Beyond “High-Risk”: How Patriarchal Social Structures in India Influence Entry into Sex Work

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Abstract

From its earliest stages, the rhetoric of India's HIV/AIDS discourse has maintained an explicit focus on transmission through contact with high-risk groups (i.e. migrant workers, sex workers, homosexuals, and intravenous drug users). India's intense focus on high-risk groups, and primary focus on the commercial sex work industry in HIV/AIDS research and prevention strategies exhibits critical voids in the academic literature, scholarship, and discourse surrounding the subject. Over the course of this research study I spent several months interviewing sex workers in Pune, India to gain a better understanding of the circumstances and social factors that contribute to women's involvement and participation in sex work and the sex work industry. Using my interviews, experiences in the red light district, and academic research on India's HIV/AIDS discourse I have attempted to highlight the uncritical use of the term "high-risk" in the rhetoric of India's HIV/AIDS discourse and to bring attention to the underlying social factors that create, maintain, and perpetuate entry into the sex work industry in India. The central focus of this research study is to displace female sex workers as the "vectors", in epidemiological terms, of HIV/AIDS (Kadiyala and Barnett 2004: 1888) and highlight India's patriarchal social structures that result in gender inequality and economic vulnerability for women as the social forces that lead women to participate in the commercial sex work industry, and hence to participate in high-risk behaviors and a high-risk industry that is significant in the spread of HIV/AIDS in India.

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Introduction

AIDS and HIV

The acquired immune deficiency syndrome (AIDS) epidemic is widely recognized as the defining medical and public health issue of the twenty first century as well as one of the most significant infectious diseases in human history. AIDS was first documented in the United States in June of 1981 by UCLA professor, Michael Gottlieb (Hawkins 2011: 16). In July of 1981, the Centers for Disease and Control published a report indicating that the infection was sexually transmitted (Hawkins 2011:6). Shortly after the Centers for Disease Control and Prevention published their findings, the virus was discovered in a diverse range of people and populations, negating early propositions that HIV/AIDS resulted from behavior specific to the homosexual male community (Fauci 2003: A New Disease). By 1983 the cause of the disease, also known as the etiological agent, was identified as the human immunodeficiency virus (HIV) (UNAIDS 2003: 3) and the scientific and medical communities agreed that both the virus and the disease are blood borne. From 1981 onwards, the infection continued to spread throughout various regions across the globe and by 2008 the total number of people living with HIV/AIDS was approximately 33.4 million, 31.3 of whom were adults and 15.7 representing women (UNAIDS 2009: 6). The global history of HIV/AIDS is a complex one, rife with widespread confusion, paranoia and panic. Although great strides have been made in both treatment and prevention programs, HIV and AIDS

remains a burden for the world's population.

HIV/AIDS In India

The HIV virus was first recognized as a health concern in Asia during the 1980's and in 1985 there was evidence in India that the country was experiencing an influx of reported HIV/AIDS cases. In 1990, India officially reported its first AIDS case and over the course of the following decade the number of infections continued to increase dramatically. In 1990, approximately 50,000 people were living with HIV/AIDS in India, a number that increased to 2,700,000 by 2001 (UNAIDS, Regional Summary). The HIV virus has spread throughout India at an alarming rate and today India is home to the world's third highest population of people living with HIV/AIDS, following South Africa and Nigeria, and the rate at which the epidemic is spreading in India is one of the highest in the world (UNDAIDS, 2003).

Following a western medical model of examining and understanding the disease from a "top-down", or federally administered perspective perpetuated by the government, scientists, and physicians, the discourse surrounding HIV/AIDS in India is centralized around identifying "high-risk groups", namely sex workers, migrant workers, intravenous drug users, and men having sex with men (MSM) (Karnik 2001: 324). This research study will focus exclusively on sex workers and the commercial sex work industry as members of this particular high-risk group are largely recognized in India's HIV/AIDS discourse as the driving force behind India's HIV/AIDS epidemic (Kadiyala and Barnett 2004: 1888).

India's intense focus on high-risk groups, and primary focus on the

commercial sex work industry in HIV/AIDS research and prevention strategies exhibits critical voids in the academic literature, scholarship, and discourse surrounding the subject. The nature of sex work demands that the industry remain an important and involved component of HIV research and prevention strategies in India; however the country's current HIV/AIDS discourse focuses almost exclusively on identifying, labeling, and educating high risk groups and does not work to recognize and address the social forces that create, maintain, and perpetuate the social structures and circumstances that influence involvement in high risk arenas, such as the commercial sex work industry. In this way, the patriarchal social structures that create gender inequality and economic vulnerability for women in India remain neglected in the background of HIV/AIDS research and prevention strategies. In this paper I will argue that not only is it necessary to deconstruct India's scrutiny on high-risk groups as the epicenter and cause of the country's HIV epidemic, it is imperative to refocus attention on the underlying social forces that are at the root of the country's HIV epidemic. Economic inequality and gender inequality are intimately connected with one another in a patriarchal society that limits and effectively eliminates any real career or professional opportunities for poor uneducated women as well as for women living and trying to survive with no familial or kinship network or support system. The traditional patriarchal social structures that exist within the Indian socio-cultural framework, such as patrilineal decent, a patrilocal marriage system, and strict moral codes regulating

and controlling female sexuality lead to the secondary position of women in Indian society and culture; recognized in this paper as the most defining contributing factor in HIV/AIDS vulnerability for women in India. I ultimately argue that as long as India continues to focus primarily on the superficial elements of labeling and treating particular populations of people as high-risk and ignore the underlying forces of the country's patriarchal social structures that drive the epidemic, HIV prevention programs and efforts will never be able to achieve widespread success and the secondary position of women in India will continue to put Indian women at risk for diseases such as HIV/AIDS.

A Brief History of Sex Work in India

The focus in this study on female sex workers and the commercial sex work industry in India requires a definition of what is meant by the terms sex work and sex worker. Engagement in the commercial sex work industry is commonly referred to as prostitution, which Moni Nag (2001) defines as

> the act or practice of a person, female or male, who for some kind of reward- monetary or otherwise- engages in sexual relations with a number of persons, who may be of the opposite or same sex... Definition of prostitution in Indian common parlance is quite narrow. It is regarded as the act of a female who hires her body to a number of males for sexual intercourse in exchange for money (4025).

All references made in this research study to sex work and female sex workers can be understood through this definition.

Sex work has an extremely old history in India. Dating back to at least 300 BC there is evidence in the socio-political treatise, *Arthashastra,* that 'ganikas' (or female sex workers whose business was controlled through the state) provided sexual entertainment

to the public (Nag 2001: 4026). The *Kamasutra*, one of the most widely known Indian treatises, references courtesans and eunuchs whose primary source of income came through providing sexual entertainment to high-class men (Nag 2001: 4026). The Devadasi system is an ancient tradition in India dating back to approximately 300 AD involving the dedication of young girls to temples where they were associated with the temple god and provided sexual entertainment and services to temple priests and wealthy male worshippers whose fiscal donations were important to the temples (Nag 2001: 20426). With the passage of time lower class devadasis imparted sexual services to common worshipers or visitors of the temple in exchange for monetary compensation, essentially becoming female sex workers living and operating within the context and structure of a place of spiritual devotion (Nag 2001: 4026). The young daughters of lower caste couples were sometimes consecrated to the temples in the hopes of receiving spiritual distinction from temple gods (Nag 2001: 4026).

Today, the commercial sex work industry continues to maintain a huge presence in India and estimates "suggest that more than 2 million women participate in commercial sex work, and that 25 percent of the women are less than 18 years old (Thukral 233). Approximately 61% of India's population of female sex workers belongs to Scheduled Castes, underprivileged classes, and Scheduled Tribes (Thukral 250). The Indian government recognizes scheduled Castes and Scheduled Tribes as communities that have been historically disadvantaged. The Indian constitution has enacted several policies, many of which use affirmative action, to protect the rights of these communities. The high percentage of female sex workers belonging to underprivileged castes and classes indicates a correlation between existing social structures that exacerbate the

already inferior position of women in India and involvement in the commercial sex work industry.

This study includes in-depth interviews collected over several months in Pune, India in order to construct a more comprehensive picture of the circumstances and social factors that contribute to women's involvement and participation in sex work and the sex work industry. The nature of this research carries huge importance for female sex workers whose marginalized position in society has allowed India's HIV/AIDS discourse to continue to address their status as “high-risk” but to ignore the social factors that lead them to the industry. The central focus of this research is to displace female sex workers as the “vectors”, in epidemiological terms, of HIV/AIDS (Kadiyala and Barnett 2004: 1888) and highlight India’s patriarchal social structures resulting in gender inequality and economic vulnerability for women as the social structures and forces that lead women to participate in the commercial sex work industry, and hence to participate in high-risk behaviors and a high-risk industry that is significant in the spread of HIV/AIDS in India. Prioritizing a focus on the adverse effects of patriarchy, gender inequality, and economic vulnerability is extremely important to India's population of women who continue to navigate the country's patriarchal social structures and especially for female sex workers whose voices are absent in India's discourse on HIV/AIDS. The purpose of this study is to add to the existing academic literature on HIV/AIDs in India and to contribute to the academic scholarship that acknowledges the limitations and inadequacies of India's current HIV/AIDS research, discourse, and prevention strategies in the hopes of providing data, information, and insight that could be used to improve India's HIV/AIDs discourse and HIV prevention strategies.

Prior Research

In 1985, following reports of AIDS in Pakistan and reported HIV infections among sex workers in Chennai, India organized a national task force to make recommendations on how to best prevent the spread of the virus to and around India (Karnik 2001:325). The task force was required to simultaneously begin educating the public without generating panic or hysteria and monitor particularly vulnerable groups such as homosexuals, migrant workers, and prostitutes (Karnik 2001:325). Karnik argues that this method of identifying and monitoring "high-risk groups" was in large part due to the globalization of the AIDS discourse through the transference of information relating to the disease that passed from West to East. According to Karnik, the globalization of AIDS research and prevention strategies preceded and influenced the immediate inclusion of and intense focus on female sex workers in India's HIV/AIDS discourse and is consonant with a "very direct pattern of blaming groups who are unable to defend themselves and are socially on the margins of society" (Karnik 2001: 327).

Karnik is not alone in his recognition of the globalization of AIDS information, research, and prevention strategies as problematic for India's discourse on the HIV/AIDS epidemic. Mane and Maitra (1992), authors of *AIDS Prevention: The Socio-cultural Context in India,* write

> One can, of course, learn much from the experience of other nations who have developed strategies for coping with the epidemic. But there is a woeful tendency in India, as perhaps, in many other developing countries, to indiscriminately apply these well documented Western experiences without appropriate adaptation and attention to culture-specific issues (xii).

Mane and Maitra's recognition of the importance of culture-specific issues in the adaptation of disease prevention strategies is absent in the existing academic scholarship

regarding AIDS in India and has serious implications for HIV research and prevention programs in India as well as in other developing countries around the world. The globalization of AIDS research and prevention programs displaces culture, (namely, social structures, societal values, societal norms, etc.), as perhaps the most important factor in understanding a country's epidemic and implementing culturally relevant, effective prevention programs. India's adaptation of identifying “high-risk groups” from the West is problematic as it assumes similarity or uniformity between countries, societies, and cultures that may not exhibit similar or comparable socio-cultural frameworks with uniform beliefs and practices of sexuality, sexual culture, or sexual behavior.

The first officially documented HIV/AIDS case in India was identified in Chennai in a female sex worker in 1986 (Nag 2001: 4029). Since this first reported AIDS case the discourse and rhetoric surrounding India's HIV epidemic places high-risk groups, especially female sex workers, at the origin of India's HIV epidemic and essentially attributes the transmission of HIV in the country primarily to contact with these groups (Kadiyala and Barnett 2004:1888). The rhetoric of the AIDS epidemic in India focuses first and foremost on identifying, educating, and treating high-risk groups. In illustration of this, Mariam Claeson and Ashok Alexander's (2008) article, *Tackling HIV in India: Evidence-Based Priority Setting And Programming* reads, “Globally, we have solid evidence for what works in addressing concentrated epidemics through large-scale programs, focusing on vulnerable communities at highest risk. The prevention design focuses on the main drivers of the epidemics—namely, high-risk sexual behavior and injecting drug use” (1098). In accordance with this, the topic of HIV and AIDS in India is

most commonly associated with the commercial sex work industry and female sex workers (Nag 2001: 4029) whose profession clearly correlates with high-risk sexual behavior. This intense scrutiny on identifying and distinguishing certain populations of people as high risk plays a primary role in India's HIV/AIDS discourse and influences how the general public understands the disease and epidemic. Placing primary emphasis on the sexual behaviors of high risk groups fuels the widespread misconception in India that HIV/AIDs is a virus and disease that is confined to high risk populations engaging in high risk behaviors, ultimately leading to the general public's pervasive apathy towards the country's epidemic (Kadiyala and Barnett 2004:1888).

The rhetoric used by the medical community, government, scientists, etc. is intrinsically connected with the public's perception, understanding, and relationship with the HIV/AIDS epidemic. An analysis of the rhetoric implemented by public interest groups such as the government and medical communities as well as the rhetoric used by the public can provide a basic framework for how HIV/AIDS is presented, discussed, and understood in India. Joe Rollins, in his article *AIDS, Law and the Rhetoric of Sexuality* (2002) writes, "... Schneider and Ingram (1993) observe that policymakers deliberately manipulate the images and cultural symbols associated with particular groups and that, subsequently, policies are enacted consonant with the social construction of targeted populations" (162). High-risk groups, and especially female sex workers, have become intimately affiliated with conceptions of sexual promiscuity and lascivious behavior, effectively making them the cultural symbols of India's HIV epidemic. Cultural symbols, especially as they exist within the rhetoric of a particular discourse, are influential in the way that the general public understands and reacts to issues relating to disease and

epidemics.

The social construction of the commercial sex work industry as the epicenter and driving force behind the country's HIV epidemic has influenced the way that the public views, understands, and reacts to the topic of HIV/AIDS. In demonstration of this Karnik (2001) writes, “The hegemonic discourse centers on prostitutes as the originators of disease and their male clients as somewhat unwitting accomplices who... bring the disease home to their wives and children” (329). The intense focus within this discourse on prostitutes and sex workers as the originators and perpetrators of HIV and AIDS has both influenced and dictated the general public's relationship with and reaction to India's HIV/AIDS epidemic, effectively generating a process of “othering” on behalf of the general public towards “dangerous others” belonging to high-risk groups (Schoepf 2001: 340). This process of “othering” allows for individuals existing outside the label of high-risk to dissociate themselves from the disease and perpetuates the gross misconception that “low-risk” members of society need not be concerned with the country's HIV/AIDS epidemic (Schoepf 2001: 338)

In India, the identification of high-risk groups has been intimately coupled with a rhetoric of blame, liability, denial, and evasion in regards to the public's understanding and relationship with the topic of HIV transmission (Kadiyala and Barnett 2004: 1889). Sex and sexuality are considered taboo subjects in India and there are strict moral codes regarding normative sexual culture, especially in regards to female sexuality. On this subject, Lambert and Wood (2005) write,

> The publicly promoted image of Indian society is that of a highly moral cultural space marked by universal adherence to traditional values, in which girls and women are protected by fathers and husbands, young people remain ‘uncorrupted’ by knowledge of sexual matters, and multiple

> sexual partners do not exist (Sethi 2002, Lambert 2001). In this hegemonic discourse, sex is understood as a private act that can occur appropriately only within a legitimate marital relationship, and even there the sexual dimension of such relationships should remain as far as possible unacknowledged to the wider family and others (529).

Although India's huge population represents a scale of religious and cultural plurality largely unparalleled throughout the rest of the world, individuals who exist outside of the normative social frameworks, especially in regards to normative sexual culture, face stigma and are forced to the margins of society. This is especially true for those members of society that belong to high-risk groups, particularly sex workers, and "even after 20 years of the epidemic, many continue to scapegoat these so-called 'high-risk groups' and the 'vectors of the disease' with a rhetoric of middle class moral code, patriarchy and closely controlled female sexuality" (Kadiyala and Barnett 2004: 1888). In this way, the identification of high-risk groups in India creates a locus of blame and responsibility for India's HIV/AIDS epidemic and allows the general public to detach themselves from the epidemic by creating a dichotomy between those who exist within the parameters of normative society and those whose promiscuous sexual behaviors they believe to be responsible for HIV acquisition and transmission. However, as India's epidemic begins to increasingly move outside the boundaries of high-risk groups (UNAIDS 2009: 38) it seems that the general population will inevitably have to come to terms with the fact that HIV/AIDS is not a disease of those who participate in promiscuous sex or high-risk behaviors, but an epidemic of people who have sex, and in this way it becomes an epidemic intricately and intimately intertwined with human sexuality and humanity at large (Dowsett 2003: 24).

However, the notion of HIV/AIDS as profoundly connected with human

sexuality and as something of relevance to all of humanity is a concept that is principally nonexistent in the public discourse surrounding HIV/AIDS in India, and arguably globally as well. This negligence regarding the complex and important issues regarding human sexuality and sexual culture in regards to HIV/AIDS represents a grave gap in India's HIV/AIDS discourse. This research study does not seek to displace high-risk groups such as sex workers as an important component of HIV research and prevention in India. However, it does attempt to highlight a flaw in the oversimplified application of the term “high-risk” which creates a singular relationship between the high risk nature of sex work and HIV acquisition and transmission but fails to address any of the underlying social factors or social structures that contribute and lead to women’s involvement in the sex work industry. It is insufficient to simply label HIV in India as an epidemic perpetuated and driven by high-risk behaviors and contact with high-risk groups without recognizing the underlying social factors that lie behind the label. Suneetha Kadiyala and Tony Barnett (2004) comment, “This shortsightedness, and increasing disregard for civic rights and responsibilities, and a self-righteous prejudice formed out of insubstantial and ill-informed opinion is resulting in an unacceptable level of apathy towards the epidemic” (1888). This shortsightedness and apathy on behalf of India's general public is driven by the “othering” of high-risk groups and their association with HIV/AIDS and is also reflective of a void in the academic scholarship behind India's HIV/AIDS discourse that largely neglects the social forces that act as the driving factors behind high-risk arenas such as the sex work industry. By addressing the social forces that influence women's entry into and participation in sex work and the sex work industry, the HIV/AIDS discourse in India can begin the process of shifting the rhetoric of the discourse from one

of “othering”, blame, denial, and evasion to one that actively addresses socio-cultural factors, such as patriarchal social structures, that affect and impact HIV acquisition and transmission in the country.

The HIV discourse and prevention strategies in India effectively start and end with the medical community's identification of and focus on high-risk groups. The inclusion of a socio-cultural framework, perspective, and background in the medical community's concentration on high-risk groups would not only begin the process of humanizing the infection and epidemic but could also make HIV in India something that is relevant, pertinent, and personal to India's general public. By simply labeling populations as high-risk and focusing HIV prevention programs solely on these high-risk groups, the public becomes alienated and distanced from an epidemic that is only going to continue to grow and expand into the country's larger general population. Ramasubban (1998), author of the article *HIV/AIDs in India: Gulf Between Rhetoric and Reality* commenting on this topic writes,

> Neglect of the socio-cultural, behavioral and economic dimensions of HIV transmission in favour of moral condemnation and victimizing of high-risk groups and, therefore, failure to develop the necessary technical and administrative skills in the direction of raising awareness about the disease, high-risk behaviors and primary prevention among these groups in the larger society, or to develop support structure for those suffering from the disease (2865).

This neglect of the socio-cultural, behavioral, and economic dimension of HIV transmission which continues to dominate India's HIV/AIDS discourse has been influential in India's response and relationship with the country's ongoing epidemic and will be the defining factor regarding future success of efforts to combat the spread of the virus and disease.

In the past ten years academic scholarship regarding the global HIV/AIDS pandemic has started to refocus and examine more deeply the social, political and economic factors that influence and drive HIV and AIDS. In illustration of this Karnik (2001) writes

> Paul Farmer and his colleagues heavily criticize the practice of placing primacy on risk while ignoring other structural features.... This leads Farmer (1996) to argue that 'although many would agree that forces such as poverty and gender inequality are the strongest enhancers of risk for exposure to HIV, this subject has been neglected in both the biomedical and social science literature on HIV infection (p. 24). (329).

Gender inequality and poverty represent the two most prominent topics or themes broached by academic scholarship striving to dig deeper into the HIV epidemic, globally as well specifically in relation to India. Gender inequality and poverty should not be addressed as two independent and separate subjects but rather as two social factors that have a variety of intersections and represent a complex interplay resulting in serious implications for women in India. The following sections will address the structural features of risk to HIV referenced by Karnik and Farmer above. My interviews and academic research seek to investigate the structural features that are absent in the current HIV/AIDS discourse in India and provide insight into the socio-cultural factors that influence HIV risk in relation to introduction and participation in sex work and the commercial sex work industry.

Data Collection

Study Setting

In-depth interviews were conducted with female sex workers in Pune's Red Light District over the course of several months. Pune is an exceptionally interesting place to study pathways into sex work and India's HIV discourse. In 1998 the state of

Maharashtra accounted for almost half of India's total HIV/AIDS cases (1998: 2867). Pune has seen an influx of female sex workers over the past 10 years as female sex workers migrate from other large red light districts across India, such as Mumbai and Kolkata, to avoid police raids and harassment[1]. The human trafficking of young girls and women from regions such as West Bengal, Karnataka, and Bangladesh has also increased dramatically in recent years[2]. Today, Budhwar Peth, the study site for all interviews, is the country's third largest red light area following Mumbai and Kolkata[3]. Interviews were conducted with the help of the sex worker collective, Saheli, located in Pune's red light district. Saheli, a community based sex worker's collective located in Budhwar Peth, strives towards HIV prevention through the empowerment of women in sex work. Saheli provides resources such as health care support and social services such as childcare and legal aid in order to cultivate self-agency in female sex workers and enable them towards empowerment and self-protection against HIV.

Interviews

Twenty-two female sex workers were interviewed in the brothels and on the streets of Pune's Red Light District. The interviews, which were recorded, were conducted in person with the help of Saheli staff and interns for translating purposes. For this study, I constructed a set of open-ended interview questions, included in the Appendix, that I used as a template during every interview. I approached female sex workers standing outside of the brothels in the Red Light District and asked groups of

1 The Punekar (March, 2009). "Pune Becomes the New Destination for Commercial Sex Workers" Accessed November 11, 2011
2 Ansari, Mubarak. Sakaal Times (July , 2011) "Pune's Sordid Secret" http://sakaaltimes.com/SakaalTimesBeta/20110717/4753661430057884148.htm. Accessed November 11, 2011
3 Ibid

women if anyone was interested in speaking with me about how they came to be involved in the commercial sex work industry. When a woman was interested in speaking with me I began by introducing myself and explaining the purpose and process of my research and the interviews. Interviews only proceeded if informed consent was obtained and could be interrupted at any point if the participant felt uncomfortable or did not want to continue their participation in the study. The interviews were primarily conducted in Hindi, the national language of India and Marathi, the regional language of Maharashtra.

During the interviews I focused on exploring the pathways into sex work and worked to identify the most significant contributing factors influencing women's entry into the commercial sex work industry. Great care was taken during my research process to protect the anonymity of my study participants' identities. Participation of individuals who contributed to this study was voluntary and no financial or any additional incentives were used. Participants could leave the interview at any time if they felt uncomfortable or could choose not to answer particular questions. This research study was approved by the IRB board of Colorado College.

Limitations of Study

There are several important limitations in this study. First, this research study did not attempt to include the topics of human sexuality, sexual culture, and sexual behaviors that exist within Indian society and culture. Because of time constraints, a lack of a core group of key participants, and the very taboo nature of questions regarding sex and sexuality in India I was not able to incorporate the subject into the interviews. However, I strongly believe that the subjects of sex and sexuality as they exist within the particular Indian socio-cultural framework have been left out and ignored in HIV/AIDS

research and discourse for far too long. Further research on the subject of HIV and AIDS in India must include an in-depth exploration of subjects regarding sex and sexuality in order to create a culturally appropriate discourse surrounding HIV/AIDS in India and to implement effective HIV prevention programs with integrity and relevance.

A second limitation was the need for translators in order to communicate with the female sex workers I interviewed. The use of a translator inevitably meant that my understanding of the conversation or exchange was entirely dependent on the translator's knowledge of both languages, interpretation, and representation of particular word choices, overall understanding of the subject matter etc. This dependence on a translator could mean that the integrity of my interviewees' responses may have been compromised, misrepresented, or misinterpreted. It is inevitable that elements of the dialogue are lost in translation when there is a language barrier between study participants and researcher.

Third, this research would have benefited from a longer period of time for data and interview collection. However, time constraints and the availability of proficient translators limited the quantity of interviews and data I was able to collect. Future research would benefit from establishing a core group of study participants with whom I could meet with regularly to build rapport in order to broach the taboo and sensitive subjects of sex, sexuality, sexual culture, and sexual practices.

Analysis of Data

Sociodemographic Characteristics of Study Participants

Figure 1 represents the sociodemographic characteristics of the study participants. The mean age of respondents was 33.1 years old. The oldest woman interviewed was 50 years old and the youngest was 20 years old. Thirteen (59%) of the

participants were originally born in rural regions while nine were born in urban areas. The majority of participants reported being married but only one participant currently lives with her first husband and six women live with regular partners that they referenced as a spouse but are not legally married to. All but two women reported that they had at least one child living with them although many reported that they also had children living with their spouse or family in the rural villages. Sixteen (73%) of the female sex workers reported being illiterate and ten women stated that they had never attended school. Seven women went to school until the fifth standard or below and only two women participated in education past the 9th standard. Nine of the women reported that their immediate family is currently or was involved in the agriculture industry.

Figure 1

Characteristic	**Female Sex Worker Response (n=22)**
Current age, mean	33.13
Born in rural region	13
Born in urban region	9
Illiterate	16
Family is involve with agriculture industry	9
Never married	3
Currently married and living with first husband	1
Married but not living with husband	2
Separated/divorced	8
Widowed	3
Cohabiting	6
1 or more children at home	20
No Schooling	10
Attended school until 5th standard or below	7
Attended school until 7th standard or below	1
Attended school until 9th standard or below	1

Attended school until 12th standard	1

The focus of interviews with female sex workers in Budhwar Peth was to explore the different social factors that contribute to women becoming involved with the sex work industry. These social factors are referred to as pathways in this study. Although introduction and entry into sex work represents a complex interplay and overlap between a variety of different complex socioeconomic and situational factors, there were four main pathways into sex work that were referenced repeatedly throughout my interviews. These pathways, discussed in detail in the following paragraphs, can be defined as economic vulnerability, a lack of a familial or kinship network, coercion, and the Devadasi system. Three of the central themes from interviews were a lack of access or involvement in education, disparate power relations and status between men and women, and the difficulties of surviving as a single woman in India. These topics, investigated in more depth later in this study, were recognized by interviewees as the most significant contributing factors to their involvement in the sex work industry. The following text incorporates sample responses from interviews in order to allow the voices and opinions of female sex workers to be heard and communicated.

Pathways into Sex Work

Economic Pathway

> *I joined sex work to support my family and there were no other jobs. There is lots of struggle and it is very hard to be a woman in India. We can't live properly and we can't die properly. Society doesn't think well of female sex workers but it is not from our own will that we have come to the business we have to make money and support our family but society calls us names and abuses us.*

The economic pathway was the most common pathway represented through

the interviews. Economic incentives maintained a strong presence throughout all interviews and always contributed to women's entry into the commercial sex work industry. However, fiscal motives for entry into sex work were particularly emphasized among a group of participants who did have living family members and a kinship network available to them. Factors contributing to financial insecurity included: poverty, death of parents, divorce separation or widowhood, alcoholic spouse, involvement in the agricultural industry, and a lack of developed skill set. Financial insecurity coupled with a lack of education or developed skill set made sex work and the commercial sex work industry the only real opportunity for women to earn a viable source of income as wages are typically much higher in sex work than for domestic labor, construction, or work as a vendor (other jobs commonly fulfilled by women). The majority of women represented through this pathway were living with their families in poverty and saw participation in the sex work industry as the only way to earn enough money to support their families.

Of the 22 study participants, nine of the interviewees highlighted financial insecurity and a need to make more money as the driving force behind their entry into sex work. Of these nine women, five of them indicated that a female friend had introduced them to the industry. Five women reported being from a rural region and six identified as illiterate (one from urban and five from rural regions). All nine women had at least one child living at home with them indicating that they were working to provide not only for themselves but for their children as well. Five women in this pathway articulated that their family (either their immediate family or husband's family) worked in the agricultural industry. The interviews suggested a relationship between a family's involvement in the agricultural industry and a woman's eventual participation in the sex

work industry.

Women in the economic pathway approached their participation in the sex work industry in a very pragmatic and practical manner. One participant commented “you can only start to think beyond survival once your stomach is full” and several other women expressed their unhappiness regarding their participation in the industry but communicated that sex work was the only way that they could make enough money to support themselves, their children, and often a male with whom they were cohabitating. One woman in this pathway communicated that she was very content in this line of work and would continue working as a female sex worker for as long as she could. Although most women expressed overt unhappiness with their involvement in the sex work industry, the majority reported that they would do whatever necessary for their own survival and the survival of their family.

Although very practical in their approach to sex work as a means of financial survival, women reported that they felt that their “lives were spoiled” and identified several structural forces within the Indian socio-cultural framework that aided the perpetuation of women’s secondary position in the country and involvement in sex work. One woman identified religion as a driving force behind the continued inferiority of women in India and articulated that until women are as important as men in religious practices and rituals, society would never recognize them as equals. She noted that even during religious ceremonies honoring goddesses, women are not permitted to worship in the same way that men are.

When asked if women and men are treated differently in India, the majority of women initially answered no. However, later in the interviews they would mention the

ways that life is harder for women in India and the importance of having a male figure in one's life. Several women made note of the power differences between men and women, especially in regards to physical power, which is often the most salient way that power dynamics are expressed and felt in female sex workers' daily lives. They typically expressed that whichever person has the most money and physical strength is the most powerful in any interaction, putting female sex workers in the inferior power position the vast majority of the time.

Lack of Kinship Network

> *My first husband left me. I used to be a vegetable vendor and helped build buildings. These jobs were physically demanding and I couldn't find any jobs that weren't physically demanding so I joined the sex work industry to support my family because there were no other jobs.*

Seven women are represented through this pathway. The women in this group indicated that the loss of a familial network, through the death of both parents, widowhood, or separation/divorce from a husband was the cause of their financial insecurity and subsequent involvement in the sex work industry. Four out of seven women in this group reported being illiterate, five are separated or divorced from their husbands, and one was widowed. Three women articulated that both of their parents were deceased or had deserted them at a young age. The women represented through this pathway were very articulate in communicating the difficulties of being a single woman in India. They repeatedly expressed the opinion that it is almost impossible to survive as a single woman in India without the support or presence of a male figure. One woman said,

> Women get into sex work for three major causes. The first one is due to poverty. Some women they get into sex work by their own, but most of the women they are forced into sex work; their parents may sell them, their husbands may sell them, their brother, their relatives, they are the people who sell the girls into the trade to make money. And there is the system,

> it's a traditional system called the Devadasi system. Even though the system is legally banned still it is happening. But whatever might be the reason for her getting into sex work the root cause definitely remains power and the status of women

This woman went on to communicate that it is the disparity of power and status between men and women that makes women dependent on men for survival in India. She noted that women, and especially single women, will only be able to survive independently in India when current structures of power change. She compared Indian women to glass bangles and Indian men to metal bangles, saying that if any part of a woman's life is troubled or fractured then it is easy for her entire life to break apart like a glass bangle with a crack. However, men can continue to survive and cope even when faced with struggles, such as the loss of family or a spouse.

Women in this pathway repeatedly communicated that they viewed education as an important tool for women's empowerment. Four women out of the seven women reported being illiterate although all of the women could sign their names. Many were adamant that education and literacy creates opportunities and allows women to have a choice regarding entry into sex work. One participant commented,

> I had no direction and nobody told me anything, I had no support. It is easier if you are literate. For an illiterate girl traveling alone- ultimately she will end up here. Education makes more opportunities and illiteracy handicaps. If I was educated I could have found a different job. Sex work is about a struggle to survive. A woman's life is always dependent on someone else.

Literacy was seen by interviewees as a tool to raise one's status and authority. One woman made reference to brothel owners tricking female sex workers into signing their names on documents binding them into unprofitable and

disadvantageous arrangements. The ability to read and write was seen as a vital element in controlling the direction that one's life takes and being the primary authority in making one's own life decisions.

Women who migrated from rural villages to Pune often made reference to "having a lack of direction". Several said that they arrived in Pune at the train station and did not know what to do. They were lost in an unfamiliar setting with no friends or family and sex work was often the first job that they were introduced to, usually through another female. They articulated that once a woman becomes involved in sex work it is very difficult to change the lifestyle, especially as a single female. Several women mentioned that because female sex workers have so many different clients it is possible that if they tried to leave the industry they would see their clients in daily life and would be shamed. Women who migrated from rural regions also noted that urban settings are very different from rural regions and once they migrate and join the industry, sex work becomes the only lifestyle that they are familiar with in an urban environment and leaving becomes even more difficult.

Coerced Pathway

> *My father remarried after my mother died. My father and my stepmother took me out of school and sold me to a pimp in Karnataka. I was not having any idea about sex before one year ago but now I am here.*

Women included in the coerced pathway were all sold into the sex work industry by a neighbor, friend, or relative. Of the 22 study participants, four women communicated that their involvement in the sex work industry was through coercion. All four women reported that they were illiterate, three were from a rural region and one was

from an urban region. Three of the women in this pathway communicated that they were separated from their husbands, two of whom reported that they eventually paid back their debt to the brothel owner but their families would not allow them to return as they were considered “dirty” and “impure”. Three of the women in this group said that they had been married before turning 20 years old, two of whom were married and had moved to their husbands homes before the age of 15. The women in this pathway entered the sex work industry at a much younger age than women in other pathways, with three-quarters of the women becoming female sex workers before the age of 20.

This pathway represents the most disenfranchised population of sex workers, as women sold into the sex work industry must pay back the brothel owner the amount of money they were sold for plus interest. Interest rates are extremely high, often set at around 25% per year, and it is not unusual for at least ten years to pass before female sex workers are able to pay off the debt and begin earning money for themselves. Until a female sex worker can pay off her debt she remains under the control of the brothel owner, and girls and women who are particularly young and/or beautiful may be forced to continue their services in the brothel even after their debt is paid. Commenting on this subject, one participant said, “It is very difficult to get out of sex work because you have to pay back the total amount you were sold for plus interest and by that time half of your life is over and no one will accept you and there is nowhere else to go”. It is very difficult for women to re-enter society after involvement in the sex work industry as Indian society and culture place high value on concepts of purity in relation to female sexuality and conduct. Female sex workers are widely regarded as “dirty” and face discrimination from all sects of society.

One woman in particular spoke to the difficulties of re-entering society after being sold into the sex work industry. During the interview she commented,

> When I was four my parents died and I went to stay with my relatives. They wanted to marry me off as soon as possible and I was married at 13 and moved to my husband's house one year later. I had a problem with my husband and my nephew knew and told me he could help me. I went to speak with him and he took me and sold me to a brothel in Mumbai... If you want to be a woman you have to be a strong woman or don't bother being a woman at all. It is just about the determination of the woman - she can do any damn thing in the world, she just needs the determination.

This woman eventually paid back her debt to the brothel owner and returned home to her village in Karnataka. However, the people in the village knew that she had been working as a sex worker and no one would marry her brother as long as she remained in the village. Not wanting her brother to suffer and with no familial network or developed skillset this woman returned to Pune's red light district and continued living as sex worker. She is 45 years-old and her vitality, determination, and strong personality were all very apparent during our conversation. She was adamant that women in India are lacking determination and that this was the reason for their continued secondary position in Indian society and culture. However, her continued involvement in the sex work industry speaks to how difficult it is to re-enter society and reconnect with one's familial network and support oneself, even with determination and strong will.

Devadasi System

> *I become a devadasi when I was very small, just a baby. My mother was not getting pregnant and she made a promise to god that if she had a baby she would give it to the temple- so I do not even remember becoming a devadasi... Being a sex worker people see you with a bad eye, only one in 100 will see you with a good eye. They can't see beyond that... I don't feel bad about being a devadasi. I am very strong and I can live and die in the name of the goddess.*

The Devadasi system, discussed briefly in the introduction, was officially

outlawed in India in 1988. However, the traditional system continues to operate throughout different regions of the country, and remains especially active in the South. Two participants communicated that they were devadasis. Both of the women in this category were from a rural region in Karnataka and their families were involved in the agricultural industry. These two women said that they had never attended school, were illiterate, and also indicated that they were currently cohabiting with a man who was married to another woman and had children with said woman. Both of the males that they cohabitated with were former clients; it is not uncommon for female sex workers to meet partners through their work.

Devadasis are not allowed to formally marry throughout the entirety of their lives, and women in this category reported that it is almost impossible for devadasis to find work outside of sex work through which they can support themselves financially. The children of a devadasi will often live with her parents or extended family in the village. One study participant explained that if a family gives a child to the temple as a devadasi this child is usually one of the primary breadwinners for the family and is often the only member of a family earning a substantial income. She stated, "If we survive sex work our families will look after us in old age and support us because we spent our lives earning money." Her statement in particular was striking because the woman said, "If we survive sex work" with a tone of indifference, indicating that surviving sex work is not the expected outcome.

Discussion

These interviews indicate that women primarily enter sex work due to both economic vulnerability and a lack of familial or kinship support. Economic vulnerability

and financial incentives maintained a strong influence in all of the different pathways. Economic vulnerability is often the product of illiteracy, the secondary position of women in Indian society, limited economic options for women, separation/divorce from or death of a husband in the case of married women, and/or the death of immediate family. Within the Indian socio-cultural context, patrilineally related generations often live together in the same household. This family structure, known as the joint family, plays an important role in economic and social activities and can benefit families facing economic vulnerability or other difficulties by providing a kinship network for support. Women who become disconnected from their familial networks no longer have the financial or emotional support of relatives to help them survive.

Sex workers in India have been labeled as a high-risk group for contracting and spreading HIV since the earliest days of India's HIV/AIDS discourse. However, it is difficult to contemplate or conceive of a decrease in the high-risk status of female sex workers affected with HIV/AIDS unless the social factors that contribute to women's, and particularly sex worker's, vulnerability and risk of HIV/AIDS are recognized, legitimized, and acknowledged by the medical and scientific communities, public interest groups such as the government, and by the general public. Interviews and data analysis demonstrate the influence of patriarchal social structures, gender inequality, and economic vulnerability on women's entry into sex work. Every interview referenced at least one, sometimes all, of these topics as significant contributing social factors to participation in the sex work industry. In light of this, the following sections explore the topics of patriarchal social structures within the Indian context, gender inequality and economic vulnerability for women and the relationship between these social forces and women's

introduction and involvement in the sex work industry and subsequent identification as "high-risk".

Gender Inequality

In India, traditional patriarchal social structures have established a socio-cultural framework resulting in widespread gender inequality between men and women throughout the country. Women's secondary position in Indian society and culture has been attributed to the "strongly patriarchal nature of Indian society, where men are defined as being the critical actors in all spheres of life: the family, household and the wider social order" (Gupta and Chen 1995: 3). In illustration of this, Gupta and Chen (1995), editors of *Women's Health in India: Risk and Vulnerability* write,

> A very simple indication of the level of welfare enjoyed by women in India is that, in large parts of the country, their levels of education are amongst the lowest in the world, and the levels of maternal mortality are amongst the highest in the world. Whether in socio-economic indicators such as education, health and work, or in more subtle processes of power, decision-making and self-esteem, the inferior position of Indian women has been consistently documented (1).

Patriarchal social structures and subsequent gender inequality have rendered women dependent on male figures for survival and favor men in the allocation of resources and power, both intrafamilial and within the broader context of Indian society (Malhotra and Vanneman et al. 284). These social structures, outlined briefly in the following paragraphs, include but are not limited to kinship norms, a patrilocal marriage system, and religious rules and rituals.

Patrilineal descent, under which both males and females belong to their father's kin group but not their mother's, has several important implications for women. Because women bear children to the patriline that they marry into there is significant

pressure on the woman to reproduce in the marriage and bear children, specifically male children, for her husband and his family. This can result in the marriage of girls at a young age to preserve chastity and prolong the period of sexual productivity (Malhorta and Venneman et. al 1995: 286). In patrilineal India, male children are accorded special value and the preference for sons and discrimination against girl children is well documented (Pande and Astone 2007: 3). India's patriarchal culture awards male children primary access to social resources such as education and healthcare, as well as family resources such as food and clean water. Sons play an important role in maintaining a family's inheritance and property after the death of a relative as women and girls traditionally do not inherit property rights (Malhorta and Venneman et. al 1995: 286).

In India, family structures and kinship networks are inextricably linked with the caste system, which operates within and influences virtually all aspects of the Indian socio-cultural framework. India's complex caste system is beyond the scope of this research study, but its influence over Indian women's lives deserves some attention. In the caste system, an individual is born into a particular caste and can never change their cast status. This presents an important distinction between caste and class, as individuals can presumably change their socioeconomic status but even with an increase in wealth and status their caste is permanent. The majority of India practices patrilineal descent resulting in the child acquiring the caste status of the father. Because marriages traditionally take place within the same castes, the immutability of a person's caste status has resulted in the strict regulation of female sexuality and sexual conduct. The sexual purity of a woman is essential in upholding a family's position and status within a particular caste and any sexual misconduct, be it premarital sex, multiple sex partners, or

extramarital affairs could result in the “dirtyng” of the family’s standing and distinction within the caste, especially in regards to castes of high status. Many of the female sex workers interviewed made reference to the “dirty” nature of sex work resulting in the “impurity” of their body and ultimate stigmatization in society. Within the Indian socio-cultural framework concepts of pollution and purity carry important cultural value.

In India, marriage norms are usually dictated by a patrilocal marriage system in which married women are required to relocate after marriage and live in their husband’s home, typically with his mother and other relatives sharing the living space. During the marriage ceremony “the transfer of the bride from the natal family to the husband and his family is dramatized through rituals and ceremonies” (Dube 1988: WS-12). The patrilocal marriage system highlights a woman’s lack of autonomy or self-agency and young girls are typically socialized to act in accordance with the wishes of her husband and his family (Dube 1988: WS-12). A young girl is socialized towards obedience and subservience, not only towards her husband but to her new extended family as well. This particular marriage system recognizes girls as temporary members of the natal family and sons as permanent members (Dube 1988 WS-12). This patrilocal marriage system, which operates throughout the majority of India, coupled with the identification of female children as temporary members of the natal family produces the dominant view of female children as financial burdens on a family. Not only do parents have to supply her with food, clothing, water, and presumably an education, they are also responsible for financing the marriage ceremony and dowry[4].

[4] Indian wedding ceremonies are notoriously costly and lavish weddings are seen as a sign of status and wealth. Even families belonging to lower socio-economic families will spend decades saving money for a daughter’s wedding. Although the tradition of dowry giving is technically outlawed in India, many families still engage in the practice.

Hinduism is the major religion of India, representing roughly 80% of Indians' religious identification and affiliation. In Hinduism, the role of the son is very important. It is the son's *dharma,* or duty, to look after his parents in old age by providing for them financially and offering them a place in his house. A dead parent's soul can only attain heaven and salvation if they have a son to light the funeral pyre and offer ancestral worship (Pande and Astone 2007:4).

The patriarchal social structures outlined briefly above result in a society and culture where gender inequality is a reality for women of all castes and classes. These patriarchal social structures and subsequent gender inequality can be recognized as the single most important factor in women's entry into sex work. For the purposes of this study I focus on the three most significant ways that patriarchal social structures and ensuing gender inequality shape and impact pathways into sex work. These factors are: girls limited access to education, complete dependence of women on familial or kinship networks for economic and/or social support, and a lack of opportunities for women in the formal work sector.

Limited Access to Education

The relationship between education, women's empowerment, and improvements to women's health are well documented in academic scholarship. However, access to education for girls remains an area in need of improvement in India. The 1991 census indicated that approximately 39% of the country's female population over the age of seven years old was literate compared with roughly 64% of Indian males (Thukral 240). The 2001 census in India indicated that 47.8% of India's female

population reported being literate compared with 73.4% of men[5]. Women's literacy rates in India during 2001 are demonstrated through figure 2 below. Although the elevation in the percentage of literate women in India has and continues to improve[6], the huge total population of people living in India gives rise to a substantial population of women who cannot read or write. The significant disparity between the percentages of literate men and literate women in both the 1991 and 2001 censes indicates gender-based unequal access or participation in the educational sector in India. As Ramasubban (1995) writes, “Inequitous access to education results in girls being barely permitted to go beyond primary school if they are sent to school at all, thus leaving them bereft of any basis in education and denying them access to information about and ability to negotiate with the world outside” (215). Education is a fundamental element in the ability to participate or “negotiate” the public space of society. Participation in schooling not only provides individuals with the opportunity for acquisition of knowledge and basic skills, it also represents a time and place for children and young adults to become literate and competent in navigating the public social space of society.

Figure 2

5 https://www.cia.gov/library/pu ccessed November 2, 2011 Last updated November,

6 Prior to Indian independence i e literate (The World Bank 1996: 52).

Socio-economic factors such as the need for female domestic labor, participation in the family business, social restrictions placed on girls (especially those around the age of puberty), and the elevated status of boys in India’s patriarchal culture have led to women and girl's lower educational participation throughout the country (Thukral 240). The existing academic scholarship regarding education and women in India often makes note of the idea of “investment” in female and male children. Families may be much more reluctant to “invest” in a female child by sending her to school and thereby losing her potential contributions to the household labor because the dominant patrilocal marriage system requires that when women in India are married they leave their own family and relocate to join the husband's family. This notion can be illustrated through the old Telegu expression “Bringing up a daughter is like watering a plant in another’s courtyard” (Dube 1988: WS-12).

Low levels of female literacy are largely attributed to low rates of female school enrollment and retention with only 28% of girls progressing to upper primary school in 1996 (The World Bank 1996: 53). Enrollment and continuation in school is intimately connected with socioeconomic status, resulting in much lower rates of enrollment and retention for girls from rural regions where families generally have limited resources and a greater need for female participation in the traditionally agricultural labor force (The World Bank 1996: 54). The World Bank (1996) contends that the most significant contributing socioeconomic factors for low rates of enrollment and retention for young female students are

> ...The high direct costs of education, especially for poor households; the need for female labor at home (that is, the high opportunity cost of

> educating girls); the low expected returns to households from investments in the education of daughters, given that girls are lost to the household after marriage; and social concerns about exposing older girls to males with whom they have no kinship ties (54).

The importance of education for women's empowerment, health, and participation in society cannot be overemphasized. Attending school familiarizes female students with the outside world beyond the walls of the immediate domestic household. Education allows young women the opportunity to develop their sense of autonomy and gain insight as to their potential as individuals with self-agency and the ability for self-determination, ultimately paving the way for involvement in the formal work sector and active participation in society at large. The vast majority of women who participated in this study identified education as a powerful tool for the empowerment of women and production of greater economic opportunities. When asked what they would like to see change for women in India, many of the study participants responded that they think women in India need to be more involved in education.

Dependence of Women on Familial or Kinship Networks

The dependence of women on familial or kinship networks for financial security was very apparent in many of the interviews. Interviews indicated that it was the loss of a familial network through the death of parents, siblings, widowhood, or separation from a husband that precipitated a woman's economic vulnerability and subsequent involvement in sex work. As discussed earlier, patriarchal social structures in India "deny women the opportunity to be self-supporting, thereby making them dependent on male relatives for survival, and… favor men in the intrafamilial allocation of resources and power" (Malhotra and Vanneman et. al 1995: 284). In light of this, when a woman loses her connection to a male figure, whether he is a relative or a husband, she

also inherently loses her connection to the vast majority of any available resources. Female sex workers communicated during interviews that it is impossible for single women to survive in India. Kinship networks provide women and children with financial security, social security through familial support, shelter, and protection. In India, the family forms the basic unit of society and India's "culturally idealized family system places the welfare of the extended family above the interests of the individual" (Seymour 1999:8). Related males, either fathers and sons or brothers, will typically live in the same house or very close to one another to create what is known as the "joint family" (Seymour 1999:9). Members of joint families rely on one another for both economic and social support and the loss of a kinship network is crippling in Indian society, especially for single women whose single status is seen as shameful.

Women who experience the loss of a familial or kinship network are left with no source of income to support themselves or their children. A lack of a developed skillset, literacy, or connection to the formal work sector leaves them with very few options to make a viable living.

Lack of Opportunity for Uneducated Women in the Formal Work Sector

India's patriarchal social structures and the gender inequality that follows have created a lack of opportunity for women to participate in the formal work sector. India's patriarchal culture places strict limitations and restrictions on women's access and control over financial resources within the household as well as in the larger arena of society. The nature of women's unequal access and involvement in economic opportunities in India can be divided into two main factors for consideration. First, women traditionally have little to no authority, access, or connection to household finances in regards both to

earning an income for the family or wielding any power over the family's income or financial assets. Women's work is traditionally conducted in the domestic sphere where they hold primary responsibility for taking care of household chores and looking after the family. Women in rural regions commonly contribute to agricultural labor during times of need but their work is not valued as a constructive component regarding the family's overall financial income or stability. Domestic labor performed by women such as household chores, collecting and carrying water, caring for children etc. is generally taken for granted (Jacob et al: 2006: 104).

Women's lower rates of enrollment and retention in school renders women unable to enter the labor force because of an underdevelopment of a basis skillset. There are very few jobs outside of domestic labor that are available to uneducated illiterate women with no developed skills. The jobs that are available, such as vegetable vendors and construction workers, are very physically demanding and are usually not a viable option for most women. Domestic labor and menial labor such as vendors or construction work do not provide an adequate amount of money for a woman and her family to survive on. The adverse effects of the absence of a developed basic skillset are also exacerbated by women's secondary status in India's traditionally patriarchal socio-cultural framework, which places more value on men and male workers over women. When these two components are taken into consideration, sex work becomes the only real option for uneducated women to earn an income (Dandona et al. 2006: 7). In this way, patriarchal social structures in India generate widespread gender inequality and ultimately lead to the economic vulnerability of poor, uneducated women. India's patriarchal social structures effectively create a social framework where sex work becomes the only opportunity for

impoverished, illiterate women to earn and generate a viable source of income.

Conclusion

The data from this study coupled with academic research regarding patriarchy, gender inequality and women's economic vulnerability in India demonstrate that sex work is one of few economic opportunities available for women struggling against disadvantageous conditions such as illiteracy, the secondary position of women in Indian society, and limited economic opportunities.

Although the commercial sex work industry and female sex workers are positioned at the center of India's discourse on HIV/AIDS and HIV prevention strategies, the underlying social forces that act as the catalysts for entering and remaining in the commercial sex industry are rarely given as much if any attention. In HIV prevention strategies, in India as well as globally, it is not enough to simply recognize and treat particular groups of people as high-risk. Programs that focus exclusively on educating high-risk populations about HIV transmission and advocating for safe sex are essentially superficial, short-term strategies that will produce short-term solutions and results. Long-term success in HIV prevention is dependent on researchers looking beyond the label of "high-risk" into the social, historical, economic, and political forces that give rise to participation in the sex work industry. Recognizing the roles of patriarchy, gender inequality, and economic vulnerability in the HIV epidemic demands that HIV research and prevention measures go deeper than the identification of groups of people as "high-risk" and address the socio-cultural aspects and influences that create, maintain, and perpetuate high-risk activities and industries such as sex work and the commercial sex work industry.

Acknowledging and exploring the socio-cultural aspects of HIV transmission would completely change the face of HIV prevention in India. By approaching HIV prevention from a more bottom-up, grass-roots tactic and addressing critical issues such as educating girls, providing opportunities for women in the professional arena, and addressing gender inequality in Indian society and culture, India would be better able to combat the country's HIV epidemic in a culturally appropriate, proactive, and preventative manner. The discourse surrounding HIV/AIDS could shift from a rhetoric of blame, denial, and evasion to one that acknowledges deeply important questions pertaining to gender inequality and poverty in a way that would create opportunities for the empowerment of India's female population, ultimately leading to the betterment of Indian society at large.

In order to shift the rhetoric of India's HIV/AIDS epidemic away from one of blame and denial it is imperative that public interest groups, such as the medical community and the government, who play central roles in shaping and implementing public policies regarding HIV and AIDS, work in conjunction with sociologists and anthropologists to create culturally relevant and appropriate HIV prevention programs. As India's HIV/AIDS epidemic continues to spread past the boundaries of high-risk populations it is necessary that India rethink the definition of “high-risk” regarding HIV acquisition and transmission among and between the people of India. This could be done by disassociating the term “high-risk” with marginalized groups such as sex workers, men who have sex with men, migrant workers etc. and creating a relationship between “high-risk” and people who have multiple sexual partners and engage in unprotected sexual activities. This would begin the process of deconstructing the barrier that has been

established between the general public and the HIV/AIDS epidemic and would demonstrate that HIV/AIDS is not a disease of high-risk groups engaging in high-risk behaviors, but a disease relevant to any individual engaging in a sexual relationship.

Cooperation between the medical and scientific communities, anthropologists, and sociologists is also critical in regards to educating the general public and reshaping the public's understanding of HIV/AIDS in India. HIV prevention and sexual education must extend past the boundaries of high-risk groups and truthful education regarding HIV and sex should be available in a manner where the information can disseminate throughout the entire population. Honest and reliable sexual education programs that deal with more than just the mechanics of sex and focus on the complexity of human sexuality should be taught in schools.

As long as India's focus remains explicitly on the sexual behaviors of high-risk groups the country's response to the epidemic will remain reactive instead of proactive. In other terms, while HIV prevention programs that focus efforts on high-risk groups such as sex workers may be more cost-effective and manageable they are also largely temporary. Without addressing the existing social inequalities created by patriarchal social structures producing gender inequality and economic vulnerability, HIV prevention strategies will fail to achieve long-term success in resolving India's HIV/AIDS epidemic (Kadiyala and Barnett 2004: 1890).

Appendix

Interview Questions

How old are you?

Are you married? If yes, does your husband live with you in Pune?

How old were you when you got married?

If you are not married do you live with a man who you have a relationship with?

Do you have children? Do they live with you?

What state were you born in - in a rural or urban region?

What jobs did your parents have?

Did you go to school?
-For how many years?
-Why did you leave?
- Can you read and write?

When did you first come to the Red Light District?

Who is the main financial supporter in your family now?

Did you have a different job before coming to the Red Light District?

Did you find it difficult to find a job besides sex work that you could do?

How did you come to be a sex worker/ How did you learn about the sex work industry?

Do you think that men and women treated differently in India? How?

From your personal experiences, is it difficult to be a woman in India?

Is your family supportive of you being a sex worker?

In the next five years do you think you will have a different job?

Is it difficult to get out of the sex work industry?

Do you face discrimination or prejudice because you are a sex worker?

What do you hope to see change for women in India?

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