

Original Article

Sexual Lifestyle and Socioeconomic Profile of the**Brothel-based Sex-workers**KJ Hossain¹, MM Kamal², A Wazed³, MR Karim⁴, N Ahmed⁵, M Munjura⁶, ME Haque⁷**Abstract**

The aim of the study was to investigate sexual lifestyle and socioeconomic profile of the brothel based sex workers. The studied population was sex sellers of Dauladia brothel, Rajbari, the largest brothel in Bangladesh. A total of 113 sex sellers were recruited consecutively following the defined selection criteria. The study period was from July 2009 to January 2010. The research instrument was an interviewer questionnaire. Results showed that most of the (92.0%) of the sex workers were illiterate. Their monthly income was Taka 6 thousands to 25 thousands. Majority of them were adolescent or young adult and unmarried. About 51.3% of them had no children and rest had children. The factors induced to adopt sex selling profession were broker's motivation and/or

misguide, poverty or financial insolvency, willingly and born in the brothel. Three to fifteen clients visited the sex sellers every day. Nearly 72.0% of them used condom by their clients, 23.9% oral pills and condom, and were 4.4% injections and condom respectively. Knowledge of the sex sellers about STIs including HIV/AIDS was found satisfactory. An alarming finding was that majority of them had poor knowledge about STIs & HIV/AIDS. About 29.2% fathers of them were farmers, 21.3% day labours, 19.4% small businessmen, 10.0% transport driver and 4.4% service holders. Client's occupation was 38.1% business men, 30.9% transport workers, 19.4% service holders, and 11.6% were students. Altering their sexual act and behaviors and substitute rehabilitation may be the applicable way to overcome this social problem.

Introduction

The patriarchal system in Bangladesh since its social history has generated the characters of submissive and passive women in men's power to control over women, the family, the civil and religious laws, the economy, the education and health as a whole. Against this backward tradition, the situation of prostitution practices in an illiterate and Islamic bonded community is much more difficult and discriminated in a much unintended

manner. In Bangladesh, sexual work remains as a disgraceful choice in the society and women engaged in this work are defined by abusive terms, all meaning that a sex worker is a 'fallen woman'. Like many other developing countries in the globe, prostitution is an urban based phenomenon in Bangladesh. The internal migration from the country as well as overseas migration creates demand for the services of the prostitute in this country. They face a tremendous discrimination

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and violation of human rights even after their death.² In Bangladesh, though sexual work and substance abuse related matters is not discussed publicly, a widespread prostitution with estimation of 100,000 women regularly working as brothel, hotel or resident-based or street sex sellers, are present throughout the country.³ Adolescent and young adults, a major segment of the population, who will soon enter into reproductive and sexually active stage of life, have their first sexual encounter, in most cases, with commercial sex sellers just for their inherent tendency to experiment sexual potentiality or to reduce wet dreams and masturbation.⁴⁻⁶ Unmarried men who visit brothel for sex have moderate knowledge about sexually transmitted infections (STIs) including HIV/AIDS but having very poor idea about the role of condom in the prevention of STIs.⁷ About 70.0% of low-income groups of population such as labors, rickshaw-pullers, and small businessmen living in the cities frequently visit commercial sex sellers.⁸ In Bangladesh, 19 clients visit brothel-based and 44 clients hotel-based sex sellers per week, which is the highest clientage in Asia.⁸ Moreover, about 88.0% of the substance abusers visit sex-selling centers and/or street sex-sellers in their lifetime.⁹ Limited knowledge about HIV and STIs is associated with the high-risk sexual practices in Bangladesh.⁶ As the study of socioeconomic profile and sexual lifestyle of the brothel-based sex sellers, it's outcome will be of beneficial to both of the sex sellers and their clients. Currently, commercial sex, HIV/AIDS and STIs, and behavioral change are very much interrelated with the public health status in Bangladesh. In addition, sex workers living with HIV/AIDS and other STIs are the topmost high-risk subpopulations, because they reluctantly and frequently transmit the deadly infectious agents among their clients, and make it roads to general population.

In Bangladesh, a small or insignificant amount of information about sex sellers is found from government or non-government organizations. But there is not even, so far known, a single scientific study on sex-sellers. As there is a strong religious beliefs and backward social tradition, sex related matters are not discussed freely or publicly in the communities. In addition, research on sex-selling

profession has little attention in Bangladesh. However, it is essential to address sexual lifestyle and socioeconomic profile of the sex-sellers scientifically as early as possible. Because, once their assessment data have been collected, a national strategy for effective behavioral change for the sex-sellers and their clients can be established. Such strategy may contribute in the improvement of the quality of life of the sex-sellers. Outcome may contribute in the prevention and/or arrest of further deterioration of the existing situation. Therefore, the aim of this work and in continuation of research in this field was to investigate sexual lifestyle and socioeconomic profile of the brothel-based sex-workers in Bangladesh.

Materials and methods

Study population

The research participants were brothel-based female sex-workers. A total of 113 sex workers were recruited from Dauladia Brothel under Rajbari district (the largest brothel in Bangladesh) for this study. Period of data collection was from July 2009 to January 2010.

They were recruited consecutively on the basis of defined criteria which included period of sex selling >2 years and age in between 15-45 years. In addition, re-registration within study period and had been suffering from mental problems were excluded from this study. Research instrument was an interviewer questionnaire.

This work was a cross-sectional descriptive study. The questionnaire was developed and pre-tested among sex workers, who were excluded from the study population. It was designed to include general and socioeconomic information, and sexual lifestyle. The socioeconomic data included education, age, marital status, children, influencing factors that induced to adopt sex-selling profession. The sexual lifestyle included number of clients per day, use of birth control device against STIs and socioeconomic status of the clients.

In the brothel, during registration trained female personnel other than brothel staff briefed the objectives, benefits, risks and burdens of the study to the sex workers. Only positive respondents consistent with the defined selection criteria were

selected as research participants. A written informed consent was taken from each in maintaining full autonomy of the participants. The trained personnel also collected general information following the questionnaire. Finally, a female psychologist and/or author(s) were assigned to collect information about their daily sexual practices and influencing factors. Each of the participants was examined individually in a separate room to maintain their privacy and confidentiality. This study did not involve any societal, mental or physical risk to the participants. Prior to conduct the study, institutional permission was taken from the local authority. As sex sellers are vulnerable, the procedures followed for this study was in accordance with the CIOMS guidelines as updated in 200210. Wedge compensation was given to the research participants.

Statistical analysis

A software package of SPSS (version 12.0: SPSS Inc., Chicago, IL, USA) was used to analysis the data. Descriptive statistics was used for all variables. Values were expressed as percentage and mean.

Results

The socioeconomic characteristic of the sex workers is summarized in the Table 1. Of the 113 sex workers, 92.0%(n=104) were illiterate and 8.0%(n=9) literate. In literate sex workers, 4.5%(n=5) had one to five class education and rest (3.5%, n=4) were 6 to 10 class educated only. All of the sex workers had monthly income from taka 6 thousands to 25 thousands. Among them, 32.7%(n=37) had monthly income in between Taka six to ten thousands, 24.8%(n=28) 11 thousands to

Table 1: Socioeconomic status of the sex workers (n=113)

Parameter	Number	Percentage	Mean SD
Education			
Illiterate	104	92.0	
1-5 class	5	4.5	
6-10 class	4	3.5	
Monthly income (Taka)			
6000-10000	37	32.7	14,460±5,708
11000-15000	28	24.8	
16000- 20000	38	33.6	
21000-25000	10	8.9	
Age in year			
15-20	18	15.9	26.9±7.2
21-25	52	46.0	
26-30	17	15.0	
31-35	7	6.3	
36-44	19	16.8	
Marital status			
Unmarried	71	62.8	
Married	42	37.2	
Children			
Single	18	15.9	1.6±1.1
Two	13	11.5	
Three	11	9.7	
Four	8	7.1	
Five	5	4.5	
None	58	51.3	

15 thousands, 33.6%(n=38) 16 thousands to 20 thousands and rest had (8.9%, n=10) up to 25 thousands per month. Nearly 77.0%(n=87) sex workers were found adolescent or young adults	have age 15-30 years and rest (23.1%, n=26) had age above 30 years. Majority of the sex workers (62.8%, n=71) were found unmarried and 37.2%(n=42) were married. About 51.3%(n=58) of
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Table 2: Sexual lifestyle and family profile of the sex workers (n=113)

Parameter	Number	Percentage
Factor behind profession		
Broker	54	47.8
Poverty	23	20.4
Willingly	19	16.8
By birth	15	13.3
With elder sister	2	1.8
Clients per day		
3 – 5	55	48.6
6 – 10	55	48.6
11 – 15	3	2.8
Permanent clients		
Single	45	39.8
Two	12	10.7
Nil	56	49.5
Contraceptive use		
Condom only	81	71.7
Condom & oral pill	27	23.9
Condom & Injections	5	4.4
Knowledge on STI & HIV/AIDS¹		
Satisfactory knowledge	58	51.3
Poor knowledge	46	40.6
Nil	9	8.1
Client's occupation		
Business	43	38.1
Transport driver	35	30.9
Service holder	22	19.4
Students	13	11.6
Father's occupation		
Farmer	33	29.2
Labour	24	21.3
Small business	22	19.4
Transport driver	11	9.7
Service	5	4.4
Unemployed	18	16.0

STI: Sexually transmitted infection

HIV: Human immunodeficiency virus

AIDS: Acquired immunodeficiency syndrome

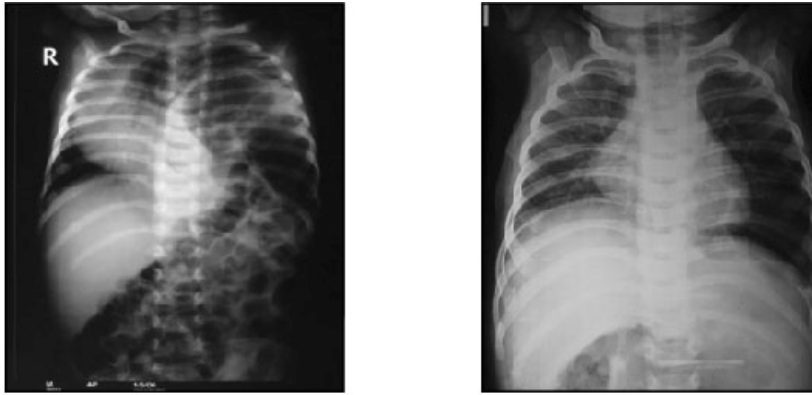


Fig-1. Radiologic finding before and after operation: Intestinal coils is in chest cavity in preoperative film and in post operative film there is good lung shadow in left chest and also nice left dome of diaphragm.



Fig-2. Defect of the diaphragm through Which the herniated intestine and colon has pulled out.



Fig-3. Meckles Diverticulum in a case of CDH



Fig-4. Radiograph of CDH with intestinal obstruction



Fig-5. Intestine is obstructed in the defect of CDH of same case (fig-4).

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