

REPORT

**Prostitution and AIDS in Bangladesh:
Is the Ignorance Endangering Us?**

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Keywords

Sex worker; pandemic; HIV/AIDS; Bangladesh; prostitution

Introduction

Sexual contact between men and women in any society is affected by historical, social, political and cultural realities. Prostitution is not a new phenomenon in Bangladesh. According to Ali (1998), during British rule most sex-workers were Hindus who were not particularly keen to entertain Muslim clients. The religious backdrop in Bangladesh is important for considering issues such as child abuse, prostitution or any other that is related to sexuality or sexual behavior (Ali, et al., 1997).

The sex market is expanding at an unprecedented pace and touches every strata of society. In recent years an increasing number of children have entered the sex market as sex workers along with a

number of women and young girls (Ullah, 1999). Sex has many dimensions. Apart from being a means of procreation, sex is also a means of expressing emotions of love and friendship. The individual and societal moral attributes that determine people's sexual behavior may change with mobility, education, economic growth, and exposure to exogenous factors. Migrant labor changes the material base of society, which in turn affects moral values. Migrant workers often enter multi-partnered sexual life as a symbol of economic and social success and for entertainment (Trapasso, 1996; Thomas et al., 1996).

In Bangladesh, commercial sex is not something that women enter willingly. Sex workers comprise that section of the female population that is engaged, part-time or full-time, regularly or otherwise, in sexual acts for earning money or other types of material gain. In Bangladesh, the number of sex workers has been on the increase. There may be some male sex workers in Bangladesh, but only female sex workers are focused upon in this study. Ali et al. (1997) in their study discovered male sex workers in Bangladesh but maintained that they were less visible and so were also at lesser risk than their female counterparts. They found that 5 percent of the clients who sought prostitutes wanted boy sex workers to be brought to their hotel rooms, since it was easier to bring in male sex workers.

It is also claimed that child prostitution is fuelling the AIDS crisis. Children contract HIV and infect others when they go back to their villages (Sachs, 1994). Unofficially, the number of sex workers in Bangladesh would be more than 150,000 (Moudud, 1992). In the capital and in other urban metropolitan cities the number of the professional sex workers is increasing alarmingly. However, the Bangladesh Bureau of Statistics or the Directorate of Women's Affairs has attempted no formal estimate on the number of sex workers, not even in Dhaka City¹. According to police estimates (Khan and Arefeen, 1989), the figure would be somewhere between 25,000 and 30,000. In comparison, there are 60,000 child sex workers in the Philippines, 400,000 in India and 800,000 in Thailand (Scambler and Graham-Smith, 1992).

Until 1947, sex workers were concentrated mostly in the

Badamtoli² area (Hussain, 1980). A feature of pre-1947 prostitution was its close association with the arts, particularly vocal music, classical dance and stage acting. Some sex workers even became film actresses. So, the business was not just confined to sex as is the case today. Commercial sex work was introduced in the sub-continent as an institution during the reign of the Mughals and the administration at the time allotted particular areas to them to run their establishments and imposed tax on their income. During British Rule, prostitution was undertaken in commercial or business centers with the direct cooperation of the land owners or *jamindars* (Tahmina and Morol, 2000).

Undoubtedly, prostitution thrives on poverty and lack of employment in Bangladesh. However, this profession has not been established overnight. The history of prostitution goes back to British colonial rule, which lasted in Bangladesh for more than two hundred years. With the passage of time, some brothels were established in different areas of Bangladesh, such as Dhaka, Narayanganj,³ and Mongla⁴ (Tahmina and Morol, 2000; Sultana, 2000).

More than a million cases of AIDS were reported by the World Health Organization by 1994 (WHO, 1995). Mann and Tarantola (1992) calculated almost 2.5 million people worldwide had actually died of AIDS by January 1992. Sexual intercourse accounts for 86 percent of the transmission of HIV among adults worldwide. Sharing of needles by drug-users accounts for another 7 percent of all infections (*ibid.*).

Bangladesh, a country of 129 million people, has only 74 known HIV positive cases to date (The Bangladesh Observer, 1996; Sinha, 1996). However, being located between Thailand and India, with their recent AIDS explosions, Bangladesh is susceptible to the disease. Indicators of risk such as high STD prevalence, widespread sexual networking, a large commercial sex market, untested blood supplies, homosexual activities, and low condom use, point to the great risk in the country (Robinson and Hanenberg, 1997; Naved, 1996; Chirwa, 1995; Khanna, 1997; Elias, and Coggins, 1996).

In Bangladesh, prostitution in the metropolitan cities,⁵ including

the capital Dhaka, differs from the remote district towns or ports. It comprises four types, the first being prostitution in the brothels, where most of the sex workers were either born or to which they came willingly or under duress. The second type comprises sex workers in rented houses in posh areas like Gulshan, Banani, Uttara, Baridhara, and Dhanmondi, who operate in family environments, forcibly or otherwise, in rented houses located in the middle and upper class residential neighborhoods. This type of trade in women is a highly commercial profit-making activity. The third type of sex workers operate from hotels, in the film industry, and in office areas, which started in the sixties when several new hotels were established in Dhaka and the other cities. The fourth type is street or floating prostitution, where women solicit clients by frequenting certain spots directly or through pimps (The Bangladesh Observer, 1999b).

This study was conceived after the forced closure in 1996 of the famous Kandupatti brothel⁶ that housed more than 2,000 sex workers. There were 15 houses with 230 rooms in this brothel across 2.5 acres of land. Interestingly, there was not a single bathroom there. Tahmina and Morol (2000) noted that, on an average, 3,000 clients visited this brothel per day. Situated in old Dhaka, alongside the English Road and Tanbazar and Nimtali Patita Palli (brothel) in Narayanganj,⁷ the Kandupatti brothel was just 32 kilometers away from the capital city.

Most current efforts for AIDS prevention are focused on high-risk populations like commercial sex workers and truck drivers (Khan, 1999). The study was conducted with a view to improve public knowledge about AID/HIV in Bangladesh. In recent years there has been an alarming growth of sex workers in Dhaka City and other major cities and towns of the country (Khan, 1988). Female pauperization is on the rise and deserted, uprooted and helpless women and young innocent girls from the rural areas come to the cities and towns in search of work opportunities and fall prey to traffickers (Rahman, 1998). Inevitably, an increasing number of women are forced to enter prostitution. This study seeks to explore the reasons for choosing this profession; discover the level of

knowledge of sex workers on HIV/AIDS/STDs and find out what measures they take to prevent sexually transmitted infections including AIDS.

Research Methods

In the course of this study, street, hotel, and brothel sex workers were selected. No data, however, were available on how many street and hotel sex workers existed in Bangladesh or in Dhaka city. Some studies state that in Bangladesh there are 100,000 sex workers (Shonghoti, 2000; The Bangladesh Observer, 1999c; Sarwar, 1996). A total of 221 sex workers were interviewed, of whom 51 were street or floating sex workers. The spots where they were to be found such as the Suhrawardy Uddyan and Ramna Parks, Motijheel Commercial Area, Cinema halls, Sher-e-Bangla Nagar, Sadarghat, Gulistan, Saidabad and Gabtoli Bus Stations were selected. In addition, 76 brothel sex workers from Narayanganj, Gangina of Mymensingh, and Maruari Mandir of Jessore districts were selected randomly and interviewed. The randomly selected hotel sex workers from Magh Bazar, Ram-pura, Purana Paltan, and Nawabpur areas of Dhaka totaled 94. Although commercial sex workers were readily identifiable, their clients often tried to conceal their identities or hurriedly fled from the spot. Nonetheless, 19 clients from brothels and hotels were interviewed. Both qualitative and quantitative data were collected using different methods. Information was also collected through informal discussions using tape recorders to avoid distortion of first-hand information.

Data were collected between June 1999 and April 2000. Since the respondents were women and the issues discussed were very sensitive, female data collectors who had previous experience of working with sex workers were used. In addition, interviewers were given ten-day training for this purpose. Supervisors and the author worked closely with the interviewers to ensure the quality of the data. Some of the selected literature on this issue was reviewed, with a

focus on the context of rural and urban Bangladesh. The data included demographic and other aspects such as housing status, health, sanitation and family planning, marital status, knowledge on HIV/AIDS, ways of pre-venting the pandemic, education, and amenities for entertain-ment. In analyzing the data, simple descriptive statistics were applied.

The study plan needed to ensure that the sample size should be large enough to meet the requirements of statistical analysis. A representative sample was chosen using the random sampling method. For determining the sample size the following formula was used for ensuring sound and good representation.

$$n = \frac{N}{1 + N(e)^2}$$

[Where, n = Sample size; N = Population; e = Desired level of precision]

[Here, Precision (e) = reliability x standard error]

Educational Level of Respondents

Nearly 33 percent of the sex workers (n=221) were illiterate. The highest percentage of illiterates was found among the street workers and the lowest among the hotel sex workers. The highest educational level was also found among the floating sex workers, as those with the highest educational level responded only to calls by clients and did not usually operate in parks or streets. Four percent of them had passed the higher secondary level (Table 1). The largest number educated up to the primary level, were among the hotel sex workers, while those with the least education were the street workers. Thirty-five percent of the hotel sex workers had studied up to the secondary level (grades V-IX), while this figure was 17 percent for the brothel workers and 14 percent for the floating sex workers (Table 1).

Table 1. Educational Level of Sex Workers

Type of Sex Workers	Level of Education	Number	%
Hotel	Illiterate	11	12
	I-IV	28	30
	V-IX	33	35
	X-XI	21	23
	XI and above	1	1
Brothel	Illiterate	30	39
	I-IV	19	25
	V-IX	13	17
	X-XI	9	12
Floating	Illiterate	30	59
	I-IV	11	22
	V-IX	7	14
	X-XI	1	2
	XII	2	4

Source: Survey, 1999.

Knowledge on HIV/AIDS

Sexual intercourse with sex workers in Bangladesh is the major reason for the spread of HIV/AIDS, especially in areas where there are a large number of sex workers and their clients include people such as rickshaw-pullers, vendors, and hawkers who are not aware of this pandemic. Over the last two decades, HIV/AIDS has spread silently throughout the world, profoundly affecting the lives of men and women, their families, and societies. In Latin America, 70 percent of HIV transmission occurs through heterosexual contact and women are often shocked to hear they are infected because educational activities often target only sex workers or homosexual men. Studies in some countries show that up to 30 percent of HIV infections occur in women whose only reason for risk is sexual intercourse with a single

male partner who in turn has had—or continues to have—unprotected sex with other partners (WHO, 1997).

Sexual transmission accounts for approximately 75 percent of all HIV infections worldwide (WHO, 1994). Demographers have studied HIV/AIDS principally because of its severe consequences (Rico, 1998), particularly in Africa, where it has spread primarily through heterosexual activity (Khanna, 1997; Karim, 1995), revealing very high prevalence levels among rickshaw-pullers, vendors, and hawkers in some countries. HIV does not survive well in the environment. It exists in varying concentration or amounts in blood, semen, vaginal fluid, breast milk, saliva and even in tears. Since HIV is unable to reproduce outside a living host, except under laboratory conditions, it does not spread or remain infectious outside (Esu-William, 1995).

HIV/AIDS is indeed spreading fastest in the developing countries. This incurable disease has already claimed 13.9 million lives since the pandemic began; 3.2 million of whom were child-ren. Today, 33.4 million people are infected with this disease. In 1998 alone, 2.5 million people died of AIDS worldwide (The Bangladesh Observer, 1999a). This pandemic has slashed life expectancy in many developing countries. AIDS is globally documented as both a disease and a development constraint (Nasreen, et al, 1996). Its risk indicators are as high as STD prevalence. In Bangladesh it proliferates through widespread sexual networking, a large market in commercial sex, untested blood supplies, homosexual activities, and low condom-use. More than 20,000 HIV infected people are already estimated to live in Bangladesh, of whom 95 percent are women. Siddiqui, et al. (1996) found that 50 percent sex workers suffered from one or the other disease, some of which were obviously related to sex. Brothel and street sex workers, according to this investigation, were the most disease-prone, whereas most sex workers reported that their clients did not like their insistence on the use of condoms, just as they did not like the bodies of pregnant women. Sex workers were expected to be merry sex entertainers, fully devoted to satisfying their clients. The survey showed the number of clients entertained everyday by each sex worker in hotels, the streets and brothels averaged 7, 12, and 15

respectively.

Table 2. Knowledge of Sex Workers on HIV/AIDS

Type of Sex Workers	State of Knowledge				Total
	Know Little	Know Well	Heard Only	Don't Know	
Floating	11 (22)	4 (8)	9 (18)	27 (53)	51
Hotel	18 (19)	15 (16)	29 (31)	32 (34)	94
Brothel	17 (22)	29 (38)	9 (12)	21 (28)	76
Total	46 (21)	48 (22)	47 (21)	80 (36)	221

Source : Survey, 1999.

Numbers within the parentheses indicate percentages.

Table 2 shows that brothel sex workers were more knowledge-able about HIV/AIDS than the others, probably because some NGOs have been working to raise awareness about HIV/AIDS among them, while street sex workers had the poorest know-ledge of HIV/AIDS.

The survey showed that only 22 percent of the total number of respondents had good knowledge about HIV/AIDS. Nearly 36 percent of the total respondents admitted that they had not heard about these at all. However, they said they knew that promiscuity and sharing of needles led to the spread of incurable diseases, but they did not specifically mention HIV/AIDS. Of the total, 21 percent said they had only heard about these and considered them dangerous and spread through indiscriminate sexual activities.

Preventive Measures

Biologically, epidemiologically and socially, women are more vulnerable to HIV than men. Their generally subordinate role in the family and society renders them at greater risk of contracting the HIV infection. Giving top priority to developing a vaginal virucide or

microbicide that is active against HIV and other STDs is necessary to implement effective interventions aimed at sex workers along with vigorous condom promotion.

The use of condoms during sex has been considered a primary weapon for preventing the HIV infection among sex workers, as well as among others who engage in risky behavior. The data from this study show that floating sex workers seldom used condoms (18 percent) for preventing HIV/AIDS and STDs. A few of them admitted to using condoms to avoid repeatedly washing themselves after intercourse, while 4 percent thought that using antiseptic⁸ cream before or after copulation would help prevent this pandemic. Only 25 percent reportedly washed with plain water after intercourse, while 29 percent used soap to wash and those who used nothing comprised 24 percent.

The use of condoms was highest among brothel (41 percent) sex workers, followed by hotel (34 percent) sex workers. The brothel sex workers used antiseptic for washing the most (11 percent), followed by hotel sex workers (7 percent). The hotel sex workers (38 percent) used plain water the most, followed by the street sex workers (25 percent). Among all respondents, condom use was the most prevalent (33 percent), followed by those who washed up with water and soap, those who used nothing and those who used antiseptic (Table 3).

Table 3. Perceived Ways of Preventing HIV/AIDS

Ways Group	Condom	Antiseptic Cream	Cleansing with Water	Cleansing with Soap	Not Stated
Floating	9 (18)	2 (4)	13 (25)	15 (29)	12 (24)
Hotel	32 (34)	7 (7)	36 (38)	6 (6)	13 (14)
Brothel	31 (41)	8 (11)	16 (21)	12 (16)	9 (12)
Total	72 (33)	17 (8)	65 (29)	33 (15)	34 (15)

Source: Survey, 1999.

Numbers within the parentheses indicate percentages.

Sheuli (17) a hotel sex worker said that clients paid money for enjoyment: She asked, "If we use condoms, clients do not get

pleasure. We are also competing with others to obtain more clients. If we cannot satisfy clients, why should they visit us? I do not want to lose clients by insisting on their using condoms.” Also, she was ashamed to buy condoms since she was unmarried. She also expressed hesitation in buying condoms from male shopkeepers.

Sex workers often used condoms on their own in order to avoid being smeared with male semen, which they felt required repeated washing particularly in winter when they had no access to hot water. Some of them did so without knowing this was a way of preventing HIV/AIDS. Most workers who had such knowledge liked to use protective measures to guard themselves from disease, but due to the reluctance of their clients it often became impossible for them to do so. Even when women knew condom-use was a means of preventing HIV infection, they had reservations about it because of the following reasons:

- fear of retaining condoms in their vaginas;
- fear of not knowing the proper way of using condoms;
- loss of sexual pleasure as they sometimes had sex for pleasure and did not want to be deprived of this;
- some sex workers believed that seminal fluid had nutritional value and contributed to the good health of women when absorbed during intercourse (Reid, 1995);
- using condoms reinforced and exposed the belief that the partners were infected with STDs; and
- using condoms reduced sexual satisfaction.

Ninety-three (42.1 percent) of the respondents among all the groups knew very little about HIV/AIDS. Nearly 16 percent of those who did know and had heard about the disease said these were deadly diseases and confirmed the early death of patients, while 8 percent said very vehemently that this was nothing but loss of strength of the body. Nearly 14 percent thought HIV/AIDS was syphilis, while 11 percent thought it was gonorrhoea and only about 17 sex workers thought HIV/AIDS was a contagious disease. The highest number (20 percent) thought HIV/AIDS to be a genital infection, while 14 percent said it caused loss of sexual potency (Table 4).

Table 4. Perceptions of Sex Workers about HIV/AIDS

Perception	Number	%
Deadly Disease	14	16
Loss of Body Strength	7	8
Syphilis	13	14
Gonorrhea	10	11
Contagious Disease	17	17
Infection on Genitals	19	20
Loss of Sexual Potency	13	14

Source: Survey, 1999.

Levels of Knowledge

A total of 48 (22 percent) respondents had better knowledge of HIV/AIDS. Eight percent had heard about it from clients. The more cautious among them explained that HIV/AIDS was an incurable disease and spread through unsafe sex. They also knew how its spread could be stopped. About 19 percent of them had read posters at different spots outside and in the brothels and since they could read they learnt about HIV/AIDS from these. Only one respondent mentioned a rally organized by a group to observe AIDS day whereby information on the risk of the disease was disseminated through billboards and slogans. An overwhelming majority of the sex workers (73 percent) admitted that they had learnt about this pandemic from NGOs,⁹ whose field workers had counseled them. They mentioned NGOs that distributed condoms among them free of charge. Evidently, the role of researchers and interviewers was important in raising awareness among them. A few mentioned that interviewers had come to them more than five times for collecting data and briefing them about the disease (Table 5).

In the case of hotel sex workers the same situation prevailed and

none of them claimed to have acquired knowledge about HIV/AIDS from the hotel management; rather they encouraged and appreciated those who did not use condoms and who practiced fellatio. In fact, the latter were in great demand.

Table 5. Sources of Information about HIV/AIDS

Sources of Information	F	%
Clients	4	8
Poster and Rallies	9	19
NGOs	35	73

Source: Survey, 1999.

Routes of HIV/AIDS Transmission

An HIV/AIDS epidemic has started in Bangladesh and there are indicators of an explosive outbreak. These include factors such as the country's proximity to high prevalence countries, high levels of sexually transmitted diseases (STDs), widespread sex work, unsafe practices of blood transfusion, and insufficient awareness and knowledge about the modes of HIV/STD transmission and their prevention. The long incubation period of HIV, estimated now at an average of 8 years from the start of the infection, permits the disease to spread silently. Therefore, the greatest challenge is to recognize and respond to an invisible problem, which is one of the most serious development threats before the country today. The principal mode of transmission for adults is sexual activity, especially heterosexual sex. More than 90 percent of all adults with HIV infection or AIDS live in developing countries; 64 percent in sub-Saharan Africa and 22 percent in Asia and the Pacific (WHO, 1997).

This pandemic may be transmitted from person-to-person in several ways. Male-to-male transmission through anal intercourse is a very common way of transmitting the virus. Male-to-female transmission is also fairly common, while the reverse occurs less

frequently than male-to-female transmission. The routes are sexual, i.e., via semen and vaginal secretion; via blood through needle-sharing or blood transfusion; and perinatal from an infected mother to child. The biological risk of transmitting HIV/AIDS is present in different types of sexual exposure (anal, vaginal or oral); these are also associated with the degree of trauma that occurs when force is used, because abrasions and cuts caused thereof are likely to increase the probability of HIV transmission (Charlotte, 2000).

Conclusion

When sexual intercourse is performed as a service for money, the buyer clearly has pleasure and not reproduction in mind. The seller may use the money for any purpose. Hence, unless the money is earmarked for some legitimate end—such as the support of a family, a church, or a state—the sexual relation between the buyer and seller is viewed as illegitimate, ephemeral, and is condemned by society (Lamprey, 1991; NUS, 1997; Popy, 1999). This view was also endorsed by the sex workers. In prostitution both parties use sex for an end that is not considered socially functional, i.e., not sanctioned by society and religion. While buyers indulge in this for pleasure, sex workers do so to earn money. Being compelled by economic constraints, women and even minor girls are forced to engage in prostitution for survival. Young girls migrate from rural to urban areas in search of employment for sheer survival after enduring trauma in their homes. Indiscriminate sexual activities are said to be the main reason for the spread of HIV/AIDS throughout the world and prostitution is considered a significant channel (Blanchet, 1994; Aral and Holmes, 1991; DaGrossa and Din, 1989; Alam, 1999).

Interestingly, very few of the respondents were aware of the risk of contracting HIV/AIDS because of their work. Almost 36 percent had not even heard about the disease because of illiteracy and ignorance. Therefore, the infection is likely to spread from one person to another in a disguised way, allowing the pandemic to continue and

grow. It is impossible to rehabilitate all the sex workers, given the limited resources and unavailability of any accurate statistics on them. We know very little about the location of the floating child and adolescent sex workers, as many operate in guesthouses, apartments, rented houses, and expensive hotels in posh areas and most of them do so in secrecy (Ullah et al., 1999).

This study observed that the overwhelming majority of the sex workers had very poor knowledge of HIV/AIDS. The government should therefore introduce awareness programs that should be made compulsory for all those who are in this profession. The issue of sex work lies beyond the boundaries of legality and is ubiquitous (Bruce, 1996; WEDO, 1996). Although the sex workers can easily be identified from the places of their operation such as hotels, brothels and other open alleys, it is not easy to control their activities (Government of Bangladesh, 1991; Moya, 1998; Prothom Alo, 2000). To facilitate matters, prevention would be desirable, for instance, by distributing condoms free of cost. Social mobilization is also very important in marketing condoms because it is still considered shameful for women to carry them in Bangladesh. So there is need to advocate their use through campaigns and slogans; rallies for the observance of HIV/AIDS days would also be useful. Media such as radio, television and newspapers can be used for such advocacy as well, with a view to making people in the community aware of this pandemic. About 80 percent of the total population in Bangladesh is targeted by NGOs they have earned a worldwide reputation for their innovative approach to micro credit for the poor and should take some effective measures in this sphere as well.

Notes

1. The capital of Bangladesh, Dhaka stretches over 520 kilometers with a population of more than 10 million.
2. Very near the Ahsan Manjil, the palace of the Dhaka Nawabs or aristocrats.

3. The second biggest river-port in Bangladesh.
4. The second biggest sea-port of the country.
5. The four metropolitan cities in Bangladesh are Dhaka, Chitta-gong, Khulna and Rajshahi.
6. This is one of the oldest brothels in Bangladesh, which was the only one left in Dhaka city after the closure of the Gangajali, Patuatuli and Kumartuli brothels in the eighties. This brothel was closed in May 1997 by a group of local people of the Number 71 ward of the city who held that the whorehouse had made the area uninhabitable for them.
7. A river-port, 32 kilometers from the capital city.
8. For example, Savlon (an antiseptic) cream that is applied on wounds, burns, cuts, and insect bites. This was also used by some sex workers for lubricating the vagina during sexual intercourse.
9. Also known as private voluntary development organization or development partners. In Bangladesh, NGOs have been working since the inception of the country in 1971 with the two major goals of poverty alleviation and empowering women.

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