

Walking through the lanes of disgust, pain and suffering in the black corridors of sexual exploitation

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ABSTRACT

The authors of this article have seen varied circumstances, situations and scenarios related to the sexual exploitation of young females (generally in the presence of their restricted, prohibited or adverse conditions), which drive an innocent girl towards the grave, painful and ever unfolded but mostly undesirably sustained realities of human life. There are threats, violence, deception, fraud, coercion and all forms of female exploitation within and outside the established and accepted framework of societal norms, structure and functioning. These instances are tip of the iceberg and represent much sought after need of taking serious cognizance of the unwelcome phenomenon occurring all around us.

Only careful watch, personalized attention and timely action may be required for the wide spectrum of self motivated as well as pre-identified interventionists to be able to deal with the scenario, sometimes beyond human imagination, which may well be avoided in favor of the exploited for their long term rehabilitation, merging into their own society and economic self dependence. This study highlights some important issues in and around the complex scenario of sexual exploitation of women and young girls underlining the need for a positive change.

Key words: rehabilitation; sexual abuse; sexual exploitation; trafficking

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INTRODUCTION

The sex trade scenario around the world is not limited by any geo-social boundaries and has engulfed the poor, developing and developed countries alike, although with different sorts of their visible & apparently invisible forms, presentations and availability. The magnitude, intensity and proportions of this trade now warrant that there has to be simultaneous stress on dealing with the multifaceted issues of in-country and out-country human trafficking networks, mostly working for the exploitation of the girls belonging to the poor families, war torn areas, mass migration areas, high debt burdened societies and circumstantially webbed girls of all social classes.

The poor financial conditions, the high levels of illiteracy, slavery-type conditions of work (especially among child sex workers), discriminatory practices of medical professionals, and potential harassment by law enforcement agencies all suggest that sex workers will use lower levels of health care, both preventive and curative, than the rest of the population. Because of the difficult circumstances for sex workers, it is important to explore ways to improve their economic and social well-being. One popular method is to "rescue" sex workers by force, thus reducing the exploitation said to be characteristic of the sex industry, and then to offer the rescued workers alternative sources of employment or relocation to place of origin. Methods to restrict entry, such as a ban on trafficking women and girls, would be a natural accompaniment of this approach. In practice, groups that consider sex work as immoral are likely to favour both forcible removal of sex workers and restraints on entry into sex work, so that it is not always clear whether the policy stems from the desire to impose a particular moral perspective or to improve the well-being of sex workers. A second method is to reduce the level of exploitation in the sex industry itself-by legalizing sex work or by protecting the civil liberties and political rights of sex workers-and to place restrictions on trafficking and address exploitation by brothel owners. The sex industry in India is often characterized by a variety of features-the use of child-labor, low levels of education among sex workers, violence by criminals and the police, and a hostile society and police force-with obvious consequences for the health and well-being of sex workers. Protecting their rights is a difficult challenge [1].

UN definition of trafficking highlights that trafficking is not a single event but rather a process comprised of several stages and events [2]. However, the trafficked girl is made so much puzzled, confused and surrendered to the fast changing scenarios that she ultimately becomes mechanically obeying, physically submissive,

emotionally beaten and socially deprived. The psychological stress put upon her in a conscious and well coordinated manner makes her totally and freely vulnerable to all sorts of exploitation, be those sexual, financial or professional. Cheated by their own, known or foreign persons, she feels deprived, becomes vegetative and performs as per wishes and whims of the so called masters. Having no personal say, no glorious desires, no vision of bright future and no possibility of one's rehabilitation in an atmosphere of personal or family pride, she ultimately succumbs to the peer pressure and tries to forget her past as the un-happened sweet dream while delinking herself from the last thread of her origin.

In this process, networks of sexual exploiters flourish and survive even against all odds due to involvement of high finances, easy earnings, generally accepted unwritten corrupt practices, incessant waves of sex trade recruitments and extensively torn social fabric of society thereby leading to the vicious circle of sexually dependent and sexually exploited masses. Actually, some of them, the exploited ones, in a bid to generate lot of easy money for self and family put their feet to the heavily slippery down-slope of one way traffic leading them to unbearable pain, suffering and agony in the black corridors of sexual exploitation. And, all this happens equally in the dimly lit dusty nauseating rooms of poor countries, heavily guarded but modernized chambers of developing countries and ultra modern services based exorbitant costly facilities of developed countries. The scenario, therefore, may be different in different countries as per the socio-economic indicators of development. However, the driving forces, societal desires, mental frameworks and the ultimate outcome remain unchanged and mostly unchallenged around the world. Thus, there is need for the concerted, concrete and simultaneous efforts of combined interested forces to deal with such scenario in a manner which is not only directed towards crushing the momentum of recent trafficked influx of girls but is also focused on the prevention, treatment and care of such girls from the diseases of unsafe sexual relations such as Sexually Transmitted Diseases (STDs) including Acquired Immunodeficiency Syndrome (AIDS). The continuous re-selling of the girls, their unwillingness to return back, felt traumatic experience and total surrender to the changed life situations make the health safety related issues more complex and difficult to deal with.

Alexandra Micha [3] has elaborately discussed the scenarios of Middle East while making recommendations for activists, civil society organizations, governments and international community to address the causes and effects of sex trafficking of women and girls, especially the

transnational trafficking. The strategies of deterrence, prevention and prosecution [3], may work wonders provided there is intrinsic social support system inbuilt in a proactive manner. In addition, UNICEF has emphasized that combating commercial sexual exploitation of children and child sexual abuse will require addressing the factors perpetuating the root causes and consequences of exploitation and abuse. Factors that generate and contribute to a demand for use of children as sexual objects and as a commodity need specific attention and call for immediate intervention [4]. There is growing government support for evidence-based research that suggests effective strategies for combating the crime and highlights successes among current counter trafficking initiatives [5].

Globally, millions of women are experiencing violence or living with its consequences. This prevalence raises many questions: what are the health consequences of these high rates of violence against women? What are the main causes? What role can the health sector have in primary, secondary, and tertiary prevention? Is it possible to do research with women living with violent partners without endangering these women? Does the health sector also victimise women? Ultimately, the sheer scale of violence against women forces the question of what it will take to translate increasing recognition of the global prevalence of this abuse into meaningful, sustained, and widespread action. [6]

Efforts to protect children from sexual harassment result in girls being isolated at home or married at an early age. Some young brides are eventually abandoned and forced into prostitution. Early marriage reflects the lack of acknowledgement of a period of adolescence and the belief that puberty is a marker of adulthood. Many girls aged 8-16 are employed as live-in domestic servants, and many suffer sexual as well as emotional abuse. [7] There is a need for support and cooperation of the parents of these girls and the broader community, services such as child care for younger siblings to facilitate attendance, promotion of self-confidence and self-expression, and discussion of AIDS within the broader context of women's status and rights. [8]

Therefore, the authors feel that the much deep seated generally observed, although not always seen, desire of man for sexual exploitation of the girls and women mostly at each and every opportunity should be adequately and appropriately addressed to deal with this problem for long sighted fruitful impact of any or all the interventions being put in or planned by multidisciplinary teams having rich resources, competence, willingness and determination to deal with such issues. It doesn't mean that the answer lies in moral policing approach. The drive suggested through this paper

thus concludes that focus on dealing with the basic issues pertaining to the traditions, culture and practices deeply pervaded into the human society through conscious community participation and proactive strategic actions is much desired. Otherwise, the effectiveness and efficiency of the vital forces put into place may go in vain without bringing about any noticeable changes in the existing scenario, suffering and sexual exploitation of girls and women around the world.

Conflicts of interest

None of the authors have any conflicts of interest.

REFERENCES

1. Misra G, Mahal A, Shah R. Protecting the rights of sex workers: the Indian experience. *Health Hum Rights*. 2000; 5(1):88-115.
2. Bak Riiskjaer MH, Nielsson T, New Issues in Refugee Research, Paper No. 171, UNHCR, May 2009; pp 3.
3. Micha A, Abou-Atta I, Macaud MCh, Barnes, Karmatuna S. An investigation into the sex trafficking of Iraqi women and girls, Social Change Through Education in The Middle East, 2011, Available from: www.sce-me.org on dt. [cited 2012 Jul 07].
4. Commercial sexual exploitation and sexual abuse of children in South Asia, 2ND World Congress against Commercial Sexual Exploitation of Children, Tokoyama, Japan, 07-20 Dec 2001, UNICEF, Available from: <http://www.unicef.org/rosa/commercial.pdf> on dt. [cited 2012 Sep 09]
5. Trafficking in Persons Report, 10th Ed., June 2010, Department of State, United States of America, Available from: <http://www.state.gov/documents/organization/142979.pdf> on dt. [cited 2012 Sep 09]
6. Watts C, Zimmerman C. Violence against women: global scope and magnitude. *Lancet*. 2002 Apr 6; 359(9313):1232-7.
7. Khan NZ, Lynch MA. Recognizing child maltreatment in Bangladesh. *Child Abuse Negl*. 1997 Aug; 21(8):815-8.
8. Bhende AA. Country watch: India. *AIDS STD Health Promot Exch*. 1996; (3):6-7.