

# **Magnitude of Trafficking & HIV among Women in Tamil Nadu**

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South India AIDS Action Programme  
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Mr A.J. Hariharan, Secretary, Indian Community Welfare Organisation (ICWO), Chennai

Ms Shyamala Ashok, Executive Director, Society For Development Research & Training (SFDRT), Pondicherry

Mr Pari, NGO Advisor, Tamil Nadu State AIDS Control Society (TNSACS), Chennai

Ms Praneeta Varma, Programme Officer, Aids Prevention And Control (APAC), Chennai

Dr P. Manorama, President and Project Director, Community Health Education Society (CHES), Chennai

Ms E.K. Santha, Institute of Social Sciences (ISS), Chennai

Mr G. Babu, Executive Director, Mass Action Network India Trust (MAN), Chennai

Mr C. Arunraj, Probation Officer and Member Secretary, Department of Social Defence, Chennai

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*“I work in Arcot and I am 35 years old and my name is Latha. I have been a sex worker for the last 12 years. I was married at 14, a year after I reached puberty. My father died early and my mother married another man. When I reached puberty, this man wanted to have sex with me and was constantly fondling my chest and genitals. This would happen at home and my mother didn’t say anything and in fact told me that there was nothing wrong. Before anything happened, I was married off to my uncle’s son. He was 35 years old then and I was only 14. He was an auto driver and a drunkard. After we were married for two years, I became pregnant and during this time, my husband moved in with another woman. I was thrown out of the house. Somehow in my fifth month of pregnancy, I managed to get the child aborted. With no money, I was living on the streets, begging for food. I would sometimes help the local shopkeepers and clean and dust their shop. One man took pity on me and told me that I could earn a living if I started hanging out at the bus stand. He explained what I had to. He also introduced me to some women there. The first day I was terrified and vomited all over the hotel room where I was taken. However, the client had already had sex, and getting frightened of my condition, paid me Rs 500. I can still remember that first time. Initially I was naïve and wouldn’t demand any money and would take whatever the client paid me. Later I became smarter. I drink alcohol. If I am drunk, I like to smoke too. I regularly use condoms and douche myself after sex . . .”*

*“My name is Sumati. I am 40 years old and belong to Arcot district. I have elder brothers and my parents were farm labourers. At the age of 17 I was married off to a person who was slightly lame. He was extremely jealous of me and wouldn’t even let me out of the house to go to the market. If I happened to speak to a male neighbour, he would thrash me. After 18 months I ran away back to my house. However, my family wouldn’t accept me back. They ill-treated me. Then I fell in love with an auto driver and went to live with him. Unfortunately, he was already married and a pickpocket too. I found out about this when the police caught him. Someone offered to get me a job in Bangalore and I became a domestic servant there for two years. During the time period, the owner’s brother came to stay and he tried to sexually abuse me. I resisted greatly, but one day when there was no one at home, he raped me. The owners did not believe me and asked me to leave the house. I came back and went to Pondicherry. A ‘stranger’ took me to a house with four girls and left me. The house owner told me that she had paid Rs. 2000 for me and that I should perform sex for which I would get food and clothing. Initially I was disgusted but later came to accept that it was a way of survival. I was there for four years. At the end, I managed to save Rs 10,000 from tips left by clients and some money the brothel owner gave me. Now, I am independent. I know no other skills and am illiterate. I earn about Rs. 2,000 – 3000 and am satisfied. I don’t think I can earn like this elsewhere. I came to know of condom use through meeting some social workers after I came away from the brothel. Now I go for regular medical check up for STDs. I use condoms but do not insist on it with regular clients. I am aware that I am at risk of HIV.”*

*“I am Mallika, 18 years old and I am from Bangalore. I came to Chennai when I was 16 to join the cine field as I was attracted to it. Initially I was working at a departmental store for a year. I met some junior artistes through a friend of a friend. They told me that it would cost me Rs. 75,000 to get a union card. They were willing to pay for the union card if I was willing to get into prostitution. I agreed though I haven’t had penetrative sex earlier. The first deal was for Rs. 5,000 of which I received Rs. 2,000. I was also invited to stay with them. The woman and her sister are both into prostitution and their husband would sometimes negotiate clients for all three of us. I paid off the debt to the people within a year and I have acted in some important dance sequences in blockbusters in 2004. I get paid anywhere from Rs. 1,500 to 2,000 per ‘shot’ (one-time sex). Weekends or all night sessions I get paid more. Expenses are taken care of by the client. Condom use is insisted on beforehand. Some clients do ask for oral sex and insist we see pornographic movies. I am hoping to make it big and am only waiting for a good break.”*

# Introduction

“Trafficking” in persons is broadly defined as the recruitment, transportation, purchase, sale, transfer, harbouring or receipt of persons by threat or use of violence, abduction, force, fraud, deception or coercion, or debt bondage for the purpose of placing or holding such person, whether for pay or otherwise, in forced labour or slavery like practices, in a community other than one in which such persons lived. (As per Article 3, UN Protocol to Prevent, Suppress, and Punish Trafficking in persons, especially Women and Children, supplementing the United Nation’s Convention Against Transnational Organised Crime).

The fundamental idea is the use of force to place an individual, normally a woman, (or a child) in situations that exploit her person, without her will. This definition however does not take into account another crucial factor that operates in the lives of very large numbers of women, and sometimes children. This is the near total lack of options available to them in their life situations and environments at that particular point in time. Under such circumstances, they seem to ‘allow’ themselves to be placed in a situation that they would not normally have considered acceptable. Though it appears that the person has ‘voluntarily chosen’ to follow a certain path, or behaviour, we can arguably say that she has been ‘forced’ by circumstances, if not by actual people. This phenomenon can be described as being ‘trafficked by circumstances’, and must be seen as equally coercive.

As a consequence, women (and children) may find themselves in a variety of occupations, such as domestic labour, work in the film industry, or other areas of entertainment, but a very large majority of such trafficked women (and children) find themselves in the flesh trade market. There seem to be three distinct ways, with some degree of overlap, in which women enter prostitution.

1. They are coerced into it one way or the other with the use of force being a significant characteristic.
2. They ‘allow’ themselves to drift into this area of work due to lack of other options; and
3. They deliberately choose to sell sex as a preferred option.

The first two categories are largely made up of women from rural areas, relatively poorer families, and with low levels of education and vocational skills. A Risk Behaviour Sentinel Survey for Tamil Nadu by the AIDS Prevention And Control (APAC) Project, for 2003, shows that a large number of women entering prostitution were from smaller towns and villages, had been married but were not living with their husbands, and were the sole means of support for their children. This is the group that we can describe as ‘trafficked’ either by people or by circumstances.

HIV & AIDS is an everyday reality in their lives. This report will therefore, largely limit itself to these groups of women, and their issues including trafficking for prostitution, and HIV & AIDS.

## Objectives of the study

- To understand the magnitude and dimension of trafficking in women and children in Tamil Nadu and their correlation with HIV & AIDS;
- To document the nature of responses in the State to the situation;
- To identify critical gaps and recommend possible approaches to deal with them.

## Terms used

- ⌋ Commercial Sex Workers (CSW): As used by the World Health Organization (WHO). This term has been rejected by the Global Sexwork Network as derogatory since it seems to imply that all other professionals are not 'commercial'.
- ⌋ Women in Prostitution (WIP): More reflective and focuses on 'women'. Recognises prostitution as an institution.
- ⌋ Sex Workers (SW): The legal wording in the Immoral Traffic (Prevention) Act (PITA).
- ⌋ Women in Sex Work (WSW): Focuses on women and recognises that selling sex is work.
- ⌋ Women Selling Sex (WSS): This defines what the woman does without labelling it as work.
- ⌋ Child Prostitution: For the purpose of this report, a child is anyone under the age of 18. The study has only looked at issues for the girl child in sex work.

This report will use the term WIP to describe the women.

## Categories of WIPs

The WIPs are both mobile and non-mobile as they work within the city or area of operation. On the basis of their *modus operandi*, they are classified into four categories and a detailed ethnographic mapping study conducted for AIDS Prevention and Control (APAC) has been provided as an appendix.

Street-based – soliciting customers from public places.

Brothel-based – operating from fixed premises. Clients generally approach them through word of mouth.

Home-based – operate from their homes or friend's places through brokers, phones, pimps.

Lodge-based – operate from lodges or hotels.

## Methodology

A qualitative study was conducted to assimilate and understand the amount of trafficking associated with WIPs. After initial discussion, a plan was formalised to systematically understand the magnitude and dimension of trafficking and HIV in Tamil Nadu.

The study included personal encounters with women in sex work in both urban and semi-urban settings, discussions with peer groups as well as counsellors and grassroots NGO workers. Interviews revealed that a majority of women were in sex work due to force of circumstances – economic and social – rather than through coercive means. It was also evident that if trafficking was to be addressed, interventions need to begin before the women and children actually enter prostitution, rather than wait to ‘rescue’ them once they are trapped in the situation.

Literature review for materials on trafficking revealed that most conventionally defined trafficking was concentrated in the northern regions of India, with Nepal and Bangladesh being high supply zones. There was little or no published work dealing with South India. A Situation Analysis for the National Commission for Women done by SIAAP in 1997 showed that the phenomenon of girl children under 18 years of age entering prostitution was growing in Tamil Nadu (*Child Abuse & Prostitution in Tamil Nadu*, NCW, Government of India, 1997-98).

In Tamil Nadu no government or non-government agency works exclusively on trafficking of women and children. Hence community organisations of women in prostitution, and NGOs such as Society for Development Research and Training (SFDRT), Indian Community Welfare Organization (ICWO), Mass Action Network (MAN), Community Health Education Society (CHES), etc working with WIPs were identified and consulted with. They report that trafficking exists, but identifying the traffickers and the trafficked person and intervening in time was extremely difficult without the cooperation from several sectors including people in the profession themselves. Some NGOs worked with children of sex workers to ensure that they did not get into the profession.

Law enforcement agencies like the police and ministerial departments (Department of Social Defence) were also interviewed. Though there is clarity regarding trafficking on the part of law enforcement (there is a special anti-trafficking unit for Tamil Nadu), there was little documentary evidence on the magnitude of trafficking or on the steps taken to combat it).

To study the dimensions of HIV in Tamil Nadu, the Tamil Nadu State AIDS Control Society (TNSACS) and AIDS Prevention And Control (APAC) were interviewed. This showed that there was a decrease in the prevalence of HIV infection from 14% in 2002 to 9% in 2003 among highly vulnerable communities including women in prostitution. However, the rate of infection increased among younger people (15-24 years) - from 0.70% in 2001 to 1.27% in 2003. This implies that newer and younger entrants into prostitution are at a higher risk of being infected with HIV.

Since this was a pre-preliminary report, no consent forms were undertaken from the women in sex work, all case studies reported uphold the anonymity of the person interviewed.

The report is divided into eight parts.

- 1) Magnitude and dimension of HIV and Trafficking in Tamil Nadu;
- 2) State Laws and Policies on HIV and Trafficking, and extent of implementation;
- 3) Current approaches to address HIV and Trafficking;
- 4) Other mechanisms to address HIV and Trafficking;
- 5) Analysis and identification of priority areas;
- 6) Details of relevant organizations, individuals in the State;
- 7) Documents/publications; and
- 8) Suggestions and recommendations.

## Magnitude and Dimensions of HIV and Trafficking in Tamil Nadu

According to the *Sentinel Surveillance for HIV in Tamil Nadu 2003* conducted by the Tamil Nadu State AIDS Control Society (TNSACS), Tamil Nadu is experiencing a 'concentrated epidemic'. The mean HIV prevalence has been put at 0.8%, and the median at 0.88%. The positivity among antenatal mothers at the Prevention of Parent-to-Child Transmission Centres (PPTCT) was found to be 0.87% in 2002. In Chennai, it was placed at 0.56% in 2003.

### **Age**

HIV positivity was noted to have increased in the age group of 15 - 24 years in Chennai (0.25%), Trichy (0.25%), Tirunelveli (1.25%), and Dharmapuri (1.75%) regions. Significantly, Dharmapuri and Tirunelveli have the largest numbers of migrant populations, both within the State and inter-state. An analysis of pregnant women attending Antenatal Clinics (ANCs), also show an increasing trend in infection rates for women below 20 years. From 0.20% in 2001, the figure has been steadily increasing: 0.79% in 2002 and 1.27% in 2003. Typically, young women are identified as HIV positive, when they are screened for pregnancy.

### **Socio-economic status**

A majority of people identified with HIV were either uneducated or educated only up to the primary level. The importance of literacy in empowering for effective prevention of the epidemic cannot be overestimated. Accordingly to Sheela Rani Chunkath and Venkatesh B. Athreya, authors of *Literacy & Empowerment* (Sage, New Delhi, 1998), "women, like persons belonging to lower castes, are especially disadvantaged in terms of literacy status, just as they are with respect to other socio-economic characteristics."

### **Occupation**

There is an increase in the rates of HIV infection among agricultural and unskilled labourers (0.96% in 2001, 0.99% in 2002, and 1.44% in 2003). However, there is a corresponding decrease in infection rates among groups with high vulnerability, such as women selling sex, truck/auto/ taxi drivers and cleaners. From 2.74% in 2001, infection rates have fallen to 1.34% in 2003. More than 20% of WIPs reported having symptoms of RTIs/STIs in 2002-03. Among them 83% accessed treatment from qualified medical practitioners. However, few women completed the full course of treatment, and partners were rarely referred for treatment. This implies that the chances for re-infection, and consequently for HIV infection are very high.

In general, the STI prevalence was found to be high among women. According to Radhika Ramasubban in *Women's Health in India* (Oxford University Press, Chennai 1998), 'women's complex reproductive physiology and the conditions under which they play out their reproductive role, the cultural norms of universal marriage, early age of marriage, child bearing and woman's acceptance of discomfort and suffering as part of their lot in a patriarchal society increase the vulnerability.'

The TNSACS report adds that, "Adolescents and younger adults of poorer socio-economic background with inadequate knowledge of STDs, and HIV & AIDS are the most vulnerable." This is particularly true if they are barely educated and are women. This is an important consequence for issues of trafficking, because most women who are trafficked fall under these categories.

The APAC project, conducted a *HIV Risk Behavior Surveillance Survey in Tamil Nadu 2003 - Wave VIII*. The report revealed that nearly 40% of WIPs reported knowledge without misconception about HIV and STDs. This had gone up from 24% in 2002. Condom use with clients in the last sexual intercourse had increased to 87.5%, up from 56% in 1996. With live-in partners, the figure has gone up to 28.5% from 6.4%. More than 76.5% of the women said they bought condoms on their own, as compared to 11.7% in 1996. 76% reported testing themselves for HIV, of which 64% received pre- and post-test counselling.

### **Socio-demographic profile**

The mean age of WIPs is 30.7 years. Almost 70% were married but most of them were not living with their husbands; 15.5% were reportedly widowed, 2.5% divorced and the rest unmarried. 17.3% were illiterate.

### **Occupational profile**

Of the WIPs, 63.3% said they were full-time workers. The part-time workers were involved as vegetable/fruit/flower sellers, construction workers, agricultural labourers, coolies and housemaids. The average number of clients in the last working day has decreased marginally from 2.87% in 2002 to 2.62% in 2003.

The mean number of days in sex trade increased to 17 days. 22.9% of the WIPs engaged in sex trade outside their hometowns.

### **Knowledge on prevention of HIV/STD**

Nearly 98% reported at least two ways of preventing STD/HIV. However, 68% had misconceptions about HIV and STDs.

### **Condom negotiating Practice**

In the group discussions, WIPs said that they still had clients who refuse to use condoms because they believe that the condom is a barrier for sexual pleasure. New and young clients, and clients who rely on pornographic literature, resisted using condoms.

Also when the WIPs moved to a new location, it was difficult to insist on condom use. They also noted that new and younger sex workers were more likely to agree to sex without condoms. Prevention programmes need to develop new strategies to reach new and younger WIPs before they become infected with HIV.

It was also found that many of the WIPs were voluntarily getting tested for HIV. Efforts were taken by APAC and TNSACS to strengthen the capacity of counsellors. APAC had established two Voluntary Counselling and Testing Centres (VCTCs) in the cluster where higher density of sex workers is operating. Measures were taken to strengthen the quality of counselling services to sex workers. In the group discussion with WIPs it was found that many of them were happy with the counselling services given by NGOs and hospitals. They also added that this service had made them decide strongly on consistent condom use.

Similarly the prevention programme with WIPs focussed on increased coverage of these women through individual education and establishing self help groups. These groups were focussed not only on micro-credit programmes but also on various issues related to health of a woman with a special focus on HIV/AIDS. In the individual education the importance of condom use with live-in partners was reinforced.

Regular medical check-ups were encouraged among WIPs as 20% of them reported having STI symptoms. Free medical camps for sex workers and their partners were also conducted. In the targeted interventions, messages were reinforced on dispelling myths and misconceptions.

Thus, it appears that while HIV infection rates continue to be proportionately high among vulnerable people, including WIPs, who (may) have been trafficked into prostitution, there is a perceptible fall in the rate of spread. Currently, the infection rate is between at about 9% down from about 14% last year. This could be due to many government and non-government agencies working together for HIV prevention, and the rapid scale up of counselling services in Tamil Nadu. Awareness

and knowledge of HIV are relatively high, as is condom use, and many women report rejecting clients who do not use condoms. However, women also admit that the negotiating capacity of the teenage girls and those who are new in the profession is relatively low. In addition, if the woman is threatened with violence, or is under the influence of alcohol, condoms may not be used.

### **Magnitude of trafficking and causes for entry**

Although there are a number of studies on commercial sexual exploitation of women and children, there are no reliable estimates on the extent and magnitude of trafficking in Tamil Nadu.

WIPs are 'invisible' to the extent that there is no defined red light area in the Chennai or in other towns in the State. Brothels are scattered across cities, as for example in Chennai. Of the 18,809 WIPs identified in Chennai, only 1,170 are brothel-based while 12,317 are home-based<sup>1</sup>.

There are different ways by which women and children in Tamil Nadu enter prostitution. A survey conducted among 200 women by the National Commission of Women (NCW) on *Child Prostitution in Tamil Nadu*, in 1997 revealed that:

- Over 90% were from rural areas;
- Nearly 50% had run away after sexual abuse in the family;
- 60% were prostituting with the knowledge of their family;
- 30% had been 'lured' into prostitution before they were 18 years of age;
- 40% had completed secondary education, but started selling sex due to lack of other job opportunities; and
- 50% had started selling sex after desertion by husbands.

*"Most of us are survivors of 'incest' by our family members. In several cases denial and shame has made us enter sex work, our family members had prevented us from even whispering about this out of fear of social ostracization and stigma that they may have to face."* Despite this more than half the women supported their parents, paid for the education of their brothers and got their sisters married<sup>2</sup>.

The percentage of women coerced into sex work is quite low – about 1 in 100 cases. (Of 270 cases arrested in Chennai in 2004 only 3 cases were minors. 30 cases were booked for running a brothel<sup>3</sup>. Of 25 WIPs (roughly 1,000 population) interviewed randomly at Vellore, only 2 cases could be considered trafficked. In Chennai, the figure is even lower, as the women are attracted to the cine field where occupation sex is a by word.

Most women are trafficked through promises of contract jobs as domestic servants in various Tamil-speaking countries. E.K. Shanta of Institute of Social Sciences, who recently conducted a study on trafficking adds, "the contractor agrees to pay the woman a quarterly pre-fixed sum and since all expenses including passport / visa are pre-paid, the women are easily attracted to the offer. However, on arrival at the destination country, she is either entered into prostitution, or physically and sexually abused if she is a domestic servant. Without a passport she has no recourse but to stay on. Also guarantee of money needed for the family and the fact that they are unaware of her plight, forces her to undergo the abuse."

### **Areas (destination and transit points)**

Rural Tamil Nadu with its high migration population is the source, while the destination is semi-urban and urban cities. The NCW study reports that over 90% of women and children entering prostitution are from rural areas. Migration has been found to be high in Tirunelveli, Dharmapuri, North Arcot and Kanyakumari districts. These are also high HIV prevalence areas in the State. Pondicherry, Cuddalore and Salem are all destination points as also to a lesser extent, Trichy, Madurai and Kanyakumari. Chennai is source, destination and transit point being a major metropolis.

Additionally the film industry attracts a lot of hopefuls. Almost all these cities attract a tourist/ itinerant travel population that attracts casual sex encounters.

There is also a large percentage of Tamil women in the red-light areas of Mumbai, Delhi and Kolkata. Chennai is the destination for women from Kerala, Andhra Pradesh and Karnataka. Hariharan, project director, ICWO states, "Most of the sex workers speak Telugu as a large percentage of clientele come from Andhra. About, 55% of the 6,300 WIPs we met are from Andhra Pradesh."

### **Factors**

Where trafficking does occur, there are various factors associated with it. Four main factors have been identified where women are concerned and these include lure of the city lights (film world), feminisation of poverty, love struck/abused/deserted, and the naïve who get lured. There are other contributory factors like absence of a secure relationship at home, a turbulent adolescence, illiteracy, lack of skills, lack of employment, ambitions, migration, patriarchal society that increasingly encourages a break from tradition.

"Harassment doesn't begin with the police, but begins much earlier at home<sup>4</sup>. A large number of children are sexually abused within the family. Unable to comprehend the abuse, children leave their home at the earliest and are easily lured by enticements into the vortex of the flesh trade.

The ICWO study on 6,300 WIPs in Chennai, found that family debts was stated as the main reason for entry into this profession (31%); 29% because their husband deserted them, and another 29% as their lover deserted them<sup>5</sup>.

An unskilled woman construction labourer earns about Rs 500 to Rs 750 a month. A woman in prostitution earns about Rs 1,000 a month on an average, minus all the 'haffa' and 'fines'.

Babu of Mass Action Network (MAN) says, "People willingly do not enter prostitution. When there is no source of income, the responsibility falls on the woman. They sell their bodies so that their children will live."

### ***Continuing gender discrimination and the failure of the State to provide opportunities for education and economic independence is the single largest factor that fuels the entry of women into prostitution.***

*"In my village, the only future I had was to get married, have children, work in the fields, work in the house, obey my husband, slave for his family. . .I wanted to earn my own money, wear nice clothes, go out with my friends. . .I thought I would have a better life in a city. . .I did not mind having sex. . .I knew I would have to do it if I got married even if I did not like the man. . .at least this way I would have my freedom. . .in the beginning I was beaten, raped and abused by pimps, police and rowdies. Now, I have learnt to survive..why should I leave now? When I wanted to study and to find a good job, nobody helped, not my family, not the government. Now what right does anybody have to make me stop?"*

The induction of a woman into prostitution, even where she has not been forced, is often accompanied by gang rape, torture, and violence in order to subjugate her will. At this point the woman will give almost anything to escape the system, but is unable to do so because the institution guards her so entirely, even from other women. Her only access is to the client or the pimp. By the time she is free to prostitute more openly she no longer wishes to leave because she has already paid a high price to learn her new trade. Besides, not only has she no other skills, she is ostracised by all other sections of the society for being a prostitute.

**The woman in prostitution is doubly penalised. First by not being in a position to make choices, then by being hounded by the State for having fallen into the clutches of prostitution.**

*“After I was deserted by my husband, I was not welcomed either by my family, my friends or my husband’s family. I had to learn to support my children and myself. I never imagined that I would sell my body for sex, but at least here I get paid for the sex. In my earlier job, I would not be given a work contract if I did not sleep with the supervisor.”*

### **The trafficker and the system**

When it comes to addressing the question of who is a trafficker, it is found that almost anybody could be involved from husband, brother, boyfriend, relatives, friends/colleagues, recruitment agencies, media (cine) agents, even her own family. It is the victim’s proximity to the person and the trust enjoyed that enables the person to lure/entice her away.

Hariharan says, “It is extremely difficult to identify the part-time broker/agent or the trafficker. Even the autorickshaw driver is a freelance broker. If he takes you to a particular brothel, he is paid a commission. Many of these people also keep an eye on girls or women who look lost or from out of state. They then approach them and promise to take them to a safe place and these women may end up in a brothel.”

The initial stage is the recruitment or procurement of young girls as the demand for younger girls is very high. Brothel keepers are willing to pay a higher sum to a girl below 18 than to a woman of say 24. The ground-level network is extremely broad-based and includes the likes of family and friends. There are also part-time agents / brokers who may have a regular job but who occasionally traffic as and when the opportunity arises. Up the ladder are further agents, sub agents, pimps and brothel owners, police, rowdies, politicians who are all inexorably linked to the chain.

The ground-level agent at the lowest rung gets his procurement money ranging from Rs 500 to 1,000 from the trafficker. If sold directly to a brothel, he may get up to Rs. 5,000 depending on the age of the girl. This is a 100% net profit to the agent. The trafficker then transports her to a destination of his choice and sells her for anything from Rs 10,000-30,000, or contracts her out to the brothel owner. On a contract, the trafficker and brothel owner share the earnings of the woman, while she herself may only get food, clothing and a roof over her head.

Escape is impossible as the brothels have their own gangs to prevent such situations. Desensitising the girls who refuse to have sex is done by gang-raping, beating and other abuse. The women are also introduced to drugs or alcohol to deaden the pain and agony. Over a period of time they get addicted. Of 20 WIPs between 17 and 35 interviewed in Vellore, 15 used alcohol, 12 were addicted to pan masala (chewing tobacco), three smoked cigarettes and one was addicted to marijuana.

The trafficking network has connections with criminal counterparts in other States. People are known to use cell-phones and email for this purpose. The study shows that police raids on known brothels nearly always detain girls from other States while the brokers and pimps go free.

### **Trafficking in children**

There is a large demand for children in the flesh trade. However, this population is extremely invisible and very little intervention has been attempted. Narrating their experience, women reveal that virgin girls are considered a hot sell among brothel owners and customers. They are valued at two to three times the average ‘price’. The APAC study reports that there are 524 child prostitutes in Tamil Nadu. The number does seem small compared to the total estimated number of 81,069 women in Tamil Nadu. However, the figure may actually far higher as women/children are warned

to lie about their real age to the police when they are selling sex. Many who may only be 15 or 16 report their age as 18 or more.

Off the record, police say that children in prostitution are usually those who have just reached puberty and could be anywhere between 13 and 18 years old. Penetrative sex with a virgin can fetch very high prices for the 'owners'. 'Opening' night prices range from Rs. 2,000 upwards. To increase their profits, some brothel owners offer the same girl out as a virgin several times, forcing the girls to undergo innumerable rapes (reports from interviews with WIPs).

In many cases, it is the family that introduces them to the profession and many children support their family through their earnings. In the case of child marriages marital rape by the lawful husband is not punishable under law. This can lead to a situation where a man deliberately marries a young girl for purpose of trafficker her later on. The conflict between the need to support the family economically and the daily degradation, rape and physical abuse is traumatising. However, there is little or no help available at this stage.

For example in Pondicherry, of 286 children from the red light district surveyed, 118 of were found to be at maximum risk of entering prostitution, of these 66.9% were already known to be in the sex trade. With no set business hours, fear of police raids and extreme competition for clients, women entertain the clients within their homes. The children ended up witnessing her having sex with clients. Such an environment essentially led to children being confused about values<sup>6</sup>.

A year or two in the profession and children prefer to stay rather than look for alternate employment as labourers. The main reason was that even as a coolie or construction worker, they were forced to have sex with the contractor or employer. Thus, they seemed to reason that selling sex was more profitable than being forced to give it away free. In addition, assistance in times of emergency (abortion, legal fees, family trouble, etc) was immediately available from the brothel owners or others in the sex trade, in contrast to the community at large, which ostracised them and discriminated against them.

### **Other specific groups**

The NCW study in 1996 found that a predominant number of women were from the Dalit class. There is no actual data on the number of tribal and adivasi women and children in the sex trade.

## State Laws and Policies on HIV and Trafficking, and Extent of Implementation

Recognising the seriousness of the epidemic, the government of India established a National AIDS Committee, which created public awareness through the media and introduced blood screening at hospitals for transfusion purposes. In 1992, the National AIDS Control Organisation (NACO) was set up. The first state-level committee, the Tamil Nadu State AIDS Control Society, was constituted in 1996, an autonomous body under the Government.

The national-level policy as well as the state-level policy on HIV/AIDS intervention principally aims at the prevention and further spread of the disease by making people aware of its implications and controlling STD through promotion of condom use. It also aims to create an enabling socio-economic environment so that all sections of population can protect themselves from the infection, and families and communities can provide care and support to people living with HIV/AIDS. Further, it aims to provide services for the care of PLHAs in times of sickness, both in hospitals and at homes through community healthcare.

The programme is decentralised from the State AIDS Cell to the field level. It has identified various target groups both primary and secondary stakeholders for interventions. These include WIPs, MSMs, truckers, migrant labourers, industrial labourers, prison inmates, youth and adolescent groups, and tribals.

The basic purpose of the targeted intervention (TI) programme is to reduce the rate of transmission among the vulnerable population. One of the ways of controlling the disease from further spread is to carry out direct intervention programmes among these groups through multi-pronged strategies, beginning from behaviour change communications (BCC), counselling, providing healthcare support, treatment for STDs and creating an enabling environment that will facilitate behaviour change.

Since most of these groups are marginalised both socially and economically, it is not possible to access them through conventional government services. NGOs, Community-based Organizations (CBOs) and other appropriate agencies work by developing a peer-based approach to enable and sustain behaviour change. In Tamil Nadu, 82 TI programmes have been initiated of which 23 work with WIPs.

There are two basic components of TI: one it addresses the primary stakeholders and core transmitters and secondly it addresses the bridge population associated with the former.

For the primary core group, behavioural change communications (BCC) is provided, which includes counselling, condom promotion including condom use by demonstration, STD treatment, one-to-one interaction and one-to-group interactions, group meetings etc.

The secondary component of TI is Enabling Environment where Information, Education and Communication (IEC) material is distributed to create awareness among the bridging population. These in the case of WIPs consist of pimps, brothel owners, brokers, lodge boys, clients, etc.

Lastly capacity-building measures are undertaken for outreach staff and peer educators on a periodic basis.

### **Organisations of trafficked women**

A more comprehensive and holistic intervention with WIPs was initiated by SIAAP in 1993 in Chennai. Since that time, SIAAP has supported the formation of 12 registered community

organisations of WIPs across the State. Significant features of the interventions are.

1. Interventions are planned, managed, and implemented by women themselves;
2. They address fundamental concerns in the lives of women, rather than focus on HIV & AIDS alone. These include violence by police and rowdies, health care and education for children, savings and credit for the family, and ability to negotiate and access welfare schemes.

Ongoing training and on-site assistance is provided by SIAAP in specific areas. These include gender, sexuality, human rights, law, advocacy, literacy, thrift and credit, public speaking, and training in skills that can bring in additional income.

This approach has had very interesting outcomes, most significant of which is the increasing recognition by the women of the need to protect children from entering the trade. The community organisations take upon themselves the responsibilities for tracing and reporting abduction of children and/or women into this work. At a meeting with the NCW in 1996 in Delhi, the women said:

*"We are equally concerned about this problem and think it is a terrible crime. We know when and where children are kept in prostitution. We can assist in bringing this to your notice as well as point out the persons involved in this racket as long as we can remain anonymous from the police, as we cannot trust the police who are often hand in glove with the prostitution racketeers."* (See annexure for list of organisations of women trafficked in prostitution)

Such an approach is reiterated by SFDRT in Pondicherry. Shyamala Ashok says, "Self-regulation system among the sex workers or in the brothel system is the only constructive approach to prevent children from trafficking. In such a kind of system, we shall receive accurate information about the trafficked children and the traffickers." To initiate a team for self-regulation system, SFDRT has identified eight people who had previous experience in the sex trade as either sex worker, pimp, or as a trafficker. "We have set some criteria in selecting the team: self interest to work for a social cause; attitude to prevent children from commercial sexual exploitation; courage in handling situations; experience as being related to the sex trade but not currently involved; and good rapport with brothel owners and traffickers."

SFDRT engages in rescue and rehabilitation of the children through provision of a short-stay home for trafficked children before repatriation to a permanent shelter. During this period, children are provided with psychosocial support, nutrition, recreation, and vocational counselling. The objective is to reduce the trauma of the children as well as to create a conducive environment to help them live within the family or at an institution.

ICWO, which works largely with the Men having Sex with Men (MSM) community, does second generation prevention care with children of WIPs. It in four districts in Tamil Nadu (Chennai, Vizhupuram, Kancheepuram and Thiruvallur) mainly comprises of one to one discussion through outreach workers. Condom demonstration and distribution. Health and medical check ups and referrals for treatment of STDs is also undertaken. Community counsellors also hold group discussions with secondary stakeholders of pimps, brokers, clients, etc. Posters, stickers, leaflets and small booklets are printed in simple language to disseminate information.

### **Trafficking: laws and policies**

The Immoral Traffic (Prevention) Act, 1956 (ITP Act) specifically addresses trafficking and sex work.

Section 8 (b) of the ITP Act states that whoever in any public place or within sight of, and in

such manner as to be seen or heard from, any public place whether from, any public place by words, gestures or exposure of his person, tempts or endeavours to tempt or attract the attention of any person for the purpose of prostitution, shall be punishable on first conviction with a term of 6 months or with fine of Rs 500 or with both and for a second subsequent conviction with a term of 1 year.

Section 4 (1) of the ITP Act state that: any person over the age of 18 years who knowingly lives, wholly or in part, on the earnings of prostitution of any other person shall be punished.

Section 4 (2): where any person over the age of 18 years is proved (a) to be living with or to habitually be in the company of a prostitute (b) to have exercised control, direction, or influence over the movements of a prostitute (c) to be acting as a tout or pimp on behalf of a prostitute, shall be presumed, until proven otherwise, that such person is living on the earnings of prostitution of another person.

As is seen, sex work itself is not considered an illegal activity under law. Under the Act, only the concomitants, such as soliciting, running a brothel, etc are cognisable offences punishable by law. Further to the ITP Act, Section 361 and 362 of the Indian Penal Code (IPC) deals with kidnapping or abduction and states that it could be by carried out either by enticement, deceit or inducement and to move the person from one place to another would be punishable. The law is further clear that sex with a minor girl under 16 years or age, with or without her consent amounts to rape.

According to Section 366, *procuring* a minor girl and forcing or seducing her into illicit intercourse is a crime. Read this with Section 372, where selling minor girls for purpose of prostitution. Legally, all the clients who frequent such young children must perforce be arrested for rape. But that hardly ever happens.

It is of significance to note that there is no specific law on sexual abuse that takes place in or near the home. This is a factor that plays a significant role in pushing children to leave home, and makes them vulnerable to unsavoury elements.

### **Limitations**

In Tamil Nadu as in other States, the brothel owners, pimps, agents, traffickers are rarely arrested by law enforcement agencies. If arrested, an exigency under the monthly quota system of the police, they are booked under other laws and not as traffickers. Even the male clients get away scot free, even if the police raid catches them *in flagrant delicto* if arrested with a minor under 16.

The term 'trafficking' itself continues to be ambiguous and is interpreted differently in different contexts by different bodies. For instance, the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution equates sex work with trafficking of women. This implies that an anti-trafficking measure would translate into an attempt to prevent prostitution.

The ITP Act's principal mandate is to prevent the traffic of women and children into prostitution. Unfortunately, the actual enforcement of the law has been mainly against the same women and children it is supposed to protect. **An examination of the records of convictions under ITP Act in Chennai, and other cities and towns in Tamil Nadu show that over 90% of those arrested under the ITP Act have been picked up under Section 8 of the Act for "seducing or soliciting for purposes of prostitution, in a manner/place that makes her a public nuisance."** It appears that prostitutes may exist but may not be seen. Interestingly, women who have challenged their arrests under this section of ITP Act have invariably been acquitted due to lack of evidence. However, since most women are too ignorant and too frightened to go to court, they continue to be arrested in large numbers.

To understand the nature and extent of police violence among women in prostitution, Siaap talked with 172 women from 13 districts of Tamil Nadu, in October 2000. The results are a shocking indictment of the way we allow the state to treat a significant number of its women citizen. Nearly 70% of the women reported that they had been beaten with *lathis* and logs of wood as well as kicked by booted policemen. Some had their hand and legs broken and their sex organs mutilated. The others reported incidents of slapping, twisting of hands and ears, pulling of hair, spitting on the face etc.

More than 80% of the women said they had been arrested without evidence i.e., based on the assumption that the woman was soliciting in a public place at the time of her arrest. This they said was only to meet the monthly 'targets' of each police station. Had women fought the cases in court, chances are she would have been let off for lack of sufficient evidence. Nearly 15% said they were arrested because they questioned the policemen's right to beat them or verbally abuse them. A small percentage (2%) said they were picked up while distributing condoms and talking to women about protecting themselves from HIV. Most women (70%) said they preferred to pay a fine and get away from the police. Those unable to do so (11%) said they underwent imprisonment after pleading guilty because they did not know how to fight a case and prove their innocence. Nearly 12% of the women reported that they had been forced to vacate their homes due to the harassment by the police.

All women said they routinely parted with gold or silver ornament such as nose studs, earrings, bangles, anklets etc, as part of the fine or 'bail' amount. Women also said that each time they were arrested – usually once every two or three months – they spent close to Rs 1,000 to pay the lawyer, court fees, transport, etc. This was in addition to the expenses she incurred on medical care in case of injury due to assault by the police.

**Section 4** says, "any person over the age of 18 years who knowingly lives wholly or in part on the earnings of prostitution of a girl or woman shall be punishable with imprisonment for a term which may extend to two years." This obviously **implies that the prostitute woman may support herself through her earnings, yet the woman herself is the one who is arrested and punished.**

*A typical scene in the court during the post lunch session is of a group of women arrested the previous night, huddled near the witness stand, while their pimps and owners stroll in the compound. A court clerk calls out the name of the woman and reads the number of the section; the judge looks at the woman and nods his head; the woman whispers a yes and is fined anywhere between Rs 300 and Rs 1,000. She then leaves hurriedly to borrow the money. Often the owner will pay up, but the amount, plus an interest rate of nearly 125% to 150%, is debited to her account. She now has to return to the street or the brothel to repay the debt.*

The Indian State collects a revenue of around Rs 5 crore annually from these women through court-imposed fines, lawyers fees amount to about Rs 9 crore, *mamool* collected by police amounts to about Rs 5 crore. (A minimum of Rs50–Rs100 as protection money per month per woman; for every 100,000 women

prostituting themselves throughout the country.) **Thus the women pay up a minimum of Rs 15 crore to Rs 20 crore a year and must qualify for the one of the highest sections of taxpayers in the country.**

Though the ITP Act, contains provisions to penalise the perpetrators, it is used more to victimise the WIPs than those who are behind the curtain of trafficking and prostitution.

The law seems to make no distinction between the 'institution of prostitution' which includes brothel owners, pimps, mafia elements, and other abettors, and an individual woman selling sex of her own accord and for her own livelihood.

Conviction rate of the traffickers and pimps is extremely low. Most of the persons in the network are not arrested as they are already paying a hefty *mamool* or *haffa* (bribe) to the police and also because the top nexus also has political clout. Those unlucky few who are arrested are indicted under other laws rather than the relevant sections. The Act is also misused to raid and seize money and material belongings, beatings and assault. Violence from law enforcement agencies coupled with stigma isolates the WIPs and makes them more vulnerable to STIs and even HIV in social and physical terms.

## Current Approaches to Address HIV and Trafficking

The current approach to the issues of HIV continues to remain in the area of public health, with a token mention of human rights. These interventions focus on behavioural and medical effects to prevent HIV infections, and to provide a degree of care to those already living with HIV. The main components of these interventions, even with WIPs, are information, condom distribution, counselling and treatment for STIs, and opportunistic infections (OIs). This approach attempts to provide short-term solutions, rather than empowerment of the individual or the particular community. There is no integration of the different government sectors involved in development activities. Thus, for instance, the Department of Social Defence is almost the only one working in the area of trafficking, while the Department of Health is the primary one working in the area of HIV. There is minimal involvement from the Department of Women & Child Welfare, the State Human Rights Commission, the State Commission for Women, the Department of Education and the Department of Social Welfare.

In Tamil Nadu, Siaap, MCSCS, ICWO and CHES, and SFDRT in Pondicherry work with women trafficked or otherwise inducted into prostitution. SFDRT has planned a resource centre for networking with other NGOs. This centre will conduct workshops and training programmes and disseminate information on trafficking. SFDRT operates temporary shelters and victim-care centres and has a network of informers, counsellors, and peers to help deal with trafficked people. Once the person is identified, they are rescued, counselled, and repatriated if possible. A few such women are currently being trained to run mobile eateries.

In 2002, a network of NGOs and CBOs working on the issue on South India came together to form the Forum Against Violence on Sex Workers (FAVOS). Though the forum doesn't deal with trafficking per se, it has an obligation to combat, free or threat and to keep minor children away from prostitution.

By and large however, women and children 'rescued' from brothels are usually kept in remand homes. There is no ongoing counselling. Vocational training usually comprises tailoring, mat weaving, or other obsolete courses that women find monotonous and uninteresting. Girls are routinely sent to families, which many times introduced them to prostitution. There is no attempt to maintain confidentiality regarding the earlier situation. This increases their experience of stigma and discrimination.

In the reform homes mandatory testing for HIV is undertaken though this is against NACO guidelines.

Finally there are no policies that support women who prefer to stay on in sex work.

## Other Mechanisms to Address HIV and Trafficking

Mechanism at the State and local level (district, block, panchayat, other community groups)

The Tamil Nadu government has recognised the seriousness of trafficking in women and children and has taken serious cognisance of the problem. Towards this problem, they have taken some steps: A high-level coordination committee under the Chairmanship of the Chief Secretary to Government of Tamil Nadu has been constituted. A state-level action plan has been drafted to combat the problem and approved by the government. The government has also appointed District Advisory to work out intervention strategies as well as Village Level Watch dog Committees. Some districts have already formed village level watchdog committees.

# Analysis and Identification of Priority Areas

## Trafficking: causes & concerns

It appears that the current understanding of trafficking is limited to a conventional definition of people being “forced or threatened” into prostitution. This does not take into account the cases of women and children who are trafficked by circumstances by factors that have to do with their environment and life situations. This is of particular significance because **one of the biggest mediators of “circumstantial” trafficking is sexual abuse within the family**. A full 50% of women interviewed as part of the National Commission of Women’s Study on Prostitution in 1997 in Tamil Nadu, said that they had been sexually abused within the family. Nearly 90% of the women were from rural areas and a majority from backward classes. Additional factors seem to be low levels of literacy, poor occupation skills, early age of marriage, desertion by husbands/ lovers, and rising aspirations for a better quality of life.

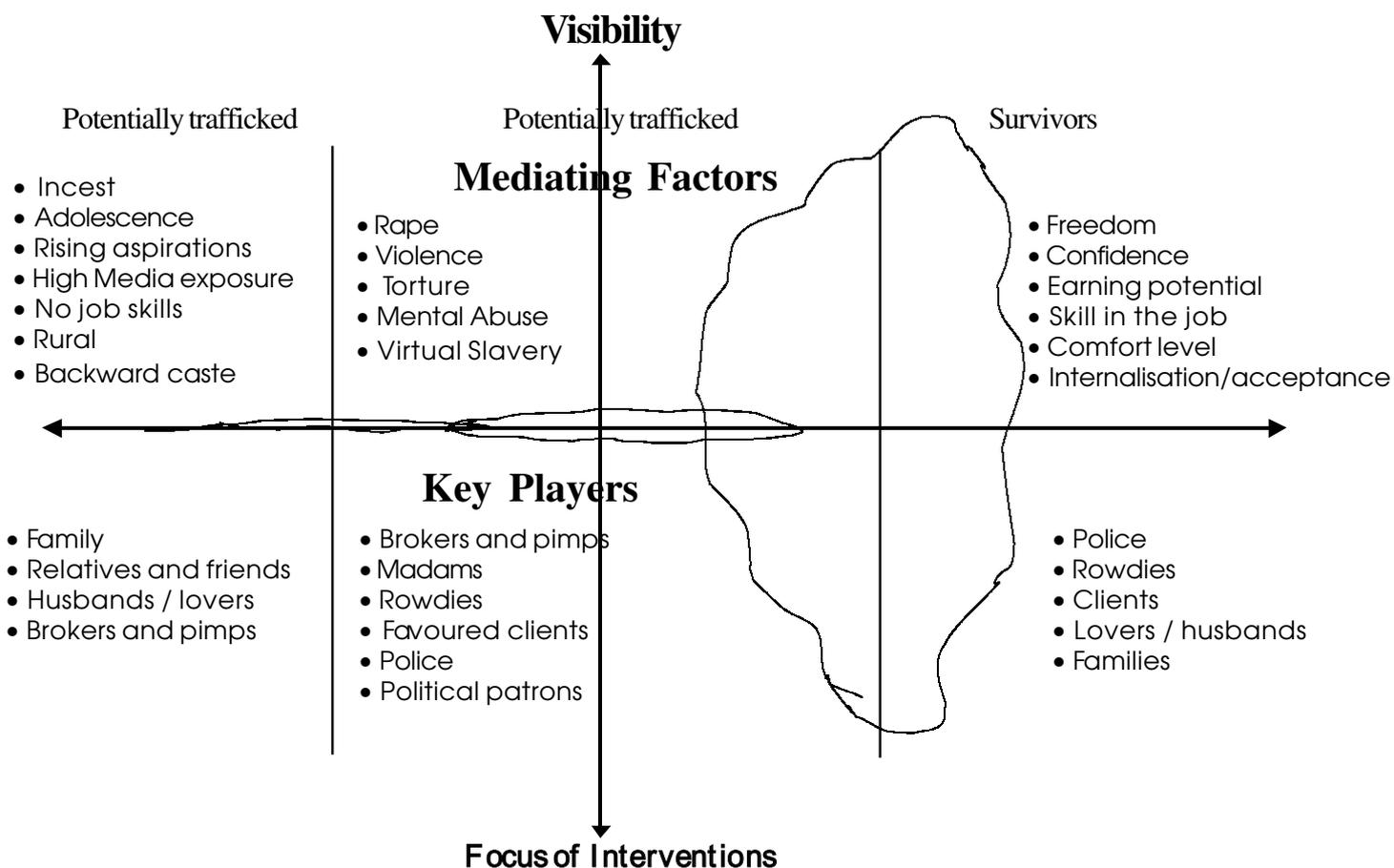
## Trafficking continuum

Trafficking itself appears to be part of a continuum that can be described as a) pre- or potentially trafficked stage, b) the trafficked stage and c) the survivors of trafficking stage.

The figure below attempts to describe the situation.

The X-axis represents the period between an individual’s life before being trafficked, and the period from which she emerges as a survivor of trafficking. The positive section of the Y-axis

# Trafficking Continuum



represents visibility of the issue whereas the negative section represents the extent of intervention in each stage of the continuum.

**In the potentially trafficked stage, women and children who may be vulnerable to being trafficked are invisible and there are no interventions in the community that can protect them from it. In the trafficked stage, there is a very very small degree of visibility of the trafficked women and children, with correspondingly few interventions. In the survivor stage, the visibility of the survivors is very high and there is an equally high degree of intervention among them.**

**Each stage is characterised by mediating factors as well by a group of people who contribute significantly to this phenomenon.** These can be seen as shown in the table below.

### **HIV and trafficking**

An important finding is that **HIV infection is mediated by almost the same set of factors that causes vulnerability to trafficking.** The analysis reveals that HIV vulnerability increases among younger people (15-24); among people with low literacy levels and occupation skills; among people from lower castes; among women; in environments where violence and alcohol use and abuse are high; and among young entrants into prostitution. These are almost identical to the ones that promote trafficking.

This would naturally imply that a common set of interventions could target a reduction in both HIV and trafficking. However, in the current situation there is **virtually no integration between HIV intervention on the one hand and trafficking on the other.** While there are plenty of HIV prevention interventions run by NGOs in the state, these target the virus rather than the person or her/his circumstance. The nearly 100 plus interventions with women and children in the State by NGOs are limited to information giving, condom supply, and referrals for treatment of STIs and OIs. Only two or three NGOs address trafficking issues as part of the intervention. These include SFDRT in Pondicherry, and Siap, ICWO and MCCSS in Chennai.

**Significantly however, a network of community organisations of women in prostitution in TN ensure that women and children are not forced into prostitution in their areas** as part of their initiative to improve the quality of their lives and that of their children. Where this occurs, they try and persuade the procurers to let the women go. So far there have been no reports that they have brought the police into the picture. This might be explained by their traditional and deeply ingrained mistrust of police as well as their conviction that the police are usually hand in glove with the traffickers.

The issue of **sexual abuse within the family** continues to be completely ignored by NGOs, government and communities alike.

### **Laws and policies**

Laws and policies that claim to address trafficking seem to **target the victims of trafficking rather than the traffickers themselves. The law is ambiguous when it comes to prostitution.** It seems to suggest that prostituting oneself (for one's own livelihood), per se, is not a crime. On the other hand it discourages the practice of prostitution by making soliciting an offence. In addition, women (and children) who have been trafficked into prostitution are often subject to **high levels of violence by the police.**

Children are often lumped along with adult women under the law with regard to trafficking. Separate cases are not registered against clients and others who abuse them. **No specific laws seem to exist to deal with child sexual abuse.** There are very few State mechanisms to

combat trafficking. A high-level coordination committee under the Chairmanship of the Chief Secretary to Government of Tamil Nadu has been constituted along with state-level action plans to address the problem. However, this is yet to take off. Interventions are planned largely for children and women who have left home, but have not yet fallen into the clutches of the trafficker.

HIV policies speak about empowerment of individuals and building up of a supportive environment. However there has been no intervention designed to ensure these outcomes. And most work aims to prevent transmission of the virus from one person to another.

**Policy makers tend to see trafficked (read prostitute) women as sources of HIV infection** rather than as people who should be protected. Though there is sufficient evidence to prove that violence directly contributes to HIV infection.

Levels of state sponsored violence on women in prostitution are astonishingly high. No effort has been made to-date by any agency to address this issue.

Currently HIV policy encourages the greater involvement of people with AIDS (GIPA). This exacerbates the divide between 'good women' and 'bad women' because the majority of people living with HIV in India today describe themselves as monogamous, married (and widowed), and 'innocent victims' of their husband's infidelities. Such a classification denies the reality of HIV and AIDS in the lives of the large numbers of women who have been trafficked into prostitution.

## Details of relevant organisations, individuals in the State

(Attached as annexure)

### Documents/publications

Some of the documentation and publications referred include:

- ∩ *Child Abuse & Prostitution in Tamil Nadu*, National Commission for Women, Government of India, 1997-98
- ∩ *Societal Violence on Women and Children in Prostitution*, National Commission for Women, Government of India, 1995-96
- ∩ TNSACS: Sentinel Surveillance for HIV in Tamil Nadu 2003
- ∩ APAC: HIV Risk Behavior Surveillance Survey in Tamil Nadu 2003 - Wave VIII
- ∩ Indian Community Welfare Organisation (ICWO): Assessment report on Sex Workers and their Clients, study supported by TNSACS, 2002 (*see annexure: ICWO.ppt*)
- ∩ "Trafficking and Prostitution", article by Shyamala Nataraj, SIAAP (*see annexure: trafficking and prostitution.doc*)
- ∩ "WIP in India – Updated Realities", article by Shyamala Nataraj, SIAAP (*see annexure: WIP in India – Updated Realities.doc*)
- ∩ Society for Development Research & Training (SFDRT), Pondicherry: "Pilot Project to Combat the Trafficking of Children for Commercial Sexual Exploitation in Destination Areas" - Annual Report (Jan – Dec 2003) (*see annexure: SFDRT\_annexure.doc*)
- ∩ APAC ethnographic survey on WIPs in Tamil Nadu (*see annexure: CSW.xls and Report\_CSW.doc*)

## Suggestions and Recommendations

### **(i) Community centered**

1. The scope of the term “trafficking” should be expanded to include women and children who enter prostitution because of circumstances that force them to do so. Trafficking must be seen as a continuum and appropriate interventions designed and implemented at each stage.

The primary approach in the ‘Pre-trafficked’ stage is **Prevention**. People who need to be involved in the intervention are family, neighbourhood, panchayats, schools, and NGOs and CBOs in their areas.

The most important requirement in the ‘Trafficked’ stage is **Rescue and Rehabilitation**. This implies active intervention in the form of raids and other rescue efforts. People who need to be involved are law enforcement agencies including police and courts, commissions for women and children, commissions for Human Rights and appropriate CBOs and NGOs.

The most effective approach for ‘Survivors in Trafficking’ is **Acceptance and Integration**. This means decriminalising women in prostitution, reducing violence upon them from police and rowdies, providing facilities for childcare and healthcare, and making accessible housing facilities, ration cards, voter ID cards, etc. Interventions must target policy makers, police and appropriate state departments as well as local governance systems.

2. A distinction must be made between trafficking and voluntary prostitution. While women and children must not be forced or coerced into prostitution, women *must not* be forced out of it either.
3. Communities must be sensitised to issues of child sexual abuse within families.
4. Panchayats should record disappearance of children/women from homes and initiate steps towards rescue of such people.
5. There should be a highly visible, consistent and continuous publicity on radio and television regarding trafficking and punishment under law.
6. Village/panchayats must be involved in education of the communities with the help of audiovisual media depicting the psychological and physical trauma and violence encountered within prostitution.
7. The education system must be restructured to include training and vocational skills at the secondary levels.
8. Children should have access to HIV & AIDS prevention education, information and about its prevention. Measures should be taken against social, cultural, political, or religious barriers

that bar children access to HIV prevention resources.

9. Community organisations including those of women in prostitution must be entrusted with the role of preventing trafficking in women and children at the entry level. They must be recognised as allies to law enforcement agencies, and not as criminals in themselves.
10. Training for alternate self-employment must be provided to women who seek it, and to children. Children must be supported to rejoin school or must be trained for appropriate work.
11. HIV interventions with WIPs must integrate violence as well as trafficking issues.
12. Women's right to confidentiality and privacy with regard to their HIV status should be recognised. HIV testing should be voluntary and done with informed consent of the persons involved.
13. Both HIV and trafficking prevention interventions must address underlying causes of spread.
14. Specific education and counselling should be directed at girl children for prevention of sexual abuse STDs and HIV at community level.
15. Children should have access to medical facilities and counselling facilities in the case of sexual abuse.
16. Children's rights to confidentiality and privacy in regard to their HIV status should be upheld. This includes the recognition that HIV testing should be voluntary and done with the informed consent of the person involved.

## ***ii) Law Reforms***

- a Specific laws regarding sexual and other abuse of children must be framed as priority.
- b Prostitution must be decriminalised. Cases of rape should be immediately registered with regard to girl children under the age of 18 selling sex.
- c Legal reprisals against brothel owners/law enforcement authorities and clients must be initiated for punishment under Section 375 and 376 of the Indian Penal Code for aiding and abetting prostitution of minor girls.
- d Legal action must be initiated against all parties, including judiciary, in the case of publication of identity of victims of sexual abuse.
- e Girl children abused within prostitution should not be brought under the presence of the ITP Act. All sections dealing with girls under 18 should be deleted from the purview of the ITP Act.
- f Girl children abused within prostitution should not be sent to remand homes housing adult women detained under ITP Act. Separate arrangements to include facilities for counselling, skills training, and job placement should be made available.
- g Legal action should be initiated against all brothel owners/pimps found to employ girl children under Section 357, 365, 366, 366A, 368, 370 and 372 of the IPC.

- h Legal action should be initiated against police personnel demanding sexual favours of girl children in return for 'protection' of brothel owners as provided under Section 376(3) of the IPC.
- i Amendment of Section 375 of the IPC to include under the definition of rape, the sexual abuse of girls under 18 years of age even if it is by their own husbands.
- j All courts/police stations and medical institutions should be directed to comply with the Government of India policies on testing for HIV. The practice of detention of children tested positive for HIV should be dropped and children given the freedom to choose to return to their families.

### ***iii) Institutional Response***

1. Actual age of the children should be verified and girl children under 18 should be provided special facilities including special medical and emotional support.
2. Girls under 18 should be separated from older women in detention centres.
3. Care workers should be trained to deal with issues of sexual abuse.
4. Trained 'counsellors' should be available at institutions.
5. Vocational skills development should suit contemporary employment/income needs.

### **Footnote references**

- <sup>1</sup> AIDS Prevention And Control (APAC) ethnographic report on WIPs. (see annexure: CSW.xls)
- <sup>2</sup> National Commission of Women report on Child Prostitution, 1996
- <sup>3</sup> Anti-vice Squad verbal reports; Department of Social Defence unofficial reports
- <sup>4</sup> Shyamala Ashok, director, Society for Development Research and Training (SFDRT), Pondicherry during interview for this report
- <sup>5</sup> ICWO report.
- <sup>6</sup> SFDRT report: Process documentation, FHI (see annexure, SFDRT\_processdoc\_FHI.doc)
- <sup>7</sup> Shyamala Nataraj in *Women in Prostitution – Some Realities* (see annexure: women in Prostitution.doc)
- <sup>8</sup> *Societal Violence on Women and Children in Prostitution*, National Commission for Women (NCW) 1995-96.