

# Care Seeking Behaviors and Health Hazard Problems of Child Sex Workers in Bangladesh: A Critical Review

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## Abstract

*Recently, girl and adult women have been enrolling themselves as sex workers to a large extent in Bangladesh. As a result they suffer from various kinds of health problems like physical, social, and psychological. The objective of this article is to identify the health problems and care seeking behaviors of the child sex workers as regards various health linked problems. The obtained data notify that among the sex workers 55 per cent suffered from physical torture and 37 per cent from sexual torture. Prevalence of sickness was in so far as high among street girls (83%) followed by hotel girls (79%) and residence girl's (78%) than that of brothel girls (59%). Extensive programmes from governmental and other non governmental levels should taken for rising the consciousness of the sex workers about the understanding of health related problems and the preventive way to avoid such kind of complications.*

**Keywords:** Child sexual abuse, Sex worker, Brothel,

Among the child sex workers, economically poor adolescent girls are mostly at risk in society to become sex workers. The UN (1999) defined *child sexual abuse*<sup>1</sup> as: "Contacts or interactions between a child and an older or more knowledgeable child or adult (a stranger, sibling or person in a position of authority, such as a parent or caretaker) when the child is being used as an object of gratification for an older child's or adult's sexual needs. These interactions are carried out against the child using

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<sup>1</sup> Sexual abuse of children is a fundamental violation of child human rights. Mostly, child are sexually abused in physically, verbally and emotionally by stepfathers, uncles, siblings and other family members, friends, neighbors, teachers, doctors and members of religious communities

force, trickery, threats or pressure". Diverse research reports showed the wide-ranging causes of sexual exploitation in Bangladesh. BBS data (2008) explored the causes for becoming a child sex worker which are corruption, false offer of job, family inheritance, low enactment of laws, poverty, unemployment, drug and alcohol uses, lack of education, pornography, natural disaster, migration, over urbanization, torture by step-parents, own interest etc. But not only the poor girls engaged them in this profession but also the learned and rich girls also engaged them in this work.

## Methods

The data and information used in this article have been collected from a pilot survey on 'Commercial Sexual Exploitation of Children (2008) conducted by the Bangladesh Bureau of Statistics. The target population of the study was mainly the 18 years aged rural, urban and indigenous child sex workers (the girls, eunuchs or boys) in terms of gender and places of work. For the study 5,239 child sex workers from 143 brothels, Thanas or Upazilas were selected as sample size. After that 1,418 sex workers were selected randomly from the total sample. Moreover, concerned government and non government organizational research reports helped to collect information on the health problems and care seeking behavior of the sex workers.

## Results

Due to illiteracy, and poverty, the *sex workers*<sup>2</sup> are not aware about their own health related problems and ultimately they faced various mental and physical sufferings. Generally, child sexual workers suffer from vomiting, itching around vagina, abdomen pain and hypertension etc. BBS (2008) data reported that, among the commercial sex workers verbal and physical abuses are common and risks of sexual abuse are high. In majority cases (55%), the sex workers suffered from physical torture and 37 per cent suffered from sexual torture (Table 1). Mental torture was not very regular. The sufferings of the sex workers varied according to the residential status. Among the child brothel commercial sex workers, 50 per cent suffer from physical torture, followed by mental torture (26.3%). The sufferings of the children in case of sexual abuse were only 13.8 percent. The similar tendency also notified for hotel and residence girls.

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<sup>2</sup> The word 'sex worker' is familiar in our society as ;Bornita, Magi, Gonika, Bessha, Ghupshi, Call-girl, Nishi Konna, Parar Maye, Khanki, Naughty, Chenal, Barobonita. Mainly they have occupied a negligible position in the society.

Table: 1 Types of diverse abuses by the child sex workers (%)

Type of abuse/Torture	Girls					Eunuc hs	Boys	Total
	Brothel	Hotel	Residence	Street	Sub total			
Physical	50.0	40.1	60.4	56.9	54.4	46.7	67.5	54.6
Sexual	13.8	37.3	35.2	37.2	36.7	42.3	29.8	36.7
Mental	26.3	7.8	3.6	3.9	4.7	8.2	1.9	4.8
Others	9.1	14.7	.8	2.0	4.2	2.8	.9	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Estimated number	43	1177	1269	3840	6327	502	387	7218
Sampled number	19	87	87	196	389	57	36	482

*Source: CSEC Final report 2008*

Another study informed that about 80 per cent of the street child prostitutes suffer from reproductive organ related troubles for example; vaginal oozing, vaginal itching, and purulent discharge from vagina ((Ali Akmin & Sarkar R, 1997). Bennett T (1999) argued that brothel sex workers are mostly infected during the first six months of the sexual activities, for the reason that during that period they perhaps have the less control on their customers. They normally attain a large number of clients at that time and majority of the customers are not eager take any preventive measures. Naved (1996) conducted a study on the rural population in Bangladesh and examined that; among multiple sexual partners men are common and their partner are extremely poor and abandoned women.

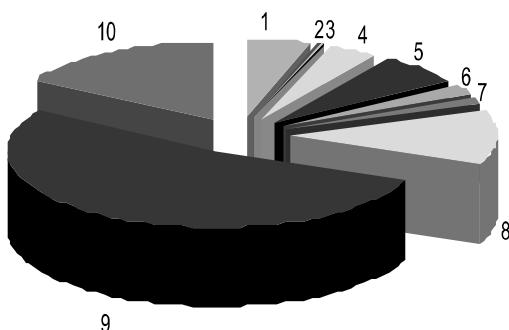
Rahman et al (2005) conducted a cross-sectional study on Commercial Sex Workers (CSWs) in 4 randomly selected brothels and observed the prevalence of STIs among the 439 enrolled CSWs. The study showed that the percentage of Gonorrhea was 17.5. In case of pregnant women, bacterial vaginosis was widespread among the majority of the women (48.1%). The occurrence of syphilis was 31.9 per cent and the active syphilis (rapid plasma regain –RPA>1.8) was 6.6 per cent among the sex workers. In the intervening time, 27.3 per cent had vaginal infection, 53.8 per cent had cervical infection and 67.4 per cent had cervical and/or vaginal infection. The study also found that more than 27 per cent of the CSWs were positive for N gonorrhoeae which is lower than hotel- based CSWs in Dhaka. The fact that the significant causes for that problem by the hotel based sex workers is receiving huge client and low condom uses.

## **Particular problems in relation to the care seeking behavior of the sex workers**

Health seeking behavior can be defined any kind of proper medication undertaken by individuals who perceive themselves as sick, or ill. Bangladesh remains immensely susceptible to an HIV epidemic for some particular reasons such as poverty, over population, gender inequality and high levels of transactional sex. The main reasons for HIV are the sexual transmission. This diseases cause significant morbidity, predominantly in relation to the reproductive health of women and are also associated with increased transmission of HIV (Cameron et al. 1991; Jessamineet et al. 1990; Nsubuga et al. 1990).

The following table reported that the child sex worker faced a multiplicity of health problems after engaging them in this profession. Among them according to gender 77.5 per cent became sick significantly. Majority of the girls were sick (80.4%) compared to male sex workers (63.7%) and (6.9%). Prevalence of sickness for street girls was (83%), hotel girls (79%) residence girls (78%) and brothel girls (59%). As regards to the common sickness like fever and headache of the respondents, 56 per cent was girls, 51 per cent was eunuchs and 46 per cent was boys. On the other hand, the percentage in case of fever and headache was low among the brothel girls which is 31 and high in street girls which are 59 followed by hotel girls (58%).The another notable disease was sexually transmitted diseases (STD), which was common for girls 47 per cent, eunuchs 34 per cent and boys 24 per cent. The predominance of sexual diseases, are high in the (54%) street than that of the hotels girls. Skin diseases were another common symptoms in the brothel girls (19%) followed by eunuchs (9%). (BBS,2008)

Fig 1. Child sex workers (%) by category and type of health problem experienced in last 6 months



1. Nothing
2. Minor injury/cut/tear
3. Accident/injury
4. Fever/Headache
5. Sexual disease/STD
6. Ulcer in skin
7. Others
8. Total
9. Estimated Number
10. Sampled number

\* Due to multiple responses total percentage exceeds 100%.

Source: CSEC Final report 2008

## **Medical consultation received by the sex workers**

It is found from various research reports that, Bangladeshi sex worker mainly seeks health care regarding RTI/STI related diseases from female relatives, traditional healers, pharmacists and allopathic doctors. BBS (2008) data showed that in case of sexual related diseases, 5 per cent girls, 8 per cent eunuchs and boys did not prefer any kind of treatment. Normally 20 per cent girls go to clinics and 25 per cent go to private physicians, 37 per cent eunuchs go to pharmacy and 31 per cent go to private physicians. In case of boys 43 per cent go to pharmacy and 27 per cent go to clinics for receiving health care. According to the girl's residential status health seeking behaviour also varies. Percentage of *brothel*<sup>3</sup> girls consulted the doctors frequently were (43%) than hotel girls (29%), residence girls (24%) and street girls (23%). Moreover, some of them (1 % -3%) occasionally receives health care services from nurses and kabiraj.

**Table 2: Child sex workers (%) by category and medical consultation received**

Medical Consultation	Girls					Eunuchs	Boys	Total
	Brothel	Hotel	Residence	Street	Sub-total			
No Consultation	3.0	7.3	5.8	3.8	4.9	8.5	7.9	5.4
Doctor	42.6	28.8	24.4	23.0	24.8	30.7	10.7	24.3
Pharmacy	20.6	18.0	22.1	28.8	25.1	36.7	42.6	27.5
Nurse	0.0	0.2	2.7	2.8	2.3	0.0	1.3	2.0
Kabiraj	0.0	1.8	7.4	1.6	3.1	.4	1.0	2.7
Clinic	22.6	33.6	29.1	28.2	29.1	17.2	27.5	27.9
Others	11.1	10.2	8.5	11.8	10.7	6.5	9.1	10.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Estimated number	430	2498	4088	8685	15702	1713	1487	18902
Sampled number	133	198	264	499	1094	183	141	1418

*Source: CSEC Final report 2008*

It was seen from the report that condom using pattern varied by gender and working places of the girls. Half of the customers of the sex workers (50%) used condom occasionally and the other half used it continually. Mainly 81 per cent clients of brothel girls used condom frequently

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<sup>3</sup> Brothel is a place sometimes registered by government where women are allowed to have sexual intercourse with prostitutes. Besides in Dhaka division, most of the Brothels are located near the commercial area or near port.

followed by hotel girls (61%) and street girls (48%) while the residence girls (35%) are at the lowest of the practice. The reason in case of low condom use by the sex workers is the poor negotiation skills of women in convincing their sexual partners. It makes them mostly vulnerable to RTI/STI/HIV. In this way, they get infected by their clients and then subsequently infect new clients (Rahman et al, 2005).

In addition, most of the sex workers are addicted to drugs and it is higher in eunuchs (28%) and boys (25%) than in girls (21%). Drug using pattern varies according to the gender difference (Table 3). As regards to the use of Ganja, the percentage of girls was 29, eunuchs were 57 and boys were 66. One in five, 20 per cent street girls are addicted to drugs. In addition, the use of tablets was similar for girls, eunuchs and boys, but use of alcohol and phensidyle were more frequent among girls (19% and 20% respectively) than eunuchs (6% and 3% respectively) and boys (7% and 1%) respectively (BBS, 2008).

Table: 3 Types of drug used (%) by the child sex workers by class

Types of drug use	Girls					Eunuchs	Boys	Total
	Brothel	Hotel	Residence	Street	Subtotal			
Ganja	35.1	11.6	26.7	36.0	29.5	56.6	65.6	35.9
Alcohol	13.6	17.3	18.6	19.7	18.9	6.9	7.4	16.5
Injection	2.0	0.0	0.0	0.5	0.3	0.0	0.0	0.3
Heroin	0.0	0.0	0.0	0.9	0.5	1.7	0.0	0.6
Opium	0.0	2.4	0.0	0.0	0.4	0.0	0.0	0.3
Yoba	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Phensidyle	2.0	22.6	32.5	15.6	20.8	3.0	0.9	16.9
Tablet	1.6	12.4	12.7	19.9	16.4	18.5	14.2	16.4
Others	45.7	33.8	9.4	7.3	13.2	13.3	11.9	13.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Estimated number	75	556	839	1836	3306	477	375	4158
Sampled number	23	40	50	87	200	45	35	280

\*More than one drug use possible, Source: CSEC Final report 2008

### Sources of drugs

The sex workers collected drug from peddlers, pharmacy, kabiraj and street boys. But drug peddlers were the significant source of drug for the sex workers (Table 3). Of the total sex workers 38 per cent received drug from drug sellers, 15-25 per cent from pharmacy and clients, and 16 per cent from kabiraj and street boys. The same pattern was observable for the girls but varied for eunuchs and boys. As low as 31 per cent eunuchs

received it from pharmacy, 49 per cent boys receive it from drug sellers and only 11 per cent receive from street boys. According to the residential status of the girls, 51 per cent hotel girls received drug from drug sellers, 40 per cent residence girls received from clients and 20 per cent street girls received drug from pharmacy compared to all girls. (BBS, 2008)

**Table 3: Source of drugs by the category of child sex worker**

Source of drug	Girls					Eunuchs	Boys	Total
	Brothel	Hotel	Residence	Street	Subtotal			
Pharmacy	3.6	12.5	9.4	20.2	15.8	31.4	2.1	16.3
Drug seller	32.4	51.2	25.0	36.4	35.9	40.2	49.0	37.6
Kabiraj	.0	.0	3.0	.0	.8	.4	.0	.6
Tokai/Street Boy	.0	3.4	11.4	5.4	6.5	.4	11.3	6.2
Client	4.0	11.8	40.0	27.2	27.3	14.3	6.3	23.9
Others	60.0	21.2	11.2	10.8	13.8	13.3	31.3	15.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Estimated number	75	556	839	1836	3306	477	375	4158
Sampled number	23	40	50	87	200	45	35	280

*Source: CSEC Final report 2008*

## **Discussion**

From various research reports the findings indicated that majority of the sex workers suffered from physical, sexual, mental and other forms of torture. Illness or diseases was found very high in the past six months after becoming sex worker and a larger part of them became sick according to gender variations such as; girls were sick more often than boys and eunuch. The low uses of condom during sexual activity inform that they are at greater risk of HIV infection. Other most common sickness reported by the sex worker was fever and headache and also sexually transmitted diseases.

Health seeking behavior also differed according to gender variation. Girls seek treatment for any kind of discomfort from clinics and doctors, eunuchs from pharmacy and doctors and boys from pharmacy and clinics. They are more or less conscious about sexually transmitted diseases (STDs) and their prevention but that knowledge did not always transform into their personal life. Half of them used condom intermittently while the other half used it on a regular basis. Addiction to drugs was found in all categories of the sex workers; it was higher for eunuchs and boys than

girls. The types of drugs they used were phensidyle, alcohol and tablets. The main sources of drugs were drug peddlers, clients and pharmacy.

## **Conclusion**

Up to now, the common causes of sexual exploitation in Bangladesh are poverty, corruption, lack of compulsory laws, unemployment, addition to drug and alcohol abuse, lack of education, torture by step-parents, husband and abuse of employers etc. Further more, the majority of study examined that child sex workers have an increased risk of HIV infection. In the present scenario, more qualitative research is needed for collecting information on the health problems of the sex workers. The existing level of awareness about STIs/STDs, related diseases and transmission as well as prevention of these diseases of the sex workers, should be improved. Moreover, voluntary counseling should be strengthened by government for raising the awareness as regards the correct use of condoms both by males and females. This kind of awareness could considerably reduce the risk of health of the child sex workers.

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