HIV and AIDS Data Hub for Asia-Pacific

EVIDENCE TO ACTION

BANGLADESH

SEX WORK & HIV/AIDS

Sex Work and HIV/AIDS in **BANGLADESH**

SEX WORK IN BANGLADESH

Bangladesh has a total population of 156.6 million (mid 2009) and is ranked as the seventh most populous country in the world[1].

Table 1. Sex Work and HIV/AIDS at a glance	
Population, 2009	156.6[a]
Total sex workers, 2008	150,000[b]
HIV Prevalence among the general population, 2007 (%)	0.2[b]
HIV prevalence among sex workers, 2006 (%)	0.9[b]
Condom use by sex workers, 2008 (%)	66.7[c]

Sources:
[a] Population Reference Bureau, 2009
[b] http://www.aidsdatahub.org/files/bangladesh_country_review.pdf
[c] HIV and AIDS Data Hub, Asia-Pacific

Sex work is not illegal in Bangladesh, per se, yet limitations exist on the basis of age and gender and most activities related to sex work are illegal. Specifically, sex work is legal for females over the age of 18 and illegal for males. Metropolitan Police Acts of Dhaka, Rajshahi, Sylhet, Chittagong, Khulna, and Barisal prohibit the sale or purchase of sex in public places[2].

The UNGASS (2008) Country Report by Bangladesh estimates that 90,000 to 150,000 sex workers are operating in the country[3], while the World Bank estimated 105,000 sex workers in 2006[4] [&5]. The International Labour Organization (ILO) reports that an estimated 19,000 exploited children were lured into the commercial sex industry in the country in 2000[6],

Geographical locations of sex workers: Where do they work?

Sex workers operate all over the country – particularly in the major cities of Bangladesh – and in variety of settings such as brothels, riverbanks, bars, under contraction buildings, street corners, hotels, and parks.

Sex work is widespread in Dhaka, particularly among people belonging to the lower social class. Dhaka has 14 acknowledged brothels and approximately 5,000-15,000 female sex workers (FSWs). [7]

In a survey conducted by the Bangladesh National Woman Lawyers' Association, it was estimated that there were 15,000 to 20,000 commercially sexually exploited children in the streets of Dhaka[8]. It was also estimated that about 5,000 transgenders actively engage in sex work in Dhaka[9]. Aside from Dhaka, commercial sex is also visible in Chandpuras, Rajshahi and Chapinawabganj (Figure 1).[10] Moreover, a pilot survey of sex workers in registered brothels in metropolitan cities, district and upazila (sub-district) headquarters found that 83% of them were below 18 years of age. [11]

Figure 1. Map showing the areas where sex workers primarily work

Male brothels are rare but not absent. In fact, there are two male brothels in Sylhet. These brothels feature boys over the age of 17. Male-to-male commercial sex work is prominent in Chittagong.[12].

Bangladeshi sex workers are mobile. Findings from the sixth Behavioral Surveillance Survey (BSS) indicate high mobility of sex workers from Bangladesh to neighboring India and sometimes Myanmar. Eighty-six percent of sex workers surveyed in one border area crossed the border to India, among whom 82.5% sold sex. In another border area, 14.5% crossed into India, with 89.7% of them selling sex. Crossing to Myanmar was less frequent, with 8.7% of FSWs crossing over, of whom 46.2% sold sex.[13]

Categories of Sex Workers

FSWs can be classified into four categories, depending upon their workplace: brothel-based, street-based, hotel-based, and residence-based. It is important to note, however, that these categories are not rigid as sex workers may change venues. [14], [15], [16]

- Brothel-based – those sex workers who are controlled by madams, pimps and moneylenders. The majority of these sex workers are illiterate, originate from situations of poverty and/or are born in the brothels.
- Street-based – also called "floating". They typically work in one place for around a year before moving on to another location. They are believed to be the most socially disadvantaged group of FSWs as they are predominantly adolescents, illiterate and poor who come from rural areas.
- Hotel and residence-based – sex workers who operate in hotels and homes.

While male involvement in sex work is illegal, there are increasing numbers of men selling sex. Male sex workers (MSWs) can be categorized into two types:

- Those who seek female clients. They are usually brothel-based. They may additionally cater to male clients, most of whom are urban and in their twenties.

Transgenders - also called *hijr*a. Their primary clients are men. It is estimated that about 5,000 transgenders live in Dhaka city alone and that most of them work as sex workers and practice receptive anal sex[17]

Commercially sexually exploited children (boys and girls), while prohibited by the government, are highly visible in red light areas of Bangladesh[18].

Mapping conducted in 2001 confirmed that 55% of hotels in Dhaka are involved in the sex trade with links to nearly 5000 hotel-based sex workers (HBSWs). Hotel-based sex work is largely voluntary, better paid, with a client turnover that is among the highest in Asia. The recent rounds of BSS indicate that the mean number of new or regular clients per week for HBSWs in Dhaka and Chittagong were 42 and 61, respectively. The majority of men do not use condoms in commercial sex encounters. HBSW also report the lowest condom among sex workers use in the region, with less than 24% using condoms with new clients. Additional, compounding risk factors for HBSWs include the practice of group negotiation and serial partners.

Residence-based sex workers usually make up a hidden population and primarily work as factory workers or in beauty parlors. They are smaller in number, decentralized, non-stigmatized and connected by an invisible network of operators. They constantly shift location to escape disclosure.

Drivers of sex work

Men and women become sex workers largely for economic reasons.

Women may become involved in sex work after a marital break-up, in order to meet the basic financial needs of their family and children.

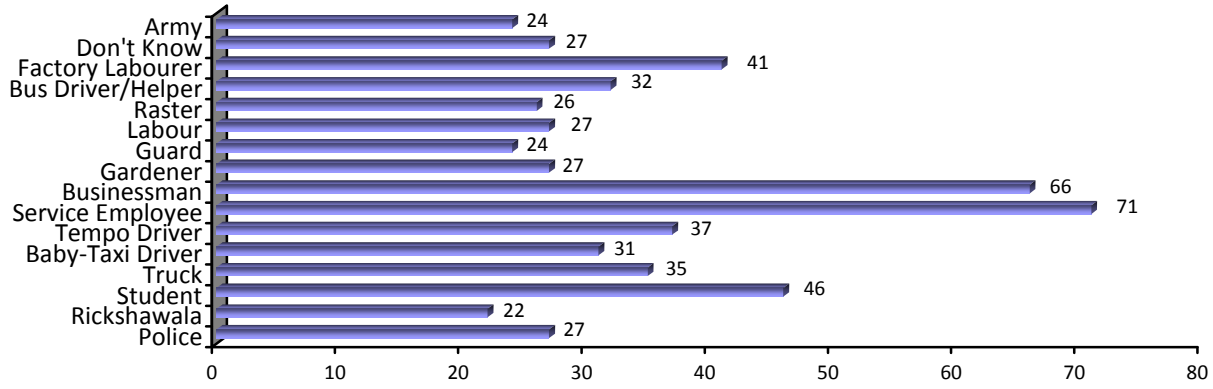
More than 20,000 children (boys and girls) are born and live in the 18 registered red-light areas of Bangladesh. Some girls are adopted daughters of registered sex workers, girls living with a step-parent, girls who have had a pre-marital relationship, sexually abused girls, orphans or from slums. [19] Boys usually hide the fact that they have been commercially sexually exploited because it is unlawful. The demand for commercially sexually exploited boys was spurred by the traditional practice of young men in their twenties seeking commercial sex.

Trafficking into sex work is a major phenomenon. In June 2009, the U.S. State Dept Trafficking in Persons Report noted that Bangladesh is a source and transit country for men, women, and children trafficked into the brothels of India, Pakistan, Malaysia, UAE and other Asian countries.[20 & 21] Vulnerable and poverty-stricken women and children – both boys and girls – are particularly susceptible to being forced into commercial sexual exploitation through fraud and physical coercion. Bangladeshi police estimate that more than 15,000 women and children are smuggled out of Bangladesh every year. According to a report by ECPAT International, around 27,000 Bangladeshi women and children have been forced into sex work in India, and another 40,000 children in Pakistan. [22]

Clients

Figure 2 shows that clients of sex workers come from different professions and walks of life[23]. The usual partners of brothel-based sex workers were identified as being people in business, rickshaw pullers, truckers, students, service holders, police and drivers[24 & 25.]

Figure 2: Mean fee per visit by occupation (excluding foreigner) of sex workers' clients



FSWs usually have 3-5 clients per day. Brothel-based female sex workers have an average of 18 clients per week, street based female sex workers have an average of 17 clients per week, while hotel-based sex workers have an average of 44 clients per week[26 &27]. In comparison, the sixth BSS found that brothel-based FSWs reported having had approximately nine new clients per week. In addition, more than one-third (36.8%) of the brothel-based FSWs reported having had more than 20 clients per week which is among the highest turnover of clients anywhere in Asia[28]. *Hijras* reported a very high average of 30 clients per week.

Fees/Income[29]

Two primary conditions affect the income of sex workers. Firstly, their appearance and reputation as a sex worker: younger and prettier sex workers can command higher prices. Secondly, income will vary with the occupation and income level of clients.

Figure 2 also shows the mean fee per visit by occupation of the clients. FSWs unanimously prefer businessmen (66 taka) and service employees (70 taka) because they pay more. Many businessmen bring the women to their residence if possible or otherwise to hotels, then they hire the women for the whole evening or night for parties. The women earn more during these events, but are also more vulnerable to violence and unsafe sex, and have to perform varieties of sex acts other than conventional vaginal intercourse. It is also on these occasions that the sex

workers may be forced to entertain more clients than initially agreed upon. Foreigners clients pay higher fees, but only a small proportion of service them given the limited locations where foreigners frequent and live. Rickshaw pullers, on average, pay the least (22 taka) for sex work.

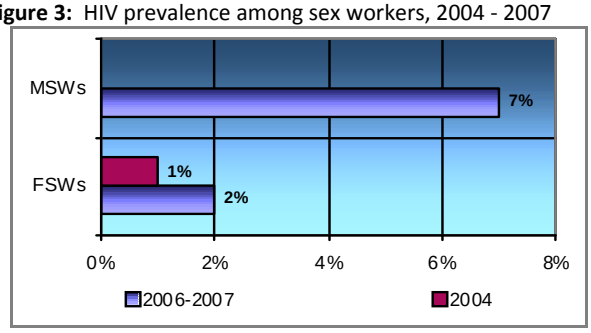
SEX WORK AND HIV AIDS

HIV Prevalence

The first case of HIV in Bangladesh was detected in 1989. In 2007, an estimated 12,000 people were living with HIV and HIV prevalence among the general population was 0.2%. [30]

Among sex workers, HIV prevalence was 0.9% as of 2006. Figure 3 shows a higher HIV prevalence among MSWs (7%) as compared to FSWs (2%) in 2006-2007.

Figure 3: HIV prevalence among sex workers, 2004 - 2007



Source: BSS 2004-2007 at Bangladesh, UNGASS Country, Report, 2008

Figures 4 - 7 show the geographic distribution of HIV prevalence among various types of sex workers. HIV prevalence among brothel-based FSWs is most widespread.

Figure 4: HIV prevalence among brothel-based FSWs, 2004 - 2005

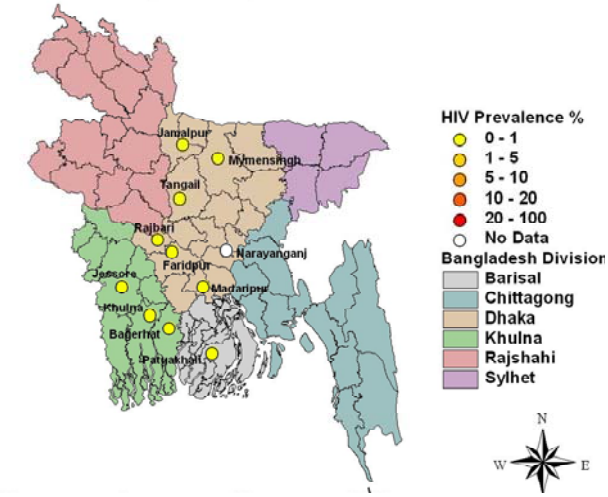


Figure 5: HIV prevalence among street-based FSWs, 2004 - 2005

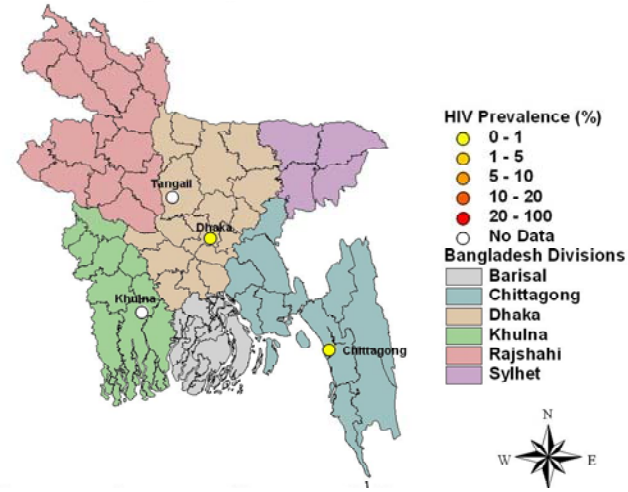


Figure 6: HIV prevalence among hotel-based FSWs, 2004 - 2005

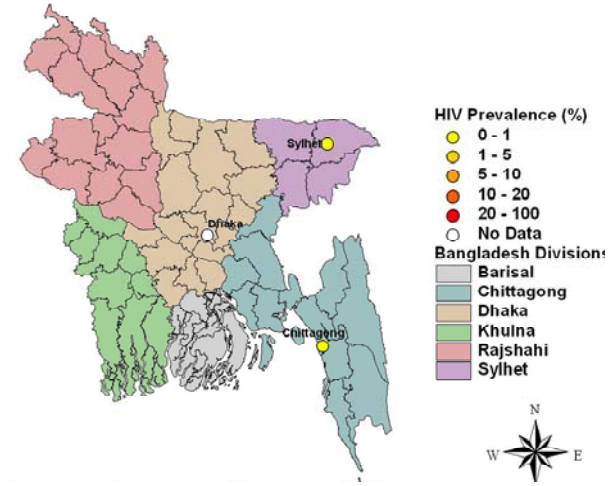
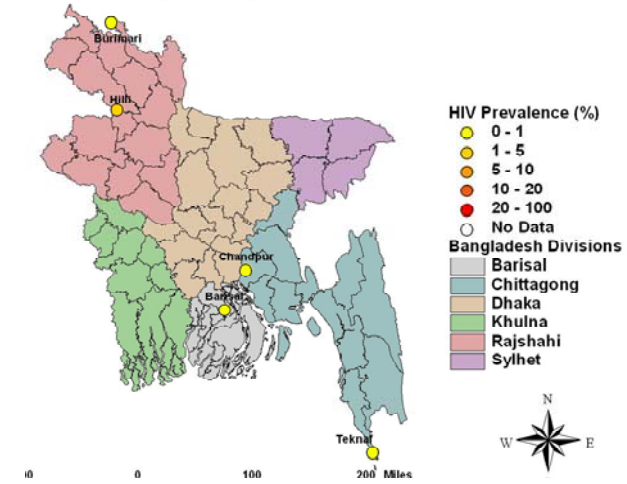
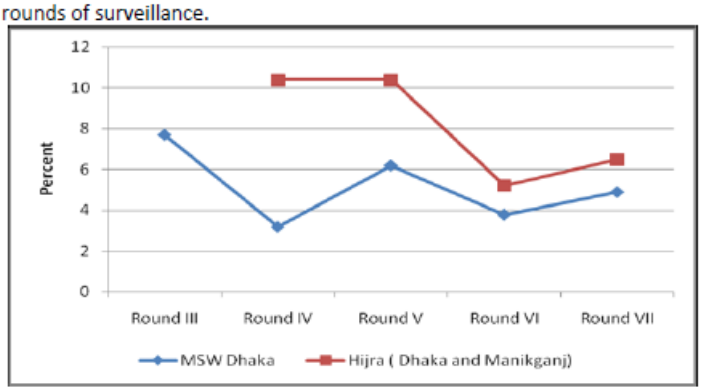


Figure 7: HIV prevalence among casual FSWs, 2004 - 2005



In 2008, some 45% of sex workers have sexually transmitted infections other than HIV[31]. Figure 9 shows that *hijras* have a higher prevalence of active syphilis compared to male sex workers in all of the most recent rounds of STI surveillance.[32]

Figure 8: Percentage of hijras and MSWs with active syphilis in all the rounds of surveillance.

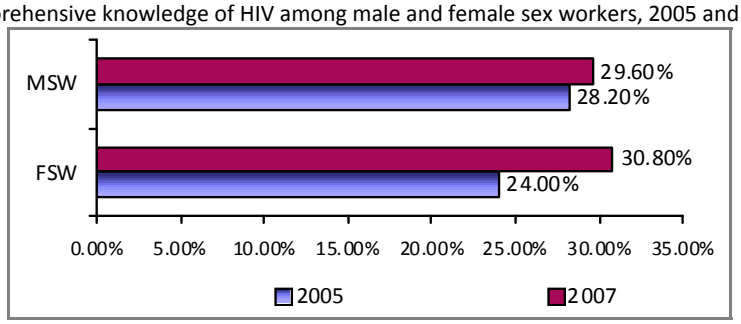


Source: ICDDRB 2008

HIV Knowledge

In 2007, 30.8% of FSWs had comprehensive knowledge of HIV (up from 24% in 2005). Among MSWs, 29.6% had comprehensive knowledge (up from 28.5% in 2005) (Figure 9).

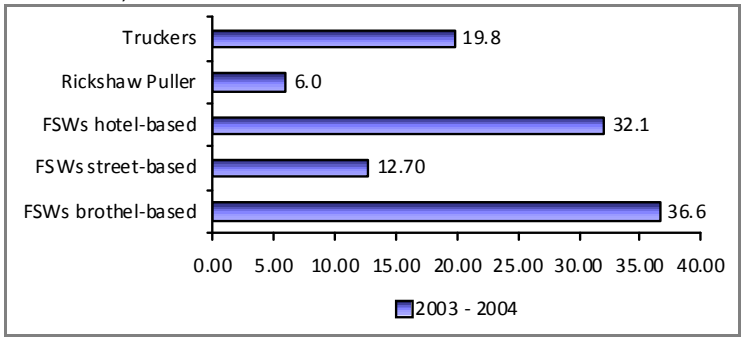
Figure 9: Comprehensive knowledge of HIV among male and female sex workers, 2005 and 2007



Source: BSS 2005-2007 at Bangladesh, UNGASS Country, Report, 2008

When comparing knowledge of HIV among FSWs and their clients, 2003-2004 data shows that brothel based FSWs have the highest level of HIV knowledge with 36.6%, compared to hotel based FSWs with 32.1% and street-based FSWs with only 12.7%. Meanwhile, among the clients of FSWs, truckers have the highest level of HIV knowledge with 29.8% followed by rickshaw drivers with 6% (Figure 10).

Figure 10. Percentage of comprehensive HIV knowledge among FSWs and their Clients, 2003 - 2004



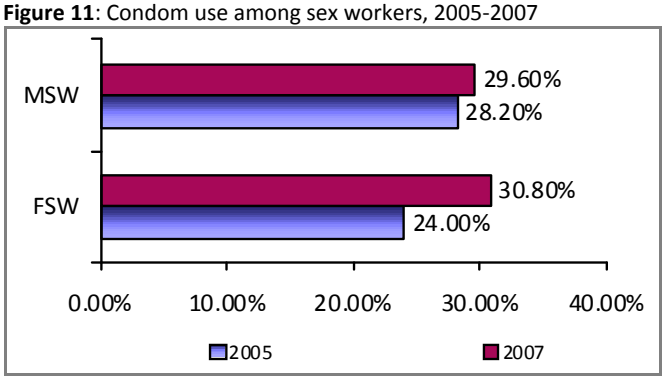
Source: BSS 2004-2004 at Bangladesh, UNGASS Country Report, 2008

Condom Use

Condom use is crucial to sexual HIV prevention. Figure 11 shows an increase in condom use among FSWs from 24% in 2005 to 30.8% in 2007. Only a very slight increase was observed among MSWs with 28.2% condom use in 2005 and 29.6% in 2007.

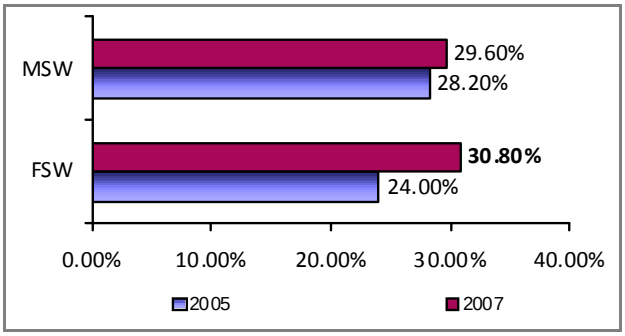
When FSWs were asked of their condom use with their most recent clients, Figure 12 shows increased use of condoms among FSWs from 30.90% in 2003-2004 and 31.80% in 2005 to 66.7% in 2007. On the other hand, a slight decrease in condom use by MSWs was observed (44.1% in 2003-2005 to 43.7% in 2007).

Figure 11: Condom use among sex workers, 2005-2007



Source: BSS 2003-4, 2006-7 and FHI/ICDDR, B sexual behavior study (2006)

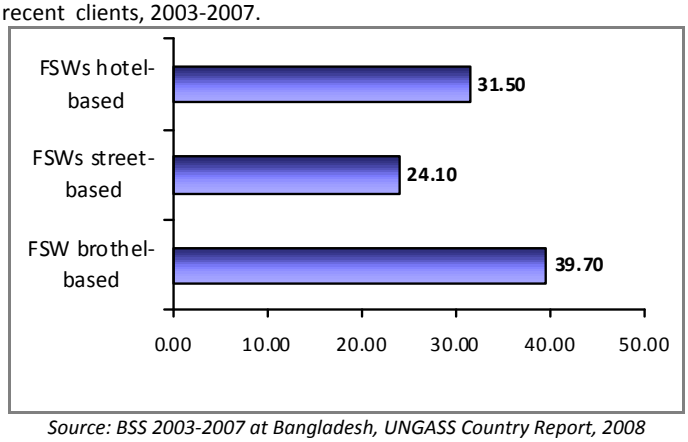
Figure 12: Condom use among FSWs with their most recent client, 2003 - 2007



Source: BSS 2003-2007 at Bangladesh, UNGASS Country,

In the BSS 2003-2004, condom use among different categories of FSWs with their most recent clients was also reported upon. Figure 13 indicates that brothel-based FSWs had the highest percentage of condom use (39.7 %) compared to the hotel based FSWs (31.50%) and street-based FSW (24.10%).

Figure 13: Percentage condom use among FSWs with their most-recent clients, 2003-2007.



Source: BSS 2003-2007 at Bangladesh, UNGASS Country Report, 2008

Country-wide, brothel-based sex workers show consistent condom use at 2.8% with regular clients, and 5.2% with new clients.

Hotel-based sex workers are especially vulnerable to HIV as they have the largest number of clients. [33] The low rate of condom use is a combined result of clients' dislike of condoms, lack of knowledge about their effectiveness, low risk perceptions, and poor situation and availability of condoms. Offering a condom to a client is a major trigger for violence and contributed to around 36% of all the violence experienced as in the case of brothel-based sex workers. [34]

Condom use is reportedly uncommon among hijras. While almost all (99%) transgender persons surveyed reported having sold sex in the last week, only 17% reported condom use.

NATIONAL RESPONSE TO SEX WORK AND HIV[35]

In 1985, the government of Bangladesh created the National AIDS Committee (NAC) as a multi-sectoral response to combating the spread of HIV/AIDS. This was closely followed by the creation of a Strategic Plan for The National AIDS Programme of Bangladesh, 1997-2002.

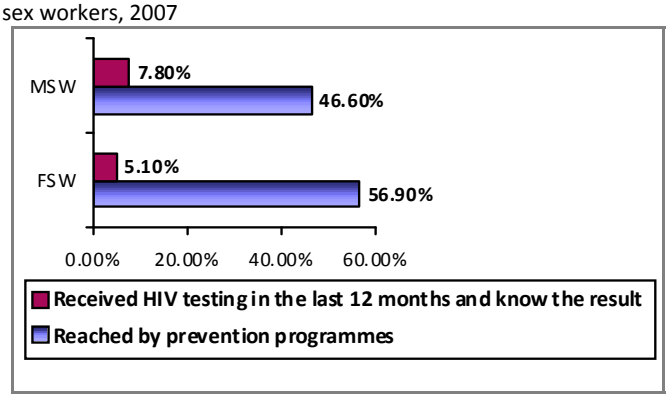
The government also installed a National AIDS/STD Program (NASP) unit to coordinate efforts. Representatives from key ministries, NGOs, and a few parliamentarians are members of the NAC. "Strategic action plans for the National AIDS/STD Program set forth fundamental principles, with specific guidelines on a range of HIV issues including testing, care, blood safety, prevention among youth, women, migrant workers, sex workers, and STIs".

HIV Prevention Programs – Coverage and Impacts

Figure 14 shows the coverage of HIV prevention program among sex workers. In 2007, 56.9% of FSWs and 46.6% of MSWs were reached.

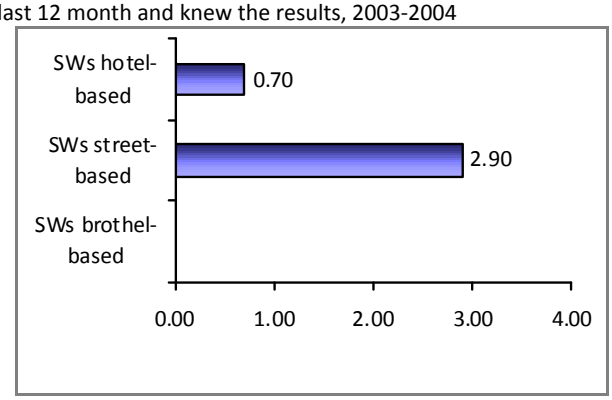
Only 7.8% of MSWs and 5.1% were tested for HIV and knew the results.[36] When comparing the categories of FSWs tested for HIV, 2.9% of those who were street-based were tested followed by 0.7% of the hotel-based (Figure 15).

Figure 14: Prevention programme and HIV testing coverage among sex workers, 2007



Source: BSS 2007 at Bangladesh_UNGASS CountryReport, 2008

Figure 15: Percentage of FSWs that received HIV testing in the last 12 month and knew the results, 2003-2004



Source: BSS 2004-2004 at Bangladesh, UNGASS Country Report, 2008

Partnership Agencies[37 & 38]

- There are many NGOs (around 380) working in Bangladesh to help prevent the sexual transmission of HIV among high-risk groups involving mostly female sex workers, MSM, IDUs, rickshaw pullers, and truckers. One of them is the LIGHT HOUSE, a Bangladeshi based partner of Voluntary Services Overseas (VSO), and its volunteers inform sex workers and their clients about condom more use.

- Numerous foreign donors also contribute funds in support of the campaign against HIV/AIDS. Aid in the form of medical missions, condom and/or sex lubricant distribution, establishment of medical clinics and the training of medical personnel have also been organized.

- A Global Fund grant for $40 million to promote prevention efforts among adolescents and young people brings together the Government and Save the Children USA and is being implemented through NGOs. The FHI/USAID supported project ($13 million, 2005-2008) is also focusing on selected interventions for some high-risk groups and includes the expansion of VCT services[2].

- The HIV/AIDS Prevention Project (HAPP 2000-2007), jointly financed by the World Bank and DfID, provided $27 million to support the scaling up of interventions among groups at high risk in a rapid and focused manner while strengthening overall program management. Three UN agencies assisted the Government in the implementation of key project components: UNICEF managed the NGO service delivery component, WHO managed the blood safety activities, and UNFPA managed the capacity building component. With the closure of the project, HIV interventions are being integrated into the Government of Bangladesh and the multi-donor-supported Health, Nutrition and Population Sector Program[2].

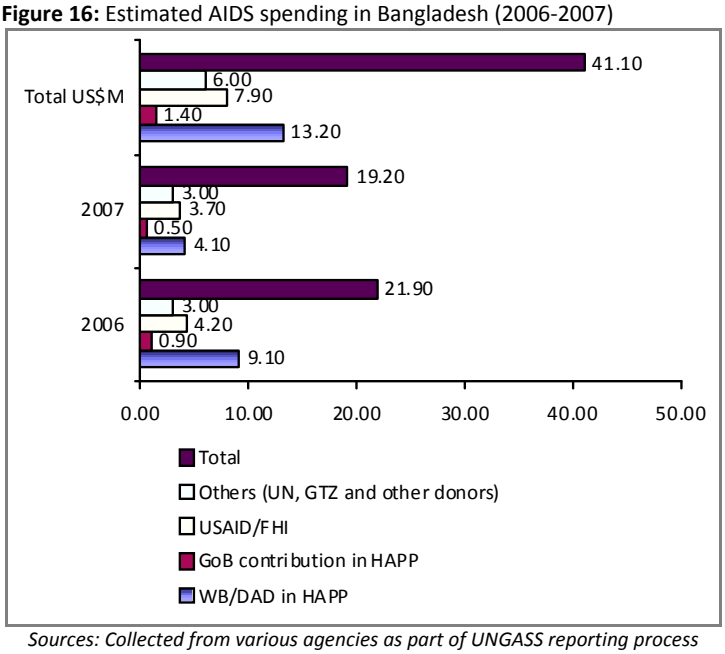
- CARE Bangladesh developed a project called SHAKTI (Stopping HIV/AIDS through Knowledge and Training Initiatives) that initially worked with brothel-based sex workers in a town called Tangail.

- Jhaka also makes important contributions. Peer educators and outreach workers (sex workers who are paid by the project) play a crucial role in this project, providing knowledge on sexually transmitted diseases, condom use and the distribution of condoms. The project also started with an intervention among street-based sex workers in Dhaka City, through similar strategies. Peer educators and staff outreach workers inform sex workers about sexual health and risk reduction in order to motivate them and their clients to change their behaviour and to promote safer sex. Peer educators are trained and are working face-to-face and through group education with approximately 2,000 sex workers.

HIV-AIDS Expenditures

Figure 16 shows the sources of funding and partners' contributions towards HIV in 2006-2007. Major sources of funding are GFATM and World Bank (WB). Under Round 6 of GFATM, USD 40 million will be provided over 2007-2012 for interventions targeted at a wider range of high risk populations. [39] The total contribution by the government (GoB) is only 1.4 million USD which is less than 5% of the total spending.

Figure 16: Estimated AIDS spending in Bangladesh (2006-2007)



Sources: Collected from various agencies as part of UNGASS reporting process

Common Obstacles and Challenges[40]

- Corrupted government officials sometimes deny health care services to sex workers and may even facilitate the trafficking of these people abroad.
- Due to the fact that sex work often involves street gangs and is overlooked by pimps - sex workers are a difficult group to reach with HIV-related education.
- Behavioral change activities and health promotion interventions for high-risk and vulnerable groups – particularly sex workers – must be scaled up.
- There is a need to expand advocacy and awareness among sex workers to promote the social acceptability of condom use and ensure their adequate supply and access.

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