



SOCIETAL VIOLENCE ON WOMEN & CHILDREN IN PROSTITUTION



NATIONAL COMMISSION FOR WOMEN: 1995-96

GOVERNMENT OF INDIA



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**— A REPORT BY THE NATIONAL COMMISSION FOR WOMEN,
1995-96**



**NATIONAL COMMISSION FOR WOMEN
GOVERNMENT OF INDIA**

4, DEEN DAYAL UPADHYAYA MARG, NEW DELHI

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FOREWORD

About 15 years ago, when I was the Chairperson of the War Widows Association, I got a call from a hospital in Delhi asking me if I could come and help a young, unaccompanied girl from G.B. Road, who had just delivered a still-born child. Apparently, the girl was weeping hysterically and speaking Kannada which nobody but the attending doctor understood.

I rushed there as soon as I could, and found the girl sobbing repeatedly that she had been kidnapped from her home in Karnataka and sold into a brothel in Delhi. "Now if I go back home, nobody will accept me and I don't want to go back to the brothel. My child is dead; declare me as dead or "they" will come and get me.

I took the girl home and after a few days enrolled her in a training programme that helped her get a job with a family I knew.

She stayed with them for nearly four years until one morning a samosa vendor on the road was called into the house for some purchases. He caught sight of this girl and immediately burst out "Arrey, you are here; everybody in G.B. Road has been searching for you these last four years..."

She was struck with terror and I had to shift her.

That's when it hit me — after all the attempts the girl had made to make a new life for herself, after all the 'rescue' and 'rehabilitation' I thought I had done; an ordinary samosawalla could walk in and shatter it all in a second.

At the National Commission for Women, I initiated a discussion on the subject of women in prostitution and found a consensus — society's focus was constantly on the changes and reform that was expected of these women, but it was society's responses and attitudes that had to change drastically if at all these women had to be helped.

I also resolved then to directly meet as many women as I could. This journey took me from the narrow streets of Benaras, through Orissa, Andhra Pradesh, Karnataka, Maharashtra, Uttar Pradesh, Tamil Nadu and West Bengal, where I met with more than 2000 women and heard them speak "openly, without fear, and with hope".

Many people have participated in this journey and have carried my initiatives beyond what I could have personally achieved. In almost all cases, I have met enormous goodwill for this mission of the National Commission for Women.

Many individuals and organisations have helped the National Commission for Women collect relevant information that have helped us arrive at clear analysis and concrete plans for realistic and effective actions, that are being presented in this report.

It is with great hope and expectation that I place this report before you for consideration and speedy implementation.

Mohini Giri

Ms. Mohini Giri,
30th July, 1996



BEYOND SUFFERING ... A PREAMBLE

It is a cliché that "Prostitution is the oldest profession". The truth is that prostitution is probably the oldest oppression.

Women in prostitution are first and foremost equal citizens of India. The country and its government are as much beholden to them for their courage, in the face of the odds against them, and their contribution towards the prevention of STDs & HIV infection.

The National Commission for Women does not want only the traditional soft option for this section of women.

The National Commission for Women recommends that their requirements and concerns be set firmly in all the developmental issues and plans of the nation.

This report has evolved after the personal encounters and meetings with over 2000 women in prostitution in the different States of India, consultations with NGOs and activists, surveys conducted by National Commission for Women and review of Indian and international research and literature on this issue. An expert committee periodically deliberated upon the issues and resolutions.

The National Commission for Women experiences the woman's life in prostitution as a reflection of the continuum of prevailing archaic attitudes of the society towards women, girl children and young women.

It recognises the priority of minimising police action and violence which is applied with a surprising vigour upon this section of women.

It outlines the value of relevant health care and self protection facilities for the women and their children, including schooling and education.

The fundamental rights towards basic amenities, comfort, freedom and dignity



should be available to these women inasmuch as they are to all the citizens of the Republic of India.

The issue of children within prostitution needs a critical review and has to be placed within the ambit of "Rights of Children". Physical and sexual abuse of children is experienced in its most extreme form within prostitution through the abduction, confinement and rape of girls and young women. Resolutions require local, regional and trans-national collective effort.

Enlightened and socially relevant legal rectification and new laws for prevention of physical and sexual abuse and rape of children and young women are critical for long-term resolution of the situation. National Commission for Women recommends a specific law to be enacted to prevent child abuse in its varying forms.

Besides identifying existing schemes of the government, which can offer some relief to the women, the mobilisation of NGO initiatives will be necessary.

The National Commission for Women recognises the role and value of collectivism and the building of a cooperative self-help spirit and institution among the women in prostitution, as an important first step towards change, both for themselves and the violence within the societies which contain and perpetuate these systems.

Finally, the National Commission for Women pledges to continue to invite the ideas and participation of the women in prostitution to continually evolve newer perspectives and sustain a process of relearning and action.

Women's responses

- * *The need to keep secret our life style and means of earning is a heavy burden on our minds.*
- * *We should not be stigmatised and condemned while the social order which perpetuates prostitution escapes everyone's attention.*
- * *Employment opportunities for our children must be one of the targets for the National Commission for Women.*



OBJECTIVES OF THE NATIONAL COMMISSION FOR WOMEN

The National Commission for Women identified this group of women to make “visible” the “invisible”, the social instruments that cause and perpetuate to condemnation of the women.

At the same time, it has attempted to retain the “invisibility” of the women as per the sagacious wisdom of Chanakya who has called this profession an “invisible profession” and necessarily making them visible would further jeopardize their existence.

Instead, the National Commission for Women chose to make the voices of these voiceless women heard with the hope of evoking an appropriate response, both from the governments, administrations and the society at large.

The National Commission for Women has attempted to capture the landscape of prostitution in the country with hope of analysing the issues and identifying possible opportunities for some relief to the women.

Finally, the National Commission for Women has attempted to project the problem of children in prostitution with the hope of minimising the extent of abuse and rape of children and young girls within the institution of prostitution.

The objectives of the National Commission for Women are:

- 1) Control and prevention of trafficking of women and children into prostitution.
- 2) A humane, just and supportive treatment ensured to the women in prostitution who are not the criminals but the target and the survivors of a criminal system.
- 3) Ensurance of minimum facilities for health care for the women and their children.
- 4) Reduction of violence upon the women and the children.
- 5) Education and support for children of women in prostitution.
- 6) Provision of amenities such as shelter and housing, ration cards, etc.
- 7) Forging a multi-sectoral alliance that will involve a more realistic, sensitive and effective response.
- 8) Rehabilitation and care of women in prostitution.
- 9) Reduction of demand for the services of women in prostitution.



Elimination of abduction, rape and sexual abuse of children.

Lobbying for laws against abduction, abuse and rape of children.

Action Plans for actualising these objective should be set in the time frame with short, medium and long term.

Women's responses

- * *Equality should be granted to us.*
- * *There should be NO violence upon us.*
- * *We should be able to exercise our right to vote during local, regional and national elections.*
- * *There should not be 'demand reduction' in our services or else we will starve.*
- * *Demand reduction is an impossibility.*
- * *Demand reduction is desirable in a time frame for a new social order of equal status for all in the next 50 to 75 years.*



TERMS USED

Existing terms used in various languages and dialects for the women is passed down through tradition and evoke emotions and reactions that are derogatory, stigmatising and discriminatory to the women.

These terms reflect the dehumanized social treatment of these women, though at the same time expecting sexual submission and service as a natural right of mainstream males, persons on the fringe of criminality and even the police and the armed forces.

Various terms are recommended and are in current use:

1. **Commercial Sex Worker** : This term has been universalised by the World Health Organisation (WHO).

The phrase was created after the HIV/AIDS epidemic, with the intention of destigmatising the group and hence facilitating preventive interventions.

However, this term was also generated in the Anglo-American context where male-sex work is a significantly large group.

A deeper significance can be interpreted into this phrase. In the term "commercial", WHO subtly perpetuates the same derogation that it seeks to erase.

If sex workers are commercial because they make money through sex, then all the professionals deserve this prefix. We should be having commercial health workers, commercial educators, commercial traders, etc.

The use of this term, along with its acronym CSW, should be discouraged.

The National Commission for Women has expressed its reservation about the use of this term to the WHO and has appealed for reconstruction of its language towards these women.

2. **Women in Prostitution** : is a term possibly congruent with Indian realities and situations as it would indicate the primary focus on "women" and also depict the institution of prostitution as a separate existence.

This could possibly create the focus of our actions : they need to be directed not against the women as is the current practice, but towards the institution of prostitution which comprises



financiers, procurers, kidnappers, managers, persons of local influence etc.

3. Sex workers : The prohibition of Immoral Traffic and Empowerment of Sexual Workers Bill, 1993, uses the operative terms “sexual worker” in its title, in the sub-title it acknowledges a civic intention towards “sexual work”.

In this report the terms “women in sex work, women in prostitution and sex workers” are used interchangeably.

Similarly, we need a re-analysis of other terms used.

1. **Trafficking :** This evokes associations of a “commodity”. Paradoxically, sex work is a creation in societies which treat “women as commodities” and therefore this is objected to.

2. **Child Prostitute :** should be replaced by children abused and raped within prostitution.

Many persons may object to the long phrases, but if we are going to be economical in our words, how much more economical will we be in our actions.

Most critically, the women must be distinguished from the term “prostitution” which per se has become a social organisation of procurers, persons used to “break” the resistance of the girl/women, managers, financiers, money lenders and often people with local and regional influence.

Women's responses

- * *Besides submission men also exploit and subject us to their perversions.*
- * *Women in business (dhandha) may also be used.*
- * *None of the terms are from the vernacular terms.*
- * *There may not be an appropriate term that is universally acceptable to us and we may need to construct a new term.*
- * *Clients should also be considered as a part of the social institution of prostitution.*



METHOD

After discussions among the members of the National Commission for Women, the method used to formulate this report and recommendations included:

1. **Personal encounters** : In the last year, the Chairperson and other members of the National Commission for Women have met more than 2000 women in prostitution in more than 10 states.
2. **NGO forums** : A workshop with more than 25 NGOs was supported by the National Commission for Women and organised by the Joint Women's Programme, in New Delhi.
3. **Workshops of women in prostitution** : National Commission for Women supported a two day workshop in Madras, attended by more than 125 women from 5 states and a memorandum was accepted from the women. A meeting was conducted in Warangal, and 10 women from Maharashtra submitted a memorandum to the National Commission for Women.
4. **Survey** : This was conducted among the women through local NGOs to study their expectations regarding health care, child care and legal actions.
5. **Reviews** : Review of press notes, literature and studies on women in prostitution from Indian and international sources was done.
6. **An expert committee** for considering issues in prostitution is constituted within the National Commission for Women.
7. **A draft report** was circulated to the participants of a national seminar organised by the National Commission for Women on July 24, 1996, at New Delhi.

8. A draft of this report was translated and read in small informal groups of women in prostitution who had come to Delhi from the states of West Bengal, Orissa, Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Kerala and the Union Territories of Goa and Pondicherry.

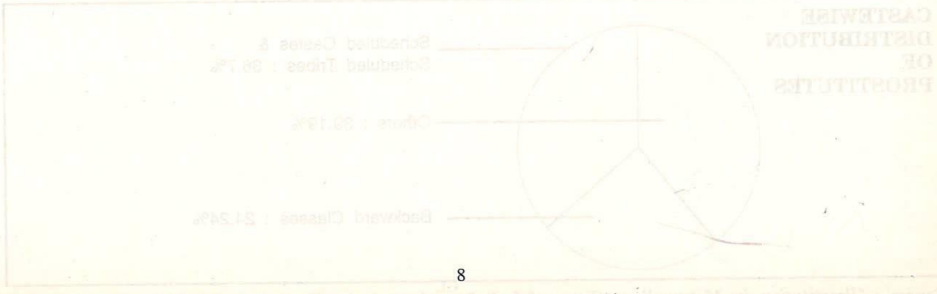
The draft was discussed by a total number of 40 women over a period ranging through fifteen to four days.

Their responses have been added as comments to this report.



Women's responses

- * *The women from North-Eastern states of India are not represented.*
- * *The expert committee should have included at least one woman in prostitution.*
- * *Women from each state should participate in the expert committee by rotation, at each meeting of the expert committee of the National Commission for Women.*
- * *The draft report on prostitution should have been read to us in our vernacular languages and we could have contributed more.*





THE LIFE SITUATIONS OF WOMEN IN SEX WORK

- a) **As a daughter** : Most women are daughters who take up the responsibility of maintaining their parental and often marital families which includes the care and upkeep of aging parents, and growing brothers.
- b) **As a mother** : On an average, a woman at 25 years of age has two children whose care and upbringing is solely dependent upon her.
- c) **As a home maintainer** : About 50% of the women maintain independent households with its routine of chores.

This is the reality which society has tried to ignore and instead an image of public nuisance or a corruption of morality with its reflex social stigma has been attached to them.

AS A GENDER

As a gender the women are subject to the same discriminations but with greater intensity; in their access to schooling and education for their children, in the availability of health services or other necessities, and rights like shelter, affordable commodities, etc.

Domestic violence : The intensity of domestic violence upon these women is similar to the situation among other women.

However, it must be noted that mainstream struggles of and for the emancipation of women in India has remained immune to the situations and needs of these women.

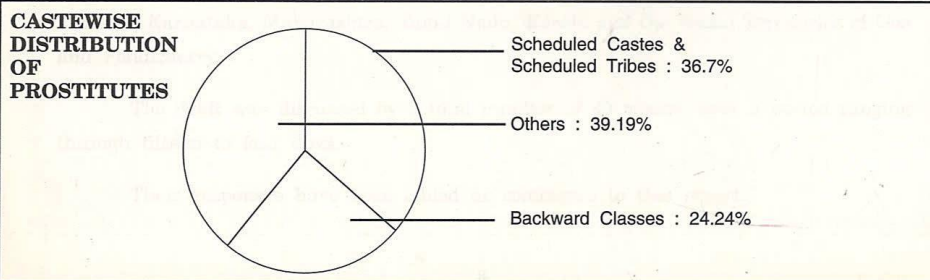
This is reflected in the various characters, including the Cairo Conference and the Beijing Conference which do not have a single phrase addressed towards women in sex work/prostitution.

AS CASTE

Most of the women are from the dalit castes with very few women from religious minorities.

Though in 1980 the RPI attempted to develop some contact with the women in the rural regions of Maharashtra, these women are ignored by dalit movements towards any form of representation for social and individual justice and rights.

Many of the sub-castes have not been included in the schedules accepted by the Indian Constitution.



Source : "Prostitution in Metropolitan Cities of India" — A study by Central Social Welfare Board



Women's responses

- * *We also support our sisters, we spend for their marriage and if they are deserted by their legal husbands we support them and their children.*
- * *We should also be considered as working women.*
- * *As a common law wife though without legally wedded status.*
- * *We are main supporters of our lovers and husbands.*
- * *Domestic violence upon us is greater than mainstream housewives.*
- * *Caste compositions vary from region to region.*
- * *We are treated worse than scheduled and other backward classes.*



ANALYSIS

If an analytic approach to the phenomenon of such destinies for some women in the country is conducted, we would see that prostitution is a social product created through various streams of political, social and cultural order.

POLITICAL AND ECONOMIC FORCES

Industrialization and Centralization of Labour Force

With the gradual erosion of feudal powers and replacement by centralised industrial production, a vigorous migration has been supported throughout the country.

With no facilities for industrial labour to house and live with their families, with patterns of progressively delayed marriage and protracted schooling unmatched to the maturation of the sexual drive, there is increased demand for "paid" and convenient sex.

Primitive social attitudes

a) **Towards "single" women** : Despite modernisation and globalisation with the assimilation of contemporary values, our society remains primitive in its attitude towards single women, unless they are nominated into a religious or sectarian group or cult.

b) **Towards "separated" women** : The social ostracism directed towards women who have been deserted by their lawful spouses is severe and the woman, often with children, is welcome neither by her prenatal family nor friends.

Labour markets have no space for her and her family. Though ILO has been seriously contemplating the problems and issues of "Female Headed Households" for the past decade, no poor or developing country has managed to evolve any relief for this large segment of the population.

The family related laws are almost never activated by deserted women. However, even if there would be a legal separation, then the liability for maintenance and child support in India is a bare Rs.300/- per month!

Even this, if defaulted by the male, is scarcely ensured except through the tedious procedure of police complaint, charges before a court through a lawyer and protracted proceedings.

It is not imaginable that the police will ever become involved in the enforcement of alimony and child support payments to deserted women.



c) **Towards girl children** : This has already been condemned at various official and non-official fora.

d) **Attitude towards young women** : The emergence of youth in males triggers ambition, ability to earn a social identity and also enter the labour market. For the woman it establishes her as an object for sex and a commodity for consumption.

Male pride often rests upon 'deflowering a virgin maiden' and the woman's grooming is judged by the quantum of submissiveness she shows.

With contemporary culture being driven by advertising companies, there are newer dimensions to the bodies of young women.

e) **Attitude towards Dalit women** : Almost all women in prostitution in the country are from either dalit communities or the tribal groups.

Not only are these women not officially accorded the social justice or the benefits accruing from the various schemes but they are also singularly excluded from all dalit movements and politicisation in the country.

Failure of State : especially with respect to schooling, health services and police.

All these state-sponsored and key institutions to better the lives of citizens are dismal in their attitudes and responses to these women.

In fact, most have them serve as the opposite of their designated functions; they double their exploitation and extortion, along with exerting violence of varying degrees upon these women and their children.

Failure of Ideology

Despite the last four decades of vigorous social and political ideologies in India ranging from protection of rural and native environments and populations, trade union movements, women's emancipation and cultural ideologies of different kinds; these women continue to escape the reflection of activists and intellectuals.

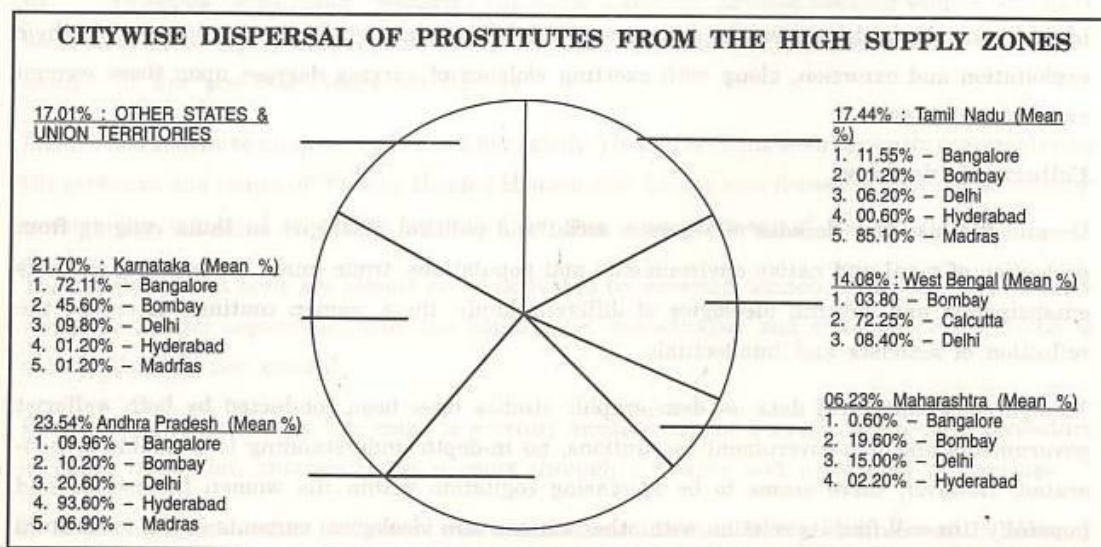
Though some statistical data on demographic studies have been conducted by both welfarist governments and non-government institutions, no in-depth understanding is available or generated. However, there seems to be increasing cogitation within the women themselves and hopefully this will find its relation with other mainstream ideological currents in the for mutual gain and learning, in the coming years.

Rural/Urban Divide

Economic, infrastructural and institutional resources are concentrated and continue to grow in urban areas catering to less than a third of the country's people. This disparity continues to be fuelled by market driven economies and is reflected in the increasing alienation from the "mainstream" of increasing numbers of people and communities.

The lives of women in sex work in rural regions is significantly different.

1. More rural women in sex work are subjects of desertion by their husbands.
2. They are likely to have more children than their urban counterparts.
3. Their monthly income may often be less than Rs.500 per month.
4. They are more distanced from health services.
5. Schooling enrollment of their children is lower than that for urban mothers in prostitution.
6. Living in a closed community, they are stigmatised and isolated from other women to a greater degree.



Source : "Prostitution in Metropolitan Cities of India" — A study by Central Social Welfare Board



7. NGOs are less able to outreach rural women due to dispersal of these groups, high costs of travel and the higher need for the rural women to remain anonymous.
8. Exploitation of these women by administrative officials, bank managers and legal services is intensified due to their simplicity and poverty.

A male-centered and driven society with double-faced values

The mainstream society's hypocrisy is well reflected in the economic drain that it causes upon this group of women labelled as "prostitutes".

a) Through law enforcement :

1. The State collects a revenue of Rs.3 crores annually from these women through fines imposed in the judicial courts. (Fines range from Rs.200/- to Rs.400/- on a single appearance).
2. The legal profession earns an annual income of about Rs.9 crores through their services in protecting the women.
3. If the unofficial amount handed over in "haftas", "mamool" to the police which ranges from Rs.40/- to Rs.100/- per woman per month is added to this, we can accurately assume the figure of Rs.15 crores collected from the women annually through the law enforcing systems.

b) Through Health Care : The median expenses per woman towards health care is about Rs.250/- per month with figures ranging from Rs.50/- to Rs.400/- per month.

This can be broken up as earnings of:

- a) Medical practitioners per annum from these women as Rs.20 crores.
- b) The pharmaceutical industry earns about Rs.80 crores from this group of women.
- c) **Quasi-legal financial institutions and individuals :** Most women depend upon door-to-door vending for the purchases of daily utilities and consumer goods.

Often these are purchased on partial credit with an interest rate of 144% applied on the loans. The average credit of a woman may be Rs.2500/- at any given time, and an annual interest pay off equalling Rs.4000/- per woman per year.

About Rs.15 crores are collected as interest from women in sex work in the country annually.

The mainstream develops an economy of more than Rs.200 crores around these women.

This excludes the monies collected from the women, managers etc. periodically in the name of donations to local shakhas and clubs, donations for festivities or any other occasion, the



women are milked for money.

For example, during the Ganesh festival in Maharashtra, an average of Rs.2000/- is collected from each "house" in the larger cities and Rs.500/- in smaller towns.

Similarly, during election campaigns, women are made to cough up money.

Income : Contrary to the myth that the women are earning large sums of money and also enjoying their "work/sex" the median income of the women is Rs.1000/- per month.

Women's responses

- * *Many retired government officials manage prostitution as a business. Since they have influential connections they are protected from any exposure and punishment.*
- * *Sometimes rich customers also start business and make huge profits.*
- * *Societal attitude toward "adultery" is also a factor. Men's adultery is socially accepted, but women are condemned if they have a relationship outside their marriage.*
- * *Most of us are survivors of "incest" by our family members. In several cases denial and shame has made us enter sex work, our family members had prevented us from even whispering about this out of fear of social ostracisation and stigma that they may have to face. Instead we were often blamed for having provoked the male member by saying "you must have done something to invite this".*
- * *Rural based women often earn less than Rs. 100 per month.*
- * *Rural women are often at the mercy of the Panchayat members.*
- * *In fig 8, the word 'prostitute should be replaced by "women".*
- * *Why is the money collected from us by society is not being used for our welfare and development?*



SPECIAL SITUATIONS

Religious, Caste and Race Affiliations

Differences based on caste are significant not for the sociocultural drama that they represent, but in context of the existing dalit emancipatory processes in the country. The unfortunate example is the much maligned “devadasi” (which incidentally is a sanskritised term which the women rarely use themselves).

“Devadasi” was first brought to both national and international attention when it was discussed in the House of Commons in the British Parliament in 1885. It was used by the Hon’ble member to describe the “debauched primitiveness” of India and to support the argument for the Empire to “civilise” it.

Since then, out of shame the local reformers and the movement following Mahatma Jyothi Phule tried to wean the population out of the “superstition and debauchery”.

The later reformists and rationalists increased the debasement by adding “superstition” to the British description of “debauched”.

In the 1980s, international curiosity and voyeurism peaked and journalists and cameramen flocked to Saundatti, Karnataka (the central pilgrimage of this sect), leading to a chain reaction of regional and national indignation with culmination in the repressive legislation by the state government of Karnataka, along with large funds allocation for its eradication, thus doubling the woes of the women.

Incidentally, only less than 10% of the women who are followers of Yellamma enter into sex work. Most remain in religious work, and, more often than not, live through their life with one man, though without a legally recognised marriage.

Also, there are more than 10,000 male devadasis in Maharashtra and Karnataka.

It must be recalled that our former play-back singer, Lata Mangeshkar, is from the followers of the Mangeshi based analogous devadasi sect in Goa.

The system was abolished by its Chief Minister, the late Mr. Bandodkar, who was also from the Mangeshi followers.

Also, there are many off-springs of “devadasis” who are in high ranking positions both in the government and the private sector.



The irony of all this may be evident in Ford Foundation having funded an NGO in 1985, to preserve the "culture" of devadasis known for their legendary talents in music and dance!

The same mythology is being applied to the Kalavantu castes in East Godavari district of Andhra Pradesh.

The summary of this can be, in the words of one woman who was involved in the reform programs, *"now things are worse for me; before all this, I was forced to have sex only with the landlords, now in addition I am forced to have sex with bank managers and government officials too!"*.

Devadasi is a jingoism for NGOs too who are promised large funds for eradication.

Similar maligning of communities in Andhra Pradesh, Orissa and Maharashtra has been happening over the last three decades, leading to repressive and unconstitutional laws promulgated in the states of Karnataka and Andhra Pradesh.

Whether it is the Bedia, or Dombra or Kalavantu or Mahar or Mang communities, these communities are considered as the lowest rung in the traditional caste layers in Indian society.

Neither do they have access to the privileges accruing to other dalit movements nor do they count in the future agenda of dalits in mainstream struggles for historical and social justice.

Aging women in sex work/prostitution

The life and problems of women after the age of 35 years, usually after more than 20 years in prostitution is a picture of misery beyond the pale of words and numbers.

Not only are they destituted and discarded, but they are lost to the visions of most reformers and activists.

Left to the mercy of other women, often subject to chronic ailments, they have to resort to seeking alms and the occasional client.

A lucky few, the survivors of the system, may be employed as brothel keepers or managers.

Paradoxically, the demand for "rehabilitation and small alternate income" is the maximum from this age group of women.

National Commission for Women feels that these women should be given priority in the rehabilitation schemes existing for the women in prostitution.



Narcotics use and women in prostitution

Women who use narcotics often have to depend upon sex work to sustain their dependence on narcotics and are usually snared into peddler rackets.

Though today this is a small group mainly in Kozhikode and parts of northern Kerala (Paulson, JWP) and in some of the North Eastern states, they demand an additional and more complex perspective.

Unfortunately, the rigorous application of the Narcotics Act to these women further criminalises them and instead of finding a place in de-addiction centers, they are lodged in cramped prison cells.

Indigenous Populations

The most affected group in India are the indigenous, so called tribal populations, who are being deprived of their ancestral places of stay and livelihood. Their inability to survive conniving and exploitative relationships with mainstream traders, employers and government officials is a threat to their social and cultural existence in catastrophic proportions.

Though sex for cash is not widespread, traders and others seek sex from tribal girls in exchange for trinkets, cosmetics and clothes; this is seen on market days in tribal regions. Tribals, who till 50 to 75 years ago, had zero prevalence of STDs, are today a constituency with possibly the highest incidence of STDs, compared to mainstream population groups.

It can be predicted that procurers will soon induct this group into organised prostitution.

GOONDA AND MENACE FROM CRIMINALS

This is a major presence in the lives of these women. Extortion, beatings, gang rape are routine experiences for many of the women. However, complaints against them are not registered. It is believed that five women are murdered in every state every year, but no case is ever registered. Goondas often burn women with cigarettes and cut women with razor blades.

Lodging complaints with the police, by the women or NGOs is a theoretical possibility. The police play an invisible role in ignoring this violence and instead of enforcing the law and protecting the women, often turn a blind eye.

Medical professionals are often pressurised or bribed to give false "cause of death".

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RAPE OF MINOR GIRLS — the Bombay High Court Case

Minor girls who are rescued from prostitution and who narrate their stories of abduction, confinement and repeated violence and rape are not treated as victims of rape according to the law under **Sections 375 and 376** and no case of rape is registered, probably because no police station would like to admit that there is such high proportion of rape in their jurisdiction. Comparatively charges under PITA are insignificant in number and often misapplied to children “rescued” from prostitution situations.

A petition for registering cases of rape by the police with the woman rescued from the Mumbai brothels is pending with the NHRC.

When the Chairperson, Smt. Mohini Giri, Smt. Kokila Vyas, Dr. Padma Seth and Poonam Sahi, Consultant, Health, National Commission for Women visited the girls and women in February, they found them sometimes angry, sometimes desperate. Many spoke about wanting to go back to their homes and yet expressed the helplessness of their situation and said they would rather go back to the profession. They spoke about being victims of poverty and being pushed into a profession through no fault of theirs.

Of the 250 girls, 21 of them were Nepalis. These girls were quite clear that they wanted to go back to the brothels. The Government remand home was in poor shape. Food was served to the girls at 5.00 P.M. and some were eating in plates sharing it with sick dogs and cats. The girls were bundled into one big hall with no concern for their mental and physical wellbeing.

(Ref: Tour Report of the Chairperson, Smt. Mohini Giri, to Bombay 15th-17th February, 1996, page No.1).

There is an urgent need to render timely help to rape victims. Violence against women and child abuse are on the increase, and that the culprits being punished are very few. In 1994, every 47 minutes a woman was raped and 17 women were killed for dowry and the number of reported crimes against women was 82,818. (Source: Crime records Bureau, Home Ministry Conviction Rates, 1994). In 1990, 9863 cases of child rape were reported. Of these, 94 were committed on children below the age of 10 and 2090 between the ages of 10 and 16. Almost one-third of the cases of rape were committed against minors. (Source: Home Ministry, 1990. Ref: Joint Action Council for Women, Feb. 10th, 1996, Page No.1).

CHANGES IN POLITICAL REGIMES AND IMPACT ON THE WOMEN

In most localities, women are apprehensive of changes in the political regimes which are often



accompanied by harsh and punitive actions against them.

More often than not, these changes lead to increased violent action by police, eviction from their homes and often enforced "rehabilitation" which are more for populism rather than motivated by true concern.

Women's responses

- * *When leadership is developed within us, different party leaders pull us in different direction and though we wish to remain neutral we are threatened by all political (local) leaders.*
- * *Health care cost of older women is greater.*
- * *After enforcement of nirodh doctors bills have reduced.*
- * *In Calcutta we pay an interest @ of 2% per day = 730% per annum.*
- * *We should get bank loan for schooling and emergencies to escape from the clutches of money lenders.*
- * *Some times we are paid money during elections.*
- * *Priority should be given to women over 30-35 years age in rehabilitation and alternative income generation schemes.*
- * *Women should start savings schemes and a matching grant should be given to them.*
- * *A small pension scheme for aged women in prostitutions should be made.*
- * *Many women have physical handicaps, some provision should be made for them.*
- * *Sachets of narcotic drugs are planted in our blouse and then we are charged under drugs offenses laws.*
- * *Police station have quotas to fill for cases in drugs offenses.*
- * *The drug mafia should be targetted by the police and the law and not us women.*
- * *Women from tribal communities will be more vulnerable than us, when procurers reach and trap them into prostitutions.*
- * *Women from tribal communities should be educated about use of nirodh and STDs' treatments so that they do not atleast get health problems due to ignorance.*



CHILDREN IN PROSTITUTION

The problems of children within prostitution have been within the social gaze in India for over 15 years now. Case stories of minors forced into prostitution, sale of young girls, the shocking revelations of conditions in brothels and cafes, have received periodic and dramatic exposure in the media. Numerous deliberations, seminars and resolutions under "trafficking", enforced prostitution of minors, and violation of human rights have been conducted at regional, national and international forums.

The problems of children forced into prostitution is a grave issue. Its reasons may vary from paedophilia, obscure beliefs like "sex with virgin" as cure for STDs and sexual dysfunctions, etc.

However, it essentially reflects society's attitude towards children and girl children.

India, along with 186 countries, has ratified the Convention on The Rights of the Child. This requires that states will protect the child from sexual abuse and exploitation and promote physical and psychological recovery and social reintegration of the child who has suffered this abuse.

The failure of schooling systems, the failure to curb children forced to work in adult occupations, the harsh treatment of children in the name of discipline, are a continuum of the marginalisation of children in this country.

A declaration and Agenda for Action, is being drafted with the participation of NGOs, Women's Organisations, State Governments, police, lawyers, the NHRC, the National Commission for Women, district administrators, sex workers and the UNICEF.

The Chairperson, National Commission for Women has been in communication with the Hon'ble Minister, External Affairs, to initiate a dialogue within the relevant ministries of the member nations of SAARC, especially with Nepal and Bangladesh. National Commission for Women is in communication with the organisers of the "World Congress against Commercial Sexual Exploitation of Children" being held at Stockholm in August 1996.

The National Commission for Women now awaits the crystallisation of this enormous discourse and direction which should hopefully be completed by October 1996 and will place its findings and recommendations before the Government of India by November, 1996.



However, National Commission for Women recognises:

- a) A herculean effort will have to be exerted and sustained over a long period of time and with accompanying social reconstruction and justice, if at all this horrific treatment of girls and young women has to be minimised.
- b) The issue of children enforced into prostitution should be segregated from the issues of women in prostitution.
- c) The laws for prostitution should not be misapplied upon children in enforced prostitution.
- d) A reconstruction of our perception and relationship with "the child" is an urgent imperative, especially in schooling, health care and social security.
- e) New laws for the protection of children from verbal, physical and sexual abuse must be evolved and enacted.

Women's responses

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



SPECIFIC ISSUES

THE WOMEN AND HEALTH

Health is a major concern of these women who are self-conscious of the risks of their occupation.

The median per capita expenditure on health care is Rs.3000/- per annum.

Public health services are virtually beyond their access due to discriminatory attitudes and behaviours of both the medical and the para-medical and the administrative personnel in these services, as well as due to an inadequate health system.

Most private doctors treating them are not trained medical practitioners and use the women as a convenient source of income.

Instead of attempting remedial action in these sectors, the women in sex work are traditionally depicted as "reservoirs" of infection, epicentres of epidemics and a public health hazard.

The English "Contagious Diseases Acts" of 1864, 1866 and 1869 applied to Garrisons and Port Towns was enacted to check the spread of venereal disease amongst soldiers and sailors.

The legislation provided for compulsory registration and periodical examination (and treatment until "cured") of a woman believed to be a "common prostitute" enforced by a Justice of Peace made upon a sworn statement by the Superintendent of Police.

These were repealed after evidence by Josephine Butler before the Royal Commission in 1871 as they were contrary to a clause in the Magna Carta.

Similar laws were unsuccessfully enacted in the US during the first World War.

Frightening public images of sex workers as purveyors of diseases derive from the social position of these women and the myth of "female pollution" linked to moral blame has developed historically to be enlarged during periods of social crises or health catastrophes.

The metaphors of godly punishment is not reserved only to venereal diseases but also to epidemics like plague.

Paradoxically, when these images of "threat" are not needed for social manipulation, the health needs of this group of women is rendered invisible.

For example, the ICDP Programme of Action, which is the first United Nations population



conference to delineate “reproductive rights” is centered around the rights of “couples” and domesticated reproduction and sexuality.

No group of women are more vulnerable to threat to reproductive well being as the women in sex work, especially in the developing and the poor nations.

No women suffers more discrimination in access to services, whether for health care, fertility regulation or safe abortions, as much as the women in sex work.

No group of women are more self-conscious about the threats to their reproductive and psychosomatic health and take an effort to protect these within the limitations imposed upon them.

For example, more than 45,000 women in India are attempting to enforce condom use to prevent sexually transmitted diseases including HIV in India in over 75 districts.

More than 500 women are paid for part-time work to motivate their peers for self protection in 6 states. (ref: ATMA Pariksha draft report of sex workers projects for HIV prevention in Maharashtra and Tamil Nadu, under Special Programme Resources UNDP Inter-Regional Project INT/92/400. Also, HIV/AIDS Awareness & Control — 19 NGOs experiences in Delhi, Maharashtra (Ford Foundation, 1994) which states “their collective strength can be an important element not only in meeting the HIV/AIDS challenge, but in turning it into an opportunity for empowerment well beyond a single health concern.”).

As the Hon’ble Health Minister exclaimed at the second meeting of NACO in October 1994, “sex workers must be treated as social workers”, if the threat of an HIV epidemic is to be contained.

Global experience in HIV prevention has shown that women in prostitution are the best STDs and HIV educators of heterosexual males.

These facts must be translated into real support and enlist the women’s participation in the enterprise to minimise the impact of the epidemic in the country.

Thus, there is a lot that the mainstream struggles for reproductive rights of women could offer as well as gain from the experiences and lives of these women.

STDs TREATMENT

STDs treatment and prevention is a major concern for the women. But they have to rely on



unscientific remedies and treatment from quacks.

The STDs services are utilised almost exclusively by males. This is alarming; studies indicate that STDs prevalence in women in India is very high (Rani Bang).

Because the women have so little access to health care, STDs often go untreated.

This is a ridiculous situation because this group of infections with the exception of HIV infections are completely treatable.

Untreated RTIs and STDs have serious repercussions for women's reproductive health. As well as pelvic inflammatory disease, infertility and ectopic pregnancy, they can cause miscarriages, still-births and infant death due to premature birth, low birth weight or congenital infection.

Untreated RTIs are thought to increase the chances of contracting HIV by at least three to five times and increase the risk of infant death due to low birth weight or congenital infection. Untreated maternal STDs at the time of birth can also lead to neo-natal pneumonia and eye infections which can cause blindness.

The timings of STDs clinics are usually in the mornings—a time which is unsuitable to the daily routine of women who have to finish cooking, cleaning and child care in the mornings.

STDs clinics refuse to operate in the afternoons as the doctors prefer to rest and prepare for their illicit private practice in the evenings.

Most STDs clinics have a chronic shortage of drugs, especially those required with female patients like vaginal pessaries for treatment of fungal infection.

Most PHCs are ill equipped to manage persons with STDs and these services are available only at the district headquarters.

As Mr. Sanjay Kaul, Secretary of Health, from Karnataka has stated, "Unfortunately, STD control has become the exclusive domain of NACO, STD control is linked with HIV surveillance and control".

However, STD prevention strategies need to go beyond setting STD/HIV surveillance centers. It will also require proper orientation of ANMs and health workers. (Initiative, Strategies, Responses and Recommendations of the Government... Sanjay Kaul..Rethinking Population, Technical Report Series 1996, HIVOS.).



More often than not, the clinicians ask embarrassing questions as to how much the woman charges per client, how many clients she has had for the day, does she enjoy sex herself. Family histories and names of husbands are often required prior to obtaining "case-papers".

These cumbersome and unnecessary procedures must be eliminated if the utilisation of STDs services are to be increased.

NGOs who are usually linked at taluka levels can also serve to provide linkage for the women with PHCs and district hospitals.

THE HIV EPIDEMIC IN INDIA

The most common depiction of women in prostitution in India today is "pool of HIV/AIDS carriers".

There has been a systematic promotion of this myth.

The past actions since 1986 in HIV related response in India are a reflection of this.

*Senator McDermott's report to the US Congress after a visit to India in 1991, based its projections calculated almost exclusively upon the incidence of HIV amongst women in prostitution in Indian cities, clientele per day etc.

The Health Ministry's projections for the approval of the loan from the World Bank also followed a similar procedure.

The state AIDS Cell of Maharashtra, in its plans to the National AIDS Control Organisation (NACO), too has overemphasised the prevalence of HIV in this group of women.

This has led to en masse forced testing of these women, often through collusion between microbiologists and the police, who are used to round up the women and have their blood withdrawn for testing.

In northern Karnataka districts, "devadasis" were offered relief under various schemes and herded only to have their blood drawn by the doctors of medical colleges, screened for HIV antibodies and, after a meal, shooed off.

This illegal, unwarranted and discriminatory testing of this group of women is often followed by prominent press releases and alarmist pronouncements by the medical authorities.

In some instances, NGOs have been involved in collecting samples of blood from the women.

In Vellore, it is reported that a reputed hospital collected blood from private practitioners to



test for HIV antibodies among this section of women.

Forced testing and testing without consent has been recognised as illegal internationally and by the Government of India. Though a government order has been passed to this effect, many hospitals continue this practice.

The net result is to further target the women which:

increases public and police violence upon them; decreases their ability to assert themselves; allows customers to demand and force unsafe sex upon them; and increases the rate of HIV infection among women, customers and the families of the customers.

Further, forced testing discourages people from coming to the STDs clinics as they are worried that they will be socially ruined if the news spreads.

The risks of perceiving sex workers as the 'vectors' of HIV transmission :

- a) ignores the fact that any population with penetrative sex is at risk, unless a barrier like Nirodh (condom) is used during sex.
- b) creates false sense of security and failure to adopt safer sex practices by other groups.
- c) increases discrimination and violence against these women, causing further failure in their effort to protect themselves from sex-related infections and diseases.
- d) fails to plan for appropriate services and responses to the HIV epidemic.

ILLEGAL VACCINE & DRUG TRIALS

Women in prostitution have been subjected to unethical and illegal experiments with a prospective AIDS vaccine.

Such trials have been conducted in Calcutta through an NGO and similar trials have been reported from Bombay.

Despite this being public knowledge, neither the Indian Council for Medical Research nor the National AIDS Control Organisation have initiated any action or issued any statement.

Similar experimental remedies for AIDS are being publicly marketed through an Ayurvedic Pharmaceutical Company in Kochi, Kerala since the last four years. Except for a response from



the Press Council banning publication of advertisements by the company, no response is forthcoming from the official medical and AIDS related organisations.

The company, which services mail-orders, even pays sales tax.

NATIONAL AIDS CONTROL PROGRAMME

In its annual report for 1995, NACO reports launching pilot projects in:

1. Kamathipura (Mumbai) in collaboration with WHO and now SIDA, since 1991.
2. Madras in collaboration with an NGO in 1992 (not included in the report).
3. In Baina (Goa) and Sonaghachi (Calcutta) since 1992-93.

However, besides favourable results in Calcutta, no systematic analyses of effectiveness and impact is made available for the other projects.

Gross misconception in planning is evident in the National AIDS Control Programme's approach to this group of women.

For example, in its last annual report NACO is surprised at the under-utilisation of the free STDs services in Baina. The incongruity of the location of the STDs clinic which is in the same shed as the local police station escapes the AIDS planners. Similar failure to induce women to utilise the STDs clinic in Kamathipura, Mumbai was noted in 1993.

Common sense dictates that women will not utilise the services which are in their community out of a fear of being labelled as "diseased" by other women and the brothel owners.

Preliminary studies by National Commission for Women indicates that the health seeking behaviour of women in sex work is controlled and decided by the brothel owners and pimps who have designated registered medical practitioners to whom the women are allowed to go. In the coastal districts of Andhra Pradesh, it is a common practice for the RMP to visit the brothels on his motorbike and give regular treatments which are unscientific.

All the NACO supported programmes, except the one in Madras, are in collaboration with the governmental institutions or local corporations with almost no involvement of NGOs.

Similarly, there is no change in the timings of the STDs clinic and other reproductive health services to keep in mind the daily routines of not only women in sex work but also all women in developing and poor countries.



Despite our efforts, we have been unable to procure the review reports of sex work related projects from NACO.

CONDOMS (NIRODH)

Similarly, though the NACO supported programmes supply women with free condoms purchased from the market, in the policy statement in the last annual report, NACO opts for social marketing. This is despite the assurance of the Family Welfare Secretary of free supplies of nirodh at the last NACO meeting held in October 1994.

Besides this, social marketing was attempted by an NGO for over two years and has reportedly been discontinued in Kamathipura. Unfortunately, agencies promoting social marketing confuse retailing with "marketing" which is a complex business.

Also, questions of sustainability of free supplies of nirodh to women who want to use it to either space children or protect themselves from infections seem incongruent with the fact that for the last 40-odd years, condoms have been regularly dumped in the health system in India under the auspices of the family planning programmes.

Besides this, India has a manufacturing capacity of 15 billion pieces of Nirodh a year and has been supplying Nirodh free of cost for nearly 50 years. The country has built up a vast network of PHCs where Nirodh is available even today and the country has forced manufacturers to improve quality and continue with the policy of subsidised supply to government.

There is a very good climate for understanding, and acceptability of Nirodh among women in prostitution.

The cost of one Nirodh which can prevent STDs/HIV/AIDS is only 20 paise. The cost of care of one person with AIDS is about Rs.500 to Rs.600 per day.



Women's responses

- * *Medical and para-medical staff at the Government Hospitals have a callous, indifferent and often humiliating attitude to the women. We are often asked about sexual positions, whether the client has enjoyed and other irrelevant questions which are embarrassing.*
- * *The timings of the health services are highly unsuitable.*
- * *PHCs are ill-equipped for STDs treatment and services are available only at district headquarters. There is usually no provision of drugs prescribed by the doctors.*
- * *The practice of uninformed testing for HIV/AIDS is commonly directed against us.*
- * *We are usually infected by a male customer who refuses to use a condom (Nirodh) for sexual intercourse, but no one refers to the male.*
- * *Doctors and sometimes social workers force us to have free sex with them.*
- * *In some places after frequent meetings and NGO intervention, health services have improved considerably.*
- * *Staff at health centers are irregular in attendance with long periods of absence.*
- * *Free supplies of nirodh are not available in Goa and in some places supplies have been discontinued.*
- * *In some places we are forced to pay 'donations' to employer benefit schemes, ranging from Rs. 2 to Rs. 5 before getting the case paper or outpatient slips.*
- * *Doctors often refuse to treat and admit us because they say we are AIDS carriers and this has scared them.*
- * *In many centers doctors make the peons and attendants to do physical examination and treat us.*
- * *Going to public health centers and hospitals is like a big "disease" for us.*
- * *If services cannot be kept open in the afternoon the present timing should be extended to 1.00 pm.*
- * *We like going to our clinic (in Sonagachi) as we get non-judgemental and confidential treatment. Also no screening for HIV is done. Free nirodh is distributed and we also get counselling. As we are confident of good services we encourage others to go there.*
- * *I know more than 10 people in Madras itself who have died after taking treatment from this 'quack doctor' in Kerala. Why is the government not taking any action?*



CHILDCARE AND SCHOOLING

Women in prostitution perceive their children as their own, the only human being in this harsh existence with whom they can share a loving and trusting relationship and the only avenue of entering into a tangible human relationship that is genuine, meaningful and lasting.

In the words of a woman in sex work, "Men may come and go after using us, but it is my child who will be my only support... I shall therefore not mind doing anything for proper upbringing of my child". (K.K. Mukherjee).

More than 75% of the women have children, the picture varying from Metropolitan cities to the more rural hinterlands. Fertility in this group of women is low due to chronic Pelvic Inflammatory Disease.

Distribution of Prostitutes in accordance with their having and not having children

Sl. Response No.	Total	CITYWISE DETAILS				
		Bangalore	Bombay	Calcutta	Delhi	Madras
1. Have Children	65.60	41.83	82.00	63.65	64.00	76.50
2. Don't have children	33.70	58.17	17.00	36.35	36.00	21.00
3. No response	0.70	-	1.00	-	-	2.50
Total	100	100	100	100	100	100

Source : "Prostitution in Metropolitan Cities of India" — A study by Central Social Welfare Board

The girl child is of special concern to the mothers as, due to desperation and more often due to force, she is likely to be confined into prostitution. These children live during early childhood with their mothers, but are often later shifted to relatives in their birth places after a regular sum of money is paid to the foster family.

Over 75% of the children are in the age group of 1-10 years. According to the study of the CSWB, the percentage of children completing secondary education is less than 1.57% in the cities and it can be predicted that it is much lower in the rural segment.

More than 35% children are, however, enrolled in the primary schooling system, thus indicating a very high drop-out rate before completion of primary schooling.



More than a third of their children are not able to secure enrollment into schools.

Few male children in the cities are likely to be employed in various trades, most have little opportunity for vocational or occupational training.

Educational Level of Children

Sl. Response No.	CITYWISE DETAILS			
	Total	Bangalore	Calcutta	Delhi
1. Illiterate	39.28	31.87	31.60	54.38
2. Literate	1.48	-	4.45	-
3. Primary	35.46	21.71	49.75	34.88
4. Secondary	15.19	29.30	12.35	5.73
5. Higher secondary	1.57	-	1.85	2.86
6. Above higher secondary	6.42	17.12	-	2.15
Total	100	100	100	100

Source : "Prostitution in Metropolitan Cities of India" — A study by Central Social Welfare Board

Women's responses

- * "It is a major problem for us, we are single woman headed households and childcare consumes most of our energies and finances."
- * The problems range from the refusal of school heads to grant admission to our children. Further, we are unable to furnish names of a male guardian as usually demanded.
- * Inability to meet costs or have access to scholarships, grants or loans for the education of our children.
- * Enforced migration and frequent mobility causes disruption in the schooling of the children, lack of recreation facilities prevents holistic development of our children.
- * The perpetuation of crimes upon our children and the forcing of our daughters into sex work is a major concern and anxiety.
- * Due to the late hours of work, children are not attended to. Children face acute problems when we are in custody after arrests.
- * Most of us are continuing this work for the sake of our children's education. We are interested to send our children to any good hostel or boarding school.



CIVIC RIGHTS AND AMENITIES

The barest civic rights and amenities like ration cards, pattas for homes and the right to photo-identity cards to enable them exercise their franchise is denied to these women. During the recent Lok Sabha Elections, some women in Bombay raised the demand for photo-identity cards under the banner of the Indian Health Organisation, so that they could exercise their franchise.

Most of the living conditions of these women are worse than in the worst slums. Women often have to pay Rs.2/- for a pot of water.

HOUSING AND SHELTER

More than 20% women are destitute with no fixed abode and live on pavements and in desolate areas at night. Those that do have huts and homes are often risk their demolition, with houses burnt and razed to ground.

One petition by women about such an action by police in Tindivanam in Tamil Nadu is pending before the National Commission for Human Rights.

Often the women are shifted en masse by the administration, and dumped on the outskirts of the town or city where there are no civic amenities.

For instance, in Karad, Maharashtra, for building a water tank the women were evicted and provided tin sheds adjoining the garbage dump of the city. This marginalisation has exposed them to the vagaries of petty criminals as there is no police patrolling the region.

The forcible displacement has severe impact on the lives of these women.

For example, when women from Gwalior, were evicted about 10 years ago, through police by the local administration, they migrated en masse to Nagpur. Unfortunately, similar action was repeated two years ago by the administration in Ujjain city. There is continuous tension and segregation between the native and the migrant populations.

It is predictable that with pressures from building contractors vying for limited lands, women in prostitution will be the first group which will be attacked and displaced.

One such incident has been reported from Solapur, Maharashtra and it is likely that in connivance with the local administration and the police, this is likely to be repeated in many other places.

The National Commission for Women has received petitions from women in Bhubaneswar about threats of clearance of their houses in Malishai. Their apprehension has been justified after



the inhuman eviction of women from Paradweep (Orissa).

More often than not, women who have been evicted from their homes and working places, are forced to work from the harsh conditions of streets and highways. This not only puts them at the mercy of inclement weather, but also of the goonda elements along with increasing isolation from their peers. Their children too then join the swelling ranks of "street children".

Besides this, eviction and displacement puts the women and their children out of reach of welfare and health care programmes.

Women's responses

- * *We should not vote because what benefits do we get after the elections are over?*
- * *Many women's names were missing from the voters lists.*
- * *Many women who attended the photoidentity sessions were not given the cards.*
- * *Often women feel suicidal if they have to migrate to new places after loosing their homes.*



REHABILITATION OF WOMEN IN PROSTITUTION

Among the many reasons why women enter prostitution in India, one is economic. Prostitution in the post-independence Indian context, is purely a labour demand supply phenomenon and therefore social hygiene oriented interventions for reforming and rehabilitating the 'fallen' women are bound to fail in checking the increasing influx of rural women to urban brothels.

(Ref.: Abhijit Dasgupta : Prostitutes and their children: CSWB, 1996).

A study sponsored by the Department of Women and Child Welfare and undertaken by Development Dialogue in West Bengal reveals that, almost half the earnings of the women reach the hands of the organisers of this business directly. When one considers additionally the fact that the women have to pay exorbitant rates for everything they buy from clothing, cosmetics, medical facilities, and even brought out food —the indirect extortion is also quite substantial.

An average rural woman's family receives Rs.475/- per month on account of her being in prostitution, this becomes a reason for the rural poor to make their women sell sex if they had the proper "introductions". So, a considerable majority of the women come knowing fully well the implications, and therefore cannot be "reformed" morally without coercion. Also, because of this reformist preoccupation, state models for rehabilitation are mostly moral, and not economic.

A good majority of women come from areas where the economic opportunities are very limited.

A similar pattern is likely to be observed in other regions.

Various schemes have been attempted by governments during the past 25 years. These vary from:

Moral re-education in remand homes; income generation schemes which range from household production of baskets, candles, chinks, or trades of tailoring, knitting, weaving or poultry rearing; many schemes require the women to come to centers where they are expected to remain between 10 a.m. and 5 p.m. and payments are on piece-work basis; many women who enrol with these schemes or are coerced by local administrators who are under pressure to achieve 'targets', are warned of a double backlash if they return to their "immoral" ways.

The schemes prefer to enroll only young girls and women and those over 40 years of age are usually excluded, though the demand for such schemes is maximum from this age group.

Some NGOs report that to have old and "worn-out" women in a rehabilitation center will be



unconvincing because administrators and donors will not believe that "these are prostitutes".

These schemes are not accompanied by any counselling process which allows the women to recover from a lifetime of abuse and violence.

National Commission for Women will have to examine the impact and limitation of the various schemes for alternative incomes and life styles for these women.

National Commission for Women predicts that agro-based lifestyles offering flexibility to the women and varying intensity of labour may be more appropriate and desirable.

Such schemes could be developed for small groups and collectives or co-operatives of women.

On-going counselling for recovery from abuse will have to accompany such schemes if they are to be purposeful, meaningful to the women and effective in the long term.

The condition and working of rehabilitation centers must be evaluated. A group must be constituted for this, comprising of women, other official and social workers.

Children should stay with the women when in rehabilitation centers and must be provided schooling or vocational training.

Staff at centres must be sensitised.



PREVENTING ENTRY OF WOMEN INTO PROSTITUTION

There is growing instance of trafficking of girls into prostitution. There is simultaneously an increase in the voluntary entry of many women into prostitution because of poverty and lack of employment.

The number of girls and women in prostitution has increased with the opening of markets, internationally skewed infrastructural adjustment policies, increasing rural/urban disparities, continuation of early marriages, low priorities accorded to primary and secondary education, and an all pervasive discrimination against women and girl children which remain unaddressed by the plans meant for their amelioration.

Besides, there is an enormous revenue generated by the institution of prostitution which needs to be repeatedly distanced from the issue of women working in prostitution. It is this institution comprising primarily the family, the brokers, the pimps and owners, the police, the political connections and the criminalised elements of society that gain the most from continuing to perpetrate and sustain the institution.

Thus, controlling the entry of women into prostitution is made difficult by this powerful nexus and requires tremendous integrity, commitment and perseverance if it is at all to be achieved.

Equally, it must be emphasised that poverty per se is not the reason that women enter prostitution, as is often touted. The factors that lead to poverty, and these are too well known to be elaborated, lead equally to prostitution. Thus, addressing these issues assumes significance in this context.

Setting up of a data bank on source area, trafficking roots and information on the no. of women and children in the profession may be useful.

Community initiatives/support must be developed for example Anganwadi workers could be used.

Establishing a statutory body like the Narcotics Control Bureau to monitor enforcement of laws, performance of rehabilitation and preventive programmes and Juvenile Homes should be attempted.

Panchayati Institutions in the process to act as information sources to regulate/control, sale, abduction, or transportation of women and girls for prostitution should be involved.



DEMAND REDUCTION

Where does the demand come from? Most depictions of women in sex work are focused on her (this is easy as she is visible, accessible and pliable).

Clients are from **migratory and unsettled male workers**; this will not cease unless labour laws and facilities for families to stay at site is a social arrangement.

Adolescents and unmarried youth : with progressive increases in marriage, youth with growing consumerism and social promotion of individual ambition and status is likely to increase further.

Alcohol use: A large group of persons engage sex workers after alcohol. With governments vying for alcohol related revenues and aggressive marketing, it is unlikely that the demand from this section will come down.

Travelling businessmen and traders: With rapid communications and centralisation of trade and business, the possibility of this sector reducing demand is also remote.

Clients with sexual dysfunctions: With there being virtually no sex education, sex therapy, controlled by quacks and mystics, this sector too will continue its demands.

Members of criminal gangs: Prostitution is often created by dons as a service to their hirelings; this may be studied in Koliwada and Dharavi in Bombay.

Any attempt to make prostitution as unnecessary for any woman cannot be realistic if demand reduction is not addressed as a priority.

Tourism: except for a brief period between 1970 and 1980 when India was a spot for sex tourists from some of the Middle East countries, this appears to be declining.

Unlike Thailand, where sex work was regulated to facilitate tourism, some far eastern countries are the destinations with stabilised "white" tourists.

It is unlikely that India will figure on the map for sex tourism. With women, however, the trend (which may be confirmed from hotel surveys) is that India is likely to be an important destination for male and male child prostitution.



UNDER THE LAW

The Constitution of the Republic of India has a solemn resolution to secure, for each and every citizen, groups, communities and societies within the domain of the Republic, Justice, Liberty, Equality and Fraternity.

These four illuminated paths have been chosen through the wisdom of the founders of the Constitution, for the destiny of the people and the directions for the future of this nation.

However, for thousands of women within prostitution, these paths are barricaded, often by the very institutions that ensure the application of these basic tenets enshrined within the grand and noble preamble of our Constitution.

Legislation on prostitution has traversed the route from abolition to suppression to prevention.

The Immoral Traffic Prevention Act has not made any significant difference either in preventing the crime or in suppressing or rehabilitating the women. The police has failed to crack the mafia working both at the inter-state and international levels.

However, the law victimises the women rather than deter and punish the perpetrators of prostitution. In fact, 80% of the earnings of the women are taken away by third parties, including the police, the lawyers and the courts.

While not making prostitution illegal, yet under the PITA she is punished by the law where "she solicits or seduces in a manner/place which would make her a public nuisance. Women in prostitution, therefore, must not be seen though they may exist.

Section 4 of the PITA says that "any person over the age of 18 years who knowingly lives wholly or in part on the earnings of prostitution of a "girl or woman" shall be punishable with imprisonment for a term which may extend to two years. This section is inconsiderate to aged dependants, marriageable sisters and brothers in college education who are usually supported by the woman.

More than 60% of the women support their parental families and siblings.

Review of this section has provoked strong sentiment of protest by most women.

Section 20 of the PITA gives a magistrate discretionary powers to ask a sex worker to show cause or to vacate her premises if there is a complaint against her, or in the "interests of the general public". Such a law can be misused and how will such a procedure stand the test



of "reasonable restriction"?

Also, what forum or appellate authority will oversee and provide legal redress against arbitrary judgements of the magistrate?

Parents should not get their daughters married to strangers without verifying their bona fides.

There should be punishment for the customers.

Women's responses

- * *All other business and trade use advertisements so why should we be prevented.*
- * *Why should we not spend our earnings as we wish.*
- * *Maybe we should have zones from where we can work without the fear of police.*
- * *Customers should not be arrested unless there is a complaint against them.*

POSSIBLE HEALTH LAWS ... regulation or monitoring

Unfortunately, health related legislation is often used as a pretext of regulating this group of women.

A draconian Bill was placed before the Rajya Sabha in the form of "The Acquired Immunodeficiency (AIDS) Prevention Bill, 1989 (Bill No. xx of 1989)" in August 1989, which gave unbridled powers to health authorities to test, confine and isolate individuals.

Subsequently, a Joint Parliamentary Committee was formed after protest from Human Rights groups in Delhi. With changes in the government, this Bill fortunately lapsed.

Yet the Goa Government also has reserved some powers to confine and isolate persons testing positive for HIV antibodies.

States may be tempted by the increasing alarm caused by the HIV epidemic to believe that such repressive laws are a solution. They are only likely to increase the problem and make solutions difficult.

The concept of providing for the health of the women rather than regulation may provide a better foundation for any new law.

As Dr. Shanker Dayal Sharma, President of India, has said "Personally I would endorse a humane approach, one that regards those suffering from the disease as victims rather than a danger



to society...a supportive legal environment built on the basis of laws which protect their individual rights, self esteem and dignity, will assist us in our efforts to curb the disease". — Inaugural speech, the International Conference on AIDS – Law and Humanity, Dec. 1995.

LAW ENFORCEMENT

In 1991, when attempting AIDS prevention, on being told that AIDS was their enemy, a woman in Bombay said, "Sir, we have only three enemies: police, lawyers and doctors". (I.S. Gilada).

The one constant refrain from women at all meetings held by the National Commission for Women was "do something about the police".

The women are arrested under charges of "possession of condoms", or on false charges of "possession of narcotics".

Often women are arrested while travelling and with their relations.

A pattern is also seen in the arrests by police, they often happen immediately upon the arrival of a new police officer in the locality or region.

Second, the women are rounded up at the end of the month when the targets, "quota" for petty/minor offences are not met by the particular police station.

Lastly, some police officers are known by name to be self-avowed crusaders against "prostitutes".

Instead of protecting these women from the goondas and criminal elements, the police adds its own violence and abuse to that of other criminals.

Eviction and demolition of shelters and homes of these women by the police and other administrative authorities are common.

Court Scene

A typical scene in the court during the post-lunch session is of a group of women arrested the previous night, huddled near the witness stand, while their pimps and owners stroll in the compound.

The court clerk calls out the name of the woman and reads the number of the section; the judge peers at the woman and nods his head; the woman whispers a "yes" and the judge dictates the judgement in three words "300 rupees"; the woman leaves hurriedly, borrows money from willing lenders at an interest rate of 144% per annum and returns to the streets or brothels



WOMEN IN PROSTITUTION : THE SOURCE OF RESPONSES AND INTERVENTIONS:

There appears to be four kinds of emotional source for responses to women in sex work.

1. **Effrontery** : to protect our own sensibility and self perception as highly civilized people, women in prostitution are painful to our self consciousness...this leads to the abolitionist policies.

This is probably the most common source of an intervention. Metaphors of "blot on our society"..."debasement of women" etc., are mobilized and reflex attempts at eradication pass off as abolition of prostitution with its components of legal stricture, sympathetic alternative incomes, etc.

2. **Poor-you** : a sympathy wave often leads to ad hoc actions and ideas. Such a perception further diminishes the feelings of self-worth for the women and stunts her ability to grow and assert her self.

3. **Reform** : also leads to abolition, but through the rhetoric of progress, equality, religion etc. and is evident in countries avowed to egalitarianism.

This has been seen already in parts of Manipur when armed reactionaries campaigned through leaflets and people's movements, to exorcise the Naga tribes of women practising prostitution through threats including those of extortion, and threats of extermination.

A campaign which offered loans to identified women in sex work to set up petty trade, on second offence, publicly humiliated the women through tonsure and parading in villages, and finally threatened to shoot them.

4. **Acceptance** : leads to regulatory devices like identity cards and licences; this is in keeping with the government assurance of harm minimisation.

NGOs and CBOs

A word of caution in NGO directed and controlled interventions. Though several excellent initiatives by NGOs have emerged, it must be kept in mind that many NGOs are run by one or two staffers and may in fact exist only in official records.

More than 30% NGOs depend on political patronage for drawing upon government schemes which are rarely implemented. Usually a bribe to the departmental clerk is sufficient. The going rate in India is supposed to be 25% of the projected budget.



Not many NGOs have on their staff counsellors trained to work with survivors of child abuse, sexual and physical abuse, and repeated imprisonment. Neither are many skilled in participatory group discussions.

During the last decade, more than US\$ 2 million has been released to NGOs for HIV prevention among "prostitutes" in India through foreign aid.

However, NGOs have inherent advantages for developing grass-root contact and outreach.

Today, there are more than 80 NGOs in 10 states of India who are engaged in work with sex workers on a daily basis compared to less than a dozen a few years ago.

National Commission for Women would insist on a statute that any NGO supported for sex worker related interventions should employ at least 40% of their staff from the beneficiary group; in this case, women in prostitution.

A special group to receive complaints from sex workers about NGOs will be constituted in the National Commission for Women and possibly in the State Commissions for Women.

PROMOTION OF SELF-HELP AMONGST THE WOMEN

Formal collectivisation and formation of cooperatives by women in prostitution must be recognised as a critical paradigm to NGO initiatives.

Sex workers in over 15 districts are on the threshold of forming their co-operatives and trusts within the next six months.

More than 200 sex workers are employed in various NGOs in five states to work for STDs and HIV prevention amongst their communities. They receive salaries ranging from Rs.150/- per month to Rs.3000/- per month.

Their number is likely to increase to more than 500 employed women in the next year and to 1000 by 1998.

An inter-state Representative Committee of sex workers has been formalised under the auspices of the National Commission for Women at Madras in January 1996 and has met twice, and holds meetings every three months in different states.

At present there are elected representatives from Orissa, Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu and the Union Territory of Pondicherry.



PLANNING FOR CHANGE

In the fledgling democracy of India, people's aspirations as well as social change are aimed at the political and administrative systems. With the translocation of power from feudal sartraps to governance, this is our current history.

If the lives of more than one million women in prostitution is to be affected, then political and administrative commitment will have to reaffirm the sympathy and understanding required to initiate a change.

SOCIAL WILL

Those who have been conventionally termed as a "social evil" have to be re-experienced as survivors of some of the most extreme forms of violence, exploitation and extortion.

The existing force and direction of social will needs to be reflected upon, not only vis-a-vis women and children in prostitution, but towards women, girl children and children.

The legitimatising of violence and harm through repeated regimes of law, health and the perpetuation of stigma needs to be replaced with a fuller knowledge, understanding and tolerance towards this section of women and children.

INSTITUTIONAL CHANGES

Institutions considered as critical for our society, like law and its enforcement, health care and prevention of diseases, schooling and education, single parent families, mass communication media, need a change ranging from gross overhauling to accommodation.

INTERVENTIONS

New initiatives and interventions will have to be fabricated so that these women no longer remain confined to the peripheral social spaces of violence, abuse and extortion.

That this society is humane will be accepted by these women through such outreach, contact and services.

Existing experiences of initiatives and interventions must be collated, interpreted and renewed.

COMMUNITY MOBILISATION

The National Commission for Women has, during the last year, triggered a process of re-identification amongst some women in some communities. Their willingness to participate towards a bettering of their lives and the futures of their children is inspiring.

If this is nurtured through local, regional and national support, we can hope for a resolution and a change that is both desirable and appropriate.



RECOMMENDATIONS OF THE NATIONAL COMMISSION FOR WOMEN

Recommendations have been made under the following heads:

- A Health care services.
- B Schooling and education of children.
- C Human and Civic Rights protection.
- D Media response.
- E Law and law enforcement.
- F Prevention.
- G Schemes for alternative incomes and lifestyles or rehabilitation.
- H Collectivisation, cooperative and self help movement among the women in prostitution.
- I Control of abduction, confinement, sexual abuse and rape of minor girls and young women.



**RECOMMENDATIONS OF THE NATIONAL COMMISSION FOR WOMEN
GOVERNMENT OF INDIA
1995-96**

A. HEALTH CARE SERVICES

1. Make timings of the services appropriate for the women.
2. Ensure adequate supplies of drugs and medications. .
3. Provide counselling for women.
4. Prohibit uninformed testings for HIV/AIDS.
5. Ensure provision of gynaecological care facilities including services for ante- and post-natal mothers, contraception and care for women in prostitution.
6. Ensure availability of free, good quality condoms through the Ministry of Health and Family Welfare.

Women's responses

- * *Ban unethical and illegal medical trials.*
- * *Criminal investigation must be done on the vaccine trials that were done in Calcutta and Bombay and those responsible must be severely punished.*
- * *The I.C.M.R. should immediately research on the cure claims for AIDS.*
- * *No discrimination should be made in the basis of HIV/AIDS test results.*
- * *All health care professionals must be sensitised for non-discriminatory and non judgemental relationships with their patients.*
- * *We should be given admissions into hospital even if we are not accompanied by relatives and have no escorts to stay with us in the hospital.*
- * *Health cards to ensure free medical treatment and other health care services should be issued (like in Maharashtra).*
- * *Regular attendance for on duty doctors should be strictly ensured.*
- * *Health care staff who misbehave with us must be severely punished.*
- * *Nirodh should be available without needing an NGO and without providing names or reasons for demand.*
- * *The quality of nirodh in the free supply scheme of the government must be immediately improved to standards as per schedule R of the Drugs & Cosmetics Act.*



B SCHOOLING AND CHILD CARE

1. Extension of ICDS schemes with a special waiver to limits on number of children for eligibility.
2. Provision of creche and day-night care services for the children in the localities.
3. Free and compulsory education for children in mainstream schools with reservation of seats in Government run schools and Navodayalayas for children of women in prostitution.
4. Admissions into schools without father's or male guardian's identity or consent.
5. Facilities for student scholarships, supply of free/subsidised educational materials to the children.
6. Residential hostel facilities for teenage and young children, especially girls.
7. Facilities for vocational training to increase employment opportunities for the children.

Women's responses

- * *Sex wise data on children should be made available.*
- * *Stipends for children which are released in August should be released in June to ensure purchase of books, uniforms etc at the appropriate time.*
- * *Children should be given free bus passes for travel to schools.*

C HOUSING, SHELTER AND CIVIC AMENITIES

1. Women should be provided photo identity cards to help them exercise their franchise.
2. Allotment of ration cards and other privileges and subsidies under the Public Distribution Scheme of the Government should be ensured.
3. Land allotment, housing etc. for poor women and families should be considered.

Women's responses

- * *We should prevent misuse of photo identity cards.*
- * *Eviction from, and demolition of our houses should be banned.*
- * *Short stay homes should be available for women during pregnancy and after delivery.*



D MEDIA RESPONSE

The Press Council of India and the broadcast media should adopt and strictly implement a code of conduct that protects the women's right to anonymity and privacy since these two factors are critical to their survival. Publishing of photographs, naming women arrested, publicising their places of work etc. should be banned; where this is done a signed statement of consent from the woman/women concerned should be obtained.

Women's responses

- * *Media that violates our privacy and confidentiality should be severely restricted and also some punishment or compensation should be due.*
- * *We request the media to NOT portray us as spreaders of HIV/AIDS. Instead the media should recognise our work in HIV prevention in India.*

E AMENDMENT OF CURRENT LAWS

1. Section 8 of the PITA with regard to "seducing or soliciting for purposes of prostitution..." is unlikely to stand the test of reasonable restriction.
The narrow implication of the terms "soliciting and seduction" are no longer applicable in contemporary times. Besides, this section is most often misused by the police to coerce and harass women. Thus section 8 of IPTA requires amendment.
2. Imprisonment of adult women in prostitution under various sections of PITA should be removed.
3. Fine limits should be reduced to a maximum of Rs.150/- for any woman in prostitution.
4. Sub-section 2(a) of Section 4 needs to be removed.
5. Cases relating directly to women in prostitution should be removed from the jurisdiction of the criminal courts to the civil courts.
6. Anybody obstructing the efforts of women in prostitution to protect their own health and life should be severely punished; this is with particular reference to clients and brothel managers.
7. Courts should admit pleas by the women in prostitution about police violence, harassment, extortion, abuse etc. on the basis of her letter.



Rape-related laws

1. The Criminal Laws Amendment Ordinance, 1996, called "The Criminal Laws Amendment Ordinance 1996" with amendments to sections 354, 375, 376; insertion of new section 376(e), (f), 377, 509; and amendments to the laws of criminal procedures with insertions of new sections 25(a); amendment of section 26, section 54, section 157, 160, 167, 173, 198, 309, 327; and amendment of the First Schedule; and amendments to the Indian Evidence Acts through insertion of new sections 114(b); amendment of section 155 and amendment of the Representation of Peoples Act Section 8 should be immediately placed before Parliament and a Bill enacted.
2. Minor girls in prostitution should not be prosecuted under PITA. Instead, all laws applicable to victims and survivors of rape should be put into motion.

Family Laws : Section 37 under "Power to order monthly or weekly payments...", the paragraph "As the court may think reasonable..." must be replaced with "of Rs.1000/- per month and Rs.500/- per month per dependant child.

Health-related Laws

1. Enforced testing of HIV should be considered a criminal act.
2. Condoms should be considered "life saving equipment" under the Drugs and Cosmetics Act.
3. Evidentiary use of education and preventive materials should not be allowed as evidence that the premises are being used for prostitution.
Similarly, the fact that a woman in possession of a large number of condoms should not be used as evidence against her or to prove breach of planning legislation.
4. Any person or agency coercing, preventing or obstructing women from protecting their own health and life should be severely punished; this is with specific reference to police personnel, customers of the women, and brothel keepers/traffickers.
5. Cases affecting women in prostitution which are pending in the courts should be brought before Mahila Adalats. Suitable changes in procedures for the same must be incorporated.

The Mahila Adalats are to be organised by the Legal Services Advisory Board with NGOs and will be funded by the National Commission for Women.



Women's responses

- * *Fine limits must be reduced to a maximum of Rs. 50/- for one appearance.*
- * *There should be no fines.*
- * *The section about persons living off our earnings should be removed or at least exclude our parents and adult siblings whom we have to support.*
- * *Action should be taken only against people who take our earnings and against whom we register a complaint.*
- * *There should not be any laws against prostitution.*
- * *PITA must be removed.*
- * *Unethical drug and vaccine trials should be considered as criminal acts.*
- * *Condoms should be listed as 'life saving drug/equipment.*
- * *The courts should accept personal bonds by two individuals on behalf of a woman seeking release on bail. No security or tax certificate should be asked from us.*

LAW ENFORCEMENT REFORMS

1. Prevent arrests by police when not actually with the clients.
2. Prevent false charges upon the women.
3. Prevent harassment and arrests of relatives.
4. Prevent arrests of women at their residence when the residence is separate from the place of work.
5. Provide humane treatment when in custody.
6. Prevent harassment of adolescent and juvenile children related to the women.
7. Allow very young children to remain with the women when arrested and in temporary custody of the police.
8. Stop the practice of extortion by the police.
9. Initiate legal action against police personnel who solicit women.
10. Appoint personnel in prisons and custodial places to resolve issues of women in sex work.
11. Ensure speedy redressal of complaints of the women like rape, kidnapping, theft etc.
12. Provide opportunities for the women to liaison with senior police and administrative authorities.
13. Provide free legal aid.
14. Prevent police enforcing blood tests for HIV/AIDS upon women in sex work.
15. Improve living and working conditions of police force immediately.



Women's responses

- * *Women should not be arrested without warrants.*
- * *A doctor, social worker, woman police or circle inspector should be present at the police station.*
- * *Residence of ours should not be searched without warrants.*

F PREVENTION

1. The government should strictly enforce the laws regarding trafficking of humans.
2. Identify those areas that may fall prey to traffickers.
3. The national police should work in close co-operation with the INTERPOL.
4. Implement the U.N. Convention of Elimination of all forms of Discrimination Against Women (CEDAW) and should enact a comprehensive legislation to curb the growing menace of sex tourism and trans-border trafficking.
5. Curriculum with NCERT/NSS : The NCERT has developed methods and curricular screening methods for schools. These must be implemented by all states in a time-bound frame. Similarly, the NSS platforms for college going youth should include a strong component of discourse and critique of gender stereotyping and its consequences in daily and occupational life.

Women's responses

- * *Involve our services in the prevention and rescue of children in prostitution.*
- * *Involve our community in discussion and implementation of plans regarding prevention and trafficking.*
- * *There should be an improvement in the literacy levels of the mothers.*
- * *Sex education must be given to school going children.*
- * *Parents must be made skilled in gender sensitisation of their children.*
- * *Some stories, folklore, legends about women in prostitution demonstrating their oppression or often nobility and valour must be told through lessons in schools.*
- * *Stringent action must be taken against procurers, agents and pimps.*



G SCHEMES FOR ALTERNATIVE INCOMES, LIFESTYLES OR AND REHABILITATION

1. A minimum income of Rs.1000/- per month per woman must be the focus of any rehabilitation programme.
2. Income generation activity should be designed as a collective effort as individually employed women are easily coerced into re-entering prostitution.
3. Alternate shelter and other support for the women and her dependants must be made available.
4. A combined shelter for older women and young children is suggested.
5. Rescue and rehabilitation activities should be planned and carried out by the Department of Women and Child Welfare which may seek the assistance of other agencies.
6. Emergency crisis relief centres should be opened.
7. Flexible financial assistance should be provided.
8. Counselling centres for women and their children should be provided.
9. Sex education programmes must be implemented from the school levels itself.
10. Strict monitoring of remand and protective homes with the involvement of women's organisations must be done.
11. Voluntary agencies should be given the powers of search, seizure and investigation with respect to the homes.
12. Special training should be given for those also who are entering the judiciary to acquire a positive attitude towards women.
13. Long term measures should be directed at preventing child marriage (a major cause for destitution), and raising levels of awareness about their rights and legal recourses available, through the imparting of functional and legal literary.



Women's responses

- * *A minimum income of Rs. 2000/- per month must be ensured through any rehabilitation that is being planned. This is earned money and not charity.*
- * *We can be involved in the monitoring of the services in remand and rehabilitation centers.*

H COLLECTIVISATION

1. The Registrar of Societies or any other responsible authority must not invoke excuses of "Immoral Character" etc. to refuse registration. Suitable amendments to the relevant Acts should be made, if necessary.
2. Government grants under its various schemes and projects should be made available to these collectives.
3. Any NGO supported for programmes with women in prostitution should mandatorily employ 50%, or a minimum of one full time and four part time staff; whichever is greater.



CONCLUSIONS

Many historical visions contain the germ of the desirable response from the mainstream society towards women in prostitution.

Legend says that once jealous group of persons, envious of the growing fame of Sri Ramakrishna Paramahansa, took him to Sonagachi, sure that he would be seduced and subsequently exposed. As a pre-plan, some women surrounded Sri Ramakrishna. He was moved and fell at their feet saying he could see 'ma in them.

Lord Jesus Christ's intervention when the mob was stoning Mary Magdalene, "those who have never sinned can cast the first stone" is a well known episode.

Lord Buddha's famous disciple Amrapali was a famous courtesan.

Women in prostitution in our society have traditionally been held in high esteem and their rights ensured and protected as recorded by Chanakya in the Arthashastra.

The National Commission for Women has reinforced its experience and vocation to create a climate of tolerance and understanding towards the women, to persuade the government to craft a policy and make provisions to offer relief to the women and also create a legal temper and code that is punitive not towards the women in prostitution but towards the other criminal persons and systems that enforce prostitution.

Unfortunately, the major areas of concern in the life of these women, that is "health" and "home" fall within the Concurrent and State List and thus limiting the uniformity of commitment towards change and also an agreed upon commonality in the methods of relief.

We hope that this report, resolution and recommendations will initiate, with an urgency, a movement within all agencies and institutions so that we can begin to move beyond words into action.

On its part, the National Commission for Women will continue its endeavour to increase understanding not only within itself, but also within governments, administration, activists and public as a whole.

The Commission will solicit the opinions and critique from all sections, but especially the women in prostitution which is the constituency of its concern.

This discourse, dialogue and well directed strategies and actions may be available to them for some relief and reprieve from the violence that is directed towards these women and their children.

Jai Hind.

26th July, 1996.



A WORD OF THANKS

The National Commission for Women would like to record its gratitude to the many persons and agencies that have assisted the Commission in this mission.

To name only a few, we are grateful to the members of the expert committee and the invitees, the Indian Council for Social Welfare, Hyderabad; Joint Women's Programme, New Delhi; Guddi, Benaras; Mahila Samanwaya Committee, West Bengal; South India AIDS Action Programme, Madras; the State and District officials; the Central Social Welfare Board; Department of Women and Child Development; Ministry of Human Resource Development; the National Human Rights Commission; Mr. A.K. Sinha, Ms. Poonam Sahi, my colleagues at the Commission; the Inter-State Representative Committee of Sex Workers and the hundreds of women and girls who spoke to the Commission with candour and an enlightenment not ordinarily expected of them; and a special word of gratitude to Ms. Shyamala Nataraj for compiling this report.



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Annexure-1

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Annexure-2

Memorandum submitted to Smt. Mohini Giri, Chairperson, National Commission for Women, Govt. of India, Madras, 22nd-23rd Jan. 1996.

This memorandum has been prepared by women in sex work from the states of Tamil Nadu, Karnataka, Andhra Pradesh, the Union Territory of Pondicherry, Kerala and Orissa at a meeting convened by the South India AIDS Action Programme, Madras, in collaboration with the NGOs who work with the women in the above mentioned states and supported by the National Commission for Women.

76 women from Tamil Nadu, 18 women from Karnataka, 2 women from Andhra Pradesh and 3 women from Orissa and 5 women from Pondicherry drafted the issues and possible remedies at the convention at Life Help Center, Pallavakam, Madras.

The meetings of women in sex work was a follow up on a meeting held with women from Andhra Pradesh, in Hyderabad, in October 1995.

The major issues to be resolved are:

Police Actions

There is universal harassment, abuse and violence by police upon us, irrespective of region or state.

Women are arrested on even while not at work, travelling or when accompanied by other family members and our children.

False allegations and pretexts, including the charges for drug-trafficking, prohibition related offences, and murder are often charged upon us.

Extortion and pay-off are regular actions of the police in all regions.

Sexual gratification on demand by police personnel is common occurrence.

The women are often subjected to acts of violence and assault both in and out of custody.

Women have been subjected to sexual sadism like insertion of lathis, chilli pastes into their vagina by the police.

Police subject women to public humiliation like torture and parade through the city, town.



Eviction and demolition of the shelters and homes by the police and other administrative authorities are common.

Recommendations

1. Prevent arrests by police when not actually with the clients.
2. Prevent false charges upon the women.
3. Prevent harassment and arrests of relatives.
4. Prevent arrests of women at their residence when the residence is separate from the place of work.
5. Provide humane treatment when in custody.
6. Prevent harassment of adolescent and juvenile children related to the women.
7. Allow very young children to remain with the women when arrested and in temporary custody of the police.
8. Stop the practice of extortion by the police.
9. Legal action against police personnel who solicit women.
10. Appoint personnel in prisons and custodial places to resolve issues of women in sex work.
11. Speedy redressal of complaints of the women like rape, kidnapping, theft, etc.
12. Provide identity cards or licences which may ensure as a protective document.
13. Provide opportunities for the women to liaison with senior police and administrative authorities.
14. Provide free legal aid.
15. Enact legislations to prevent harassment and interference with sex work (dhandha).
16. Prevent police enforcing blood tests for HIV/AIDS upon women in sex work.



17. Assistance for self organisation of women in sex work.
18. Initiate forums at regional/local levels to address problems of women in sex work and update the National Commission for Women.

CHILD CARE

This is a major problem for us; we are single woman headed households and child care consumes most of our energies and finances.

The problems range from the refusal of school heads to grant admission to our children, inability to meet costs or have access to scholarships, grants or loans for the education of our children.

Enforced migration and frequent mobility causes disruption in the schooling of the children, lack of recreation facilities prevents holistic development of our children.

The perpetuation of crimes upon our children and the forcing of our daughters into sex work is a major concern and anxiety.

Due to the late hours of work, children are not attended to. Children face acute problems when we are in custody after arrests.

RECOMMENDATIONS

1. Provision of creche and day-night care services for the children in the localities.
2. Ensure admissions into schools without father's identity or consent.
3. Facilities for student scholarships, free schooling and educational materials to the children.
4. Residential-hostel facilities for the teenage and young children.
5. Facilities for vocational training to increase employment opportunities for our children.

HEALTH CARE

Medical and para-medical staff have a callous, indifferent and often humiliating attitude toward the women.



The timings of the health services are highly unsuitable.

There is usually no provision of drugs prescribed by the doctors.

The practice of uninformed testing for HIV/AIDS is commonly directed against women in sex work.

There are no facilities for counselling at the government services.

Recommendations

1. Make timings of the services appropriate for the women.
2. Ensure adequate supplies of drugs and medications.
3. Provision of counselling services.
4. Ban uninformed testings for HIV/AIDS.
5. Ensure female medical personnel at the government services.
6. Ensure provision of reproductive health care facilities including services for ante- and post-natal mothers and contraception.
7. Sensitise the personnel in the health care system.
8. Ensure availability of free, good quality condoms (Nirodh).
9. Develop services for health education and awareness for the women.



Annexure 3

Memorandum submitted to Ms. Mohini Giri, Chairperson, National Commission for Women, Govt. of India dated 26th February, 1996, Warangal.

This memorandum has been presented on behalf of the women in sex work in Maharashtra.

This memorandum contains issues and recommendations that are not included in the memorandum submitted to the Commission earlier by the women from the states of Tamil Nadu, Karnataka, Andhra Pradesh, Kerala, Orissa and the Union Territory of Pondicherry, at the meeting at Madras in January '96.

This group supports all the issues and recommendations presented in the earlier memorandum.

Police Actions

1. Police often come without uniforms, impersonating customers and they arrest the women.
2. Police often threaten our children to point out the mothers for arrest, the children are threatened with the consequences of arrest if they do not assist in the arrests of their mothers.
3. Police subject the women to verbal abuse in filthy language and obscenities.
4. Women constables are often more violent and inhuman, often dragging the women in between their meals.
5. Women working from the dhabas and highway stops are driven into a panic which causes them to flee, in blinding dark into farms and forests, causing grievous hurt and fractures. Two women have died in the Barmati region due to accidental drowning after falling into a well.
6. Police take away the jewellery and bangles of the women as bribes, especially if the women are unable to pay in hard cash.
7. Complaints like theft, battering etc. by women in sex work are not registered by the police. Instead, they are admonished and ridiculed.

One police inspector blatantly says that she "does not consider the women in sex work as women or human".



8. It is difficult for women to secure persons for obtaining release on bail when on trial.
9. The government is earning revenue through hefty judicial fines in cash from women who are already on the brink of poverty and depravity. In return, the women neither receive any benefits nor protection.

RECOMMENDATIONS

1. The judicial fining limits for the offences should be lowered by a legislative act.
2. The rules for guarantors for securing release on bail bonds during trial should be amended to allow 2 other women from the community to secure bail.

CHILD CARE

1. Women find it difficult to furnish certificates of birth date.
2. The children are often the butt of ridicule from their school mates and this causes the children to hate their mothers.
3. Some of the children are with physical handicaps.
4. Girl children are often subjected to rape and then coerced into sex work.

HEALTH SERVICES AND CARE

Women above the age of 40 years are routinely prescribed hysterectomies.

Women have difficulty in travelling long distances for receiving health care.

Only people with status and influence can secure health care service in the government health care system.



Annexure-3(a)

Survey for deposition of women for National Commission for Women

The Government of India has formed a Commission/Committee (for explanation to the women) to identify women's problems and issues to help the government make policies, plans and laws which will benefit women in India. This Commission is called THE NATIONAL COMMISSION FOR WOMEN.

The present commission has identified 3 groups for special concern:

1. Women in jails
2. Women in mental hospitals
3. Women in sex work.

The Commission has asked us to assist the Commission in obtaining views, ideas and problems of women in sex work.

One meeting between the women in Andhra Pradesh and the chairperson of the National Commission for Women was organised in Hyderabad.

Another meeting is being organised at Madras on the 21st and 23rd January.

Since it would be better if more women's voices could be represented, this small survey is being conducted.

Please give your ideas on the questions below.

If there is something which you would like to say to the commission and which is not included, please get it written at the end of the form.

The results of the total survey will be circulated to the organisations you are working with in March 1996.

The results are anonymous and your name is not to be recorded.

However, your age and name of the city or town and state will be needed.

AGE : _____ PLACE : _____

Brothel Keeper/Women in Business

CHILD CARE AND EDUCATION

1. What recommendations do you have for the care and education of children of women in sex work?
2. Do you think there are special needs for the girl child? If yes, what can the government be asked to do?
3. What difficulties have you faced in the care and education of your children?



HEALTH CARE SERVICES

4. What recommendations do you have for health care services of the women?
5. What changes would you like to see in the government STDs clinics so that women get appropriate and scientific treatments?
6. What is your suggestion about supplies of free Nirodhs by the government?
7. Where should they be available?
In what quantity?
Are you receiving free supplies from the government now?
8. What is your experiences about the quality of Nirodh supplied to you?

LAW

9. What kind of laws do you need for the women?
10. Should women be arrested under the charge of prostitution?
Have you been arrested under laws of
Vagrancy / Public Nuisance? Often / Sometimes / Never
of possession of drugs? Often / Sometimes / Never
prohibition of liquor laws Often / Sometimes / Never
Do you think male clients should be arrested for soliciting?

ANY OTHER

SUBMISSION TO
THE CHAIRMAN
THE NATIONAL COMMISSION FOR HUMAN RIGHTS
NEW DELHI
GOVT. OF INDIA

SUBMISSION BY
Members of Representative Inter State Committee of Sex Workers in India

1. Ms. Usha, (Trichy), Tamil Nadu
2. Ms. Baby, (Pondicherry), Union Territory of Pondicherry
3. Ms. Susheela, (Pune), Maharashtra
4. Ms. Sumati, (Tirupati), Andhra Pradesh
5. Ms. Padmini, (Bhubneshwar), Orissa
6. Ms. Selvi, (Madras), Tamil Nadu
7. Ms. Nagarathna, (Shimoga), Karnataka

PETITION AGAINST

1. The Commissioner of Police,
MUMBAI,
Maharashtra.
2. Project Officer,
State AIDS Cell,
Directorate of Health Services,
Mumbai,
Govt. of Maharashtra.
3. Project Officer,
National AIDS Control Organisation,
Ministry of Health,
New Delhi,
Govt. of India.
4. Chief Functionaries of respective NGO's
in Mumbai



We the above mentioned petitioners, are elected members of the Representative Inter State Committee of Sex Workers in India.

We have been working independently and sometimes with Registered Non-Governmental organisations for Prevention and Care for Sexually Transmitted Diseases, including infections with Human Immune Deficiency Virus (HIV), in our localities and respective States of India. We are also involved in community organisation of the women in sex work in India (**Annexure 1**).

We state, that we were elected as Members to the Representative Inter State Committee of Sex Workers at a meeting supported by the National Commission for Women, Govt. of India in January '96 (**Annexure 2**).

We are making this submission to your Hon'ble Self and the National Commission for Human Rights, Govt. of India, for relief to the girls and women who are in custody and confinement in Mumbai and some other states of the Republic of India (**Annexure 3**).

We state that this submission was produced through our discussions at a special session during the second meeting of our Committee, held at Bangalore, between May 6 and May 8, 1996.

We believe that our submission is an outcome of gross and shameful violation of the human and Constitutional rights of the women and girls who are the subjects of our submission to your Honourable Self (**Annexure 4 1, b, c, d**).

We humbly request your Honourable Self to sympathetically consider the below mentioned prayers.

The facts of the case as known to us are as below :

1. About 400 to 500 women and girls were rounded up by the Mumbai police from brothels from various localities in Mumbai on February 4, 1996.
2. This mass arrest and accompanying confinement of the girls and women was under instruction of the Bombay High Court.
3. The girls and women were confined and kept under arrest in the government remand homes and some non-governmental institutions.
4. A Judicial order was issued to test the girls and women for HIV antibodies, without their consent or any counselling, which is mandatory prior to testing humans for HIV antibodies.
5. NGOs' who have kept the women in custody, issued press interviews describing the girls and women in derogatory terms like their greed for "biryani", their demand for liquor, unruly behavior, etc.



6. The said NGOs' also expressed their inability to provide humane facilities.
7. A petition to stay the compulsory uninformed testing of the girls and women for HIV antibodies, has been filed by some human rights groups at the Mumbai High Court.
8. A petition letter to the Chief Justice, Supreme Court of India, requesting that an offence of rape and sexual assault be registered by the Mumbai Police was submitted by a private citizen from Madras, in March 1996.
9. About 70 - 80 women were deported and escorted by a posse of more than 100 police personnel to Bangalore city and have since been remanded in the Government institution.
10. We have reason to believe that the girls/women have been sent to respective states of origin on the basis of their language.
11. We have reason to believe that women from Nepal are also in remand or custody.
(Annexure 5)

The members of this Committee have discussed this situation and the violations and wish to record their anger and deep sorrow at the gross injustice that is being done.

We submit that the below mentioned parties be held responsible and urged to remedy the inhuman and illegal situation thus created.

1. The Commissioner of Police,
Mumbai,
Maharashtra.
2. The Project Officer,
State AIDS Cell,
Directorate of Health Services,
Mumbai,
Maharashtra.
3. The Project Manager,
National AIDS Control Organisation,
Ministry of Health, Govt. of India,
Red Cross Building,
New Delhi.
4. The Non-Govt. Organisations where the girls are being confined.

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