

Sexual and Health Behaviour of Female Floating Sex Workers in Bangladesh: An Emerging Health Issue

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Abstract

This paper presents a socio-economic and demographic profile, knowledge about sexual health and health seeking behaviour of female floating sex workers (FSW) in Bangladesh, a high-risk group in this era of the HIV/AIDS epidemic. The data comes from a field based survey using both qualitative and quantitative method of data collection. The quantitative survey covered a sample of 770 floating sex workers from four selected cities and towns in Bangladesh. The survey was conducted by HIV/AIDS and STD Alliance Bangladesh (HASAB) with the funding from FHI/IMPACT in 2002. The study demonstrates that the floating sex workers are mostly young, illiterate, homeless, guardian less, out of family environment. They are marginalized. Even they do not have full control over their income. Females who choose, or who are forced into sex work acquires an identity that remains with them for the rest of their lives. They are social outcast. They are deprived of basic human rights, which even continue after death. They are some times not allowed to bury or cremate their dead. The study indicates that despite poverty, only a very small proportion (3%) of the sex workers choose this profession willingly. Poverty as well as different kinds of exploitation, such as trafficking, trickery, raping, and social and family level injustice are the major cause of becoming a sex worker. Teenage girls are the most innocent victims of the sex trade. Majority (75%) of the sex workers ever heard about HIV/AIDS and STDs but less than half of them could mention any valid way of avoiding HIV/AIDS and STDs. Most sex workers reported about the experience of gynecological problems (31% to 77%). But very few of them ever visit qualified doctor for treatment of such problems for various reasons. Majority (56%) of the sex workers never used condom during sexual act in last one week; only 11% use condom regularly, while 33% use occasionally. Reasons given by sex workers for not using condoms included ignorace about STs and AIDS and their mode of transmission, self-perception of low vulnarability to AIDS and STDs, misconceptions on transmission of the HIV virus, clients refusal to use condom and lack ofnegotiation skills, and lack of supply and problem face in collecting condom. Ethnographic data reveals some interesting harmful myth among the sex workers for non-use of condom. More than one-third (37 percent) of the sex workers admit of having habits of using drugs and alcohol, and smoking cigarettes. There is scarcity of reliable statistics on the prevalence of HIV/AIDS infection in Bangladesh. Although Bangladeshi society is in general close and conservative, it is highly prone to the health hazard due to HIV/AIDS infection, because the country is surrounded by the countries like India and Mayanmar where the prevalence of HIV/AIDS is quite high. The prevention and control intervention on HIV/AIDS and STIs in Bangladesh needs targeted interventions on behaviour change for sex workers and their clients, migrant workers, youth and adolescents.

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