Study of Sexual Behaviour of Bar-girls Residing in an Urban Slum Area of Mumbai

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ABSTRACT

Background: Bar girls are unorganized, difficult to reach high-risk group, and an urban phenomenon. Objectives: To study the demographic profile and sexual behavior of bar girls. Materials and Methods: Study setting is an urban slum area situated in the northwest part of Mumbai. Study design is a community-based cross-sectional study. Study duration was from January 2003 to January 2005. Phase I: Identification of key informants was done. Phase II: Mapping of bar girls in the study area was done with the help of key informants. Sampling: Out of the estimated 800–1200 bar girls, 120 bar girls who were willing to participate in the study were included in the study after obtaining informed consent. Confidentiality of names and locations was assured to both key informants and study subjects. Information was gathered about demographic profile, educational status, and their sexual behavior by conducting one to one interview with the use of predesigned, pre-tested semi-structured questionnaire. Results: Most of the bar girls were in the age group of 21–25 years 52 (43.3%). None of them were educated above secondary level. Most of the subjects belong to West Bengal state 58 (48.4%). Majority of the subjects 88 (73.3%) reported that they have ever practiced commercial sex, and money was the criteria of selection of customers 53 (60.22%). Condom usage was reported less with regular customer as compared with that of nonregular customers ($\chi^2 = 6.02, P < 0.02$). Conclusions: Need to emphasize condom use with each and every sexual act irrespective of type of customers.

Keywords: Bar girls, condom use, sexual behavior

Introduction

The “bar girl” is an urban phenomenon and has not been studied much in India. Sex workers can be categorized into 6 main typologies, based on where they work and more specifically on where they recruit or solicit clients and not where they live or actually entertain the clients. Bar girls has been categorized as “Other Sex Workers,” whose primary occupational identity may vary, but a large proportion of their occupation group, but not all, often engages in commercial sex regularly and in significant volumes.¹ Bar girls has also been categorized as Indirect Primary Female Sex workers (FSWs), which means FSWs who have other sources of income and primarily solicit clients at their place of work, which are venues where facilitating sex work is their main purpose (eg, massage parlors, bar-based sex workers, singing and dancing girls).¹² Bar girls are also categorized as female sex workers non-brothel based (FSWs-nbb). They are not entirely dependent on prostitution. They may or may not resort to prostitution. Unlike female sex workers, which are brothel-based (FSWs-bb), they have some degree of freedom in terms of practicing prostitution.³

Behavioral surveillance survey in Maharashtra by Family Health International (FHI) reported that non-brothel-based FSWs were vulnerable because they were less likely to be reached by interventions, and they had less access to condoms or STI treatment.³ Also there is shift of male clients away from the brothel-based sex industry into more informal non-brothel-based sex exchange, this is cause
of concern. For the purpose of HIV/AIDS intervention, a program need to take into account that FSWs working in different settings have different levels of vulnerability and risk for contracting sexually transmitted infections. The present study was an attempt to reach out to the difficult to reach the core high-risk group and assess their demographic profile and sexual behavior.

Materials and Methods

Study settings
The study was conducted in an urban slum situated in the northwest part of Mumbai. The slum is under the jurisdiction of P/North BMC ward of Mumbai. It is adopted by a teaching institute and hospital of Mumbai. The population of the study area is 1,50,000.

Study duration
January 2003 to January 2005.

Study design
Community-based cross-sectional study.

Methods
To map the bar girls in the study area, the study process was divided into 2 phases.

Phase I
In this phase identification of key informants, such as females taking care of children of bar girls, commercial sex workers availing health care facilities from urban health center, and NGOs working for children of sex workers, was done. To overcome the fear among key informants, it was needed to explain to them repeatedly, the objectives of this study. They were assured that confidentiality will be maintained.

During II phase
Information was gathered from key informants about the location and approximate numbers of bar girls. It was found that the approximate numbers of bar girls residing in the study area were 800–1200 and these bar girls frequently change their residence.

Pilot study
A pilot study was carried out, by using partially structured questionnaire. The purpose of which is to test the feasibility of the study and to finalize the study questionnaire. It was found that many of the bar girls refuse to participate in study, that is, only 23 out of 95 bar girls agreed to participate in the study. Of those who participated in the study, majority were reluctant to talk on issues related to sexual behaviors. Finally, only 10 bar girls gave consent and participated in the pilot study. The response rate to pilot study questionnaire was only 10.5% (10/95). The data collected during the pilot study was evaluated and the questionnaire was modified.

Sample size
Considering the poor response rate during the pilot study and difficulty in reaching out to them it was decided to take 10% representative sample of the estimated study population (800–1200).

Sampling technique
Many of the bar girls were not willing to participate in the study. It was only after repeated assurances regarding confidentiality from the key informants, social workers, and authors some of them had given informed consent. A mapping exercise was undertaken in two phases across all study area to gather information about study population, which found to be 800–1200 in number. In view of poor response during pilot study and difficult to reach out group, it was decided to take 10% representative sample of the estimated study population by convenient sampling method. Accordingly, when a sample of 120 was achieved, the data collection was stopped.

Data collection
Before starting the interview, informal meetings with bar girls along with some key informants known to them were carried out to develop rapport with them. Each respondent was explained in brief about the need and purpose of the study. Confidentiality of their names and location was assured at the meeting. Possible benefits to them were explained. Data were collected by one-to-one interview technique by using pre-tested, predesigned, semi-structured questionnaire. Information was gathered regarding demographic profile, educational status, and sexual behavior of the bar girls. Data were compiled, analyzed, and presented in percentages and proportions. Chi-square test was used to test the significance of association.

Results
The mean age of the study sample was 21.5 years. The age of bar girls ranged between 16 and 37 years. Majority of the bar girls, that is, 43.3% were found to be in the age group of 21–25 years [Table 1]. None of the bar girls was having education above the secondary level. A significant number, that is, 39/120 (32.5%) of bar girls were illiterate [Table 2]. Lack of education was one of the reasons for their not being able to find any other alternative occupation. Most of the bar girls, that is, 48.4% (58/120) were hailing from West Bengal, followed by Uttar Pradesh 16/120 (13.3%) and only 9.2%, that is, 11/120 bar girls were from Maharashtra [Table 3]. Maximum, that is, 73.3% (88/120) bar girls had accepted that they practiced commercial sex. Money was reported as the most common criterion for selection of customer
Table 1: Age group-wise distribution of participants (n=120)

| Age group (years) | Number | %    |
|-------------------|--------|------|
| 15–20             | 29     | 24.2 |
| 21–25             | 52     | 43.3 |
| 26–30             | 27     | 22.5 |
| >30               | 12     | 10.0 |
| Total             | 120    | 100  |

Table 2: Distribution of participants according to their educational status (n=120)

| Educational status | Number | %    |
|-------------------|--------|------|
| Illiterate        | 39     | 32.5 |
| Primary           | 36     | 30.0 |
| Secondary         | 45     | 37.5 |
| Total             | 120    | 100  |

Table 3: State-wise distribution of participants (n=120)

| State              | Number | %    |
|--------------------|--------|------|
| West Bengal        | 58     | 48.4 |
| Uttar Pradesh      | 16     | 13.3 |
| Rajasthan          | 15     | 12.5 |
| Maharashtra        | 11     | 09.2 |
| Andhra Pradesh     | 10     | 08.3 |
| Gujarat            | 07     | 05.8 |
| Karnataka          | 03     | 02.5 |
| Total              | 120    | 100  |

Table 4: Distribution of participants as per their selection criteria of customer for commercial sex (n=88)

| Selection criteria                       | Number | %    |
|-----------------------------------------|--------|------|
| Money                                   | 53     | 60.22 |
| Well dressed and good looking           | 34     | 38.63 |
| Liking/affection                        | 21     | 23.86 |
| VIP                                     | 09     | 10.22 |
| Total                                   | 117    | ^132.93 |

Table 5: Distribution of participants as per condom use (n=88)

| Frequency of condom use | Number | %    |
|-------------------------|--------|------|
| Always                  | 41     | 46.60|
| Often                   | 47     | 53.40|
| Total                   | 88     | 100.0|

Table 6: Association between the type of customer during last commercial sexual act and use of condom (n=88/120)

| Type of customer | Condom use | Total |
|-----------------|------------|-------|
|                 | Yes        | No    |       |
| Regular         | 37         | 16    | 53    |
| Nonregular      | 32         | 03    | 35    |
| Total           | 69         | 19    | 88    |

Table 7: Distribution of participants as per preventive measures practiced against HIV/AIDS (n=88/120)

| Preventive measure          | Number | %    |
|-----------------------------|--------|------|
| Condom                      | 84     | 95.4 |
| Good customer               | 37     | 42.0 |
| Not possible                | 14     | 15.9 |
| Selective customer          | 17     | 19.3 |
| Good hygiene                | 07     | 7.9  |
| Don't know                  | 04     | 4.5  |
| Total                       | *163   | *185.0|

Discussion

Young girls are preferred in dancing bars as majority of study subjects were less than 25 years (67.5%) with mean age of 21.5 years. VEDH, in their study among bar girls of Navi-Mumbai observed that 75% of the bar girls were younger than 25 years. A study done by Ishindo et al among bar girls of Malawi’s major cities reported 19 years as the average age of study population. The present study reports that 37.5% of the respondents were currently married. Although 38.3% were unmarried, 19.56% of them were having children and 39.13% had a history of abortion. This shows the need to address the unmet needs of the study population regarding family planning. Ishindo et al found that 10.2% subjects have married at one time or another and 11.9% having living children. VEDH reported that 64% of bar girls were married. In the study done by Riedner et al, among female bar workers in Mbeya Region of Tanzania observed that 21% (127/600) subjects were married or living with partner. Dandona et al, in their study on demography and sex work characteristics of FSWs in India, reported that 40.6% were currently married and 30.7% were separated/divorced. Our study found that 32.5% were illiterate. When educational status was compared with their involvement in commercial sex with only selected customers to protect themselves from HIV/AIDS.
Bar girls working in different types of bars do not start and end with sex always. They normally start with dancing, and in some type of bar they give companionship to the customer for drinking. But sometimes they end up giving sexual favors. Our study majority, that is, 88/120 (73.3%) of respondents accepted that they did practice commercial sex. In the study conducted by SERO, with technical assistance from Family Health International during 1999–2001, reported that: number of women involved in sex activities at lodges/bars/hotels were estimated as 6000 among 1141 units mapped in Mumbai and Navi-Mumbai. It was also found that sexual activity took place in 41.6% of mapped units. It was also observed that these places act as both access and action venues, that is, places where commercial sex could be both negotiated (solicited) and performed. Most of the subjects reported that money (60.22%) is the criterion for selection of a customer for commercial sex in our study. Ishindo et al found that 92.8% subjects had given earning money as reason to work as a bar girl. In order to resolve the issues of financial hardship there is need to address the issues, such as empowerment of bar girls and measures to provide more economic options. These observations drawn from the study will act as data for advocacy to convince policy makers and community leaders of the importance of an empowered approach in targeted interventions among bar girls. In our study, everyone who practiced commercial sex was using condoms, but the frequency of condom use varied considerably with the type of customer, 46.60% of bar girls were using condom during each commercial sexual act, and 53.40% were using it most of the time. A significant association was seen between condom use and type of customer entertained during last commercial sex (P < 0.02). It was found that condom was used less with regular customer (69.8%) as compared with nonregular customer (91.4%). National Behavioural Surveillance Survey 2001 and 2006 also observed variation in condom usage with the type of client and FSWs. Proportion of FWSs-nbb reporting the use of condom has gone up from 68.9% in 2001 to 85% in 2006 in case of nonpaying clients and from 34.3% in 2001 to 39% in 2006 in case of paying clients. Also the proportion of FWSs-nbb using condom was considerably lower as compared with FWSs-bb. This shows that FSWs-nbb and their clients are more vulnerable when it comes to condom use. These regular partners form a transmission bridge from bar girls to the general populations. HRG members or HRGs have many sexual partnerships with different bridge population members, who in turn have at least one partner in general population. HIV transmission dynamics in India are such that unless effective targeted HIV prevention saturates the most at-risk HRGs of FSWs, the epidemic will not be controlled. Ishindo et al observed that only 23.3% subjects reported to have ever used condoms during commercial sex. Dandona et al in their study among non–brothel-based female sex workers in India observed that 23.9% subjects reported that they had never used condom. It was also found that 94% FSWs had not used condom for the last penetrative sex with their regular sex partner. Similarly, a study done by Ramakrishna et al and Ramesh et al reported a lower use of condom with regular clients, which is 26.6% and 31.9%, respectively. Kapiga et al, in their study among female bar and hotel workers in Northern Tanzania observed that HIV seroprevalence was seen more (34.1%) in occasional condom users and less (17.5%) in those who use condom consistently. Majority of the respondents, that is, 95.4% were using condom as one of the preventive measure against HIV/AIDS. Practicing commercial sex with only selected clients was reported as one of the preventive measure by 19.3% subjects. Significant percentages of subjects (15.9%) were of the opinion that HIV/AIDS could not be prevented by continuing in this occupation. In the study done by SERO and Blackstone Market facts with technical assistance from FHI on communication need assessment, they stated that, some of the non–brothel-based sex workers were fatalistic and believe that their lives were going nowhere and HIV/AIDS was inevitable.

**Conclusions**

This study will help to standardize the approach to scale up coverage among bar girls. Young age, lack of proper education, unmet needs of family planning, uncertainty about future prospects of their children? Also difficulty in accessibility and stigma and discrimination associated with their occupation are found to be challenges before public health experts for organizing preventive interventions among bar girls. High-risk sexual behavior of bar girls with their regular clients and incorrect perception about HIV/AIDS prevention is putting them and their clients at a higher risk of acquiring HIV/AIDS.

There is a need to address barriers to condom usage with regular partners and special efforts should be made to improve condom negotiation and decision-making skills in sexual encounters. Also it is essential to work with
clients, partners of bar girls, to create awareness about the importance of using condom for every penetrative sexual act irrespective of the type of sexual partner.

It is needed to undertake special efforts by identifying and involving key informants in reaching out to these bar girls and organize preventive interventions along with rehabilitation by providing them meaningful employment. These bar girls enrolled in the study can be motivated and recruited as peer educators for the HRG community, especially the FSWs-nbb.

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