



**Advocacy to improve access for Female Sex Workers to comprehensive,
non-discriminatory SRHR services in 3 states in India**

Baseline Assessment Report

September 2019



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INTRODUCTION

India has nearly one million female sex workers (FSWs). Sex work is not illegal but the current law (Immoral Traffic Prevention Act, 1956) criminalizes related activities, with devastating consequences. Stigma and discrimination of sex workers is high, and very few FSWs seek access to public Sexual and Reproductive Health (SRH) services, especially for mental health, abortion, contraception and intimate partner violence (IPV). Advocacy for right to sex work and access to comprehensive SRH services is particularly needed in the 3 states such as Tamil Nadu, Karnataka, and Maharashtra, home to over 40% of FSWs.

The SARVOJANA coalition with South India AIDS Action Programme as the lead partner and Sangama and Saheli HIV/AIDS Karyakarta Sangh as downstream partners with the support of Amplify Change attempts to increase policy support for the right to voluntary sex work and increase access of FSWs to comprehensive, non-discriminatory, and ethical SRH services through the project titled 'Advocacy to improve access for Female Sex Workers to comprehensive, non-discriminatory SRHR services in 3 states in India' in Tamil Nadu, Karnataka and Maharashtra. The key objectives of this project are gathering evidence related to the needs of sex workers the challenges among FSWs in accessing comprehensive, non-discriminatory and confidential SRH services in public and private hospitals and increase awareness among the public about the right to voluntary sex work, and non-discriminatory access to SRH services for FSWs. These objectives aim to

- strengthen understanding of the needs of sex workers and the challenges they face in their access to comprehensive, non-discriminatory, and confidential SRH services including services for mental health, abortion, contraception and against stigma, discrimination and violence of FSWs in family, community, and healthcare settings,
- change attitudes of the public and initiate a movement to shape national policies and local implementation of non-discriminatory services for FSWs.

With the above rationale in mind it was essential to conduct a baseline assessment among sex workers in 3 states of India such as Tamil Nadu, Karnataka and Maharashtra. It is also essential to

understand whether FSWs are aware of SRH programmes and have any feedback to provide regarding the services that they have availed based on existing schemes and entitlements.

Primary Outcome Measure:

(i) Requirements, Use, Barriers, Support factors, Expenses, and Impact on life of issues related to Physical health, SDV, SRH, MH, Substance use among sex workers

Secondary Outcome measures

- (i) Influence of sex work on increasing Independence and Agency among sex workers
- (ii) Knowledge, Utilization and Experience of Pradhan Mantri Jan Arogya Yojana (PMJAY)

METHODOLOGY

This baseline assessment followed the quantitative research methodology and used the purposive sampling technique to select samples for the study. This assessment was conducted among 1000 FSWs during April and July 2019 in Tamil Nadu (398), Maharashtra (300) and Karnataka (302) and 20 Key influencers across 3 states. Initially, the study was proposed to be conducted among 2000 FSWs, however, it was limited to 1000 FSWs in order to widen the scope of the study and to cover the different dimensions of access to services, stigma, violence and agency of sex workers and also due to challenges in reaching out to FSWs locally. Respondents are women who identify themselves as sex workers and are in contact with the project staff or member of local Community Based Organisations (CBOs). Key influencers include health care providers, law enforcement personnel and policy makers (MPs/MLAs, Govt Departments). The survey tool for interview with FSWs was developed in English with 10 sections covering the socio-economic and demographic profile, occupational history, substance use, agency, violence, stigma and discrimination, physical health, sexual and reproductive health, mental health and access to entitlements. The survey tools for key influencers include questions to assess their knowledge and attitude towards sex work and voluntary sex workers. The English tools along with the consent form and description of the study was reviewed by the three implementing partners and translated into three local languages such as Tamil, Kannada and Hindi and pilot tested in the respective states. Project staff and volunteers were recruited and trained to collect data from sex workers. Informed consent was obtained from the respondents. The collected data was entered into Excel and analysed using SPSS. The implementing partner in Maharashtra is working only with FSWs in the red-light area of Pune city while the implementing partners in Tamil Nadu and Karnataka are working with FSWs across the state and thus, results of Maharashtra state is presented as Pune.

RESULT AND FINDINGS

SECTION 1: PROFILE

The socio-economic and demographic profile of the sex workers are described in this section and the results are presented in Table 1.

Age

Overall, the mean age of the sex workers is 36.38 years with a minimum age of 16 years to a maximum of 80 years. Highest proportion of sex workers are in the age groups 35-39 years and 45 years and above (21%), followed by 30-34 years and 40-44 years (18%). About 1% of sex workers were aged below 18 years (data not presented). In Tamil Nadu the proportion of sex workers increases as age increases with highest proportion in the age group 45 years and above (35%). In Pune, highest proportions of sex workers are in the age group 30-34 years (25%), while in Karnataka they are in the age group 35-39 years (27%). The result suggests that the sex workers in Karnataka and Pune are younger than sex workers in Tamil Nadu (mean ages of sex workers from Karnataka is 33.79 years, Pune is 34.05 years and Tamil Nadu is 40.09 years).

Education

Overall, nearly half the sex workers (42%) have had no education. This figure is highest in Pune (73%), followed by Karnataka (46%). In Tamil Nadu, however, only 16% reported having no education. More sex workers in Tamil Nadu have had school education at every level (primary, middle and high school) as compared to sex workers in Karnataka and Pune city, median years of education being 4, 3 and 0 respectively. The lower levels of education among sex workers in Pune and Karnataka may be a possible reason for their early ages of entry into sex work.

Ability to read

Majority of sex workers (57%) said they know how to read. This figure was highest in Karnataka and Tamil Nadu (72%) and the least in Pune (23%).

Ability to write

More than half the sex workers (52%) said they can write. This was highest in Karnataka and Tamil Nadu (66%), and the least in Pune (18%).

Marital status

The vast majority of sex workers (94%) are either currently married or have been married, but only 67% (Married-62.8% and Living with partner-4.5%) are currently living with their husband/partners. Overall, nearly 30% (Separated-12%, Divorced-4% and Widowed-11%) sex workers are living without the support of their husband/partner. There are very few sex workers who have never been married (6%).

Age at marriage

Nearly 30% sex workers said they got married between 15-17 years and about 14% said they got married even before 14 years. About 23% sex workers said they got married between 18-19 years and 26% said they got married between 20-24 years. Only 7% sex workers said they got married after 25 years. In the age group less than 18 years, sex workers in Pune reported highest (54%), followed by Tamil Nadu (41%) and Karnataka (31%). In the age group 18-19 years, sex workers in Karnataka reported highest (29%) followed by Pune (21%) and Tamil Nadu (19%). In the age group 20-24 years, sex workers in Karnataka and Tamil Nadu reported highest (29%) followed by Pune (17%). In the age group 25 years and above, sex workers in Tamil Nadu reported highest (10%) followed by only 5% in Karnataka and the least in Pune (4%). The overall mean age at marriage is 18.28 years, with lowest in Pune (16.9 years) and highest in Tamil Nadu and Karnataka (18.8 years). The results indicate that child marriage is not uncommon in Pune. However, significant proportions of sex workers in all three states are married at young ages.

Number of children

Majority of sex workers (84%) said they have one or more children and in particular, 63% said they have two or more children. Over 74% sex workers in Tamil Nadu, 66% sex workers in Karnataka and 44% sex workers in Pune said they have two or more children. Nearly 16% sex workers said they have no child which includes 24% sex workers in Pune, 15% sex workers in Karnataka and 10% sex workers in Tamil Nadu. This data also includes sex workers who are unmarried.

Living arrangement

Nearly 35% sex workers said they live with their husbands and about 9% live with their partners. About 24% sex workers live in brothels, though this predominantly constitutes sex workers in Pune (79%) and a fraction of sex workers in Karnataka (2%). About 20% sex workers live with their children and 11% sex workers live alone. Highest proportions of sex workers in Karnataka (51%) live with their husbands followed by sex workers in Tamil Nadu (46%) and Pune (4%). About 9% sex workers in Karnataka and Tamil Nadu live with their partners, followed by 7% sex workers in Pune.

Highest proportions of sex workers in Karnataka (30%) live with their children, followed by Tamil Nadu (23%) and Pune (5%). About 20% sex workers in Tamil Nadu live alone, followed by 6% sex workers in Karnataka 4% in Pune.

Type of accommodation

Majority of sex workers (46%) are living in rented homes followed by 28% sex workers who live in their own homes and 24% sex workers who live in brothels. The vast majority of sex workers in Pune (79%) live in brothels followed by about 2% sex workers in Karnataka. Majority of sex workers in Karnataka (63%) and Tamil Nadu (56%) and some sex workers in Pune (17%) live in rented homes. About 43% sex workers in Tamil Nadu, 34% sex workers in Karnataka and less than 2% sex workers in Pune live in their own homes.

Religion

The vast majority of sex workers (71%) are Hindus, followed by Muslims (15%) and Christians (9%). Over 76% sex workers in Tamil Nadu, 69% sex workers in Pune and 68% sex workers in Karnataka were Hindu. Highest proportions of sex workers in Pune (24%) followed by Karnataka (22%) and the least in Tamil Nadu (5%) were Muslim. Highest proportions of sex workers in Tamil Nadu (19%) followed by lower proportions in Karnataka (4%) and the least in Pune (1%) were Christian.

Caste

Over 28% sex workers said they belonged to the backward castes, followed by 25% who said they belonged to the scheduled castes. Only about 4% sex workers belonged to forwards castes. Less than 1% sex workers said they were nomadic tribes. Highest proportions of sex workers in Tamil Nadu (49%) said they belonged to backward castes, followed by Karnataka (25%) and Pune (4%). Highest proportions of sex workers in Tamil Nadu (37%) said they belonged to scheduled castes, followed by Karnataka (28%) and Pune (7%). Highest proportions of sex workers in Karnataka (16%) said they were scheduled tribes followed by 2% in Tamil Nadu and 1% in Pune. About 1% sex workers in Karnataka and less than 1% in Pune said they were nomadic tribes. Over 37% sex workers said they did not want to reveal their castes. This figure includes 85% sex workers in Pune, 27% in Karnataka and about 8% in Tamil Nadu.

TABLE 1: PROFILE OF THE RESPONDENTS

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Age								
Less than 25 years	15	3.8	39	13.0	57	18.9	111	11.1
25-29 years	39	9.8	50	16.7	26	8.6	115	11.5
30-34 years	47	11.8	76	25.3	53	17.5	176	17.6
35-39 years	71	17.8	58	19.3	83	27.5	212	21.2
40-44 years	86	21.6	37	12.3	55	18.2	178	17.8
45 years and above	140	35.2	40	13.3	28	9.3	208	20.8
Education								
Never been to school	65	16.3	219	73.0	140	46.4	424	42.4
Primary	111	27.9	38	12.7	60	19.9	209	20.9
Middle School	92	23.1	25	8.3	54	17.9	171	17.1
High School and above	130	32.7	18	6.0	48	15.9	196	19.6
Ability to read								
Yes	286	71.9	69	23.0	218	72.2	573	57.3
No	112	28.1	231	77.0	84	27.8	427	42.7
Ability to write								
Yes	262	65.8	54	18.0	199	65.9	515	51.5
No	136	34.2	246	82.0	103	34.1	485	48.5
Marital Status								
Unmarried	8	2.0	42	14.0	7	2.3	57	5.7
Married	246	61.8	159	53.0	223	73.8	628	62.8
Living with partner	11	2.8	21	7.0	13	4.3	45	4.5
Separated	38	9.5	64	21.3	16	5.3	118	11.8
Divorced	19	4.8	13	4.3	7	2.3	39	3.9
Widowed	76	19.1	1	0.3	36	11.9	113	11.3
Age at marriage								
Less than 14 years	44	11.3	66	25.6	26	8.8	136	14.4
15-17 years	114	29.2	74	28.7	66	22.4	254	27.0
18-19 years	75	19.2	55	21.3	84	28.6	214	22.7
20-24 years	111	28.5	45	17.4	86	29.3	242	25.7
25 years and above	40	10.3	9	3.5	16	5.4	65	6.9
Don't know	6	1.5	9	3.5	16	5.4	31	3.3

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Number of children								
0	40	10.1	72	24.0	45	14.9	157	15.7
1	63	15.8	96	32.0	58	19.2	217	21.7
2	208	52.3	95	31.7	142	47.0	445	44.5
3+	87	21.9	37	12.3	57	18.9	181	18.1
Living arrangement								
Husband	182	45.7	13	4.3	154	51.0	349	34.9
Partner	37	9.3	20	6.7	28	9.3	85	8.5
Children	92	23.1	16	5.3	89	29.5	197	19.7
Alone	78	19.6	12	4.0	18	6.0	108	10.8
Brothel	0	0.0	236	78.7	7	2.3	243	24.3
Others	9	2.3	3	1.0	6	2.0	18	1.8
Accommodation								
Own	170	42.7	5	1.7	104	34.4	279	27.9
Rented	223	56.0	50	16.7	190	62.9	463	46.3
Brothel	0	0.0	236	78.7	7	2.3	243	24.3
Others	5	1.3	9	3.0	1	0.3	15	1.5
Religion								
Hindu	301	75.6	206	68.7	206	68.2	713	71.3
Muslim	18	4.5	71	23.7	65	21.5	154	15.4
Christian	76	19.1	3	1.0	12	4.0	91	9.1
Others	3	0.8	4	1.3	4	1.3	11	1.1
Don't know	0	0.0	16	5.3	15	5.0	31	3.1
Caste								
OBC	195	49.0	11	3.7	74	24.5	280	28.0
SC	148	37.2	21	7.0	84	27.8	253	25.3
ST	8	2.0	3	1.0	48	15.9	59	5.9
NT	0	0.0	1	0.3	4	1.3	5	0.5
OC	16	4.0	9	3.0	11	3.6	36	3.6
Not willing	31	7.8	255	85.0	81	26.8	367	36.7

SECTION 2: OCCUPATIONAL HISTORY

In this section, the occupational histories of sex workers such as age at entry into sex work, duration in sex work, reason for entry and continuing sex work, places of operation, methods of solicitation, mobility for sex work, income, additional sources of income, debt and ownership of bank accounts are described and the results are presented in Table 2.

Age at entry

Overall, the mean age at entry into sex work is 25.0 years, with 22.4 years in Pune, 23.2 years in Karnataka and 28.2 years in Tamil Nadu. The lowest age at entry reported by sex workers is 13 years and the highest is 58 years. A little less than 10% of sex workers said they entered sex work below the age of 18 years, with 17% sex workers in Pune, 6% in Karnataka and 3% in Tamil Nadu (data not presented). Highest proportions of sex workers entered sex work between 20-24 years (32%) followed by equal proportions who entered at 30 years and above (26%) and 25-29 years (24%). In Tamil Nadu, proportions of sex workers increase as age at entry increases with highest proportions in the age group 30 years and above (46%). In Pune and Karnataka, the proportion of sex workers is highest in the 20-24 years age group (41% and 40%) and decreases as age at entry increases. It is evident that sex workers in Pune and Karnataka enter sex work at much younger ages than sex workers in Tamil Nadu.

Years of experience in sex work

Overall, the mean duration in sex work is 11.5 years with 11.9 years in Tamil Nadu, 11.7 years in Pune and 11.0 years in Karnataka. The highest reported duration in sex work is 42 years and the lowest is less than 1 year. Highest proportions of sex workers have been in sex work for 5-9 years (28%) followed by 10-14 years (23%). Though small, still significant proportions of sex workers have been in sex work for more than 20 years (17%). There are no significant differences in duration in sex work among sex workers across the states.

Reason for entry

Majority of sex workers (68%) said they entered sex work because of low household income, followed by lack of qualification or skill for other employment (33%). Other reasons include desertion by husband/partner (17%), motivation by friends (12%), and being forced by husband (7%). There are no significant differences in the state level.

Reason for continuing sex work

Most important reasons why they continue sex work are time flexibility (69%) and that sex work brings them higher income than other jobs (60%). Over 45% sex workers felt that there is no other option for livelihood. Other reasons include the freedom to choose their clients and friendships (9%). There are no significant differences in state-wise data where the same pattern can be seen.

Methods of solicitation

Over half the sex workers (51%) said they solicited their customers using mobile phones, followed by solicitation in brothels (39%), solicitation in streets (20%), through agents (14%) and peers (10%). Brothel based solicitation was highest in Pune (87%), followed by Tamil Nadu (25%) and Karnataka (10%). Mobile based solicitation was reported highest in Karnataka (78%) followed by Tamil Nadu (65%), and the least in Pune (3%). Street solicitation was highest in Tamil Nadu (25%), followed by Pune (17%) and Karnataka (15%). Using agents for solicitation was highest among sex workers in Tamil Nadu (29%), followed by Karnataka (6%), and the least in Pune (less than 1%). About 20% sex workers in Tamil Nadu solicited customers through their peers, followed by 6% sex workers in Karnataka and only 1% in Pune.

Places of operation

The most common places of operation reported were brothels (41%) and friends' homes (40%). About 30% sex workers operated from their homes, 25% operated at lodges and 6% carried out sex work in open places such as bushes. Brothel based sex work was highest in Pune (97%), followed by Tamil Nadu (25%) and Karnataka (7%). Sex work at friends' homes was highest in Karnataka (61%), followed by Tamil Nadu (54%). Lodge based sex work was reported highest in Tamil Nadu (45%), followed by Karnataka (19%), and Pune (4%). Nearly 45% sex workers in Karnataka carried out work in their own homes, followed by 41% sex workers in Tamil Nadu and about 2% sex workers in Pune. Sex work in open places was highest in Tamil Nadu (9%), followed by Karnataka (8%).

Mobility

About 62% of sex workers said that they move out of their own cities/towns for sex work and the remaining 38% do not travel and therefore operate from their own city/town. Overall, 29% of sex workers said they often and/or always travel outside for sex work, with highest proportions in Pune (34%) followed by Tamil Nadu (28%) and Karnataka (24%).

Income

Highest proportions (31%) of sex workers said they earn between Rs.5001 and Rs.10,000. About 29% sex workers said they earned between Rs.3,001 to Rs.5,000 and about 17% said they earn less than Rs.3,000. Over 13% sex workers said they earn between Rs.10,001 and Rs.15,000 and nearly 10% sex workers said they earn more than Rs.15,000. In the income range less than 3,000 sex workers in Karnataka reported highest (24%), followed by Tamil Nadu (19%) and Pune (10%). In the income range Rs.3,001 to Rs.5,000 sex workers in Karnataka reported highest (39%), followed by Tamil Nadu (29%) and Pune (19%). In the income ranges.5,001 to Rs.10,000 sex workers in Tamil Nadu reported highest (33%), followed by Pune (32%) and Karnataka (26%). In the income range Rs. 10,001 to Rs.15,000 sex workers in Pune reported highest (27%), followed by Tamil Nadu (10%) and the least in Karnataka (4%). In the income range more than Rs.15,000 sex workers in Pune reported highest (12%), followed by 10% in Tamil Nadu and 7% in Karnataka.

Part-time job

About half the sex workers (50%) said they have part-time jobs other than sex work. State-wise data shows that majority of sex workers in Karnataka (82%) and Tamil Nadu (58%) and the least in Pune (7%). This is probably because women in Pune are brothel based sex workers. Of the sex workers who had part-time jobs, 20% were in household work, 19% did manual labour such as construction work, 12% worked in NGOs and 10% each sold vegetables and flowers. The remaining 29% sex workers said they did other jobs such as running SHGs, selling dry fish and worked as shop assistants and rolling beedis. More sex workers in Tamil Nadu (28%) engaged in manual labour than Karnataka (11%), whereas more sex workers sold vegetables in Karnataka (16%) as compared to sex workers in Tamil Nadu (5%). Highest proportion of sex workers in Pune (40%) sold flowers as compared to sex workers in Tamil Nadu (13%) and Karnataka (5%).

Part time income

About 27% sex workers said they earned less than Rs.2,000. Highest proportions (41%) of sex workers said they earn between Rs.2,001 and Rs.3,000. About 22% said they earn between Rs.3,001 and Rs.5,000. Nearly 9% sex workers said they earn more than Rs.5,000. In the income range less than 2,000 sex workers in Pune reported highest (35%), followed by Karnataka (30%) and Tamil Nadu (24%). In the income range Rs.2,001 to Rs.3,000 sex workers in Karnataka reported highest (52%), followed by Tamil Nadu (32%) and Pune (25%). In the income range Rs.3,001 to Rs.5,000 sex workers in Pune reported highest (30%), followed by Tamil Nadu (27%) and Karnataka (18%). In the income range More than Rs.5,000 sex workers in Tamil Nadu reported highest (17%), followed by Pune (10%) and the least in Karnataka (1%).

Debt

More than half the sex workers (54%) said they are in debt. Highest proportions of sex workers in Karnataka reported having debt (76%), followed by sex workers in Tamil Nadu (64%) and Pune (21%). About 23% sex workers said they have debts more than Rs. 1,00,000 and over 25% sex workers said they have debts between Rs.50,001 to Rs.1,00,000. Nearly 30% sex workers said they have debts ranging from Rs.25,001 to Rs.50,000. Sex workers in Tamil Nadu reported highest (40%) having debts above Rs.1,00,000, followed by Pune (13%) and Karnataka (6%). In the debt range Rs. 50,001 to 1,00,000 about 34% sex workers in Pune, 26% sex workers in Tamil Nadu and 22% sex workers in Karnataka reported having debt. About 40% sex workers in Karnataka said they have debts between Rs.25,001 to 50,000 followed by Pune (36%) and Tamil Nadu (18%). In About 33% sex workers in Karnataka reported debt below Rs.25,000, followed by 18% sex workers in Pune and 12% sex workers in Tamil Nadu.

Bank account

Majority of sex workers said they have bank accounts (71%). This figure was highest among sex workers in Karnataka (93%), followed by Tamil Nadu (76%) and Pune (43%).

TABLE 2: OCCUPATIONAL HISTORY OF RESPONDENTS

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Age at entry								
19 Years or less	28	7.0	95	31.7	59	19.5	182	18.2
20-24	77	19.3	122	40.7	120	39.7	319	31.9
25-29	111	27.9	43	14.3	82	27.2	236	23.6
30 years and above	181	45.5	40	13.3	34	11.3	255	25.5
Don't Know	1	0.3	0	0.0	7	2.3	8	0.8
Years of experience in sex work								
4 years or less	70	17.6	42	14.0	52	17.2	164	16.4
5-9 years	111	27.9	80	26.7	86	28.5	277	27.7
10-14 years	83	20.9	80	26.7	68	22.5	231	23.1
15-19 years	57	14.3	47	15.7	42	13.9	146	14.6
20 years	76	19.1	51	17.0	47	15.6	174	17.4
Don't know	1	0.3	0	0.0	7	2.3	8	0.8
Reason for entry into sex work*								
Low household income	341	49.21	129	33.5	211	54.9	681	68.1
Lack of qualification for skilled employment	144	20.8	105	27.3	78	20.3	327	32.7
Desertion by husband/partner	80	11.5	38	9.9	49	12.8	167	16.7
Motivation by friend	78	11.3	29	7.5	12	3.1	119	11.9
Forced by husband	37	5.3	11	2.9	26	6.8	74	7.4
Others	13	1.9	73	19.0	8	2.1	94	9.4
Reason for continuing sex work*								
Higher income than work	269	29.79	135	26.84	198	35.48	602	60.2
Time flexibility	322	35.66	142	28.23	224	40.14	688	68.8
Freedom to choose client	55	6.09	22	4.37	16	2.87	93	9.3
Friendships at work	55	6.09	12	2.39	25	4.48	92	9.2
Believe that there is no other livelihood option	187	20.71	180	35.79	85	15.23	452	45.2
Others	15	1.66	12	2.39	10	1.79	37	3.7
Methods of solicitation*								
Street based	100	25.1	50	16.7	46	15.2	196	19.6
Mobile based	260	65.3	10	3.3	235	77.8	505	50.5
Brothel	98	24.6	261	87.0	30	9.9	389	38.9
Agents	115	28.9	1	0.3	19	6.3	135	13.5
Peers	79	19.8	4	1.3	18	6.0	101	10.1
Others	21	5.3	0	0.0	4	1.3	25	2.5
Places of operation								
Home based	161	40.5	7	2.3	135	44.7	303	30.3
Friends' home	213	53.5	0	0.0	183	60.6	396	39.6
Brothel	99	24.9	292	97.3	22	7.3	413	41.3
Lodge	180	45.2	12	4.0	57	18.9	249	24.9
Open places	36	9.0	0	0.0	24	7.9	60	6.0
Others	8	2.0	0	0.0	5	1.7	13	1.3

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Mobility								
Never	173	43.5	130	43.3	80	26.5	383	38.3
Sometimes	113	28.4	68	22.7	151	50.0	332	33.2
Often	74	18.6	18	6.0	49	16.2	141	14.1
Always	38	9.5	84	28.0	22	7.3	144	14.4
Income								
Less than Rs.3,000	74	18.6	29	9.7	71	23.5	174	17.4
Rs.3,001- Rs.5,000	114	28.6	56	18.7	118	39.1	288	28.8
Rs.5,001-Rs.10,000	133	33.4	97	32.3	79	26.2	309	30.9
Rs.10,001-Rs.15,000	38	9.5	82	27.3	12	4.0	132	13.2
Rs.15,001 and above	39	9.8	36	12.0	22	7.3	97	9.7
Have part time job								
Yes	229	57.54	20	6.67	246	81.46	495	49.50
No	169	42.46	280	93.33	56	18.54	505	50.50
Part-time job income								
Less than Rs.2,000	55	24.0	7	35.0	73	29.7	135	27.3
Rs.2,001-Rs.3,000	73	31.9	5	25.0	127	51.6	205	41.4
Rs.3,001-Rs.5,000	62	27.1	6	30.0	43	17.5	111	22.4
Rs.5,001 and above	39	17.0	2	10.0	3	1.2	44	8.9
Have debt								
Yes	254	63.8	62	20.7	228	75.5	544	54.4
No	144	36.2	238	79.3	74	24.5	456	45.6
Debt amount								
Rs. 25,000 and less	31	12.2	11	17.7	76	33.3	118	21.7
Rs. 25,001 and Rs. 50,000	46	18.1	22	35.5	90	39.5	158	29.0
Rs. 50,001 to 1,00,000	65	25.6	21	33.9	49	21.5	135	24.8
Rs. 1,00,001 and above	102	40.2	8	12.9	13	5.7	123	22.6
Did not respond	10	3.9	0	0.0	0	0.0	10	1.8
Having bank account								
Yes	303	76.1	128	42.7	281	93.1	712	71.2
No	88	22.1	169	56.3	15	5.0	272	27.2
Did not respond	7	1.8	3	1.0	6	2.0	16	1.6
* Numbers do not add up to 100 as multiple responses are possible.								

SECTION 3: SUBSTANCE USE

This section describes the frequency in usage of substance s such as alcohol and tobacco by sex workers. The results are presented in Table 3.

Alcohol use was reported by 47% sex workers and tobacco use was reported by 37% sex workers. Over 11% sex workers said they drank alcohol daily, while 20% said they used tobacco daily. About 24% sex workers said they would drink weekly, and nearly 8% said they would drink once or twice a month. Weekly use of tobacco was reported by nearly 15% sex workers. Alcohol use was highest in Karnataka (71%) followed by Tamil Nadu (44%) and Pune (25%). On the other hand, tobacco use was reported highest in Karnataka (60%), followed by Pune (35%) and the least in Tamil Nadu (22%). A correlation was identified between savings and usage of tobacco where sex workers appeared to save less with increased tobacco use. This is possibly because tobacco use may be an accumulated expense to sex workers. This relationship was not identified among sex workers who drank alcohol, suggesting that sex workers may not be spending their own money on alcohol.

TABLE 3: SUBSTANCE ABUSE

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Alcohol								
Never	222	55.8	224	74.7	88	29.1	534	53.4
Daily	35	8.8	24	8.0	55	18.2	114	11.4
2-3 days in a week	52	13.1	26	8.7	85	28.1	163	16.3
Once or twice in a week	33	8.3	10	3.3	34	11.3	77	7.7
Once or twice in a month	51	12.8	14	4.7	16	5.3	81	8.1
Did not respond	5	1.3	2	0.7	24	7.9	31	3.1
Tobacco								
Never	310	77.9	194	64.7	122	40.4	626	62.6
Daily	60	15.1	85	28.3	57	18.9	202	20.2
More than twice a week	7	1.8	8	2.7	31	10.3	46	4.6
Once or twice a week	18	4.5	12	4.0	69	22.8	99	9.9
Did not respond	3	0.8	1	0.3	23	7.6	27	2.7

SECTION 4: AGENCY

In this study we attempted to measure if sex work per se improves the agency of women. We developed a tool with items measured using a three-point rating scale to assess the different dimensions of agency across three periods of the lives of sex workers, i.e. before entry into sex work, as soon as entry (within a year or two) and currently.

Overall, there is an initial dip in self-esteem (30% vs 25%) of sex workers immediately after entry into sex work, followed by a gradual increase (25% vs 37%). When we consider the level of agency between the periods before entry into sex work and soon after entry (Table 4A), there is an increase in confidence levels (16% vs 28%), sense of control over their lives (16% vs 24%) and decrease in the number of people they reach out to for support (2% vs 22%). When we consider the levels of agency between the periods soon after entry into sex work and currently, there is a further increase in their levels of confidence (28% vs 50%), increase in self-esteem (25% vs 37%), increase in sense of control over their lives (24% vs 44%) and an increase in the number of people they can reach out to (22% vs 28%). This increase in agency indicates that over the years sex workers may have acquired the skills to handle the challenges they face in their work.

Over the three periods, there has been a consistent increase in agency in other areas before such as financial control (14% vs 27% vs 42%) and mobility (14% vs 25% vs 39%). Though not significantly, relationships have improved over the years with children (38% vs 39% vs 47%), family (39% vs 41% vs 43%), friends (23% vs 28% vs 38%) and peers (1% vs 23% and 29%). There is a possibility that sex workers did not have any peers before they entered sex work. Savings has fairly improved soon after entry into sex work, but appears to remain almost the same even after years into sex work (12% vs 22% vs 23%). Fear appears to constantly increase across the three periods (17% vs 29% vs 30%). This is probably due to the increasing raids by the officials and the fear of exposure of their status as sex workers.

In addition to measuring levels of agency at varying time periods, we also attempted to measure the capabilities of sex workers in handling various day-to-day life situations (Table 4B). Overall, majority of sex workers said they were capable of handling conflicts with people in their lives, such with the police (69%), landlord (74%), goons (67%), pimps (71%), madams (70%) and aggressive clients (79%). Larger proportions of sex workers said they are capable of doing what is required to improve their lives, such as developing new skills (61%), planning their future business (68%), buying property (69%) and determining their child's future (70%). Majority of sex workers also said they can take care of themselves during times of sudden emergencies (72%) and also support sex workers during crisis (76%). They also said they are confident enough to go to an SRH provider alone and (80%) to reveal their sex worker status to other sex workers (73%).

However, sex workers reported lower levels of capability in handling the following situations. Majority of sex workers (63%) said they will attend to clients even when they are tired or ill. Similarly, over 54% sex workers said they are ashamed of their occupation. This can be attributed to the idea that many sex workers (26%) hold the perception that sex work is wrong but necessary work (data not presented).

TABLE 4A: PERCENTAGE OF SEX WORKERS REPORTING HIGHEST LEVELS OF AGENCY IN THREE TIME PERIODS

Dimension	Before Entry	Soon After	Currently
Confidence about life	15.0	27.6	49.8
Fear about life	17.1	29.0	29.9
Self-esteem	29.8	25.4	36.6
Sense of control over life	15.5	24.1	44.2
Financial independence	13.5	27.3	42.3
Support network	1.9	21.6	27.6
Savings	12.4	22.0	22.5
Relationship with children	38.2	39.2	46.7
Relationships with family	39.2	40.6	42.5
Relationships with friends	23.4	27.7	38.4
Relationships with peers	0.6	23.3	29.0
Freedom to go around -Mobility	13.6	25.0	39.4

TABLE 4B: PERCENTAGE OF SEX WORKERS REPORTING CAPABILITIES TO HANDLE DAY-TODAY LIFE SITUATIONS

Capabilities	N	%
Resolving situation of conflict with police	689	68.9
Resolving problem with landlord/lady	738	73.8
Resolving problem with goons	668	66.8
Resolving problem with local youth	709	70.9
Resolving problem with your pimp	714	71.4
Resolving problem with your madam	706	70.6
Dealing with aggressive clients	786	78.6
Dealing with sudden emergencies like illness	721	72.1
Developing a skill to engage in another occupation	610	61.0
Making plan for future business	675	67.5
Determining your child's future	701	70.1
Buying property	690	69.0
Confident to go to a SRH service provider alone	798	79.8
Ashamed of your occupation	536	53.6
confident in supporting fellow sex worker in crisis situation	761	76.1
Frequency of taking clients when tired	631	63.1
Not ashamed to say I am a sex worker in meeting with other sex workers	727	72.7

SECTION 5: PHYSICAL HEALTH

In this section we have described the prevalence of common non-communicable diseases among sex workers, access to services and quality of care at government and private health facilities. The results are presented in Table 5.

Nearly 58% sex workers have been diagnosed with one or more physical health issues such as low/high blood pressure (32%), diabetes (32%), thyroid (26%), allergies (18%) and heart disease (18%). This figure is highest in Tamil Nadu (70%), followed by Karnataka (64%) and Pune (35%). Only 23% of those who have been diagnosed with physical health issues have sought medical care. Only 3% sex workers in Pune have sought medical care for their physical health issues. Only 23% sex workers in Tamil Nadu and 32% sex workers in Karnataka have sought medical care.

Majority of sex workers who sought treatment (71%) went to government hospitals, while others (22%) went to private hospitals. Some of the sex workers (8%) resorted to over the counter medicine or traditional methods. All sex workers who sought treatment in Pune went only to private hospitals.

Overall, 66% of sex workers went to government hospitals when they have any common illness such as high fever. Over 60% sex workers went to private hospitals and 14% simply bought medicines over the counter. Government hospitals were accessed by about 67% sex workers in Karnataka, 70% in Tamil Nadu and 29% in Pune. Private hospitals were accessed by over 64% sex workers in Pune, 34% sex workers in Tamil Nadu and 100% in Karnataka. Above 23% sex workers in Pune bought medicines over the counter, followed by 23% sex workers in Tamil Nadu. Sex workers in Karnataka did not buy medicines over the counter for common illness.

Quality of services

Government facility

About 4% sex workers said that they were not respected by healthcare providers, with almost equal proportions reporting in Karnataka (5%) and Tamil Nadu (4%). Over 28% sex workers said they did not have privacy in government health facilities, highest reported in Pune and Tamil Nadu (39%) and Karnataka (13%). About 9% sex workers said communication by healthcare providers was poor, highest reported in Tamil Nadu (17%) followed by Karnataka (3%). About 64% sex workers said they were made to wait for long durations in government hospitals. This figure was highest in Karnataka (77%), followed by Tamil Nadu (71%) and Pune (17%). About 23% sex workers said they were given less than five minutes by healthcare providers for consultation, with highest proportions in Karnataka (26%) followed by Tamil Nadu (26%) and Pune (6%). About 5% sex workers reported lack of confidentiality in government health facilities, highest reported in Tamil Nadu (7%), followed by Karnataka (4%). About 22% sex workers reported that health care providers did not give them enough information about available services and consequences of the same. This was figure was highest in Pune (30%), followed by Tamil Nadu (25%) and Karnataka (16%). Over 12% sex workers said that availing services (This includes cost of travelling to the healthcare facility) in government healthcare facilities is unaffordable. This was reported by highest proportions of sex workers in Karnataka (23%), followed Tamil Nadu (5%) and Pune (3%). Over 21% sex workers said that the drugs

were available in government healthcare facilities rarely or sometimes. This figure includes highest proportions of sex workers in Pune (32%) followed by Karnataka (28%) and Tamil Nadu (9%).

Private facility

Less than 1% sex workers who went to private healthcare facilities said that they were not respected by healthcare providers. About 31% sex workers said that they did not have privacy in private health facilities. This figure was highest in Karnataka (39%), followed by Pune (27%) and Tamil Nadu (16%). About 3% sex workers said that communication by healthcare providers was poor, the figure entirely constituting sex workers in Tamil Nadu. Over half the sex workers 51% sex workers said they were made to wait for long durations in private healthcare facilities, the highest proportions reported in Karnataka (77%), followed by Tamil Nadu (54%) and Pune (9%). About 21% sex workers said that healthcare providers gave them less than five minutes for consultation. This figure was reported highest in Karnataka (27%), followed by Tamil Nadu (26%) and Pune (9%). Only 2% sex workers said that confidentiality was not maintained, the figure constituting almost equal proportions of sex workers in Tamil Nadu (4%) and Karnataka (3%). About 12% sex workers said that they were not given enough information about available services and consequences of the same. This figure was reported highest in Tamil Nadu (19%), followed by Pune (15%) and Karnataka (8%). About 20% sex workers said that treatment was unaffordable in private healthcare facilities, with highest reports among sex workers in Pune (27%), followed by Tamil Nadu (22%) and Karnataka (14%). Over 15% sex workers said that drugs were rarely or sometimes available in private health facilities. This includes highest proportions of sex workers from Pune (30%) followed by Tamil Nadu (15%) and Karnataka (7%).

TABLE 5: PREVALENCE OF NON-COMMUNICABLE DISEASES AND TREATMENT SEEKING BEHAVIOUR

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Prevalence of any NCDs								
Yes	282	60.9	104	34.7	193	63.9	579	57.9
No	116	29.1	196	65.3	109	36.1	421	42.1
Prevalence of NCDs*								
Blood pressure	140	35.2	81	27.0	102	33.8	323	32.3
Diabetes	186	46.7	16	5.3	121	40.0	323	32.3
Thyroid	152	38.2	9	3.0	100	33.1	261	26.1
Allergy	100	25.1	2	0.7	79	26.2	181	18.1
Heart diseases	89	22.4	5	1.7	82	27.2	176	17.6
Treatment sought								
Yes	64	22.7	3	2.9	63	32.3	130	22.5
No	218	77.3	101	97.1	130	67.4	449	77.5
Place of care for NCDs*								
Government hospital	51	79.7	0	0.0	41	65.1	92	70.8
Private hospital	15	23.4	3	100.0	11	17.5	29	22.3
Traditional healer	2	3.1	0	0.0	3	4.8	5	3.8
Over the counter	0	0.0	0	0.0	5	7.9	5	3.8
Place of treatment for common illness*								
Government hospital	278	69.8	115	28.9	265	66.6	658	65.8
Private hospital	101	33.7	192	64.0	302	100.0	595	59.5
Over the counter medicine	70	23.2	69	22.8	0	0.0	139	13.9
Poor quality of services experienced in government hospitals								
Respect from providers	11	4.0	0	0.0	13	4.9	24	3.6
Privacy	107	38.5	45	39.1	35	13.2	187	28.4
Communication with providers	48	17.3	0	0.0	9	3.4	57	8.7
Longer waiting time	198	71.2	20	17.4	203	76.6	421	64.0
Less than 5 minutes given	71	25.5	7	6.1	70	26.4	148	22.5
Confidentiality	20	7.2	0	0.0	11	4.2	31	4.7
Given information	69	24.8	34	29.6	41	15.5	144	21.9
Cost of treatment	14	5.0	3	2.6	62	23.4	79	12.0
Rare/seldom availability of drugs	25	8.9	37	32.1	73	27.7	135	20.5
Poor quality of services experienced in private hospitals								
Respect from providers	2	2.0	0	0.0	1	0.3	3	0.5
Privacy	16	15.8	51	26.6	117	38.7	184	30.9
Communication by providers	20	19.8	0	0.0	0	0.0	20	3.4
Longer waiting time	54	53.5	17	8.9	233	77.2	304	51.1
Less than 5 minutes given	26	25.7	17	8.9	81	26.8	124	20.8
Confidentiality	4	4.0	0	0.0	9	3.0	13	2.2
Given information	19	18.8	29	15.1	24	7.9	72	12.1
Cost of treatment	22	21.8	51	26.6	43	14.2	116	19.5
Rare/seldom availability of drugs	15	14.8	57	29.6	20	6.6	92	15.4
* Numbers do not add up to 100 as multiple responses are possible.								

SECTION 6: VIOLENCE

This section describes the different kinds of violence faced by sex workers in their day-to-day lives and legal action taken against such violence. Violence includes physical violence, sexual violence and emotional violence. We defined **physical violence** as usage of physical force with an intention to injure or hurt, **sexual violence** as initiating or engaging in sexual acts without consent, and **emotional violence** as causing psychological abuse verbally or non-verbally. The results are presented in Table 6.

Overall, almost half of sex workers (46%) said they faced some form of violence in the past six months. Nearly 27% sex workers have faced physical violence, 24% faced sexual violence and 32% faced emotional violence.

In Karnataka, almost every sex worker (94%) said she had experienced violence in the last six months compared to 40% of sex workers in Tamil Nadu. However, sex workers in Pune reported very low levels of violence (5%).

“It has been 20 years since my husband died. I began making my means through sex work after that. I have raised my children, supported their education, and also married them off. Recently, my family and the people in my neighbourhood found out that I am a sex worker. Everybody spoke ill of me; my family including my brother and his family have shunned me. They beat me up and chased me out of my own house as well as the town. Thankfully, my children have understood and accepted me. I am now living in my daughter’s house in another town. The house in my town is my own, but I cannot live there. I am afraid to even step inside my town. They cannot accept that I make money out of sex work and feel that I will bring them a reputation.”

-A sex worker in Madurai district, Tamil Nadu.

Physical violence was highest in Tamil Nadu (42%) followed by Karnataka (31%) and Pune city (3%). Karnataka reported highest sexual violence (53%) followed by Tamil Nadu (20%). No sexual violence was reported by sex workers in Pune city. Emotional violence was highest in Tamil Nadu (50%) followed by Karnataka (39%) and Pune city (2%).

Sources of violence included family members (39%), and husband/partner (13%), followed by healthcare providers (12%), the police (6%) and pimps (5%), commercial partners (1%) and rowdies (2%).

Violence by health care providers

Among sex workers who faced violence by healthcare providers, 95% are from Karnataka, and the remaining 5% from Tamil Nadu. Data presented later in this report show that 31% of sex workers in Karnataka were refused care in healthcare facilities, followed by 6% sex workers in Tamil Nadu and 1% in Pune. Nearly 40% sex workers in Karnataka have said that they have no confidence to go to a SRH service provider by themselves, followed by 11% sex workers in Tamil Nadu and 7% in Pune. Further qualitative research is required to explore reason for refusal of healthcare to sex workers.

Legal action

Only 2% of those who have endured violence have taken legal action. This proportion solely constitutes sex workers from Tamil Nadu. No sex workers from Karnataka or Pune have resorted to legal action. Majority of sex workers (63%) said that fear of consequences was the reason for not taking legal action. Other reasons for failure to take legal action were lack of support (17%) and lack of knowledge of where to report (7%). Many sex workers also said that it was not possible to take legal action against family members.

Type of support required

Majority of sex workers (43%) said they need legal support for taking action. This figure was highest in Karnataka (59%) followed by Tamil Nadu (16%) and Pune (13%). Others said they needed protection after filing complaints (20%) and job security (16%). Job security was an important requirement for sex workers in Pune (40%), followed by Karnataka (22%) and Tamil Nadu (3%).

TABLE 6:PERCENTAGE OF SEX WORKERS REPORTING DIFFERENT FORMS OF VIOLENCE

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
What violence was faced*								
None	215	54.0	278	92.7	17	5.6	510	51.0
Physical violence	165	41.5	8	2.7	93	30.8	266	26.6
Sexual violence	78	19.6	0	0.0	161	53.3	239	23.9
Emotional violence	198	49.7	7	2.3	119	39.4	324	32.4
Did not respond	21	5.28	7	2.33	0	0.00	28	2.80
Contexts of violence faced								
Domestic	72	44.4	5	33.3	144	50.5	221	47.8
Workplace	19	11.7	0	0.0	37	13.0	56	5.6
Health care facility	3	1.9	2	13.3	0	0.0	5	0.5
Public places	20	12.4	3	20.0	76	26.7	99	9.9
Organised non-state violence	1	0.6	1	6.7	1	0.4	3	0.3
State violence	9	5.6	2	13.3	0	0.0	11	1.1
Others	11	6.8	0	0.0	9	3.2	20	2.0
More than one context	27	16.7	2	13.3	18	6.3	47	4.7
Who committed violence								
Family members	50	30.9	0	0.0	131	46.0	181	39.2
Regular partner	34	21.0	3	20.0	24	8.4	61	13.2
Commercial partner	4	2.5	3	20.0	0	0.0	7	1.5
Pimps	2	1.2	0	0.0	23	8.1	25	5.4
Health service providers	3	1.9	0	0.0	55	19.3	58	12.6
Police	9	5.6	5	33.3	13	4.6	27	5.8
Rowdy	5	3.1	1	6.7	4	1.4	10	2.2
Others	18	11.1	0	0.0	8	2.8	26	5.6
More than 1 person	37	22.8	3	20.0	27	9.5	67	14.5
	n=162	%	n=15	%	n=285	%	n=462	%

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
What action has been taken								
Ignored-No action taken	115	71.0	10	66.7	144	50.5	269	58.2
Confronted the perpetrator	36	22.2	4	26.7	139	48.8	179	38.7
Reported for legal action	8	4.9	0	0.0	0	0.0	8	1.7
Others	3	1.9	1	6.7	2	0.7	6	1.3
	n=154		n=15		n=285		n=454	
Reason for not taking action*								
Fear of consequences	97	63.0	13	86.7	177	0.6	287	63.22
Don't know where to report	10	6.5	0	0.0	23	0.1	33	7.3
No support to report	5	3.3	1	6.7	73	0.3	79	17.4
Others	24	15.6	1	6.7	10	0.1	35	7.7
More than one reason	18	11.7	0	0.0	2	0.1	20	4.4
Type of support required to take action*								
Legal	25	16.2	2	13.3	167	58.6	194	42.7
Protection after complaint	43	28.0	2	13.3	47	16.5	92	20.3
Job security	5	3.3	6	40.0	63	22.1	74	16.3
Others	49	31.8	2	13.3	5	1.8	56	12.3
More than one support	32	20.8	3	20.0	3	1.1	38	8.4
* Numbers do not add up to 100 as multiple responses are possible.								

SECTION 7: STIGMA AND DISCRIMINATION

This section describes the actual and perceived stigma, and discrimination faced by sex workers in health care settings. The results are presented in Table 7.

Over 12% sex workers said they have been refused medical care in healthcare facilities. This figure is highest in Karnataka (31%), followed by Tamil Nadu (6%) and Pune (1%). Perceived stigma is fairly high among sex workers as about 33% sex workers believe that healthcare providers would refuse to treat them, compared to actual refusals (12%). Perceived stigma is a significant limitation to health seeking. This is especially highest in Tamil Nadu where perceived refusal is 51% compared to 6% actual refusal. Similarly perceived refusal in Pune is 7% compared to 1% actual refusal. In Karnataka the perceived refusal is 35% over 31% actual refusals.

About 34% sex workers said they are not confident to discuss their SRH issues with doctors, the highest being sex workers in Karnataka (63%), followed by Pune (38%) and Tamil Nadu (10%). Nearly 34% sex workers said they are ashamed to reveal to healthcare providers about their involvement in sex work. This figure is again highest in Karnataka (59%), followed by Pune (25%) and Tamil Nadu (21%). Nearly half the sex workers have revealed their involvement in sex work to healthcare providers (47%). In Karnataka, a correlation can be identified between being ashamed of themselves and their health issues as an impact of being refused healthcare.

TABLE 7: PERCENTAGE OF SEX WORKERS REPORTING STIGMA AND DISCRIMINATION

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Personally refused care	23	5.8	3	1.0	94	31.1	120	12.0
Doctors refuse to treat sex workers	202	50.8	20	6.7	105	34.8	327	32.7
Can openly discuss SRH issues	41	10.3	113	37.7	190	62.9	344	34.4
Ashamed to reveal sex worker status	82	20.6	76	25.3	179	59.3	337	33.7
Discussed involvement in sex work	251	63.1	105	35.0	118	39.1	474	47.4

SECTION 8: SEXUAL AND REPRODUCTIVE HEALTH

About 9% sex workers have been pregnant in the past 6 months and 7% had or are planning to have abortions, highest proportions reported in Karnataka (20% and 18%). Overall, majority of sex workers (82%) said they use one more kinds of contraception. Contraception use is highest in Pune (91%), followed by Tamil Nadu (85%) and Karnataka (69%).

Among those who have used contraception, over 32% sex workers said they have been sterilised, followed by 26% sex workers who said they used male condoms and 20% who said they used female condoms. Other forms of contraception such as emergency contraceptive pills (14%), intra-uterine devices (8%), oral pills (8%) and injections (6%) have also been used. About 8% sex workers have relied on their safe period, and less than 1% on their male partners being sterilised. Sex workers in Tamil Nadu reported highest levels of female sterilisation (57%) compared to Pune (20%) and Karnataka (9%). Usage of male condoms as contraception is extremely low in Pune (less than 1%), followed by Karnataka (21%) and Tamil Nadu (50%). Female condoms are widely used as contraception in Pune (54%), followed by Karnataka (5%) and the least in Tamil Nadu (less than 1%). Greater proportions of sex workers in Pune (32%) rely on safe periods followed by few sex workers in Tamil Nadu (less than 1%).

Majority of sex workers (85%) have received some information about sexual and reproductive health such as STIs, HIV/AIDS, menstruation, pregnancy, abortion and contraception. They said they received the information mainly from NGO workers (69%) and peers (39%). Many sex workers (26%) said they received the information from healthcare providers, while others (11%) said they were informed by their family members.

More than half the sex workers (49%) said they were in need of sexual and reproductive health services in the last six months. Highest need was reported for testing/treatment for STIs (42%), followed by testing/treatment for HIV (33%) and cervical cancer (14%). Others said they needed services for contraception (12%), pregnancy (7%) and abortion (6%). About 58% have gone to government hospitals and 6% to private hospitals, while 8% sex workers said they bought medicines over the counter. Over 16% of these sex workers appear to have simply ignored their need for services, while 21% have resorted to country medicine.

About 41% reported experiencing symptoms of sexual and reproductive health issues in the last six months. These include itching and burning in the genitals (20%), chronic pain in the lower back (22%), severe pain during menstruation (16%), excessive bleeding during menstruation (13%), excessive white discharge from the genitals (11%), bleeding in between periods (8%), irregular periods (8%), swelling of genitals (6%), sores/ulcers in the genitals (5%) and warts/growth in the genitals (3%). More than half of sex workers in Tamil Nadu (52%) said they have experienced symptoms, followed by 41% sex workers in Karnataka and 26% in Pune.

Of those who reported having symptoms of sexual and reproductive health issues, 64% sex workers said they have more than one symptom. This figure was reported highest by sex workers in Tamil Nadu (77%) followed by Karnataka (70%) and Pune (20%).

About 33% (Not taken treatment-11%, Medical shop-18% and country medicine-4%) of sex workers who experienced symptoms of SRH issues said they did not seek treatment at a medical facility.

Nearly 38% sex workers in Karnataka who experienced symptoms did not seek treatment at a medical facility followed by Tamil Nadu (40%). Higher proportions of sex workers sought medical care in Pune (94%). About 54% sex workers went to government hospitals for treatment, while 34% went to private hospitals. Some sex workers (5%), predominantly in Pune, followed by Tamil Nadu (less than 1%) have accessed clinics run by NGOs.

Nearly 13% sex workers said they did not seek medical care because doctors were not available outside normal business hours, and 20% sex workers said they were afraid of healthcare providers. Limitations to transport such as affordability, lack of transport and high travelling time were also important reasons why sex workers (28%) did not seek medical care. Other reasons included not being able to afford care (19%), lack of family support (14%), not knowing where to obtain care (9%) and long waiting time at hospitals (3%). About 14% sex workers, all from Tamil Nadu, simply did not think it was important to visit a healthcare facility for support.

Quality of services

Government facility

A little less than 10% sex workers said that they were not respected by healthcare providers, with Karnataka reporting highest (12%) and Tamil Nadu (7%). About 28% sex workers said they did not have privacy in government health facilities, highest reported in Pune (40%) followed by Tamil Nadu (29%) and Karnataka (22%). Over 20% sex workers said communication by healthcare providers was poor, highest reported in Tamil Nadu (28%) followed by Karnataka (14%). The majority of sex workers (71%) said they were made to wait for long durations in government hospitals. This figure was highest in Karnataka (91%), followed by Tamil Nadu (67%) and Pune (28%). About 43% sex workers said they were given less than five minutes by healthcare providers for consultation, with highest proportions in Karnataka (58%) followed by Tamil Nadu (40%) and Pune (8%). Nearly 39% sex workers reported lack of confidentiality in government health facilities, highest reported in Karnataka (53%), followed by Tamil Nadu (30%) and Pune (40%). About 39% sex workers reported that health care providers did not give them enough information about available services and consequences of the same. This was figure was highest in Karnataka (53%), followed by Pune (40%) and Tamil Nadu (30%). Over 21% sex workers said that availing services (This includes cost of travelling to the healthcare facility) in government healthcare facilities is unaffordable. This was reported by highest proportions of sex workers in Karnataka (38%), followed by Pune (20%) and Tamil Nadu (12%). Nearly 16% sex workers said that the drugs were available in government healthcare facilities rarely or sometimes. This was reported highest by sex workers in Karnataka (19%) followed by Tamil Nadu (18%).

Private facility

All the sex workers who went to private healthcare facilities said that they were well respected by healthcare providers. Nearly 8% sex workers said that they did not have privacy in private health facilities. This figure was highest in Pune (16%), followed by Tamil Nadu (7%) and Karnataka (3%). About 1% sex workers said that communication by healthcare providers was poor, the figure entirely constituting sex workers in Tamil Nadu. About 42% sex workers said they were made to wait for long durations in private healthcare facilities, the highest proportions reported in Pune (2%), followed by Tamil Nadu (48%) and Karnataka (70%). Over half the sex workers (51%) said that healthcare

providers gave them less than five minutes for consultation. This figure was reported highest in Karnataka (76%), followed by Tamil Nadu (48%) and Pune (20%). Less than 1% sex workers said that confidentiality was not maintained, the figure entirely constituting sex workers in Karnataka. Over 11% sex workers said that they were not given enough information about available services and consequences of the same. This figure was reported highest in Pune (20%), followed by Karnataka (7%) and Tamil Nadu (3%). Less than 10% sex workers said that treatment was unaffordable in private healthcare facilities, with highest reports among sex workers in Tamil Nadu (13%), followed by Karnataka (10%) and Pune (4%). Over 8% sex workers said that the drugs were available in government healthcare facilities rarely or sometimes. This figure includes 26% sex workers in Tamil Nadu and 9% in Pune.

TABLE 8: PREVALENCE OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND TREATMENT

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Pregnant								
Yes	11	2.8	23	7.7	59	19.5	93	9.3
No	387	97.2	277	92.3	243	80.5	907	90.7
Abortion								
Yes	11	2.8	7	2.3	53	17.5	71	7.1
No	387	97.2	293	97.7	249	82.5	929	92.9
Using contraceptives								
Yes	339	85.2	274	91.3	208	68.9	821	82.1
No	59	14.8	26	8.7	94	31.3	179	17.9
Type of contraceptive								
Oral pills	30	8.8	2	0.7	30	14.4	62	7.6
Emergency pills	10	2.9	0	0.0	108	51.9	118	14.4
Intra-uterine devices	37	10.9	17	6.2	14	6.7	68	8.3
Female sterilisation	192	56.6	54	19.7	18	8.7	264	32.2
Male sterilisation	1	0.3	2	0.7	3	1.4	6	0.7
Injection	43	12.7	0	0.0	5	2.4	48	5.8
Safe period	2	0.6	67	32.2	0	0.0	69	8.4
Female condoms	2	0.6	149	54.4	10	4.8	161	19.6
Male condoms	170	50.1	2	0.7	43	20.7	215	26.2
Received information on SRH								
Yes	318	79.9	273	91.0	262	86.6	853	85.3
No	80	20.1	27	9.0	147	13.2	147	14.7
Source of information*								
Family members	15	4.7	3	1.1	77	29.4	95	11.1
Peers	120	37.7	78	28.6	134	51.1	332	38.9
NGO worker	257	80.8	240	87.9	87	33.2	584	68.5
Nurse	34	10.7	2	0.7	25	9.5	61	7.2
Doctor	57	17.9	52	19.0	37	14.1	146	17.1
Others	8	2.5	1	0.4	7	2.7	16	1.9

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Need of any SRH services								
Yes	208	52.3	149	49.7	130	43.0	487	48.7
Need of specific services*								
Contraception	62	15.6	9	3.0	48	15.9	119	11.9
Pregnancy	9	2.3	29	9.7	29	9.6	67	6.7
Abortion	12	3.0	5	1.7	44	14.6	61	6.1
STI/RTI	149	37.4	125	41.7	148	49.0	422	42.2
HIV/AIDS	154	38.7	5	1.7	170	56.3	329	32.9
Cervical Cancer	61	15.3	46	15.3	32	10.6	139	13.9
Where treatment was taken								
Not taken treatment	25	13.2	33	21.9	23	13.4	81	15.8
Govt Hospital	143	75.3	51	33.8	101	58.7	295	57.5
Private Hospital	8	4.2	1	0.7	24	14.0	33	6.4
Country Medicine	1	0.5	100	66.2	5	2.9	106	20.7
Over the counter medicine	20	10.5	2	1.3	21	12.2	43	8.4
Prevalence of symptoms*								
Itching/burning of genitals	104	26.1	11	3.7	80	26.5	195	19.5
Discharge from genitals	80	20.1	5	1.7	27	8.9	112	11.2
Sores/ulcers in the genitals	15	3.8	3	1.0	30	9.9	48	4.8
Warts/growth in the genitals	10	2.5	2	0.7	21	7.0	33	3.3
Swelling of genitals	23	5.8	2	0.7	30	9.9	55	5.5
Chronic pain in the lower back	123	30.9	28	9.3	73	24.2	224	22.4
Excessive bleeding during periods	72	18.1	8	2.7	48	15.9	128	12.8
Pain during menstruation	73	18.3	25	8.3	58	19.2	156	15.6
Irregular periods	33	8.3	12	4.0	31	10.3	76	7.6
Bleeding in between periods	48	12.1	1	0.3	31	10.3	80	8.0
Place of treatment								
Not taken treatment	38	18.1	3	3.9	5	4.0	46	11.1
Medical shop	36	17.1	2	2.6	38	30.2	76	18.4
Country medicine	10	4.8	0	0.0	5	4.0	15	3.6
Government hospital	125	59.5	25	32.5	74	58.7	224	54.2
Private hospital	30	14.3	36	46.8	74	58.7	140	33.9
NGO clinic	1	0.5	20	26.0	0	0.0	21	5.1
Reason for not taking treatment								
Don't know where to go	5	7.5	2	40.0	4	8.3	11	9.2
Limitations to transport	17	25.4	1	20.0	15	31.3	33	27.5
Long waiting time at hospitals	4	6.0	0	0.0	0	0.0	4	3.3
Fear of providers	10	14.9	0	0.0	14	29.2	24	20.0
Lack of family support	8	11.9	0	0.0	9	18.8	17	14.2
Lack of services outside normal business hours	12	17.9	1	20.0	3	6.3	16	13.3

Lack of money to access services	8	11.9	1	20.0	14	29.2	23	19.2
Somehow managing it	17	25.4	0	0.0	0	0.0	17	14.2
Poor quality of services experienced in government hospitals								
Respect from providers	9	7.2	0	0.0	9	12.2	18	8.0
Privacy	36	28.8	10	40.0	16	21.6	62	27.7
Communication with providers	35	28.0	0	0.0	10	13.5	45	20.1
Longer waiting time	84	67.2	7	28.0	67	90.5	158	70.5
Less than 5 minutes given	50	40.3	2	8.0	43	58.1	95	42.6
Confidentiality	38	30.4	10	40.0	39	52.7	87	38.8
Given information about available services and consequences	38	30.4	10	40.0	39	52.7	87	38.8
Cost of treatment	15	12.0	5	20.0	28	37.8	48	21.4
Rare/seldom availability of drugs	22	17.6	0	0.0	14	18.9	36	16.0
Poor quality of services experienced in private hospitals								
Respect from providers	0	0.0	0	0.0	0	0.0	0	0.0
Privacy	2	6.5	9	16.1	2	2.7	13	8.1
Communication by providers	2	6.5	0	0.0	0	0.0	2	1.2
Longer waiting time	15	48.4	1	1.8	52	70.3	68	42.2
Less than 5 minutes given	15	48.4	11	19.6	56	75.7	82	50.9
Confidentiality	0	0.0	0	0.0	1	1.4	1	0.6
Given information about available services and consequences	1	3.2	11	19.6	5	6.8	17	10.6
Cost of treatment	4	12.9	2	3.6	7	9.5	13	8.1
Rare/seldom availability of drugs	8	25.8	5	9.1	0	0.0	13	8.1

** Numbers do not add up to 100 as multiple responses are possible.*

SECTION 9: MENTAL HEALTH

Mental health of sex workers was measured using twelve parameters in the General Health Questionnaire (GHQ) to assess their psychological morbidity. Sex workers can score a maximum of 12 indicating that they have all symptoms of mental health issues, and a minimum score of 0 indicating that they have no symptoms. Using score 5 as the cut-off rate it was found that 32% sex workers experienced high symptoms of mental health issues. Sex workers in Tamil Nadu reported the highest levels of mental health issues (50%), followed by Karnataka (32%) and the least in Pune (8%).

TABLE 9 A: PERCENTAGE OF SEX WORKERS REPORTING MENTAL HEALTH SYMPTOMS

Symptoms	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
No/Low Level of symptoms	200	50.3	276	92.0	205	67.9	681	68.1
High Level of Symptoms	198	49.7	24	8.0	97	32.1	319	31.9

Fear and anxiety

About 45% sex workers said they lost sleep due to anxiety which includes 62% sex workers from Tamil Nadu, 41% from Karnataka and 25% sex workers from Pune. Over 39% sex workers said they were constantly under strain, where sex workers from Tamil Nadu reported highest (63%) followed by Karnataka (27%) and Pune (21%). About 34% sex workers said they felt unable to concentrate on what they were doing. This figure includes highest proportions of sex workers from Tamil Nadu (46%) followed by Karnataka (35%) and Pune (17%).

Depression and sadness

Over 37% sex workers said they felt unhappy and depressed, where sex workers from Tamil Nadu reported highest (59%) followed by Karnataka (28%) and Pune (19%). Nearly 29% sex workers said there were unable to enjoy normal day-to-day activities. This figure was highest in Tamil Nadu (43%) followed by Karnataka (32%) and Pune (8%).

Confidence/self esteem

About 28% sex workers said they felt that they did not play a use role in life. This figure is highest among sex workers in Tamil Nadu (43%) followed by Karnataka (26%) and Pune (11%). About 28% said they lost confidence in themselves, where sex workers in Tamil Nadu reported highest (40%) followed by Karnataka (30%) and Pune (10%). Nearly 26% sex workers said that they felt worthless which includes 35% sex workers from Tamil Nadu, 34% from Karnataka and 6% sex workers from Pune.

Inability to cope with life

Over 32% of sex workers said they felt incapable of making decisions where sex workers from Tamil Nadu reported highest (48%) followed by Karnataka (33%) and Pune (11%). Nearly 30% said they were unable to overcome the difficulties in their lives. This was reported highest among sex workers in Tamil Nadu (48%) followed by Karnataka (25%) and Pune (10%). Over 30% sex workers said they felt unable to face up to the problems in their lives. This figure was again reported highest in Tamil Nadu (45%) followed by Karnataka (34%) and sex workers in Pune (7%). Over 33% sex workers said

that all things considered, they were not even reasonably happy. This figure was highest among sex workers in Tamil Nadu (44%) followed by Karnataka (38%) and Pune (12%).

Suicide

Over 33% sex workers felt ideation for suicide or the feeling that they should end their lives in the past six months. Suicide ideation was reported highest among sex workers in Tamil Nadu (53%) followed by Karnataka (25%) and Pune (6%). Over 26% of sex workers said they attempted suicide in the past six months, out of which the majority are from Tamil Nadu (42%), followed by Karnataka (27%) and the least in Pune (3%).

TABLE 9B: PERCENTAGE OF SEX WORKERS REPORTING ON ITEMS OF GHQ SCALE AND SUICIDAL IDEATION

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Lost sleep	247	62.1	76	25.3	125	41.4	448	44.8
Under strain	250	62.8	63	21.0	80	26.5	393	39.3
Unable to concentrate	181	45.5	50	16.7	106	35.1	337	33.7
Feeling unhappy	233	58.5	58	19.3	83	27.5	374	37.4
Enjoy activities	172	43.2	25	8.3	95	31.5	292	29.2
Play useful part	171	43.0	33	11.0	79	26.2	283	28.3
Lost self-confidence	159	39.9	29	9.7	90	29.8	278	27.8
Feeling worthless	140	35.2	17	5.7	102	33.8	259	25.9
Making decisions	189	47.5	32	10.7	101	33.4	322	32.2
Overcome difficulties	190	47.7	31	10.3	74	24.5	295	29.5
Face up problems	179	45.0	20	6.7	103	34.1	302	30.2
Feeling happy	173	43.5	37	12.3	116	38.4	326	32.6
Felt ending life	210	52.8	19	6.3	74	24.5	303	30.3
Attempted to end life	168	42.2	9	3.0	80	26.5	257	25.7

Need for services

About 10% of sex workers said they felt the need for mental health services in the past six months, but a majority of them (83%) did not actually seek help. Those who sought help only accessed counselling services provided by NGOs. Majority of sex workers (72%) said they did not know that treatment can be taken in a hospital for mental health issues, while 12% said they did not know where to go for medical help and 16% said that ignoring symptoms is simply their practice.

Majority of sex workers (83%) said they have not received any information on mental health. Of those who have received information, 72% was from NGO workers and 25% from peers. Other sources include family members (15%) and healthcare providers (9%).

TABLE 9C: PERCENTAGE OF SEX WORKERS REPORTING MENTAL HEALTH INFORMATION AND TREATMENT SEEKING BEHAVIOUR

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Received information								
Yes	57	14.3	35	11.7	77	25.5	169	16.9
No	341	85.7	265	88.3	225	74.5	831	83.1
Source of information*								
Family members	5	8.8	1	2.9	20	26.0	26	15.4
Peers	11	19.3	3	8.6	29	37.7	43	25.4
NGO worker	41	71.9	29	82.9	51	66.2	121	71.6
Healthcare providers	10	17.5	3	8.6	2	2.6	15	8.9
Need for services								
Yes	34	8.5	3	1.0	60	19.9	97	9.7
No	364	91.5	297	99.0	242	80.1	903	90.3
Services sought*								
Not taken treatment	27	79.4	2	66.7	51	85.0	80	82.5
Temple/mosque/church	2	5.9	0	0.0	1	1.7	3	3.1
NGO counsellor/staff	5	14.7	1	33.3	8	13.3	14	14.4
Reason for not taking treatment*								
Don't know care is to be obtained	19	55.9	2	66.7	49	81.7	70	72.2
Don't know where to go	6	17.6	1	33.3	5	8.3	12	12.4
We normally ignore	9	26.5	0	0.0	6	10.0	15	15.5

** Numbers do not add up to 100 as multiple responses are possible.*

Suicide linked to debt and violence

Highest proportions of suicide (77%) were among sex workers who had debt. This relation can also be seen separately in each state, where 65.5% sex workers in Tamil Nadu who have attempted suicide have debt, 82.5% in Karnataka and 45% in Pune.

Similarly, 60% sex workers who have attempted suicide have faced violence. This number is especially high in Karnataka where 95% of sex workers who had attempted suicide have faced violence, followed by 46.4% in Tamil Nadu and a negligible 11% in Pune. This is possibly because sex workers in Pune have reported low levels of violence.

SECTION 10: ENTITLEMENTS

This section describes the possession and usage of the Pradhan Mantri Jan Arogya Yojana (PMJAY) health card by sex workers.

Pradhan Mantri Jan Arogya Yojana or Ayushman Bharat (AB-PMJAY) is a Centrally Sponsored Scheme having central sector component under Ayushman Bharat Mission anchored in the Ministry of Health and Family Welfare (MoHFW). It is an umbrella of two major health initiatives, namely Health and wellness Centres and National Health Protection Scheme. Under this Scheme, 1.5 lakh existing health subcentres will bring health care system closer to the homes of people in the form of Health and Wellness Centres. These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services.

Majority of sex workers (88%) said they do not have the government health card to avail cashless services in government and private hospitals. This figure includes 98% sex workers in Pune and about in Tamil Nadu and Karnataka. Of those who said they have the health card, majority (73%) have never used it to access health services. Over 82% sex workers in Tamil Nadu, 80% in Pune and 65% sex workers in Karnataka who said they have the card, did not use it to access services. This is probably because of the lack of knowledge on how or where to use the card. Of those sex workers who have used the card for healthcare, 76% have only used it for surgery. Only 26% sex workers in Karnataka and 22% sex workers in Tamil Nadu have used the card for treatment other than surgery. There are no significant differences in accessing government and private hospitals for treatment using the health card.

TABLE 10: SEX WORKERS HAVING AND USING PRIME MINISTER'S HEALTH CARD FOR TREATMENT

Characteristics	Tamil Nadu		Pune		Karnataka		Total	
	n=398	%	n=300	%	n=302	%	n=1000	%
Holding PMJAY Card								
Yes	49	12.31	5	1.67	65	11.90	119	11.90
No	349	87.69	295	98.33	237	88.10	881	88.10
Accessed services								
Yes	9	18.4	1	20.0	23	35.4	33	27.7
No	40	81.6	4	80.0	42	64.6	86	72.6
Issues addressed								
Treatment with surgery	7	77.8	1	100.0	17	73.9	25	75.8
Treatment without surgery	2	22.2	0	0.0	6	26.1	8	24.2
Place of treatment								
Government hospital	3	33.3	0	0.0	12	52.2	15	45.5
Private hospital	4	44.4	0	0.0	11	47.8	15	45.5
Public and Private hospitals	2	22.2	1	100.0	0	0.0	3	9.1

BASELINE ASSESSMENT WITH HEALTHCARE PROVIDERS, LAW ENFORCEMENT PERSONNEL AND POLICY MAKERS

The knowledge, perceptions and attitudes of key influencers towards sex workers are described under the following sections. Section 1 and section 2 describes knowledge and attitudes and perceptions held by key influencers regarding voluntary sex work and sex workers. Sections 3, 4 and 5 describes perceptions and attitudes held by specific key influencers such as healthcare providers, law enforcement personnel and policy makers towards sex work and voluntary sex workers with respect to their individual areas of work.

SECTION 1: KNOWLEDGE ABOUT AND ATTITUDES TOWARDS VOLUNTARY SEX WORK

About 11% key influencers had correct knowledge on whether sex work is legal in India (Table 11). Policy makers have no knowledge on the law, while 17% of the law enforcement had correct knowledge followed by 10% of the healthcare providers. Majority of the key influencers (84%) agreed that all sex workers are not victims of sex trafficking. This figure constitutes 100% of the policy makers and law enforcement, followed by 70% of healthcare providers. Only 37% of the key influencers were aware that clients of sex workers are not punishable by law. Highest knowledge was reported by the law enforcement (50%) followed by policy makers (33%) and healthcare providers (30%). Nearly 79% of the key influencers said that sex workers are entitled to the same social, legal, health and economic benefits as other citizens of India. This figure was highest among healthcare providers (90%) followed by the law enforcement (83%) and policy makers (33%). Majority of the key influencers (84%) said that all sex workers must be rescued and rehabilitated even if they wish to continue in sex work. This figure constitutes 100% of policy makers and law enforcement and 70% of healthcare providers. Nearly 74% of the key influencers said that sex workers can legally complain if they are raped. The law enforcement reported highest knowledge (83%) followed by healthcare providers (80%) and policy makers (33%).

TABLE 11: PERCENTAGE REPORTING CORRECT KNOWLEDGE ABOUT VOLUNTARY SEX WORK

Characteristics	Healthcare providers		Law enforcement		Policy makers		Total	
	n=10	%	n=6	%	n=3	%	n=19	%
Sex work is not illegal in India	1	10.0	1	16.7	0	0.0	2	10.5
All sex workers are not victims of trafficking	7	70.0	6	100.0	3	100.0	16	84.2
Clients of sex workers are not punishable by law	3	30.0	3	50.0	1	33.3	7	36.8
Sex workers are entitled to the same benefits as others	9	90.0	5	83.3	1	33.3	15	78.9
Sex workers must not be rehabilitated if they wanted to continue	3	30.0	0	0.0	0	0.0	3	15.8
Sex workers can complain if raped	8	80.0	5	83.3	1	33.3	14	73.7

SECTION 2: ATTITUDE AND PERCEPTION ABOUT SEX WORK AND SEX WORKERS

Over 63% of the key influencers believe that the demand for sex work will increase if sex work is legalised, where 70% of healthcare providers, 67% of law enforcement and 33% of policy makers had this perception (Table 12). Only 21% of key influencers said that there is nothing wrong with sex work. Almost the same proportions of policy makers (33%) and healthcare providers said that sex work is not wrong. All law enforcement personnel (100%) hold perceptions that sex work is wrong. Over 63% key influencers said that there will be more rape cases in society if there are no sex workers. All law enforcement personnel held this notion (100%), followed by half of healthcare providers (50%) and 33% of policy makers. Over 26% of key influencers believed that the children of sex workers will follow their mother's profession as sex workers. Highest proportions of policy makers had this perception (67%) followed by 30% healthcare providers. Law enforcement personnel did not agree to this statement. Only 16% of the key influencers agreed that sex work can be considered decent work. This figure constitutes 33% of policy makers and 20% of healthcare providers. No law enforcement personnel (0%) agreed to this statement. Over 42% of key influencers believe that sex workers are vectors of HIV infection. Highest proportions of policy makers said that sex workers are responsible for spreading HIV infection, followed by half the health care providers (50%) and 17% of law enforcement personnel. About 74% of the key influencers said that sex work must be completely abolished, constituting 83% of law enforcement personnel, 70% of healthcare providers and 67% of policy makers.

TABLE 12: PERCENTAGE AGREEING TO ATTITUDE AND PERCEPTION RELATED TO SEX WORK AND SEX WORKERS

Attitude and Perception	Healthcare providers		Law enforcement		Policy makers		Total	
	n=10	%	n=6	%	n=3	%	n=19	%
Demand for sex work will increase if legalized	7	70.0	4	66.7	1	33.3	12	63.2
Sex work is not wrong	3	30.0	0	0.0	1	33.3	4	21.1
There will more rape cases if there are no sex workers	5	50.0	6	100.0	1	33.3	12	63.2
Children of sex workers follow their mother's profession	3	30.0	0	0.0	2	66.7	5	26.3
Sex work can be considered decent work	2	20.0	0	0.0	1	33.3	3	15.8
Sex workers are responsible for spreading HIV	5	50.0	1	16.7	2	66.7	8	42.1
Sex work should be completely abolished	7	70.0	5	83.3	2	66.7	14	73.7

SECTION 3: ATTITUDE AND PERCEPTION OF HEALTHCARE PROVIDERS TOWARDS SEX WORKERS

Over 40% of healthcare providers believed that majority of sex workers are infected with STIs or HIV/AIDS, while majority (90%) said that all sex workers must undergo mandatory testing for HIV/AIDS (Table 13A). Over 90% of healthcare providers said that sex workers do not seek early treatment for STIs as soon as they realise symptoms and 40% said that even after diagnosis they do not adhere to treatment as advised. About 90% sex workers agreed that HIV sero-status of sex workers should be kept confidential.

Majority of healthcare providers (80%) believe that it is their responsibility to counsel sex workers to leave the profession. About 30% said they do not like to treat sex workers, and 30% of those healthcare providers who worked in private clinics said that treating sex workers in their clinics will reduce their clientele. Further, 70% of healthcare providers said that majority of sex workers have mental health issues.

TABLE 13A: PERCENTAGE OF HEALTHCARE PROVIDERS AGREEING TO ATTITUDE AND PERCEPTION TOWARDS SEX WORKERS

Attitude and Perception	n=10	%
Majority of sex workers have STIs/HIV/AIDS	4	40.0
Majority of sex workers have mental health issues	7	70.0
Healthcare providers should counsel sex workers to leave sex work	8	80.0
I don't like to treat sex workers	3	30.0
Treating sex workers will reduce my clientele	3	30.0
Sex workers with STIs do not seek early treatment	9	90.0
Sex workers with STI symptoms do not complete treatment as advised	4	40.0
All sex workers should compulsorily be tested for HIV/AIDS	9	90.0
HIV status of sex workers should be kept confidential	9	90.0

ACCESS TO INFORMATION AND SERVICES

Table 13B shows that majority of healthcare providers said that sex workers who visit their clinics routinely receive information on sexual and reproductive health services such as STI and HIV/AIDS and contraception (100%), abortion, pregnancy/delivery, cervical cancer and breast cancer (90%). All healthcare providers said that sex workers can access services for STIs and HIV/AIDS in their facilities. Most healthcare providers said that in their clinics, sex workers can access sexual and reproductive health services such as contraception (90%), pregnancy/delivery (90%), abortion (80%), breast cancer (80%) and cervical cancer (70%).

TABLE 13B: PERCENTAGE OF HEALTHCARE PROVIDERS REPORTING ON INFORMATION AND ACCESS TO SERVICES

Type of services	n=10	%
Sex workers receive health information		
STIs	10	100.0
HIV/AIDS	10	100.0
Abortion	9	90.0
Contraception	10	100.0
Pregnancy/Delivery	9	90.0
Cervical Cancer	9	90.0
Breast Cancer	9	90.0

Type of services	n=10	%
Sex workers access SRH services		
STIs	10	100.0
HIV/AIDS	10	100.0
Abortion	8	80.0
Contraception	9	90.0
Pregnancy/Delivery	9	90.0
Cervical Cancer	7	70.0
Breast Cancer	8	80.0

SECTION 4: ATTITUDE AND PERCEPTION OF LAW ENFORCEMENT PERSONNEL TOWARDS SEX WORK AND SEX WORKERS

Half of law enforcement personnel (50%) said that sex work is a serious problem in their areas/city and 33% believe that enforcing tough laws prohibiting sex work will reduce other criminal activities in their area/city (Table 14). While none of the law enforcement personnel agreed to the statement that most sex workers are criminals, half of them (50%) said that most sex workers use/sell marijuana or alcohol illegally. Over 33% of law enforcement personnel agreed that sex work should be legalised.

TABLE 14: PERCENTAGE OF LAW ENFORCEMENT PERSONNEL AGREEING TO ATTITUDE AND PERCEPTION TOWARDS SEX WORK AND SEX WORKERS

Attitude and Perception	n=6	%
Most sex workers are criminals	0	0.0
Sex work is a serious problem in this area/city	3	50.0
Most sex workers use/sell ganja or alcohol	3	50.0
Sex work should be legalised	2	33.3
Enforcing tough laws against sex work will reduce other criminal activities	2	33.3

SECTION 5: ATTITUDE AND PERCEPTION OF POLICY MAKERS TOWARDS SEX WORK

Highest proportions of policy makers (67%) said that the Immoral Traffic Prevention Act 1956 must be amended to abolish sex work completely (Table 15). While 33% of policy makers said that sex work should be decriminalised, none believed that sex work should be legalised. None of the policy makers believed that sex enforcing tough laws to prohibit sex work will reduce other criminal activities in society.

TABLE 15: PERCENTAGE OF POLICY MAKERS REPORTING ATTITUDE AND PERCEPTION TOWARDS SEX WORK

Attitude and Perception	n=3	%
ITPA 1956 should be amended to abolish sex work	2	66.7
Sex work should be decriminalised	1	33.3
Sex work should be legalised	0	0.0
Enforcing tough laws against sex work will reduce other criminal activities	0	0.0