

SEXUAL ASSERTIVENESS AMONG FEMALE COMMERCIAL SEX WORKERS

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Abstract: INTRODUCTION- Sexual assertiveness begins with acquiring the knowledge of what is appropriate and inappropriate sexual behavior. From early years, we were most likely taught “good touch” and “bad touch” to differentiate the handling of sexual from nonsexual parts of the body. Jenkins writes that sexual assertiveness empowers women and men alike to be active in what happens to their bodies where sexuality is concerned. OBJECTIVES (1) to estimate level of Sexual Assertiveness among female commercial sex workers 2) To associate the sexual assertiveness with their selected demographic variables. MATERIALS &METHODS: Mixed Method study was done among 30 FSW to explore the Sexual Assertiveness by using sexual assertiveness scale (Quantitative) in-depth interview (Qualitative). Level of sexual assertiveness was assessed by sexual assertiveness scale developed by Dr.Patricia J. Morokoff , following that indepth interview were done in 7sex workers. RESULTS: The computed result shows that majority of FSW (56.7%) has inadequate sexual assertiveness and there is a significant association (0.05 %) between their marital status and number of dependents but their age and education doesn't play any significant role in their assertiveness. CONCLUSIONS: The result shown that there is a less sexual assertiveness among Female Sex Workers, they were compromised themselves for not using condom during the sexual act. No woman could choose to be in sex work and making money but social and economic factors paved the way towards sex work. Provision of economic safety of female sex workers reduces the condom negotiation thus decrease the chance of HIV transmission. RECOMMENDATIONS (1) Promote Job opportunities for Female Sex Workers (FSW)(2) Rescue them and restore them in good income source (3) Encourage sex communication in married couples to share their own sexual need between them to avoid search of sexual act outside of marriage ties and indulge in unprotected sexual intercourse.(4)Create intensive condom awareness among both Genders, and consistent condom use.(5)Encourage women empowerment(6)Improve the status of women in society, promote Gender equality.(7) Increase self-confidence and strength of women in society

Keywords: Sex, Female Sex workers, sexual assertiveness, condom, mixed method

I. INTRODUCTION

World Health Organization South-East Asia Regional Office, (1994) New Delhi, stated that HIV was introduced in India much later than in other parts of the world, but is spreading with unprecedented rapidity and is becoming a public health problem with enormous social and economic implications. HIV in India is spread mainly through heterosexual intercourse, moving from high-risk behavior populations to the general population

There are more than one million prostitutes aged under 16 in eight Asian countries with 4, 00,000 in India. The group of people most at risk of HIV /AIDS was women, young people and sex workers. Most people become sex workers so they can feed, clothe, and supply the basic needs for themselves and their families and they were abandoned wives, mothers with no means of support and poverty strikes people. (**International news 2000**).

Sexually active unmarried young people 15- 24 yrs old, those indulging in extra marital sex, and those addicted to opium / poppy husk were observed to be at higher risk of HIV infections. (**Benjamin Iet al. 2007**).

HIV positive women were significantly more likely to report marital dissatisfaction, a history of forced sex, domestic violence, and depressive symptoms and husband's extra martial sex when compared to the HIV negative women (Gupta RN et al., 2008)In West Bengal among 558 brothel based sex workers explored that HIV infection was much higher (15.5%) in younger sex workers (age < or = 20 years), compared with old age groups 5.4%.This could be associated with larger areas of cervical ectopy of younger sex workers who are subjected to repeated trauma during sexual intercourse, facilitating higher HIV transmission. Behavioral factors may increase a young sex workers risk of acquiring HIV infection including professional immaturity with clients which might lead to unprotected sex. (**Sarkar B et al 2006**)

In Pune among 1359 FSWs the overall HIV prevalence was 54 % and not being married, being widow, inconsistent condom use, and clinical presence of genital ulcer disease were associated with HIV infection among them.

(Brahmer2006). In among 6048 FSWs in Hyderabad the risk of HIV infection as a result of non use of condoms was higher in, not having been tested, and was also unwilling to get tested, and they held significantly more negative beliefs about HIV /AIDS (**Dan Dona R et al 2005**).

Sex workers in Kerala, India, live in a coercive environment and face violence from the police, criminals, lack of shelter, childcare support and have many physical and mental health problems. They understand that the lack of sexual fulfillment in other relationships, and their own lack of access to other work and resources are the reasons why commercial sex flourishes (**Jayashree AK. 2004**).

NEED FOR THE STUDY

Sexual assertiveness begins with acquiring the knowledge of what is appropriate and inappropriate sexual behavior. From early years, we were most likely taught “good touch” and “bad touch” to differentiate the handling of sexual from nonsexual parts of the body. (**Latoya Newman**) Young people are often found to be resilient despite adverse environments and experiences. Protective factors (social support, community connection, and self esteem) can encourage resiliency (**Dr. Erin Wilson 2008**).

The Power to Say No

Being aware of our rights not to be mentally, physically or emotionally abused by anyone gives more power to assert those rights. do not have to engage in any sexual activity unless want to, such as kissing, intimate touching or further sexual activity. If feel uncomfortable in an intimate situation or are not ready to become involved in any sexual activity then there is a right to say no, directly or indirectly through your words or body language, and to have these wishes respected.

Protect Yourself from Risk

If and when do decide to become sexually active, we will be able to make the appropriate choices in methods to protect our self from unwanted pregnancy and sexually transmitted diseases.

Enjoy Healthy Sexual Development

With maturity and growth, individuals who are sexually assertive can feel comfortable in expressing their desires and needs within their intimate relationships. We have the right to develop a healthy sexual identity so that we can be free from guilt and discontent in our choices and decisions. A Study of Sexual Assertiveness Characteristics," Jenkins writes that sexual assertiveness empowers women and men alike to be active in what happens to their bodies where sexuality is concerned.

Powell's said that like other habits, it may need to repeat them and practice them over and over until they become second nature—or at least easier. Further Dr.Powells stated Understand sexual rights is to refuse any type of sexual contact, regardless of how aroused the partners might be .Consistent and correct use of condoms coupled with risk reduction strategies continue to play an important role in the reduction and prevention of HIV /AIDS transmission therefore understanding and incorporating strategies to overcome barriers to condom use in such education and prevention efforts are critical. (**Roth J 2001**)

II. OBJECTIVES

Aim: To estimate level of Sexual Assertiveness among female commercial sex workers in Chennai district.

The study was intended

- 1.To estimate level of Sexual Assertiveness among female commercial sex workers.
2. To associate the sexual assertiveness with their selected demographic variables.

Research Hypothesis

The study was descriptive in nature and there for not meant to test the experimental hypothesis, but it was with the following research questions.

- 1.Is there an any sexual assertiveness among female commercial sex workers?
- 2.Will adequate sexual assertiveness reduce the chance of being infective with HIV?

III. MATERIALS AND METHOD

In this study, a Mixed Method research approach was used to explore the Sexual Assertiveness among female commercial sex workers in Chennai district, Tamilnadu by using sexual assertiveness scale (Quantitative) in-depth interview (Qualitative)

IV SAMPLE

The study was done in conveniently chosen 30 female sex workers with the following criteria.

Inclusion Criteria

1. Women aged < > 18-45 years indulge in sex for money at least for past 1 year.
2. Females Sex Workers who are resident of Chennai district, since for last 5 years.
3. Females Sex Workers willing to participate.

Exclusion Criteria

1. Migrated Females Sex Workers from other countries.
2. HIV Diagnosed Females Sex Workers.
3. Females Sex Workers suffering from any chronic physical illness, or mental illness.

V. INSTRUMENT

Instrument consists of 3 sections

Section 1: Baseline Data

Section 2: 5-point scale on Sexual Assertiveness.

Section 3: in-depth interview to derive themes

VI. DATA COLLECTION PROCEDURE

VII. RESULTS

Section- A: - Base line data of Female Sex Workers.

Table-1 Baseline Data of FSW

N-30

S. No	Demographic Data	Number	Percentage
1	Age		
	20-25 Yrs	3	10%
	26-30 Yrs	10	33.33%
	31-35 Yrs	10	33.33%
	36-40 Yrs	3	10%
2	Education		
	illiterate	4	13.33%
	Primary	18	60%
	Higher Secondary	4	13.33%
	Graduate	0	0%
3	Marital status		
	Single	4	13.33%
	Married	18	60%
	Separated	0	0%
	Divorced	8	26.66%
4	No. of Children		
	0	3	10%
	1	10	33.33%
	2	17	56.66%
5	No. of Dependents		20%
	0	6	26.66%
	1	8	33.33%
	2	10	20%

The study was carried out after obtaining Institutional Ethics committee clearance, and formal permission obtained from ICWO. Brief introduction about study was given and informed consent had obtained from female sex workers for assurance of participation. Confidentiality of their response was maintained. 30 FSW were selected from ICWO referred Brothel Homes by Convenience sampling technique. Level of sexual assertiveness was assessed by sexual assertiveness scale developed by Dr. Patricia J. Morokoff, PhD Associate Dean, University of Rhode Island. The FSW were informed about statements represent their assertiveness in sexual activity, and instructed to circle one of the five response categories that best describes their status in Never, Sometimes, Half time, Usually and Always. Instrument took 10 Minutes to complete. In depth interview was done among 7 of FSW, interviews probed reasons of clients for sex reasons situations entering in to sex preventive measures taken to avoid children entitling into their Sex work, situations of arising not using of condom, negotiating factors for condom use. Qualitative content analysis used to derive themes.

	3	6	
6	No. of Days of Sex Work / Week		
	2	3	10%
	3	15	50%
	4	10	33.33%
	5	2	6.66%

Table-1
most of

workers were in the age of 25-35 Yrs (66.65%) and completed primary class (60%) of education.

Shows
the sex

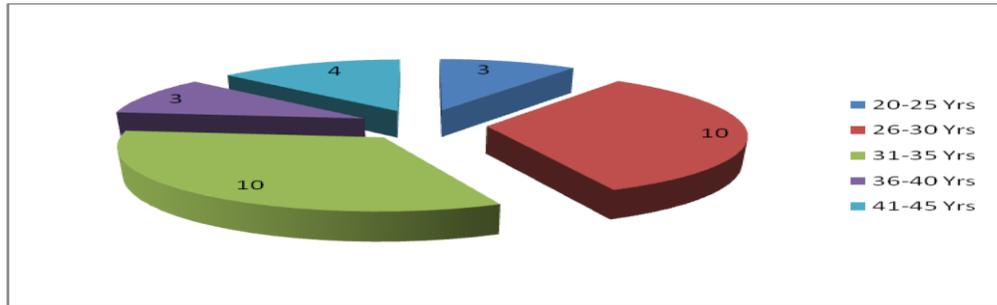


Figure 1 Age

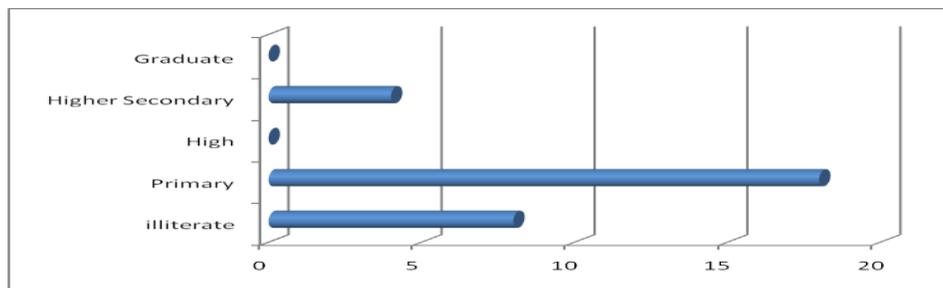


Figure 2 Education Status

Section: B level of sexual assertiveness among FSW

Table-2 level of sexual assertiveness among FSW

N=30

S.No	Level of sexual assertiveness	Number	Percentage	statistics
1.	Inadequate	17	56.67%	Mean=46.06 SD-11 Median-50 Skewness = -0.23
2.	Moderately adequate	13	43.33%	
3.	Adequate	0	0%	

Table-2 Data shows majority of FSW (56.7%) has inadequate sexual assertiveness.

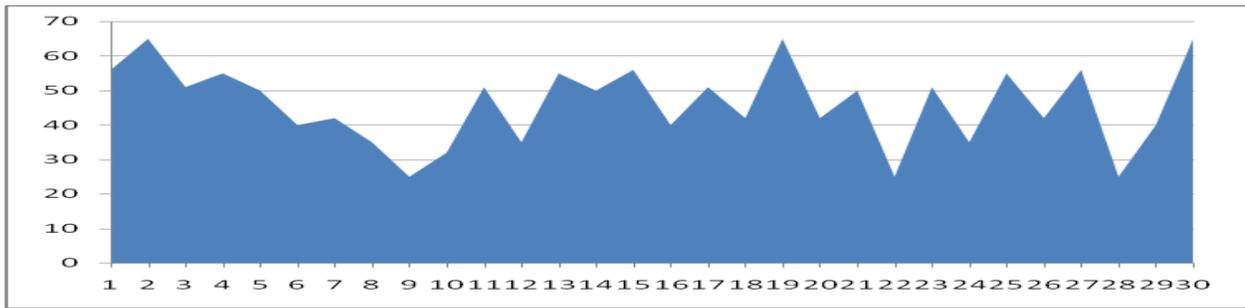


Figure 3-Level of Sexual Assertiveness

Table-3 Association of assertiveness and demographic variables

S. No.	Demographic Data	Adequate	Moderately adequate	Adequate	Chi-square
1	Age				P value-0.165. NS at 0.05 level
	20-25 Yrs	3	0	0	
	26-30 Yrs	3	7	0	
	31-35 Yrs	4	6	0	
	36-40 Yrs	4	0	0	
2	Educational Qualification				P value-1 NS At 0.05 level
	Illiterate	4	4	0	
	Primary Class	9	9	0	
	Higher secondary	2	2	0	
4	Marital Status				P value- 0.00367 significant At 0.05 level
	Unmarried	4	0	0	
	Married	12	6	0	
	Divorced	1	7	0	
	widow	0	0	0	
8	No of dependents				P value- 0.00547 Significant At 0.05 level
	0	3	3	0	
	1	8	0	0	
	2	0	10	0	
	3	1	7	0	

Table: 3 shows there is significant association (0.05 %) between their marital status and number of dependents but their age and education has no significant association in their assertiveness.

VIII.DISCUSSION

This chapter discusses the findings of the study derived from the statistical analysis and its pertinence to the objectives of the study. This study was conducted to estimate level of assertiveness among female sex workers (FSW)

Estimation of level of assertiveness among FSW

The computed result in table 2 shows that majority of FSW (56.7%) has inadequate sexual assertiveness and they are compromise themselves in using condom during sexual intercourse with their clients

Association of sexual assertiveness and demographic variables.

Table: 3 shows there is a significant association (0.05 %) between their marital status and number of dependents but their age and education doesn't play any significant role in their assertiveness

After interview and probing 4 key themes was derived the themes were as follows; -

Theme: 1 Reasons for clients coming for sex

The FSW revealed that the following reasons their clients were approaching for sex.

a. Personal factors

oral sex, needs more pleasure, sex in different position, divorce status different sex, need sex with younger woman than wife, need relaxation, unfaithful wife, wants to have sex with alcohol, wants to have sex with physical features like big breast, big hip.

b. Social factors

Wife's pregnancy, ill health, delivery of baby, medical illness, lack of privacy at home for sex, having older children at home no space for sex,

Theme: 2 Reason for entering in Sex Work

Female sex workers said that their economic need pulled them to indulge in sex activity; the conditions were destitute status, drunken husband, irresponsible husband, education for children, and no source of getting money and they found sex work is a easy way to generate money in short period and they also enjoying independency in working days.

Theme: 3 Preventive measures taken to avoid their own children entering into sex work.

FSW were chosen sex work voluntarily but uninterestedly because of their economic conditions to lead life. They don't like their Children to follow their footsteps in Job and not to make them aware of their work, thus they kept their children far from them like admitting them at hostel or with grandmother at native place if the children are very small age they are with them till children grew older

Negotiating factors of condom use.

Since money (double payment) play a major role in negotiating condom usage but other factors also equally played role like alcohol, clients disagreement, fear of losing clients, lack of time, quickness, urgency in compromising condom usage during sexual act. NGO are playing major role in creating awareness on condom and HIV/AIDS among them but in certain factors they are compromising themselves or they were forced by sexual partners in not using condom during sexual intercourse.

IX. CONCLUSION

The result shown that there is a less sexual assertiveness among Female Sex Workers, they were compromised themselves for not using condom during the sexual act. No woman could choose to be in sex work and making money but social and economic factors paved the way towards sex work. Provision of economic safety of female sex workers reduces the condom negotiation thus decrease the chance of HIV transmission.

X. RECOMMENDATIONS

1. Promote Job opportunities for Female Sex Workers(FSW)
2. Rescue them and restore them in good income source.
3. Encourage sex communication in married couples to share their own sexual need between them to avoid search of sexual act outside of marriage ties and indulge in unprotected sexual intercourse.
4. Create intensive condom awareness among both Genders, and consistent condom use.
5. Encourage women empowerment
6. Improve the status of women in society, promotes Gender equality.
7. Increase self confidence and strength of women in society.

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REFERENCES

1. Antiretroviral therapy HIV infection in Adolescents and Adults in Resource Limited settings: towards universal Access. Recommendations for a public health approach (2006) WHO
2. Guidelines for Antiretroviral therapy for HIV – infected Adults and Adolescents; March 2007; NACO
3. Rodringues jj, mehondalesm, shaphared ME civekar AP Gangakhedkar RR, Quinn TC at all risk factors for HIV infections in people attending clinics for STD
4. Simoes EA. Babu PG. John TJ, Nirmala .S, Slomon, Lakshminaryana. CS, at all, evidence for HIV –III infection in prostitute in, Tamil nadu (India) Indian journal of medical research 1987 85: 335- 338.
5. Asha Krishna kumar Front line .The Hindu publishers, Volume 21 - Issue 14, Jul. 03 - 16, 2004
6. USAIDS (2000)Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh'
7. National AIDS Control organization HIV/AIDS and ART Training for nurses nurses' Manual"Indian Nursing Council I edition 2009 Pp No 12-14.
8. Lakshmi narayana cs, Simoes E.A" Evidence for HLV-III infection prostitute in tamil nadu (India)" Indian journal of medical research 1987 85:335-338.
9. Tiffany field 2003 "HIV Positive and Adolescents"