workers and their customers were two such groups.

References are also made of important events like seminars and conferences and reports thereof. According to the researcher, the information, knowledge, experiences and opinions shared in such dialogue reflect the contemporary realities of the field and become important milestones from the historical perspective, and hence their inclusion in the review of literature.

Literature Review : Prostitution :

Though very few studies had been conducted in this field, after independence much attention was paid to this problem and many people have tried to express their views on this topic. In October **1950**, first All India Conference on Moral and Social Hygiene was held in New Delhi, in which various authorities presented their views on different aspects of prostitution.

Discussing the nature of the problem of prostitution, Dr. Freda Mukerjee from Delhi said, "Apart from a few cases of weak minded women whose urge for prostitution is constitutionally conditioned and who form pathological exceptions, the majority of women are driven into this sinister trade through economic forces. In other words, a society in which women are debarred from training and education is a fertile soil for prostitution The best methods, therefore, to abolish prostitution, are a careful bringing up of daughters and training them for an occupation - as only trained women are economically independent and free" (Mukerjee, 1950).

In the same conference while talking on 'Psychological and Social causes of Prostitution', Dr. Parin Vakharia pointed out that, "The real problem lies in understanding and helping the first two groups namely those that are victims of socio-economic conditions and those that suffer as a result of personality disorders" (Vakharia, 1950).

Some notes on legal aspects of the problems of prostitution were given by Dr. N.R. Madhava Menon in his article "Some Jurisprudential Perspectives on the S.I.T. Act" (Menon, 1950) in Social Defence Journal.

Smt. Premalata Gupta has discussed the "Role of Protective Homes and other Non-institutional Services for Rescued Women and Girls" in the same issue of Social Defence.

Due to the peculiar nature of the field, very few empirical studies have been made in past in our country on one or more aspects in the field of prostitution.

It was only after independence, that the first official enquiry in this field was undertaken by the Social and Moral Hygiene Committee, under the chairmanship of Mrs. D.R. Rao in 1954, appointed by the Central Social Welfare Board. It studied the sociological, moral, economic and commercial aspects of the problems and also studied the private institutions providing custodial care and rehabilitation services. The report of the committee was published in 1956.

In 1954, Mr. Vidyadhar Agnihotri made a study of prostitution in Kanpur, which is one of the industrial metropolis in U.P. This study was published under the title "Fallen Women".

In 1955, Dr. R.B.K. Jaykar also tried to collect information about prostitution. However, this work was not published, but it's reference is made by Punekar and Rao (1962). Till this time, the sociological background of the prostitutes was not given much importance.

It was in 1962 that "A study of prostitutes in Bombay was published by Dr. S.D. Punekar and Kamala Rao which was sponsored by the Association for Moral and Social Hygiene, Bombay. This study covered the details regarding family-background and the pre-disposing factors within the family set-up and the immediate environment of the common prostitutes as well as mistresses.

In 1965, A.S. Mathur and B.L. Gupta published their study "Prostitutes & Prostitution". Most of the cases included in their study were from U.P. It covered the study of working of the law on immoral traffic and institutions established under its market of sex and personal and professional life of girls and women in this profession.

From the Faculty of Socialwork, Baroda also, "A Pilot study of the women in the profession of prostitution in Surat city" was conducted in the year 1969 by

Miss Thrity Bhavanagri & Miss Rekha Desai. These were unpublished dissertations.

Similarly Miss Virbala Shah, in 1974 made a study in this field which was limited to the "Attitudes of Prostitutes Towards Clients". This study was conducted in Baroda.

'A study of Muralis dedicated to God Khandoba' was taken up by Shrivarkar (1974) as a part of her M.S.W. Dissertation. The major objective of the study was to explore the social, economic, religious and occupational life of Muralis. Data were collected at Tejपुरी and Bombay. The main reasons for dedication was the fulfilment of vows taken by parents and the destitution of girls. The practice of dedication was found to be more prevalent among scheduled castes and Dhanger communities. The majority were dedicated prior to their attaining the age of eight years. Most of them were illiterate. After dedication, Muralis leave their parental homes and lead a nomadic life with waghyas, and do not generally keep close relations with their families. Thus, waghyas control their life from childhood. Muralis were made to believe that they were married to khandoba and hence should remain single but may lead promiscuous life. Tradition sanctioned Wari and Jagaran as the main source of income which is supplemented by income from dancing in 'tamasha' and from prostitution. Muralis had no place in rituals of khandoba. Waghya is a boy dedicated to khandoba. They are allowed to marry.

Those who marry are called 'ghar' waghya and those who do not are known as 'dar' waghya.

Chhaya Datar (n.d) authored a research report titled "Reform ? or New Form of Patriarchy?" on the Devdasis in Border Region of Maharashtra and Karnataka. She argued that the process (of legal reform) was motivated by the patriarchal attitude rather than conviction towards liberation of women.. there was a discrepancy in the expectations devdasis had from the state and what state was offering to them under rehabilitation scheme.

Her study was focused on i) tracing down the history including history of legal reforms and ii) empirical data on 60 devdasis in and around Nipani area.

Based on her data, Datar recommended not to isolate devdasis as a special category for the government schemes. According to her, Devdasis shared their economic grievances with "single women either widows or deserted with children". She also suggested that the government should not take upon itself the task of abolition of the custom .

She also suggested that one can highlight the egalitarian elements in these traditions (e.g. freedom to go out, sing & dance in public, to drive out, zulva if he does not behave himself etc.) and make them proud of their practices instead of humiliating them by calling their practices as superstitious.

In 1978 Dr. Promilla Kapur authored “The Life and World of Call Girls in India”. This study aimed at exploring and analysing the early life history, experiences and life patterns of the ‘Aristocratic Prostitutes’ and thus revealed the motivating socio-psychological factors that played a greater role in their indulging into and continuing in this profession.

One year later, i.e. in 1979, a study on the prostitutes in the Metropolis of Calcutta was published in the form of an article in ‘Social Defence’ Journal edited by Dr. Kamal Mukerji which threw some light on certain social and psychological facets of prostitutes.

In the same year the writer of this research report - Leena Mehta took up a study of women in the profession of prostitution in Surat city. It covered the social, psychological and business related aspects and also presented the comparative picture of changes that had taken place during the decade in some of the aspects based on the findings Miss Thrity Bhavanagari’s pilot study. This was as a part of her dissertation work.

Dr. Surendra Singh, while commenting on the problem in our society, has noted in the words of Brij Mohan -

‘The vast majority of Indian prostitutes belong to the economically backward and socio-culturally down trodden class of women and girls whose suffocating life situations have forced them to take up this nasty profession unwillingly, helplessly and unavoidably’ (Singh 1976).

The book titled “Sex Offences in India and Abroad” by Paripurnanand Varma in 1979 contained a chapter on prostitutes and prostitution. Mainly a compilation of the work of foreign and Indian writers, the work threw light on the concept of prostitution, its historical perspective, important statistics. The quotations of prostitute’s views and 19th century songs of East London interestingly reflected the psychology of sex workers and the users of their services.

In 1983 Biswanath Joardar wrote “Prostitution in Historical and Modern perspectives”. According to him, this book was an outcome of the extension of his doctoral research work on prostitution. Giving a brief world history of prostitution, the book also focused on history of prostitution in India and specifically in Bengal.

The empirical aspect of the problem has been explained based on Joardar’s field work in North Greater Calcutta, covering seven red-light areas under six police stations, while the total number of prostitutes interviewed for in depth study was 200. The study included description of social characteristics of prostitutes, brothel management, customers and pimps. It also explored their self image and socialization.

In 1984 a survey was conducted by the Tata Institute of Social Sciences at national level. According to this survey, the total number of prostitutes in India

was 20,86,000. They were spread over in 17 states. The Maharashtra State topped the list with the highest number of prostitutes which was 3,50,000 (Akhil 1990).

Around this time, this unfortunate section of society had started seeking attention of people and professionals started realizing the need for prevention of prostitution and also for the welfare and rehabilitation of prostitutes.

Dr. I.S. Gilada while presenting a paper as 'Devdasis - a link between religious custom and child prostitution' at the fourth National Conference on Women's Studies at Andhra University on Dec. 1988, stated that the girls dedicated as devdasis formed 15% of total women in prostitution in India and urged for global pressure, media campaign and organizational support to initiate the beginning of the end of devdasi system.

Sister M. Rita Rozario R. G.S. authored a book titled 'Trafficking in women and children in India (sexual exploitation and sale)' in 1988. The research work was supported by Joint Women's Programme.

The major objective of the study was to bring to light the mechanism through which helpless girls are trapped in to the world of prostitution. The specific objectives included ascertaining mode of entry, recruitment, the process of victimization prior to initiation in to the flesh trade, discovering the trafficking pattern of women and children in flesh trade and identifying persons directly

responsible for the initiation, maintenance and promotion of sexual exploitation and sale.

The research, originally confined to Karnataka state, was later thrown open to the whole country. 35 expert professionals from the fields of sociology, psychology, social work etc. helped in data collection. Being a time bound exploratory study, a purposive sampling technique was used. Clusters - like red-light areas, highways, devdasi and basavi belts were identified randomly from where data were collected. A.P., Bihar, Karnataka, Maharashtra, Orissa, Tamilnadu, U.P., W.Bengal states and U.T. of Delhi were covered by the study.

The report findings contained various flesh triangles, market of the flesh trade centres of transit, supply and demand places presented through pictorial sketches. Most respondents (88.2%) were illiterate and majority were from Hindu - SC/ST groups, and inter-state migrants. The sale price of a women / girl ranged from Rs. 400 to 3000/-. Bombay was found to be the largest flesh market of India.

In 1989 Dr. K.K. Mukherjee published a book titled 'Flesh Trade : A Report'. The study identified flesh trade prone areas and described socio-economic background of victims and their life in flesh trade. It also explored the factors contributing to the occurrence, perpetuation and continuance of flesh trade and offered suggestions for the rehabilitation of victims of flesh trade. To enable the reader to understand the realities the book also contained case studies.

Dr. Mukherjee categorised - conclusions and Suggestions of his study in to three groups : (1) Functionaries of the trade, (2) Trade management and (3) Measures for prevention and control of the trade.

The findings of Dr. Mukherjee's were : The victims were a heterogeneous group which included - (a) common prostitutes who depended solely on sale of sex and (b) singing and dancing girls referred to as 'tawaifs' or 'baijis' whose dependence on sale of sex for survival was only partial. Victims belonged to the lowest socio-economic groups and hailed from socio-economically backward areas. Villages of Agra, Allahabad, Barabanki, Hardoi were among the 100 villages of 48 districts of Uttar Pradesh identified as flesh trade prone areas by the study. Persons other than the victims represented the major interest groups. The adverse effect on the total personality of victims made her misfit for any other sphere of life, leaving her fit only to continue with the trade.

The clientele of flesh trade too formed a heterogeneous group coming from different social strata. The study categorised clients in to three groups : Men separated from family, visiting women to release their sexual urge e.g. labourers, army or police personnel etc. The second group was mainly of tourists and the third type of customers used flesh trade as a means to achieve their goals either in business, profession or politics.

The procurers, brothel keepers, pimps, intermediaries and touts were described as 'the masters of the trade' by Dr. Mukherjee, 'who derived economic benefit and power out of the trade'.

The study found that a two tier control system existed in the flesh trade management and every effort was made to protect anonymity of functionaries. The trade mechanism depended on the steady supply of girls and customers. The business went on round the clock, and season played an important role in the trade.

Regarding prevention and control of the trade, Dr. Mukherjee concluded that though there were ample legal provisions, improper implementation and inadequate rehabilitation measures made prevention and control of flesh trade more difficult. He noted that conditions in the protective homes actually enabled growth of lesbianism. Voluntary efforts - both organizational and individual had their own limitations in this field. Police and others who were entrusted to deal with the problem gave lowest priority to it and saw no need to suppress it.

The recommendations of the above study clearly differentiated between 'flesh trade' and 'trafficking', and were based on the assumption that flesh trade can not be wiped out from society while trafficking can be done away with. Long-term measures like increasing awareness, literacy, employment and health facilities were suggested for abolishing the trade whereas for prevention and control, relatively short-term, result yielding processes were suggested which

sought to improve law implementation, rehabilitation processes and to increase involvement of voluntary agencies.

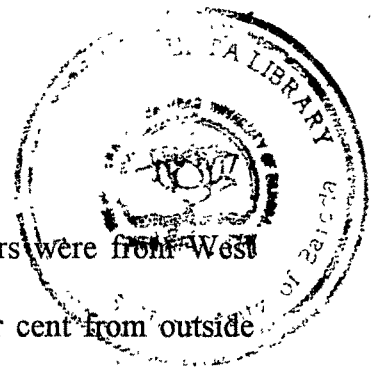
A national workshop on prostitutes and their children was held at New Delhi on May 28,29, 1990. Of the papers presented in this workshop, papers on the “Health status of the prostitutes and their children” by Dr. Amla Rama Rao and on “Critical analysis of existing law relating to prostitutes” by Dr. Hira Singh were noteworthy.

In 1990 A research based article on ‘Causes of Prostitution and Methods of Prevention’ by Abhijit Dasgupta was published in Social Welfare Journal.

The said study was taken up in 1987-88 on behalf of a Calcutta based NGO called ‘Development Dialogue’ concerned about negative effects of rural women’s migration. The two hypothesis underlying the research study were :

- i) In the Post Independence Indian context, prostitution was purely a labour supply-demand phenomenon and
- ii) therefore social hygiene oriented interventions were bound to fail in increasing influx of rural women to urban brothels.

It covered 6,698 prostitutes in 408 premises in eight recognised brothel areas of Calcutta and excluded call girls and clandestine prostitutes.



The findings revealed that 73.8 per cent of sex workers were from West Bengal, 13.8 per cent from outside West Bengal and 12.4 per cent from outside India viz. Bangladesh and Nepal.

The original stimulants to migration resulting in to prostitution were identified as poverty and lack of respectable economic alternatives back home.

The writer suggested starting income generating activities and creation of short-stay homes and shelter homes as immediate intervention strategy. Long-term measures suggested included preventing child marriage, and raising legal literacy level.

In 1990, after a gap of a decade, the researcher (Leena Mehta) again took up a study on a small scale on 'Prostitution in Surat City' as a part of the University Minor Research Scheme. The purpose was to update the data on the red-light area of Surat and to observe the trends in the flesh market.

It was found that till 1990, the majority continued to be of Marathi sex workers professing Hindu religion. Majority of sex workers were unmarried and were illiterate. Poverty, ill-treatment by family members in case of married women and lack of social support in times of need were the major causative factors.

The study strongly recommended intervention by state authorities mainly in terms of legal aid, welfare and rehabilitation and medical facilities.

In 1991, A sample survey was conducted at the initiative of the government of India by C.S.W.B. in the six metros - Bombay, Delhi, Calcutta, Madras, Hyderabad and Bangalore revealed that at the time of entry 15% of the prostitutes were in the category of children and another 24.5% were minors. Economic distress was indicated as the major cause of entry in to flesh trade (N.C.W., 1996).

In January 1991 a paper published by Dr. Pawar attempted to examine “the extent of prostitution enforcement of the I.T.P. Act and recent amendments in the Act” (Pawar 1991). The paper discussed at length the legal aspects of Immoral Trafficking before and after the amendment in 1986. According to the author, the changes, though well intended showed little impact in terms of total registered cases, arrests and convictions. Thus, legal approach alone was not an appropriate strategy to abolish and prevent the obnoxious practice of exploiting and trafficking in girls. Pawar also questioned the laws’ attitude towards customers in addition to that of traffickers and brothel keepers.

In the same journal Ms. Priti Patkar’s (1991) paper illustrated from actual field experience the miserable plight of the girl children in the red-light areas of Kamatipura, Bombay. Reference was also made to the toothless legislation and the need to initiate social work intervention. Her observations are narrated at appropriate place later and hence not mentioned here. An unpublished

Dissertation of Ms. Patankar from Faculty of Socialwork, too probed in to the conditions of sex workers of Kamatipura, Bombay.

A book titled 'Night birds' was published in **1991**. It was authored by K. Lakshmi Raghu Ramaiah. It was focused on Indian Prostitutes from Devdasis to call girls. Describing the factors that drive women to prostitution, she wrote :-

“All recent researches have proved baseless, for there are two myths that have been associated with the continued existence of this profession that the majority of prostitutes are prostitutes because they are nymphomaniacs where pathological sex craving makes them happy in the profession, that they are women with an insatiable hunger for men An equally hollow concept is the belief that poverty is the only factor that drives women to red streets ---- . The circumstances are created by the mind - by their ambition to live beyond their means”.

In other words desire to go after easy money was an equally important factor according to K. Lakshmi which lead women to take up sex work. According to her, the desire for easy money is more evident in the call girls and upper class counter parts of the street walkers.

In **1992**, Protection of women in Moral Danger (A study of Trafficking in women in Rajasthan) was written by Dr. B.S. Bedi. The study covered both rural and urban, traditional and clandestine, casual and committed (institutionalized) prostitutes in Rajasthan. the respondents were contacted from city and rural,

Udaipur, Dist. Tonk and Dholpur. Apart from studying the personal and family background of respondents and other trade related aspects, it also aimed at evaluating governmental efforts to check flesh trade, to assess the role of voluntary organizations and at studying the likely nexus between child marriages and prostitution.

Dr. Bedi's action plan covered the following recommendations :

- i) Special component plan for the development of communities that were traditionally involved in prostitution.
- ii) Strengthening of organisational structures to promote policy formulation, programme planning and co-ordination of women development, welfare and protective programmes at National, State, District and grassroot level.
- iii) Effective implementation of the related legislation for the protection of women.
- iv) Effective administration of institutional services both for the victims of immoral traffic as also for women in distress and in need of temporary shelter, protection and care in the absence of which there might be fear, she may not be way laid to prostitution.
- v) To strengthen protective machinery as may be easily available to needy women without any inhibition and embarrassment, and

- vi) General recommendations covering other areas including rehabilitation of middlemen, sex education and family counselling, adult education programmes, protection of women workers in unorganized sectors and welfare programme for women in distress.

In 1994 a book titled 'Devdasi Cult - A Sociological Analysis' authored by Jogan Shankar was published. It was based on his research work conducted during 1988. The study utilized a blend of historical method along with empirical and ethnographic tools. Over and above using secondary source material, field based data was generated through participant and non-participant observation, semistructured schedule, genealogies, life histories and case studies and formal and informal interviews.

The study described in details the genesis and prevalence of Devdasi cult and presented a profile of Devdasis of Yellampura village. The most interesting part of the study is detailed verbal description of the dedication ceremony, initiation ceremony and deflowering ceremony.

In 1994-95 a nation-wide survey of the HIV/AIDS related high risk behaviour groups was conducted by NACO, Delhi. Commercial sex workers and their customers were included in the six categories of high risk behaviour groups. In Gujarat Surat, Ahmedabad, Rajkot and Vadodara cities were covered by this survey. Unfortunately, the consolidated report of Gujarat state was not accessible.

However, qualitative data on sexual behaviour and sex workers' profile from the city of Vadodara were available as the researcher - Leena Mehta - was one of the team members along with two senior team members - Mr. Anil Navle and Ms. Thrity Vaswani. Their report mainly identified presence of street walking sex workers and call girls in Vadodara city as well as the place and modes through which they operated.

The survey team from Surat consisted of Dr. Desai, Dr. Kosambia and Dr. Gupta from the Preventive and Social Medicine Department of Government Hospital, Surat. the socio-cultural profile of sex workers presented in their report revealed the following facts:-

1. The red-light area of Surat had 30 to 40 brothels through which 350-400 active sex workers were estimated to practice flesh trade.
2. Sex workers were from the age group of 16 to 45 years, majority fell in the age group of 22 to 40 years.
3. 75% of them were Maharashtrians, followed by Nepalese (17%). Local sex workers were very few in number (little more than 1%).
4. 95% of sex workers were Hindus.
5. Their clients mainly came from low socio-economic class, usually skilled/unskilled workers from textile and diamond industries.

6. The upper class clients preferred to avail their services outside the red-light areas, usually at a near by tourist places like Ubharat, Hazira or Dummas.
7. All sex workers denied practice of oral or anal sex. Normal vaginal intercourse was their commonest services. Occasionally they agreed to masturbate the clients on demand.
8. The study made a reference of a survey conducted in 1992 of Surat Red-light area by centre for Adult Education, S.G.U. The researcher tried to get a copy of the said report but could not succeed in doing so.

In 1994 Ms. Sutapa Bhattacharya, programme officer and Mr. S.K. Senapati, Research Director of CINI -- Child in Need Institution -- published an article on 'Sexual practices of the sex workers in a red-light area of Calcutta' in the Indian Journal of Socialwork.

Their study aimed to collect qualitative data on the sexual practices of sex workers for understanding their sexual behaviour based on which AIDS prevention strategies could be planned. It covered 300-400 sex workers residing in Rambagan area located in Northern part of Calcutta. Initially information on various terminologies was gathered through step-wise ethnographic exploration method, informal talks, mapping, benchmark survey through a brief structured schedule and interviews, case-studies and focus group discussion techniques were used. To

overcome sex workers' inhibitions in discussing their sexual practice, tricoloured self monitoring cards were used - each colour indicating vaginal, oral or anal sex.

The findings revealed that out of 75 houses, 45 houses had 414 sex workers who were catering to the needs of low and middle income group customers. Three categories of sex workers were identified :-

- i) Permanent category: those who were engaged in business and were permanent residents of the area.
- ii) Fixed-flying category : those who came from outside and operated in the area, and went back after the day's earning.
- iii) Flying category : women who came with clients picked up from other areas and used the rooms on rental basis per 'shot' (sexual act).

Majority of sex workers hailed from rural areas. Others were migrants from neighbouring Indian states or Bangladesh. 70 percent were Hindus.

The rates for ordinary sex workers ranged between Rs.15 to 35 per client for 15 to 20 minutes of services. The minimum rate for overnight services was Rs.200/-.

Economic crisis was the main reason for their entry.

The data from self monitoring cards of 100 sex workers revealed that :

- i) The average number of sexual encounters per week per worker varied from 12.3 to 29.

- ii) The average number of clients at the end of the month was less compared to that at the beginning of the month.
- iii) More than 89 percent of sex workers engaged in peno-vaginal sex.
- iv) about 10 percent of the sexworkers reported practising oral sex (locally termed as 'Fanoy' or 'sucking').
- v) The incidence of anal sex was as low as 0.4 percent.
- vi) Awareness about and practice of protected sex was low among the respondents.

The strategies suggested as an outcome of this research were :

- i) Developing IEC materials like flip charts, flash cards, posters, video. These need to be developed through community involvement.
- ii) Individual/group counselling through peer educators.
- iii) Participatory approach for training and orientation.
- iv) In depth research linked with interventions.
- v) Identification of appropriate methodologies of data collection on sensitive issues.
- vi) Process documentation of intervention strategies for identifying gaps and taking corrective steps.

The above research study is an important contribution in the field as it has successfully used the qualitative methodology and participatory approach in an Indian setting.

Rao, Nag, Mishra, and Dey (1994) in their paper titled “Sexual Behaviour Pattern of Truck drivers and their Helpers in Relation to Female Sexworkers” presented and analysed the data on sexual behaviour gathered from a sample of 100 truckers passing through Uluberia check-post in West Bengal during October to December 1993.

The Uluberia check-post is located at 55 km. west of Calcutta. The study observed that to satisfy trucker’s needs, informal sex markets had grown up in various points along the highway. The ‘Dhaba’ owners sometimes worked as brokers and facilitated the illicit sexual encounters. Often sexual acts took place inside the trucks.

The researchers initially used focus group discussion methods and later used personal interviews of respondents for data collection.

It was found that truckers at Uluberia were predominantly natives of Punjab, Bihar and Uttarpradesh. Their age ranged from 15 to 45 years. 62 out of 100 truckers were literate but none had any college education.

Majority reported their first sexual encounter between 15 and 19 years of age. 97 admitted about their visit to female sex workers. The most common

reason for visiting sex worker was 'inability to control the desire for sex'. Others explained consumption of hot food in Dhabas and 'body heat' generated by driving as the factors which led them to contact sex workers. 'Peer pressure' and 'matrimonial disharmony' were reported as other factors.

Their payment to sex workers for a single visit ranged from Rs.10 to 30 on the highways and Rs. 50 to 500 in red-light areas. Punjabi drivers were charged higher than usual rates as with them the sexual act did not end fast. Majority of respondents reported three to seven visits per week.

Among the sexual techniques practiced, most truckers revealed indulgence in penetrative and vaginal sex with wives and sex workers where as oral and anal sex with other truckers in which the 'khalasis' (cleaners) played the passive role. Use of condoms was infrequent.

84% reported history of illness, similar to the symptoms of S.T.Ds. Only 13 truckers had full awareness regarding AIDS.

The study indicated urgent need for AIDS/STD prevention programme and scope for further action research programme.

In 1994 Ms. Mer conducted a pilot study of commercial sex workers in the Rajkot, Gujarat red-light area as a part of her M.S.W. study under the guidance of researcher, Leena Mehta. The study (unpublished) covered 63 female commercial sex workers and was exploratory in nature. Its findings revealed that majority of

sex workers were unmarried, were Hindus and were illiterate. Presence of Nepalese girls was noted, non use of condoms in clients was rejected by 40% of sex workers. The rates in Rajkot flesh market were highly fluctuating. Their legal and health awareness levels were found to be quite low.

Frequently, they had to pay 'Haptas' or protection money to the police as well as to the local antisocial elements. The study pointed out need for socialwork intervention in terms of legal aid and health awareness.

Shri S.K. Ghosh (1996), who retired as Inspector General of Police, Orissa in 1969 published 'The World of Prostitutes' in 1996. The work is carried in two volumes and contains socio-economic origins and modes of prostitution prevailing in more than forty countries of the world. They also describe the role of State and present a detailed review of international organizations and instruments/conventions dealing with traffic in persons.

The information compiled in the volumes also include views expressed and papers presented by eminent sociologists, psychologists, professors, social reformers and representatives of Governments of different countries at the 28th Vienna International Congress, IAF (International Abolitionist Federation) and the 29th Stuttergrat International Congress, IAF.

The researcher benefited a lot by reading these volumes. The information on specific topics have been quoted at appropriate places and hence not included in detail in the review of literature to avoid unnecessary repetition.

Adele Weiner (1996) authored an article on 'Understanding Social Needs of Street Walking Prostitutes' in the International Journal of Socialwork.

The article discussed and analyzed data collected from 1,963 female prostitutes from five boroughs of New York city - covering information on demographics, family and living arrangements, sex and drug practices, HIV status and risk reduction practices and health histories. But the more relevant aspect of the article was details of the out reach programme - a mobile outreach van providing HIV counselling and testing and distributing condoms, bleach kits for needle cleaning and HIV prevention information to street walking prostitutes through out the five boroughs of New York city.

In concluding remarks, the author hoped that social workers were encouraged to look for creative ways to provide outreach and develop relationships with a vulnerable population - usually preferring to remain concealed.

In 1997 a case study research-cum-field action programme was conducted by M.S.W. trainees of Faculty of Socialwork under Researchers' supervision on street walkers of Vadodara. The unpublished report was compiled by Mehta. The study reveals that in Vadodara, streetwalking sex workers are mainly found in

Mangalbazar and Sayajigunj area. They became active from afternoon hours and worked late night. Many of them entered flesh trade at a young age either out of economic necessity or as a consequence of frequent sexual abuse. Their rates ranged between Rs.60 to 100 per customer out of which about one third amount was paid to the lodge owners who provided space for the sexual act.

Roma Deabrata written "The Lost Childhood" (1997) was a report of the study on child prostitution in Delhi. The report was published by the National Commission for Women, New Delhi and claimed to be the first survey study of its kind in Delhi.

Data were collected from 1400 respondents from six different areas of Delhi.

Direct and indirect field observation conversation, questioning, interviews were the techniques used by the researchers. The unusual part of methodology was of collecting information 'by enacting as clients, sales representatives, astrologers etc.' (Deabrata, 97) It seemed that the ethical issue of obtaining 'informed consent' of the respondents was perhaps overshadowed by the zeal of collecting genuine - first hand information ! The data intended to identify child prostitution in Delhi, its extent and causative factors. The findings of the study lacked specificity except that the case studies could explain to some extent the modus operandi of the traffickers.

Martha Mensendiek's (1997) article on "Women, Migration and Prostitution" was published in International Journal of Socialwork.

Alarmed by the rising number of south-east Asian women in prostitution - mainly in Thailand, the author attempted to explore the reasons behind migration of women from rural areas of Thailand in to the cities, often in to prostitution. Trying to tie the issue of prostitution to environmental and development problems in Thailand, Mensendiek argued that prostitution was the outcome of numerous interconnected problems affecting women in developing countries and illustrated how development had detrimental impact on women. She also linked it with the socio-cultural implications of Thai Society.

In her concluding remarks, Mensendiek said that women have suffered by the changes brought about by environment degradation, development and tourism and urged that the field of social work must concern itself with the issue of prostitution as an international social issue, and challenged professionals to become a visible part of the network of organization addressing the issue of prostitution.

In February 1997, the Maharashtra Journal of Socialwork published a report of the conference on "Child and Human Rights". It contained a paper on 'Child and Sexual Abuse' by Dr. Gracy Fernandes. The paper covered the issues of child sexual abuse and child prostitution and presented a profile of abused children.

Writing on the implications of the issue for socialwork education and practice, she recommended that socialwork graduates must be prepared for practice in a range of agencies and services with people and groups that have complex problems.

The National Conference of Sexworkers held at Calcutta in November **1997** was truly a milestone in the history of prostitution in India. In the era of 'Participatory Development' sexworkers have understood the need for organizing themselves and have started playing an active role in their own development. The report of the conference had been published by Durbar Mahila Samanvya Samiti, Calcutta in the same year i.e. 1997. Muzaffar Islam (1998) summarized the same in Social Welfare Journal of January **1998**.

The main fourfold demand of Indian sex workers were as follows :-

- a) PITA should be done away with
- b) sex workers should be accorded the status of 'worker'
- c) sex workers should have the right to self regulation (i.e. professional freedom)
- d) formation of a statutory board for all round development of prostitutes in India.

Prof. Smt. Rane from TISS, Bombay conducted a study titled "Child prostitution in Uttar Pradesh" in January **1997** which examined socio-economic conditions of 1341 child prostitutes in 13 cities of Agra, Allahabad, Basti,

Gorakhpur, Lucknow, Meerut, Hardoi, Faizabad, Firozabad, Pratapgad, Raibareilly, Sitapur and Varanasi.

The objectives of the study were :

- Examining magnitude of prostitution in UP.
- Studying socio-economic characteristics of the victims of sexual exploitation of young girls.
- Examine legislative measures for dealing with the problem of child prostitution.
- Examine the role of government, police, judiciary and NGOs engaged in the field of women & child welfare in tackling the problem of child prostitution.
- To examine the situation of children of prostitutes.
- To suggest suitable measures to deal with the problem of child prostitution in UP.
- To suggest suitable services for welfare of children of prostitutes.

Following were the brief findings of the study :

- i) Of 1341 child prostitutes, 793 were brothel-based and 548 operated the profession from the family/household itself.
- ii) All prostitutes under study were child prostitutes in the sense that they were below the age of 16 years at the entry point of the profession.

- iii) Out of 793 brothel-based prostitutes 5.67 per cent were from Nepal and among those of Indian origin, majority were from the State of U.P. itself (63.8 per cent), followed by Rajasthan, Bihar, West Bengal and Maharashtra. The same trend was observed about the states of origin of 548 family-based prostitutes.
- iv) Educational level of the most of the prostitutes was low and more than 60 per cent were illiterates. They lacked any vocational training before they were landed into prostitution.
- v) Majority of them (72.9 per cent) were unmarried and rest were divorced, separated and widows.
- vi) With regard to their family background more than half of the respondents had lost their fathers. Majority belonged to the families with poor socio-economic conditions with illiteracy, unemployment, engaged in agriculture labour and poor income. More than half of the families were below the poverty line.
- vii) Due to poverty, more than 65 per cent of the brothel-based prostitutes took up the profession on their own; while, the rest were inducted by their relatives, friends and other persons. Majority (70 per cent) were in the profession for more than 3 years.

- viii) The professional life of prostitutes indicated that a majority of them had to work between 5 to 10 hours a day, entertain 4 to 6 clients and earn between Rs. 100 to 300.
- ix) The expenditure pattern shows that brothel-based prostitutes had to spend money to meet their basic necessities of life. They had to share their income to brothel keepers, police and pimps. Majority of them (72.3 per cent brothel-based and 76.6 per cent family-based) were addicted to drinking, tobacco or pan.
- x) Among brothel-based prostitutes 34.4 per cent suffered from sexually transmitted diseases; while, the proportion for the same among family-based prostitutes was 31 per cent. More than a quarter of brothel-based prostitutes were not aware of AIDS and about half of the family-based prostitutes were ignorant about AIDS.
- xi) The future plan of prostitutes reflected their helplessness. A majority of brothel-based did not want to leave the profession due to poverty and lack of option to earn their livelihood. The proportion of those who desired to quit the profession was higher (45.3 per cent) among family-based prostitutes.

Jean D'Cunha (1998) presented a paper titled "The Health of Women and Female Children in Prostitution : Some Issues for Consideration" at a seminar in TISS, Bombay.

The paper primarily contained the life experience of women and female children in prostitution drawn from intensive discussions with them as well as health personnel on a wide spectrum of concerns including their health and well being or the lack of it. The paper extended to other parts of South and South-East Asia, as well as parts of Africa and the USA, attempted to underline similarities in health issues and concerns and some dissimilarities that are context specific. Moreover the paper addressed the concerns of women and female children situated at the lower end of the hierarchically tiered sex service sector/industry i.e., women and female children in street prostitution; in conditions of confinement and bondage in brothels and in the hospitality industry peculiar to parts of Southeast Asia.

The paper is broadly divided into two parts. The first contextualized the health and well being or lack of it of women and female children in prostitution; the second highlighted their specific health issues and concerns.

According to D'Cunha, "The health and well being (or lack of it) of women and female children in prostitution is located within an understanding of (a) contemporary socio-economic, political and cultural structures and processes (b)

an understanding of the institution of prostitution, more specifically the fore-mentioned institutional manifestations- their socio-economic political and ideological bases - framed essentially within the context of the political economy of women's reproductive labour, including the North-South dimensions of this phenomenon and (c) the specific alienation that women and female children face in prostitution. The paper acknowledged prostitution as a dimension of women's reproductive labour, it was critical of societies based on commodity production and the increasing commodification of all aspects of life and consequently cannot concur with the commodification of sex, women's and children's bodies".

In November 1998, a workshop on "Child Sexworkers in Gujarat" was jointly organized by Centre for Social Studies, Surat and UNICEF, Gandhinagar. This was perhaps the first attempt of its kind as far as Gujarat State is concerned. Mehta Leena's paper on "Social Profile of Child Sexworkers" attempted to identify child sexworkers from different social setting in Gujarat State.

Based on the settings, she classified the child sex workers as follows :

- i) Street children in sex work.
- ii) Urban slum girls in sexwork.
- iii) Child/minor street walking sexworkers.
- iv) Child sex workers in urban red-light areas.
- v) Sex workers in rural community

- Trafficked girl children
- Child sex workers by cultural tradition in certain communities like Saraniya in Wadia village.
- Child sex workers in remote rural areas having newly developing industrial zones.

In the same workshop Dr. I.S. Gilada presented a paper titled “Child Prostitution : A blot on Humanity - a status report on Child Prostitution in India”.

Analyzing the data of over 5000 sex workers, he revealed that :

1. About 15 to 20% of estimated 60,000 sex workers in Mumbai are children.
2. About 15% of sex workers entered prostitution through Devdasi system.
3. A sex worker attends to an average of 3 clients daily and their average income share is about Rs.700/- per month.
4. Average 10-12 girls stay in one room (size approximately 10' x 12').
5. Most of them eat from filthy cafeteria's / vendors.
6. Commodities are sold at double cost in these localities. Even water, the only hygiene available to them, is sold Rs.2/- for a bucket, when others in city have access to free water supply.
7. Most of the sex workers are forced to abuse drugs, alcohol and nicotine.
8. Most of the medical practitioners are quacks (90%) and act under instructions of brothel owners. Often quacks inject coloured water in vagina and uterus (intra-vaginal / intra-uterine injections) to treat STD's.

The literature reviewed on 'prostitution' is summarised in Review highlights 1 and 2.

Review High Lights - 1

An Overview of Themes covered by Literature

on Prostitution in India

<u>Historical</u>	<u>Sociological</u>	<u>Economic</u>	<u>Psychological</u>	<u>Legal</u>	<u>Political</u>	<u>Medical/Health</u>
*Concept, *Classification, *Duties and rights, *Lifestyle, state patronage, *Prostitution & State - administration. (eg Vatsyayana's Kamsutra, Chanakya's Arthashastra, Abul Fazl's 'Aaine Akabari', Manucci's work and also Agarwal, Ghosh, Bedi's Work).	*Prostitution & Trafficking as a social problem, *Social deviation, Magnitude *Socio-cultural & religious factors. (eg. Punekar, Bedi, Mukerjee's work).	*Poverty, Unemployment, *Economic dependence, *Migration, flesh trade as an occupation and forces of demand & supply - *Woman headed households. (eg. Mensendiek, Bhattacharya's work).	*Psycho Pathology - personality disorders, values, *Personality patterns, self esteem, *Attitude towards self, client and profession. (eg. Kapur, Joardar, Vakharia's work)	*Legal approaches, jurisprudential perspectives - *Decriminalization of prostitution *Enforcement of laws, Role of state, protective homes - *Directives of Supreme Court based on PIL. (eg. Mukerjee, Varma's work, Supreme Court judgements)	*Organizing through NGO/ self support, *Negotiating with local, national political authority - *Evolving as a new pressure group. (eg. Bindman & others).	*VD/STD/AIDS related high risk behaviour groups *Lifestyle & sexual behaviour studies. *Reproductive health & safer sex practice promotion. (eg. Bhattacharya & Rao's and D'cunna's work).

Review High Lights - 2 :

Broad Trends of Available Literature on Prostitution in Modern Era :

Pre Independence Period - *Focus on Legal Aspects*

- | | | |
|-----------------------|---|--|
| 1860 | * | Indian Penal Code |
| 1907 | * | Bengal, Assam & Other State Laws |
| 1934 | * | Bombay Dev Dasi Prohibition Act. |
| 1950s | - | <i>Focus as a larger social - moral issue at global level.</i> |
| | | * International Convention against illicit trafficking. |
| 1950 | | * National level conference, formation of committee on social and moral hygiene. |
| 1960s and early 1970s | - | <i>focus on socio-economic issues.</i> |
| | | * Prostitutes as a community. |
| | | * Flesh trade as an occupation and prostitutes as an occupational group. |
| Late 1970s & 1980s | - | <i>Focus on psycho-social aspects.</i> |
| | | * Prostitute as a person, her emotions, rights etc. |
| | | * Major amendments in Indian law on prostitution. |
| 1990s | - | <i>Focus on AIDS Prevention + Human Right issues.</i> |
| | | * Health issues - STD / AIDS, Reproductive health. |
| | | * Child prostitutes * Children of prostitutes. |
| | | * NGO efforts for participatory development. |
| | | * Judicial activism, public interest litigation. |

Literature Review : Life Style :

Over and above reviewing available literature related to the concept of prostitution, researcher also made an attempt to study the literature and research studies related to the concept of **life style**.

Jha (1994) explains the concept of **life style** “as the one that tries to see health behaviour as one element within a whole range of behaviour patterns, related to demands made by the social, political, economic and cultural situations”.

Dhillon (1992) in her work on Psycho-Social Aspects of Ageing in India has made a reference to **life style** assessment scale of Thorne (1975) which categorises life style patterns in to ten as under :

1. Normal coping style - reflecting the normal method of earning or getting what is wanted by paying for it.
2. Individualistic style - reflecting the need to be distinctively individualized and different to meet their biological, social and emotional needs.
3. Domineering - Authoritarian style reflects the attitude of authority.
4. Conforming life style implies the level of adjustment by going along with people and conforming to social rules and expectations.
5. Escapist lifestyle - implies tendency to evade rather than confront unpleasant and stressful situations.
6. Exploitative style - means trying to get ahead by exploiting others.

7. Pampered - spoiled life style.
8. Deviant - resistive style.
9. One-up menship style and
10. Evasive and ignoring style.

The Indian Journal of Social work published in January 1994 was with a theme focused on “**Healthy Lifestyles : A Basis for Good Health**”. Gurmeet Hans (1994) wrote in its Guest Editorial :

“Good health is a basic need of humanity. Science has progressed and contributed to knowledge and techniques of treatment of disease towards fulfilment of this need. It has generated a wealth of useful information for preventive health care. It is also accepted that individual’s social, economic and mental conditions are closely linked to one’s physical well-being. Thus, the response by individuals to social, economic and political environment in the form of varied lifestyles has definite implications on their state of overall health. With the rapid pace of development in recent years, globally, there is a spurt in the incidence of lifestyle related diseases. Are these an inevitable price of progress? It does not appear to be so. Just as sedentary lifestyles are an outcome of progress, there is knowledge on food intake and exercise, the use of which can minimise the influence of the harmful effects of sedentary living. Similarly, as stress is an outcome of competition and scarcity, appropriate approach to life, values, goals

and coping with stress can minimise its adverse influences. Are these the problems of affluence alone? Certainly not. In the increasingly polarised societies, just as the privileged people need to cope with the problems of prosperity, the underprivileged people need to cope with problems of poverty”.

In her article titled **“Lifestyle Related Problems of Youth”** Saroj Jha (1994) has touched upon some lifestyle related problems of youth like drug use, problem drinking, tobacco use, early experimentation with sex, injuries and violence. She has related the incidence of these and other similar problems to the profound psychological, physical and social upheavals in the lives of youth adolescents. According to her, problem behaviours clustered together in the same individual and were also likely to be triggered by peer pressure and unrewarding environments at work, study or home.

According to her, the single most important intervention strategy was to inspire young people to place a value on health.

The number of principles which Jha found to be effective in promoting the healthy development of young persons were as follows :

1. A prolonged supportive environment with graded steps towards autonomy, enhancing self-esteem and promoting healthy lifestyles.
2. A positive interaction between young people and the key adults and peers in their lives.

3. Continual monitoring of the healthy development of young people within the socio-cultural context.
4. The development of programmes, based on a sound understanding of young people's beliefs and behaviour within any given culture.
5. The use of people, to implement programmes, who respect the young, have a sound knowledge of their needs, and are trained in communication skills.
6. The use in programmes of established principles of learning, behaviour and development.
7. The focusing of programmes on groups of interrelated behaviour rather than single forms.
8. The use of an intersectoral approach in programmes in which key groups interacting with the young are optimally involved, including the school, the family, the health system, community leaders, and community organisations.
9. A close linkage of community-based programmes with complementary institutional-based programmes, with programmes directed at those who have left or do not attend school, and the health care system.
10. The involvement of young people themselves in the planning and implementation of programmes, to the greatest extent possible.

Purnima Mane (1994) in her paper “**Exploration of Some Determinants of Lifestyles**” has examined the concept of lifestyle, lifestyle development and its importance for shaping good health in the individual’s context. She identified some major determinants of such lifestyles. According to her, the factors determining the shaping of risk enhancing lifestyles are :

- (1) Demographic, Individual and Societal factors. (2) Family Related factors.
- (3) Cultural factors. (4) Mental and Emotional factors.

Quoting Boom (1988) Mane writes, ‘**Lifestyle** is seen as the result of those decisions people make about their own behaviour over which they are more or less in control’. Mane has used the term **lifestyle** in its positive connotation as ‘implying the adoption of some of the behaviours that promote health and thereby prevent ill-health, rather than as a rigid conglomeration of behaviours that necessarily, at all times and in all situations, favour health or promote ill-health’.

Mane cautions a simplistic and deterministic use of the term life style by saying “Individuals can rarely be viewed as being neatly slotted into any one lifestyle alone, mutually exclusive of others. Implicit in the term is the notion of ‘good’ and ‘bad’, which at times can be stigmatizing. It may also show inadequate recognition that behaviour is often not as ‘voluntary as it may appear, but is influenced by a large number of forces over which individuals sometimes have little or no control like political, economic or by forces which may reward

some behaviour vis-à-vis other behaviour”. This view, to a great extent, endorses the approach researcher has adopted for the present study.

Writing on **“Lifestyle Education for student Youth : Need and Strategy”**

Gurmeet Hans (1994) discussed the preventive health education needs of the young, the extent to which socializing agents helped in the fulfilment of those needs, the perception of youth regarding their requirements and how these could be met. The article focused on students at the junior and senior college levels with a view to evolve a preventive health education strategy with emphasis on lifestyle education on campuses.

According to Hans, the health and lifestyle practices of an individual were a by-product of one’s interaction with socializing agents and the key influences were family, friends, mass media and education. Hans felt a strong need for student guidance and proposed the basics of strategy for health and lifestyle education for students.

-

Following activity components were suggested for the Health and Lifestyle Education centre for students :

- (1) Life skill programme. (2) Student Advisory service. (3) Consultancy services.
- (4) Access to health information. (5) College environment for good health.

Having seen the glimpses of available literature on ‘prostitution’ and ‘lifestyle’ the next chapter describes the research methodology and research setting.