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Sex Trafficking In Kolkata, India: Employment Histories And Perceptions Of Risk

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Abstract

Sex trafficking is a significant public health and human rights concern in India. This paper aims to (1) replicate questions about predisposing factors and trafficking mechanisms previously asked of women and girls released from trafficking to a sample of women actively involved in commercial sex work; and (2) go beyond existing research by determining first-hand information on pre-trafficking employment histories and subjective perceptions of trafficking and health risks.

Interviews with 57 trafficked female sex workers in Kolkata (Calcutta), India. Most women were born in India. Bangladesh and Nepal were also reported nations-of-origin. Illiteracy was prevalent in the sample (67.9%, n=38). Rural region-of-origin, not previously studied, was reported by most women in the sample. The majority of women reported family violence (60.4%) and being married prior to being trafficked (79.0%). The majority of trafficked women (73.2%, n=42) entered sex work before the age of 18. The most common recruitment strategy was coercion with the promise of employment (63.2%, n=36). Almost all women in this study related at least one failure or limitation of the patriarchal system and hegemonic norms of womanhood as factors leading to their entry into sex work. These failures took the form of family violence, trafficking by husbands, death of a husband/father, or the failure of male family to provide economic support.

Employment prior to trafficking was reported by 52.6% (n=30) of study participants. An additional 48.1% of women were looking for employment prior to trafficking. Women perceived few alternatives to sex work. Employment alternatives, including domestic service, factory work and casual labor, were seen to have many limitations - long hours, minimal compensation and fear of harassment.

Most women reported having limited knowledge of trafficking at the time they were trafficked (84.2%). They identified numerous perceived health risks associated with trafficking, but only two individuals identified HIV.

In order to improve knowledge of trafficking and potential health consequences, greater education efforts are needed to inform at-risk women and girls. Efforts to improve employment opportunities beyond the realm of sex work are also needed.

Contents

Introduction

The UN Protocol to Prevent Suppress and Punish Trafficking in Persons defines sex trafficking as "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, or deception for the purpose of exploitation [including] prostitution of others or other forms of sexual exploitation'' (UN, 2000). Under this definition, any person who enters sex work under the age of 18 is also considered to be trafficked (UN, 2000).

Sex trafficking is a significant public health and human rights concern in India. Due to the clandestine nature of trafficking, reliable data is difficult to find. Despite these limitations, an estimated 2.8 million persons have been trafficked into and within India (Joffres et al., 2008; Sarkar et al., 2008). Once recruited, individuals who have been trafficked are at a heightened risk of sexually transmitted diseases, mental illness and physical trauma as a result of the physical, sexual and psychological harm they endure (Gupta et al, 2009; Joffres et al, 2008; Sarkar et al, 2008).

To reduce the number of women and girls being trafficked, it is critical to understand the predisposing factors and trafficking mechanisms that facilitate this crime. Since anti-trafficking campaigns primarily rely on building awareness, understanding how women perceive trafficking and its risks is also essential. This information is critical to building effective programs and policy and halt trafficking among vulnerable women.

Previous studies have begun to explore the mechanisms of trafficking and predisposing factors. In studies conducted with women and girls released from trafficking, the prevalence of HIV/AIDS is extremely high (between 20% and 45%). Poor health services, stigmatization and the illegal nature of trafficking make it difficult for victims to receive adequate health care and/or lack autonomy needed to seek healthcare (Joffres et al, 2008; Silverman et al, 2009). When victims return to communities, they can become a bridge population for the transmission due to inadequate treatment of the disease (Dharmadhikari et al, 2009; Gupta et al, 2009).

Kolkata is India's seventh largest city and second largest urban area (Census of India, 2011). An estimated 50,000 sex workers are believed to operate in West Bengal (Sarkar et al., 2008). Half of them or more are believed to operate in Kolkata (Sarkar et al., 2008). Until recently, its HIV prevalence among trafficked female sex workers has been relatively low (between 11.7% and 33.3%) (Falb et al., 2011; Sarkar et al., 2008). However, due to its close proximity to

Bangladesh and Nepal, as well as its high poverty rate (between 17% and 31%), it has drawn growing trafficking research attention (Chattopadhyay, 2011; Falb et al., 2011; Sarkar et al., 2008).

Within South Asia, previous studies have focused on age at time of trafficking, recruitment strategies, and HIV status, primarily relying on medical reports and NGO intake forms collected from women and girls after release from trafficking. From these studies, predisposing factors for trafficking have been identified, including family violence, illiteracy/lack of education, marriage histories, and poverty (Joffres et al., 2008; Silverman et al., 2007). Family violence has been previously suggested as a potential factor for trafficking and HIV transmission, though quantitative statistics have not been recorded (Gupta et al., 2009; Sarkar et al., 2008; Swain et al., 2011). Illiteracy has been found to be prevalent among women and girls released from trafficking (between 48% and 66%) (Sarkar et al., 2005; Silverman et al., 2006). Existing literature suggests that most trafficking victims have never been married (53.8%) (Silverman et al, 2007).

Based on testimony from women and girls released from trafficking, the majority of victims report being recruited with promises of employment opportunities (55%) (Falb et al., 2011; Silverman et al, 2007). Most trafficking victims are recruited by acquaintances, family members or spouses (40.3%, 16.5% and 7.9% respectively) (Silverman et al, 2009). Typically, women are recruited before the age of 18 (between 16.8 and 17 years) (Falb et al., 2011; Gupta et al., 2009; Silverman et al., 2007).

While these studies have been vital to understanding sex trafficking as a public health risk, they have also highlighted a number of crucial gaps in research. These gaps in research include a focus on women and girls released from trafficking. It is important to examine these aims in a sample of women and girls who have not been released from trafficking. Finally, this paper will look beyond the statistics presented in previous papers and examine the subjective perspectives of trafficking and health risk beliefs. No study has previously explored this topic in South Asia. Given the reliance of anti-trafficking programs on health and risk belief messages, understanding how women perceive trafficking and its associated health risks is essential to developing effective prevention programs.

Specifically, this paper aims to (1) replicating questions about predisposing factors (illiteracy prevalence, state-of-origin and marital status) and trafficking mechanisms (age at time of

recruitment, trafficking agent and recruitment strategies) previously asked of women and girls released from trafficking to a sample of women actively involved in commercial sex work; and (2) go beyond existing research by determining first-hand information on pre-trafficking employment histories and subjective perceptions of trafficking and health risks.

Methodology

Participants and Site

In total, 57 female sex workers in Kalighat were interviewed over a six-month period in 2010. Kalighat, a red light district in the South of Kolkata was selected due to the large number of female sex workers in the area (estimated to be between 2,000 and 5,000), as well as the presence of the New Light Foundation, a local NGO with ten years' experience in the area providing services to female sex workers (New Light Foundation, 2010).

All study participants used services provided by the local NGO, including medical services, education services for their children, and/or condom-outreach initiatives. In order to participate, all study participants were required to meet the following criteria for the study: individuals were required to be 18 years of age for older, had to report having participated in commercial sex work, had to be willing to participate in the study and provide informed consent prior to being interviewed.

Potential study participants were approached and recruited by Bengali- and Hindi-speaking research assistants working with a local NGO and trained by the graduate student researcher. In total, 88 women were approached for participation. Ten declined participation citing time constraints as the reason for nonparticipation. Six women were excluded from the study due to concerns that they might be under the age of 18. Any woman suspected to be under the age of 18 was referred immediately to the New Light Foundation staff for immediate counseling. Fifteen women did not meet the UN criteria for trafficking. Those failing to meet the UN criteria for trafficking stated that they had entered sex work voluntarily – they were not forced or coerced.

Study protocols were approved by the Yale University Human Subjects Committee and the New Light Foundation's Board of Directors. All names of participants reported in this paper have been changed in order to protect confidentiality.

Procedures

All study participants were asked a standardized interview survey (approximate length of each interview was one hour) by the primary researcher and one research assistant who provided

translation services. The purpose of the study and the interview process was explained to each participant. Informed consent was required for participation. Women were informed of their right to refuse to answer any questions or leave the interview at any point. Once it was confirmed that the participant met the inclusion criteria and provided informed consent, the survey was administered. All questions were translated and asked to study participants. The researcher recorded translated answers on the survey form. When necessary, clarifying questions were asked in follow-up. All women consented to having an audio recording made of their interview using a voice recorder.

At the start of each interview, study participants were asked to explain how they entered sex work in order to determine their trafficking status. To be designated as a trafficked female sex worker, study participants had to meet the criteria for trafficking established in the United Nations Protocol to Prevent Suppress and Punish Trafficking in Persons. Participants were defined as being trafficked if they reported entry into commercial sex work as being a result of coercion or force, and were transferred for the purpose of sex work or sexual exploitation. Furthermore, any women who entered sex work under the age of 18 were designated as being trafficked.

Measures

Measures included continuous and categorical data. Continuous measures were recorded for age, education level, household composition, and income. Categorical measures were collected for ethnicity, state-of-origin, marital status, family violence, poverty measures, employment histories and perceptions of risk. These measures were selected and categorized when applicable based on measures outlined in previous studies to be comparable and measurable (Sarkar et al., 2008; Falb et al., 2011; Gupta et al., 2009; Silverman et al., 2007). For education level, individuals were later categorized based on previous studies into three categories: those with no formal education, those with one to four years of education, and those with five or more years of education (Gupta et al., 2009; Gupta et al., 2011; Silverman et al., 2007). Age was categorized into those trafficked at the age of consent (18 years) in India, those trafficked below the age of consent. For study participants trafficked below the age of consent, two categories were established to separate those trafficked at extremely young ages (14 years or younger) and those trafficked at moderately young age (15 to 17 years). Categorical measures for ethnicity, state-of-origin, marital status, and employment history were dichotomized where applicable (yes/no

responses) and were separated into non-overlapping categories (such as trafficked from India, Nepal or Bangladesh). For family violence, poverty, employment histories and perceptions of risk, categorical measures were determined based on yes/no variables (for instance, did the participant experience family violence?) and frequency responses (whether they experienced family violence frequently (once a month or more) or infrequently (less than once a month)). Family violence was measured based on whether that participant had ever/never experienced it before being trafficked. Family violence was measured only in terms of physical violence by a family member.

Following the interview stage of the study, data were inputted into an excel datasheet. When necessary, survey results were categorized (for instance, by recruitment strategy).

Analytic Plan

This study and paper was developed using interpretivist theory for qualitative research in public health (Meettoo and Temple, 2003; Ulin et al., 2005). This theoretical perspective is guided by a belief that sex trafficking is constructed, interpreted and experienced subjectively by people through interpersonal, social, and environment interactions (Meettoo and Temple, 2003). Interpretivist theory used in this study included questions about experiences (such as demographic characteristics, employment history, and familial factors) as well as subjective beliefs and perspectives. This theory provides a framework to address subjective perspectives as well as experiences of trafficking.

SAS statistical software was used to analyse the study results for interpretation and graphical analysis. Descriptive statistics and significance tests were conducted using the T-Test and Fischers Exact Test procedures in SAS. Missing data were eliminated before statistical analysis. Statistical significance was determined at p-values equal or less than 0.05. Given the small sample size (57 participants), for most measures, frequency-based analysis was conducted based on previously-used categorical measures. Difference of means analysis using SAS was conducted to determine if differences between variables had a statistically significant difference. For instance, recruitment strategies were analysed to see if there were statistically significant difference based on level of education. However, likely as a result of the study's small sample size, none of the difference of means results were determined to be statistically significant.

Key quotes were extracted from the surveys and included in this paper to provide additional context for the quantitative findings.

Study protocols were approved by the Yale University Human Subjects Committee and the New Light Foundation's Board of Directors. All names of participants reported in this paper have been changed in order to protect confidentiality.

Results

The mean age for study participants was 39.9 years (standard deviation=10.4). On average, participants had been engaged in sex work for 23.9 years (standard deviation = 11.0 years). The majority of trafficked women (67.9%, n=38) had no formal education. An additional 26.8% (n=15) had one to four years of formal education.

Predisposing individual, and familial/ household factors (See Table One)

Approximately 80.7% (n=46) of trafficked women were from India. Women were also trafficked from neighboring countries Bangladesh and Nepal (10.5% (n=6) and 8.8% (n=5) respectively). Among study participants born in India, West Bengal was the most common state-of-origin 76.2% (n=32). Almost three fourths of the women (71.2%, n=37) reported traveling from a rural area. Numerous women perceived differences between rural and urban life as a factor in their decision. These women reported significant problems paying for food, education and healthcare. Physically demanding agricultural labor was also reported. Bhavna, a 40 year old from West Bengal stated, "I worked with my uncle and aunt and had to do all sorts of chores – raising cattle, collecting water, cooking and cleaning. I worked thirty, forty hours a week. All I received was food. Before I came here [Kolkata], I thought there were many job opportunities. But when I came here, I realized there was no other way [to work other than sex work]." Koel (aged 36) from Uttar Pradesh reported, "I grew up in a rural village. There was not much development and I was illiterate."

None of the women who migrated internationally reported problems crossing borders. Munni, a 30 year old trafficked female sex worker from Nepal reported, "I took the bus with my husband. It was not difficult to cross the border. Anyone can cross there." Common modes of transportation for international trafficking included bus, train and private vehicles. Some women from Bangladesh entered India by boat through the marshlands of the Southern Delta.

The majority of study participants reported having children (86.1%, n=50). The average number of children was 1.7 (standard deviation = 1.6). In interviews with study participants, many women felt that raising children and having to provide for them was a factor limiting

alternative employment opportunities. These women reported that working in the commercial sex industry allowed them to operate on flexible schedules with fewer hours worked than jobs as domestic servants, casual laborers or factory employees. Rita, a 40 year old from West Bengal stated, "I got married when I was 14. My husband left me and remarried. I had my daughter to care for. What could I do?" Additionally, some women related entry into sex work as a result of an unemployed, irresponsible, and/or absent male partner/spouse coupled with a need to care for their children.

Most study participants (79.0%, n=45) had been married. The average age of marriage was 15.9 years (standard deviation=4.3 years). Most participants were married before the age of 18 (72.8% (n=30), which is classified as "child marriage" by international standards. Many women reported that poverty led them to be married at a young age. Sadya, a 30 year old from West Bengal stated, "I met my husband and we married when I was 14. My family was very poor. There was no money. He [husband] took me to Bihar and I discovered that he had another wife. At first, he tortured me. Then, he brought me to Kolkata where I was sold to a brothel."

Marriage was a predisposing factor for trafficking for some women. For instance, 21.4% of participants reported husbands or in-laws as agents of trafficking as a result of false marriages (for the purpose of trafficking). For these women, getting married put them in direct contact with their trafficking agents. Apni, a 30 year old from Bangladesh recalled, "I was lured to Kolkata by my sister-in-law's family. They told me I would get a job, but I was brought to a brothel". For other study participants, the dissolution of a marriage (divorce, abandonment or death) left them financially and socially vulnerable. Some of these women entered sex work as a means of income generation when they became the primary income-earner for their families.

Family violence was commonly reported by study participants (60.4%, n=32). For those reporting family violence prior to sex work, 83.3% (n=25) indicated that they experienced it 12 times a year or more. Husbands were the most common source of domestic abuse (57.1%, n=16).

Padma, a 29 year old from West Bengal stated, "My husband would beat me and I didn't have food for my daughter. I needed a way to get out. When I left my husband, I had to earn money and I entered sex work." Padma's experience shows that women who met the criteria for trafficking by entering sex work under the age of 18 were still influenced by family violence and marital disruption. In these narratives, family violence prompted women to seek employment or leave their homes, where they became vulnerable to coercion.

Difficulty paying for food, education and healthcare was common. The majority of study participants recalled having trouble paying for food (73.7%, n=42), education (57.1%, n=32) and healthcare (69.6%, n=39). Nearly one in four (23.3%, n=13) women stated that financial circumstances were not the reason they didn't attend school.

Employment Histories (See Table Two)

More than half of the women interviewed (52.6%, n=30) engaged in alternate employment prior to being trafficked. Among those who did not work prior to entering sex work, 48.1% (n=13) reported looking for work prior to trafficking. Study participants had engaged in various means of employment. Domestic service was the most commonly reported (50.0%, n=16). Almost one third (31.3%, n=10) of women who had worked engaged in factory work, casual labor and farm labor were reported by 31.3% (n=10).

Study participants related a number of barriers and risks associated with alternative means of employment. Long work hours, poor compensation, fear of harassment and sexual abuse, and poor pay were all common themes were all commonly recalled. Half of the study participants who reported work (50.0%, n=13) had worked 50 hours per week or more.

Prior to being recruited, the mean monthly income for trafficked women was Rs. 708.4 or $13.80 USD (standard deviation = Rs. 452.5 or $8.82 USD). Nearly half the participants earned earned less than Rs. 1000 ($19.49 USD) per month. Nearly one in four women received only room and board from their employer (23.3%, n=7). Most study participants gave some or all of their income away (66.7%, n=16). Income was given primarily to participants' mothers (42.9%, n=6), other family members (35.7%, n=5), and husbands/in-laws (21.4%, n=3).

Only one in four women (24.6%, n=14) believed employment opportunities outside sex work existed for themselves. Similarly, only 20.8% (n=11) felt employment opportunities existed for other female sex workers outside of sex work.

Once women entered sex work, insufficient employment alternatives affected their ability and desire to leave the trade. Study participants suggested a number of reasons for perceiving few alternative employment opportunities. Limited education, marketable skills and illiteracy were commonly cited as barriers to employment outside the commercial sex industry. Puja, a 30 year old woman reported "There are no options. I have no skills. I cannot read. What else can I do?" Aishwariya, a 35 year old woman stated, "It's a fact – I have tried several places. I have no

education. I am willing to work, but there are no opportunities. You need to have family to find jobs here [Kolkata]."

Additional barriers to employment alternatives including perceived daunting risks such as harassment, forced labor, limits to autonomy and an inability to support and raise their children. These factors contributed to study participants' choices to remain in the field once they have entered it, and/or impose restrictions to searching/obtaining alternate means of employment. Deepti, a trafficked study participant stated her fears as follows, "In factories, you can get treated badly. Men there can abuse you. It's better [than sex work] but the money is no good and it is not safe." Geetanjoli stated, "I had to work in domestic service before. It was very difficult. I worked very long hours and earned no money for it. How can I live like that? It is too hard."

That women perceived many negative aspects to employment alternatives can be seen in the testimony of participants who reported that entering sex work improved their financial circumstances. These women reported having a greater ability to control their finances, and support their families. Kerani, a 46 year old from West Bengal reported, "At first, I didn't want to stay [in sex work]. I didn't like the job. But here, I can work better hours, make money for my family. If I was a domestic servant, I would make less." Krishna stated, "If I could get another job and take care of my family, I would. But no jobs pay as well [as sex work]." The testimonies reported here reflect evidence by Rao et al. (2003) that found that female sex workers in Kolkata earned almost twice as much in hourly wages compared to women working in other professions in urban India.

Trafficking-related mechanisms and perceptions of trafficking (See Table Three)

The mean age at the time of trafficking was 16.0 years of age (standard deviation = 3.9 years). Almost one third of the study participants (32.1%, n=18) reported being trafficked before the age of 15. Only 26.8% (n=15) were trafficked when they were 18 years of age or older.

Neighbors and community members were the most common trafficking agents reported in the study (31.6%, n=18). Friends and acquaintances, husbands, in-laws and family members were also reported as trafficking agents (24.6% (n=14), 12.2% (n=7), 8.8% (n=5) and 12.2% (n=7) respectively). Strangers acted as agents of trafficking in 8.8% (n=5) of interviews. More than half the women were recruited by a female (56.9%, n=29).

The most common recruitment strategy was being lured with the promise of an economic opportunity (63.2%, n=36). Other recruitment strategies included false marriage (14.0%, n=8), being tricked into an activity such as visiting relatives or religious sites (10.5%, n=6), and being kidnapped (3.5%, n=2). Four women met the criteria for trafficking because they entered sex work under the age of 18 (7.0%). Among individuals lured with the promise of employment, many study participants reported being promised employment as domestic servants (30.6% n=11).

For women recruited with the promise of employment, 80.6% (n=29) reported having trouble paying for food, 63.9% (n=23) reported having trouble paying for education, and 75.0% (n=27) reported having trouble paying for healthcare before being trafficked. A smaller proportion of women who were recruited with other strategies reported having trouble paying for food, education and healthcare prior to be trafficked. However, none of the relationships between recruitment with the promise of employment and reported ability to pay for food were statistically significant.

When asked why they felt they had been trafficked, 18 (34.6%) women reported poverty as an underling reason. Fatima, a 36 year old from West Bengal stated, "At the time [I was trafficked], my family was extremely poor. We weren't able to buy food. I had no choice but to look for work." Another study participant, Tripti recalled, "My parents couldn't pay for anything. We were very poor. My parents took money from a trafficker." These narratives suggest that poverty may encourage women to seek employment, or make them more likely to accept risky propositions for marriage, travel, migration and employment.

Only 15.8% (n=9) of trafficked women in the study reported definitions that met the UN definition criteria provided in the background section of this paper. Women framed trafficking as occurring when "girls" were taken away and sold into sex work. The overwhelming majority of women (n=48, 84.2%) reported having no knowledge of trafficking at the time that they were trafficked. Only 12.3% (n=7) of study participants reported having heard of women/girls experiencing a situation similar to theirs at the time they were trafficked.

Two thirds of study participants (66.7%, n=38) reported believing trafficking was associated with health risks. Reported health risks included gynecological concerns (n=15), mental health problems (n=8) and physical abuse (n=5). Only two women (3.8%) reported HIV as a risk. Other sexually transmitted infections were not reported as a risk by any women. Other risks were

reported by 12.3% (n=7) of study participants and included fear of harassment, conflict with landlords/brothel owners, and needing to pay bribes.

Non-health risks included fear of harassment and abuse, as well as stigma and persecution. Participants noted, "I worry about violence. I experience abuse", and "I don't want problems with police. They may ask me for free [sexual services] and what can I do to say no?" Fear of violence and police harassment was reported more frequently than HIV/AIDS, and mental trauma.

Discussion

Predisposing Factors

The average age at time of interview for study participants was substantially older than that reported in previous studies (Gupta et al., 2009; Gupta et al., 2011; Silverman et al., 2007). The older age of female sex workers in this study reflected the general demographic profile of the Kalighat red light district. As a result, this study can illuminate a segment of the commercial sex industry that has largely been inaccessible based on reliance on NGO-based samples after release from trafficking in recent materials, covering a larger time frame than has typically seen in publications.

Educational attainment has been correlated with a number of health indicators, including fertility rates, autonomy, and poverty levels (Benefo, 2006; Kravdal, 2004). Previous studies have suggested that female sex workers and trafficked women have rates of illiteracy between 48.8% and 66% (Sarkar et al., 2005; Silverman et al., 2006). While participants in this study were slightly more likely to report no formal education than previous studies, compiled, these studies suggest that illiteracy and limited education is a predisposing factor for trafficking. Testimony by study participants suggests that limited education and illiteracy may influence women entering commercial sex work by limiting the number of alternative employment options.

The proportions of women who were trafficked from within India fell within the range found in previous studies of between 63.1% and 89% (Joffres et al., 2008; Sarkar et al., 2008; Silverman et al., 2007). The results from this study are consistent with the idea that while trafficking does occur across international borders, it is also commonly occurring within India's national boundaries.

The majority of participants reported being born in West Bengal, the state where Kolkata resides. This finding correlates with previous studies of women and girls released from trafficking (Silverman et al., 2006). The high prevalence of sex trafficking victims originating in West Bengal may suggest that women in West Bengal are particularly susceptible to trafficking. Future research may seek to explore this issue further.

While state-of-origin has been previously studied, none have previously examined rural-urban regions of origin. The results presented above show the majority of women were trafficked from a rural area. Numerous predisposing factors related to trafficking disproportionately affect rural women, including limited access to education and high rates of poverty. West Bengal ranks among the five poorest states in India (IFAD, 2010; Mehta and Shah, 2001). Within the state, poverty levels are higher in rural areas (31%) than in urban settings (17%) (Chattopadhyay, 2011). Similarly, literacy among rural women in West Bengal is 66.1%, compared to 81.7% in urban areas (Census of India, 2011).

More women reported being married prior to being trafficked than has been reported in previous studies (Gupta et al., 2009; Silverman et al., 2006). The higher prevalence of reported marriage in this study may reflect differences in marriage practices, cultural norms, or the older age of the study population.

Within the context of family and marriage, family violence has emerged recently as a topic-of-interest in sex trafficking research (Sarkar et al., 2008; Swain et al., 2011). Previous studies have explored the connection between family violence and HIV risks, however, the connection between family violence and trafficking recruitment has not been explored (Dunkle et al., 2004; Gupta et al., 2009). Testimony from this study suggests that trafficked women were affected deeply by experiences of family violence. Study participants related that family violence made them more likely to look for employment or a means to escape a violent domestic situation. The relationship between abuse and entrance into sex work can be found in Geetanjoli's testimony. She recalled, "I was getting tortured regularly by my father and step-mother. I hated it there. I left my home when my brother's friend told me he could help me get a job in Delhi. When I got there, he sold me to a brothel."

Employment Histories

Poverty is believed to be an underlying risk in women's entry into sex work, their risk of being trafficked, and behaviors and practices they exhibit while they are engaged in commercial

sex work (Hunter, 2002; Saggurti, N. et al., 2011; Silverman et al., 2007). Three indicators were used to assess poverty in this study – ability to pay for food, education, and healthcare costs. When taken together, the majority of women reported multiple indicators of poverty and instability in accessing basic resources and services. Furthermore, women repeatedly reported poverty prior to entering sex work as a factor in their decisions to seek employment, travel with a trafficker, or make the decision to enter the sex trade. The testimony also suggests that poverty may also encourage parents to participate in trafficking or make them more inclined to encourage children to accept risky employment opportunities.

Women often reported working outside their homes before entering sex work, framed their entry into sex work as a result of employment needs, and related remaining in commercial sex work to insufficient alternative income-generating opportunities. In the sample of trafficked women, coercion with the promise of employment was commonly reported.

In India, women typically exist in the worst-paid, service-dominant sectors of the economy (Lim et al., 1998). This trend was evident in participants' testimony. Domestic service was the most common form of employment reported in the study. Domestic service is a prevalent and long-standing form of employment for poor women in Kolkata. Due to the limited skills necessary, domestic service is considered the prime alternative to sex work for poor, rural women seeking to enter the employment market in Kolkata (Ray and Qayum, 2009). Half the women reporting previous work (n=14) engaged in domestic service. While work in domestic service was the most accessible alternative to sex work, participants suggested that this alternative was anything but desirable. Long hours, potential physical, sexual and emotional harassment, marginal pay and a limited ability to care for children contribute to a prevalent belief that domestic service is an unfeasible or undesirable option for many poor, unskilled women.

Previous social science studies have examined the role of gender and patriarchy as a barrier to employment and income generation for women in India. India is widely considered to be a patriarchal system of society and government. In most modern contexts, patriarchy encompasses all systems of male dominance, including political, economic and social structures (Oxford, 2012). Patriarchy refers to a set of social institutions that deny women the opportunity to be self-supporting, thereby making them dependent on male relatives for survival, and that otherwise favor men in the familial allocation of resources and power (Oxford, 2012).

The patriarchal system of Indian society places hegemonic restrictions on the roles and responsibilities of women. Societal norms contend that women should be subjected to their fathers when they are young, should obey and serve their husbands in adulthood and be subservient to their sons in case they are widowed (Sev'er, 2008).

These norms create the context for stigma of female sex workers and trafficked women. Women are expected to fulfill the domestic responsibilities of serving their husbands, caring for their in-laws and raising children. This system creates no legitimate space for women outside this prevailing mode of domesticity, since women are expected only to work if they are obliged to out of economic necessity (Lim et al., 1998).

Kolkata's commercial sex industry is inserted within patriarchal hierarchies. Aspects of sexual dominance and patriarchy can be found in the limited employment and income-generating options available to women. As described previously, women relate the limited options they perceived as being available to them. Additionally, study participants repeatedly framed their entrance into the Kolkata labor market and their recruitment into trafficking in terms of the failures of the traditional patriarchal system. Among this study's participants, 18.2% of women related the death of a father (or both parents) as a factor leading to their entrance into sex work. Nearly half (43.2%) related their entrance into sex work as the result of the death of a husband or as a direct result of their husband's actions (selling them into brothels, failing to provide income, etc.). Coupled with the high rates of family violence and abandonment by husbands and kin, almost all women in this study related at least one failure or limitation of the patriarchal system and hegemonic norms of womanhood as factors leading to their entry into sex work.

Trafficking Experiences and Perceptions

Age at time of trafficking and recruitment strategies have been documented in a number of public health studies. In all studies, most women are recruited before the age of 18 (Gupta et al., 2009; Sarkar et al., 2008; Silverman et al., 2007). Mean age at time of trafficking has ranged from 16.8 to 17 years. Worryingly, between 11.5% and 16.3% of women and girls released from trafficking have reported being trafficked under the age of 14 (Gupta et al., 2009; Sarkar et al., 2008; Silverman et al., 2007). The similarities in the results presented in this study and other studies indicate that there is recurring trend of young age-at-time-of-trafficking in India. In all three studies, half or more of the women were recruited before the age of 18 years. This is an alarming trend with significant hazards to women and girls. Initiation into sex work at an early

age can cause substantial health consequences such as an increased risk of HIV infection, infection with other STIs and gynecological trauma (Gupta et al., 2009; Joffres, 2008; Silverman et al., 2007).

While the findings from this study were similar in respect to age-at-time-of-trafficking, there were some discrepancies in recruitment strategies. Studies of women and girls released from trafficking have found that a larger percentage of trafficked women were recruited by strangers (approximately 40%) (Gupta et al., 2009; Silverman et al., 2007). Smaller proportions of women in other studies were recruited by friends, neighbors, acquaintances, and husbands/in-laws.

It is unclear what could account for the differences in trafficking agents between the studies. Since neither of the previous studies were conducted in Kolkata, this may indicate that there are significant differences in recruitment practices across regions in India. Furthermore, the older current age of participants in this study differences could account for some of the differences, since these trafficking experiences occurred on average, 23.4 years (standard deviation = 11.4 years) before the interview.

Recruitment with the promise of employment was commonly reported in this and previous studies. Silverman et al. (2007) found 55.0% of trafficked women were recruited with the promise of employment, 26.3% reported being kidnapped. In that study, 8.1% were recruited through a false marriage. In Mysore, Gupta et al. (2009) found 57.4% of women were recruited with the promise of employment opportunity, 11.5% with tricked into an activity, and 1.6% were lured through a false marriage. The high prevalence of recruitment with the promise of employment was consistent in this study, suggesting that this recruitment strategy is extremely common across study locations.

Women reported limited knowledge and experience of trafficking which may make them more vulnerable to coercive recruitment promises, and less able to assess potential risks in travel, employment or trusting friends, family and strangers. When asked to explain their feelings, participants framed their experiences in terms of being "too young", "unaware of risks", or lacking education needed to make informed decisions. Other women reflected their trafficking experience as a result of lacking autonomy or having little choice in the decisions being made. Given the large number of women trafficked by husbands, parents, or relatives, many women were not in a position to make risk reducing decisions or defy their superiors.

The lack of agency women perceived was reflected in discussions of why When asked to explain why women thought they had been trafficked. A number of women reported that they felt it had been their fate. Zara, aged 35 from Bangladesh explained, "It was my fate. There was nothing I could do." In total, ten (19.2%) women reported "fate" or "destiny" as the reason they were trafficked. When combined with the number of women reporting being too young to understand risks or make decisions for themselves (n= 17, 32.7%), this suggests that substantial proportions of women feel powerless in their situation.

Health and Safety Risks

Study participants underestimated health risks associated with trafficking and commercial sex work. Despite the prevalence of public health studies and programming related to HIV among female sex workers, the fact that only two women reported HIV as a risk is worrying. HIV prevalence among female sex workers in Kolkata remains low compared to other Indian urban sites (9.6%-12% and 22.3%-43.2% respectively) (Chandrasekaran et al., 2006; Cohen, 2004; Sarkar et al., 2005; Sarkar et al., 2008; Silverman et al., 2006). The lower prevalence of HIV in Kolkata may contribute to women's perceptions that this is not a health risk. However, without adequate knowledge, efforts to increase rates of condom use may not be effective. The lack of identification of other sexually transmitted infections (chlamydia, gonorrhea and syphilis) should also be addressed.

Limitations

This study must be considered in light of a few limitations. The sample size of this study was small, and was aimed to provide exploratory data on novel areas of trafficking research. Potential bias may arise from the limited sample size and/or focus on women using services provided by the New Light Foundation in only one red light district (Kalighat). Thus, the study results may not be generalizable to the larger population of female sex workers and trafficked women in Kolkata, or other urban Indian cities. Since previous studies reported different results in recruitment strategies, location of origin, and marriage histories, the limited generalizability to these results may be especially true. Further limitations may result from the older average age of participants. As reported earlier in this paper, the average age for the study was 38.6 years (standard deviation=10.3 years), suggesting that participants had been engaged in commercial sex work for a long period of time (average=23.5 years). Demographic characteristics,

predisposing factors and recruitment information presented in this study may not be applicable to a younger population of female sex workers and trafficked women. Given the age difference, the narratives and experiences of women presented in this study may not accurately reflect those of younger women who have entered sex work in more recent years, and may be subject to potential recall bias, since events discussed in the survey occurred on average 23.5 years prior to the interview date.

Summary and Recommendations

Despite potential bias limitations, themes presented in this paper, including recruitment strategies, age at time of trafficking, and illiteracy, reflect those in similar studies involving different populations of female sex workers in urban Indian locations.

Consistent with previous research, this study found a high prevalence of illiteracy and experiences of family violence. Findings echoed a trend of young age at time of trafficking - women were typically recruited under the age of 18. Women were primarily recruited from West Bengal, Bihar and Uttar Pradesh in India, as well as Bangladesh and Nepal. Coercion with the promise of employment was the most commonly reported recruitment strategy. Expanding on existing research on trafficking in India, this study found the majority of women were recruited from rural areas.

Novel areas of research focused on employment histories and perceptions of trafficking and health risks. The search for employment and means of income-generation were recurrent themes in the interviews. Most women reported working before entering sex work, framed entry into sex work as a result of employment needs, and related remaining in commercial sex work to poor alternative employment opportunities. Trafficked women reported low incomes prior to being trafficked and frequently received only room and board for such employment. Coupled with evidence that women were typically recruited with the promise of employment, this evidence suggests that women earning low incomes or having limited autonomy over their income may be vulnerable to trafficking.

Trafficked women in the study reported that they had little knowledge of trafficking at the time they were recruited. No previous studies have explored this topic. While there is no comparable data, the reported lack of knowledge of trafficking should be addressed in policy and programming. Without knowledge of the potential risks, women who are offered promising employment opportunities cannot make informed decisions and take risk-reduction measures.

Awareness programs to inform women and girls of the potential hazards of coercion with the promise of employment should be targeted at rural women and employ audio and visual methods to account for the high level of illiteracy among at-risk individuals.

The results of this study suggested that women actively sought employment alternatives. However, within the context of patriarchal norms of Indian society, the alternatives available to them were perceived to be limited, poorly compensated and at times, dangerous. Once engaged in commercial sex work, the responsibility to care for children and act as primary income earners for their families made potential employment in factories and as domestic servants undesirable and/or unfeasible.

Without viable alternatives, women will continue to accept risky promises of employment and will be disinclined to exit sex work once they have entered it. In order to prevent women from being trafficking and assist women who wish to exit the sex trade, policy must be developed to counteract patriarchal norms suppressing the ability of women to generate income, and establish standards for work conditions and compensation for women-dominated employment fields (including domestic service and factory work). Since a number of women related their responsibilities and desires to raise children as a factor that motivated their search for employment, their recruitment for trafficking, and their motivation for remaining in the field, policy aimed at providing viable alternatives to women should include measures to assist women raising children. Such policy measures could include flexible work hours and/or childcare assistance.

Trafficked women did not identify the potential risks of HIV and other STIs. While previous research has identified the ways in which trafficking places women at higher risk of HIV infection, no research has previously explored how women view these risks (Gupta et al., 2011; Gupta et al., 2009; Silverman et al., 2007). In failing to identify such risks, women may be vulnerable to HIV if they fail to take protective measures including condom use. Since prevention campaigns typically rely on awareness and understanding of risk, this is an area of study that warrants future research. Further exploration of perception of risk may help researchers and policy makers protect trafficked women's health and prevent the spread of HIV/AIDS. Moving forward, research should explore not only the realities of HIV risks, but also how such risks are perceived and negotiated by at-risk individuals. At the same time, greater outreach must be conducted with trafficked women to emphasize the risks of HIV and promote

risk-reduction strategies including condom use. Given the limited autonomy of trafficked female sex workers that has been demonstrated in previous studies, education and awareness programs should also include outreach to customers who often times determine whether a condom is used (Gupta et al., 2009).

Public health research on trafficking should look beyond the narrow focus on HIV transmission. While HIV is a significant and important issue for which evidence suggests trafficked women are at heightened risk of contracting, testimony from study participants presented above indicates that they experience a wide range of health risks. Most pressing in their minds were a vast array of gynecological complaints and mental health trauma as a result of their trafficking experiences. Future research should expand the health focus to include such health risks and seek policy recommendations with a more holistic perspective.

Trafficking is both a clandestine, poorly understood crime with numerous criminal and human rights implications. As agents with privileged access to this vulnerable position, trafficking researchers studying public health issues are positioned to begin asking broader questions and seeking solutions beyond the narrow lens of health consequences. This paper's findings demonstrate that by combining quantitative data with qualitative interviews and testimonies, new areas of interest such as employment perspectives and child-raising, can emerge. Given the wide-scale nature of this form of abuse, the time to expand the health focus and seek solutions to end trafficking (and not just HIV transmission) is now.

Acknowledgments

Appendices

Table One: Predisposing Factors

	n	%
Formal Education	57	
None	38	67.9
One to Four Years	15	26.8
Five or More Years	3	5.4
Nation of Origin	57	
India	46	80.7
Nepal	5	8.8
Bangladesh	6	10.5
State within India	46	
West Bengal	32	76.2
Bihar	2	4.8
Uttar Pradesh	2	4.8
Other	3	7.1
Unknown	3	7.1
Born in Kolkata	5	9.6
Location at Time of Trafficking	57	
Rural	37	71.2
Urban	15	26.3
Unknown	5	8.8
Marital Status	57	
Married at least once	45	79.0
Never Married	12	21.0
Parenting		
Has Had Children	50	86.1
Has Not Had Children	7	13.9
Age at Marriage	44	
14 or younger	19	43.2
15 to 17	13	29.6
18 or older	12	27.3
Physical Family Violence Prior to Trafficking	53	
Never	21	39.6
Ever	32	60.4
Source of Family Violence	28	
Husband	16	57.1
In-Laws	4	14.29
Parents	7	25.0

Table Two: Employment History Indicators

	n	%
Financial Hardship	57	
Trouble Paying for Food	42	73.7
Trouble Paying for Education	32	57.1
Trouble Paying for Healthcare	39	69.6
Employment History	57	
Worked Prior to Entering Sex Work	30	52.6
Did Not Work Prior to Entering Sex Work	27	47.4
Was Looking for Work	13	48.1
Was Not Looking for Work	14	51.9
Income History	26	
Earned Rs. 1000 or More	15	57.7
Earned Less than Rs. 1000	11	42.3
Perceptions of Employment Opportunities	57	
Believe Employment Opportunities Available to Themselves	14	24.6
Believe Employment Opportunities Available for Other Women	11	20.8

Table Three: Trafficking Mechanisms and Perceptions

	N	%
Age at Entry into Sex Work	55	
14 and under	18	32.1
15 to 17	22	41.1
18 and older	15	26.8
Trafficking Agents	57	
Neighbors/Community Members	18	31.6
Friends/Acquaintances	14	24.6
Husbands	7	12.2
Family Member	7	12.2
In-Laws	5	8.8
Strangers	5	8.8
Boyfriend	1	1.8
Gender of Trafficker	51	
Female	29	56.9
Male	22	43.1
Recruitment Strategies	57	
Promise of Economic Opportunity	36	63.2
False Marriage	8	14.0
Tricked with Activity	6	10.5
Kidnapped	2	3.5
Trafficked due to Age	4	7.0
Missing	1	1.8
Prior Knowledge of Trafficking	57	
Correct Definition of Trafficking	9	15.8
No Knowledge at Time of Trafficking	48	84.2
Knew of Other Women with Similar Experiences	7	12.3
Perceived Risks of Trafficking	57	
Believe Trafficking is Associated with Health Risks	38	66.7
Believe Trafficking is Associated with Non-Health Risks	7	12.3

References

Benefo, Kofi D. (2006) *The Community-Level Effects of Women's Education on Reproductive Behaviour*. Demographic Research. 14: 485-508.

Census of India (2011). *Census of India 2011: Provisional Population Totals.* Government of India Publications. Accessed at http://censusindia.gov.in/2011-prov-results/paper2/data_files/wb/6-literates-31-44.pdf

Chandrasekaran, P., Dallabetta, G., Loo, V., Rao, Sujata (2006) *Containing HIV/AIDS in India: The Unfinished Agenda.* The Lancet Infectious Diseases. 6(8):508-521.

Chattopadhyay, S. (2011) *Inter-Regional Poverty Comparisons: Case of West Bengal*. Journal of Quantitative Economics. 9(2): 104-122.

Cohen, J. (2004) *HIV/AIDS: India's Many Epidemics.* Science. 304(5670):504-509.

Desai, V.K., Kosambiya, J.K., Thakor, H.G., Umrigar, D.D., et al. (2003) *Prevalence of Sexually Transmitted Infections and Performance of STI Syndromes Against Aetiological Diagnosis, in Female Sex Workers of Red Light Area in Surat, India.* Sexually Transmitted Infections. 79:111-115.

Dunkle, K.L., Jewkes, R.K., Brown, H.C., Gray, G.E. (2004) *Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa*. The Lancet. 363:1415-1421.

Falb, K.L., McCauley, H.L., Decker, M.R. et al. (2011) Trafficking Mechanisms and HIV Status Among Sex-Trafficking Survivors in Calcutta, India. International Journal of Gynecology and Obstetrics. 113(1): 86-87

Gupta, J., Raj, A., Decker, M., Reed, E., Silverman, J.G. (2009) *HIV Vulnerabilities of Sex-Trafficked Indian Women and Girls.* International Journal of Gynaecology and Obstetrics. 107(1):30-34.

Gupta, J., Reed, E., Kershaw, T., Blankenship, K. (2011) History of Sex Trafficking, Recent Experiences of Violence and HIV Vulnerability Among Female sex Workers in Coastal Andhra Pradesh, India. International Journal of Gynecology and Obstetrics. doi: 10.1016/j.ijgo.2011.03.005.

Huda, S. (2006) *Sex trafficking in South Asia.* International Journal of Gynecology and Obstetrics. 94:374-381.

Hunter, M. (2002) *The Materiality of Everyday Sex: Thinking Beyond "Prostitution"*. African Studies. 61(1):99-120.

International Fund for Agricultural Development (2010) *Rural Poverty in India*. Accessed at http://www.ruralpovertyportal.org/web/guest/country/home/tags/india

Joffres, C., Mills, E., Joffres, M, Khanna, T. Walia, H. (2008) *Sexual slavery without borders: Trafficking for commercial sexual exploitation in India*. International Journal for Equity in Health. 7:22:1-22.

Kravdal, Oystein (2004) *Child Mortality in India: Individual and Community Effects of Women's Education and Autonomy*. Population Studies. 58:177-192.

Lim, L.L. (1998) *The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia.* Geneva: International Labour Organization.

Malhorta, A., Vanneman, R., & Kishor, S. (1995). *Fertility, Dimensions of Patriarchy and Development in India.* Population and Development Review, 281-305.

Meetoo, D., & Temple, B. (2003). *Issues in multi-method research: Constructing self-care.* International Journal of Qualitative Methods*, 2* (3).

Mehta, A.K. and A. Shah (2001) *CPRC Working Paper 7: Chronic Poverty in India: Overview Study.* Chronic Poverty Research Center. Accessed at: http://www.chronicpoverty.org/uploads/publication_files/CRPC-IIPA_2.pdf.

National AIDS Control Organization. (2006). *National Behavioral Surveillance Survey: Female Sex Workers and their Clients.* New Delhi: Ministry of Health and Family Welfare (Government of India).

Rao, V., Gupta, I., Lokshin, M., & Jana, S. (2002). *Sex Workers and the Cost of Safe Sex.* Journal of Development Economics, 1-25.

Ray, R., & Qayum, S. (2009). *Cultures of Servitude: Modernity, Domesticity and Class in India.* Palo Alto: Stanford University Press.

Roy, A. (2003) *City Requiem: Calcutta*. Minneapolis: University of Minneapolis Press.

Sarkar, K., Bal, B., Mukherjee, R., Chakraborty, S., Saha, S. (2008) *Sex-trafficking, Violence, Negotiating Skill, and HIV Infection in Brothel-based Sex-Workers of Eastern India.* Journal of Health Population and Nutrition. 26(2):223-231.

Sarkar, K., Bal, B., Mukherjee, R., et al. (2005) *Young Age a Risk Factor for HIV Among Female Sex Workers – An Experience from India.* Journal of Infection. 53:255-259.

Sarkar, K., Bal, B., Mukherjee, R., et al. (2005) *Epidemiology of HIV Infection among Brothel-Based Sex Workers in Kolkata, India.* Journal of Health, Population and Nutrition. 23(3): 231-235.

Silverman, J.G., Decker, M.R., Gupta, J., Maheshware, A., and Patel, V. (2007) *Experiences of sex trafficking victims in Mumbai, India*. International Journal of Gynecology and Obstetrics. 97:221-226.

Silverman, J.G., Decker, M.R., Gupta, J., Maheshwari, A., Patel, V. (2006). *HIV Prevalence and Predictors Among Rescued Sex-Trafficked Women and Girls in Mumbai, India.* Journal of Acquired Immune Deficiency Syndrome. 43(5):588-593.

Silverman, J.G., Decker, M.R., Gupta, J., Maheshwari, A.,Willis, B.M. (2007) *HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women*. Journal of the American Medical Association. 298(5).

Swain, S. et al. (2011) Experience of Violence and Adverse Reproductive Outcomes, HIV Risks Among Mobile Female Sex Workers in India. BMC Public Health. 11(357): 1-10.