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Original Research Paper

Beyond the Brothels: A Qualitative Study of the Destitute Female Sex Workers of Central Delhi Red Light Area

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Abstract

The term 'sex workers' refers to those involved in prostitution. This particular term is preferred as it does not have the derogatory, sexist connotation that the term 'prostitute' has. Belonging to a highly stigmatized profession with no financial and familial support forthcoming, the latter years of the lives of destitute female sex workers are spent in abject misery and poverty. Effort has been made to study the socio economic status and the ways adopted by these women, post active prostitution period, to support themselves and their families. This paper is based on the field study conducted in central Delhi red light area during August-September, 2016. Direct interviews with the respondents using questionnaires as well as participant observation techniques were used to collect the data. The study indicate that destitute female sex workers, once out of active prostitution, start working as domestic helpers, work with local voluntary organizations, or as helpers in brothels. The income earned is very meager with hardly any amount left to be saved. Most of the women live in one room rented accommodations. Their access to medical facilities was found to be extremely restricted.

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1 INTRODUCTION

Sex work has always been a stigmatized activity that has recorded its presence over centuries (Robinson, 2007) the world over. The profession though has undergone changes in the way it is practised over time. Mention has been made of 'apsaras' in the Rig Ved during the Vedic period (Bhattacharji, 1987) in ancient Indian history. Modern day brothels sprung up during the British rule. A large number of brothels thrived near the sea ports in cities like Calcutta, Bombay and Madras presidencies where the sailors visited them frequently (Nag, 2001). Apart from the brothels other present day forms of prostitution include bar dancers, floating sex workers (Sinha, 2015), street walkers, 'call girls', escorts (Ngo *et al.*, 2007) and the like.

Numerous researches concerning prostitution and sex work underline poverty and poor socio economic conditions of survival as the major reason for women's entry into sex trade (Mishra *et al.*, 2000; Weisberg, 1985). While this may be true for a majority of cases, poverty definitely is not the sole driving force (Davis, 1937). Also, it may be true that bulk of women in this trade are trafficked (NCRB report, 2015) and therefore, forced into this profession against their will (Huges, 2000 in George *et al.*, 2010). But there are women who are into this trade out of their free will and for reasons other than socio economic constraints that include autonomy over their bodies, greater control over their finances and flexible working hours (Sinha, 2015). Amin (2004) throwing light on women's vulnerable position, explains it through the 'multiple disadvantages' they face manifested in gender disparities in accessibility to education, to land, property and other means to attain economic security. These

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difficulties are further magnified by certain socio cultural practices like child marriage, dowry, caste and class differences, gender based violence to name a few. Consequently, millions of women and girls, amongst numerous measures adopted to combat abject poverty, resort to prostitution as a survival strategy.

Rise in the incidences of trafficking can to some extent be accrued to increasing urbanization (Sithannan, 2014). Rapid urbanization, corporate work culture and the resultant busy lifestyle keeps the 'sex starved' husband away from the family thereby necessitating the former's indulgence in other sexual partners. Higher incomes, mindless aping of Western values and lifestyle add to the existing problem (Sithannan, 2014). Delhi occupies a unique position in this regard as apart from being the National Capital, the city has emerged as a hub of economic opportunities. Streams of migrants from the surrounding areas are attracted to the city in search of work. Such migration is most often male selective requiring the men to be away from their families for longer time periods. This to some extent explains the rising demand (and the consequent trafficking) of girls and women in the sex trade in the city thus, justifying prostitution as a 'necessary evil' in today's urbanized society (Davis, 1971). Other factors like homelessness, drug addiction, family breakdown and 'cut off care' have been put forward by Balfour and Allen (2014) in their report. Once into the trade, the money earned helps overcome all economic hardships being faced by them.

Once into the trade, prostitution, like other professional activities has its own set of high risk hazards and vulnerabilities for both, the practitioner as well as the customer. Talking of the former, the sex workers are met with a myriad of physically and psychologically challenging hazards, threatening their health as well as their very existence (Cwikel *et al.*, 2003). Post Traumatic Stress Disorder (PTSD), low self-esteem, attempts at committing suicide, self-destructiveness are frequent psychological problems found amongst women of this group (Lynda *et al.*, 2003).

Talking of the age of newer Entrants into the trade, the younger they are the better (Edlund and Korn, 2002). A lot of premium is laid on virginity of a girl as it fetches better monetary returns. Health is compromised upon as the sex workers are highly susceptible to contracting STDs, HIV and a host of other serious gynaecological problems (Cwikel *et al.*, 2003). The stigma attached to their profession forces them to maintain anonymity while at the same time also limiting their accessibility to medical assistance (Amin, 2004). Poor health and oft delayed medical assistance has a direct bearing on the life expectancy of the sex workers many a times causing them to lose their lives very early.

Another aspect is financial dependence. Despite being a low skill and labor intensive activity, prostitution is a profitable business, as stated by Edlund and Korn (2002). But the power structure in the brothels is such that the sex workers are mandated to part with a larger part of their earnings to be left with only a meagre amount barely sufficient to meet their daily needs. This makes the latter always dependent upon the brothel owners for money.

With beauty and attractive appearance at their side during their younger years, survival is somehow managed. But when due to factors like progressing age, accident or physical assault, the quintessential good looks are compromised upon, it has a direct bearing upon the income making the survival of the sex workers difficult. With no financial and familial help forthcoming, life becomes a daily struggle to make the two ends meet especially during the older years of the women of this highly marginalized and vulnerable group.

2 OBJECTIVES

This paper attempts to explore the latter part of the lives of female sex workers when they are unable to remain active in mainstream sex trade. Belonging to a highly stigmatized profession, with no ready financial and familial support forthcoming, an effort has been made to study and understand the ways and means adopted by these women to support themselves and the dependents. Attempt has been made to study their socio demographic, economic and health status including their accessibility to reliable medical facilities.

3 DATA AND METHODS

The paper is based on primary data collected during an ethnographic study carried out by the researchers between August and December 2016 in the red light area of central Delhi. A sample of 50 aged female sex workers was taken who were no more involved in active sex trade.

Heterogeneous purposive sampling was used for sample selection (Patton, 2015) which is a kind of non-random sampling method. This particular method was used as the aim was to take into consideration as diverse sample units as possible. Female sex workers from different regions of the country, socio economic backgrounds and with varying reasons for entry into sex

trade were included in the study so as to get as diverse view points and experiences as possible.

48 short interviews of the respondents were recorded with the help of semi structured questionnaires. The questions primarily focused upon social and economic aspects of the lives of female sex workers. For instance, information relating to their marital status, number of children, and the age at which they were trafficked was asked. Questions like if they owned a bank account or possessed savings were asked. The questionnaire was semi structured and was kept as precise as possible. No strict order of questions was followed and that the questions provided only a rough guideline to be followed while interviewing the respondents. In the end open ended questions like what future did they envisage for their children were asked so as to obtain some additional insight into the lives of the respondents. The responses were recorded in Hindi and translated in English verbatim. Statements or parts of it have been quoted wherever required.

2 case studies from the sampled population were recorded using in depth interviews. The interview focused on aspects related to the lives of female sex workers after quitting active sex work. Aspects like the attitude of society towards them, their efforts at integrating themselves into the society, their perception of self, living conditions and other such aspects were discussed. In depth interviews were held with both the participants in a personalized setting where the participants could comfortably answer the questions.

Efforts were made to build a good rapport with the administrative staff, the peer educators and the outreach staff of the project. The technique of participant observation involved the researchers spending significant amount of time observing and assisting the project staff during the regular health checkup clinics as well as accompanying the outreach staff during the visits to the brothels. This helped in getting better insight into the problems and real life conditions of the sex workers in the study area. Also, respondents' choice of present occupation after quitting active prostitution became clearer and convincing after direct interaction with them.

The purpose and intent of the study was explained to the participants whenever asked. The names and identities of the respondents have been concealed in order to preserve anonymity.

4 PARTICIPANTS

The respondents of the study were accessed through a sexual health outreach project working under an NGO based in New Delhi. The NGO received funding from National Aids Control Organization (NACO), a corollary of the Ministry of Health and Family Welfare, Government of India, spearheading the nationwide HIV/AIDS control program. The women are sex workers themselves who now are working with the project in return of fixed monthly salary. Table 1 provides the socio demographic characteristics of the 50 sampled women. The age of the participants ranged from 35-55 years (mean=44.08; SD=5.55). Majority of the participants reported being one time married but were either divorced or widowed at the time of interview. The number of children for each participant ranged from 1 to 6 (mean=3.58; SD=0.84) which reflects the pressure of marriage and motherhood on women.

5 STUDY AREA

The study area selected is central Delhi red light district on the Garstin Bastion Road. It has its origin in the Mughal period. One of the fifth largest red light area of Delhi, it is basically a busy market place for automobile parts and hardware goods lined with two or three storey buildings that have shops on the ground floor and brothels on the upper floors. There are an estimated 100 brothels housing approximately 1500 sex workers.

6 RESULTS AND DISCUSSION

6.1 Socio demographic profile

The socio demographic profile analyses aspects like education, religion, marital status, family status of the sampled respondents.

Age

Age of the women or girls at the time of trafficking is of critical importance to the traffickers. Magar (2012) in her work on sex workers' anti trafficking response in India found out the median age of girls rescued from the brothels to be fifteen years. In the present study, mean age of the respondents at the time of trafficking was found out to be 13 years while the mean age at the time of marriage was 17.36 years. Majority (64 percent) of the women got married in the age group of 15-25 years while 6 percent were married at less than 10 years of age.

STUDY AREA

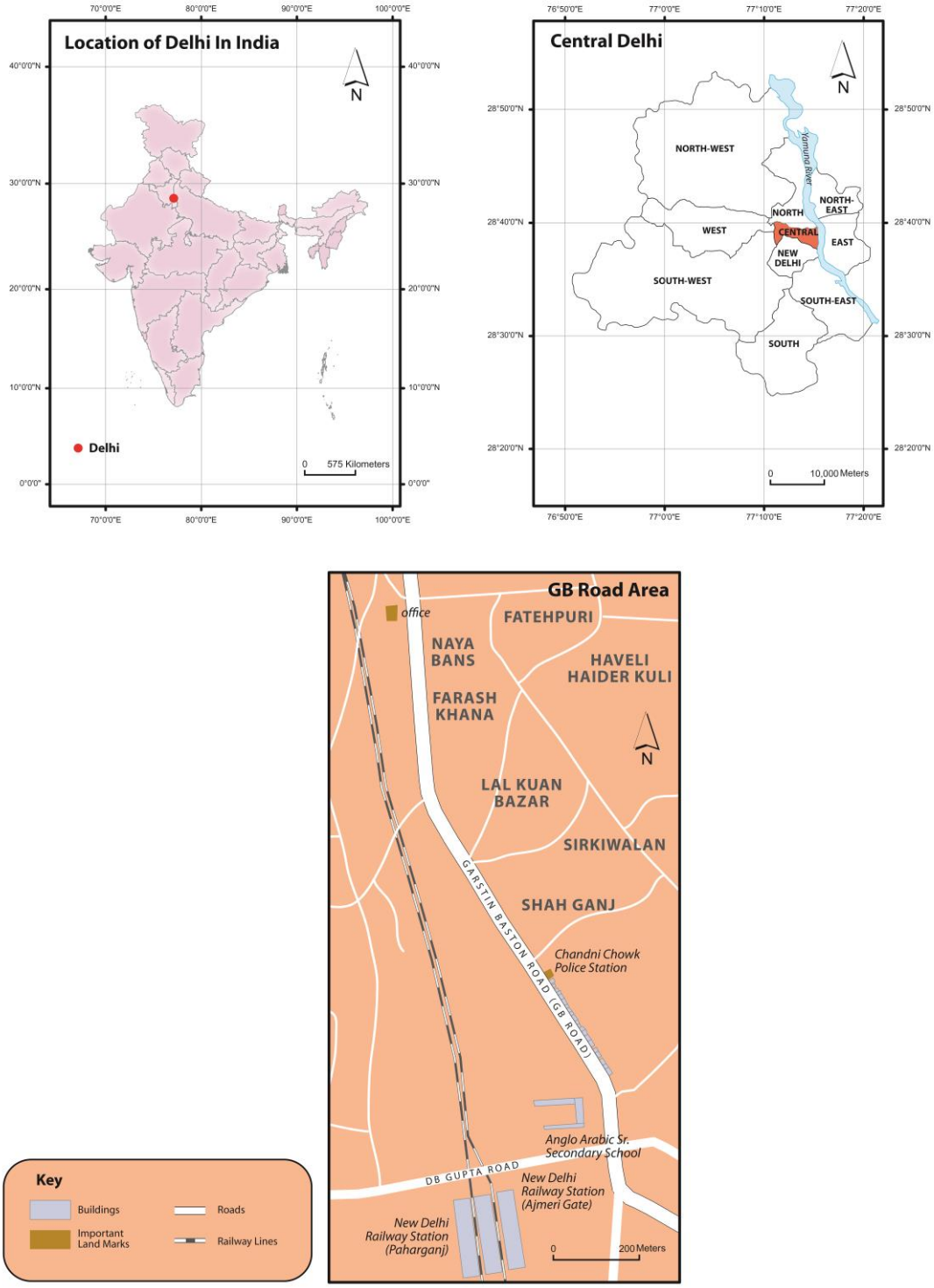

Figure 1. Location map: G.B. Road, Delhi

Table 1. Socio-demographic characteristics of the respondents

Socio-demographic characteristics – I	**Range**	**Mean**	**SD**
Age of the respondents	35- 55 years	44.08	5.55
Age at the time of trafficking	1-25 years	13.16	6.5
Age of children	1-25 years	13.16	5.9
Number of children	1-6	3.58	0.84
Socio-demographic characteristics – II		**Percent**	
Education	Illiterate	98	
	Semi-literate	2	
Religion	Hindu	66	
	Muslim	28	
	Christian	6	
Marital status	Married	50	
	Unmarried	38	
	Widowed	12	
Family type	Nuclear	84	
	Joint	2	
	Orphaned	14	

Source: Field Survey, 2016. Sample size: 50

Most of the respondents belonged to the age group of 40-45 years (56 percent) followed by those in the 45-50 years age group (14 percent) and were working as peer educators with the project. During the interview with peer educators it was revealed that younger women were always the preferred choice of the traffickers as they invariably fetched higher price.

As was frequently reported, the trafficked women were tricked into being brought to Delhi on the pretext of being given a job/employment in order to help them lead a better life and support their families.

Religious background, **marital status, and family type**

Sex trade has no religious boundaries. Majority of the respondents were Hindus (66 percent) followed by Muslims (28 percent) and Christian (6 percent) which is greater than their share in the national population according to the census 2011. Religious affiliations are however, immaterial as the trafficked women are heartlessly made to change their identities, appearance, and names only to be fixed as a '*lochi*' (sex worker). A vast majority of the respondents (84 per cent) belonged to nuclear family set up living in rural areas of their native states. Only a small percentage reported belonging to joint family set up staying with her in laws before being brought to Delhi. 14 per cent reported to have been orphaned at a young age. They either grew up with their distant relatives or in orphanages.

During an interview, Sunita (47), a widowed Muslim sex worker from Bengal who proudly flaunts a '*mangalsutra*' and '*sindoor*', recalled with moist eyes how the 'madam' at the '*kotha*' (brothel) forcefully changed her original name Munnawara to her Road name Sunita 12 years back when she was trafficked to Delhi. "That is how my customers know me. I follow Islam but now I have a Hindu identity. My husband passed away 8 years back but I still wear '*sindoor*', bangles and '*mangalsutra*' just like other married Hindu women to signify that my husband is alive. This helps me command some respect in the neighbourhood. Otherwise, people are always ready to take advantage of you", she said. Kishori (51) adds, "*aadmi (husband) ke hone se hi ek aurat (wife) ki izzat hoti hai*." (a woman's respect in the society is dependent upon the existence of her husband).

Children

Female child is preferred over a male child in this section of the society. It was found that all 50 respondents had children. Average number of children is as high as 4 with their average age being 13.16 years. Bringing up large number of children of younger age naturally puts a lot of responsibility upon these women, a considerable percentage of whom are either unmarried (38 percent), widowed (12 percent) or are young mothers who as single parents are raising their children. It was learnt during the course of the study that many women enrolled their children into residential schools (like one in Gurgaon) where along with the regular curriculum, the children are given training in certain simple vocational skills like candle making.

Unfortunately however, the dropout rate of children from such institutions is quite high.

Literacy

The Census of India (1911) defines literate individuals as those aged 7 years or above who knew reading and writing in a particular language with understanding. Unfortunately, a whooping majority of the sampled sex workers were illiterate, who could at best, speak only the languages of their respective native states. Most of the respondents came from rural areas. Only 2percent respondents in the age group of 40-45 years were educated having been to the school only up to 12th standard. Illiteracy and lack of skills adds to the existing woes as these naive women, who easily fall prey to the alluring false promises of the traffickers.

6.2 Economic Profile

With progressing age or due to reasons like accident or physical assault, the quintessential external beauty/ good looks are compromised upon to a considerable extent. Consequently, the female sex workers, with no formal skill training as well as with the responsibility of raising young children, are forced to look for alternative sources of income. The money earned from these sources is barely sufficient to meet their personal needs, let alone sparing money to be saved or affording their children's education.

The power structure in the brothels is such that sex workers have to part with half the amount earned to the brothel owner after obliging every 'customer'. Consequently, nothing much is saved when these women are young and 'in business'. With no familial or community support, financial insecurity looms large. In the following section aspects like female sex workers' accessibility to bank accounts, major heads of expenditure, tendency to save and types of accommodation have been discussed.

Only 10 percent respondents assented to possess bank account in nearby banks while only 6 percent agreed to have some money as savings in the account. Reasons like unawareness, difficulty in communication and lack of sufficient money were cited by the respondents for the same. The few respondents who did possess bank accounts reported that they deposited money only when they could spare it and that they withdrew the entire saved amount when they visited their native places.

As reported, major heads of expenditure includes money spent on food; buying articles of personal use like clothes, cosmetics, followed by expenditure on medicines, payment of monthly rent for their accommodations and lastly their children's needs and education.

About 96 percent women lived in rented accommodation. Only 4 percent lived in their 'owned' accommodations which at best were dilapidated one room tenements situated in the vicinity of G.B. Road, invariably characterized by lack of sanitation, electricity and potable water. In one particular case, four sibling sex workers shared a small house inherited from their parents in a remote locality in Ghaziabad district in the NCR of Delhi. In the words of Usha (37 years), "We are a big family of four siblings living in this two room house left by our parents. There are our 9 children living with us. Life is difficult in such a small house with a constant shortage of money. I hope I am able to earn enough money to give my child the best I can."

6.3 Sources of Income after the Period of Active Prostitution

With no financial and social security after the so called 'retirement' from the sex trade, these women are left at the mercy of the society. Survival becomes a challenge as the stigma attached to the trade poses constant hindrance in earning and leading a normal life. The discussion with the respondents revealed the following occupations as favoured sources of income after active sex trade:

Domestic help

Working as domestic help in the nearby households is a preferred choice of occupation since it gave the women greater control and autonomy over their money, time and working environment. 42 percent respondents reported to be working as domestic help (helping in daily household chores) in the nearby residences. They put effort in hiding their true identities at their workplace as they feared losing their job. Also it became difficult to find another work assignment if people came to know about their background. As reported by almost all the respondents who were working as domestic helpers, they did not work for long in a particular locality and that they changed their name and identity when accepting a new work assignment in a new locality. They often made fake identity proofs which they changed or modified as soon as they changed their work place. They often went far off localities in search of work so as to maintain anonymity. Few women reported possessing valid government issued identity card like voter's ID, Aadhar card.

Another aspect which came to light once a good rapport was established between them and the

researchers was of frequent sexual harassment in the households where these women worked. As reported, they initially ignored the misbehaviour, but when the problem continued to persist, most of the respondents quit the job in that household. The salary earned is very meagre with a very negligible amount left to be saved. Yet, a few of the respondents who now work as a domestic help reported to possess bank account with some savings in it. However, they had opened an account very recently and they did not deposit the money on a regular basis.

Apart from sexual harassment, irregular hours of work, irregular salary, misbehavior, payment not made on time were other exploitation issues being faced by the respondents at the work place. According to Juhi (40 years), though the amount earned is very meagre, it helps her take home '*do joon ki roti'* (two square meals a day) with '*izzat*' (dignity) as well as supports her two year old child.

Helper in the Brothels

Aged female sex workers, fearing the stigma of their profession, prefer to stay in the brothel they initially worked for in their early years. These women receive small payments in return of petty chores they perform for the younger sex workers and the 'madam' (owner of the brothel) who prefers to remain within the brothel premises most of the time. The tasks these women perform include running errands to the local market to fetch vegetables and other articles of daily requirements; cleaning, cooking, washing. In return of these petty tasks the aged sex workers are allowed some food and lodging in the brothel. These women continue to stay in the brothels performing these tasks till their physical condition allows them to. As told by Laali (56 years) "I get the vegetables from the market and cook for all of us here in the '*kotha*' (brothel). Our madam is kind. She lets me stay here and allows me to have meals two times in a day. What more could I want?" The aged female sex workers are sceptical to explore other opportunities for the fear of stigma, rejection and lack of security outside the brothel.

Working with local NGOs and voluntary organizations

As an alternative profession, the aged female sex workers start working as peer educators with local NGOs (for example Shaktivahini) working in various fields. Peer educators are required to carry essential information from the NGOs to the younger sex workers in the brothels who are actively involved in sex trade. Information on aspects like measures and precautions to prevent HIV / AIDS as well as information on sexual health checkup schedules is carried by the peer educators to the respective brothels from where they belong. As put in by Komal (47 years), a peer educator with an NGO working in the field of sexual health wellbeing of sex workers at G.B. Road, "the project staffs are very cooperative and kind. They accept us for who we are. They are making genuine efforts to protect our girls at the brothels from the deadly disease." The respondents expressed their satisfaction with their work and also mentioned that if such opportunities are made available more often, the girls would quit sex trade any time. In the words of Maya (46 years), " Why will any girl like to be a part of this '*keechad*' (mess) if she will be given '*izzatdaar*' (respectable) job like this (peer educator) to earn her bread and support her family." Rosy (52 years) said she was proud to be able to contribute substantially to her daughters' education back in her native village in Varanasi.

Return to their native villages

It was revealed during the direct interview with the respondents and the project staff that those few sex workers who still are in contact with their families, after the period of active prostitution, return to their native villages, never to be heard about again. Reportedly, they take away all their savings they made while still 'in business' and utilize this money prudently in buying land or other such permanent assets for themselves or their families as a lasting source of money.

Construction of residential houses or shops to be rented or for selling, are few of the ways through which these women earn money to sustain themselves and their families. Sex workers who put their money to such judicious use are only a handful. They are the breadwinners as well as major decision makers in their families, commanding considerable respect of the people around them.

Become traffickers themselves

Once out of active prostitution, it was reported that the destitute sex workers join the existing nexus of traffickers to be involved in buying and selling of women and children from different parts of the country. They eventually become brothel owners themselves which reportedly is the most lucrative and profitable business in the post active prostitution period. Making use of their contacts and experiences in this trade, the aged sex workers become the part of the nexus with no difficulty. Reportedly, apart from just monetary gains, their involvement in trafficking is in part fuelled by revenge, anger and hatred for the circumstances and

people who took advantage of their weakness to ruin their lives forever.

6.4 Health Status and Access to health care facilities

Accessibility to health care facilities is one of the basic necessities for a healthy life. Female sex workers' access to medical services is extremely limited for the fear of stigma and repulsion.

Common diseases the women were found suffering from include general gynaecological problems, tuberculosis, followed by STIs like HIV/AIDS. Sadly, help is sought only when the medical condition begins to deteriorate. This may be due to ignorance/unawareness about the early symptoms of the onset of a disease, hesitation or simply unavailability of reliable medical facilities. The particular NGO the researchers' accessed provided regular checkups for sexual health. The respondents reported that they had faith in the doctors/counsellor and the medicines provided by them. In case if a particular sex worker required medical help of a higher level, some specified government hospitals like Sir Ganga Ram hospital and Holy Family hospitals were referred to the respondents by the outreach staff of the project. On the contrary, however, the respondents clearly expressed their preference for private practitioners (which mostly include quacks) for seeking medical help so as to maintain anonymity and confidentiality. It was learnt that the doctors in government hospitals, like in the STI clinics and the Voluntary Counselling and Testing (VCT) centers, were insensitive, making indecent comments about the patient's character or his/ her sexual habits. This explains the fact that a majority of the respondents did not have access to reliable medical facilities. Only 24 percent reported they could get the required medical help on time.

Female sex workers working as peer educators with the said NGO play an important part as they carry essential information imparted to them by the NGO officials to the younger women in their respective brothels. The outreach staff of the project along with the peer educators visited the brothels time to time to distribute contraceptives and certain basic medicines / ointment.

The end the destitute sex workers meet is particularly unkind and heart wrenching. During the course of the study, it came to light that a sex worker who has been ill since long or has been dealing with fatal diseases like HIV/AIDS within the brothel premises without any external medical assistance, the owner of the brothel gets that particular woman admitted to the nearby hospital as an unidentified patient for the treatment. No follow-ups are made on the patient thereafter by any one from the brothel. Further, the seriously ill or the extremely aged women in the brothel, who are unable to take care of themselves any longer, are made to board any random train at the nearby New Delhi Railway Station. Such is the callous, cold hearted manner in which the brothel owners divest themselves of their responsibility of an ailing/ aged sex worker who served them all her life. These women apparently die in nonentity never to be heard of again.

7 CONCLUSION

The young and poor girls are forced in prostitution largely by the traffickers. The field based ethnographic research revealed that these girls have to live in this trade as long as they are useful to the pimps and brothel owners after which are ousted without any liability. Majority of the respondents had to quit the '*kotha*' (brothel) due to growing age and deteriorating health. Since majority of them are illiterate and unskilled, and have meagre savings, their life becomes miserable after they exit from the trade. The problem to these women is further aggravated due to social stigma. Almost all the respondents reported one or the other communicable disease and poor health. For sustenance they have few avenues only. A good number opt for working as maids at far off places from the red light area. They have to be constantly on the move so that they can maintain anonymity. Others become associated with NGOs, working as counsellors to the new entrants but the payments are just enough to meet the daily needs. However, neglect, ill health and social exclusion remain a conspicuous part of their lives.

Table 2. Commonly reported diseases

Diseases	Per cent
STDs/STIs	44
Gynaecological ailments	32
Common ailments	24

The paper provides a glimpse into the relatively lesser explored latter part of the lives of the aged female sex workers (FSWs). Thus, in some way contributing to better understanding of the issues related to prostitution and the difficulties of the lives of this section of marginalised women. With no familial and financial support, these women are out of the social security net. It is therefore required that the government and the civil society help in the sustenance of these women by facilitating them to earn a living and lead a life of dignity. On the basis of the findings of the study few suggestions have been put forward which can be used to develop meaningful intervention strategy for HIV prevention programmes as well as create more inclusive plans and programmes by the government.

Following are a few suggestions to provide the marginalised sex workers social security and be made a part of the inclusive society.

The NGOs that are working in the field of HIV/AIDS awareness and prevention should also encourage and promote the habit of small saving while they are still 'in business' with an idea of securing their old age. The sex workers should be educated about the benefits and procedure of owning a bank account.

Retired sex workers can come together to create Self Help Groups (SHGs) which can have various socially productive aims ranging from educating the children of other sex workers in a conducive environment, promoting financial literacy and social security amongst younger women in this trade or imparting certain productive skills like candle making or embroidery in order to help them earn a respectable living.

Various NGOs, State and Central government run programmes in the field of HIV/AIDS awareness and prevention (like NACO) should consciously employ women from this section of the society given the latter's reach and familiarity with the environment within which the objectives of the programme are to be implemented.

8 CASE STUDIES

8.1 Case Study: 1

Sunita aged 43 years old sex worker turned domestic help who spent more than a decade in the brothels of G.B. Road, Delhi. Born to a single mother, she had a rough and a deprived childhood along with her three siblings. Education was a luxury, the family could not afford. She therefore, at a tender age of ten began working as a maid in the nearby houses to contribute to the family income. This was followed by two years working as a helper in a nearby chemist shop and a courier agency, respectively. However, rampant physical and verbal abuse compelled the 14 years old Sunita to the job.

Having got married at a tender age of 16 to 43 years old man, she soon became a victim of domestic violence and physical and verbal abuse. A mother of 4, Sunita had to don the role of being the sole breadwinner of her family too, given her husband's failing health consequent upon liver damage caused by spurious liquor. Given the rampant financial and resource crunch, Sunita readily gave her assent to work in Delhi in order to better provide for her family. Also, the proposal came from a trusted neighborhood friend which made Sunita agree to the offer.

With sky high hopes and expectations, when a 22 years old Sunita arrived in Delhi along with a strange man who was to introduce her to her new workplace, her world seemed to go upside down as what met her eye was beyond real. She was taken to the 'madam' of the brothel where she was to work. After making a few futile attempts at resisting the work, she finally gave in as the money earned per client she served was substantial.

Sunita, 39 years, worked in the brothels for more than a decade till an unusual happening changed the course of the life again. In a scuffle with one of her customers over money one particular night, she sustained deep gashes from a sharp knife. That was the end of her career, Sunita recalls. She said, "Our madam at the brothel asked me to leave because the wounds after healing up had left ugly marks on my face. I was attractive no more like other younger girls." She ultimately quit active sex trade at 34 years and left the brothel.

With meager savings and no social support as also to continue providing for her children's education in her native village in Ara district in Bihar, Sunita began working as a domestic help in the nearby locality. Though, she admitted to occasionally attend a client or two if they came her way. She stays in a rented room in the vicinity of the Old Delhi railway station. The rent is high and she only somehow manages to eke out a living. "My income now has fallen considerably being able to make just 4000/- rupees a month. I solicit customers whenever I get the opportunity as it helps me make some additional money. These are men who have known me since long. So I readily agree."

Most disturbing however, is the attitude of the so called educated, elite and the civilized people living in

palatial houses. Recalling the behaviour of her previous employers, Sunita told that, "As soon as they came to know about my past, they told me to leave without any prior information. When I requested for my salary, they hurled abuses at me saying I put the family's reputation at risk. I deserve punishment." They even threatened to get her arrested by the police if she continued to stay in the locality. Since then, Sunita told us that she does not spend more than 6 months in a locality as it helps her preserve anonymity. Life has been difficult since she quit the brothel as the stigma attached with her previous profession ruined all her efforts to live a normal and regular life.

8.2 Case Study: 2

Kavitha, 36, is a retired sex worker who quit active sex trade 4 years back when she was diagnosed with HIV/ AIDS by the workers of an NGO working in the nearby locality. Raised by her step mother and biological father along with her three foster siblings in her native village in Kurnool district in Andhra Pradesh, she had disturbed childhood.

She recalls being discriminated and differentiated against in every aspect from her foster siblings by her step mother. All of her siblings were sent to school except her who was mistreated by her mother and made to do household chores.

At a young age of 13, disregarding her parent's wishes she started working as a maid in a nearby eatery in order to earn some money and freedom. Having worked there for a few weeks, Kavitha eloped with a young man few years older than her to come to Hyderabad on the pretext of marriage and a happy life thereafter. However, the events took a different turn after arriving at Hyderabad railway station where she was joined by another strange person with whom she was to continue her journey. Kavitha was brought to Delhi instead and sold to a brothel at G.B. Road.

She initially resisted but in vain as she was locked up inside a room with no food or water for almost a week. She ultimately surrendered and since the age of 14 Kavitha recalls, had been working in 'kotha' (brothel) number 62 at the G.B. Road. In her words, "Things like love and trust lost all meaning for me since that day. Money was everything in the world I realised. I believe in this firmly now." She earned fairly well and was able to provide for her two children studying in a residential school in Gurgaon till the time events took another serious fateful turn. Her children aged 16 and 14 did not know about her profession and met their mother occasionally.

At 29 Kavitha was diagnosed with HIV/AIDS in a clinical checkup conducted by one of the NGOs working on awareness and prevention of the disease amongst the female sex workers. She was advised not to attend the customers anymore. Given such a situation despite her good looks and young age, she was forcefully made to quit the brothel and find work elsewhere. She recalls, "Although I was not the first one to be diagnosed with HIV in the brothel but our madam and other girls began staying away from me. And one day I was told to leave as my treatment would be expensive and that I will not attend customers anymore." Quitting the brothel and with it active sex work, Kavitha joined the said NGO as a peer educator.

Although the salary she earns now as a peer educator is lesser than what she earned while in the brothel, Kavitha says that she found this work way more satisfactory and morally correct. "I now have the opportunity to make other girls in the brothel aware about the deadly disease and save their lives. Something that I did not know," she rues. It's been six years since she has been working as a peer educator. She stays in a shared room with three other peer educators working along with her in the same NGO. She tries to save as much as possible for her children's education. In her words, "As my disease advances, I know my days are numbered. I am saving as much as possible in the bank for my children who at least having completed their basic education by then, will be able to support themselves."

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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ABBREVIATIONS

G. B. Road: Garstin Bastion Road; **HIV/AIDS**: Human Immunodeficiency Virus; **NGO**: Non-governmental Organisation; **NACO**: National Aids Control Organisation; **PTSD**: Post Traumatic Stress Disorder.

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