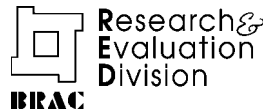


Sex Workers and Condom Use-the Political Economy of HIV/AIDS in Bangladesh

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Abstract

A study was undertaken in Madaripur brothel to understand condom use reality within the social context of the commercial sex workers' (CSW) lives in brothel and to critically analyze BRAC's HIV/AIDS programme's effectiveness in condom promotion. It was found that the *chukris* (bonded sex workers) were controlled by the *sardarnis* (madam) and the *sardarnis* did not promote condom use among the *chukris* as most of them (*sardarnis*) only bothered about money and about keeping on high client flow to the *chukris*, in context of most of the clients refusing to use condoms and even willing to pay double the rate for not using condoms. On the other hand, the older sex workers were found less in demand, and did not have the financial power to bargain condom use with the clients. The HIV/AIDS programme, one of the two wings of BRAC's brothel based intervention was found over-shadowed by and preoccupied with the activities of the other wing, 'Microfinance'. Furthermore, for distributing condom the brothel based staff targeted only the *bariwalis* and *sardarnis* who belonged to the top of brothel hierarchy, and never tried to reach the *chukris* who consisted of the majority of the brothel community. Moreover, though BRAC was supposed to provide condom to the CSWs at subsidized rate (100 condoms for Tk. 10), the brothel based staff delivered it at much higher price, Tk. 20-25. Thus, BRAC's brothel based HIV/AIDS intervention was facing the opposite way of promoting condom use among the brothel based CSWs.

Introduction

Sex work has been identified as the oldest profession known to humankind, but it has often not been identified as work. During all these centuries, women have primarily been engaged in this work. Sex work has, however, taken different forms in different societies, and over the years, both its content and the process have undergone significant changes. In Bangladesh, women in the sex trade face a dire situation. Society pushes them to the periphery of life because of their work and the social stigma attached to it. For example, in 1991 the national census of Bangladesh categorized them as beggars and vagrants under the heading of “miscellaneous”. Estimates of the numbers of prostitutes in Bangladesh vary greatly. An estimated 100,000 to 150,000 sex workers are currently working in Bangladesh. Several studies show that the floating sex workers are largely available in the capital and other major cities in Bangladesh. (CARE 2001). The age groups of sex workers vary greatly, with both women and children working in this trade, with many working as child prostitutes, floating prostitutes, commercial prostitutes, and women in forced prostitution ((Morol and Tahmina 2004).

While prostitution is legal in Bangladesh under the current law system, and an adult woman has the right to practice sex work, the law remains unclear about the status of the sex worker. Any women above the age of 18 years old who has not been forced or seduced to join the trade and has no other alternative means of earning a livelihood can become a registered sex worker through an affidavit stating that she is of age. However, even for registered sex workers, there is no monitoring system that can establish whether the women are 18 years or below. Often pimps and madams within the brothel pay bribes to the administration to produce false affidavits and thus register young girls as sex workers.

Furthermore, this affidavit does not serve as a professional license and does not protect women’s social, economic or political rights. The issue of legality has been debated extensively with two different and opposite arguments being presented. While one school of thought believes that given our socio-cultural and religious setting, sex work can never be recognized as an acceptable profession. And legalizing the trade would not help to empower sex workers, but rather increase trafficking and even increase child prostitution. Some argue that legalizing will not decrease the exploitation and crimes in brothels but rather the

benefits of legalizing will be enjoyed by the powerful groups such as, the madams, the police, the goons and other powerful groups. Legalization of prostitution will only strengthen the hands of the abusers. (Morol and Tahmina 2004: 15)

The other camp argues that sex work is socially created and as long as society as a whole has a demand for prostitution, the trade will persist. In such a situation, women in the trade need protection and their rights need to be recognized as human beings and workers. Trade licenses and legalization help women gain a platform to protest against the abuse in brothels and on the streets. On the other hand, some believe that since prostitution exists and will be a part of our society, the state has no right to evict women and shut down brothels. In fact, the state make appropriate provisions to secure the sex workers' rights and security, as the different government agencies and law enforcements are directly involved with the brothels in performing various legal responsibilities. (Moral and Tahmina 2004: 16). Khan explains that a simple act of legalizing the profession would not be enough. Along with new laws recognizing sex work as professional work, the existing rules and regulations need to be strictly implemented and observed to minimize the crimes and exploitation within brothels. There needs to be special focus on abolishing child prostitution (Ibid: 18) Professor Helaluddin Khan Arefin takes his argument a step further by adding that government initiatives of rehabilitation instead of efforts of legalizations are fruitless. Conventional rehabilitation as proposed by the state will never match their incomes from sex work and thus there are little incentives for sex workers to be rehabilitated. Without that financial security, women will not be able to move out of sex work and switch to other professions. Most importantly, our society with traditional cultural values will not accept sex workers into mainstream society. As he states, "vague promises of economic activities without social acceptance will not work" (Morol and Tahmina 2004:20).

As has been argued many feminists, denying sex workers their professional rights simple translates into a denial of their fundamental rights and protection as citizens of the country. Not recognizing prostitution as a legal profession will not stop the trade, and sex workers deserve professional rights to be able to enjoy some form of dignity and specific rights within the legal framework (Ibid: 22).

Health and HIV/AIDS and STD

Bangladesh is still considered a low HIV prevalence country, but the epidemic is evolving rapidly. The rates of HIV infections are increasing at an alarming rate in the metropolitan cities. Presently according to surveys done by international organizations such as the World Bank, the HIV prevalence rate in Bangladesh is below 1% (Government of Bangladesh 1998). The countries surrounding

Bangladesh, such as India, Pakistan and Nepal have a much higher rate of HIV/AIDS occurrences.

Bangladesh has a population of approximately 40 million and according to UNAIDS report in Bangladesh, by the end of 2002, approximately 13,000 adults and children were living with AIDS. Furthermore, till 2004, 465 cases were reported of which 87 developed the AIDS virus and 44 died. However, as the report by the World Bank (2001) explains the officially low numbers of reported cases of HIV/AIDS is hiding the real picture of the existing 'high risk' sexual practices that result in higher prevalence of HIV/AIDS. The underreporting often occurs because of the country's limited voluntary testing and counselling capacity. Furthermore, the social stigma attached to HIV/AIDS also prevents people to report the disease.

Though the prevalence rate is lower than neighbouring South Asian countries, Bangladesh is highly vulnerable due to some specific behavioural patterns and certain risk factors that facilitate the rapid increase of the disease among vulnerable groups and others. The spread of HIV/AIDS has affected certain groups more severely than others. The HIV sentinel surveillance done in 2003 found that the two groups with highest rates of HIV/AIDS infections were sex workers (working in the brothels and on the streets) and injecting drug users (National AIDS/STD Programme, DGHS, MOHFW, Bangladesh 2003). In 1998 the Bangladesh government with the support of UNAIDS undertook the first wave of expanded surveillance for HIV. One of the groups that were screened for HIV/AIDS and STDs were sex workers, particularly those women who worked in the brothels. Street sex workers were also included in the surveys especially those who worked in Dhaka, the capital. One of the recent behavioural surveillance findings (2004) show that female sex workers have one of the highest rates of HIV/AIDS prevalence at 0.2% (UNAIDS 2003).

The conditions of their lives expose sex workers to a number of health problems other than, or in addition to, HIV/AIDS and sexually transmitted diseases (STD). In addition to STI, women also talk of constant weakness, malnourishment, body aches and pains, bruises/cuts as has been stated in various reports. In terms of STDs and RTIs, the syphilis rate among brothel based female sex workers has increased from 3.6% to 9.2%. (UNAIDS 2003). Presently according to a 5th round survey done by ICDDR,B between June 2003 and March 2004 the HIV prevalence rate in Bangladesh has increased from 1.4% to 4% to 8.9% (in one locality) over the last three years (National AIDS/STD programme, DGHS, MOHFW, Bangladesh 2004).

Surveillance studies and surveys shed light on the prevalence of STIs and HIV/AIDS, but little is known of the reasons behind low condom use. Quantitative reports blame it on lack of knowledge on HIV/AIDS, risky clients,

risky and unsafe sexual practices, frequency of different partners, low availability and acceptability of condoms. Fieldwork findings indicate that many sex workers claim to use condoms but eventually most of them admit the difficulties of convincing madams and clients¹ of condom use.

Interventions with sex workers

There have been targeted interventions with sex workers both in the government sector and the NGO sectors. The main government project has been in collaboration with UNDP, named, “Capacity Building, Poverty alleviation, and sustainable livelihood of the socially disadvantaged women (SDW) and their Children”. This is implemented through the government and five partner NGOs. The NGOs are Nari Maitree in Mymensingh, PIACT Bangladesh in Daulatdia, Nari Unnayan Shakti (NUS) in Dhaka, ACLAB Bangladesh in Jessore, and the Development Organization of the Rural Poor (DORP) in Dhaka. Their activities include advocacy, creating awareness, pre-formal and non-formal education for children of sex workers, skill training, providing healthcare and awareness on HIV/AIDS and STD etc. Other NGOs such as, ActionAid, BRAC, CARE Bangladesh, Bangladesh Women’s Health Coalition, OXFAM etc. work with sex workers to create educational opportunities for their children, provide healthcare and generate awareness on HIV/AIDS and STDs, provide reproductive health care services, advocacy for the rights of sex workers, and providing support for sex workers networking etc. There are also legal NGOs such as, Bangladesh National Lawyers Association and Ain O Salish Kendra that provide sex workers with legal aid, create awareness about their legal rights, rescuing women and children who are victims of trafficking and other violence etc. It is worth mentioning that Naripokkho, a feminist organization established in the 1980s works very closely with sex workers (both brothel based and street workers). Naripokkho is seen as one of the core organizations that assist evicted sex workers and demand for their rights as women’s human rights.

Sex workers have also created their own organizations such as, Durjoy and Ulka, where membership is drawn from the sex workers themselves. These organizations work closely with the NGOs and civil society groups to demand their rights, protest against the violence they face and protest the various evictions that have been taking place in recent times.

¹ This interpretation of health automatically follows biomedical definitions of health and focus narrowly on symptoms and treatment rather than more holistic approaches to causes of illness.

BRAC intervention

In efforts to prevent HIV/AIDS, in 2001 BRAC stepped in targeting the rural people along with the high-risk population in six brothels in four districts (Khulna, Madaripur, Jamalpur and Faridpur). The high risk people include the brothel based sex workers, drivers and helpers of buses, trucks and lunches, industrial labourers and substance abusers, through education awareness, selling of condoms at a lower cost than the market price, and referring patients with infections to clinics. However, BRAC's interventions in the brothels have not yielded a satisfactory increase in condom use (BRAC health Programme Staff, 2006). The failure of increasing STIs and low condom use is also reflected at the national level, where reports indicate that consistent condom use among female sex workers is the lowest in Bangladesh compared to other countries. Thus, despite the heavily funded HIV/AIDS interventions by government and NGOs, training of health workers and educating sex workers through public health campaigns, it has to yet to translate into better condom use and reduced STIs and future HIV/AIDS incidences.

Rationale

Sex workers remain one of the high risk groups, with increasing rates of infections. Surveillance found little change in the use of condoms during sexual intercourse with their clients between the two waves of surveillance. The condom use rate among the brothel based sex workers was found 2%, among the street based it was 2% and among the hotel based sex workers, 4%. Other countries in the region have also had low HIV prevalence similar to Bangladesh for many years, but in spite of higher levels of condom use, they are now starting to see an increase of HIV among this group. There are also high rates of sexually transmitted diseases (STDs) among sex workers in Dhaka, (60% have syphilis, 18% have gonorrhea and 20% have chlamydia). The high rates of STDs among sex workers often help spread the HIV/AIDS virus as well (UNDP 2003).

A number of studies explore the issue of sex workers from the HIV/AIDS perspective, but is important to examine the situation of sex workers from a holistic perspective as there has been very little systematic in-depth research carried out to understand the larger parameters that determine sex workers livelihood experiences, which shape their health, reproductive experiences, decisions and behaviour. The study will place these “women’s narratives” in the larger structural processes of power relations, class and lack of access to economic resources. A key component of the research is to understand how sex workers perceive HIV/AIDS interventions and promotion of condom use, and whether it has been beneficial and meets their needs in the context of their working lives.²

Thus, the broader objective of this study is two fold: first, to understand condom use within the social context of the sex workers lives in the brothel and second, to critically analyze BRAC HIV/AIDS programme’s effectiveness in condom promotion and raising awareness about HIV/AIDS and STDs. More specifically, BRAC as the largest NGO in Bangladesh has its broad and extensive interventions reaches all different groups of poor men and women across the country. This offers an enormous base of information and knowledge on any given target population. This study with BRAC will not only benefit the HIV/AIDS Programme, but will hopefully provide both theoretical and policy implications not only for BRAC but government and other agencies working to reduce HIV/AIDS in the country.

² Exceptions CARE report

Methods

The Study was based on qualitative research (in-depth interviews, focus group discussions and observations) in one of the brothels in a BRAC intervention area. The data were collected during January to June 2007.

Study site

This study was conducted in a brothel located, half a kilometer away from the police station. It has 21 houses and 200 rooms. There are approximately 350 women with 140 children living in the brothel. It is a medium income earning brothel with a minimum of Tk 20 per act. Fifteen of the houses are owned by the sex workers.

Apart from the BRAC intervention, at the time of the study there were five other organizations working with the sex workers at the brothel. These are Social Marketing Company (SMC), Family Health Clinic, CHCP, Faridpur Development Agency (FDA) and Ulka (has very recently started working in the brothel). Three of these have their offices inside the brothel, which are CHCP, BRAC and FDA. These organizations mostly focus on health issues and condom promotion.

Study population

The research team conducted 15 in-depth interviews with sex workers and madams. From these 15 women, 5 case studies were developed based on multiple interviews and repeated visits with women who were available and accessible to the researchers. In-depth interviews were conducted with the following groups:

Sex workers

The research team interviewed sex workers³ both older and younger.

³ Sex workers included independent sex workers, former *chukris*, and madams.

Madams/Sardarnies

Madams/*sardarnies* are older sex workers who have been in the trade long enough to be able to keep bonded sex workers under them. Relationships vary greatly between sex workers, their employers and other third parties, including even those defined as "traffickers". Slavery is at one end of the continuum and very good business arrangements are at the other. It was thus important to speak to the madams/*sardarnies* in the brothels to understand what role they play in sex workers lives. Among the sex workers we interviewed there were four madams or *sardarnies*.

BRAC staff, health workers, peer educators

It was crucial that we interviewed the staff at BRAC HIV/AIDS programme to understand the nature of the HIV/AIDS prevention programme, the successes, challenges and lessons learned so far. We interviewed both brothel based BRAC staff and staff from the HIV/AIDS programme area office on several occasions, and also briefly spoke to other health workers in the brothel. For the brothel based BRAC peer educators, FGDs were held in the BRAC office inside the brothel.

Apart from the formal interviews, the team also conducted informal interviews and open-ended discussions with other sex workers, landladies, shopkeepers, *babus* and other stakeholders in the brothel.

Tools and techniques

The fieldwork process was informal and selections of sex workers were made spontaneously, depending on whom we met through the BRAC programme officer (PO) and other BRAC staff working inside the brothel. We also met sex workers on our own through some of the initial contacts made by the PO. We were introduced to the women by the programme officer who mostly works with mostly independent sex workers in terms of microfinance loans. After our initial visit, we also explored the brothel on our own and spoke to women who seemed interested in talking to us.

It is important to note that the fieldwork process was not linear, but was an on-going process as we went back and forth between observations, repeated in-depth interviews/conversations, case studies and informal discussions.

This study had four main components:

- Informal discussions to build rapport and gain entry to the brothel,

- Open-ended, loosely structured questionnaires with a list of themes to explore,
- Repeated in-depth interviews/case studies with selected sex workers
- Observation.⁴

Our main methodological approach was in-depth and open-ended interviews. Repeated in-depth and open-ended interviews⁵ as a qualitative data gathering technique allowed us the opportunities to clarify and discuss relevant information with the interviewees. Open-ended interview research “explores people’s views of reality and allows the researcher to generate theory” (Reinharz 1992:18), and thus helped establish some of the theoretical links to the lived experiences of these women (Reinharz 1992). Furthermore, open-ended interviews provided us with an understanding of the experiences of being in a brothel. Through in-depth interviews we were able to learn from the respondents and let their experiences speak for themselves, and furthermore, to let them describe and construct explanations about their own situations, their inability to use condoms effectively and point to some of the health issues and concerns that are relevant to their everyday working lives.

We decided not to use tape recorders for the in-depth interviews for several reasons. Firstly, we did not want to make the interview environment formal. We felt that using tape recorders might put the women on guard about the kind of information they could share with us. It was agreed upon that the use of recorders or even notebooks might make the women feel threatened given their insecure daily experiences at the hand of the various exploitative actors such as, *sardarnies*, the police and other influential groups. Also, the BRAC programme coordinator (PC) and the programme officer (PO) advised us against using tape recorders because there had been some journalists who had visited the brothel soon before we arrived and reports about the bonded sex workers (*chukris*) were

⁴ The researchers observed women working in the brothels. This technique, included under the generic term “field research,” allowed the researchers through “prolonged and personal contact” with participants “to discover and examine events as they occur in a natural setting. Thus, this method facilitated access to the world of sex workers to observe the women in their every day life.

⁵ The multiple in-depth interviews are crucial, as it enables a strengthened bond between the interviewer and the interviewee. Increased understanding between the two parties not only improves the quality of the data, but, as many argue, qualitative research is based on learning from each other and listening to the respondents’ voices. Multiple interviews can increase the chances of integrating the voices of the respondents and ensure that correct information has been gathered. As Reinharz states, “multiple interviews are likely to be more accurate than single interviews because of the opportunity to ask additional questions and get corrective feedback on previously obtained information” (Reinharz 1992:37).

still being circulated in the newspapers. This had caused considerable tension in the brothel and the women were being very suspicious of outsiders as it was. However, in order to make sure that we had records of the vast amount of information we collected during the field visit, we were careful to come back to the office every evening and write down all the information (on the women, the environment, our observations about the brothel) collected during our visit to the brothel that day.

Lay out of the study site

The brothel is a self-contained *para* (neighbourhood) inhabited by sex workers, the *sardarnies* (madams), landladies, *babus* (regular clients the sex workers call their husbands) and the children of the sex workers. It is a well maintained area and contains shops of all basic necessities, run chiefly by the *babus*. Among the 350 sex workers inside the brothel, it was observed that many of them were very young (between 12 and 15 years old), while most women were between 18 to 30 years old. Apart from sex workers, there are other women in the brothel such as, ex sex-workers in the brothel who now play the role of helping the sex workers with their daily domestic chores. The women hardly ever have to leave the area. The brothel is like a small village community, where everyone knows each other's history. Unlike other urban brothel settings with buildings, this brothel was very similar to a slum setting.

The brothel is situated in the relatively older part of the city namely the old bazaar area. The brothel is on the main road with pharmacies, doctor's chambers and other stores lined on either side of the brothel. Women often frequent the pharmacies and some of the small convenience stores to buy cosmetics, daily necessities that they cannot get from the inside stores. The wall attached to the back entrance on one side has a few rooms that were occupied by one *madrassa* and a couple of rooms as a mess. However, the brothel is very much a part of the larger community and does not stand out as something socially taboo. It is part of the natural environment and the entrances are merged with the adjacent markets, rather than being separated by a wall or gate from the rest of the community.

The main gate is opposite of a relatively large shopping mall, named Melbourne Plaza. None of the entryways to the brothel have a formal gate or door. They are open pathways leading into the brothel and one can see the main road from outside and the rooms lined up on the right side of the main road inside the brothel. In fact the main gate is wide enough for rickshaws to drive right inside the brothel. The main road is connected by the front and the back gate (which leads straight into the bazaar, where women do their groceries and buy other necessities). The other gates also lead to important points within the area, such as one gate faces the police station, while another one leads into the back of another shopping mall in the area. There are clusters of different shops along the main

road. Some of them are hotels that sell food and snacks, while the rest are similar to small grocery shops that stalk cosmetics, condoms, cigarettes, paan/supari, alcohol and drugs under the table, stationary items, snacks and drinks etc.

The brothel is divided into three alleyways. Each alleyway contains rows of rooms on either side of the road, and there are small pathways between the rooms that lead into small compounds. Each compound has approximately 10 or 12 rooms, with one occupied by the landlady of that compound. The sanitation within the compounds is ill maintained. There is usually one bathroom per 10 or 12 rooms. The water supply within the brothel is poor and often erratic. There is one visible tube well set up near the main entrance for women to collect water for drinking, cooking, washing and cleaning. The alleyways are divided by economic status, where one alleyway in particular has higher status, and houses the younger and prettier girls who have a high client flow.

The rooms in the brothel are of different sizes and the rent varies accordingly. Many of the relatively well off women, namely the *sardarnies* and the *bariwalis* (landladies), have two adjacent rooms, where the front room is usually used for clients' entertainment, while the back room is for personal use such as for eating, sleeping and cooking etc. The back room is also used to store possessions such as gold jewellery, TV and other valuables.

The BRAC HIV/AIDS office was opposite of the alleyways in the brothel and there was no door to the room, but has a curtain hanging in the front. The room is small with one desk for the programme officer and hospital bed with a curtain for the doctor to check patients who came in.

Challenges faced by researchers

We gained access to the brothel through the BRAC PO who has been working in the brothel since the inception of the programme. Before visiting the brothel, we spoke to her at length about the programme and her experiences working in the brothel. During this session, she answered our queries focused on brothel structures, gatekeepers, police and harassment, access to health services for the sex workers and the structures of the BRAC programme with the brothel based sex workers. She also helped us in terms of modifying and shaping some of our strategies in building rapport with sex workers and conducting the interviews. For example, she told us how it might not be possible at all to interview the bonded sex workers also known as *chukris* as the madams did allow it. Furthermore she mentioned some recent write ups in the newspapers about the abuse on *chukris* and the PO thought this might put the brothel women on guard as well. From the very beginning of our field work, the PO acted as a positive entry point and we were able to utilize her positive image in the brothel to build good relationships inside the brothel.

On our initial visit to the brothel, we were greeted cautiously by the brothel dwellers. Before going to the brothel, however, we were briefed by the programme staff about the recent newspaper exposure (as mentioned earlier) and were advised to be cautious about the women we approach. We were told both by the programme staff and the women in the brothel that it would be impossible to talk to bonded sex workers (*chukris*) as they were closely watched by their *sardarnies*/madams. (It is interesting to mention that on one occasion one of the researchers tried to talk to a *chukri* and even managed to sit in her room to chat; her *sardarni* came running to the room and was quite adamant that the researcher left right away. The *sardarni* (madam) told the researcher that her girl has no time to talk outsiders as she needs to stand on the street and try to get customers. Furthermore, during our interviews with the madams we tried to convince them to let us speak to their *chukris*. As one madam told us frankly, ‘we cannot let you talk to my *chukri* because you’ll ask her all sorts of questions and this might give the girl fresh ideas of rebellion and about leaving me to become an independent sex worker. It might goad her into questioning my authority.’

In the beginning of our research, we spent some time getting ourselves acquainted with both the physical brothel structure as well as, trying to

understand some of the social dynamics that exist in the brothel. During our initial visits, it was difficult to conduct intensive interviews as we were constantly followed by women in the brothel, and programme staff (condom promoters, cleaner etc.) The women in the brothel were cordial to us, and even treated us to snacks and drinks during our visit there. We actively tried to build rapport with some of the women we were introduced to so that on our consecutive trips we could approach them for interviews. It is important to mention being associated with the brothel based PO worked to our advantage in both approaching and building relationship with women in the brothel. The BRAC support system inside the brothel opened a platform for us to interact with people in the brothel and conduct our field work.

Findings

The report is divided into two key sections. The first section discusses the social context of the brothel in various forms and how this plays a role in women's access to condoms. The structure of the brothel is quite hierarchical with the madams at the top of the social class and the *chukris* (Bonded sex workers) at the bottom. While the madams hold considerable power and can dictate the terms of the different sex acts that take place in the brothel, the *chukri* has no decision making power in terms of who she has sexual intercourse with and whether she can use a condom or not. Thus it is important to understand the social structure of the brothel as it shapes the condom using behaviours of the sex workers.

The second section analyses the BRAC intervention within the brothel and what role the programme plays in women's having access to condoms and being able to use condoms effectively within the brothel.

Barriers to condom use

Social context

Other studies confirm that sex workers are very aware of the need of using condoms and have claimed on different occasions that they insisted clients wear condoms during sexual intercourse. The social setting and power structures often act as barriers to condom use for women in the brothels. As will be seen in following sections, the power structures within the brothel, the clientele and the perceptions of sex work largely influence condom use. Thus, examining the power structures in the brothel and the factors that influence the sex workers everyday lives can enhance our understanding of why despite NGO interventions, raised awareness among sex workers about the dangers of HIV/AIDS, sex workers are not able to effectively negotiate condom use with their client and why the rates of condom use still remain alarmingly low.

The power structure in the brothel

The social power structure among the women within the brothel is headed by the *bariwalis* (landlady), followed by the *sardarnies* (madams), independent sex workers and *chukris* are at the bottom of the social ladder. The other powerful

groups within the brothel are the local elite who own most of the houses in the brothel and often are attached to one woman in the brothel, the *babus* (clients who are usually faithful to one woman and is viewed as a husband to that sex worker) ⁶, the police (the local constable, the police chief, the commissioner), and local politicians.

According to the BRAC officials working in the brothel, there are approximately 350 women living in the brothel. Among them 66 are *sardarnies* or madams, 107 are independent sex workers, 116 are *chukris*, and 27 are landladies. Apart from the women, 42 *babus* also reside in the brothel for running their businesses or keep shops in the brothel⁷.

While the *sardarnies* and the landladies enjoy a certain level of autonomy within the brothel structure, and even independent sex workers have a certain amount of freedom in their lifestyle. The *chukris* are treated as bonded slaves, bought by *sardarnies* from Dhaka and their home districts who do not have any rights over their bodies, their economic earning or in social settings in the brothel. *Chukris*, for example are not allowed to talk to any outsiders, they are isolated within the brothel and only interact with clients in doing work (sexual encounters).

Thus, the power structure dictates that the *sardarnies* and the *bariwalis* act as gatekeepers who guard their *chukris* with vigilance. Often independent sex workers, who were *chukris* before, buy *chukris* themselves and treat them in the same manner they were treated as *chukris* in the past. This reproduces the system of *chukris* and continues the cycle of domination and oppression within the brothel structure⁸. But even the powerful women within the brothel have to answer to their patrons, *babus* and to the police and local influential. Thus, men outside the brothel and the clients (who are part of the elite society) usually hold considerable power within the brothel's socioeconomic structures⁹.

⁶ These men include both those who live in the brothel and those who live with families outside.

⁷ Important to mention that these numbers are not static as women change status very quickly and many women leave the brothel (according to BRAC staff, 10 to 12 women leave the brothel every month) while new entrants (mostly *chukris*, according to the BRAC programme officer) are come in on regular basis.

⁸ This can be comparable to the mother-in-law and daughter-in-law social relationship, where the mother in-law used to be the oppressed daughter in-law once upon a time, and now that she is in a position of power she can treat the new bride the same way she was treated when she first came to the brothel.

⁹ As mentioned, most of the houses in the brothel are owned by the local elite and many of them are also *babus* of the women. Thus the women's well-being and existence in the brothel to a large extent depend on the influential elite outside.

Sardarnies (madams), Bariwalis (landladies) and Chukris (bonded sex workers)

The landladies and *sardarnies* are all ex sex workers. Many of the wealthier *sardarnies* and landladies claim to have inherited their land and houses from their mothers/predecessors.

Women have to register once they enter the brothel. It is illegal to work in the brothel without registration with the local authorities and theoretically, anyone under 18 is not allowed to register to work as a sex worker. One has to register with the local police station and pay a certain fee (though there is a fixed rate, the local policeman often extorts extra cash from the women). Once the women obtain the license to work as a sex worker, they can start earning through taking clients in the brothel. It is important to mention that the *chukris* are registered through their madams. The madams pay the local police a certain amount to have their *chukris* registered. Often the *chukris* are under aged and the madams have to pay exorbitant amounts to the local authority to have a false registration issued by the court magistrate which claims that the girls entering the trade are at least 18 years old.

The new girls are introduced either as daughters or sisters of the *Sardarnies*. They then become the *chukris* or bonded sex workers. The *chukris* work for the *sardarnies* in return of shelter, food and clothing. At any point if the *chukris* wish to become independent they have to pay a certain amount of money (usually the amount that was needed for registering the *chukri* in the brothel) and additional interest to buy their freedom. The *chukris* are the most exploited within the system. They are usually treated like slaves by their *sardarnies* and since the *chukris* tend to be young and new in the business they also have a high in flow of clients. The *chukris* are usually kept hidden within the brothel, as more often than not they are under-aged and their legal registration with a false age is done through bribes paid to the system by their madams.

Once a *chukri* is registered and starts working, her goal is to become independent. When we asked one of the *ex-chukri* about becoming independent, she told us that there is a system of becoming independent. When a *chukri* wants to break free from her *sardarni*, she has to appeal to a local Justice system comprised of a committee of landladies for her freedom in the brothel. These appears to be an informal hearing, where a *chukri* presents her reasons for wanting to become independent and then the *sardarni* also demands a fee that has to be paid by the *chukri* for her freedom. This fee usually compensates for the registration fee. After the negotiations, the landladies decide on the money that has to be paid by the *chukri* and then she free to leave the *sardarni* and has to inform the local policeman (*habildar*) about her new status. As one independent sex worker in her early twenties from the posher alleyway mentioned earlier told us, “often, if the

chukri leaves the *sardarni* under amicable terms, the *sardarni* gives her some jewelry and furniture (such as a bed, or a fan, cooking utensils etc.) for her new room. In many cases, she (the *chukri*) is also allowed to pay off the *sardarni* in installments from the money that she will start earning as an independent sex worker.” Thus, women can graduate from being a *chukri* to an independent sex worker. It was also stated by *ex-chukris* often their clients also helped the raise the money needed for them to become independent.

Despite the low status of *chukris*, the position and the bargaining power of *chukris* within the system have shifted to a certain extent in recent times. As some of the madams reminisced about being *chukris* themselves in earlier days, “when we were *chukris*, all we got from the *sardarni* when we started work was a face cream, a sheet of bindis¹⁰ and a lipstick. Now a days, if a *chukri* likes the top we are wearing, we have to take it off and give it to her to keep her happy. We will wear torn clothes if need be, but we have to make sure the *chukri* has nice clothes and her demands are well met.”

Nevertheless, despite some of the changes, the *chukris* still remain at the bottom of the social structure of sex work within the brothel. The abuse faced in the hands of their madams has not changed much from the older days either. As one independent sex worker related her experience as a *chukri*, she mentioned “is she (her madam) human or what? I don’t know how one human being can act in this way with another? The *sardarni* forced me to stand by the street side to grab clients even though I was terribly sick and was running a high temperature. When I finally declared not to work under her (*sardarni*) anymore, the *sardarni* kicked me out and took back all the things I was using even the saree I was wearing at that time.” Another woman mentioned that as a *chukri* in the Faridpur brothel, she faced physical and mental abuse in the hands of her *sardarni*.

Thus, as mentioned earlier in this section, the *chukris* are treated as sub-human in the brothel and this has serious implications for condom use negotiation and promotion in the brothel.

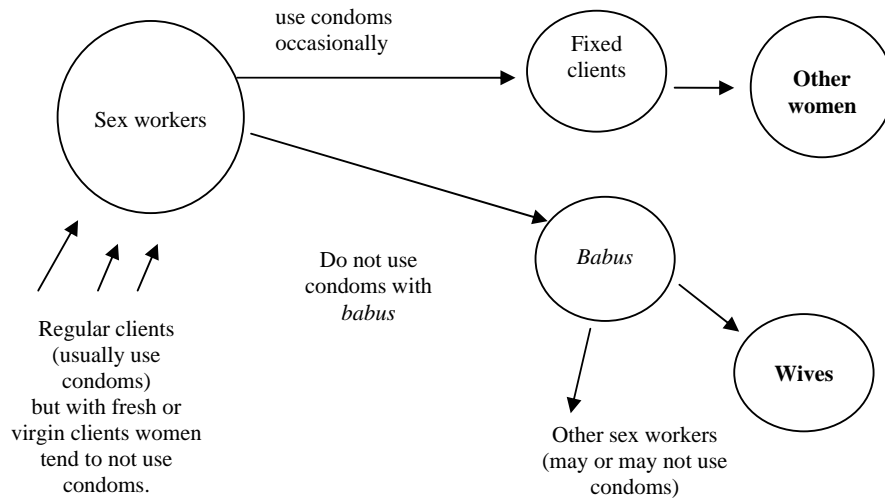
Clients: regular, fixed, and *babus*

As mentioned earlier, the women in the brothel live within an environment where there strong community attachments but at the same time there is competition among the women for clients, more money and higher status. Clients play an important role, if not the most important role in their lives. The socioeconomic and political culture of the brothel is largely influenced by the clientele, their interaction with the sex workers, the landladies and some of the shopkeepers in the brothel. In the next section, we briefly discuss the clients, their role in the

¹⁰ Bindis are small dotted decorations used by women on their forehead.

women's lives and how they influence the social context of the brothel. Furthermore, clients are a major barrier to condom use in the brothel. As mentioned by many of the women in the brothel, "we know that we must use condoms during our work. But sometimes clients refuse to use condoms and are even willing to pay double our rate for work without condoms. On days when I did not make a lot of money, I have to take those clients for the extra money." The following diagram shows how condom use among women in the brothel is limited and how this perpetuates the higher rates of transmission of STDs and HIV/AIDs.

Figure 1. Condom use among women and clients in the brothel



The client flow in the brothel varies among the different alleyways. The more influential and important area with the younger and newer girls sees more clients than the other alleyways. As we observed and were told by the women as well, most of the clients in the brothel are regular clients, rather than first time visitors to the brothel.

The clients are divided into four or five categories according to the women in the brothel. There are the regular clients who go to different women. The fixed clients are similar to regulars, but usually are more comfortable to be with one woman and may or may not have emotional attachments with that woman. As one young girl in her early twenties working in the posher alleyway explained that there was a fine difference between fixed and regular clients. She said "Fixed

clients are more like *babu*¹¹ but may not be exclusive as *babus* tend to be, and regular clients have no emotional attachment, but a customer becomes comfortable with one woman and prefers to see that same woman when he visits the brothel.” As another woman related her own perceptions about *babus* and fixed clients. “The difference between the *babu* and fixed clients is that the *babu* is the beloved one, and the fixed clients are the good friends with whom they have built a good friendly understanding¹².”

Usually women entertain 4 to 5 clients during the day. However, the client flow differs for the different types of sex workers. The younger women entertain a larger number of clients, usually 15 to 20 men in one day, while the older and less attractive women might only entertain 2 or 3 men in a given day¹³. Most women we spoke to told us that physically they could on average tolerate 4 to 5 men, but as one woman told us when they first join it is harder to work with a lot of men, but as time goes by one gets used to working with a number of different men. For example, the usual customer flow for one of the young sex worker is 4 to 5 persons a day and highest is 7 to 8.

One of the younger sex workers also told us that the inflow of customers also varies from time to time. During *Eid*¹⁴ and *Puja*¹⁵, for example, she entertains as many as 80 customers per day. Usually on the *Eid* day the brothel is dead and there are hardly any customers around, ‘as they (the men) are expected to spend time with family on this joyous occasion. But the day after *Eid*, the customer flow is almost always unmanageable. They start coming from 10 or 11 in the morning and it goes on late into the night.

The peak hours in the brothel are during the mid morning hours, as well as late afternoons. Not a lot of men frequent the brothel at night. Mostly *babus* come to

¹¹ *Babus*, as will be explained in detail in later sections, are fixed clients who are treated as husbands by the women. Women have an emotional attachment to their *babus* and see the dynamics of their relationship goes beyond sexual intercourse and payments.

¹² Women usually do not use condoms with *babus* and in many cases they do not use condoms even with fixed clients. The section on women and condom use discusses this issue further.

¹³ While a higher number of clients mean the woman is considered attractive which translates into higher social prestige in the brothel, it also increases the risks of not using condoms during every sex act, as after a few times the condom can infact become painful for the woman. Thus this increases the risk of STDs and HIV/AIDS. Thus, while women look at higher number of clients as pride, researchers and others see high client flow as a risk of higher STDs. There is marked difference in the perceptions between the women and others and this contributes to the ineffective condom use in brothels.

¹⁴ Muslim Holiday

¹⁵ Hindu Celebrations

the brothel at night and stay overnight with the women. There is payment system for men who want to spend the night in the brothel. Any man who wants to enter the brothel after 8pm has to give an entry fee to the local policeman of Tk. 30¹⁶. For men, usually *babus*, who spend the night in the brothel have to pay an additional Tk. 50 to the *habildar* (the local policeman), especially if the client is not from the area. For men from that area paying Tk 30 for overnights is usually considered reasonable.

It is difficult to discern whether acts among one sex workers and many clients take place at the same time, but some women mentioned having sex with a group of men one after the other. She informed that, “I permit group sex as well; though, the manner was to have sex with men one by one, others waiting outside the room. She explained, “We might be ‘*khanki*’ (fallen woman), but we have ‘*izzat*’ (prestige).”

Clients, rates and barriers to condom use

The rates for clients can be negotiated in two ways. Some women charge according to the time spent with her (on an hourly rate) or most women prefer to charge according to per sexual act (the average is Tk. 100 per sexual act). Most women tend to fix the rate before they take a client and take the money before they start working. As one of our respondents told us, “if I take the money first, then if he refuses to use condoms I can throw him out without working with him and without returning his money.” When we probed further to understand why the client wouldn’t force her to return the money in such cases. She told us, “*apa*, in the *para*¹⁷ he is a minority and usually does not want to draw too much attention to himself. And we can gang up against him and just throw him out, if he is being too difficult.” The rate varies between Tk. 50 to Tk. 500. The average is Tk.100 for daytime, while at night the rate can be higher, and go up to Tk. 200. Sometimes women ask for Tk. 100 initially and then try to impress the client with their good behaviour to get more money from him. As one of the girls explained, “during the daytime I usually asks for 100 taka from a customer and try to amaze him by my good manners so he might pay 200 taka (100 taka tips) by getting impressed by me.”

Competition for men

There is high competition for clients in the brothel. During our repeated visits, we observed women lining up on the main streets as early as 10 am for clients and

¹⁶ This entry fee is applicable for any man entering the brothel after 8pm, regardless if he is planning to spend the night or he has plans to be with a specific woman or simply wants to roam around in the brothel.

¹⁷ Brothel

trying to lure them into their rooms with evocative remarks and sexual overtures etc. As many of the girls in the brothel told us, “if I refuse him, someone else will take him without condoms and usually earn twice the money than I would by insisting on using condoms.” There is also jealousy among the women over clients. As one of the younger girls informed us, “I have no problem spending on my clients, but I will never spend on the other women here. Because if I spend any extra cash I get from clients on the women, they will try everything to grab that client for themselves.” The usual custom in the brothel dictates that if a client does not want to use condoms then he will have to pay double the rate (Tk. 200 instead of Tk.100 per act), and for most women who can barely make ends meet in the brothel this is a more attractive option than turning away clients. For example, an older independent sex worker who does not have the same demand as the younger girls but has to pay the same amount for rent, utilities, food and other basic necessities is less likely to turn away clients just because they do not want to use condoms, especially if the clients are willing to pay double for not using condoms.

Babus

Babus are partners for women who are treated as husbands. The *babus* are usually emotionally attached to the woman. Our in-depth interviews revealed that most of the sex workers felt that *babus* are like husbands and thus, there is no need to use condoms with them. One woman told us that she never uses condoms with her *babu*, even though she knows that he occasionally goes to other women in the brothel and elsewhere. As she told us, “I know he sees other women. But I feel like his wife and I don’t think wives should use condoms with their husbands. She elaborated further, “I always use condoms with my other clients and am very careful with them. So it is ok.”

And *babus* often frequent other women and this leads to a spread of diseases both within the brothel and to women outside the brothel (wives of *babus*). Women do not use condoms with *babus* because they are treated as husbands and there is no need to use condoms with someone you love, and in many cases they purposely do not use condoms with *babus* so that they can have their children as well. As one young (late 20s) independent sex worker told us, “I want to have a child with my *babu* because I love him. That’s why I use condoms with all my other clients and not with him, so when I conceive I know it is his child. I want to marry my *babu* and leave this brothel some day.”

Women never use condoms with *babus*. As one woman told us, “most of her customers are fixed and she did not use condom with her fixed clients for the sake of good friendship. She does not feel using condom with them as they have been coming to her from long ago and became good friends of her, though she faced severe STD one year back (she could mention all the modes of

HIV/AIDS/STI transmission).” However, *babus* often are not exclusive with one woman in the brothel. Thus the *babu* goes to other women in the brothel and in many cases has a family outside the brothel where he engages in sexual intercourse with his wife. Many of the younger sex workers with *babus* know about their having a family and accept it as part of the relationship. In some cases, the sex workers believe that though the men have families outside the brothel, they are the ones the *babus* truly love and care for. As one young sex worker Jahnara (late 20s) told us, “I know he has a wife, but he has no physical relationship with her.” This may result in a spread of STDs and HIV/AIDS even outside the brothel. While women are reluctant to use condoms with their *babus* who are seen as their husbands, condom promotion programmes will not be able to prevent the spread of STDs and HIV/AIDS, as a large proportion of women in the brothel usually have one or more *babus*.

Women, who have a *babu*, in most cases see the *babu* as away to escape the life in the brothel. One woman is planning to marry her *babu* and leave the brothel for good. Marriage and monogamous life is perceived as leading a good life by most women in the brothel. One of the woman told us that, “*apa* next time you visit the brothel, I might not even be here.” She has been planning on getting married soon after the *Eid-ul-Fitr* and has even rented a two bedroom house with her *babu* outside the brothel for five months already. He has been paying the rent (Tk.1000 a month). According to her they had already started setting up the place, bought most of the furniture, cooking utensils etc. When asked about how his family would react to this, she told us that his family treats her real well¹⁸.

While older women prefer to have *babus*, the younger girls are less inclined to be tied down to one man. An older independent sex worker explained, having a *babu* gives women a sense of security and gives her the feeling of being special and loved. No matter what, as she said, “with a *babu*, at least I won’t go hungry.” In contrast, one young girl told us that, she doesn’t want a *babu* because she thinks they are too controlling and with a *babu* one did not have the freedom to be with other men. She further stated, “if I was ever to have *babu*, I would prefer to be with someone who is not from this area and who is gentle and caring towards me. It would not matter how he looked as long as he had a good heart.” Other women also confirmed that in a *babu* they are looking for a good man with a big heart and kindness rather than looks. As one of the youngest girls exclaimed

¹⁸ On our last visit, we found out that she in fact got married to her *babu* and moved out of the brothel. Interestingly she has not given up her room and still pays for it. As the BRAC PO told us about the usual pattern of marriages in the brothel. “Even when the girls do get married, you can be sure that within a few months they are back here after the *babus* have abandoned them. It happens all the time and still they don’t learn their lesson.”

about her friend's *babu* (who was dark skinned), "*kalo hole ki hobe, o onek bhalo ache.*"

While a lot of the women see their relationship with their *babu* as an exit option from the brothel many other women take a more practical stand when it comes to *babus*, commitment, marriage and long term future plans outside the brothel. One of the younger women in the brothel narrated to us how her *babu* wants her to get married to him and leave the brothel life forever. But she thinks, "it (the marriage) should not take place between them. This type of marriage brings no happiness." Many women though do not see marriage as a viable option; nevertheless try to bind their *babu* to themselves by having a baby with the *babu*. It is hoped that this will tie him down to her and make him responsible for the well-being for both the woman and the baby. On the other hand, another young sex worker told us that she does not wish to have a *babu*. She said "the *Babu* can only give pain in the long run. At first he will care and love a lot. But, as time passes, the relation gets changed and the *babu* starts to go to other women. It causes pain. One can not even blame the other women to whom the *babu* will be going, as they will tell, '*I didn't invite him, he came by his own will.*' Moreover, the *babu* takes most of the money and contrarily doesn't pay for the sex act, gets impatient with regular clients of his woman and abuses them. Therefore, its not healthy to have a *babu*."

Other barriers to condom use

While condoms are seen as necessary for protection and to prevent diseases, women in the brothel have not been able to effectively use condoms with their clients for various reasons. In this section, we discuss some of the barriers mentioned by women to 100% condom use in the brothel. However, most women in the brothel are well aware of the need to use condoms to prevent diseases. With increased NGO interventions in the brothel, most women also know how and when STDs and HIV/AIDs are spread what are the measures that need to be taken to prevent the spread of the disease.

Vulnerable sex workers and barriers to condom use

Chukris are one of the groups who have no control over their bodies, their work and condom use. As was pointed out earlier, they don't buy condoms themselves and rather depend on their madams for condoms. *Chukris* are also very high in demand and probably have the highest client flow among the different groups of sex workers, As they get one condom at a time from their madams, the second or third sex act with the same client is likely to be done without condoms. Furthermore, in-depth interviews with former *chukris* and informal discussions with *sardarnies* reveal if *chukris* don't report the repeated sexual acts to the *sardarni* they can keep the extra cash earned from the client for themselves. As

chukris have no other source of income and is expected to hand over all their earnings to the *sardarni*, it can be argued that they perform more acts without condoms to be able to save up to become an independent worker as soon as possible. Thus, *chukris* usually take customers without using condoms. As one independent sex worker told us, “customer means money and the *sardarnies* know only money. The *sardarnies* don’t bother about the way the sex will be performed. Therefore, because of the *sardarnis*, the *chukris* cannot reject any customer.” It is interesting to note how *chukris* are seen only as money making bodies and are thus, treated as an economic commodity by the brothel structures and power groups. This contributes further to their subordinate status and also prevents condom use as the women have no agency to voice their preferences in terms of clients who do not want to use condoms.

Usually the *sardarnies* keep the condoms and provide it to the *chukris* for two taka when, and only when, the customer asked for it. Some *sardarnies* provide their *chukris* with bundle of condoms at a time and let them keep those in their own rooms. But those (*sardarnis*) who are ‘business minded’ sell condoms to the customers (through *chukris*) for 2 taka per piece. During an interview with a madam, the madam agreed that the system of selling condoms to the client directly rather than providing *chukris* with condoms, led to a decrease in condom use by *chukris*. She argued that in the system of selling condoms to the client, the *chukris* collected only one condom at a time. So, if any customer wanted to ‘work’ for the second time, the *chukris* did not come back to the madam for a second condom. It was reported by a few that they usually had sex the second time without using a condom¹⁹.

Furthermore, *chukris* can only use condoms if the *sardarnies* are supportive of condom use, but clients usually prefer to have sex without condoms. But from the perspective of the madam, spending that much time and resources on *chukris* is often seen as a cost rather than a benefit. Often *chukris* flee away, steal money, jewelry and clothes from the madam, start an illicit relationship with clients to be able to leave the brothel without informing the *sardarni*, and in many cases the under aged *chukris* pose a constant threat of police harassment and extortion etc. As one *sardarni* informed us, until recently she had a *chukri* under her named Nipa. Nipa was a new girl and had been in the brothel only a few days when she fled, taking some of the jewelry that her *sardarni* had given her. Though the *sardarni*, Najma does not know what compelled Nipa to leave, she suspects that one of the clients influenced her to flee with him. She has no news of her and does not know where she might be now. Often *chukris* pose a financial loss for the madams as well. The *chukris* who are lured by the *sardarnies* and brought to the brothel under false pretense are often reluctant to start working as a sex

¹⁹ The buying of one condom at a time, as mentioned earlier might also help the *chukris* cheat the *sardarnis* about the number of ‘acts’ and hence payments too.

worker and has to be coaxed into working which may take days and even weeks. On the other hand, some of the madams mentioned that though there is always a threat of the *chukris* fleeing, in general they do not worry too much about it. As one madam told us when we asked is she was worried that her *chukri* who had gone home for few days may not return, “I am not worried about her not returning, because once you taste the money in this trade, you are bound to come back.”

Sex workers perceptions of condom use: “the good woman image”

There is a general perception that good women use condoms and using condoms is an indicator of a clean woman who is free of diseases. One woman explained the condom use status in the brothel in the following manner, “those who are good, like us (independents), use condom. *Chukris* do not think about their body. They are just obsessed from thinking they could live in a better and good manner. They use pills. They use condom only when the customers ask for it. *Chukris* get more STDs than the others. STDs do not happen to the good ones when asked who are good, she mentioned the independents.

However, repeated field visits and talking to the women in the brothel revealed that there is a gap between the good image of 100% condom use and the actual use of condoms by women, even independent sex workers in the brothel. This is evident from speaking to a group (8 to 10 women) of younger sex workers, who had been infected with some form of the disease at some point in their life in brothel. For example, one of the girl narrated to us that she had taken a customer without condom for double the rate (Tk 200 instead of Tk. 100) and became sick with STDs. For a profit of Tk. 100 she had to spend Tk. 500 to get treated. Even though the girls were able to recite off the causes and cure for STDs and RTIs effectively, most of them didn’t practice safe sex and as mentioned, have been infected (in some cases several times) by the diseases²⁰. Some of them have been pregnant (again several times in some cases) and have had abortions as well. This shows that though women in the brothel claim to be using condoms, and know about the negative impacts of unsafe sex, in reality for many different reasons, many are unable or even unwilling to use condoms with clients on a regular basis.

Strategies used by women to negotiate condom use

According to the women, they try to negotiate condom use even before they start working with the client. As many women told us, firstly they fix the rate and then

²⁰ If they were inclined to use condoms regularly, they would buy them in boxes like some of the older women. Instead, a few of them told us that they buy one condom at a time to use with clients rather than stocking up. They didn’t offer any explanation for this behaviour either, and since they are young and earn well, money is possibly not an issue here.

take the money upfront from the client. After that, the women insist clients use condoms and if they refuse, then the clients are thrown out of the room without returning the money. As was mentioned by one of the younger sex workers, during the negotiating period the customers usually say, “we come here leaving our wives to have some fun and you are asking to use condom!” Unfortunately if any customer finally doesn’t agree with using condom, sex workers report that they refuse to have sex with him and give him the money back. One woman said, “even if he proposes higher payment, I don’t agree. Why will I spoil my life because of getting diseases by only one sex act? I can ensure a long healthy life by avoiding condom less sex. If I live, I will get more clients.” Also, *sardarnies* who are powerful and are supportive of condom use can in fact enforce condom use among their own *chukris*.

In terms of trying to convince clients, women discuss the risks associated with unsafe sex for both the woman and the client to motivate him to use condoms. As one of our respondents related to us, “to convince my clients, I tell them that I need to live and you also need to live. So, when you will ‘work’ with me, I could give you ‘disease’ and at the same way you also could give them to me.” She also mentioned that those who have families (wife and children), easily get convinced to use condom. Besides, the young generation who are students, also get convinced to use condoms. She informed us that, even after all these efforts there is approximately 10% of the clients who come to her who never agree to condoms, and in those cases she refuses to work with them except with the ones who look fresh and clean. As was mentioned earlier, this impression of clean clients by appearance contributes further to the spread of STDs and HIV/AIDS. Most women thus, believe the most effective way to convince customers to use condoms is graphic depiction of STDs and RTIs from the books that were given to them by the different NGOs. They also try to explain the need to use condoms to prevent diseases to the customers. If none of these tactics work, then the women take the money and throw the unwilling customer out of their rooms.

Despite some success in negotiating condom use, it is evident from our discussions with different women in the brothel that at all ages, women cannot really use condoms. As *chukris*, they are under the *sardarni*, have a high client flow and cannot use condoms. As older women, they are less in demand, and do not have the financial power to bargain condom use.

BRAC's condom promotion intervention

The second section covers details on constraints of condom use among brothel workers, and focuses on BRAC's condom promotion intervention under its brothel based HIV/AIDS programme and the challenges faced.

Layout of the BRAC's brothel based HIV/AIDS programme

BRAC initiated its HIV/AIDS programme implementation in the brothel in December 2003. It followed the strategy of introducing HIV/AIDS Program through the mechanism of microfinance intervention in the brothel. Microfinance was initiated with the aim of mobilizing and motivating commercial sex workers (CSWs) to save to assist during any crisis period. It is hoped that the microfinance program will empower and create an enabling environment for reducing risks and vulnerability associated with STDs and HIV/AIDS, giving sex workers more negotiating power through 100 percent condom use.

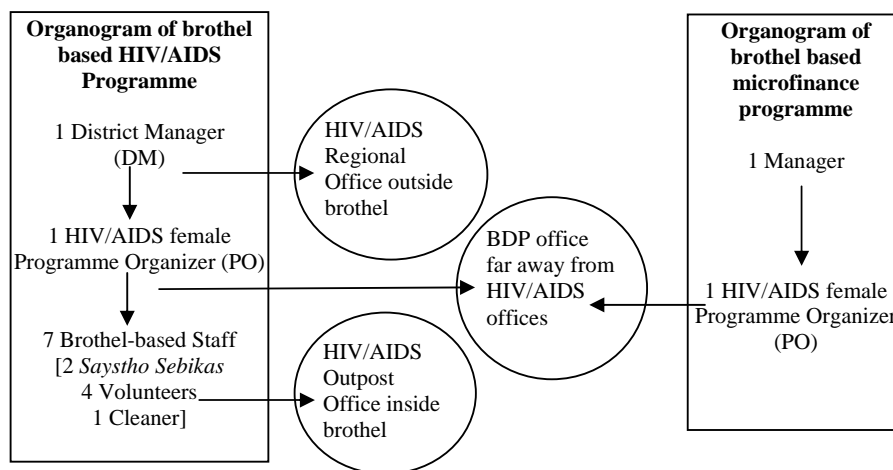
The entry point for BRAC in the brothel was by providing microfinance. Microfinance was the platform to introduce issues related to HIV/AIDS, STDs and RTIs and other health concerns. During the study, the HIV/AIDS programme has two offices, one was regional office setup in the main town and the other, inside the brothel itself which was basically an out post of the Regional Office. The main person in charge was the District Manager (DM). He was stationed at the regional office. He supervised one HIV/AIDS Female Programme Organizer (PO) who was directly responsible for implementing the HIV/AIDS programme activities at the field level (inside the brothel) with the assistance of seven brothel based staff²¹. These seven brothel based staff included 2 *Shaystho Shebikas* (SSs), 4 Volunteers, and 1 Cleaner.

This HIV/AIDS Female PO had also the responsibility of implementing microfinance programme in the brothel. Thus she was, in addition, controlled by the microfinance programme under the supervision of the microfinance manager. She was stationed in the microfinance programme office of BRAC, which was

²¹ There supposed to be one Medical Officer (doctor) which post was vacant.

situated on the outskirts of town; far away from both the HIV/AIDS programme offices inside and outside brothel.

Office station for the HIV/AIDS staff



HIV/AIDS programme for promoting condom

BRAC HIV/AIDS programme aims to achieve 100% condom use among the brothel based sex workers. BRAC undertook a number of activities to achieve the goal: awareness building on STI and HIV/AIDS, condom promotion, STI/RTI syndromic treatment through BRAC referral facilities, and administering medicines and treatment of ten general diseases through a set of eight staff as mentioned above (one HIV/AIDS female PO and seven brothel based staff under her supervision).

As per the programme design, the HIV/AIDS Female PO was assigned to discuss with the sex workers the HIV/AIDS and STI/RTI awareness development issues, ensure STI/RTI syndromic treatment through BRAC referral facilities, and create supportive environment for condom supplies and deal with problems that arose in programme operation. Under her supervision, among the seven brothel based staff, the SSs' were designed to raise awareness about HIV/AIDS, STDs and RTIs, selling condoms and administering medicine to the sex workers in the brothel for the 10 diseases. The health volunteers, in addition to selling condoms and raising awareness among the sex workers, were entrusted with counting the condoms used by the sex workers. The remaining brothel based staff, the cleaner were assigned to clear the bins in different corners of the brothel which were designed for dumping used condoms. The idea was to monitor and track condoms used by sex workers.

The PO was assigned to work for HIV/AIDS programme for three days of the week and on microfinance programme (discussed earlier) for the rest three days. While under her supervision, all the seven brothel based staff were responsible to work entirely on HIV/AIDS programme for 6 days a week.

Reality

In reality, the microfinance programme of promoting condom use hindered rather than assisted the programme. Some of the key challenges were as follows:

Microfinance programme overshadowed the condom promotion intervention

Over load of microfinance intervention activities

There were 149 microfinance/village organizations' (VOs) Members (sex workers) in the brothel who were involved in BRAC's savings and loan interventions. As per programme mandate, the HIV/AIDS Female PO was responsible for collecting savings and loans from all the 149 sex workers once a week. As a consequence, it was observed that the POs were busy with microfinance interventions, collecting saving and loan instalments for three days and collecting any over due amount of loans from the women during the rest of the week. The additional days' of involvement became a regular routine because invariably in the brothel structure, the instalment collection did not go smoothly. This was the case particularly for older sex workers who took loans to support a crisis situation and then were often unable to repay and fell into the group of overdue payees. The major constraint for the POs was that if there was any case of delay repayments, the staff member had to adjust the amount by/from her monthly salary. This added an additional burden and pressure to ensure collections and repayments were done properly, with the microfinance programme taking up most of her time. This resulted in the neglect of the condom promotion programme. According to the district manager, "The PO is always preoccupied with loan collection and savings. The microfinance programme puts a mental stress on the PO and she cannot utilize her maximum potential. She is always worrying about microfinance and has little time for other things."

It was revealed that the only jobs associated with the HIV/AIDS programme, which the brothel based programme officer was able to carry out was supplying condom to the brothel based staff for selling in the brothel, collection of the vended money from them and counting the monthly amount of condom sale. The PO was concerned with these activities because similar to the microfinance job responsibility, she, had to submit the sales proceeds of condom to the HIV/AIDS Regional Office every month. The PO reported that she had to share from her

own salary in case of default of the brothel-based staff²². It was also observed that following up on condom sales took only an hour with most of her time taken up with microfinance.

This was also the scenario for all the brothel based HIV/AIDS staff who were mostly involved with the microfinance programme activities during the week, and were only involved with condom selling as part of HIV/AIDS intervention. This is despite the fact that most of them were recruited to assist only in the HIV/AIDS programme, and were not meant to be part of the microfinance programme²³. The brothel based HIV/AIDS staff's involvement in microfinance programme cropped up as their supervisor (PO) was overloaded with MF intervention (discussed earlier) and eventually engaged her sub-ordinate HIV/AIDS staff too with the same sort of microfinance activities to reduce her work load. This procedure of engaging the HIV/AIDS brothel based staff into microfinance intervention had continued as there was no effective monitoring and supervision. Thus, the condom promotional activities were suffering and getting skewed by the microfinance programme.

Poor reputation of microfinance intervention

“Delay in withdrawal of savings is especially problematic for the sex workers in the brothel, as they are more mobile than other groups and often are pushed to leave the brothel very suddenly and immediately. If they cannot withdraw their savings at that time, often they are not able to come back for it.”

BRAC's microfinance mandate dictated that women could withdraw their savings anytime. In line with this, being able to withdraw savings at any time was officially assured to the sex worker (by the HIV/AIDS female PO as the direct programme implementer of microfinance programme). However, in practice, microfinance programme in the brothel limited the withdrawal by the sex workers according to its (microfinance programme's) own convenience. The HIV/AIDS DM elucidated that it (microfinance programmes) fixed up the withdrawal date as

²² Besides, it was evident that in the case of brothel based HIV/AIDS programme, the central indicator of the programme success generally meant only the rise of condom distribution rate. Thus, (increased) condom sale rate covered up all the gaps in HIV/AIDS awareness building effort and rather burgeoned the accomplishment of HIV/AIDS intervention which made the PO inclined to only condom administering issue.

²³ However, the SSs claimed selling medicines for 10 general diseases and the Cleaner reported about clearing up the bins with used condoms from six corners of the brothel early in the morning. Besides, one of the volunteers mentioned that she was the only one who was responsible for cleaning and maintaining the office room and opening and locking it up every day.

once a month, and even then there was no fixed date. Often they either gave partial amounts, or they asked the sex worker to wait until the next month, or in extreme cases, they refused point blank to give back any savings. The DM stated, “There is no consistency between what the microfinance programme tells them and how it acts when it comes to giving back their savings.” He complained, “The manager of microfinance programme does not listen to any of the recommendations, requests, or concerns raised by the HIV/AIDS DM or the PO.” These sorts of dealings caused substantial amount of resentment among the sex workers, which in reverse translated into less standing for the condom promotion programme.

The DM explained, “The microfinance manager never goes to the brothel VOs, even if serious problems arise.” Thus the HIV/AIDS female PO was the only personnel who represented the microfinance programme in the brothel. In consequence, all the resentment and blame came upon her and her HIV/AIDS intervention, as she was the direct implementer of HIV/AIDS programme in the brothel. The DM stated, “since the management of BRAC’s brothel based field-level interventions (HIV/AIDS and microfinance) are in the hands of the HIV/AIDS female PO, she is the one who bears the brunt of the anger of the sex workers. So it is no surprise that when the microfinance personnel loses face in front of the sex workers, in consequence the HIV/AIDS programme also loses its credibility among these women.” The DM clarified that there were no other problems in the HIV/AIDS programme apart from the microfinance issues stemming from the microfinance control. Thus, the BRAC intervention structure itself had its own flaws and over and above the MF was over-shadowing the condom promotion intervention.

Conflicting condom administration procedure

Contradictory role of BRAC’s condom promotion intervention

Under the condom promotional intervention, BRAC included the activity of providing condoms to the sex workers with a substantial amount of subsidy. BRAC had the provision of providing condom with about 74 percent subsidy, which came to Tk. 0.10 price for each piece of condom, while the wholesale price was Tk. 0.38.

On the other hand, another local NGO organization working in the brothel received condoms from the government free of cost and planned to distribute it to the sex workers free of cost. BRAC did not have a budget allocation to provide 100% subsidy on condoms. Therefore, in the monthly meetings of the NGOs working in the brothel (established and organized by BRAC), BRAC managed to get an agreement that no NGO would distribute free condom in the brothel, rather there would be a minimum charge of at least Tk. 0.10 for each piece (BRAC

allocated price of condom). Thus, in some ways, BRAC's policy for a basic nominal fee for condoms impacted on the NGO's original plan of providing condoms free of cost to relevant target groups and promoting its use.

Hierarchy in condom administration procedure

Although the main aim of BRAC's brothel based HIV/AIDS programme was targeting the vulnerable sex workers and promote condom use, observations found that brothel based staff targeted the *bariwalis* and *sardarnis* who belonged to the top of brothel hierarchy. According to one of the brothel based staff, "I get the condoms from the programme officer and keep them in my room. The *sardarnis* and *bariwalis* buy condoms from me whenever they need it." Another staff stated, "Sometimes I visit the *bariwalis* and *sardarnis*' rooms and sell condom to them."²⁴ As a result, *chukris*, the most vulnerable group and usually powerless, were bypassed by the program as they were not directly accessed and in addition did not have enough money or authority to participate in the microfinance program²⁵. Observations and interviews indicate that the programme did not challenge the existing brothel hierarchy, by dealing mainly with the *sardarnis*. Therefore, brothel based staff did not try to directly reach condoms to the *chukris* who consisted of the majority (more than one third of the CSWs) of this brothel community. Accordingly, the programme's selling and distribution of condoms mirrored the hierarchical structure of the brothel, ensuring that the less independent or vulnerable *chukris* had to negotiate condom access via their madams/*sardarnis*, leaving them vulnerable and disempowered.

Condom delivery at higher price

BRAC hired all the seven brothel based staff for Tk. 500 (\$ 7.25) every month²⁶. For a regular sex worker this amount of money was a matter of a few hours' business. But, the brothel based staff continued working for BRAC, because they could not take the risk of losing their job as they were older and no longer in the

²⁴ These *bariwalis* and *sardarnis* resell those condoms to the independents and those clients (through their subordinate *chukris*) who by themselves asked for condoms, at very high price (2 taka per piece, while BRAC provided 100 condoms at 10 taka rate). But they never tried to promote condom to the *chukris* as "they (*sardarnis*) only care for money" and did not encourage condom use among the *chukris* which distracted the client flow. According to all the women interviewed in the brothel, by every means the *sardarnis* did not promote condom use among the *chukris*.

²⁵ Though some of the *chukris*' name were enlisted within BRAC's microfinance VO member, the *sardarnis* were the real beneficiaries of the loan intake. The *sardarnis* basically took over the loan and paid off the instalment by the name of their *chukris*.

²⁶ The brothel based staff informed that the CHCP paid their workers above Tk 4,500 (including festival (*Eid*) bonuses) and SMC (Social Marketing Company) paid Tk. 4,000.

sex trade (only one was a *sardarni*)²⁷. As a consequence, they were motivated to earn any income to manage and interviews reveal that they compensated their low wages by raising the price of condoms from Tk. 10 to Tk. 20 or 25 (for 100 pieces of condom)²⁸. Observations found that these brothel based staff sold condoms to the sex workers openly at the higher price. BRAC programme personnel chose to overlook this price hike by the brothel based staff because of the poor salary paid to the brothel staff. The programme officer stated, “*Apa*, you just think, can a staff survive for a month with only 500 Taka?” Thus the sex workers were being unfairly charged higher costs for condoms because of the brothel based staff’s low wages. It can be argued that the condom promotion activity of BRAC discouraged condom use, particularly if the costs of purchasing condoms were higher, in a climate where clients did not like to use condoms, and *sardarnis* were paid more if their *chukris* did not use condoms.

Another finding was that condoms provided by BRAC were also directly sold to a local shop at a higher price. For example, it was noted that one of the *babus* had grocery shop inside the brothel and a brothel based staff directly handed over

²⁷ Most of the brothel based staff mentioned they joined the BRAC programme to earn some extra cash as well as help the women in the brothel become conscious of the health risks and hazards associated with their work. Some also mentioned that the positive approach and good behaviour of the DM and the PO motivated them to join up in the BRAC programme. However, when asked the DM why the volunteers and the health workers were willing to work for BRAC for lesser pay, while all the other organizations paid their health workers a higher salary, the DM explained that the other NGOs working in the brothel were the short term one and the brothel based staff know BRAC was there for the long haul. So in the long run, it was more beneficial for the staff to be part of the BRAC programme. Furthermore, BRAC provided other facilities for its workers such as loans in microfinance, saving schemes and other incentives (incentive of SSs). And even if the BRAC staff decided to quit, they couldn’t join the other organization because of the different organization coordination committee decision not to take women from one organization to another.

²⁸ Once when SMC offered Tk. 4,000 for the PE position, the BRAC trained brothel based staff were interested to switch to SMC. This was resolved internally among the NGOs working there. BRAC established an agreement with the other organizations working in the brothel that no one would try to snatch other’s staff. Through this system, they could control their staff and impede their voice against the remuneration structure while there was no other choice for them other than quitting and became inactive in the ‘development’ world²⁸. Furthermore, all the brothel based staff had been asking for a raise for a long time. At one point, they collectively demanded a raise (approximately Tk. 1,500) and when nothing was done about it, all seven of them walked out of their jobs. At that point, the DM made the PO to mould the staff individually and break up the collective action. Both of them (the DM and PO) worked hard to convince the women to come back to work. They convinced the women to work for the larger good of the brothel well-being and eventually the women decided to come back to work.

most of her portion of condoms (which she is supposed to distribute/sell to the sex workers) to her *babu*²⁹. This cost the *babu* much less than the market price (around 30 taka less per hundred pieces) and the volunteer received extra income, as it enabled her to collect additional condoms for distributing. The BRAC HIV/AIDS PO was aware of this incident but did rectify the situation, despite complaints from another brothel based organization who was enraged at the situation. The programme officer said, “That is not my business. I washed my hands off after the distribution (delivery of the condoms).... Deal with whoever is doing this”.

The selling of condoms at a higher price by low paid brothel staff and diverting condoms to the local shop, which sold condoms at a higher price would have impacted negatively on promotion and encouragement of condom use by sex workers.

Crisis in condom supply

It was reported in the interviews, that since December 2005, there has not been an adequate condom distribution in the brothel, as there was no supply from the one of the key suppliers for BRAC. The written agreement was to provide 15,000 pieces of condom each month. However, this was not followed and only 2,000 pieces were reportedly supplied which directly impacted on BRAC’s condom promotion programme.

²⁹ This particular one case was revealed by the researchers at some stage during their investigation. There might be other cases as well which could not be explored in that kind of sensitive setup of the brothel structure.

Conclusion

Women in the brothel did not have much negotiating power to use condoms effectively as had been shown in the first section of this study. The social power structure of the brothel prevented the bonded sex workers from having access to and using condoms. The power structure dictated that the *sardarnies* and the *bariwalis* acted as gatekeepers who guarded their *chukris* with vigilance. Often independent sex workers, who were *chukris* before, bought *chukris* themselves and treated them in the same manner as they were treated as *chukris* in the past. This reproduced the system of *chukris* and continued the cycle of domination and oppression within the brothel structure. But even the powerful women within the brothel had to answer to their patrons, *babus* and to the police and local influentials. This repeated the vicious cycle, led to vulnerability and risk of spreading HIV/AIDS and STDs, as *chukris* were the ones who received the largest number of clients. Thus, any interventions in brothels should need to take into account the role of the *sardarnies* and landladies in providing condoms to the younger sex workers i.e. *chukris*.

BRAC's brothel based HIV/AIDS programme was operating within various constraints. The HIV/AIDS programme was overshadowed by the microfinance programme as both these wings were looked after by the same personnel, but she was forced to focus on the microfinance programme. It was felt both at the field level and by the researchers that there should be two separate programme officers responsible for the two different programmes in the brothel. Furthermore, given the power structure and incentives for the brothel based workers, an increased pay scale could effectively advocate proper condom promotion and implement the HIV/AIDS programme efficiently.

There is a need to urgently review and plan programme strategies which create an enabling environment for all sex workers to access and be able to use condoms. Clients need to understand the importance of condom use and they need to be more effectively targeted. Education, awareness and targeted information on the risks of contracting HIV/AIDS need to be widely disseminated among not only brothel based sex workers but also clients to ensure improved condom use. Programme interventions and educational messages need to view sex workers lives holistically, with empathy for their lived experiences and the realities of their lives, which can make condom use challenging.

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