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CONTEXT AND POWER IN SEX WORK IN BANGLADESH

**An inquiry into empowerment and HIV risk reduction among sex
workers in Dhaka and Tangail**

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I. INTRODUCTION

GOALS AND CONTEXT OF THE RESEARCH

This is a report on research conducted with sex workers in Bangladesh based on original data collected in Dhaka and Tangail between February and June of 2008. The research in Bangladesh was part of a CARE USA global impact inquiry conducted in six countries focused particularly on the relationship between women's empowerment and HIV risk reduction. While the research in individual country offices needed to fulfill requirements of the global research effort, country offices were, beyond that, given considerable freedom to adapt the global research design to local context, needs and interests and the research in each country took on its own unique character.

At CARE Bangladesh we framed our research around CARE's ten years of HIV program work with sex workers between 1995 and 2005. CARE's SHAKTI project was the first in Bangladesh to begin working with sex workers in 1995 and CARE Bangladesh continued that work through a follow-on SHAKTI II project and later through its integrated HIV program. Funding for CARE's HIV intervention with sex workers ended in 2005 but CARE Bangladesh soon started up a new project with sex workers – PROTIRODH – focused exclusively on issues of violence and rights and operating independently of CARE's HIV program which continued working with other at-risk populations.

This history strongly influenced the shape of our research. Our research design began by adopting the three key research questions defined in CARE USA's Global Research Design for Six Countries (December 2007). Generally speaking, the global design was looking at two broad areas of inquiry – women's empowerment and HIV risk reduction – and the relationship between them.

KEY RESEARCH QUESTIONS

- What constitutes empowerment as defined by the women who CARE's projects support?
- How do these projects contribute to women's empowerment?
- What linkages do we find between changing levels of women's empowerment and women's vulnerabilities to HIV, as described by project participants?

Given the nature of CARE Bangladesh's current work with sex workers around violence and rights issues (as well as other program interests at CARE Bangladesh), an extra degree of emphasis was built into our design around the empowerment issues. Also built into our design was a strong belief that empowerment processes are highly context dependent. Empowerment takes place in the context of individual lives and individual aspirations embedded in a context of relationships (particularly relationships of power) which are themselves embedded in a set of institutional structures and cultural constructs which (dynamically) create, shape and maintain those relationships of power. In other words, in order to understand empowerment of sex workers (and its relationship to HIV risk reduction), we have to first develop as keen an understanding as possible of the environment in which these women live and work.

In this research, then, and in this document we've devoted a considerable amount of effort to developing and articulating a deeper understanding of:

- 1) the context of power which shapes, limits and supports empowerment of sex workers in Bangladesh and

- 2) the context of these women's lives and aspirations which gives meaning to the empowerment process.

In a sense, these are preliminary to the *key* research questions but we felt were essential to developing meaningful and useful answers to them.

OVERVIEW OF RESEARCH DESIGN¹

Our research focused on two relatively distinct populations: street-based sex workers in Dhaka and brothel-based sex workers in Tangail. Both were significant intervention sites for the HIV program and working with the two separate populations operating in very different environments allowed us to examine the way in which contextual factors affected the empowerment process (and project impacts).

Data collection was conducted in three stages:

- **Stage I** was formative research involving nine focus group discussions with sex workers and former CARE HIV project staff and a number of informal interviews with others associated with the sex work community.² This initial inquiry was intended to establish basic understandings of empowerment, identify key questions for further inquiry and develop separate context analyses for the brothel in Tangail and the street-based sex work environment in Dhaka.
- **Stage II** involved the administration of a semi-structured questionnaire to 342 sex workers (ninety in Tangail and 252 in Dhaka)³ in order to collect quantifiable data on a number of different topics. Areas of inquiry included: personal and household demographics, questions related to issues of personal and collective empowerment, the context of sex work and HIV risk reduction.
- **Stage III** involved twenty-three in-depth interviews with sex workers and others in the sex work community⁴ and three in-depth interviews with former project

¹ For a more detailed description of research methods, see Annex A.

² Six focus groups discussions were held with sex workers grouped according to varying levels of prior involvement with the CARE intervention, one with a group of sex workers recently released from their status as *chukris* (bonded sex workers) and one with a group of senior (street-based) sex workers. A day-long focus group discussion was held with former CARE HIV project staff along with an in-depth interview with a former senior manager in the project. Additional informal interviews and discussions were conducted with *sardarnis* (madams), *bariwalas* (landladies in the brothel), the husband of a sex worker, a *babu* (lover of a sex worker), an officer of the Tangail sex worker organization NMS, a religious leader working with sex workers, an inactive sex worker living in the brothel, and a security guard in the brothel.

³ The sample was later reduced to remove respondents who were not currently active sex workers. Our final sample included sixty-nine brothel-based sex workers in Tangail, 207 street-based sex workers in Dhaka and some limited analysis was conducted with an additional forty respondents in Dhaka who had identified themselves as hotel-based sex workers. See Annex.A for a more detailed explanation.

⁴ Interviewees from the sex work community included seven street-based sex workers, five brothel-based sex workers, two *sardarnis* (madams), three *dalals* (pimps), two service

staff. Areas of inquiry included: empowerment, HIV vulnerability, project intervention and impacts, relationships and perspectives on the sex worker organizations operating in Dhaka and Tangail.

Interviews and focus group discussions were conducted by a team of CARE staff from CARE Bangladesh's Social Development Unit and PROTIRODH project.⁵ The Stage II survey research was conducted by a research team led by a consultant from the Bangladesh Institute for Development Studies.⁶

Analysis of qualitative data was an ongoing collaborative effort. Field researchers met on a daily basis during data collection to debrief and share impressions and initial analysis. At each stage of data collection, field researchers and design team met to share findings and engage in a collaborative analytical process. As the integrated analysis began to take shape, the research team met to review and provide feedback on presentation materials prepared for global meetings and internal dissemination events. So, while the integrated analysis and final presentation in this report was the responsibility of an external consultant (the author of this report), it is built upon a collaborative process involving the entire research team.

Some simple quantitative analysis was performed on the Stage II survey data. This was primarily of two types. First, responses were tabulated and disaggregated by workplace (street-based, brothel-based or hotel-based). This provided further insights about contextual differences in the different environments as well as a sense of variation in project impacts among the different groups. The data was also disaggregated based on the sex worker's level of prior involvement with CARE project activities⁷ and the analysis was used in identifying impacts of project participation and dissemination of impacts in the wider population.⁸

providers (a health service provider with Marie Stopes and a legal advisor to the sex worker organization NMS), one *babu* (lover) and one client of sex workers.

⁵ Our research design team also included members of CARE Bangladesh's Program Quality Team and a staff member from the current HIV program. Members of this design team sometimes participated in data collection activities as well.

⁶ Dr. M.A. Manan, Senior Fellow, Bangladesh Institute of Development Studies led the team which conducted the Stage II data collection and initial analysis of data. Another consultant – Dr. Nasreen from BRAC University - prepared an external literature review for this research effort.

⁷ In a similar approach used to define Stage I focus groups, the Stage II sample was divided into three groups: those who indicated they had no participation in CARE project activities (category C); occasional participation (category B); and frequent participation (category A). These categories were then checked for internal consistency against other questions about duration of involvement and period of involvement in project activities.

⁸ We did perform some more sophisticated analysis of covariance and tests of significance on a handful of variables (thanks to some volunteer work by a statistical consultant). The results suggested that a more comprehensive statistical analysis of this data might yield some interesting results but this was, unfortunately, beyond the resources and capacities we had available for this effort at this time.

SAMPLING ISSUES AND GENERALIZABILITY

Findings in this research should not be interpreted as representative of all sex workers in Bangladesh. Our sampling strategy was designed to provide a fair representation of brothel-based sex workers in Tangail and street-based sex workers in Dhaka. These are two specific urban environments which have been sites for significant intervention by CARE and other organizations over the last decade.

Further cautions about generalizing from these results have to do with difficulty in getting access to sex workers for this type of in-depth data collection. Two constraints in particular should be noted from the outset.

The field researchers worked closely with two sex worker organizations⁹ in identifying and eliciting cooperation of respondents in all three stages of research. Although this introduces the possibility of some biases in our sampling, in practical terms, it would be extremely difficult (if not impossible) to conduct research in these locations on this scale without the cooperation of the sex worker organizations. To attempt to do so would likely introduce a different set of sampling biases. The power of these organizations to mediate access to sex workers (for research or intervention purposes) is itself a topic deserving of further critical inquiry.

A more problematic issue with our research sample has to do with our inability to gain access to *chukris* (bonded sex workers) in the brothel in Tangail. *Chukris* represent 28% of the sex worker population in the Tangail brothel. They are in bonded service to *sardanis* (madams) who are very powerful figures within the brothel community and strictly control access to *chukris*. In this research, we were able to get some insights into the situation of *chukris* by talking with *sardanis* and with sex workers familiar with situation of *chukris* including one focus group discussion and one in-depth interview with former *chukri*'s recently released from bondage. However, *chukri*'s voices are not directly represented in our data and this is another key area for future inquiry.

Given these sampling constraints, being as cautious as possible, we can say that the findings in this research are applicable to street-based sex workers in Dhaka and active independent brothel-based sex workers in Tangail who fall within the constituencies of the respective sex worker organizations. Given the scope of these organizations, findings can probably be taken as fairly representative of the respective sex worker populations in Dhaka and Tangail more generally. Some of the findings (particularly those related to analysis of power relations and the impact of cultural attitudes and belief) are likely to have some relevance for the situation of sex workers throughout Bangladesh.

Finally (in this regard), we should note that, while the empirical findings are of interest here, this research had conceptual objectives as well. We are concerned with the specific situation of sex workers in Bangladesh and have tried to be as rigorous as

⁹ Durjoy Nari Sangho (DNS) representing street-based sex workers in Dhaka and Nari Mukti Sangho (NMS) representing brothel-based sex workers in Tangail.

possible (with given resources and capacities) in investigating and representing that situation. This research also, though, is intended to deepen our understanding about empowerment processes more generally and about their relationship to other development objectives (such as, in this case, HIV risk reduction). In this sense, we're hoping that this work will offer insights which its audience will find relevant in many other contexts as well.

STRUCTURE OF THIS REPORT

In this research effort, we've collected a large amount of data – both quantifiable and qualitative – from a variety of different stakeholders covering a wide range of topics. The research questions themselves are relatively broadly defined covering at least two distinct (although overlapping) lines of inquiry: one related to empowerment and the other related to HIV risk reduction.

The intention of this document is to provide a comprehensive overview of the research effort as a whole. CARE Bangladesh has left open the possibility of revisiting the data in the future to produce more focused and detailed analysis on specific topics of interest. For the purposes of this report, however, understanding that different audiences will have different levels of interest in various topics, we've structured the presentation in five sections, each of which could be read fairly independently of the others.

Sections I and II lay out the context of sex work in Bangladesh from two different perspectives. Section I looks at the environment of sex work focusing on key actors and relationships (particularly relationships of power) in the brothel in Tangail and among street-based sex workers in Dhaka. For those familiar with the sex work environment in Bangladesh, there will probably be no particular surprises here (although the focus on relationships of power in the two communities may provide something of a different perspective than found elsewhere). However, this introduction to sex work in Bangladesh is probably essential for those less familiar with the context to understand the analysis and context-specific terminology in subsequent sections. This section draws on a number of secondary sources as well as our own primary data (mostly from Stage I interviews and focus group discussions).

Section II provides a different sort of context presenting a profile of the women engaged in sex work in Dhaka and Tangail. This section draws almost exclusively on quantitative analysis of responses to the Stage II semi-structured questionnaire. The analysis includes information on basic demographics, income and finances, family and household relationships, attitudes and beliefs, workplace and family violence and various indicators of empowerment as well as analysis of knowledge and behaviors related to HIV risk reduction. Disaggregation of data based on workplace (brothel, street and hotel-based) provides further insight into contextual differences in the environments in which these women work.

Sections III, IV and V speak to each of the three research questions in turn. Section III focuses on developing a deeper understanding of the meaning of empowerment in the context of sex work in Bangladesh. It brings together qualitative data from focus group discussions and interviews and relevant findings from the quantitative analysis.

It begins with perspectives on empowerment as expressed by the sex workers themselves and then proceeds with an analysis built around a conceptual framework CARE uses in its work on women's empowerment comprising three aspects of empowerment: agency, relationship and structure.

The fourth section of the report, again drawing on both qualitative and quantitative analysis, examines impacts of CARE's ten years' work with sex workers in the HIV program. It looks at impacts directly related to HIV risk and empowerment impacts at both the personal and structural levels. Impact assessment primarily relies on sex worker perspectives on program impacts and a "dosage" approach to quantitative analysis of Stage II survey data.

The fifth and final section of the report addresses our third research question about the relationship between empowerment and HIV vulnerability. This is the one place where some sort of synthesis emerges from the previous analyses of context, empowerment and program impacts. It begins with a presentation of some findings from quantitative analysis of relationships in the Stage II data between various empowerment indicators and indicators of HIV risk. It then identifies four behavioral and contextual factors in high risk behavior based on sex workers' responses to a specific set of questions in the Stage III interviews and examines the relationship between those four risk factors and various aspects of power.

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**I. POWER AND CONTEXT:
THE SEX WORK ENVIRONMENT**

LEGAL CONTEXT

To understand the context of sex work, we have to start from the question of legality. Given the diversity of positions and opinions on the issue, the legal status of sex work in Bangladesh can best be described as ambiguous.¹⁰

The Ministry of Law, Justice and Parliamentary Affairs published a report in 2002 in which they indicated that there is no law in Bangladesh prohibiting prostitution by a woman over the age of eighteen.¹¹ At the national level, *brothel*-based sex work is regulated under the Immoral Trafficking Act of 1945. This Act makes it illegal to live off the earnings of a sex worker (with the exception of the sex worker's own children) but also delineates a system under which brothel-based sex workers are registered with a magistrate's court.¹² The local police maintain a list of sex workers registered in this way.

While many would argue that this registration procedure does not confer legal status to sex work, it does bring brothel-based sex work into a sort of quasi-institutional framework. This seems to provide a small measure of legitimacy for brothel-based sex work (particularly as compared to street-based sex work) and some (not total but some) degree of protection from the daily fear of arrest or harassment from law officers.

Street-based sex workers have no such protection. Street-based sex work is not covered under the Immoral Trafficking Act or by any other law at the national level. It is explicitly illegal by local statute in some cities including Dhaka where soliciting another person in public for purposes of prostitution is prohibited under the Dhaka Metropolitan Police Act.

In past years sex workers in Dhaka were also frequently taken into custody under the Vagrancy Act¹³ and in some cases remanded to vagrancy homes sometimes for years. While this practice has been greatly reduced in recent years (in part due to advocacy and interventions by the sex worker organization, Durjoy Nari Sangho), the fear of being committed to these homes was still actively expressed by participants in our research.

What are the consequences of this ambiguous legal status? Interestingly, what might be assumed to be the most direct consequence of illegality seems to be the least

¹⁰ In the following discussion, detail on the specifics of legislation is drawn from *Now they look at us as normal: Stigma, violence, sex worker resistance and HIV/AIDS in Bangladesh*, an unpublished report produced for CARE Bangladesh. The analysis here was framed based on consultation of this and additional documents and conversations with various stakeholders during our field research.

¹¹ Institutional Development of Human Rights in Bangladesh. *Mapping Exercise on HIV/AIDS-Law, Ethics and Human Rights*. Dhaka, Bangladesh: Ministry of Law Justice and Parliamentary Affairs, 2002 cited in *Now they look at us as normal*.

¹² The sex worker must sign an affidavit asserting that they are over the age of eighteen and in the brothel of their own free will. There is no monitoring system to verify these facts and our respondents describe an institutionalized system of bribes paid to insure that the registration process goes smoothly.

¹³ Although usually not meeting the legal definition of "vagrant" under that act.

significant. Our research involved something in the range of five hundred sex workers and there was not a single mention in any interview, focus group discussion or response to survey question of any sex worker actually being prosecuted for prostitution. Human Rights Watch reports that arrests of sex workers in Bangladesh rarely lead to legal procedures but are instead often a pretext for extortion and violence including rape.¹⁴ Our research provides corroborating evidence for this.

In our Stage II survey, for instance, 67% of street-based sex workers report being victims of violence by police in the past 12 months. Of those 52% report being kicked or beaten by police and 27% report forcible sex and another 26% report sex without payment.¹⁵ While 33% of brothel-based sex workers also reported being victims of violence by someone other than an intimate partner in the previous 12 months, none of them reported violence by police.

We're not suggesting that this difference in police violence between brothel-based and street-based sex workers is *entirely* due to the difference in legal status. There are a number of other contextual factors which contribute to a higher level of violence in street-based sex work. The brothel-based sex workers themselves say that extortion and violence by police has been greatly reduced in the brothel only recently and attribute that to a number of different factors (discussed later in this section). However, it's clear that the illegality of street-based sex work in Dhaka (and perhaps the ambiguity of legal status in the brothel) creates opportunities for extortion and exploitation by law officers.

It should be noted also that police were not the only perpetrators of violence against sex workers. Although police were the most frequently identified by street-based sex workers, both street and brothel-based sex workers also identified *mastans* (gangsters or thugs, often with political affiliations), customers and other sex workers among those who had committed violence against them in the past year. The dubious legal status of sex work probably also plays a role in these other forms of violence. Sex workers seem to feel they have little recourse to legal protection against violence by any perpetrators. When asked what action was taken against perpetrators of violence, less than one percent of street-based sex workers and less than nine percent of brothel-based sex workers indicated that the perpetrator was arrested. In the majority of cases (80% of street-based and 56% of brothel-based cases), no action was taken against the perpetrator.

SOCIAL CONTEXT

Clearly legal status is linked to social attitudes about sex work (both reflecting and influencing them). In the brothel environment, social perspectives on sex work explicitly surface in the recurring attempts to close down brothels at which time moral and religious arguments contest the field alongside economic and political

¹⁴ Human Rights Watch (2003). *Ravaging the Vulnerable: Abuses Against Persons at High Risk of HIV Infection in Bangladesh*. August 2003, 15: 6(c) cited in *Now they look at us as normal*.

¹⁵ Respondents could describe up to three different types of violence committed by the perpetrator of violence.

interests. Among the street-based sex workers in our research, negative social attitudes towards sex work show up again and again in the stories about daily struggles on the streets against humiliation and exploitation.

When asked in a Stage I focus group about the obstacles to their empowerment a group of street-based sex workers who had worked closely with the CARE intervention listed (among other obstacles): “society does not recognize the work” and “sex work is neglected.” Another group who had not participated in any CARE activities were more direct about this including among the obstacles to their empowerment: “*samaj*¹⁶ hates us” “we are untouchable,” and “*amra dui number*” [we are bad].

This internalization of negative social attitudes about sex work was clearly reflected in our Stage II data as well. We asked a series of questions to measure respondents’ own stigma about sex work. Over all three questions 55% of respondents showed what we considered to be a high level of stigma about sex work with 25% showing medium or mixed responses and 20% suggesting low stigma. The highest level of stigma was in response to the statement “I feel that sex work is shameful and undignified and I have always wanted to leave it” with 72% agreeing or strongly agreeing with this statement.¹⁷

It seems very likely that negative moral judgments about sex work (transferred to sex workers) play some role in the level of violence and other forms of exploitation in the sex trade but that link is difficult to prove empirically. There is clear evidence in our research about sex work stigma disrupting family relations. For instance, in our Stage II survey, 67% of sex workers say they would not be welcome at a relative’s home and 58% say they would not be welcome in their home village. Analysis of demographic data indicates that over half of sex workers who have children are not currently living with their children (despite the fact that about two-thirds of them are providing some financial support for their children). Evidence from the interviews and focus group discussions indicates that at least some of those cases have to do with stigma about sex work – other family members or the children themselves refusing contact or the sex worker avoiding contact to hide their profession or avoid stigmatizing their children by the association.

Both street and brothel-based sex workers seem to be similarly affected by social attitudes about sex work in relations with family and home communities and about equally likely to, themselves, hold negative attitudes about the work they do. However, differences in legal status in conjunction with other contextual differences in the nature of the sex trade make for some significant differences in the lives of street and brothel-based sex workers. Although many of the actors who have an effect on the lives and livelihoods of sex workers are the same in both contexts – clients, police, local thugs, middlemen of various sorts – the ways in which these relationships play out in the lives of these women are very different for those who are brothel-based than those who are street-based.

¹⁶ *Samaj* as a general term refers to the social leadership in a given community.

¹⁷ Responses to the three different questions and disaggregation of responses yielded some interesting results. See Section III of this report for a more detailed analysis of the data on sex work stigma.

The brothel has a relatively well defined internal organization and power structure through which many of the relationships with various power-holders and institutions are mediated. Street-based sex workers are spread over a much wider geographic area and function much more as individual entrepreneurs. Hence they must themselves deal more directly on an individual basis with social attitudes and institutional practices regarding sex work. We'll take a more detailed look at each of these contexts in turn, beginning with the brothel in Tangail.

KANDAPARA BROTHEL

Kandapara brothel, among the oldest and largest of brothels in Bangladesh, is situated in the midst of the town of Tangail about 75 kilometres north of Dhaka. Presently, 718 sex workers live and work in the *para*¹⁸ which occupies three acres of land. There are currently sixty houses in the para with 666 rooms owned by 45 *bariwalas* (landladies). The present daily rent for one room varies from 60Tk to 120Tk.

2005 TERRE DES HOMMES SURVEY OF BROTHELS IN BANGLADESH¹⁹						
Name	District	Age of Brothel	% Workers From			Total # Workers
			Same District	Neighbor District	Far	
Potuahkali	Potuahkali	Since Brit. Rule	30	4	66	74
Bagerhat	Bagerhat	Since 1945	9	39	52	57
Banishanta	Khulna	34 yrs	8	10	82	250
Phultala	Khulna	100+ yrs				95
Marwari Mandir	Jessore	60 Years				147
Babu Bazar	Jessore	60 years				52
Jhalai Patti	Jessore	60 Years				53
Puran Bazar	Madaripur	85 Years				375
RothKhola	Faridpur	100 years	25	35	40	352
C&B Ghat	Faridpur	27 years	20	30	50	271
Doulatdia	Rajbari	20 years	9	13	78	1176
Kandapara	Tangail	150+ yrs	44	35	21	763
Mymensingh	Mymensingh	Since Brit. Rule				344
Ranigonj	Jamalpur	Since Brit. Rule	40	40	20	185

Most of the discussion to follow is about power relations and some very exploitative relationships in the brothel. One of our field researchers in his notes provided an important reminder that the lives of sex workers are not all about misery and exploitation. It seems appropriate to preface the discussion of key actors and relationships in the brothel, with this brief description from his notes of some of the more positive aspects of brothel life:

¹⁸ A *para* is a distinct community within a given village or locality and is used here to refer to those who live and work in the brothel community.

¹⁹ Adapted from *Brothel-based and Floating Sex Workers in Bangladesh, Living Conditions and Socio-Economic Condition*, Terre Des Hommes, Italia and European Commission, March 2005.

Even with all difficulties and exploitation, all sex workers enjoy happy moments within the brothel. *Muharram* is one festival when all sex workers come together. They go to the *darga* (the grave) of *bibi* Fatima and provide *sinni* (sweetmeats) there. They wear coloured clothes with colourful make up (not for customers, but for themselves). The whole *para* becomes a festival place. Eid is another occasion when the *para* again comes to the festive mood. Customers enjoy the festival in the *para*, as do the sex workers. In everyday life, sex workers sit together in a group to enjoy Bangla cinema on TV or play loud music or celebrate their childrens' birthdays or just enjoy *adda* (gossiping and fun) together in a group.

Key Actors and Relationships Within the Brothel

Sex Workers

There are three main categories of sex workers in the brothel: *chukris* or bonded sex workers (28% of the sex worker population), independent sex workers (68%), and a small number (4%) of inactive sex workers.

1) Chukris (bonded sex workers)

There are currently 201 *chukris* in the Tangail brothel. *Chukris* are generally the youngest sex workers newly entered into the brothel. They are in bonded service to a *sardani* (usually translated as “madam”). The *sardani* provides the *chukri* with food and shelter and exercises nearly complete control over all aspects of the *chukri*'s life including income, working conditions and personal life. The *sardani* can dictate the number of customers the *chukri* must have sex with in a day and can insist the *chukri* engage in unsafe sexual practices.²⁰ They often isolate *chukris* from outside contact preventing them access to knowledge about what constitutes safe and unsafe sexual practices.

This relationship is often justified in economic terms. The *sardani* has invested a sum of money in paying off the middleman (*dalal*) who brought the woman to the brothel, fees paid to police and officials involved in the registration process and daily expenses in maintaining the *chukri* in the brothel. In return the *chukri* is in service to the *sardani* ostensibly until this debt is repaid. In practice, the *sardani* will keep the *chukri* in service as long as possible.²¹ There are no written contracts and all those involved in the process are extremely secretive about the amounts of money involved.

The *sardani-chukri* relationship is also sometimes characterized (by some *sardanis* and even some former *chukris*) as being like that between a mother and daughter; but, by most accounts, this is an extremely exploitative relationship. If a *chukri* falls ill the *sardani* is unlikely to bear the expense of sending her to a doctor. The *chukri* may even be physically beaten for the income lost by not

²⁰ The “unsafe sexual practice” most frequently referred to in focus groups and interviews was sex without a condom. Customers will sometimes refuse to have sex with a given sex worker if they have to wear a condom or offer to pay more money to have sex without a condom and it is then in the *sardani*'s economic interest (at least in the short term) to force the *chukri* to comply.

²¹ A group of sex workers recently freed from bonded sex work report that the typical period of bondage is one to four years.

working due to illness. If a new *chukri* is reluctant to have sex with customers, *sardanis* have been known to involve *mastans* (“thugs” or “musclemen”) or local youth to force her to have sex.

Chukris tend to be isolated from outside contacts and the mobility of *chukris* is highly restricted. *Chukris* are generally not permitted to attend meetings of Nari Mukti Sangho (the sex worker self-help group in Tangail) or to meet with any outside actors other than clients. The only published research we found in our literature search in which researchers had access to *chukris* was a study by Terres Des Hommes²² in which *chukris* were interviewed in the presence of their *sardani*. We were not ourselves able to gain access to *chukris* although discussions with other participants including *sardanis* and recently freed *chukris* provided some insights into these relationships.

2) Independent Sex Workers

There are 488 independent sex workers operating in the brothel. Independent sex workers pay rent to *bariwalas* (landladies) in the brothel but otherwise operate independently. They generally have control over their own income (aside from whatever arrangements they might have with an intimate partner – lover or husband) and can control their own working conditions – choice of clients and sexual practices. Their primary restraint is the need to maintain a good relationship with the *bariwala*. This includes regular payment of rent (often paid on a daily basis) and this constant financial need was often cited as a reason for submitting to a client’s preference for sex without a condom or engaging in other unsafe sexual practices.

Independent sex workers have very good relationships with the self-help group Nari Mukti Sangha and form their core constituency. Although they are not directly vulnerable to *sardanis* they are vulnerable to other power holders (police, *mastans*, local youth) as well as having to work within the overall structure of the brothel where *sardanis* and *bariwalas* have significant decision-making power. Most have previously worked as a bonded sex worker under a *sardani*.

3) Inactive Sex Workers

Inactive sex workers are those who are no longer actively engaged in sex work because of age or physical disability but continue to live within or otherwise be involved with the brothel community. Some work as maids in the home of a *sardani* or a prosperous sex worker. Some work as guards for *sardanis* helping to maintain control over *chukris*. Some work as *dalals* – middlemen in the sex trade.

²² *Brothel-based and Floating Sex Workers in Bangladesh, Living Conditions and Socio-Economic Condition*, Terre Des Hommes, Italia and European Commission, March 2005.

Other Key Actors in the Sex Trade

Three groups actively involved in economic activity in the brothel who have already been mentioned above include *sardarnis* (madams), *bariwalas* (landladies) and *dalals* (middlemen).

1) Sardarnis (madams)

Sardarnis (along with bariwalas) are among the most powerful figures within the brothel community. Some of this power is economic. Although this was not a representative sample, the six sardarnis who were mistakenly included in our Stage II sex worker questionnaire (later removed from the sample) reported an average total monthly income from all sources of 19,000 Tk. This is significantly (although not extravagantly) more than the average income reported by brothel-based sex workers of just under 12,000 Tk. However, there is great variation in the incomes (and power) of different sardarnis. There are 115 sardarnis in the brothel community and 201 chukris implying that a sardarni on average controls fewer than two chukris; however some sardarnis are known to have as many as seven chukris working for them.

Perhaps more important to the power of a sardarni is her central role in the sex trade which requires her to maintain networks with powerful actors within and outside the brothel community. She pays dalals to bring new sex workers into the brothel. She interacts with police and public authorities in order to register chukris. Her relationships with clients and influence within the brothel brings her into contact with powerful actors in the surrounding community including mastans, political figures and office holders, local businessmen and other community leaders.

Some of the power of sardarnis (or the perception of power which sometimes confers actual power) is rooted in their traditional role as leaders in the brothel. Prior to 1995 there was a role for one sardarni at the top of the hierarchy of sardarnis who was sometimes referred to as the “Big Sardarni.” One of our field researchers, based on interviews with members of the brothel community, described the role of the Big Sardarni in his field notes:

The Big Sardarni is considered the leader of all *sardarnis*. In fact, before 1995, the Big Sardarni had all the power. She was considered as a queen in the brothel. She was the chief of *samaj* there. She could take any decision and everybody honoured it. In return, she ensured that nothing wrong happened. She communicated with the police and administration if something happens that needs their assistance. If they faced any eviction threat, she ensured safety by using her own network. She ensured that extortionists do not disturb the para environment.

The last Big Sardarni to wield such power died in 1995. A new sardarni took that role but reportedly “is not as prudent as she was” and “lacks the leadership charisma required for this.” Research participants indicate that, while she is still considered a key actor, decision making power in the brothel is now influenced by other actors including bariwalas, other sardarnis and leaders of Nari Mukti Sangha (the sex worker self-help group). Sardarnis as a group, however, still maintain considerable power within the brothel.

2) *Bariwalas (landladies)*

Bariwalas are those who have houses within the brothel and rent rooms to sex workers. The rents for rooms can be quite high. A bariwala can earn 10,000 Tk from a 5 room house within the brothel while, in a normal para, the rent of this house would be more in the range of 2,000 Tk. In addition to economic power, bariwalas maintain good relationships with sardarnis and pay extortion money to local youths, party workers and cadres to ensure a stable environment for the sex business. They have a very strong influence with the samaj. In focus group discussions and interviews, sex workers repeatedly identified bariwalas as the most powerful women in the brothel. This was, in part, due to wealth but also their ability to influence decision-making within the brothel. There are 45 bariwalas in Kandapara brothel.

3) *Dalals (middlemen)*

The term “*dalal*” seems to be applied to a number of different intermediary roles in the sex trade in Bangladesh. The word is sometimes translated as “pimp” although the roles and relationships can be different than those implied by that label in other contexts. In the brothel context it usually refers to those who recruit young women into the brothel, basically supplying chukris to sardarnis. They tend to have good working relationships with sardarnis and networks for recruitment around the country. By most accounts dalals frequently use deception to bring these women to the brothel. They may promise employment or work as a household servant and it’s not until the recruit arrives at the brothel that she realizes she’s been recruited for sex work.

Dalals are often represented by researchers as indisputable villains. Indeed there are some horrific stories of deception and coercion but it’s difficult to accurately assess the percentage of sex workers who were deceived or coerced into sex work as opposed to those who came to the brothel out of economic need or free choice. Stories of deception find a more ready audience and some sex workers may prefer to present themselves as being forced into sex work rather than entering it voluntarily.

In any case, the dalal’s role in the sex trade in the brothel context seems to end with recruitment. Beyond that they seem to have limited influence within the brothel community or in the daily lives of sex workers.²³

Other Key Actors in the Brothel Community

There are many actors who aren’t directly involved in the “business” of the brothel but play influential roles (both positive and negative) in the brothel community and lives of sex workers. These include:

1) *Babus (lovers)*

Relatively few brothel-based sex workers are married (10% in our stage II sample) but most (almost 60% in our sample) have a babu (usually translated as

²³ The role of the dalal is somewhat different in street-based sex work.

“lover” – an emotional entanglement and romantic/sexual relationship distinct from relationships with customers).²⁴ If the extremely animated conversations in focus group discussions when the topic of babus was raised is any indication, babus play a greater role in the daily lives (and imaginations) of these women than even those numbers suggest. .

This is particularly surprising because there was almost universal agreement among the sex workers that the great majority of such relationships are exploitative with the babu primarily interested in the sex worker’s income and savings. One of our researchers, following interviews and focus group discussions with sex workers, described the sex worker-babu relationship in his field notes:

Babu is the lover of a sex worker or a *sardarni*. Every sex worker wants a babu. A sex worker is emotionally involved with a babu. Babu is a symbol of a family relationship to her. She wants him, so that she can share her suffering and also her happiness. Although she knows that 75% of babus make relationships to grab money and income, even then, she wants to rely upon someone who she loves. On the other hand, babu really exploits her. There are babus who stay with her in the para. These babus control savings and income of a sex worker or a *sardarni*. Many babus, after grabbing the money, leave them. Babus also maintain good relationships with local young men, local political workers and *bariwalas*.

There seems to be a relatively high degree of verbal and physical abuse in these relationships²⁵ although relationships with intimate partners in the brothel seem to be relatively less abusive and controlling than similar relationships among street-based sex workers.²⁶

2) *Local Youth*

Young sons of sex workers, *sardarnis* and other local community members were identified as a category of individuals who exploit sex workers. Some live within the brothel, some in the outside community. They maintain relationships with local party workers and party cadres to ensure influence over the para. As they are local, they know the weaknesses of each *bariwala*, *sardarni* or individual sex worker and can create a situation in which sardarnies or

²⁴ The relative percentages of husbands and lovers are very different and the influence of marital relations is much stronger among street-based sex workers. See the discussion of the street-based context below and the quantitative analysis of data on marital status and on sexual partners other than clients in Section IV.

²⁵ In responses to our Stage II semi-structured questionnaire, thirty-four percent of brothel-based respondents reported that their intimate partners (no distinction was made between husbands and babus) used some or a high degree of verbal abuse to force them to have sex with them and forty percent reported some or a high degree of *physical* violence in the same circumstances.

²⁶ On questions in our Stage II research on mobility and on decision-making around sexual relations as well as verbal and physical abuse, intimate partners of brothel-based respondents were consistently less controlling or abusive than those of street-based sex workers. Since brothel-based sex workers are less likely to be married, the difference may simply reflect the different nature of relationships with husbands than with lovers. Nevertheless, the finding remains that intimate partnerships seem to impose fewer constraints on the lives of brothel-based sex workers than street-based.

individual sex workers are deprived of customers. They have also been reported to hide drugs in a sex worker's room and inform the police to search the room or harass the sex worker. They use their contacts with influential people, personal knowledge of the community, and threats of violence to extort money from sex workers, bariwalas and sardarnies and to demand free sex particularly from chukris new to the brothel.

3) Local Mastans and Party Workers

The term mastan is usually translated as “muscleman” or sometimes “thug” or “gangster.” Mastans often work under the banner of a political party and work together with party cadres (sometimes also employing local youth) to control the para. They use their political influence and threats of violence to extort money and sex from members of the brothel community. Respondents in our research report that, because of the current political situation in Bangladesh,²⁷ extortion by those associated with political parties has stopped but they fear that extortion and abuse will restart when restrictions on political activity are lifted.

4) The Police

Police are also among the several categories of people who are known to extort money and sex from the brothel. Bariwalas, sardarnies and independent sex workers all report having provided money and/or sex to the police on a regular basis to prevent harassment. A system of bribes in the process of registering chukris is more or less institutionalized.²⁸ It is also reported that, when one sex worker files a complaint with the police against another, this is a double opportunity for extortion – both have to pay bribes to resolve the issue.

Under the caretaker government in power at the time of our field research, research participants report that extortion and harassment by the police has greatly diminished. Bribery continues but physical abuse and forced sex have been drastically reduced.²⁹ Leaders of the sex worker organization (NMS) reportedly have a very good relationship with the current police superintendent and this may also account for reduced levels of harassment. However, such relationships, they explain, depend very much upon the individual office-holder's attitude towards sex work and the atmosphere can quickly change if a new superintendent comes in with a different view.

²⁷ At the time of our field research, elections had been suspended and activity by political parties tightly constrained under the rule of a “caretaker government” backed by the military. As this report is being finalized, restrictions on political activities have been lifted, new elections have been held and an elected government is again taking power.

²⁸ Participants in our research report that sardarnis pay a 10,000 Tk “fee” for registering a chukri. It is unclear whether this is an official administrative fee or a standardized bribe but the fee is reportedly doubled if the chukri is under the legal age of 18.

²⁹ In our stage II research, 81% of street-based and 33% of brothel-based respondents reported being targets of violence by someone other than an intimate partner in the past year. Sixty-seven percent of street-based respondents identified police as perpetrators of violence but none of the brothel-based respondents did.

5) *Nari Mukti Sangha (Women's Liberation Organization)*

Nari Mukti Sangha (NMS) began operating as an organization of sex workers in Tangail in 1996.³⁰ Their leaders are elected by the sex workers and represent the collective power of the independent sex workers in the brothel. The organization has played a key role in bringing about certain structural changes in the lives of sex workers including facilitating better access to health services, working to stop an eviction attempt against the brothel in 2006, rescuing land that was used as a graveyard for sex workers when it was appropriated by someone outside the brothel community and liberalizing cultural constraints on sex workers' mobility.³¹

NMS has also taken over some of the roles previously played by the Big Sardarni. The leaders maintain positive relationships with the police and administration and communicate with them if there are problems in the brothel. They are key participants in *shalish*.³² They sometimes intervene with sardarnis who are excessively violent with a *chukri* or who tries to involve a minor in sex work and have tried to impose limits on the length of time a *chukri* is in bonded service to a *sardani*.

NMS has not supplanted the traditional power structure in the brothel³³ but has inserted a more democratic element into it. The role of sex worker organizations in empowerment of sex workers is analysed in more detail in Section IV of this report.

6) *NGOs*

There are a number of NGOs working in the brothel. CARE was the first and played a key role in facilitating the organization of sex workers under NMS. Government and NGO interventions have provided better access to health services for the community and education for children of sex workers. With facilitation by various organizations sex workers have established stronger relationships with the police, health service providers, social welfare organizations etc. In the recent struggle to avoid eviction they received assistance from the Bangladesh National Women's Lawyers Association. In addition to direct provision of services, sex workers feel that association with

³⁰ Facilitating the organization of sex worker self-help groups in a number of different locations in Bangladesh was among the key interventions of CARE's HIV program over this ten year period. NMS and its counterpart in Dhaka (DNS) were among the first and proved to be the most successful.

³¹ Traditionally sex workers had to wear sarees and were not allowed to wear shoes when moving around outside the brothel. This peculiar cultural practice ensured that these women could be easily identified as sex workers and subjected them to discrimination and humiliation by the surrounding community. NMS played a key role in putting a stop to this practice.

³² *Shalish* is a traditional village arbitration mechanism in Bangladesh in which community disputes are resolved by a group traditionally composed of local elites.

³³ There are reportedly, for instance, certain powerful sardarnis who will not be challenged by the organization. In two of the three Stage I focus group discussions with brothel-based sex workers, participants were asked to rank the power of different groups in the brothel. In both, bariwalas were identified as most powerful group and sardanis the second most powerful. The leaders of NMS were ranked as the third most powerful group in one focus group discussion and not mentioned in the other.

these organizations, in and of itself, provides them with a certain degree of legitimacy, protection and power.

STREET-BASED SEX WORK IN DHAKA

Although street-based sex workers are exposed to many of the same forms of exploitation by many of the same actors as those in the brothel, the environment in which they work is very different in a number of ways. The sex trade itself is less structured. A variety of different actors are involved and roles and relationships tend to be much more fluid and dynamic than in the brothel. Sexual transactions are negotiated with clients in public places (streets, parks, railway yards, etc). Sometimes an intermediary is involved; in other situations, the sex worker operates completely independently.

Because street-based sex work takes place in no fixed location and over a wide geographic area there is less of a sense of a coherent community among the sex workers. Although sometimes sex workers working in a given location will loosely organize themselves for mutual support and protection, generally street-based sex workers must be more self-reliant in dealing with the challenges and vulnerabilities associated with the work they do. This also presents challenges for GO and NGO interventions and for the sex worker organization to maintain contact and provide services to its constituents.

There is an astonishing level of violence in the lives of street-based sex workers. In our Stage II questionnaires, 81% of street-based sex workers reported having been slapped, pushed, kicked, beaten or threatened by a weapon in the last twelve months by someone other than their intimate partner (as did 33% of brothel-based sex workers). The most frequent perpetrators of violence against street-based sex workers were police and mastans (identified as perpetrators of violence in the past year by 67% and 60% of respondents respectively) followed by customers (identified by 44% of respondents).

Responses to the Stage II questionnaires also highlighted two other salient contextual differences: almost 40% of street-based sex workers are homeless (report living in the “road, park or railway station”) while none of the brothel-based sex worker were. Also, as touched upon earlier, the influence of marital relations is stronger among street-based sex workers than brothel-based. Street-based respondents were much more likely than brothel-based to be currently married (38% of street-based respondents as compared to 10% of brothel-based) and currently living with their husbands (31% of street-based and 7% of brothel-based). This may account for differences also in responses around issues of mobility, decision-making and violence in intimate relationships.³⁴

³⁴ All of these findings from the Stage II questionnaire are discussed in more detail in Section III of this report.

Key Actors And Relationships In The Street Context

Sex Workers

When asked about the “types of girls who work on the street” the sex workers presented an unexpected taxonomy:

- 1) Girls who are involved in sex work.
- 2) Girls who cheat customers - pretend that they will have sex, but after taking advance money just go away or sometimes intimidate the customer into leaving the area.
- 3) Girls who are involved in drug use who steal money from the sex workers, sometimes taking the money themselves or sending a mastan to do so.

While this wasn't what we were looking for in asking the question, it does help point out that, in contrast to women working in the brothel, street-based sex workers are sharing the streets (their workplace) with a variety of different actors. To the above list we should probably add *hijras*³⁵ who were identified by the sex workers in our study as competitors for clients.

The women in our research do describe a relationship among street-based sex workers vaguely reminiscent of the chukri-sardarni relationship in the brothel (though not nearly so controlling and far more temporary):

When a new girl comes into this work, they struggle a lot in establishing their position on the street. Usually they are caught by dalals, but some senior sex workers³⁶ give shelter to these newcomers. The contract between them is that whatever the new girl earns she has to give to the senior sex worker and in return she will get food and shelter. In most of the cases, after a few days when they meet more people and get experience of the street, they will leave the shelter of the senior sex worker.^{37 38}

Various researchers categorize the sex workers we're referring to as “street-based” in various ways. They're sometime subsumed under a larger category of “floating” sex workers. This broader category would include street-based sex workers who contact their clients on the street and engage in sex with their clients wherever they are able and hotel-based sex workers who meet and serve their clients in hotels.³⁹ Others also

³⁵ *Hijra* is usually translated as “transgender.” Hijras have a long history and complex tradition in South Asian culture for which there really is no simple equivalent in the English language (a more detailed description is beyond the scope of this research).

³⁶ The term “senior sex worker” comes up often in discussions and interviews with street-based sex workers. There are no hard and fast criteria for this label; it generally refers to those who have longer experience of working on the streets and share that experience with others.

³⁷ Several street-based sex workers in our Stage II research (3% of our sample) identified themselves as currently living in a brothel. There are no recognized brothels in Dhaka. They were most likely referring to an arrangement such as this in which one or more junior sex workers are working for (and living with) a senior sex worker.

³⁸ Quote taken from researcher field notes following Stage I research in Dhaka.

³⁹ E.g. see Hoque AE et al Street-based female sex workers, harassment and HIV prevention – an experience from Dhaka, Bangladesh. *Int Conf AIDS*. 2000 Jul 9-14;13: abstract no. MoPeE2897.

distinguish “residence-based” sex workers who live in residential areas and operate from their homes (usually very secretly) and a small group of “mobile sex workers” who generally visit clients only by prior appointment and are often associated with high-end hotels and resorts.⁴⁰

In practice, the lines between these categories can’t always be sharply drawn (for instance, some sex workers in our research mention soliciting clients on the streets but then taking them to a hotel for sex) and there is also some movement of individual sex workers between the different categories (including between the streets and the brothel). In this research, in Dhaka, we’ve focused primarily on the situation of sex workers who solicit their customers and conduct their business on the streets and public areas such as railways stations and parks.⁴¹

Others Involved in the Sex Trade

As is the case with the sex workers themselves, the roles and relationships of others who play a direct role in the street-based sex trade are much more fluid and dynamic than in the brothels. There are a variety of different actors shifting in and out of different roles. Some of the key actors include:

1) Dalals

The term “dalal” is also used in the street context although with a different shade of meaning than in the brothel (much closer to the usual English translation of “pimp”). In the street trade, “dalal” usually refers to someone who acts as a middleman connecting customers to sex workers. The sex workers describe these relationships as frequently exploitative. Dalals sometimes demand free sex and sex workers claim they often cheat them by being dishonest about the money paid by the customer or not paying the sex worker at all claiming for instance that the money had to be used to bribe a policeman. Some dalals are also involved in trafficking and will sometimes take a vulnerable sex worker and sell her into bonded service in the brothel. It’s not clear what percentage of sex workers work completely independently and what percentage work through a dalal.

2) Clients/Customers

Because of the circumstances of street-based sex work, interactions with customers are much more unpredictable and dangerous for street-based sex workers than brothel-based. Brothel-based sex work takes place in a fixed and sheltered location where the sex worker is surrounded by colleagues who can give assistance in case of trouble. Street-based sex workers, on the other hand, *have* to find a private area hidden from view of the public and the police to conduct their business. Violence

⁴⁰ Alam MK. Sex Work in Dhaka, Rainbow Nari O Shishu Kallyan Foundation; AOL Journal, Jan 28, 2007.

⁴¹ As mentioned in the introduction to this report, in our Phase II semi-structured questionnaire, we found that forty of 247 respondents in Dhaka had identified themselves as hotel-based rather than street-based. In most respects, the responses of this group were much more similar to street-based than brothel-based. However, there were enough differences that, in the quantitative analysis of this data we separated out hotel-based from street-based. The analysis of qualitative data from focus groups and interviews in Dhaka kept the original focus on the street-based context only.

is endemic (45% of street and hotel-based sex workers in our phase II research report being victims of violence from customers in the past year as opposed to 10% of brothel-based sex workers). Customers cheat sex workers in various ways: refusing payment, insisting the sex worker service more customers than agreed upon, stealing from the sex worker. There are frequent stories of customers taking the sex worker to a remote location, exploiting her in various ways, sometimes taking even her clothes and abandoning her there.

3) *Rickshaw Pullers*

Rickshaw pullers seem to be quite ubiquitous in the street-based sex trade. They are frequently clients of sex workers. Sometimes they function as a dalal, procuring and negotiating with customers for the sex worker. Of course, they also sometimes provide transportation for sex workers and may ask for either money or sex or sometimes both in payment. They were identified by sex workers as one group who sometimes provides help or support for them (e.g. by intervening with abusive customers or providing transportation when they've been abandoned in a remote location).

4) *Hotel Managers and Staff*

Hotel staff, like rickshaw pullers, sometimes profit from the sex trade, taking extra money above the sex worker's fee when they bring a customer to the hotel or demanding free sex. However they were also identified by sex workers as sometimes providing help, for instance, by intervening when a customer becomes abusive or refuses to pay.

Other Key Actors in Sex Worker's Lives

1) *Mastans and Police*

As in the brothels, street-based sex workers are subject to extortion and physical and sexual violence by mastans⁴² and by police.⁴³ Both groups are reported to sometimes harass and steal from customers of street-based sex workers as well. Police have extra tools for exploitation of sex workers in the street context because street-based sex work is explicitly illegal in Dhaka. They also sometimes threaten sex workers with arrest under vagrancy laws. The sex worker organization Durjoy Nari Sangho does work to build relationships with police intervening in individual cases and advocating against abuse of vagrancy laws but, because of the physical circumstances of street-based work, the sex workers largely have to negotiate individual relationships on their own. There has been no reported reduction of exploitation of street-based sex workers by mastans or police under the caretaker government as was reported in the brothel.

2) *Husbands and Lovers*

⁴² "Mastan" is usually translated as "muscleman" or "thug." See "Other Actors" in the discussion of the brothel context above for further description.

⁴³ The street-based sex workers specifically identified Alph-2, the detective branch of the Dhaka Police, as among the police units involved in exploitation of sex workers.

In our stage II research when asked about sexual partners other than customers, street-based respondents were somewhat more likely to indicate they had a husband than a lover (32% said husbands⁴⁴, 26% lovers, 4% both and 38% neither). This is in sharp contrast to brothel-based respondents who were far more likely to have a lover than a husband (10% husbands, 58% lovers, 0% both and 32% neither).

Street-based sex workers expressed a similar negative view about lovers (referred to in the street-based context as *bhalor basher*) as the brothel-based sex workers did about their lovers - babus. They also portrayed husbands in a similar way as often exploitative (interested primarily in the sex worker's earnings) and abusive. In the quantitative analysis, however, there were some differences between the two relationships. Particularly prominent were differences in condom use patterns with street-based sex workers much less likely to use condoms with husbands than with lovers.⁴⁵ This suggests that there are significant differences in those relationships even if they did not surface in focus groups and interviews.

Obviously husbands and lovers are significant in the personal lives of sex workers. Many also have some role in the broader sex worker community or in the sex trade. One sex worker told the story of another who married a man only to find out he was already married to another sex worker. In the morning he would distribute condoms to them both and in the evening count the empty packets to calculate how much money each should be turning over to him for their day's work.

We also interviewed a dalal who openly stated that he registered a marriage with each of the women working for him so that, if they try to get away from him and are taken into custody by police or arrested for other reasons, he can use the marriage certificate to get them released back into his custody. Others have also indicated that husbands and lovers can provide some protection for sex workers from exploitation by customers, police or mastans.

3) *Durjoy Nari Sangho (Invincible Women's Organization)*

Durjoy Nari Sangho (DNS) is the Dhaka counterpart to Nari Mukti Sangha in Tangail. It was formed at the same time as NMS (with support also from CARE Bangladesh) to represent street-based sex workers in Dhaka. The two organizations have similar organizational structures but have evolved in different directions. This seems to be, at least in part, due to the different environments in which they operate.

DNS represents a much larger group of 2500 sex workers in Dhaka (as compared to 650 in the brothel in Tangail) spread over a wide geographic area.

⁴⁴ This is slightly lower than the marriage statistics cited earlier in which 38% identified their *marital status* as "currently married." The question here was asking specifically about *sexual partners* so the slightly lower number may have to do with women who are married but not living with their husbands.

⁴⁵ Among brothel-based sex workers, the pattern of condom use was almost identical with both husbands and lovers.

There was no pre-existing governance structure for street-based sex workers as there was in the brothel and there is no equivalent role in governance or collective representation for DNS at least not to the same extent that there is for NMS in Tangail. DNS has organized protests around specific incidents affecting sex workers. They have also performed some outreach to police although our discussions with sex workers suggests that this more often takes the form of intervention in individual cases rather than collective negotiation or relationship-building efforts.

Another contextual factor which may have influenced the role of DNS is that the headquarters of most major funders and NGOs operating in Bangladesh are based in Dhaka. DNS's proximity to this NGO culture seems to have affected the organization's understanding and vision for itself as a sex worker organization. In many ways, DNS's role seems much more like an NGO than a trade organization or union. They have for a long time partnered with other NGOs (as they have with CARE) to provide services to their constituents⁴⁶ and have recently become direct recipients of a large Global Fund contract. Many of the former CARE HIV staff (and others in the NGO and sex worker communities in Bangladesh) pointed to this as evidence of the organization's success.

4) Other Sex Workers

Street-based sex workers are not in as close and regular contact with other sex workers as those in the brothel and also don't seem to have as strong sense of common community. Although problems arise between sex workers in the brothel also, they were particularly mentioned as an issue for street-based sex workers. There is sometimes competition between sex workers for clients and also for lovers. Sex workers also report that comparatively less influential sex workers are tormented by others and specifically that some sex workers have good relationships with mastans and use them against other sex workers. The issues of sex workers who are also drug users was also raised by some who said drug-using sex workers "usually do not work but snatch money away from regular sex workers."

5) Other Community Members

Working on the streets, street-based sex workers interact with many different types of community members. Included among those specifically mentioned by sex workers are:

- **Security Guards** who address them using disrespectful slang, sometimes beat them to make them leave the area, sometimes insist on sex without payment.
- **Shopkeepers** who, in the daytime, also call them names and drive them away from the area of their shops but sometimes at night become clients.
- **Truck drivers** who "most of the time" don't pay for sex, sometimes take them to a remote location and rape them serially.

⁴⁶ Given the difficulties accessing street-based sex workers in Dhaka (difficulties including: dispersal over a wide geographic area, the large percentage who are homeless and the fact that many work hard to conceal their identities as sex workers) DNS has played an essential role in facilitating access to the sex worker population.

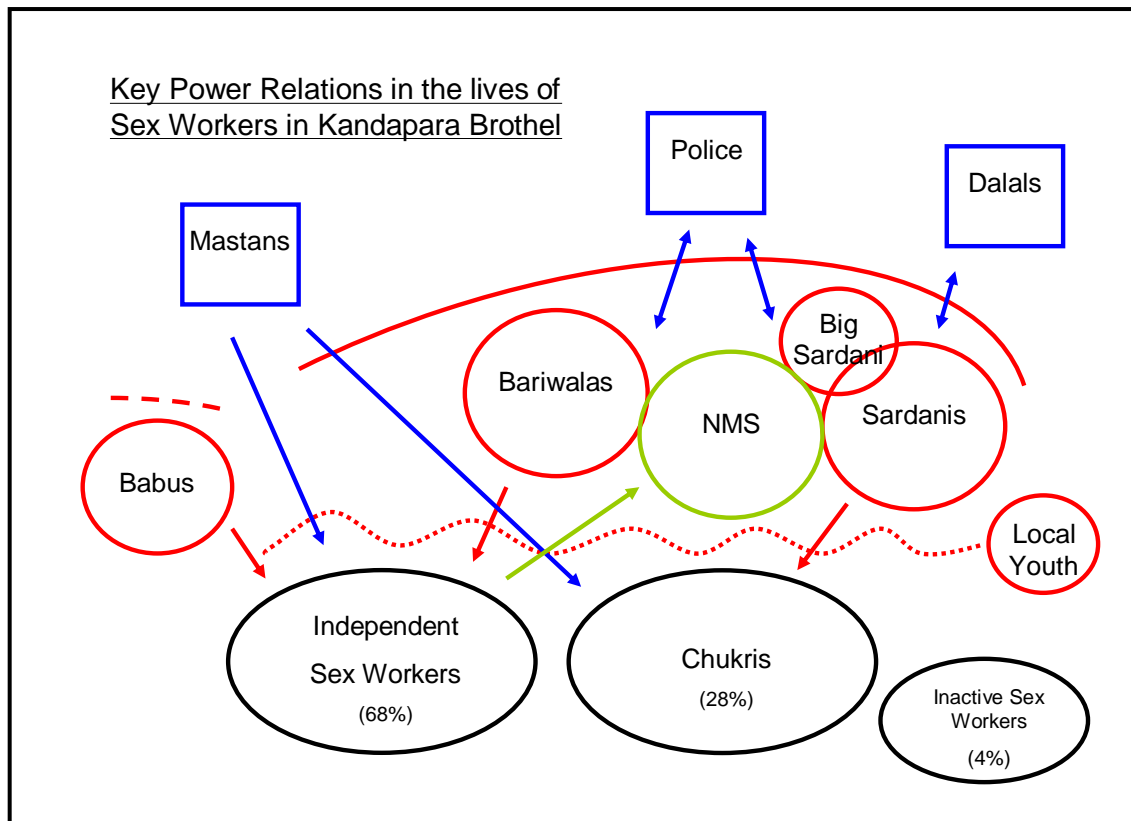
- ***Hujurs (religious persons)*** who sometimes beat them, sometimes come together in a procession to attack sex workers but also sometimes visit them as clients.

MAPPING POWER RELATIONS

We've tried to summarize some of the key relations of power in the two contexts in the following diagrams. The lines between different groups represent relationships involving significant power dynamics (channels along which power flows). The arcs indicate a buffer which mediates power relations between sex workers and other actors.

In the diagram for Kandapara brothel, the three black circles represent the three categories of sex workers. Inactive sex workers are off to one side because, while they are affected by events in the brothel community, *as a group* they have limited influence within the community. The key power relation for chukries is obviously with sardarnis. Bariwalas are a key relationship for independent sex workers because they control the space in which they work. NMS derives a large part of their power from their role as representatives of independent sex workers. The large red arc represents a sort of umbrella protection over the brothel community provided by the brothel leadership (including sardanis, the Big Sardani, bariwalas and NMS) who play a mediating role between the brothel and outside actors.

The outside actors who have a daily influence in the brothel include dalals, police and mastans. Dalals interact primarily with sardarnis. Although police sometimes directly interact with sex workers, their influence (particularly recently) is channeled through the brothel leadership. Sardanis and bariwalas have a sort of exchange relationship with both those groups. The leadership seems to have less influence with mastans and that is why the associated arrows in the diagram reach more deeply into the brothel community.

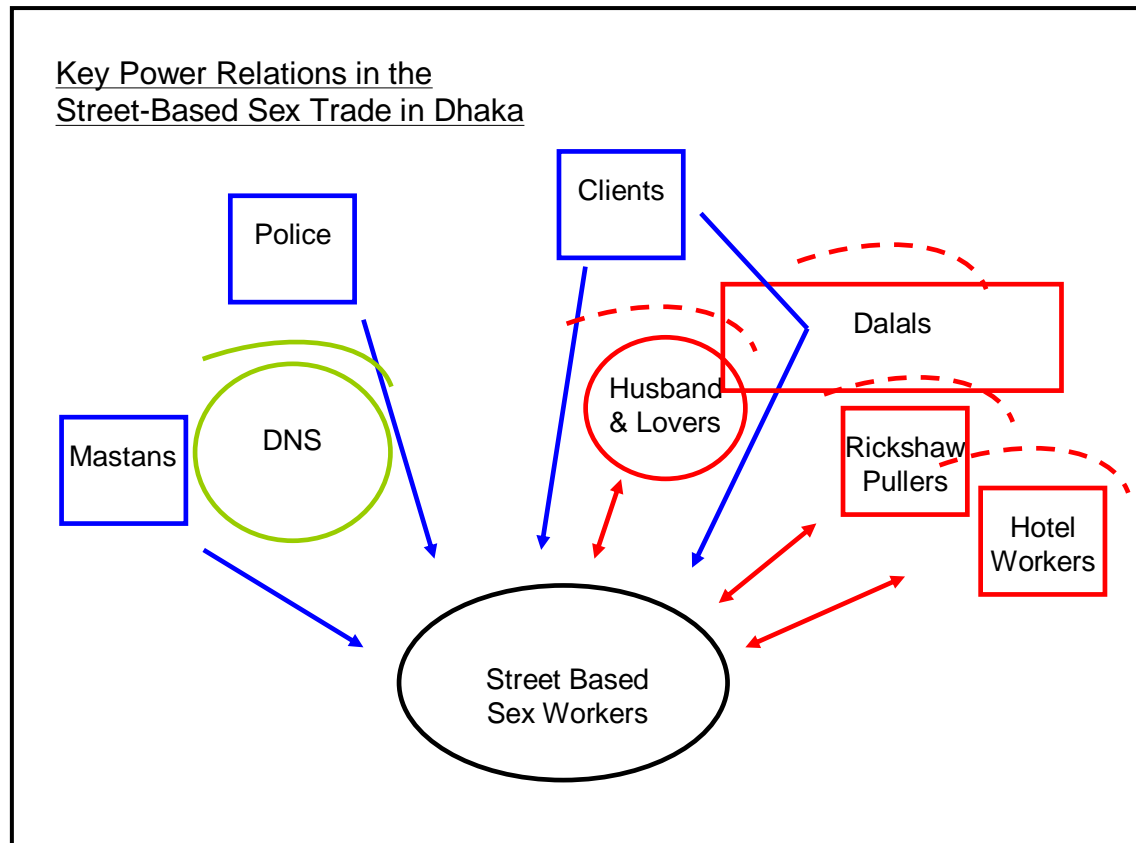


Local youth and babus sometimes live within the para, sometimes in surrounding communities but are integral actors in brothel life. There is a small dashed arc above the babus. This is intended to indicate that babus can sometimes provide protection and support from outside actors for the individual sex workers with whom they are associated but their influence does not usually extend to the brothel community more generally.

The next diagram provides a similar mapping for street-based sex workers in Dhaka. The left side of the diagram portrays some of the relationships that are relatively straightforward. As in the brothel, street-based sex workers have little protection against mastans. Although the sex worker organization DNS has worked on improving interactions with police on a collective basis (as well as sometimes intervening in individual cases) street-based sex workers, unlike those in the brothel, much more frequently have to deal directly with police on an individual basis.

The right side of the diagram depicts some of the more complicated and fluid interactions among other actors in street-based sex workers' lives. Clients sometimes

deal directly with sex workers and sometimes negotiate for services through a dalal. Rickshaw pullers and hotel workers and even husbands and lovers sometimes function as middlemen in sexual transactions (as dalals), sometimes are also clients. All of these groups were also mentioned as sometimes providing protection or support for sex workers from abusive clients or other actors. However support from these actors and by DNS for street-based sex workers is largely on an individual basis – there is nothing like the “umbrella” of protection provided by the brothel leadership in Tangail.



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II. THE WOMEN: A QUANTITATIVE PROFILE

INTRODUCTION

This section presents a basic profile of the women in our study drawing primarily on quantitative analysis of responses to the Stage II semi-structured questionnaires. In this analysis the data is disaggregated by workplace: brothel-based sex workers in Tangail (BBSWs) and street-based (SBSWs) and hotel-based sex workers (HBSWs) in Dhaka.

This is the only section in our report where we explicitly address the circumstances of hotel-based sex workers. As briefly mentioned earlier, our research was focused on street and brothel-based sex workers but, in our analysis of the Stage II data, we found that forty of the sample of 247 in Dhaka had identified themselves as hotel-based rather than street-based. Their responses were more similar to the street-based respondents than the brothel-based but on some questions there were some significant differences. Although we don't have qualitative data to contextualize the findings for hotel-based sex workers, rather than omit the data entirely, we decided that we should include them here reporting them separately from the responses of their street-based counterparts in Dhaka.

The analysis draws on an overall sample then of 207 SBSWs, 69 BBSWs and 40 HBSWs. This distribution was designed to be representative of all sex workers in Dhaka and Tangail⁴⁷; but it should be kept in mind that, because of this distribution, analysis for the total sample more strongly reflects the responses of sex workers in Dhaka (78% of the sample overall). Some further cautions about the quantitative analysis are identified in the box below.

SOME FURTHER CAUTIONS ABOUT INTERPRETING THE QUANTITATIVE DATA

It was mentioned earlier but should be reiterated that the sample of brothel-based sex workers includes only *active independent* sex workers. We were not able to access *chukris* (bonded sex workers) and *inactive* sex workers were removed from the sample. Independent sex workers tend to be older than bonded sex workers and this probably accounts for much of the difference in average age between our Dhaka and Tangail samples (29 years for BBSWs versus 26 and 24 for SBSWs and HBSWs respectively).

This age difference particularly between brothel-based and the other two categories should be taken into account when analysing responses to other questions in which age may be a confounding factor. The situation of *chukris* is discussed elsewhere in this report drawing on qualitative data from interviews and focus-group discussions.

One final demographic characteristic which may affect the following analyses is marital status. Only ten percent of brothel-based respondents (seven from the sample of sixty-nine) report being currently married (versus 38% of street and hotel-based respondents). In analysing responses of brothel-based respondents to questions having to do specifically with marital relations, it should be kept in mind that our sample size of married BBSWs is only seven respondents and hence statistical analysis of these responses may not be reliable.

⁴⁷ Strictly speaking, the sampling was intended to reflect the proportional distribution of sex workers represented by the two major sex worker organizations: Durjoy Nari Sangha (DNS) representing 2500 street and hotel-based sex workers in Dhaka and Nari Mukti Sangha (NMS) representing 650 brothel-based sex workers in Tangail.

Results in this section are grouped in four categories:

- Basic Demographics
- Personal and Household Decision-Making
- Sex Work and HIV
- Groups and Collective Action

The presentation here is an overview of key findings and results. More detailed results from the quantitative analysis can be found in annex III.A.

BASIC DEMOGRAPHICS

The average age of respondents in our sample was 27. The youngest was 14 and the oldest was 50. Almost all of the respondents were Muslim and a handful identified themselves as Hindu.⁴⁸ The majority (61%) had never attended school although a fair percentage (14.2%) had completed five or more years of formal education.

BASIC DEMOGRAPHICS		DHAKA		TANGAIL	ALL
		HOTEL BASED	STREET BASED	BROTHEL BASED	
N		(40)	(207)	(69)	(316)
AGE (mean)		24.2	26.1	29.4	26.6
RELIGION (% Muslim – all others Hindu)		100%	99.5%	95.7%	98.7%
MARITAL STATUS (% currently married)		37.5%	37.7%	10.1%	31.6%
CHILDREN (% with one or more children)		52.5%	45.9%	47.8%	47.1%
EDUCATION	% no school (highest grade completed: 0)	55.0%	62.3%	59.4%	60.8%
	% 5+ years	17.5%	15.0%	10.1%	14.2%
INCOME (average total personal monthly income - Tk)		9,945	7,725	11,877	8,913

About one third of our sample are currently married although the percentage is much lower for the brothel-based respondents in Tangail (10% among brothel workers as compared to 38% for street and hotel based respondents).⁴⁹ Just under one-half of all

⁴⁸ The overall population of Bangladesh is 90% Muslim, 9% Hindu and 1% other (Bangladesh Bureau of Statistics 2001 Census)

⁴⁹ This difference needs to be qualified. The difference in marital status is not because BBSWs have a lower marriage rate. Roughly the same percentage of respondents from all three categories have been married *at some point in their lives* but brothel-based respondents are significantly more likely to have been in marriages which ended (through divorce, separation, desertion or death of the spouse). CARE field staff suggested that a possible explanation for this difference is that a woman who is currently married may feel that she has more reason to hide the fact that she is involved in sex work (e.g. from in-laws, children and

respondents have at least one child (consistent across all three categories). Less than half of those with children are currently living with their children although 2/3 of them are providing some degree of financial support for them.

One of the most striking demographic findings from the survey is that almost forty percent of both street and hotel based respondents in Dhaka are homeless (identify themselves as currently living in “the road, park or rail station”). None of the brothel-based respondents in Tangail are homeless.

Despite this difference, street-based sex workers are much *less* likely than the other two groups to live alone (68% of BBSWs live alone, 60% of HBSWs and only 40% of SBSWs). Overall, about half of all respondents in our sample live alone and another 11% live with their children only. Twenty-four percent live with husbands. A small percentage (3.8% overall) live with parents and a significant number of street-based sex workers (12.6%) live with other sex workers.

The average monthly income of sex workers in our sample (from all sources) was about 9,000 Tk.⁵⁰ There were some differences in average income among the three groups but much more significant variation among individuals: the lowest reported monthly income was 1,000 Tk and the highest was 70,000 Tk.⁵¹ The latter is an unusually high figure reported by one hotel-based respondent. The second highest monthly income for hotel-based respondents was 15,000 Tk which is more consistent with the maximum reported income among street and brothel based respondents (20,000 Tk and 30,000 Tk respectively).

About one-fourth of respondents report having sources of income other than sex work. Most of these are involved in “service” work⁵² (51% of those with alternate incomes), casual or contract labor (24%) or operating a small business (13%). For those with other sources of income, the alternative source made up a significant percentage of their total monthly income (43% on average). However, taking into account the majority of sex workers who *don't* have other sources of income, less than 11% of all sex workers' income is from sources other than sex work.

HOUSEHOLD & FINANCIAL DECISION-MAKING AND MOBILITY

Taken as a whole, respondents indicate a high degree of independence in making regular household decisions and decisions about personal finance. Eighty-six percent of all respondents identify themselves as “head of family” and, when asked about a number of different personal and household decisions, 81% of responses indicated decisions were made completely independently while 13% of responses indicated shared decision-making (particularly decisions around children) and in 6% of

other family members). Since women working in a brothel are more easily identified as sex workers, married women may therefore be more reluctant to work in the brothel.

⁵⁰ Approximately \$132 USD (the current exchange rate is about 68Tk to the dollar).

⁵¹ Between approximately \$15 and \$1030 USD per month.

⁵² Examples of service work include: working in a small local restaurant, beauty parlor, garment factory, as an NGO outreach worker, or low-paying office work.

responses decisions were made by others (mostly decisions about seeking medical or legal assistance in which NGOs and sex worker organizations were involved).

We should note here that this set of questions included a question about “who makes decisions about spending the money that you earn.” The reason that this is of particular interest is that, in focus group discussions, there was a lot of talk about *babus* (lovers) being interested only in the sex worker’s income. There were many stories also about husbands appropriating the income of their wives who were sex workers. The survey data indicates that this is not nearly as widespread a phenomenon as comments in interviews and focus groups suggest. In questionnaire responses, 94% of all respondents said that they made decisions about spending their income completely independently (5% said decision-making about income was shared and only 1% indicated that somebody else had control of their earnings).⁵³

A high level of independent decision-making in household and financial issues might be expected given that almost sixty percent of respondents live alone or with their children only. The very high numbers here for independent decision-making do suggest that even those who don’t live alone feel they have a high degree of personal control over those decisions.⁵⁴ Even among those who are currently married, two-thirds of respondents identify themselves as head of family. However, there are indications that conservative attitudes towards gender roles and expectations are influential in other aspects of marriages and intimate partnerships.

This is particularly the case around issues of violence and decision-making about sex. When presented with a series of statements assessing gender norms, the overwhelming majority of respondents (93% to 96%) agreed or strongly agreed with statements representing positive gender roles for women when those statements had to do with legal rights or women’s roles in society. However on two statements related to gender-based violence in the family (“If a woman argues with her husband, it is OK for him to hit her” and “A woman must tolerate some violence in order to maintain stability in the family”), opinions were much more polarized. While the majority (68% and 61%) disagreed or strongly disagreed with those statements, a significant percentage (32% and 36%) agreed or strongly agreed indicating acceptance of some level of family violence.

When asked directly about physical violence in relationships with a husband or lover (“Does your intimate partner use physical abuse [kicking, slapping, beating] against you to force you to have sex with him?”), 24% reported a high level of physical violence and another 14% reported some physical violence. When asked the same question about verbal abuse (“... threats, arguing, shouting to force you to have sex with him”), 33% reported a high level of verbal abuse and another 20% reported some verbal abuse.

In a related question, 15% of respondents indicated that they could “rarely” or “never” refuse to have sex with their husband or lover (“... if they weren’t feeling well or did

⁵³ These numbers were very consistent across all categories of sex workers with 94% of both street and brothel-based indicating they make decisions about income independently and only a slightly smaller percentage (90%) of hotel-based respondents indicating the same.

⁵⁴ Particularly as compared to the norm for women in Bangladesh.

not feel like having sex”). Another 45% could refuse “most of the time” or “some of the time” and 40% indicated they could “always” refuse.

Responses around another issue frequently associated with personal empowerment – mobility – displayed a similar pattern. Overall, sex workers feel they have relatively few restrictions on their mobility. When asked questions of the form “Do you have to get permission from anyone to leave the house to go to ...”, 90% of responses across eight different destinations were that “no permission was needed.” In the 10% of responses where permission was needed, most often it was a husband’s permission that was needed including: 12% of all respondents needing a husband’s permission to visit the home of a friend or neighbor, 5% to visit a health centre or to go to an organization meeting, 4% to go to work or to the market for shopping. Since less than 1/3 of our respondents are currently married, this implies that 38% of those who are currently married need their husband’s permission to visit the home of a friend or neighbor, 16% to visit a health centre or go to an organization meeting and 13% to go to work or to the market for shopping.⁵⁵

While this set of questions uncovered restrictions on mobility primarily for married respondents, social mobility was more generally restricted among all groups of respondents by stigma about sex work. Participants were asked “Is there any social occasion where you want to go but are not expected or welcome?” Respondents were permitted to identify up to three different social occasions where they were not welcome. Overall 82% indicated that they would not be welcome at one or more social situations. The majority indicated that they would not be welcome at the home of a relative (67%) or in their own village (58%) and a significant number (31%) indicated they would not be welcome at a marriage or naming ceremony – important family events.⁵⁶

Although, on the whole, responses about personal and household decision-making were fairly consistent across all three categories of respondents, there were some small differences on specific issues. All three groups had a similar range of responses to questions about general gender norms but street-based respondents indicated a somewhat higher level of acceptance of family violence than the other two groups.⁵⁷ Street-based respondents (along with hotel-based respondents) were also more likely

⁵⁵ In most of the remaining cases where permission was needed, respondents indicated that they needed the permission of the sex worker organization in Dhaka (DNS), an NGO working with sex workers (PIACT) or an organization’s leader including: 18% needing such permission to attend an organization meeting, 4% to visit a health centre and 3% to go to work or the workplace. In these cases, “permission” seems to have been interpreted as needing an invitation (to go to a meeting or to represent the sex worker organization at a meeting) or getting the assistance of the sex worker organization (e.g. to go to a health centre).

⁵⁶ As will be mentioned again in the next section, sex workers themselves displayed a relatively high level of stigma associated with sex work with an index of sex work stigma finding 55% overall with a consistently high level of stigma, 20% a consistently low level and 25% providing neutral or mixed responses to a series of questions about sex work stigma.

⁵⁷ On the first question indicating acceptance of family violence, 38% of street-based respondents agreed or strongly agreed as compared to 19% of hotel-based and 23% of brothel-based. On the second question 40% of street-based respondents agreed or strongly agreed as compared to 30% of both hotel and brothel-based respondents.

to report a high level of actual verbal abuse and physical violence in intimate relationships than were brothel-based respondents⁵⁸ and were more likely to report that they could “rarely” or “never” refuse to have sex with their partner than either of the other two groups.⁵⁹

SEX WORK & HIV RISK REDUCTION

Respondents in our survey had been involved in sex work for an average of nine years. This varied from those newly entered in the profession to a brothel-based respondent who had been involved in sex work for 39 years. The average age at which they first began sex work (calculated by subtracting number of years from reported age) ranged from sixteen for BBSWs to eighteen for SBSWs. The average monthly income from sex work was about 8,000 Tk with brothel-based sex workers reporting the highest monthly earnings from sex work (about 10,500 Tk) and street-based sex workers the lowest (about 7,000 Tk).

Probably the most significant findings in this survey about the sex work environment had to do with the level of violence involved in the sex trade particularly among street and hotel-based sex workers. Seventy-one percent of all respondents reported having been “pushed, kicked, beaten or threatened by a weapon in the last twelve months by someone other than their intimate partner.” Street and hotel-based respondents were much more likely to have experienced such violence in the past year (83% of hotel-based and 81% of street-based sex workers as compared to 33% of brothel-based sex workers).

The perpetrators of violence were also very different in Dhaka than Tangail. The most common perpetrators of violence against street and hotel-based sex workers in Dhaka were police (identified as having committed violence against them in the past year by over 65% of street and hotel-based) and local *mastans* (identified by 60% and 53% of street and hotel-based respectively). None of the BBSWs reported violence by police in the past year and only 9% by local *mastans*. Instead, the most common perpetrators of violence against brothel-based sex workers in Tangail were other sex workers and customers (identified as perpetrators of violence in the past year by 16% and 10% of BBSWs respectively).⁶⁰

The majority of respondents (73% overall), reported that no action was taken against the perpetrator of violence and only 3% reported that perpetrators of violence were arrested. By this measure also, street-based sex workers were most vulnerable: 80% reported that no action was taken against perpetrators (compared to 57% of BBSWs

⁵⁸ A high level of verbal abuse in intimate relationships was indicated by 38% of SBSWs, 42% of HBSWs and 17% of BBSWs (asked only of those who have a husband or lover). A high level of physical violence was indicated by 27% of SBSWs, 25% of HBSWs and 15% of BBSWs.

⁵⁹ 19% of SBSWs, 8% of HBSWs and 6% of BBSWs indicate that they can “rarely” or “never” refuse to have sex with an intimate partner.

⁶⁰ Street and hotel-based sex workers also reported violence from clients (44% of SBSWs and 50% of HBSWs) and other sex workers (23% of SBSWs and 33% of HBSWs) but less commonly than police or *mastans*.

and 52% of HBSWs) and less than 1% of SBSWs reported that perpetrators were arrested (compared to 9% of both HBSWs and BBSWs).

When discussing context earlier we offered the (difficult to empirically prove) conjecture that violence in the sex trade was connected to social attitudes about sex work. In this survey 87% of sex workers agreed or strongly agreed that community attitudes towards sex workers had changed positively in the past ten years. This generally agrees with views expressed in focus groups discussions and interviews although there they were usually followed up with qualifications suggesting that social attitudes were still pretty negative. We also asked a series of three questions to explore sex workers' own attitudes about sex work. Taking into account all three questions, 55% of sex workers displayed a high level of stigma about sex work (consistently felt sex work was shameful), 20% indicated a consistently low level of stigma and 25% gave mixed or neutral responses.⁶¹

For stigma about HIV/AIDS, on the other hand, the relationship was reversed. In a similar three questions exploring shame associated with HIV, 42% of sex workers displayed a consistently low level of stigma, 28% a consistently high level and 30% gave mixed or consistently neutral responses. With respect to knowledge about HIV/AIDS, only 22% provided correct answers to all seven questions asked testing basic knowledge of HIV risk. A small majority of 59% provided correct answers to six or seven of the seven questions.⁶² Almost all, however, knew where they could get tested for HIV and STIs (93% and 92% respectively) and 84% and 81% of those who knew where to get tested had been tested in the previous 12 months.

Respondents reported a very high level of condom use with clients (compared to figures from national surveys) with 57% to 66% reporting that they “always” used condoms with clients. Condom use with lovers and husbands had more mixed patterns. In the total sample 49% reported “always” using condoms with lovers and 21% reported “never” using condoms with lovers. Condom use with husbands was in almost reverse proportion with 23% reporting “always” and 44% reporting “never.” There were some significant variations among the three categories of respondents in patterns of condom use with husbands and lovers (described in more detail in Annex III.A).

The most commonly reported reason for not using a condom was that a “client did not want to” – 55% overall provided this explanation. Other common reasons included

⁶¹ Respondents were least likely to express shame about sex work when the question was framed to relate sex work to poverty. The highest stigma responses were associated with the statement: “I feel that sex work is shameful and undignified and I have always wanted to leave it” (72% agreed or strongly agreed). The second highest stigma responses were associated with: “I feel that sex work is work like any other and I am not ashamed of it” (60% disagreed or strongly disagreed). In responses to a third statement: “I feel that sex work is a necessary evil due to poverty but nothing bad” only 28% gave high stigma responses (disagreed or strongly disagreed).

⁶² In analysing responses to these HIV questions, we realized that there may have been some legitimate confusion about answers to three of the seven. Even after removing those three questions, HIV knowledge was still less than perfect: only 75% answered all four correctly with 94% answering at least half correctly. By both measures (four and seven questions), brothel-based respondents were considerably more accurate: 96% answered four out of four questions correctly, for instance, compared to 80% of HBSW and 68% of SBSW.

“client offered more money,” “didn’t know where to get a condom,” and “didn’t know how to put a condom on the client.” Eighty-six percent of all respondents said that they would feel confident discussing condom use with a partner before having sex “always” or “most of the time” and 72% felt that they could convince a partner who did not want to that it was necessary to wear a condom “always” or “most of the time.”

GROUPS & COLLECTIVE AGENCY

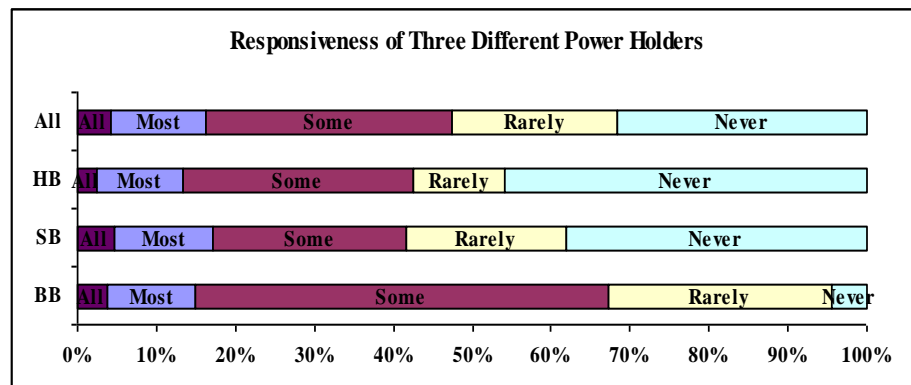
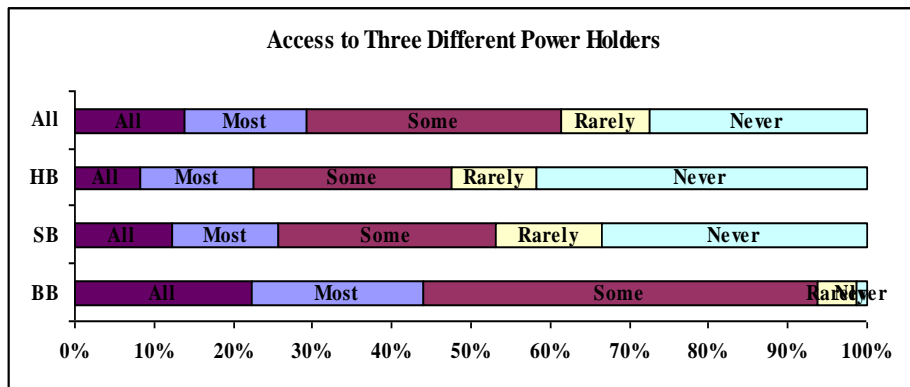
We also asked the sex workers a series of questions about their participation in groups with a particular interest in their perceptions of the respective sex worker organizations (DNS and NMS).

About ten percent of all respondents indicated that they were not a member of any organization, group or cooperative. Of those who were, the great majority (77% of those in our overall sample) were members of the respective sex worker organizations. Almost 90% of brothel-based sex workers in our sample claimed membership in NMS and 73% of both street and hotel-based sex workers claimed membership in DNS. Membership in other organizations was much smaller: 13% were members of an NGO samity (association), another 5% identified membership in a sex worker samity and about 1% in other organizations. Only a small percentage (5%) claimed membership in more than one organization.

Street and hotel-based sex workers were consistently less comfortable with their participation in groups than brothel-based. The differences were small in response to questions about whether they felt comfortable talking about problems within the group or felt their opinions were respected by the group but most dramatic when asked about whether their group’s leaders “are trustworthy.” Among brothel-based respondents 93% said their group’s leaders were trustworthy all or most of the time but only 53% of street-based sex workers had as much trust in their group’s leaders with 32% saying they were trustworthy only some of the time and 15% saying they were rarely or never trustworthy (hotel-based respondents had a similar range of responses).

Brothel-based respondents also expressed more confidence in their group’s ability to access and influence different power-holders in the community. We asked about their group’s ability to get a meeting with police, traditional leaders and union (local government) officials and then the likelihood that those power holders would act on their problems and complaints. Responses across all three types of power-holders are summed up in the bar charts below.⁶³

⁶³ For access, questions of the form: “I am confident that my group can get a meeting with ...” were asked for police, traditional leaders and unions (local government bodies). Responses were on a five point scale from “All of the Time” to “Never”. The bar chart represents percentages of responses over all three questions. Similarly, for responsiveness, questions were of the form “I am confident that [police/traditional leaders/unions] act on our problems/complaints.”



Brothel-based respondents were clearly more confident in their group's ability to get a meeting with power-holders and somewhat more confident that power-holders would act on their complaints. All three (brothel, street and hotel-based) were more confident of their group's ability to access and influence police than either traditional leaders or union officials (see detail in Annex III.A).

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III. PERSPECTIVES ON EMPOWERMENT

INTRODUCTION

One of the main goals of this research is to better understand what empowerment means in the lives of sex workers and specifically how the sex workers themselves define empowerment. This latter specific research question – understanding sex workers’ own definition of empowerment – is challenging for a number of different reasons.

It is no longer terribly radical to point out that researchers’ biases – prior understandings and conceptions – always affect research in subtle or not so subtle ways. In this case, our research design was explicitly built around a specific reading of empowerment. In its work on women’s empowerment, CARE uses a well developed framework which recognizes three dimensions of empowerment: agency, relationship and structure. Those involved in our research design and data collection were familiar with this framework. It affected the way in which we asked questions of the sex workers and the way in which we’ve analysed their responses. Although not always so explicit, this sort of bias is inevitable. It is inherent in the research process.

We can mitigate the most egregious effects of researcher bias – forcing the data to fit the framework – by being explicit about our preconceptions from the start and conscious of them throughout the process of data collection and analysis. This also requires that we take a skeptical stance towards our own frameworks. Conceptual models, even those as carefully grounded in realities in the field as is CARE’s framework for empowerment, are imperfect tools for modeling reality. The world stubbornly resists being placed in neat categorical frameworks and, recognizing this, we should resist the urge to force it.

The analysis that follows was consciously developed as a dialogue between the views of the sex workers in our focus groups and interviews and CARE’s empowerment framework. We’re using the framework to help us organize and understand sex workers’ views on empowerment but also looking for ways in which the sex workers’ perspectives speak back to our framework. As a matter of presentation, in this report we’ll start by trying to bring out and understand the sex workers’ own voices and come back later in this section to explicitly place that analysis in the context of this specific conceptual model.

Before we start that process, though, we should acknowledge one other complexity specific to the context of this research. Early in the design process our field researchers raised an issue of translation. The Bangla word for empowerment was, they said, “an NGO word.” It was not a word in common usage except in NGO circles. If we directly asked sex workers about the meaning of empowerment we were likely to get back the NGO definition of empowerment. Since CARE was one of the primary NGOs working with these particular communities, we would then be getting back our own definition of empowerment (albeit evolved over time and reflected through the sex workers’ own lenses).

This would not necessarily be an inaccurate response to our research question, “how do sex workers define empowerment?” Our real goal though, of course, is to understand how the *underlying idea* of empowerment applies to and is relevant in the

lives of sex workers, not how the word is defined. To respond to this challenge, our field researchers were flexible in using a number of different strategies to approach and generate discussion of issues of empowerment. This in turn, however, generated challenges for rigorous analysis of the resulting data. Facilitators did not always ask the same questions in the same way and sometimes followed the discussion down different paths than were pursued in other focus groups or interviews. While this did yield (we think) a richer stream of data, it means we can't always make direct comparisons and have to be cautious about interpreting differences in responses of different groups (which may simply be due to differences in the interview process).

IN THEIR OWN VOICES – A SAMPLING OF COMMENTS ABOUT EMPOWERMENT FROM FOCUS GROUP DISCUSSIONS

Educated, knowledgeable, intelligent, owner of wealth or money (can earn money, know how to save money), can influence ten people and who have social acceptance, she is the empowered woman.” – Tangail A group

Empowerment means living with social recognition and acceptance. We are empowered in our surroundings (in the brothel) but people outside the brothel do not recognize our profession – Tangail A group

Now we can wear shoes. Wearing shoes means abolishing the demarcation between us and other women in society ... Ten years ago, one day I went to buy a fancy saree from the market. It was expensive too. I had money to buy it but the shop owner quickly identified me as a sex worker by seeing my bare feet and then he refused to sell the saree to me. It was horrible and quite common in those days for all of us. But it no more exists. We have broken the norms. So people can not exclude us by putting markers like walking without shoes. – Tangail A group

I can give importance to my wishes that is why I am powerful” – Dhaka A group

When men work and go to sex workers they do not become powerless but when women work as sex workers and earn money we do not get power. – Dhaka A group

We are not human beings, why are we thinking about our rights? [Those] who have power it is their responsibility. – Dhaka C group

KEY THEMES AND ISSUES

One of the primary aims of the Stage I focus group discussions was to elicit sex workers' own views on the meaning of empowerment. In both Dhaka and Tangail, separate focus groups were organized based on the level of participants' involvement in CARE interventions in the previous ten years. Those in the “A” groups were highly involved – occupying leadership positions and/or involvement over a long period of time. The “B” groups, in turn, were somewhat involved and the “C” group participants had little or no direct participation in CARE activities. This organization of focus groups was intended to provide (by comparing responses among the different groups) some understanding of the impact of CARE's interventions.

Throughout these focus groups and later interviews we approached the question of empowerment in various ways. We began in our focus groups with the simplest and most direct approach asking the question: “what does empowerment mean to you?” The key ideas from those discussions are listed in the table below. Responses fell rather naturally into four categories. These categories were color-coded in the tables below as follows:

- 1) **Personal Attributes/Skills**
- 2) **Personal Goals/Capabilities**
- 3) **Ability to Interact/Influence Others**
- 4) **Collective Recognition/Unity/Leadership**

WHAT IS THE MEANING OF EMPOWERMENT?		
GROUP A	GROUP B	GROUP C
Tangail Self-confidence, courage, mental strength Intelligence Skill to save or saving attitude Money/wealth Mobility Decision making power in the family Capacity/risk of interaction with others Power to influence others Power to raise voices in the different institutions and in public place Power to speak up for self representation Power to work with freedom	Tangail Gain skill/learn to be sober from good family environment Education Ability to remain cool in any situation Secure well being (money) Ability to go anywhere Can secure the future of children Acceptance within community Can talk with group in organized way	Tangail Confident Educated Possess money Own house Has chukri under her
Dhaka Not considering self weak like before Nurture well and better future for children Able to protest w perpetrators (file case) Can have sex w/o condoms Can talk to good/influential people Ability to talk Negotiate with power structure (eg police) Influence power (police transfers) Work is recognized Unity/alliance to resist/protest	Dhaka [did not discuss this question]	Dhaka Financial Strength Practicing Power Solidarity Resistance

Given the limited sample size we should be careful about reading too much into differences among the different groups but some trends seem fairly clear. Group C (particularly in Tangail) focused mostly on personal attributes and personal capabilities as indicators of empowerment but as we moved to group B and then group A (increasing levels of leadership and exposure to CARE activities) there was an increasing amount of discussion about communication skills and the ability to influence others.

Also, it's worth noting that the two groups in Dhaka (street-based sex workers) had more discussion at this point than the brothel-based workers about collective recognition and unity. Given findings from other aspects of our research suggesting a

looser community and organizational structure and less success in collective resistance to external power brokers and in the street-based context, this could be interpreted as street-based sex workers seeing a greater *need* in their current circumstances for unity and collective action.

A second approach to issues of empowerment began with asking the focus groups for examples of people they considered to be empowered. There were a variety of different responses ranging from specific individuals and categories of actors in the sex worker community to national political leaders. One group – the A group in Tangail – identified themselves (“we ... members of NMS”) as empowered although they also identified other groups, within and external to the brothel, who were “more empowered.” The participants were then asked about the characteristics of those empowered people and later about the ways in which they (the focus group participants) were similar and dissimilar to those they considered empowered.

Key ideas from discussions around this set of questions are identified in the next table:

CHARACTERISTICS OF EMPOWERED PEOPLE		
GROUP A	GROUP B	GROUP C
Tangail (1) b-bariwalas and s-sardanis Have honor (b) Have money (b,s) People listen to them (b,s) Good relation w/ influential people (b) Can lead shalish (b,s) Have decision-making power (b) (2) “those who are well educated and grew up in a normal environment,” national political leaders. Educated and intelligent Can influence using black money⁶⁴ Can move freely (social acceptance) Can choose profession openly Can solve party problems Can lead party (3) “we are empowered women”–members of NMS Can use mobile phone, live in comfort, wear ornaments. Can protest when something goes wrong or against us. No demarcation us & other women in society. Can wear whatever we wish Social recognition & acceptance United so can fight for rights.	Tangail (1) Individuals in the brothel community. Educated Patience Courage Sympathize with others Secure own livelihood [other than sex work] Has money Self-Dependent Skill to communicate w/ different organizations Can adjust to all kinds of people Can organize thoughts when she talks Can talk in a nice manner Behave well with others Happy face when talks w/ others Extends help in crisis Serves people Can lead sex worker group Can lead a collective process (2) national political leaders Thinks about welfare of the country Leader of political party	Tangail (b-bariwala; s-sardani; n-business people; y-local youth; e-educated; p-police) Being local (y) Knowledgeable, intelligent (e) Have money (b,s) Have chukri (s) Speak well (e) Can access any office (e) Good relationship with sardani (b), bariwala and babu and local youth (s), each other and shopkeepers (n) Linked to party people (y) United (b,n,y) Power of law (p) Can take bribes (p) Can transform unlawful to legal (p)
Dhaka (individual women from the sex worker community) Courageous Patience Intelligent and Powerful Looks like a leader	Dhaka [did not discuss this question]	Dhaka (individual women from the sex worker community) Self-Esteem Honorable Decision-Making Power

⁶⁴ “Black money” refers to money which is illicitly earned and/or untraceable. In this context the women were referring to politicians using money under the table to buy influence.

<p>Educated Knows about law Can visit many other countries Can fulfill wishes Providing legal aid Good at public speaking (conference/press briefings/public speeches) Ability to talk Society recognizes them Popular Can make people understand Can accomplish purpose/ objective Can solve problems (like rescuing from police) Can solve complex/bigger issues Can manage project Can manage funds</p>		<p>Financial Strength Acceptance in local area Renown Resistance against Mastaan/Police Frightening for Other People Can Help Others</p>
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Asking the question this way - looking at the characteristics of *others* who the participants considered empowered – seems to have prompted more analysis of underlying sources of power. There was more consistent emphasis on personal attributes and skills (e.g. education, intelligence, patience, courage, self-esteem) and on influencing others - across all five groups. In discussing the power to influence others, there was more focus again on specific personal skills or traits which contribute to that capability (e.g. communication skills, can organize thoughts when speaking, can make people understand).

This discussion also brought up a couple of new issues related to empowerment which didn't come up in response to the first question. There were some responses which had to do specifically with leadership of a group (sex workers or political parties) as a sign or source of power. Although it doesn't quite fit, we've also placed in the category of Collective Leadership a set of responses from the Tangail Group C about the police having power derived from their position within an institution: "power of law," "can take bribes," "can transform unlawful to legal." Scattered across several of the categories there were, in this set of questions, also many responses which identified a concern about the needs of others as a sign of empowerment ("sympathize with others," "extends help in a crisis," "thinks about the welfare of the country," etc).

In the A group from Tangail, issues of social recognition and acceptance of sex work emerged more strongly in response to this set of questions. This was discussed both in relation to the participants themselves as empowered women ("no demarcation between us and other women in society," "can wear whatever we wish," etc) and in relation to empowered groups outside the sex work community as a contrast to sex workers ("can move freely," can choose profession openly"). The A group in Dhaka also had an unusual set of responses which seem directly connected to their experience with NGOs: "can manage projects" and "can manage funds"⁶⁵ which we placed in the category of Collective Leadership.

Considering responses to both the above lines of questioning we can summarize views from these focus group discussions using our four categories:

⁶⁵ The response about "can visit many other countries" probably is also related to experience with NGOs.

1) Personal Attributes/Skills

Education, intelligence and self-confidence were the personal attributes most commonly associated with empowerment. Courage, patience and honor were also mentioned by more than one group. Issues related to self-confidence or self-esteem (and we might add “courage” as a closely related attribute), as well as explicitly being identified as attributes of empowerment, appeared frequently in a number of different guises. Self-confidence for many was also a key issue in interacting and influencing others. For instance, the A group in Tangail talked about the *risk* of interaction with others and the C group, when asked in what ways they were dissimilar from those they identified as empowered said “we do not have the *courage* to talk with other people like they do.”

2) Personal Goals/Capabilities

Economic issues were clearly the predominant concern in these women’s own personal lives. Money was seen in and of itself as a goal (or signifier of empowerment) in terms of “money/wealth” or “financial security”. It was also seen as a means for achieving other goals: “live in comfort,” “influence others using ‘black’ money.” There was also discussion of how one achieves financial security: “have chukris,” “skill to save or saving attitude.” Several groups brought up other specific personal goals representing empowerment particularly related to children (“can secure the future of children,” “nurture well and better future for children”) which are related to economic issues but also linked to other concerns such as social acceptance and education. There was also mention of decision-making power, mobility (again often related to issues of social acceptance) and ability to take action against perpetrators as in filing a case against muggers.

3) Ability to Interact/Influence Others

The only topic to receive as much attention as the economic issues was the ability to interact with or influence others. This was sometimes expressed explicitly as influence particularly influence with powerful people (“influence power”, “negotiate with power structure”) but more often had to do with presentation (“behave well with others,” “can talk in a nice manner”) or communication skills (“can talk with group in organized way,” “good at public speaking,” “can make people understand”). There was discussion also about the need to be accepted (as an individual) by others and to have good relationships (particularly relationships with influential people or in the context of relationships between groups). A recurring theme related to influence had to do with resistance or protest against injustice or abuse both as individuals and collectively.

4) Collective Recognition/Unity/Leadership

As mentioned earlier, it was primarily street-based sex workers in Dhaka who brought up issues of collective identity and unity in response to the first question about the meaning of empowerment. Related issues were raised in different ways in different groups in response to the second set of questions. The A group from Dhaka focused on specific abilities related to collective leadership (“can solve problems” and “complex/bigger issues” and “can manage projects” and “can manage funds”). The A group from Tangail spoke quite a bit about recognition of sex work and social acceptance of sex workers. The B group from Tangail identified leadership as an element (or signifier) of empowerment: “can lead sex workers,” “can lead collective process,” and “leader of political party”. The C

group from Tangail spoke mostly (in this category) about the police having institutional power of law but also about unity as a sign of empowerment – although not about themselves but about other groups who they saw as united: bariwalas, business people in the community and local youth.

CROSS-CUTTING THEMES & LINKAGES

Decontextualizing and categorizing aspects of empowerment from these focus group discussions as we have above has allowed us to enumerate some of the key ideas but also may have lost some of the richness of these conversations. In order to try to recapture some of that richness, we want to look at some key themes that cut across our categories and also at linkages between different elements of empowerment.

Protest/Resistance

One of the strongest recurring themes throughout the focus group discussions was the ability to protest or resist against exploitation or injustice. In the focus group discussions, this showed up mostly among the A and B groups – those closest to the leadership - in terms of collective action (“unity/alliance to resist/protest”) or individual action on behalf of the collective (“can protest when something goes wrong or against us”). However, the ability of individuals to stand up to *individual* acts of exploitation (by clients, police, mastans, etc) emerged as a particularly strong theme in interviews and in some of the narrative stories told in focus groups. Capabilities for collective protest or resistance were mostly gathered together in our scheme above under Collective Recognition/Unity/ Leadership but capabilities associated with individual resistance fell under several categories: Personal Attributes, Personal Goals/Capabilities and Ability to Interact/Influence Others.

N imagines her sister as a very strong woman in her world. N is hardly 17 or 18 years old and became a sex worker after she came to Dhaka. Her whole world is clients, other sex workers, parents, film stars and others around Kamalpur railway station. Her sister is also a sex worker but she has some ability to control her life and other actors. Mastans, police, railway guards, shopkeepers and rickshaw pullers behave well with her because she is physically strong and has courage to talk with mastans and police when they want to torture other sex workers. N’s dream one day is that she will be like her sister and become very powerful.

– Dhaka C group focus group discussion

Confidence/Courage/Self-Esteem

We previously identified self-confidence and courage in the category of personal traits associated with empowerment but these traits were also linked to interactions with others⁶⁶ and protesting against exploitation. A more subtle aspect of empowerment related to confidence and courage emerged in interviews also in connection to protest. The ability to resist exploitation was associated with, in addition to personal traits of confidence and courage, having knowledge of one’s rights and the idea of being

⁶⁶ E.g. when the Tangail C group was asked about ways in which they were dissimilar to those they had identified as empowered, they talked about lack of money, relying on others to make decisions and “we do not have *courage* to talk with other people like them.”

deserving of rights and respect. An explicit example of this linkage is in the quote in the box below. Another interviewee talked about the need for *police* to understand that sex workers were *deserving* of respect. We've characterized this idea of deserving respect or rights as "self-esteem" in the heading above but perhaps might be better described as a sense of one's inherent self-worth.

What do you understand by empowerment in your life?

I was weak in the past. A fear always haunted me that if I do not go with him, he will beat me. I was bound to go with him whether I was paid or not. I was bound to go with him whenever he called. At that time, I used to find myself helpless and weak. I used to find myself very inferior. But, I am not weak any more. Now I understand that I also have rights and deserve the fulfillment of my wishes. I also deserve liberty. I can protest against any injustice now.

- Interview with 25 year old street-based sex worker in Dhaka

Acceptance

This issue of self-esteem or self-worth is, in turn, closely related to issues of acceptance or recognition of sex work. In fact, this one issue – social attitudes towards sex work – can be seen implicitly or explicitly underlying or exerting a major influence on almost every aspect of disempowerment identified in our study. In addition to self-confidence and self-worth, it affects issues of mobility (as brought out in our quantitative analysis), ability to interact with others (as explicitly acknowledged in focus group discussions and interviews), family relations, children's education, vulnerability to violence and exploitation and shapes these women's own understanding of opportunities and limitations in their own lives.

Presentation and Identity

One of the more curious issues to surface in our focus group discussions was a comment from the Tangail group B that empowerment meant to "gain skill/learn to be sober from a good family environment." Many of the issues which we categorized above under Ability to Interact with Others are in a similar vein ("can talk and behave nicely," "behave well with others") and comments like this are scattered throughout the individual interviews: "the most important component of empowerment is good behavior"; "own attitude, appearance and way of talking should be changed"; "to change one's behavior, one should speak modestly; if we speak modestly, people will respect us." These comments (which we've characterized in the heading above as "presentation") seem to be a response to issues of social acceptance. Indeed, one of the first interventions of CARE's Shakthi project was to teach and encourage sex workers to conform to social norms about appearance, dress, hygiene, communication styles etc. At least one of the members of our research team found this problematic. She wrote in her reflections on a focus group discussion she had just facilitated:

"Norming" sex workers for greater acceptance in the society may create a block in developing agency as women, human beings etc particularly self assertion of what is right and what is wrong.

There does seem, at least at the conceptual level, to be a contradiction here between a strategy of strengthening sex workers' collective identity and one of "teaching" sex workers instead to conform to wider social norms to win greater acceptance. It's not

clear, however, whether this contradiction manifests itself in problems in actual practice – at least, there is no explicit evidence in our research of sex workers themselves identifying any contradiction in these approaches.

Money (revisited)

As discussed earlier, money was almost universally identified in the focus group discussions as an important aspect of empowerment. What came through more clearly in the individual interviews (meriting additional mention here) was that for *some* sex workers, money was the *single most important key* to empowerment. Along with obvious benefits such as financial security, money was seen as representing status, respect, acceptance and even love. This perspective seemed to have a particularly strong following among the brothel-based sex workers.

EXCERPTS FROM INTERVIEWS: THE IMPORTANCE OF MONEY (BROTHEL-BASED SEX WORKERS IN TANGAIL)

- *According to me empowerment means liberty to move according to ones own will, liberty to go to any where and liberty to spend money. Moreover, the people who have money are the empowered people. Nobody loves a penniless person.*
- *By empowerment of others, I understand that the person who has money is the empowered one.*
- *Empowerment of the sex workers means being courageous to raise their voices; to be economically solvent, as everybody shows deference to solvent people. If a person shows deference to another, it proves the empowerment of that person. Here “money is the power”.*
- *To us, as far as empowerment is concerned, education and money are the most important. Money is second to God.*

THROUGH A CONCEPTUAL LENS: AGENCY, RELATIONS, STRUCTURE

DIMENSIONS OF EMPOWERMENT IN THE CARE FRAMEWORK

AGENCY: the aspirations, resources, actions and achievements of women themselves; carrying out their *own* analyses, making their *own* decisions, and taking their *own* actions.

STRUCTURE: the broader social structures that condition women's choices and chances. Routines, patterns of relationships and interaction, and conventions that lead to taken-for-granted behavior; institutions that establish agreed-upon meanings, accepted ("normal") forms of domination (who "naturally" has power over what or whom), and agreed criteria for legitimizing the social order.

RELATIONS: the social *relationships* through which women negotiate their needs and rights with other social actors, including men. Both agency and structure are mediated through relationships between and among social actors while, at the same time, forms and patterns of relationships are deeply influenced – frequently in hidden ways – by agency and structure.

In its work on women's empowerment CARE uses a framework which identifies three dimensions of empowerment. Formal definitions of these dimensions of empowerment are given in the box above.⁶⁷

There is some rough correspondence between these three dimensions of empowerment and the categories we've been using to analyse sex workers' own views. Almost all of the issues which we've categorized as Personal Attributes and Personal Goals/ Capabilities fall within the concept of agency. The ability to interact with or influence others clearly speaks to issues of social relationships and those related to collective action are primarily directed towards affecting broader social structures.

The correspondence is very rough, though, and a more careful examination of the sex workers responses through the lens of this framework reveals particularly the overlap and interaction between the three dimensions.

Agency

Many of the personal aspirations of sex workers are common to human beings everywhere: financial security, a better future for their children. What is unusual for this group is the degree to which social attitudes towards sex work (and transferred to the sex workers themselves) play a role in shaping their personal aspirations. Many (probably most) don't see it possible to attain the future they want for themselves or their children while engaged in sex work. When asked about their goals in life, they often talk about leaving sex work as a goal or characterize sex work as a temporary pathway in pursuit of other goals – a way of earning as much money as possible

⁶⁷ These definitions are taken from an unpublished document provided by CARE USA for this SII research (*Research Guidance – Definitions*) and the following discussion draws on this document as well.

EXCERPTS FROM INTERVIEWS: AGENCY***What changes are needed to achieve what you want in your life?***

My dream is to build a house on my own land where I will live with my daughter. One day my daughter will be married. My son in law and grand children will come to my house and I will live with them happily. So to materialize this dream, I have to bring some changes: I will continue this profession for next 2 years only and then will think of other alternative, will save money in this period and be well-behaved and well-mannered with people.

- 22 year old street-based sex worker, outreach worker

I wish not to continue sex work anymore. I want to study. I feel very bad when I think of school. I want to go to a higher position by doing a job.

- 22 year old street-based sex worker

*I have a bad practice, Madam. I maintain contact with few people. It is not correct. I should maintain contact with people regularly. I need to learn about some more works. I also realize that I **cannot** do without being educated. Now I can understand every thing what the doctor writes, just because of the teachings of CARE.... But I want to learn more and I want to know more. Perhaps Allah loves me very much, that is why He has fulfilled my expectation by giving me the opportunity to serve the people.*

- 35 year old brothel-based sex worker,
working in the health clinic

I want to be self-reliant. I want my bread to be earned by myself. I want to save a handsome amount of money by making sexual intercourses. I will shift to another place 2/3 years later. I will build a house there and lead a free life as I wish. I do not want to depend on anybody else. I want to remain independent.

- 19 year old brothel-based sex worker
(newly independent after 3 year as a chukri)

before leaving the profession. A few do seem to have simply given up hope and have no thoughts for the future.

In dealing with issues of social acceptance, it is mostly those who are in leadership roles or who have worked closely with NGOs who talk about changing social attitudes (structural change). This does not mean the rest are helpless. There are several strategies (short of leaving the profession) sex workers employ for responding to the judgments of society and the need for social acceptance. Some loudly and vociferously push back against humiliation and exploitation – protest and resistance on an individual basis.⁶⁸ An almost opposite strategy is to adapt behavior and appearance to try to conform to social norms (or simply to not attract attention): to “be well-behaved and well-mannered with people,” to “speak modestly” because “if we speak modestly, people will respect us.” Another is simply to hide, to the extent possible, one’s identity as a sex worker.

Each of these is an example of personal agency – actions which individual women take to try to counteract the effects of negative social attitudes towards sex work – short of trying to change the attitudes themselves. Each may be more or less effective

⁶⁸ The Dhaka focus group C, for instance, included among the characteristics of empowered women that they are “frightening for other people.” One is also reminded of the story related earlier of the sister of a sex worker with whom “mastans, police, railway guards, shopkeepers and rickshaw pullers behave well” because “she is physically strong and has courage to talk with mastans and police when they want to torture other sex workers.”

in different situations and has costs in terms of energy expended, risk of personal harm, identity, self-esteem, etc but, then, collective action to change social attitudes also has associated costs.

In rural Bangladesh, issues of mobility and household decision-making (particularly control of finances) are often key indicators of personal agency – women’s empowerment at the household level. With some exceptions, our quantitative analysis suggests that none of these is as critical to the analysis of personal agency in the lives of sex workers in Bangladesh. Restrictions on mobility are primarily due to social attitudes towards sex work (in other words, mobility is more affected by their status as sex workers than the fact that they are women). The quantitative data also suggests a high degree of independence in control of sex workers’ own income and in household decision-making.

In part, this is due to the high percentage in our sample who are unmarried (90% of brothel-based and 62% of street-based sex workers) and who live alone (68% of our total sample live alone or only with children or other sex workers). Married sex workers did show relatively more restrictions on personal agency in terms of mobility and household decision-making. There were also clear exceptions in our quantitative analysis to the otherwise high level of independent decision-making at the personal level around issues of sexuality and violence in intimate relations.

On the whole, our research suggests that sex workers’ own agency is largely shaped and constrained by the work they do (by social attitudes towards sex work and the institutional and interpersonal behaviors those attitudes allow and promote as well as by the internalization of those social judgments⁶⁹). Within those constraints, however, they live relatively more independently (independent decision-making at the household and personal level) than probably the majority of women in Bangladesh. The exceptions to this relative independence at the personal level have to do with sexuality and violence in intimate relations. It is probably not coincidental that these are prominent issues in their lives as sex workers as well.⁷⁰

Relations

The sex workers clearly recognize the role of social relations in empowerment although the association seems much more salient for the leadership. In our focus groups, the C groups in both Tangail and Dhaka made no mention of social relationships in response to the first question (“What is the meaning of empowerment?”) although in the later question, when empowerment was placed in

⁶⁹ When asked what obstacles there were to their empowerment, responses from the C group in Tangail included “we are untouchable” and “Amra dui Number [we are bad].”

⁷⁰ This suggests first that further research should be done on the relationship between empowerment in intimate relations and broader arenas of personal agency and social empowerment. Some of that research could be done with the current data we’re using but was somewhat beyond the scope of the research questions we’re addressing here. It also suggests that empowerment strategies, particularly with sex workers, may benefit by addressing issues in personal relationships as well as the broader issues associated with sex workers’ empowerment.

the context of *others* who they considered to be empowered, they did raise relationship issues.

EXCERPTS FROM INTERVIEWS: SOCIAL RELATIONS

What changes are needed in your relationships with others to achieve what you want in your life?

The relation of the sex workers with the local hooligans has changed now. The sex workers are not afraid of the hooligans as they used to be ... as there is a change in the law and order situation of the country, the hooligans are now at the risk of being arrested ... Once there existed a strong relationship between the police and the madams and it helped them torture the sex workers. But now that relationship is not strong enough. In the past, the new sex workers used to be put up on auction. The police used to take half of the bidding money. That system does not exist any more. As a result, the relationship between the madams and the police has changed now.

- 45 years old brothel-based sex worker, founding member of NMS

I should maintain a good relationship with the staff of various organizations including CARE, and with other people including the known landlords and landladies in the brothel. If I maintain good relationship with them, they will stand beside me during my need.

- 35 year old brothel-based sex worker, working in the health clinic

I should behave well with everybody. People of all kinds come to us. Sometimes, the clients come in a body and they bring knives with them. Sometimes they snatch our money, and beat us. So we should treat them in the way they want to be.

worker, outreach worker and DNS member

- 25 year old street-based sex

There is a good relationship with DNS because we created DNS. We have to maintain relationship with DNS that gives me many work time to time.

- 38 year old street-based sex worker, DNS member

I consider mutual understanding to be very important in maintaining relationships with others. The permanent clients or the clients should be treated well. I have chosen this profession at my own will. So I should perform to the best of my ability. It is not always possible to maintain good relationship with the madams. But my relationship with my madam was good one. She never tortured me. But I know that many madams torture their subordinate sex workers. I like the unity among the residents of the brothel. Sometimes they quarrel with one another and sometimes they fight with one another. However, they maintain good relationship as well. I like this very much.

- 19 year old brothel-based sex worker (newly independent)

When asked about obstacles to their empowerment, the C group in Tangail referred to the lack of unity among the sex workers: “Business people are united, shopkeepers are united, even sardanis are united, but we sex workers are not at all united.”

Discussion in the C group in Dhaka (street-based) was more about individual relationships (rather than relationships between groups) and centered on “acceptance in the local area” and the ability to resist exploitation and abuse by others. They considered themselves similar to the women they had identified as empowered in having *some* acceptance in the local area and *some* ability to resist but weren’t “frightening for other people” as were the empowered sex workers. Among the issues they cited as obstacles to their empowerment were “we do not have backup support” and “*samaj* [social leadership in the community] hates us.”

In contrast, the A and B groups in both Dhaka and Tangail expressed, from the start, a much more comprehensive and detailed understanding of the association between empowerment and social relations (including relationships among sex workers themselves) including in their descriptions of empowerment: the “capacity/risk of interaction with others,” “power to influence others,” “can talk to good/influential

people,” the ability to negotiate with and influence those in power” and “unity/alliance to resist/protest.”

The B group in Tangail also talked about individual sex workers they considered to be empowered having skills to interact with a variety of different people (“adjust to all kinds of people” and “communicate with different organizations”) and communication and presentation skills (“can talk in a nice manner,” “behave well with others,” can organize thoughts when she talks”) as well as leadership skills (“can lead sex worker group,” and “can lead a collective process”).

In the focus group discussions, then, sex workers associate empowerment with social relations in terms of: the ability to interact with a variety of different people and organizations, the ability to influence powerful people, a variety of communication skills, the specific ability to communicate in public forums and leadership skills. Specific groups mentioned in the context of social relations included mastans and police, service organizations and one another. In individual interviews several women also identified family relations and relations with others in their home villages in reference to their own empowerment.

Structure

EXCERPTS FROM INTERVIEWS: STRUCTURE

What sort of changes in your surroundings may help you to achieve what you want in your life? [Facilitators had the option to provide examples such as: laws, social norms, services and healthcare services provided by government and non-government organizations; and their policies.]

It is very tough to enroll sex workers’ children in schools. Hospitals neglect in providing healthcare services.

- 26 year old brothel-based sex worker

Actually, Madam, we do not know about laws. We should know. We should work more in various clinics and hospitals. We should work together to convince them so that the institutions treat us with importance. They should allow us in their mind as well as in their activities.

- 35 year old brothel-based sex worker, working in health clinic

*I want various institutions to be changed: **NGOs:** Different NGOss run their projects for a fixed period of time. They do not follow up those programs after that period. I expect them to follow up their programs. **Government:** The union council office needs to be changed. During the election the candidates promise the voters many things. But they do not keep touch with the voters when the election is over. **Courts:** The lawyers know nothing but money. If they do not get money, they do not behave well and even sometimes create troubles. **Educational Institutions:** The children of the sex workers do not have access to the renowned schools. Or if [they] get access to schools they are ill-treated there. **Doctors:** We feel free to share anything with the doctors of Marie Stopes Clinic As the doctors are aware of the sex workers they serve us well. We are also being served well by the doctors of Jagarani as they maintain good contact with the sex workers. ... We expect the same standard of behavior from other doctors.*

- 25 year old street-based sex worker, DNS office holder and outreach worker

There is a change in our attitudes. We can speak well. Previously people used to call us 'whore' and 'sluts'. Now people call us 'sex worker'. We are providing service to the society. People now understand it and so they value us. The government is also are thinking about sex workers and plan rehabilitation.

- 38 year old street-based sex worker

It seems remarkable that nowhere in focus group discussions or interviews did sex workers raise the specific issue of the legality of sex work and there is very little mention, for that matter, of any other formal institutional structures or explicit policies. Instead, they tended to talk about structure in terms of patterns of relationships and social norms and implicit policies and informal institutional practices.⁷¹

We've already discussed many of these normative and relationship issues with significant structural dimensions: social attitudes about sex work; relationships with police and other institutional representatives; protest and resistance against exploitation. Two key additional issues raised in more than one of the individual interviews were health care services and education for children of sex workers. In both contexts, the issues were not about physical access or explicit policies but denial of access or mistreatment because of social attitudes towards sex work pervasive enough to constitute institutionalized practice.

One key element of structural change apparent in our research has been the creation and evolution of the sex worker organizations. These organizations have only been in existence for a little over ten years but much of the discussion around issues of unity, leadership and collective protest or resistance (as well as managing projects and funds) is intimately linked to the creation and development of these organizations.

In Tangail, the sex workers talked about various changes in internal power relations within the brothel, relationships among sex workers and relationships with external actors often explicitly attributing the changes to NMS. Changes attributed to DNS in Dhaka were more often related to service provision and awareness raising both of which, however, have some structural elements and effects. For instance, the DNS offices themselves, as well as providing shelter for those who live in the streets, have become a gathering place contributing to common identity and sense of community among the sex workers.

One of the issues which our contextual analysis has highlighted is the way in which the role and function of these organizations has been shaped by the environment in which they were operating. They did not emerge as wholly integral and independent structures but rather found their role and function within the context of existing institutional frameworks. In Tangail, NMS became one of the key actors within an existing governance structure within the brothel. In the NGO saturated environment in Dhaka, DNS found a role for itself in mediating access to the sex worker community for other organizations and eventually developing an identity for itself very similar to those organizations.

⁷¹ This may be characteristic of contexts such as in Bangladesh where rampant corruption in public and private life (Bangladesh has consistently ranked among the worst ten countries in Transparency International's index of perceptions of corruption and was ranked at the bottom for four years running – 2001 to 2004) means that relationships with individual officeholders may be far more important than explicit institutional policies. One is reminded of the sex workers' comment in focus group that police (referring to individual police officers) are empowered because they can take bribes and "transform the illegal to legal."

This suggests that rather than thinking of an intervention involving creation of self-help organizations such as these as a stand-alone piece of structural engineering, we might better understand it as an evolutionary process with the goal of inserting a change agent within existing institutional frameworks.

CONTEXT AND DIVERSITY: WHOSE PERSPECTIVE?

The original research question we were addressing in this section was about the meaning of empowerment as defined by sex workers themselves. Our analysis points to some difficulties in developing a clear and simple answer to this question. In the previous analysis we have tried to identify and categorize common themes among all sex workers but as one reads through the individual interviews and looks at differences among different focus groups the diversity of perspectives on empowerment among the sex workers becomes very apparent. Some of this diversity is simply due to individual difference in personality, circumstances or life experiences but some of the differences also can be organized along three different axes: leadership roles and NGO influence, context, and orientations to power.

Leadership Roles and NGO Influence

In our analysis of focus group discussions we've seen already that the A groups (those in leadership roles and more exposure to CARE activities) tended from the start to have a broader conception of empowerment and more detailed and specific picture of skills and capabilities which they understood to be associated with empowerment. The C groups at first focused on personal attributes and personal capabilities associated with personal agency and then, when asked about characteristics of others they considered empowered, had further recognition of issues of interaction and influence over others (social relations). The A groups, from the beginning and throughout, discussed issues from all four of our categories: personal attributes and capabilities to communication skills and influence over others and collective recognition, unity and leadership (the latter related in part to structural dimensions of empowerment). The A group in Dhaka also had an unusual set of responses related to management of projects and funds. Similar patterns emerged in individual interviews.

On the face of it, it should not be surprising that the A groups were more concerned with issues of the collective and of leadership. Perhaps we shouldn't be concerned either that their responses clearly suggest the strong influence of contact with NGOs in their conception of empowerment.⁷² What we do need to do in working with empowerment strategies, particularly through self-help groups, is pay attention to the fact that this sort of gap in understanding of empowerment exists or can develop between the leadership and their constituencies. Two potential problems with this are that the interests and activities of the leadership can diverge (or be perceived to be divergent) from the interests of their constituents or that disunity or resentment can develop around those differences. In this context it should be pointed out that the C group in Tangail identified among the obstacles to their empowerment: "Lack of

⁷² One is reminded of the issue raised early on by the CARE field researchers that the Bangla word for "empowerment" is itself an "NGO word."

capacity development opportunities in contrast with sex worker leaders who go outside, are trained, have gained skill in speaking to others.”⁷³

Context

We’ve already talked quite a bit about the differences in context between street and brothel-based sex work. Probably as a result of these contextual differences, street-based sex workers tended to think of individuals as the locus of empowerment while brothel-based sex workers tended to focus on groups and relationships within and between groups. This could be seen clearly the way in which the two groups talked about resistance against exploitation. For street-based sex workers this tended to be mostly discussed at the individual and interpersonal level while among brothel-based sex workers, protest or resistance seemed to be mostly associated with collective action or leadership. It’s also worth noting that, when asked in focus group discussions who they considered to be empowered, both A and C groups in Dhaka talked about the characteristics of individual sex workers in their community while A and C groups in Tangail framed their discussion around groups or categories of people (bariwalas, sardanis, business people, local youth “we the members of NMS,” etc).

We’ve also observed how the sex worker organizations have evolved different roles and functions as well as capabilities and achievements probably in large part due to differences in the context of street and brothel-based sex work. One consequence of the relatively greater success of NMS in mitigating exploitative relationships with both internal and external actors on behalf of the collective is that brothel-based sex workers – those not in the leadership - seem to have less of a sense of their own personal agency or self-efficacy than do their counterparts in Dhaka. The brothel is an environment in which sex workers are relatively protected from outside actors by the leadership and structure of the brothel. When asked about ways in which they were similar or dissimilar to those they considered empowered, the C group in Tangail said there are “no similarities with us” and listed among the dissimilarities “we cannot make decisions independently – we rely upon others to take decisions.” By contrast the C group in Dhaka listed many ways in which they were similar to empowered sex workers including *some* ability to resist exploitation and were dissimilar in that they were not “frightening for other people.” In other words, they had some ability to resist on their own, just not enough to be “frightening.”

The implication for our research question is simply that, in conceptions or constructions of empowerment, context matters. The more practical implication is that, in designing or evaluating empowerment strategies ... context matters ... sometimes in surprising or unexpected ways.

Orientations to Power

The final issue we want to raise with respect to differences in the meaning of empowerment is the one with perhaps more abstract conceptual roots but with

⁷³ We shouldn’t assume that the differences in perspective are due to NGO influence alone but this is a problem observed in all sorts of consciousness-raising activities. Those with greater exposure to new ideas and outside influence can gradually become separated from and out of touch with their home communities or perceived to be so by others.

practical connections to many of the differences we've already talked about. For this we're going to draw on a concept used in the literature on power in other contexts.

When we were discussing agency above, we observed that, in regard to issues of social acceptance, it was mostly those in leadership roles who talked about structural change – about, for instance, changing social attitudes. Others, though, still had strategies for responding at the individual level to the judgments of society and the need for social acceptance. These individual strategies are examples of what an American communications scholar and cultural analyst, John Fiske, refers to as *localizing* power.

Fiske uses the term to describe “weak” forms of power available to those who “do not have easy access to the system of power and cannot, in general, turn it to their own advantage.”⁷⁴ ⁷⁵ *Localizing* power, in contrast to what Fiske characterizes as *imperializing* power is “not concerned to dominate other social formations, not concerned with constantly expanding its terrain but interested in strengthening its control over the immediate conditions of everyday life ... the function of this power is to produce and hold onto a space that can, as far as possible be controlled by the subordinate who lives within it.”⁷⁶ In other words, those who do not have access to dominant forms of power may define empowerment in the more limited terms of *localizing* power – an attempt to simply push back the forces of *imperializing* power enough to establish some control over the immediate environment.

The usefulness of this concept for our purposes is that it can explain and perhaps validate conceptions of empowerment at the *individual* level which may seem contradictory or may even be counter-productive to the interests of sex workers as a whole. There is no contradiction between street-based sex workers who identify the ability to be “frightening to others” as empowerment and those who say that empowerment involves being “well-behaved and well-mannered with people” because “if we speak modestly, people will respect us.” These are both strategies for *localizing* power. They're not attempts to change social attitudes on a large scale but different strategies used by individual sex workers to push back against the immediate effects of those attitudes in their immediate environment.

Perhaps a more controversial example has to do with brothel-based sex workers who identify owning *chukris* as a sign of empowerment and something to which they aspire. This may be seen to be an unenlightened view of empowerment, working against the long-term interests of sex workers as a class by wanting to take a dominant role in the most disempowering institution in the sex work environment. But it can also be viewed as an attempt, within the context of their own horizons and their own perceived capabilities for personal agency to push back against the forces of poverty and marginalization, to strengthen their control “over the immediate conditions of everyday life.”

⁷⁴Fiske, John. *Power Plays, Power Works*. (London: Verso, 1993). p. 11

⁷⁵ We're leaving out some of the complexities of Fiske's approach not essential to this discussion in order to simplify the exposition. In particular, Fiske frames all of this in a Foucauldian model of power, so strictly speaking we're not talking about a fixed category of people here but “a set of social forces.”

⁷⁶ *Ibid.* p. 12

In this framework we can think about the nurturing and training of leaders among the sex workers as providing them with tools (communication skills, awareness, knowledge, relationships) to access dominant forms of power – to interact with police, political leaders etc using the same forms of power deployed against them (or at least playing on the same field of power). Certainly all sex workers can benefit (have benefited) from the ability of their leaders to improve the situation of sex workers as a class. But, as pointed out by the Tangail focus group, not all sex workers have (or could be) directly benefited by capacity development opportunities offered to a few. What is left to others on an individual basis are the “weak” forms of *localizing* power.

This should not be taken as criticism of any particular empowerment strategy or empowerment strategies in general. The concept of *localizing* power was introduced here to help us explain and understand some of the different perspectives on power and empowerment expressed by different groups of sex workers through the course of this research. Perhaps the lesson to be taken away from this is that the benefits of empowerment strategies will not necessarily be evenly distributed throughout the target population. We need to look at the different effects on agency, relationship and structure on different segments of the population and perhaps deploy an array of different strategies to address differences in individual capabilities and aspirations.

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IV. PROGRAM IMPACTS

INTRODUCTION

This section of the report examines our second research question about program impacts.

Measuring the impact of a major ten year intervention two years after the program had come to a close would present challenges for any program evaluation. However, this report is not intended to be a formal project evaluation. We're not trying to determine whether CARE Bangladesh's HIV program over those ten years met project targets or fulfilled donor requirements. The purpose of looking at program impacts here is to try to deepen our understanding of empowerment and empowerment processes⁷⁷, of HIV risk reduction and of linkages between the two. So, while *rigorous* evidence of impacts would always be preferred, we're interested here in casting as wide a net as possible to understand the broad outlines of various impacts and possible interactions among them.

With that in mind, we used several different methods to investigate program impacts. The most straightforward was to simply ask the sex workers themselves and other members of the sex work community about impacts in focus group discussions and interviews. We also asked about program impacts in our Stage II survey which, as well as providing triangulation on the focus group and interviews questions, allowed us to get a sense of how widely different impacts were distributed through the population. We also used a "dosage" approach to quantitative analysis of the Stage II survey data similar to the A-B-C categories we used in the focus group discussions. This method needs a little further discussion.

Dosage Approach to Investigating Program Impacts

In Stage I we set up separate focus groups for sex workers with a high level of involvement with the CARE HIV intervention (group A), some involvement (group B), and little or no involvement (group C). We created similar categories with the Stage II survey data based on responses to the question "Did you participate in any activities supported by the project?" and the follow-up question "How often?" Those who indicated frequent participation in project activities were classified as group A; those who indicated they had occasionally or rarely participated in project activities were classified as group B; and those who said they had not participated in any project activities were classified as group C.⁷⁸

The intention here, of course, is to see whether those with greater exposure to the CARE intervention responded differently to various questions than those with less exposure. We should be careful though about equating those differences with project impacts. First, there are some demographic differences among the three groups which might explain differences in some responses. For instance, those most involved in the

⁷⁷ Particularly with respect to sex workers in Bangladesh but also looking for lessons which might be generalizable to empowerment approaches with other groups.

⁷⁸ The division into A and B categories in this way was further supported by responses to questions about duration of involvement with project (e.g. 38% of the A group said they were involved with the project for 5 or more years but none of the B group respondents fell in this category) and period (beginning, middle, end or all) during which they were involved in the project (32% of A group were involved in the project from start to finish and none of the B group were).

project were significantly older on average than those least involved and had been involved in the sex trade for a longer period of time.⁷⁹ There may also be less obvious reasons that certain individuals would become more actively involved with project activities – temperament, life circumstances, or project selection criteria for instance – which might also affect their responses to these questions.

Finally, there is a question about whether we *want* there to be differences between the A and C groups at all. In most interventions, we want and expect there to be uptake throughout the population – we want even those not directly involved in project activities to also be affected by the intervention. A rather trivial example has to do with knowledge of HIV testing facilities. Among street-based sex workers there was a clear indication that those more actively involved with the project were more likely to be aware of where they could go to be tested for HIV (100% of the A group, 97% of the B group and 81% of the C group said they knew where they could for testing). Among brothel-based sex workers, however, there was no difference on this question among A, B and C groups. This was because 100% of all three groups (A, B and C) knew where to get tested for HIV. Though there is no difference on this question among those who had greater or lesser involvement in the intervention, this is actually an indicator of a successful intervention which made HIV testing easily accessible to the entire brothel population.

So, quantitative analysis using these A/B/C categories should not be taken as definitive evidence for (or against) specific program impacts. Rather, as we have in the example, we have tried to contextualize those findings using other information available to us particularly from analysis of information from focus group discussions and interviews. Such information is not always available and we have reported some of this sort of quantitative analysis where they provide unique insights into *possible* program impacts trusting the reader to view them with an appropriately skeptical eye as we do ourselves.

WHAT THE SEX WORKERS SAY ABOUT PROGRAM IMPACTS

When we asked sex workers in the Phase II survey about the impact CARE's program intervention had in their lives⁸⁰, the distribution of responses was pretty consistent among both street and brothel-based sex workers (and also consistent with what was said about program impacts in focus group discussions and interviews). Almost all (96% of brothel-based and 100% of street-based) indicated that CARE's program had

⁷⁹ Among BBSWs, the A group was on average eight years older than the C group and among SBSWs the difference was about five years. There were also differences in age between A and B groups but much smaller. The differences in length of time involved in the sex trade were similar (about eight and five years respectively between A and C groups). There were a few other demographic differences (e.g. A group somewhat more likely to be married and somewhat less likely to be homeless than C group) but none as clearly significant as the age difference.

⁸⁰ Respondents could offer up to three responses to the question "What sorts of changes has the project brought into your life?" (asked only of those who indicated they had participated in project activities). They were also asked a follow-up question about changes in the lives of sex workers generally.

raised their awareness of HIV/AIDS. The majority of both groups (82% and 79% respectively) also indicated that the program had raised awareness of their rights. The third most common response for both groups was that the program had “increased their knowledge of how to protest” (59% and 46% respectively). The fourth most commonly identified impact among both groups was a reduction in violence but here there was a significant difference between brothel and street-based respondents: 59% of brothel-based respondents identified reduced violence as an impact while only 20% of street-based respondents did.

What changes has the CARE program brought ...⁸¹	... in your life.		... in the lives of sex workers.	
	BB	SB	BB	SB
Raised awareness of HIV	96%	100%	100%	98%
Raised awareness of rights	82%	79%	60%	59%
Ability to protest	59%	46%	70%	48%
Reduced violence	59%	20%	41%	20%
Unity	-	-	26%	29%
n	27	98	27	98

The results were similar when we asked about impacts in the lives of sex workers as a community. Both street and brothel-based respondents were somewhat less likely to include “awareness of rights” among the three most important impacts in response to this question although brothel-based sex workers were somewhat more likely to identify “ability to protest” as a community level impact than they were as an impact in their own life. A percentage of both categories added “unity” as a community level impact.

IMPACTS - HIV RELATED

Increased Awareness of HIV/AIDS

The evidence is pretty clear that the CARE intervention played a leading role in raising awareness of HIV/AIDS among both brothel and street-based sex workers. In addition to the near unanimous identification of this as an impact of the CARE program by both groups of sex workers we have the simple survey question: “Have you ever heard of HIV or the disease called AIDS?” This was answered affirmatively by all but four of 316 respondents⁸² and when asked where they first heard of HIV/AIDS, 83% of brothel-based and 66% of street-based respondents said either CARE or the respective sex worker organizations (NMS and DNS).⁸³

A more detailed breakdown of this data reveals some interesting trends in HIV awareness confirming, among other things, CARE’s pioneering role in raising HIV

⁸¹ Percentage of respondents identifying this as an impact. Each respondent could identify up to three different impacts.

⁸² All four who indicated they had not heard of HIV/AIDS were street-based; three had been involved in sex work for one year or less and the fourth for two years.

⁸³ Disaggregating by participation in CARE activities: 75% of the A group first heard about HIV from CARE, 63% of the B group and 37% of the C group.

awareness among sex workers. Of those who were involved in sex work when the CARE intervention started (twelve years prior to our survey), 73% first heard about HIV/AIDS from CARE. Those who entered the profession after that were increasingly likely to have heard about HIV from other sources. If we separate out the twenty-two respondents who had been involved in sex work less than a year, this trend is even clearer indicating particularly that information about HIV is increasingly available in the public media (radio and TV) as well as increasing involvement of other NGOs and the sex worker organizations in HIV awareness raising.

Where did you first hear of HIV/AIDS?	Number of Years Involved in Sex Work		
	12+ years	0-11 years	(Less than 1 yr)
CARE	73%	44%	5%
DNS/NMS	10%	20%	27%
NGO worker	5%	16%	23%
Radio/TV	8%	10%	36%
Friend/Colleague	2%	7%	9%
Other	2%	4%	0%
n	101	211	(22)

Better Availability and Use of HIV/STI Testing Services

The quantitative analysis provides pretty strong evidence that, *among street-based sex workers*, those who directly participated in CARE activities were more likely to know about HIV and STI testing services and, of those who knew where to be tested were more likely to actually have been tested for HIV and STIs than those who had no participation in CARE activities.⁸⁴

Among brothel-based sex workers in Tangail, one of CARE's first interventions was to organize a health clinic within the brothel and eventually turn management of that clinic over to the sex workers themselves. All brothel-based respondents (across all categories of participation) knew where they could obtain HIV testing and testing for STIs. However, those with greater participation in CARE activities were actually less likely to have been tested for either HIV or STIs than those who had no participation.⁸⁵

One possible explanation for this contrary finding is that, because of the high level of awareness and because HIV and STI testing services are much more easily available to brothel-based sex workers, other factors (e.g. age and level of sexual activity) which might affect use of those services become more significant in the analysis. This would suggest, as a general principle that raising awareness and access to

⁸⁴ For street-based sex workers, 100% of A group, 97% of B group and 81% of C group knew about where to be tested for HIV and for STIs. Of those who knew where to be tested 93% of A and B groups as compared to 78% of the C group had been tested for HIV in the past year. Similarly 89% of A and B groups as compared to 75% of C group had been tested for STIs in the past year.

⁸⁵ Among brothel-based sex workers, 60% of the A group had been tested for HIV, 75% of B group and 83% of C group. For STIs, 60% of the A group had been tested, 67% of B group and 79% of the C group had been tested.

services is effective up to a point; but, when awareness and service availability is high, other factors continue to impose limits on the use of those services.

Increased Condom Use with Husbands and Lovers

The quantitative analysis strongly indicates that direct participation in CARE activities increased condom use with husbands and lovers for both street and brothel-based sex workers. Among street-based sex workers, 43% of those who directly participated in CARE activities (A and B groups) used condoms always or most of the time with husbands compared to 22% of those who had no participation in CARE activities (C group). Similarly, 70% of project participants used condoms always or most of the time with lovers compared to 54% of non-participants. The results are similar for brothel-based respondents although the sample sizes, especially for condom use with husbands, are small.⁸⁶

Reported Condom Use	% Responding “All” or “Most of the time”			
	Brothel-Based		Street-Based	
	A&B	C	A&B	C
with husband	100%	0%	43%	22%
with lover	71%	54%	70%	54%

Increased Condom Use with Clients among Brothel-Based Sex Workers

The data also strongly suggests project participation increased condom use with clients but *only among brothel-based sex workers*. For brothel-based sex workers, among the A and B groups, 96% reported using condoms all or most of the time with regular clients while only 60% in the C group reported the same frequency of condom use. The differences were even higher for condom use with new clients with 100% in the A and B groups and only 53% in the C group saying they used condoms all or most of the time with new clients.

As the shaded columns in the table below show, these numbers show a very close relationship with increases in confidence of brothel-based respondents in their ability to negotiate services with clients. All brothel-based respondents were confident that they could purchase condoms all or most of the time but there were large differences between project participants (A & B groups) and non-participants (C group) in the level of confidence they expressed in their ability to *discuss* condom use with partner, to *convince* partners to use a condom and to more generally *negotiate* services with a client.

The situation is different among street-based sex workers (see the two unshaded columns on the right in the table below). Among street-based sex workers, project participation also seems to have increased confidence in their ability to discuss condom use, convince partners to use condoms and more generally negotiate services

⁸⁶ In a sample of seven brothel-based respondents, all four project participants (A and B groups) used condoms with husbands all or most of the time while among the three non-participants (C group), one reported using condoms some of the time and two reported using condoms rarely or never with husbands. With lovers, with a sample size of 29 brothel-based respondents, 71% of project participants reported using condoms all or most of the time while only 54% of non-participants gave the same response.

with clients. However, this increased confidence, seems not to have led to significantly increased use of condoms by street-based sex workers with clients.

	% Responding “All” or “Most of the time”			
	Brothel-Based		Street-Based	
	A&B	C	A&B	C
Reported Condom Use				
with regular client	96%	60%	77%	76%
with new client	100%	53%	70%	68%
Confidence in Ability to ...				
purchase condoms	100%	100%	59%	54%
discuss condom use with partner	100%	79%	90%	81%
convince partner to use condom	89%	60%	83%	63%
negotiate services with client	89%	60%	74%	63%

The data suggests some possible explanations for this. First, the differences between those who participated directly in project activities (A and B groups) and those who didn't (C groups) are smaller for street-based sex workers than brothel-based sex workers. In others words, project participation seemed to have less impact on street-based sex workers' confidence around issues of condom use than it did for brothel-based sex workers.

Also, on all four confidence issues (purchasing, discussing, convincing and negotiating condom use), street-based sex workers *overall* had less confidence than brothel-based sex workers. This is particularly striking with respect to confidence in their ability to purchase condoms where 100% of both categories of brothel-based sex workers expressed high confidence but less than 60% of either category of street-based sex worker expressed high confidence.

This is consistent with findings cited earlier about the reasons sex workers gave for not using condoms. Respondents were asked to identify up to three different reasons that a condom was not used the last time they had sex without a condom. Street-based sex workers were slightly more likely than brothel-based to say that they didn't know where to get a condom and much more likely than brothel-based to say they couldn't afford a condom (22% of street-based respondents gave this as a reason for not using a condom as compared to 9% of brothel-based respondents).

Affordability of condoms is probably not a full explanation of these differences in impacts on condom use among brothel and street-based sex workers. However, the relevance of financial considerations in decisions about condom use was starkly articulated by a street-based sex worker who said in a focus group discussion: “If we have HIV, we will live at least five to six years but we can't live without food for two days only, so we [sometimes] have to go with different sexual practices without a condom.”

Reduced Stigma about HIV among Brothel-Based Sex Workers

Among brothel-based sex workers, project participation seems to have significantly reduced stigma about HIV. Based on an index of HIV stigma drawing on responses to three questions, 26% of those who did not participate in any CARE activities (group C) expressed a high or very high level of stigma about HIV as compared to 4% of those who did participate (groups A and B). The findings are more ambiguous for street-based sex workers.

IMPACTS – PERSONAL & PERSONAL AGENCY

Personal Empowerment

Interviews and focus groups discussions indicate that some sex workers feel a very strong sense of personal empowerment as a result of the CARE intervention.

In an interview, one street-based sex worker, an officer in DNS, when asked about changes in her conception of empowerment over the past ten years said:

I did not hold any respectable position ten years ago. At that time, I could not communicate well with others and could not raise my voice against any injustice. I was a timid person and I could not even talk to the shopkeepers. But now, ten years later, I find myself the empowered one. Now, I possess strength, courage, skill and efficiency to perform my duty successfully. Now I do not hesitate to do anything. As I have developed a nice relationship with the shopkeepers, they will now come forward to assist me in my necessity.

And when asked how this change happened, she said:

I participated in various trainings, meetings, workshops and seminars organized by CARE. It has developed my skill of communication and I have come to know what my rights are and how I can realize them. I have achieved the ability to bring our problems to the consideration of the general people. As a result, now I am able to perform my duties with strength, courage, confidence, skill and efficiency.

Many of the sex workers, though, seemed to feel that many of the impacts on personal empowerment were unevenly distributed with those most directly involved with the CARE intervention gaining the greatest benefit. One participant in the A group said: "we did not get anything from Shakti but those who became outreach workers became powerful." In a similar vein, a C group participant said: "some sex workers were empowered through different Shakti activities and became leaders but we are in the same place." There was further evidence of this in analysis of the focus group discussions where, for instance, when asked who they considered to be empowered women, the A group from Tangail first identified *themselves* as empowered while the C groups tended to identify others including other sex workers as more empowered than they.

Protest and Resistance

Beyond leadership and communication skills, however, there was a fairly widespread sense particularly among street-based sex workers that, through the CARE intervention, sex workers had increased confidence in their ability to independently protest against or resist violence and exploitation. As mentioned in the introduction above, in the Stage II survey, "awareness of rights" and "ability to

protest” were the second and third most commonly identified program impacts among both street and brothel-based sex workers. These impacts were consistently mentioned through interviews as well.

The quantitative analysis also provides some support for the idea that CARE activities inspired increased confidence in participants’ ability to protest against violence and exploitation. When asked whether they could protest against criminal acts (for instance, filing a police case against muggers or mastans), 70% of brothel-based sex workers in the A and B groups said they could always or most of the time but only 29% in the C group responded in the same way. Street-based sex workers were much less confident than the brothel-based in this regard but still those who had directly participated in the intervention were more confident than those who had not (25% of A and B groups said they could protest criminal acts always or most of the time while only 13% in the C group felt the same level of confidence). Both brothel and street-based sex respondents were less confident of their ability to seek justice in cases of violence by police or “powerful persons” although, again, those who participated in the CARE intervention were consistently more confident than those who had not.

General Self-Efficacy

There also seems to be a relationship between project participation and a more general sense of personal efficacy. These findings were weaker than the findings on protest and resistance but consistent across several different questions.

When asked about their ability to influence community decisions, 33% of brothel-based sex workers in the A and B groups said they could all or most of the time while only 21% in the C group responded likewise. Among street-based sex workers 16% in the A and B groups said they could all or most of the time while only 5% in the C group had the same level of confidence.

At an even more general level of personal agency, respondents were asked about the three most common problems they faced in their everyday lives and whether they could solve them “if they tried hard enough.” Among brothel-based sex workers, the A and B groups indicated they could solve 80% of the problems all or most of the time with the C group having the same level of confidence only 65% of the time. Among street-based respondents A and B groups were confident of their ability to solve 55% of their problems all or most of the time with 45% of the C group expressing the same level of confidence.

Intimate Relationships – Husbands and Lovers

A subset of questions having to do with personal agency addressed women’s agency within the context of intimate relationships – husbands and lovers. We earlier mentioned findings strongly indicating that project participants (A and B groups) were more likely to use condoms with husbands and lovers than were those who had no participation in CARE activities (C groups).

Direct project participants seemed generally more comfortable negotiating sexual issues with husbands and lovers than those who had not participated in any CARE activity. Project participants were consistently more likely to indicate they were

comfortable talking with their intimate partner about sex.⁸⁷ They were also more confident that they could refuse to have sex with their husband or lover.⁸⁸ Street-based sex workers in the A and B groups also were more likely to express a sense that they could influence their husband's decision-making more generally (49% always or most of the time) compared to the C groups (24% always or most of the time).⁸⁹

Findings around gender-based violence with husbands and lovers were a little more ambiguous. There was no evidence of consistent project impact on gender norms regarding family violence. Among brothel-based sex workers, those who had participated in CARE activities were consistently less likely to experience both verbal and physical violence in relationships with husbands and lovers but among street-based sex workers the A and B groups were actually slightly more likely to have experienced physical violence from husbands or lovers than the C group. As best as we can judge from these mixed findings, the project had little or no impact on violence within intimate partnerships.

IMPACTS – THE SEX WORK ENVIRONMENT

Community Attitudes and Sex Work Stigma

There is wide spread agreement (although not complete consensus) among the sex workers that community attitudes towards sex workers have changed positively in the past ten years.⁹⁰ In interviews and focus groups, such changes were not so much attributed to any direct action in the communities to foster that change but to changes in the sex workers themselves – changes in their own self-image, in how they present themselves, their willingness (and will) to resist exploitation, and efforts to build relationships with powerful parties:

It will not be appropriate to say that the change is a very significant one. But with the passage of time, some changes have occurred in their [community members'] behavior towards us. Now we know how to wear a sari; now we are permitted to wear salwar kameez and put on sandals ... in the past we went to the markets, we were treated with negligence and hatred. But now nobody can differentiate us from any respectable lady. CARE's programs have made this change possible. CARE has made us to understand that we also have a right to lead a normal life like all others. From then onwards we have been working

⁸⁷ Among brothel-based sex workers, 94% of A and B groups indicated they were comfortable discussing sex with their intimate partner all or most of the time as did 69% in the C group; among street-based sex workers 77% of A and B groups had that level of comfort talking with their partner about sex while 61% of the C group did.

⁸⁸ Among brothel-based sex workers, 89% of A and B groups felt they could refuse sex all or most of the time compared to 76% in the C group; among street-based sex workers it was 71% of A and B groups compared to 49% in the C group.

⁸⁹ The results for brothel-based sex workers on this question are not reliable as the question applied only to married sex workers of which there were only eight in our sample (two in the A group, two in the B group and four in the C group).

⁹⁰ In our Stage II survey 87% of sex workers agreed or strongly agreed with the statement: "During the last ten years community attitudes towards sex workers has changed positively." Ten percent disagreed or strongly disagreed. Street and brothel-based respondents were pretty similar in their perspectives on this question as were the A, B and C groups.

with CARE and are developing relationships with others, step by step. Now the sex workers participate in discussion with people of high ranks. Now the outsiders no more tease us as they did in the past.

As did the brothel-based respondent in that interview, most of the sex workers attribute those changes in themselves to training and support received from CARE and from the sex worker organizations which CARE helped to form and support.

Among sex workers themselves, as discussed in section III of this report, stigma about sex work is still relatively widespread: 57% of all respondents consistently expressed a high level of stigma in response to three question about sex work in the Stage II survey. A more careful examination of those survey responses clearly indicates, however, that participation in CARE activities is associated with reduced stigma. Among brothel-based respondents, 86% in the C group (who had no participation in CARE activities) expressed a high level of stigma about sex work while only 41% of those in the A and B groups did. Among street-based sex workers, 62% of the C group expressed a high level of stigma while 43% of those in the A and B groups did.⁹¹

Changes in Structure and Relationships in the Sex Worker Community

Some of the most far-reaching impacts of the CARE intervention have to do with changes in organization and relationships within the respective sex worker communities. Elsewhere in this report we've discussed some of these changes particularly those having to do with shifts in internal structure and power relations associated with the two sex worker organizations.⁹²

Because the brothel environment already had a sort of informal governance structure, it was easier to identify shifts in power balance there. We earlier characterized the formation of Nari Mukti Sangho (NMS) as having inserted a more democratic element into the traditional power structure of the brothel (although not replacing it entirely). The elected officers of NMS now play key roles, along with the traditional leadership of sardarnis and bariwalas, in decision-making within the brothel, in conducting *shalish* (arbitration of internal disputes) and negotiating relationships with external actors. One of the founding members of NMS explicitly talked about such changes in systems of power:

In the past, the entire authority of the brothel remained in the grip of the madams ... now such a system of sole authority does not exist. Now the ladies who have 3-5 sex workers under them are known as the madams. Such madams do not have control over all the residents of the brothel.

⁹¹ Detail on how the sex work stigma index was calculated and the three questions on which it were based are included in annex C.

⁹² CARE worked so closely with the sex worker organizations throughout the ten years under consideration that it can be difficult to attribute impacts to one or the other. The sex workers themselves often seem to arbitrarily attribute changes to CARE or DNS/NMS often it seems depending on how a question is asked. One member of the sex worker community in Dhaka, when asked what he knew about DNS said: "CARE created Durjoy. Actually I don't know much about Durjoy. I knew it as CARE but now it is Durjoy. All of a sudden the color of the girls' bags changed."

One of the most significant structural changes from the perspective of the majority of brothel-based sex workers (judging by the frequency with which the issue was raised in focus group discussions and interviews) was the ending of the cultural practice requiring them to walk barefoot and wear sarees. This was significant beyond the issue of personal dress as it was used to identify these women as sex workers when they traveled outside the brothel and so played a key role in subjecting them to humiliation and discrimination. The same founding member of NMS gave the most detailed description of how this change came about:

Once the sex workers were not allowed to wear salwar kameez or to put on shoes. If they did so, the constables forced them to take them off and some of them used to seize the shoes ... as they were forced to remain bare-footed, in spite of wearing very expensive sarees, anybody could easily identify them as sex workers. They used to misbehave with them and thus the sex workers found themselves insulted. ... With the assistance of CARE, the then secretary of Nari Mukti informed a high official of the police about this issue in detail. The officer came to the field in civil dress in a vehicle of CARE and looked into this issue. Such kinds of tortures were stopped later on ... Now they can wear any dress as they like, can go to any place, including markets and hospitals.

NMS is also given credit for putting some limits on at least the most extreme abuses of the sardarni-chukri relationship, negotiating the length of time chukris spend in service to the sardarnis, sometimes intervening when a sardarni is trying to involve a minor in sex work or in cases where violence against chukris is judged to be excessive.

With Durjoy Nari Sangho (DNS), the organization for street-based sex workers in Dhaka, there is less evidence in our research of specific and significant structural change. This may be a shortcoming in our methods of inquiry but more likely reflects the differences in the context of street-based and brothel-based sex work as well as the much larger constituency which DNS represents.

As there was no prior formal structure for street-based sex workers, DNS has provided some level of organization and representation for sex workers in Dhaka. The DNS offices themselves are meeting points for sex workers and, as described in an interview with a dalal in Dhaka (and mentioned by several of the sex workers), the offices provide shelter for those who live in the streets: “there they can take a bath, wash clothes and take a meal for 30 Tk.”

DNS has been playing a sort of gatekeeper role organizing access to sex workers for service providers and NGOs (as they have for our research). They function in many ways like an NGO or service provider themselves and are now, in fact, direct recipients of a significant grant from the Global Fund. In interviews, sex workers describe DNS’s role as providing access to health care and child care services, knowledge of HIV and training in how to resist exploitation.

Among the more intangible impacts of the project has been a shift in the sense of community and relationships among the sex workers. As noted earlier in this section, when we asked in the Stage II survey about changes in the lives of sex workers, “unity” was among the five most common responses among both brothel and street-based respondents. This was not just about coming together to organize protests or

engage in community decision-making but also affected day-to-day relationships. One brothel-based respondent said in an interview:

In the past, no sex worker used to come forward to help her fellows in distress. They did not try to understand one another. Now they are united.

and another:

In the past, the sex workers used to scuffle with the clients when they come to the brothel ... the brothel has now changed significantly ... being advised by Nari Mukti and its staff, now the sex workers do not scuffle with the clients or seduce one another's clients.

Improved Relationships with External Power Holders

We also discussed earlier, improved relationships between the sex worker communities and external power holders, particularly with police and health care workers. This was due in part to interventions at the community level. CARE provided support explicitly intended to help sex worker organizations build relationships with external parties. Ongoing interventions by CARE and the sex worker organizations around specific issues (as in the intervention described above to end restrictions on sex workers' dress) further built on those relationships and built confidence among the organizations' leadership in their ability to negotiate improved relationships on behalf of their constituents.

In interviews, many sex workers also attributed changes in relationships with powerful parties and other members of the surrounding communities to changes at the individual level. These personal changes had two distinct aspects and individual sex workers tended to attribute improved relations to one or the other. The first had to do with "teaching" sex workers to conform to more general social norms with respect to personal hygiene and modest dress and behavior: to "be well-behaved and well-mannered with people," to "speak modestly" because "if we speak modestly, people will respect us." The second had to do with respect earned through protest and resistance: individual knowledge of rights and willingness (and will) to stand up for those rights:

In the past, when CARE was not here, I thought of myself that I am not a human being. I was not aware of saving money. I thought that I would earn at night and spend at day. I could not protest when police arrested me. I read the books of law from CARE and now I know about law. Previously, police used to catch and beat me. Hooligans had sex forcibly and took away my earnings. Now many sex workers like me protest against injustices and know about the laws.

and

In the past, nobody listened to us and we were deprived of various facilities. We were not courageous enough to talk to others. We used to keep ourselves out of the view. We did not even dare to go to the doctor in our sickness. But now we have overcome those problems to a great extent. Now we can say in various forums that we also deserve respect and we also have rights. It is possible just because of the field workers of CARE. Now we are courageous enough to even talk to the police.

Impacts on Violence in the Sex Work Context

As noted earlier in this section, when asked to identify up to three different impacts of CARE's intervention in their own lives, reduced violence was the fourth most common response of both brothel and street-based sex workers. Although it seems intuitively obvious that increased awareness of rights and ability to protest against exploitation would have effects on violence, there only very limited evidence in our data (aside from the perspective of sex workers represented in this survey question) to support reduced violence *as a project impact*.

Quantitative analysis provides some weak support for the idea that direct participation in project activities is associated with decreased violence for those participants.

Among brothel-based respondents 30% of those who participated directly in project activities (A and B groups) reported violence from someone other than a husband or lover in the past year while a slightly larger 36% of those in the C group did. Among street-based sex workers 74% of project participants and 87% of non-participants reported violence in the past year.

In the brothel environment, where there is strong evidence that the level of violence has dropped dramatically in the past year, explanations were offered in focus group discussions which had little to do with interventions by CARE or NMS. One explanation was the appointment of a police superintendent sympathetic to sex workers' issues. Another had to do with reduced political activity and corruption under the caretaker government in power at the time of our research.

These alternative explanations apply particularly to violence by police and mastans (who often have political affiliations). While police and local mastans were the most common perpetrators of violence among street-based respondents (65% identified police as having committed violence against them in the past year and 60% identified local mastans as a perpetrator of violence), in the brothel, none of the respondents reported violence by police and only 9% reported violence by local mastans.

PROGRAM IMPACTS - SUMMARY

On issues directly related to HIV, the following impacts were identified:

- CARE played a **significant role in raising awareness about HIV/AIDs** among sex workers, particularly in the early years of the intervention when very few other sources of information about HIV were available to these women.
- The CARE intervention **significantly contributed to the availability and accessibility of health services** for both these groups. Quantitative analysis also suggests that street-based sex workers who participated in program activities were more likely to have been tested (in the past year) for HIV and STIs. However, in the brothel environment where one hundred percent of respondents were aware of testing services, those who participated directly in project activities were actually less likely to have used those services in the past year.
- Participation in the CARE intervention **has increased confidence** among both brothel and street-based sex workers in their ability **to purchase condoms, discuss condom use with sexual partners, convince a partner to use a condom and to negotiate services more generally with clients**.

- The data clearly suggests that the intervention **significantly reduced stigma about HIV among brothel-based sex workers**. The findings among street-based sex workers are more ambiguous.
- The data suggests that project participation significantly **increased condom use with husbands and lovers** among both street and brothel-based sex workers.
- The data also suggests that project participation significantly **increased condom use with clients among brothel-based sex workers** but shows almost no impact in condom use with clients among street-based sex workers.

On more general empowerment issues, the following impacts were suggested by our research:

- Many sex workers expressed a strongly **increased sense of personal agency** particularly around communication, relationship and leadership skills. However, several expressed the perspective that these benefits were limited to those who participated in certain project activities.
- There was a more widespread sense of **increased confidence in sex workers' ability to protest against or resist violence and exploitation**.
- There was an **increased confidence in personal agency within intimate relationships** (ability to influence decision-making in relationships with husbands and lovers) although findings related to violence in intimate relationships were more ambiguous.

With respect to the sex work environment, the following impacts were noted:

- **Positive change in community attitudes towards sex work.**
- **Reduced stigma about sex work** among both street and brothel-based respondents.
- **Positive changes in structure and power relationships within the sex worker communities** although the nature of those changes was different in the street and brothel environments.
- **Improved relationships with external power holders** (police in particular).
- A significant percentage of the sex workers identified a **reduction in violence (by someone other than a husband or lover)** as a project impact although some questions were raised also about the extent to which reduction in such violence can be attributed to project interventions.

In almost every area in which we've identified project impacts – those directly related to HIV risk as well as more general empowerment issues – **the impact among brothel-based sex workers was much stronger than among street-based sex workers**. We've earlier talked about a number of contextual factors which make intervention with street-based sex workers more challenging. There is a much larger number of street-based sex workers in Dhaka than brothel-based in Tangail and they are much more widely dispersed geographically. A large percentage of them are also homeless. The nature of sex work is also very different in the two environments. Brothel-based sex work takes place in private space within the brothel community

itself. Street-based sex workers have to take clients to isolated locations within public spaces making them more vulnerable to harassment, exploitation and violence by clients, police and others.

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V. EMPOWERMENT AND HIV RISK REDUCTION

INTRODUCTION

Some types of interventions have obvious and direct links to HIV risk reduction: increased awareness of HIV and knowledge of risk reduction strategies, availability and accessibility of testing and other health services, availability of condoms, etc. These interventions can be understood as limited forms of empowerment – empowering women specifically to reduce their vulnerability to HIV/AIDS. The CARE program had impacts in all of these areas and these no doubt contributed to some of the changes we’ve seen in HIV risk related behaviors. A more interesting question for the purposes of this inquiry is whether or not more generalized forms of empowerment (with less direct or less obvious links to HIV) can be shown to have an impact on HIV vulnerability.

We used two approaches to addressing this latter question. The most straightforward was quantitative analysis of the Stage II survey data looking for direct relationships between various empowerment variables and HIV vulnerability. To keep this quantitative analysis to a manageable size we focused on condom use with clients as the key indicator for HIV vulnerability. The quantitative analysis yielded some intriguing results although they tended to stand in isolation from one another. We weren’t always able to develop a satisfying explanation for the relationships we found between variables and, although they provided some interesting clues, they didn’t form a coherent picture of the links between empowerment and vulnerability.

To try to develop a more coherent picture of those links, we started by trying to expand our understanding of the causes of HIV vulnerability. By the third stage in our research, we had already seen that levels of HIV awareness and knowledge of risk reduction strategies was fairly high among both sex worker populations. In order to understand continuing reasons for HIV vulnerability, the critical question seemed to be: “if a sex worker is aware of the risks associated with HIV and how to reduce that risk, why do they nevertheless sometimes engage in high risk behaviors?” We spent a considerable amount of time in the Stage III interviews exploring that question with sex workers and distilled from their responses four key themes – behavioural and contextual factors in HIV vulnerability. We then organized our analysis of qualitative and quantitative results around those key themes.

We’ll start by just going quickly through some of the more intriguing quantitative results. We’ll then present a more textured analysis drawing on both quantitative and qualitative results organized around these perspectives on vulnerability.

QUANTITATIVE FINDINGS

As just mentioned, we focused our quantitative analysis on relationships between various variables in our Stage II data and condom use with clients. Condom use is, of course, a critical measure of HIV vulnerability for sex workers particularly. It also is analytically useful in this particular study because, as we’ve seen, CARE’s program had a significant impact on reported condom use with clients among brothel-based sex workers but little or no impact among street-based sex workers. Any evidence we find then of a link between specific forms of empowerment and condom use can then be subjected to a comparative analysis to see if it can explain this difference in impact

among the two categories of sex workers. We've roughly organized this presentation of quantitative findings from those with the strongest relationships to weaker or more ambiguous results.

Negotiating With Sexual Partners

Some of the strongest relationships of empowerment measures with condom use in the survey data have to do with sex workers' ability to negotiate with clients. As illustrated in the table below, sex workers' confidence in their ability to discuss condom use with a sexual partner, to convince a sexual partner to use a condom and more general ability to negotiate services with clients all show a fairly strong relationship with higher levels of reported condom use with regular clients.⁹³ The greater the level of confidence, the more likely the respondents are to report using condoms always or most of the time with clients.

Reported Condom Use with Regular Clients:	I am confident ...⁹⁴	
	[column percentages]	
	All/Most of the time	Some/Rarely/Never
	... discussing condom use with sexual partners	
Always/Most of the Time	80%	39%
Some/Rarely/Never	20%	61%
	... I can convince my partner to use a condom	
Always/Most of the Time	86%	44%
Some/Rarely/Never	14%	56%
	... I have the power to negotiate services with clients	
Always/Most of the Time	86%	51%
Some/Rarely/Never	14%	49%

For all three empowerment variables the relationships were very similar among both street and brothel-based respondents (i.e. ability to discuss and negotiate condom use with sexual partners seems to have the same degree of impact on condom use for both street and brothel-based sex workers).

Violence and Condom Use

We found some intriguing relationships between violence and condom use. The strongest (and most curious) is a relationship between violence in intimate

⁹³ In the impact analysis we had noted that impact on each of these empowerment variables seemed to be vary in rough relationship with impact on condom use. Here we're looking at stronger evidence of direct relationship between the empowerment variables and condom use.

⁹⁴ This table and those that follow present column percentages. In this table, respondents could choose one of five responses to each of the questions: always, most of the time, sometimes, rarely, or never. For presentation purposes we've collapsed the categories: "always" with "most of the time" and "sometimes" together with "rarely" and "never."

relationships (with husbands and lovers) and condom use with clients. Sex workers who report no violence *in their relationships with husbands or lovers* are more likely to use condoms *with clients* than those who report a high level of violence in relationships with husbands and lovers. This relationship between variables is particularly strong for brothel-based sex workers.

Reported Condom Use with Regular Clients:	Violence from intimate partner (physical violence index) [column percentages]			
	ALL			
	None		High	
Always/Most of the Time	80%		60%	
Some/Rarely/Never	20%		41%	
	BB		SB	
	None	High	None	High
Always/Most of the Time	83%	29%	80%	67%
Some/Rarely/Never	17%	71%	21%	33%

The reasons for a link between these variables is not obvious. Why would violence in one's relationship with a husband or lover affect condom use with clients? One reasonable explanation is that women with high self-esteem and good communication skills are less likely to suffer or endure violence in their personal relationships and these same qualities are useful in negotiating condom use with clients. The striking difference in the strength of the relationship between the variables for street-based and brothel-based sex workers may then be explained by differences in the nature of intimate relationships for the two groups. As indicated in our earlier analysis of the data, street-based sex workers are much more likely to be married (whereas intimate partners of brothel-based sex workers are more likely to be lovers) and more accepting of gender norms supporting family violence than brothel-based sex workers. Hence, for street-based sex workers, violence in intimate relationships has more to do with social norms about gender and marriage than about self-esteem and communication skills.

There is much weaker evidence of any significant relationship between condom use and violence from someone *other than an intimate partner*.

Reported Condom Use with Regular Clients:	Violence from other than an intimate partner in the past 12 months? [column percentages]			
	ALL			
	No		Yes	
Always/Most of the Time	80%		74%	
Some/Rarely/Never	20%		27%	
	BB		SB	
	No	Yes	No	Yes
Always/Most of the Time	76%	70%	84%	74%
Some/Rarely/Never	24%	30%	16%	26%

What this suggests (if we accept our earlier explanation for the relationship between violence in intimate relationships and condom use), is that, at the individual level and particularly for brothel-based sex workers, this sort of violence from outsiders is less

subject to personal control, less dependent on personal qualities or communication skills which also affect ability to negotiate services with clients.

HIV and Sex Work Stigma

Our data suggests a weak relationship between HIV Stigma and condom use with clients. Those with less stigma about HIV are more likely to use condoms with clients than those with a higher level of stigma. What is most interesting about the findings here is that the relationship is much stronger among brothel-based than street-based respondents.

Reported Condom Use with Regular Clients:	HIV Stigma Index ⁹⁵			
	[column percentages]			
	ALL			
	Low		High	
Always/Most of the Time	83%		70%	
Some/Rarely/Never	17%		30%	
	BB		SB	
	Low	High	Low	High
Always/Most of the Time	86%	55%	82%	72%
Some/Rarely/Never	14%	45%	18%	28%

The data shows little or no relationship between *sex work* stigma and condom use for all respondents. However, in disaggregating the data, we can see that there is again stronger evidence of a relationship among brothel-based respondents. The findings for street-based sex workers are more ambiguous.⁹⁶

Reported Condom Use with Regular Clients:	Sex Work Stigma Index			
	[column percentages]			
	ALL			
	Low		High	
Always/Most of the Time	76%		74%	
Some/Rarely/Never	24%		26%	
	BB		SB	
	Low	High	Low	High
Always/Most of the Time	89%	66%	70%	77%
Some/Rarely/Never	11%	34%	30%	23%

⁹⁵ Our HIV stigma index, based on responses to three statements about HIV, ranged in value from very low to low to high to very high with an additional category for mixed or medium responses. In this table the "Low" represents stigma values of low or very low and "High" represents values of high or very high. Mixed responses are not included in the table. A more thorough discussion of how this index was calculated is included in Annex C.

⁹⁶ Although, in the presentation here, there appears to be a reverse relationship among street-based sex workers, if we break down the data for condom use into all five response categories the situation is less clear. Our determination is that the findings about the relationship between sex work stigma and condom use are inconclusive for street-based sex workers.

Age and Other Demographics

As the table below indicates, there seems to be a fairly strong relationship between age and condom use among brothel-based sex workers (older brothel-based sex workers are more likely to use condoms than younger) but no relationship between age and condom use among street-based sex workers.

Reported Condom Use with Regular Clients:	Age [column percentages]		
	BB		
	< 25	26-35	36+
Always/Most of the Time	63%	78%	90%
Some/Rarely/Never	38%	23%	10%
	SB		
	< 25	26-35	36+
Always/Most of the Time	76%	77%	78%
Some/Rarely/Never	25%	23%	22%

We also found no relationship between marital status and condom use with clients.⁹⁷ There were indications of a counter-intuitive relationship between education and condom use with clients (those with less education more likely to use condoms) but the effects were very weak and probably not statistically significant.

SEX WORKER PERSPECTIVES ON HIV VULNERABILITY

In our Stage III interviews we asked a series of questions about the respondents' knowledge of HIV risk and then elicited their views on why they or others might engage in high risk behaviors despite knowing the risk involved. Four clear themes emerged in their responses to those questions. Three of these relate directly to high risk behaviors involved in sex work: "client preference," "financial needs and incentives" and "force." The fourth ("desire to please a loved one") specifically addressed high risk sexual behavior with husbands and lovers. We'll discuss each of these in turn, trying to draw out connections between empowerment and these elements of HIV vulnerability.

Client Preference

Implicit in almost all of the explanations for high risk sexual behaviors was the client's preference for certain sexual practices, particularly to have sex without a condom. In some cases, this was explicitly identified in interviews as a reason for a sex worker engaging in unsafe sexual practices. "Client does not want to use a condom" was also the most frequently identified reason in our survey data for not using a condom (identified as "the reason for not using a condom the last time you had sex without a condom" by 55% of respondents).

⁹⁷ We actually looked at responses to the question: "Do you have a sexual partner other than customers and if so, who?" Responses were husband, lover or none. There was no apparent relationship among any of the three values and condom use with clients.

Client preference, of course, is not a complete explanation for a sex worker's agreement to engage in unsafe sexual practices. It doesn't explain why the client's preference should take precedence over the sex worker's own knowledge and concern about HIV risk. In many cases, force, threats or incentives tip the balance of decisions about condom use. However, in other cases, there seems to simply be an implicit assumption that sex workers are in the low power position and must therefore comply with client preferences. One is reminded of the comment made in a focus group discussion: "why are we thinking about rights? – those who have power, it is their responsibility."

Clearly, empowering sex workers to be better able to convince clients to use condoms can help to address this particular vulnerability to HIV. We've seen that sex workers' confidence in their ability to discuss condom use with clients, to convince clients to use a condom and to negotiate service with clients more generally all showed a very close relationship with condom use. We can dig a little deeper, however, by recognizing that these are all specific applications of more general capabilities which were identified by sex workers as key aspects in their understanding of empowerment: communication skills; ability to interact with others; to influence others; and, perhaps we might include, ability to protest and resist exploitation. It seems pretty clear that empowering sex workers with these more general capabilities would contribute to their specific application in negotiating condom use with clients; hence reducing HIV vulnerability.

We can take this one step further. Negotiation theory identifies power as a key factor, often the most critical factor, affecting the outcome of any negotiation. Negotiation depends in part on the skills of a negotiator but also on social and other forms of power which they bring to the table – specifically on each negotiator's estimation of one another's relative power. This is where issues of self-esteem and the social status of sex work can be seen to have direct impact on HIV vulnerability.

In this research, sex workers often talked about interaction and communication with others in terms of earning acceptance or respect of "normal" or "good" people. Many made a direct connection between feelings of inferiority and the ability to resist exploitation as did this street-based sex worker in Dhaka:

I used to find myself helpless and weak. I used to find myself very inferior. But I am not weak any more. Now I understand that I also have rights and deserve the fulfillment of my wishes. I also deserve liberty. I can protest against any injustice now.

Negotiating condom use and other high risk behaviors with clients depends in part on the sex worker's own sense of self-worth but also on the client's perception of the sex worker's worth and this has much to do with the social status of sex work in general. Empowering interventions, then, which affect individual sex workers' sense of self-esteem and more structural interventions related to the social status of sex work⁹⁸ can both be understood to influence sex workers' ability to negotiate condom use and hence reduce HIV vulnerability.

⁹⁸ One wonders, for instance, to what extent the quasi-legal status of sex work in the brothel, affording brothel-based sex workers an extra measure of social legitimacy compared to their street-based peers, is a factor in the greater program impacts on confidence in negotiating condom use and increase in actual reported condom use in the brothel.

We should note also that in several interviews, respondents further explained that clients have a low level of awareness of HIV (“... most of the people don’t know about the risk of HIV ... those who do know can be easily convinced about using condoms but those who don’t know cannot be convinced”) and/or a low level of concern about HIV: (“... the clients and permanent clients care little about HIV risk”). The clear implication of these responses is that better education and awareness-raising among clients is needed to reduce the pressure on sex workers to engage in high risk behaviors. Or, to frame it in a different way, better public awareness and education about HIV (particularly in client populations) would empower sex workers by improving their ability to negotiate condom use with clients and hence reduce HIV vulnerability (for both parties).

Financial Needs and Incentives

Because customers prefer sex without a condom, they will sometimes pay more to have sex without a condom or, if the sex worker insists on a condom, refuse to engage her services (losing her a client). A brothel-based sex worker indicated that “sex workers offer their customers service at the price of 50 Tk for sex with a condom and at the price of 100 Tk for sex without a condom.”

Because of this financial incentive, poverty was sometimes cited as a reason for a sex worker agreeing to have sex without a condom: “... when a sex worker does not have food and she knows that clients will not use a condom, she will surely have sex without a condom in order to be free from her want.” This was echoed by the comments of another brothel-based sex worker who said that it was particularly an issue for older sex workers who may have more difficulty finding clients:

... the aged sex workers who has the opportunity to have a customer once in 8-10 days, certainly will have sex without using a condom because they have to pay the landlord and maintain their lives. What else can they do?

If this is true – that financial need is sometimes a key factor in decisions about unsafe sex – we would expect lower rates of condom use among those with lower incomes. Curious about this, we looked at relationships between various income categories⁹⁹ and condom use. The analysis consistently found that while it was true that *street-based sex workers* with lower incomes were less likely to use condoms with clients, among *brothel-based sex workers*, the opposite was true: the lower their income, the **more** likely they were to report consistent condom use with clients. This difference was perplexing so we then checked two other indicators of financial security: whether or not the respondent had savings and whether or not the respondent had alternative sources of income (other than sex work).

⁹⁹ We analysed the relationship between income and condom use in four different ways: 1) comparing condom use of those above and below the median total monthly income for all sex workers; 2) above and below the median income by category of sex worker (BBSW or SBSW); 3) comparing those earning below 5000 Tk to those earning above 10000 Tk monthly; 4) looking only at income from sex work, comparing those above and below the median for all sex workers.

Among street-based sex workers, these two indicators produced results consistent with the findings about income. Among street-based sex workers, then, it seems very clear that there is a reasonably strong relationship (consistent across six different indicators) between financial security and condom use. Those who are less financially secure (less income, no savings, no alternative sources of income) are more likely to have sex with clients without a condom. This supports sex workers' perspective that poverty is sometimes a reason for engaging in unsafe sexual practices – at least for street-based sex workers. They need the money so they agree to client demands despite the risk of HIV.

For brothel-based sex workers the analysis is more complicated because age is a confounding variable (something we realized after we analysed the two additional indicators of financial security). As noted earlier, age is fairly strongly related to condom use with clients for brothel-based sex workers but not for street-based (older brothel-based sex workers are more likely to use condoms with clients than younger). Age is also related to income much more strongly for brothel-based than street-based (older brothel-based sex workers have lower monthly incomes on average than younger).¹⁰⁰

Although there are some indications that age is the more salient factor we can't tell for sure whether it's age or income that's most strongly affecting condom use with clients. What we can say for certain is that younger brothel-based sex workers who, on average, have higher monthly incomes are *less* likely to use condoms with clients than older brothel-based sex workers. This is in the opposite direction of the finding for street-based sex workers for whom lower monthly incomes were associated with reduced condom use.

There is a logic in our data which would explain the difference. Brothel-based sex workers earn on average 54% more total monthly income than street-based sex workers.¹⁰¹ Street-based sex workers (about 40% of whom are also homeless) live much closer to the edge of survival, particularly those on the lower end of the income scale, than do their brothel-based counterparts. Therefore, the benefit of earning an extra 50 Tk from a client (or the cost of purchasing condoms) weighed against the HIV risk associated with unsafe sexual practices presents a much more compelling choice for street-based sex workers than it would for most brothel-based sex workers.¹⁰²

This does not mean that money is not also a factor in high risk behaviors among brothel-based sex workers. In fact, it was brothel-based sex workers who most frequently talked about money in the Stage III interviews as a factor in high risk

¹⁰⁰ A more detailed comparison of relationships between age and income for the two categories of sex workers is attached as Annex D.

¹⁰¹ To further emphasize the disparity: 17% of street-based sex workers earn at or below the *minimum* monthly income reported by *any* brothel-based sex worker (4000 Tk); 84% earn below the median income of all brothel based sex workers (i.e. only 16% of street-based sex workers would be considered "doing better than average" by brothel standards).

¹⁰² This may be at least a partial explanation for why the CARE program failed to have a significant impact on condom use with clients for street-based sex workers. The financial need may outweigh the impact of other intervention strategies which seem to have been more effective with brothel-based sex workers.

sexual practices. In the Stage II survey also brothel-based sex workers were far more likely to identify “client offered more money” among the reasons they had sex without a condom the last time they did so (59% of brothel-based as opposed to only 17% of street-based sex workers). So how do we explain the fact that, unlike street-based sex workers, it is the *most* financially secure among brothel-based sex workers (those with highest income and most likely to have savings) who have the lowest rate of reported condom use?

One brothel-based sex worker talked about the simple “temptation of money”:

Everybody is familiar with HIV risk. The newcomer girls are informed of this risk by Nari Mukti after being accustomed with 2-4 days after their coming into the brothel. But some rustic unpolished girls and some girls who fail to have customers regularly have sexual intercourse without condom falling into the temptation of money.

We might also recall from our previous analysis of sex workers’ views of empowerment that brothel-based sex workers placed far more emphasis on money as a form of empowerment, associating it with acceptance, freedom, respect and even love (“nobody loves a penniless person”). This makes some sense as an explanation for why younger sex workers, new to the brothel and seeking to establish their position within the social hierarchy of the brothel community, might be more tempted to risk unsafe sex in exchange for some additional income.¹⁰³

So, it seems that financial incentives are a factor in decisions about unsafe sex for both categories of sex workers, but the dynamics of those incentives may be different for street than brothel-based. Hence they would call for different interventions to address them. Among street-based sex workers empowerment strategies to enhance financial security (alternative income strategies, savings programs, etc) may be the most effective intervention to reduce HIV risk particularly when focused on those with the lowest incomes.

For brothel-based sex workers, it is also important to address the financial incentive for high risk behaviors but it’s unclear whether the same sort of interventions (addressing income and savings) would be effective. Those most likely to engage in high risk behaviors already have the highest incomes and highest percentage of savers among their peers. It’s likely that the dynamic here has more to do with the link that’s made within the brothel community between money and power or social status. Interventions to try to change social norms and attitudes about the link between money and power and/or emphasize alternative approaches to enhancing one’s social status may be more effective.¹⁰⁴ Our analysis suggests that these should be targeted particularly towards younger sex workers rather than based on income.

¹⁰³ An alternative explanation has to do with the fact (discussed further in the next section) that chukris (bonded sex workers) are often forced to have sex without a condom or deliberately kept away from information about HIV risk. Younger sex workers in the brothel, many of whom would be recently released from bonded status, may simply have gotten more accustomed to sex without a condom (and hence more resistant to messages about the associated risk).

¹⁰⁴ Enhancing the power and social status of sex workers *collectively* may also help to reduce the financial incentive for unsafe sex. It’s possible that a lack of acceptance and respect from the wider society is creating an unusually strong desire for enhanced social status among the sex workers – strong enough to overcome concerns they have about the risk of HIV.

Force

Force or the threat of force, identified by many respondents as a reason for unsafe sexual practices, also has a different character in the brothel than in the streets.

Brothel-based sex workers talked about force in the context of chukris being forced to engage in unsafe sex by sardarnis:

The subordinate sex workers [chukris] lead the most risky life. Being threatened by the madams, they make sexual intercourse without condoms with at least eight people out of ten.

A recently freed chukri further explained the dynamics of the chukri-sardarni relationship:

My madam does not let me have sexual intercourse without using condoms. But I know that other madams force their subordinate sex workers to have sexual intercourse without using condom just for earning more money. If the subordinate sex workers fails to earn enough money, other madams torture them in various ways ... threaten them, beat them and give them food very late. The madams torture the subordinate sex workers because they bought them in exchange of money. Because they bought these girls, they make them work to gain profit.

Street-based sex workers talked about the use of force and the threat of violence from clients as well as police and mastaans. Facilitator notes from interviews with two street-based sex workers illustrate this threat:

Ordinary people force sex workers to have sex without condom despite knowing the risk of HIV, Q informs. She further informs that police and hooligans try to have sex without condom whenever they get chance. At times, they do the risky behavior at the point of knife or dagger.

and

She [the interviewee] thinks it is the demand of clients. They enjoy by torturing others. They think they can make pleasure the way they wish because they are paying money. Some others beat the sex workers to have anal sex. "I was beaten but never agreed to have sex that way" she says.

In our stage II survey, when asked about most recent experiences of violence, 21% of street-based sex workers referred to cases of "forcible sex" or "sex without pay." The most common perpetrators of violence in cases involving "forcible sex" or "sex without pay," were mastaans (49% of cases of forcible sex and 46% of cases of sex without pay), police (27% and 26% of cases) and clients (16% and 18% of cases). In the brothel (where our sample did not include chukris) only 3 out of 48 cases of violence (6%) were identified as "forcible sex" or "sex without pay."

It may be possible to empower individual sex workers to be better able to resist or avoid violence. There is some indication of that in our data.¹⁰⁵ However, clearly structural change – empowerment at the collective level – is needed to address the root causes of violence and the use of force against sex workers. Violence by outsiders against sex workers is rooted in wider social norms about sex work, social attitudes towards sex workers, the institutional environment,¹⁰⁶ and contextual factors in the nature of different sorts of sex work.¹⁰⁷ Such change is possible. As we’ve discussed elsewhere in this report, brothel-based sex workers have reported a significant reduction in violence (including forced sex) by outsiders in the brothel. This change was attributed variously to changes in the relationship with the local police superintendent, changes in the national government or CARE/NMS interventions to improve relationships with outside actors.

The violence in the bonded sex work system in the brothel (the chukri-sardarni relationship) is institutionalized violence historically rooted in the sex work community itself. It continues to be supported and protected by the power structure within the brothel. Shifts in power relations in the brothel community brought about through the creation of the sex worker organization NMS have led to some incremental reforms in that system. NMS has managed to place some limits on the worst excesses of the chukri-sardarni relationship.

However the organization is itself pessimistic about their ability to bring about more substantial change. One of the founding members commented in an interview: “As the subordinate sex workers make sexual intercourse without using condoms, we want to stop the entry of subordinate sex workers into the brothel” but added that “it might not be possible because it is the source of [sardarni’s] income.”

It should also be pointed out that there are strong disincentives for outside organizations (including CARE) to mount a serious challenge to the bonded sex work system. Because of the sardarnis’ power within the brothel community, to make a serious attempt to end this grossly exploitative institution would threaten an organization’s access to the brothel community as a whole. So most make compromises, as we have in this research: accepting limits on our access to chukris in order to have any meaningful access to the brothel at all.

¹⁰⁵ There are relationships in our survey data between several empowerment indicators and violence. For instance, those who report that they can “always” protest against criminal acts are significantly less likely to have experienced violence in the past 12 months than those who report they can “never” protest against criminal acts. However, we can’t tell for sure the direction of causation. Are these variables related because those who can protest are less likely to be victims of violence or because those who have recently been victims of violence are less confident in their ability to protest?

¹⁰⁶ For example, as we’ve noted before, the quasi-legal status of brothel-based sex work may provide sex workers in the brothel some protection against violence and other forms of exploitation.

¹⁰⁷ For example, the fact that street-based sex workers operate independently in hidden areas of public spaces, while brothel-based sex workers operate openly in a fixed location within a community of sex workers increases street-based sex workers’ vulnerability to violence and use of force.

Desire to please a loved one

The fourth theme in response to our interview questions about high risk behaviors was mostly relevant to condom use with lovers and husbands. As we've said, our primary focus in this analysis is on condom use with clients. However, looking at condom use with husbands and lovers provides an interesting additional perspective on high risk behaviors and intriguing links to condom use with clients. So, although we've done only limited analysis on our data on relationships with intimate partners, we do want to spend a little time with this issue.

To review some of the results about condom use with intimate partners which we've covered earlier:

- Overall the rate of condom use with husbands and lovers is lower than the rate of condom use with clients.
- Rates of condom use with husbands and lovers is also more polarized than with clients. With clients there's a sort of linear progression from "always" using condoms (the largest percentage of responses) to "never" using condoms (the smallest percentage of responses). Condom use with husbands and lovers tended to cluster at either extreme with the largest percentages "always" using condoms or "never" using condoms and fewer responses in the between categories of "most of the time," "some of the time" or "rarely."
- Brothel-based respondents had very similar condom use patterns with both husbands and lovers but street-based respondents were much less likely to use condoms with husbands than with lovers.
- Quantitative analysis suggested strong program impacts on condom use with husbands and lovers for both brothel and street-based. With clients there was indication of strong impacts among brothel-based sex workers but no evidence of impacts for street-based.

When asked the general question about why sex workers sometimes engage in high risk sexual behavior despite knowing the risk, one street-based sex worker said:

"Sometimes when we need to flatter the beloved people, we refrain from using condoms ... in spite of disliking it, we need to do so."¹⁰⁸

A brothel-based sex worker explained it as an issue of trust:

The sex workers who have permanent customers make sexual intercourse with them without using condom just because of relying on them. The permanent customers say, "We trust each other. Then what is the use of condom? We do not enjoy sex with condoms."

This word "trust" also came up frequently in focus group discussions when talking about sexual behavior with husbands and lovers. There was a sense in those discussions that trust wasn't just an issue of the husband/lovers fidelity or trusting the lover to be free of disease but was about the special significance of this relationship. Willingness to have sex without a condom drew a line of demarcation between the relationship with a loved one and sexual relationships with clients. This is a very

¹⁰⁸ She then added, "I think we need more discussion on it; it will be right to hold meetings twice a week."

different dynamic than our other behavioral/contextual reasons for high risk behavior: the power dynamics involved in satisfying client preferences, financial needs and incentives, and the use of force.

Although the dynamics are different, what's interesting about this is that condom use with lovers¹⁰⁹ shows an extremely strong relationship to condom use with clients especially among street-based sex workers.

Reported Condom Use with Regular Clients:	Reported Condom Use with Lovers: [column percentages]			
	ALL			
	Always/Most		Some/Rare/Never	
Always/Most of the Time	78%		27%	
Some/Rarely/Never	22%		73%	
	BB		SB	
	Alw/Most	Sm/Rr/Nv	Alw/Most	Sm/Rr/Nv
Always/Most of the Time	75%	42%	80%	14%
Some/Rarely/Never	25%	58%	21%	86%

It's also affected by similar empowerment variables. Those who reported that they frequently talked with their intimate partner about whether or not to have sex and who indicated that they could refuse to have sex with their intimate partner (roughly equivalent to our questions about discussing condom use and negotiating services with clients) were also most likely to report using condoms with husbands and lovers "always" or "most of the time."

As mentioned in the quantitative analysis earlier, there is also a strong relationship between violence in intimate relationships and condom use with clients. What's particularly interesting about this is that there is no evidence of any relationship between violence in intimate relationships and condom use with husbands or lovers. In other words, our evidence indicates that, for these sex workers, violence in one's relationship with a husband or lover has no effect on condom use in that relationship but is strongly related to condom use with clients!

We don't have strong conclusions or recommendation to draw from this except that the issue deserves further analysis for at least two reasons. First, there are some very unusual dynamics here which may provide further insights about high risk behaviors and empowerment strategies to address them. Second, the very strong relationship between condom use with intimate partners and condom use with clients (despite the very different underlying dynamics) suggests that there may be ways to construct interventions which take advantage of that relationship to reinforce risk reduction strategies in both areas.

¹⁰⁹ We mostly confine our analysis in this section to condom use with lovers because we had a very small sample of only seven married brothel-based sex workers making results related to condom use with husbands for brothel-based sex workers much less reliable.

CONCLUSIONS AND FINAL THOUGHTS

None of the empowerment strategies we've been talking about here would have any impact on HIV risk without the basic foundations: awareness of HIV, knowledge of risk reduction strategies, condom availability, accessibility of testing and health care services, etc. What this research demonstrates is that this foundation is necessary but, in the long run, not sufficient for comprehensive and sustainable reduction of HIV risk.

The Tangail brothel is a good example of a "mature" HIV intervention site in this respect. In the brothel 100% of sex workers report they are aware of HIV, 100% know where they can be tested for HIV, there's a fairly high level of knowledge about HIV transmission and risk reduction, condoms and health services are accessible. Still 34% of brothel-based sex workers don't always use condoms with clients including 23% who say they only sometimes do and 3% who report they rarely or never do.

The sex workers helped us identify four key behavioral and contextual factors in this persistence of high risk behaviors, three pertaining specifically to unsafe sex with customers. Each of these was linked in our analysis to specific aspects or manifestations of disempowerment of sex workers and in turn to empowerment strategies to address them. Identifying client preference as a reason for high risk behaviors has to do, in part, with sex workers' lack of negotiating power in their relationships with clients. Financial need, at least at the extreme end, is an issue of financial disempowerment with links to the marginalization of sex work and sex workers. Force or coercion is a clear manifestation of the lack of esteem in which sex workers are held by some elements of the wider society and lack of protections available to them.

Empowerment strategies involving all three aspects of empowerment in the CARE model were at work in the program intervention. Improving sex workers' ability to negotiate services with clients for instance and to protest or resist exploitation are issues of personal agency. Building or improving relationships with outside agencies, service providers, police and members of the wider community provided accessible health care and other services, may have been a factor in reducing violence in the brothel and contributed more generally to improved community attitudes towards sex workers. Structural changes particularly having to do with the creation of the two sex worker organizations, as well as creating a mechanism for sex worker self-governance and self-help, provided a sustainable institutional structure for disseminating HIV information and services and, in the brothel, limited the worst excesses of the bonded sex work system.

Former Shakthi program staff spoke in focus groups discussion and interviews about their first exposure to the sex work environment when they began working on HIV issues in the brothel over ten years ago. They came to the brothel, most with no former experience with sex workers, bringing along the traditional array of HIV intervention strategies (the foundational elements of HIV risk reduction as we characterized them earlier). As they described it, they found that sex workers had so many other problems and issues in their lives that they realized the sex workers simply weren't going to pay any attention to the HIV message unless the intervention was able to speak to these more immediate and compelling issues in their lives. Thus

was born the empowerment strategy they came to develop and implement over the next ten years.

In some senses, it was, at the time, a practical strategy for getting an extremely marginalized and disempowered target group to buy into and build ownership around the relatively narrowly defined (given the context of their lives) program goals of an HIV intervention. With hindsight, what this research suggests is that the program probably would not have had the successes it did, if it had not adopted this more holistic and comprehensive empowerment approach to HIV risk reduction.

If there's one thing that this research most clearly demonstrates about empowerment approaches, it is that they are extremely context dependent. At every step of this research we found salient contextual differences between the brothel and the street starting with differences in the nature of brothel and street-based sex work through differences in legal status, in community structure and power relations, in financial resources, in household and family circumstances and even norms, attitudes and beliefs. These all contributed to differences in the nature and impact of empowerment strategies and ultimately differences in impact on different aspects of HIV risk reduction.

At some point, HIV risk reduction comes down to specific choices, specific decisions, made by specific women (and men). Those personal choices are made in the context of individual lives but shaped, directed and constrained by resources, power, relationships and a complex interplay of social forces, institutional structures and cultural attitudes and beliefs. The better we understand the specific contextual constraints and influences on those personal choices, the better we'll be able to choose and shape empowerment strategies to expand the range of choices and opportunities available to them. That is the essential goal of empowerment and the means by which empowerment strategies contribute to reducing women's vulnerability to HIV.