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Life Circumstances of Women Entering Sex Work in Nagaland, India

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Abstract

Background and objectives: The study objective was to enhance understanding of female sex workers' lives in Nagaland, India (one of the country's highest HIV prevalence states), to inform the development of interventions to reduce HIV transmission and assist women who want to leave sex work. *Methods:* A cross-sectional survey (n = 220) and semi-structured interviews (n = 30) were conducted with sex workers. Topics included the following: life situation currently and at time of initial engagement in sex work, circumstances of first sex work occasion, and current patterns of sex work. *Results:* Participants' lives at time of entry into sex work were socio-culturally and economically vulnerable as evidenced by the early age of sexual debut, low levels of education, unemployment, absence of protective male partners, and poor relationships with families. Participants experienced high levels of mobility, insecure accommodation, the need to financially support family, and the demand to give a portion of their income to others. The use of alcohol and other drugs, including heroin, was widespread. *Discussion and conclusions:* For these women, sex work can be seen as a pragmatic option for earning sufficient income to live. The women's lives would be improved by strategies to promote their health, ensure their safety, and protect their rights as long as they are engaging in sex work. This is likely to benefit not only the sex workers but also their children, their families, and the wider community. The development of alternative employment opportunities is vital to protect against entry into sex work and to support women who want to exit sex work.

Keywords

commercial sex work, economic development, India, vulnerable populations

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Introduction

The northeast Indian state of Nagaland has the second-highest human immunodeficiency virus (HIV) prevalence in the country, which was 1.3% among adults in 2006.[1] The city of Dimapur is the largest in Nagaland, and there are an estimated 1800 to 3500 female sex workers (FSWs) in the city.[2,3] Social changes in recent times, such as increased rural to urban migration, have seen a growing reliance on sex work for livelihood in India.[4,5]

While injecting drug use (IDU) continues to be an important route of HIV transmission in Nagaland, HIV prevalence among FSWs has increased from 4.4% in 2004 to 10.8% in 2005, and then to 16.4% in 2006.[1,6] The important intersection between IDU and sex work is likely to be amplifying the transmission of HIV beyond key populations.[7-10] In the neighbouring state of Manipur, HIV prevalence among the IDU FSWs was 57%, compared with 20% among non-IDU FSWs, highlighting the increased vulnerability of FSWs who inject drugs.[9]

FSWs in India operate in an adverse legal environment and are substantially stigmatised, and consequently are difficult to reach from a public health perspective.[3,4,11,12] This is especially the case in northeast India where violent civil insurgent groups target FSWs. Little is currently known about the situation of FSWs in Nagaland, and information that is available focuses primarily on HIV risk behaviors.[2,13] The aim of this study is to enhance understanding of the broader context of these women's lives, both currently and at the time they first became involved in sex work, to inform the development of appropriately targeted HIV prevention interventions and assist women to leave sex work (should they want to).

Materials and Methods

Study Design

A cross-sectional survey and in-depth semi-structured interviews were conducted between May and August 2007 in Dimapur. The survey involved 220 FSWs, and the interviews were conducted with 30 FSWs (who did not participate in the survey), representing 7% to 14% of FSWs in Dimapur. All participants were aged ≥18 years. A sex worker was defined as a woman who has in the last year exchanged sex for money, goods or a combination of both.

Three indigenous nongovernmental organizations (NGOs) that currently provide services for FSWs actively contributed to the development of the questionnaire and recruitment and training of the outreach workers (ORWs) who conducted data collection for the survey. Potential participants were approached by ORWs in the course of their normal outreach work.

Because of the hidden nature of sex work in Nagaland, representative sampling was not attempted. All participants were purposively sampled using a combination of convenience and snowball approaches.

Data Collection

Topic areas investigated by both the survey and interviews included the following: demographic information, life situation both currently and at the time of initial engagement in sex work, circumstances of first occasion of sex work, and current patterns of sex work (eg, frequency, location). The questionnaire is available from the authors on request.

Survey. The survey was interviewer-administered by the ORWs who were supervised and supported by 2 local research officers (ROs), and trained by research team members. Nagamese is not a written language and English is understood by many people in Nagaland. All the

ORWs were bilingual and trained in the meaning of each question and the expression of this in Nagamese.

Interviews. Semi-structured in-depth interviews were conducted with 30 FSWs. Interviews were conducted by the ROs in Nagamese using an interview guide, digitally recorded, transcribed, and translated into English for analysis.

Data Analysis

Quantitative data were analyzed using SPSS Version 15.0. Descriptive statistics were used to summarize the survey findings. Qualitative data were thematically analyzed. This involved systematically identifying and coding themes derived from the interview guide using N-Vivo 7. Following this initial coding of themes, subthemes were inductively extracted from the data based on patterns embedded within them.

Results

The survey and interview findings were similar and are reported together in this section. The tabulated data is from the survey exclusively and quotes from the interviews are presented to give voice to survey results.

Characteristics of Participants and Current Life Situation

The majority of survey participants were born in either Nagaland (60.5%) or the neighboring state of Assam (35.0%). The average age of the women participating in the survey was 25.4 years (range 18 to 45 years, median 25 years), and the average length of involvement in sex work was 4.5 years (range 1 month to 22 years). Just more than half identified as Naga (54.1%) and Christian (56.4%). Almost half were married or partnered (46.6%), and 1 in 4 were widowed or divorced (25.6%). Literacy levels were low; one third had never attended school (34.5%), and more than half had not completed their schooling (55.0%). More than two thirds were regularly using alcohol or other drugs (68.5%).

The average age of the 30 interview participants was 26.4 years (range 18 to 38 years). Many were divorced or separated (40%) and a further 10% were widowed. A total of 30% were currently married and only 20% single. The majority were Naga (60%) and Christian (57%). More than one quarter of these women (27%) had never been to school. Although the rest had attended school, only 2 had completed their secondary education. The length of involvement in sex work ranged from <6 months to >15 years, with 6 to 10 years the most common response (40%).

Current Work Situation

Survey participants were asked about their current work situation (Table 1). The average number of days engaged in sex work each week was 4 (range 1 to 7), and one quarter worked every day. The average number of clients per week was 13.5 (range 1 to 80). The average daily earnings were Indian rupees (INR) 670 (range INR 100 to 7000), and more than one third of the women were required to give a portion of their earnings to others, including *chiltus* (*Chiltus* are local gangsters who extort money from sex workers and others; 65%), hotel men (49%), police (14%), pressure groups (5%), and pimps (4%). In all, 40% had other sources of employment in addition to sex work mainly working in “booze joints” or as laborers, housekeepers, and peer educators. Some ran small businesses, for example, pickling meat, selling *paan* (betel leaf), and so on:

Table 1. Current Work Situation

Variable	Percentage (95% CI)	Total (n = 220)[a]
Regular clients		
Yes	70.5 (63.9–76.4)	155
No	29.5 (23.6-36.0)	65
Daily earnings (INR)		
<300	26.8 (21.1-33.2)	59
≥300	73.2 (66.8-78.9)	161
Sometimes paid for sex in kind		
Yes	39.1 (32.6-45.9)	86
No	60.9 (54.1-67.4)	134
Used a condom last time engaged in sex work		
Yes	95.9 (92.4-98.1)	211
No	4.1 (1.9-7.6)	9
Condom use in past week		
Every time	65.3 (58.6-71.6)	143
Not every time	34.7 (28.4-41.4)	76
Gives portion of earnings to others		
Yes	38.6 (28.4-41.4)	85
No	61.4 (54.6-67.8)	135
Other sources of income		
Yes	38.8 (32.3-45.6)	85
No	61.2 (54.4-67.7)	134
Financially supporting others		
Yes	52.3 (45.4-59.0)	115
No	47.7 (41.0-54.5)	105
HIV tested ever		
Yes	79.5 (69.7-81.4)	167
No	24.1 (18.6-30.3)	53
Wants to leave sex work		
Yes	89.0 (84.1-92.8)	194
No	11.0 (7.2-15.9)	24

Abbreviations: 95% CI, 95% confidence interval; INR, Indian rupees.
[a]A small number of variables had some missing data.

> After coming to Dimapur with a man, I worked as a daily laborer in construction sites. I would do manual work the whole day and in the evenings and nights the customers would come to me for sex. I also worked in a PCO (public phone booth) and the owner used to have sex with me. (G1).

Only two thirds of the women reported using a condom every time they had sex during the last week as highlighted in the following quote:

> There are some useless men who won't use condoms. It becomes difficult to negotiate with them because they threaten me, and so to avoid creating problem I do it without using a condom. (A5)

Life Situation at Time of Commencing Sex Work

At the time of commencing sex work, many indicators of vulnerability were evident in the lives of these women (Table 2). The age of sexual debut was very young, with the average age being 15.5 years (range 8 to 25 years). The average age of entry into sex work was 20.9 years

Table 2. Life Situation at Time of Commencing Sex Work

Variable	Percentage (95% CI)	Total (n = 220)[a]
Age at first sex (years)		
8-13	21.7 (16.4-27.8)	47
14-17	57.1 (50.3-63.9)	124
≥18	21.2 (16.0-27.2)	46
Marital status		
Single	45.0 (38.3-51.8)	99
Married/living with partner	34.5 (28.3-41.2)	76
Widowed/divorced	20.5 (15.3-26.4)	45
Vocational status		
Student in school/college	12.7 (8.6-17.9)	28
School-aged but dropped out	26.8 (21.1-33.2)	59
School-aged but never attended school	14.5 (10.2-20.0)	32
Unemployed	38.6 (32.2-45.4)	85
Employed	7.3 (4.2-11.5)	16
Housing		
Living in family's/relative's/own house	28.2 (21.9-34.1)	61
Living in friend's house	20.4 (14.9-25.9)	44
Living in rented accommodation	45.8 (39.6-53.2)	102
Other, eg, hotel, pimp's house, homeless	5.6 (3.2-9.9)	13
Living with . . .[b]		
Parents	20.0 (12.7-22.2)	44
Parents-in-law	0.5 (0.0.-2.1)	1
Husband/partner	25.5 (16.8-27.2)	56
Other relatives, eg, siblings	13.6 (8.0-16.2)	30
Friends	30.9 (21.1-32.2)	68
Own children	17.7 (11.0-20.1)	39
Alone	4.5 (1.9-7.0)	10
Other, eg, other FSWs, pimp	4.5 (1.9-7.0)	10
Family relationship		
Good/very good	41.9 (35.2-48.8)	90
Fair/poor	58.1 (51.2-64.8)	125
Regular AOD use around time of first sex work		
Yes	60.5 (53.7-67.0)	133
No	39.5 (33.0-46.3)	87
Ever injected before involvement in sex work		
Yes	5.6 (2.9-9.5)	12
No	94.4 (90.5-97.1)	204
Heroin use around time of first sex work		
Yes	17.3 (12.5-22.9)	38
No	82.7 (82.1-91.4)	192
Alcohol use around time of first sex work		
Yes	57.3 (50.4-63.9)	126
No	42.7 (36.1-49.5)	94
Knowing other FSWs		
Yes	71.8 (65.4-77.6)	158
No	28.2 (22.3-34.6)	62
Awareness of HIV		
Yes	35.5 (29.1-42.2)	78
No	64.5 (57.8-70.9)	142
Awareness of STIs		
Yes	23.6 (18.2-29.8)	52
No	76.4 (70.2-81.8)	168
Awareness of condoms		
Yes	53.6 (46.8-60.4)	118
No	46.4 (39.6-53.2)	102

Abbreviations: 95% CI, 95% confidence interval; AOD, alcohol and other drugs; FSW, female sex worker; HIV, human immunodeficiency virus; STI, sexually transmitted infection.

[a]A small number of variables had some missing data.

[b]More than one response possible.

(range 8 to 44 years). The average length of time between sexual debut and entry into sex work was 5.3 years (range 0 to 32 years). More than half of the participants had unsatisfactory family relationships at the time of commencing sex work:

> At the beginning I had a good relationship with my parents but after eloping with my boyfriend they were angry with me and even said that they no longer regarded me as their daughter. My husband was looking after me in the beginning but we were on the verge of separation at that time and I didn't have any other means of income. (P3)

First Occasion of Sex Work

Participants were asked about the events that occurred during the first occasion of sex work (Table 3). For two thirds, the first occasion of sex work was not a planned event, and someone else made the arrangements with the clients on their behalf, most often a friend or an acquaintance (62%), followed by a husband or partner (10%), hotel manager (10%), pimp (7%), relatives (4%), neighbors (3%), and others (4%). The average payment for the first episode of sex work was INR 570 (range INR 20 to 6000). Almost one third (29%) had to give a portion of their earnings to others, including friends or neighbors (31%), hotel men (16%), pimps (16%), husband/partners (13%), *chiltus* (4%), and others (11%).

Less than half reported that a condom was used during the first occasion of sex work, and most were not concerned about becoming infected with sexually transmitted infections (STIs), such as HIV. In response to an open-ended question about the reason for not being concerned, by far the most common reason was the absence of knowledge.

> When I first met my customer I did not know what a condom was, what do you do with it or anything about condoms. With my first customer, since he was not using condom, I wiped away the semen with a sack cloth. What to do? There was not even water. There was no other way. Now I have heard about condoms, seen them and know about them. (A3)

The women were asked an open-ended question about their main reason for entering sex work at that particular point in time. Four main pathways into sex work emerged: to obtain money to meet basic needs for self and family (n = 99, 45.0%); to obtain money to purchase drugs or alcohol (n = 32, 14.5%); being coerced, tricked, or forced into sex work (n = 28, 12.7%); and for pleasure (n = 27, 12.3%). The remaining women (n = 34, 15.5%) identified other idiosyncratic reasons for entering sex work. A detailed characterization of the different pathways will be published elsewhere.

Discussion

This mixed methods study involving a total of 250 women provides valuable information about the life situation of FSWs in Dimapur, both currently and at the time of initial engagement in sex work, that has implications for HIV prevention, and strategies to assist women to exit from sex work, should they want to.

This study has a number of limitations. All participants were urban-based, accessing NGO services, and were recruited using convenience and snowballing methods, so the sample is not representative. It is also probable that social acceptability bias influenced responses to some questions, in particular those related to condom use and the desire to leave sex work, resulting in an overestimate for both of these variables.

Table 3. Events During First Occasion of Sex Work

Variable	Percentage (95% CI)	Total (n = 220)[a]
Whose idea to commence sex work		
Someone else	35.5 (29.1-42.2)	78
My idea	40.9 (34.3-47.7)	90
Both	23.6 (18.2-29.8)	52
Planned or unplanned		
Planned	34.5 (28.3-41.2)	76
Unplanned	65.5 (58.8-71.7)	144
Who made arrangements		
Someone else	63.6 (56.9-70.0)	140
Me	36.4 (30.0-43.1)	80
Location of first sex work		
Hotel	60.5 (55.3-68.7)	133
Friend's house	12.7 (8.9-18.4)	28
Own house	7.7 (4.7-12.4)	17
Booze joint	5.5 (2.9-9.6)	12
Other, eg, cinema, jungle, tea-garden, godown	10.9 (7.3-16.2)	24
Payment (INR)		
<300	43.2 (36.2-50.4)	86
≥300	42.2 (35.3-49.4)	84
Don't know	14.6 (10.0-20.3)	29
Gave portion of earnings to another		
Yes	29.1 (23.0-35.8)	60
No	70.9 (64.2-77.0)	146
Occupation of client		
Uniformed service man	30.9 (24.9-37.5)	68
Businessman	26.8 (21.1-33.2)	59
Government employee	5.9 (3.2-9.9)	13
Student	5.0 (2.5-8.8)	11
Truck driver	4.5 (2.2-8.2)	10
Other, eg, teacher, social worker, doctor	6.8 (3.9-11.0)	15
Don't know	20.0 (14.9-25.9)	44
Condom use at first sex work		
Yes	44.1 (37.4-50.9)	97
No/not sure	55.9 (49.1-62.6)	123
Concerned about HIV infection		
Yes	24.2 (18.7-30.4)	53
No	75.8 (69.6-81.3)	166

Abbreviations: 95% CI, 95% confidence interval; INR, Indian rupees; HIV, human immunodeficiency virus.
[a]A small number of variables had some missing data.

These women's lives at the time of entry into sex work were socioculturally and economically vulnerable as evidenced by the early age of sexual debut, low levels of education, unemployment, absence of protective male partners, poor relationships with families, and drug use. For these women, engagement in sex work can be construed as a strategy for addressing economic vulnerability, which has been achieved at the cost of increased social (in the form of stigma) and HIV vulnerability. Most of the women knew other FSWs at the time of entry into sex work, which possibly facilitated entry into sex work and, to some extent, normalized it as a livelihood option.

Other indicators of vulnerability in their current lives included high mobility, insecure accommodation, the need to financially support dependents, and the demand to give a portion of their income to others. Between the point of entry into sex work and the present, there was a noticeable move away from living in the homes of families and friends and a greater uptake of rented accommodation. The consequent imperative to earn sufficient income to pay monthly rental, give money to dependants, and pay off *chiltus* and hotel men makes it very difficult for the women to leave sex work when the amount they can earn in a day doing sex work is roughly equivalent to what other unskilled women might earn in a week.

The proportion of women giving a portion of their earnings to others increased substantially between the first occasion of sex work and the present. In the case of *chiltus* from 4% to 65%, and for hotel men from 16% to 49%. The labor of these women is contributing to the local economy in a range of ways. Their income is not only supporting the women themselves and their dependents but also the people they pay money to and their dependents.

Despite the common perception in Nagaland that many FSWs are injecting drug users, only 6% of the women in this study had ever injected drugs, which is actually similar to the proportion of injectors identified in a major study that involved a more systematic approach to sampling[2,13] and slightly higher than a similar study in a Thai urban setting.[14] Although most female IDUs may indeed be engaging in sex work, it seems that most FSWs are not IDUs. However, the use of alcohol and other drugs, including heroin, was relatively widespread. It is a matter of concern that the level of alcohol and other drug use increased between the time of entry into sex work and the present.

Most of the women were not aware of HIV and other STIs at the time they first engaged in sex work, presenting similar rates to a study of adolescent girls in rural Bangladesh,[15] and only a small minority were concerned about HIV infection at this time. For most women in the study, their first exposure to sex work was unprotected; this placed them at risk of not only infection with HIV and other STIs but also pregnancy and subsequent abortion. These results suggest the need for ongoing condom promotion among FSWs and their clients, as well as a better understanding of the barriers to condom use for both men and women and strategies to address these. It was encouraging that most of the women had participated in HIV testing.

Many of the clients were uniformed servicemen, which suggests that HIV prevention programs among the large contingent of Indian military in the region is important. Similarly, it is clear that hotel men are involved not only in providing venues for sex but also with recruitment of FSWs and solicitation of clients. Continuing to work with hotel managers to encourage promotion of safe sex among both FSWs and clients is important for an effective HIV prevention response in Nagaland.

Finally, the lives of all women in this study would be improved by strategies to promote their health, ensure their safety, and protect their rights as long as they are engaging in sex work. Most of the women knew other FSWs at the time of entry into sex work, and presumably these networks expand over time. Such social networks can be mobilized for action. Community mobilization of FSWs in Nagaland has been slow to emerge, but has the potential to protect them not only from infection with STIs, such as HIV, but also from violence, extortion, and community and police harassment. This is likely to benefit not only the FSWs but also their children, their families, and the wider community.

Authors' Note

MK and KJB conceptualized the research, developed research tools, managed fieldwork processes, conducted data analysis, and took primary responsibility for drafting the manuscript. BD and RR contributed to the refinement of research tools, conducted data collection, and translated and entered data. AED conducted data analysis and literature review. JH provided statistical advice. All authors contributed to the development of the final manuscript. The views expressed herein are those of the authors and do not necessarily reflect the official policy or position of the Bill and Melinda Gates Foundation.

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