

Original Research Article

To Study The Sociodemographic, Medicolegal Aspects & Incidence Profile Of STD's (HIV, Hepatitis B, Syphilis Etc.) In The Victim Females Under Immoral Trafficking Prevention Act.

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Abstract- Prostitution is an “age-old institution in India. Victims of human trafficking are at a very high risk of contracting STD'S (Hepatitis-B, HIV & Syphilis) compelling many governments and non- governmental organizations to address these issues of health while dealing with victims of human trafficking. The role of medical professional includes examination of victims of trafficking, screening for STD'S and psychiatric counselling. Most (67%) of the female victims were married, 16% of the female victims were unmarried and rest were living separate, divorced and widow. In this study 5% of the female victims were positive for HIV test , 1% were positive for VDRL test and 3% positive for Hepatitis B test. 5% of the female victims had attempted suicide and 3% had a history of abortion in past. Hence in the present study an effort is made to find out different causes for human trafficking along with its sociodemographic and medicolegal aspects.

Keywords- sociodemographic, medicolegal, incidence & STD's

Study Design- Observational Study.

1. Introduction

Throughout time within Indian history, gradually, there arose a group of women who either because they could not find suitable husbands, or because of early widowhood, unsatisfactory married life or other social pressures especially if they had been violated, abducted or forcibly enjoyed and so denied an honourable status in society, or had been given away as gifts in religious or secular events- such women were frequently forced to take up prostitution as a profession. Having economic and social protection of a male over the life of a female is what has essentially determined the Indian female's potential life style and fate within society.[1] Not only is this belief of the Indian people dangerous for girls and women, people have and continue to politicize the sexual exploitation of young girls and women in the name of religion. Religion is still being used in some parts of India as a means to exploit.[1]

The UN protocol, also known as the Palermo Trafficking Protocol, defines trafficking as follows:

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. [2]

Trafficking-(Sec. 370 IPC)-Sec. 370 (1) IPC states that whoever, for the purpose of exploitation, (a) recruits, (b) transports, (c) harbors, (d) transfers, or (e) receives, a person or persons, by-using threats, or using force, or any other form of coercion, or by abduction, or fraud, or deception, or abuse of power, or by inducement, including the giving or receiving of payments or benefits, in order to achieve the consent of any person having control over the person recruited, transported, harbored, transferred or received-commits the offence of trafficking.

Human trafficking is the third largest organized crime after drugs and the arms trade across the globe.³ Different forms of trafficking include- 1. Child sex trafficking 2. Child soldiers[3]. Debt Bondage- 4. Forced labor- 5. Involuntary domestic servitude Poverty is a primary cause of human trafficking in India

In India, the common perception is that a girl child is an economic liability.[4]

India has a fairly wide range of laws prohibiting and protecting against trafficking. Total 511 IPC's are there out of which 79 IPC's are related with crimes concerning human body. Some of these are enumerated below;

Article 21- The Indian constitution provides guaranteed right of life and personal liberty to every citizen including the right to health and the conditions that are essential for health. [5]

- Article 23 of the Constitution guarantees the right against exploitation. It prohibits trafficking in human beings and forced labor and makes such practice punishable under law.

i) Importation of girls from foreign country (Sec. 366B IPC)

ii) Procurement of minor girls (section 366A IPC)

iii) Buying of minors for prostitution (section 373 IPC)

iv) Selling of minors for prostitution (Section 372 IPC)

v) Immoral Trafficking Prevention Act 1956

vi) Human trafficking (section 370 & 370A IPC) [6]

A total of 6,877 cases of crime relating to human trafficking were registered in the country during the year 2015 as compared to 5,466 cases during the year 2014, showing an increase of 25.8% during 2015 over 2014.

The role of medical professional includes examination of a victim of trafficking in human beings is a good screening for sexually transmitted diseases (syphilis, gonorrhoea, Chlamydia), as well as for other infections that may be sexually transmitted (HIV/AIDS, hepatitis B and hepatitis C) and psychiatric counselling. The value of such testing is multiple – for the victims themselves, but also for public health and epidemiological purposes. [7]

The female victims may be starved, locked up in a dark room, beaten, burnt with cigarette butts, bound, forced to drink, strangled, stabbed or killed or not involved in sex work. [7]

Age is one of the essential factors in establishing the identity of an individual and also in law, the crime and punishment is entirely based on the age of a person. [9] Trafficking is a complex and multidimensional phenomenon and requires a multidisciplinary approach. [10]

Hence in the present study an effort is made to find out the various factors responsible for human trafficking and correlation between them. It also aims to study the sociodemographic profile of these cases in a Metropolitan city of Mumbai where large number of female victims are trafficked from various regions of country to work as prostitute. To find out the difficulties regarding the medical examination, follow up thereafter of female victims of human trafficking and thus to find out solutions to reduce the difficulties in medical examination.

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2. Material and Methods

This is a type of observational study which was conducted on 100 female victims of human trafficking under ITPA(Immoral Trafficking Prevention Act,1956) who were brought to the Department of Forensic Medicine of Nair hospital, Mumbai (2015-2018) for age estimation and screening for STD. Informed consent before examination was taken from the victim girls explaining them the purpose, procedure ,possible benefits and risks involved in the study. All the relevant information like name, age, marital status, address, educational status, height, weight and dentition was recorded in the case record form. It was kept confidential and identity was not be revealed in any manner. They were interviewed by asking them questionnaire to know about different causes why they entered into prostitution and problems faced by them. They were explained that it is their right to refuse to answer any question if they feel uncomfortable answering it. Then the victim females were taken to Department of Obstetrics and Gynaecology which included examination of private parts for Tanner staging, injuries and STD's. Blood samples were taken for testing HIV, VDRL and Hepatitis-B. If required X-ray were taken for the purpose of age estimation. If in cases where any medical condition other than STD was detected, victim females were counselled and offered treatment or referred to the appropriate medical professional for further management of their condition.

3. Observation & Results

It is observed that 30(30%) of female victims rescued were from Mumbai, 27(27%) were from West Bengal,9(9%) were from Maharashtra,7(7%) were from Uttar Pradesh and Andhra Pradesh each,4(4%) were from Bangladesh, 3(3%) from bihar,2(2%) from Assam and 1(1%) each from Telangana, Punjab, Orrisa, Noida, Gujrat, Chhattisgarh, Delhi, Haryana & Meghalaya.

Fig:1

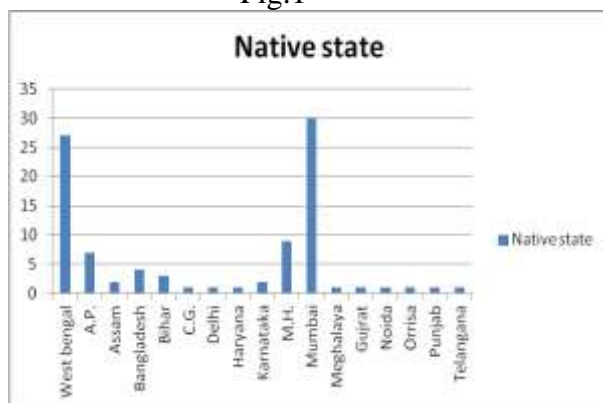
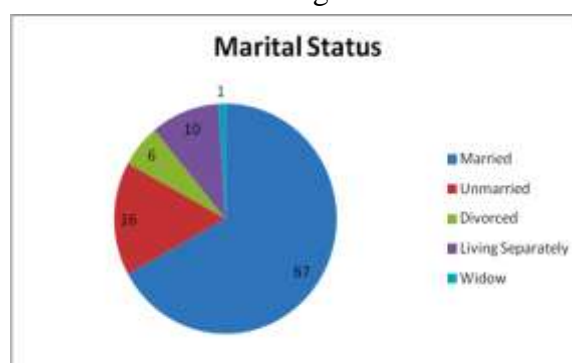
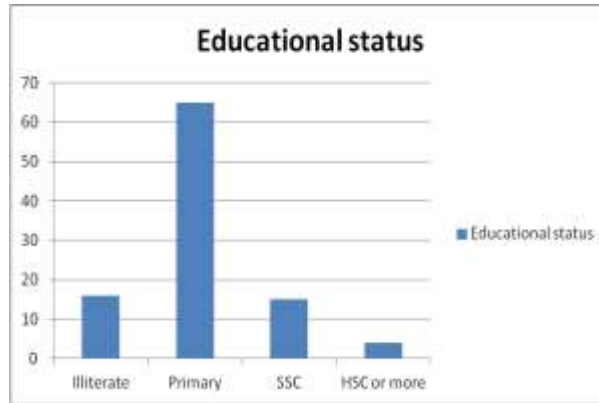


Fig:2



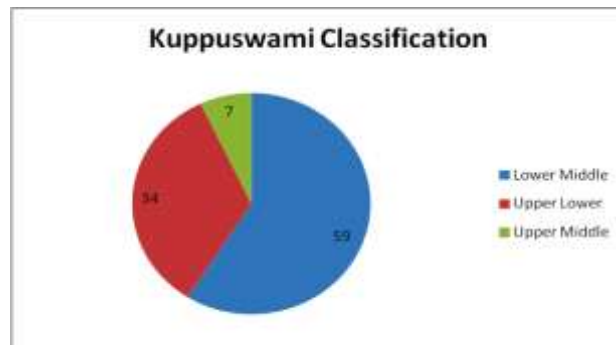
It is observed that 67 (67%) of the female victims were married, 16 (16%) of the female victims were unmarried, 10 (10%) of the female victims were living separate, 6 (6%) of the female victims were divorced and 1 (1%) of the female victims were widow.

Fig:3



It is observed that 65(65%) of the female victims were educated till the primary level, followed by 16(16%) were illiterate, 15(15%) were educated till the SSC and 4(4%) were educated till the HSc.

Fig:4



It is observed that 59(59%) were from lower middle class, 34(34%) from upper lower class and only 7(7%) from upper middle class.

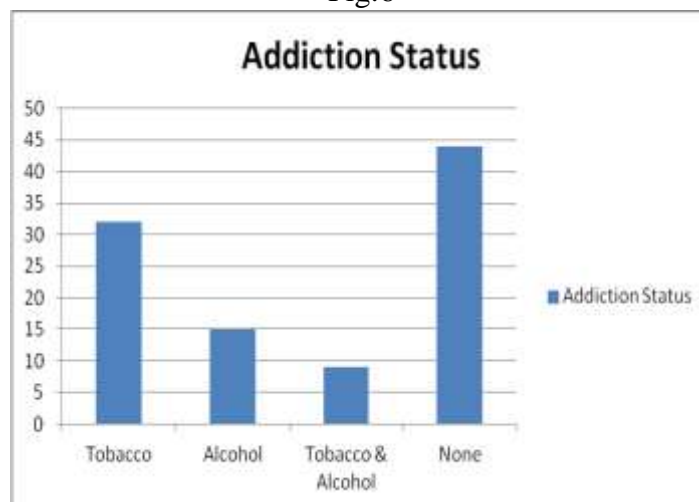
It is observed that 99(99%) of the female victims didn't have any injuries over body and 1(1%) had injury over the body. It is observed that none of the female victims had injuries over the private parts.

Table: 1

Result (%)	HIV	VDRL	Hep.-B
Reactive	5	1	3
Non-reactive	95	99	97

It is observed that 5 (5%) of the female victims were positive for HIV test while 95(95%) were non-reactive for the test. It is observed that 1 (1%) of the female victims were positive for VDRL test while 99(99%) were non-reactive for the test. It is observed that 3 (3%) of the female victims were positive for Hepatitis B test while 97(97%) were negative for the test.

Fig:6



It is observed that 41 (41%) of the female victims were addicted to tobacco, 24(24%) were addicted to alcohol, 9(9%) were addicted to both tobacco and alcohol and 44(44%) were not addicted.

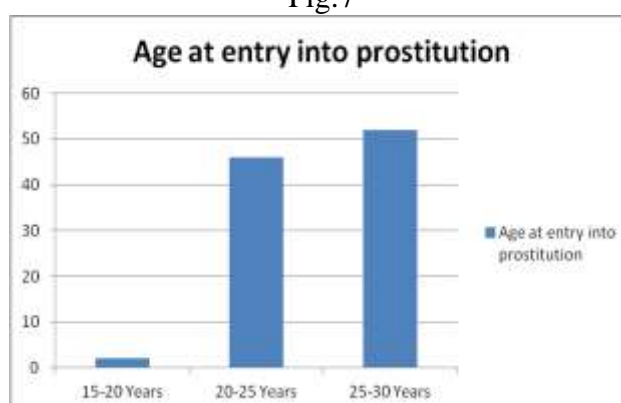
It is observed that 5(5%) of the female victims had attempted suicide in the past while 95(95%) had not attempted.

It is observed that 3(3%) of the female victims had a history of abortion in past while 97(97%) had no history of abortion.

It is observed that 15(15%) of the female victims had awareness to sexually transmitted diseases with unsafe sex while 85(85%) were not aware.

It is observed that 20 (20%) of the female victims were forced by customers for unsafe sex while 80(80%) were not forced

Fig:7



It is observed that 52 (52%) of the female victims entered this profession at the age group of 25-30 years, followed by 46 (46%) entered at 20-25 years and 2 (2%) entered at 15-20 years of age group.

It is observed that 68 (68%) of the female victims had no earning member from the family, 13(13%) of husband and 13(13%) of sister earned in the family, 4(4%) of father and 2(2%) of mother earned in family.

4. Discussion

In the present study 67 (67%) of the female victims were married, 16 (16%) of the female victims were unmarried, 10 (10%) of the female victims were living separate, 6 (6%) of the female victims were divorced and 1 (1%) of the female victims were widow. Vindhya U and Dev S V (2010)[11] found that 29 were unmarried, 15 were married and 34 were divorced/living separate/widowed /abandoned. Nair PM in his report on Trafficking in Women and Children in India (2002-2003)[12] found that 63.3% were unmarried 12.5 % were divorced/separated/deserted/widowed, and 24.2 % were married. 62.3% unmarried, 14.8% married and 4.9% living separate. A study noted the following observations 66.7%unmarried,15.6% married, 8.9% separated,0.4%widowed,7.1%abandoned,0.4% divorced. Hennick M and Simkhada P(2004)[13] in their study found that 59.9 % were unmarried and 35.6% married. Parcesepe M A et al (2017) found that 46.6% unmarried, 3.5% married, 49.9% divorced/separated/widowed.

In the present study 65% of the female victims were educated till the primary level, followed by 16% were illiterate, 15% were educated till the SSc and 4% were educated till the HSc.

Dandona R. et al (2005)[14] found that 53.3% literate and 30.4% illiterate. The findings of literacy rate nearly matches with our study. Also the study conducted by Dandona R. includes both rural and urban population. In a study conducted by social action forum for Manvaadhikar²⁶- 13% were literate and 87% were illiterate. Nair P M(2003)[12] found that 65.1% were illiterate , 14.6 % primary level, 10.7 per cent up to the middle level, 8.7 per cent up to higher secondary and 0.9 per cent were graduates and above.

Desai P S et al (2013)27[15] found 6.8% of the victims to be symptomatic. These findings match with our study. On the contrary S Maryam et al (2009) found 22.5% sexually transmitted infections and Odabasi A B, Sahinoglu S, Gene Y and Bilge Y (2012) found 35.5% suffering from sexually transmitted diseases.

In the present study 5 (5%) of the female victims were positive for HIV test while 95(95%) were non-reactive for the test. S Maryam et al (2009) found 25.7% positive for HIV. Desai P S et al (2013) found 42% positive for HIV. Gupta J et al (2009) found 45.8% positive for HIV. Parcesepe M A et al (2017)25 found 20.1% positive for HIV.

In the present study 3 (3%) of the female victims were positive for Hepatitis B test while 97(97%) were negative for the test. Desai P S et al (2013)27 found 8% positive for Hepatitis B.

In the present study 52 (52%) of the female victims entered this profession at the age group of 25-30 years, followed by 46 (46%) entered at 20-25 years and 2 (2%) entered at 15-20 years of age group. According to study done by Dandona R. et al (2005)[16] 30.9% entered

at 16-19 years age, 28.8% entered at 20-24 yrs age, 10.8% entered at 25-29 yrs age. In a study conducted by social action forum for Manvaadhikar 40% entered between 16-20 yrs, 25% between 21-25 yrs and 20% between 26-30 yrs. These findings don't correlate with our study where majority of female victims entered this profession at 25-30 years of age group.

In the present study 41% of the female victims were addicted to tobacco and 59% were not addicted, 24% were addicted to alcohol and 76% were not addicted, 9% were addicted to both tobacco and alcohol. Odabasi A B, Sahinoglu S, Gene Y and Bilge (2012) found that 87.7% were addicted to cigarette smoking, 55.1% to alcohol and 2.8% to drugs.

In the present study 15(15%) of the female victims had awareness to sexually transmitted diseases with unsafe sex while 85(85%) were not aware. Dandona R. et al (2005) found that 25.3% were aware that HIV can be prevented and 73.6% unaware hence these findings match with our study.

In the present study 5(5%) of the female victims had attempted suicide in the past while 95(95%) had not attempted. Ligia K et al (2015) found that 6.3% had attempted suicide which matches with our study. Mental health hazards are known complications among female victims of sex trafficking hence suicidal tendencies and attempts are also quite commonly seen. Odabasi A B, Sahinoglu S, Gene Y and Bilge Y (2012) found that 34.1% attempted suicide.

In the present study 3(3%) of the female victims had a history of abortion in past while 97(97%) had no history of abortion. Odabasi A B, Sahinoglu S, Gene Y and Bilge Y (2012)[14] found that 17.4% had history of abortion once. They have reported a very high percentage in their study because of strict laws, regular screening and follow-up protocols. None of the female victims gave any history of organ donation and surrogacy. This could be because of strict laws, socio-cultural beliefs, risk of sexually transmitted diseases. It is observed that 20.8% of <25 years of age group and 3.8% of 25-30 years of age group have been introduced into prostitution by pimp and the result is significant. This gives us an important finding that female victims of younger age groups (<25 years) are more vulnerable to enter into commercial sexual exploitation.

It is observed that 6.2% of < 25 years of age group had history of abortion and none from 25-30 years of age group had history of abortion hence the result is significant as p value <0.05. This gives us important information regarding reproductive health of female victims of trafficking, how they are forced for unsafe sex and henceforth resulting in increased abortion rates amongst them.

5. Conclusion

Most (67%) of the female victims were married, 16% of the female victims were unmarried and rest were living separate, divorced and widow. 52% of the female victims entered this profession at the age group of 25-30 years, followed by 46% at 20-25 years and 2% at 15-20 years of age group. experienced sympathy by the brothel owner towards them. Most (41%) of the female victims were addicted to tobacco, 24% were addicted to alcohol, 9% were addicted to both tobacco and alcohol and 44(44%) were not addicted. Most (85%) of the female victims had no awareness to sexually transmitted diseases while 15% had awareness. Only (20%) of the female victims were forced by customers for unsafe sex while 80% were not forced.

Preventive measures and suggestions-

Good job opportunities and education facility must be provided for the females especially those migrating from other state so they don't enter into commercial sex. Awareness programs related to various health hazards of prostitution should be carried out targeting vulnerable population especially sexually transmitted diseases should be carried. The female sex workers should be encouraged for condom use each and every time before the sexual intercourse. Proper screening tests regarding sexually transmitted diseases should be carried on regularly in red light areas and treatment be given. De-addiction counselling should be done as addiction to tobacco and alcohol in long term is hazardous to health.

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