

Report on

Gender Based Violence Against Female Sex Workers and Transgenders (Hijra) During COVID-19 Pandemic: In Dhaka and Selected Brothel



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Declaration

To maintain confidentiality and security, real names of the study respondents are not used. All the names used in the case studies and verbatims are pseudonymous.

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Abbreviations

Bandhu	Bandhu Social Welfare Society
BBFSW	Brothel Based Female Sex Workers
COVID	Coronavirus Disease
DIC	Drop-in Center
FSW	Female Sex Worker
GBV	Gender-Based Violence
GDP	Gender Diverse Population
KP	Key Population
NGO	Non-Government Organization
SBFSW	Street Based Female Sex Workers
SGBV	Sexual and Gender-Based Violence
SUD	Substance Use Disorders
TG	Transgender or Hijra
WHO	World Health Organization

Key Findings

Background Characteristics

Sl. #	Indicators	SBFSW (%)	BBFSW (%)	Hijra (%)
1	Age			
	10 to 19 years	8.7	3.9	4.3
	20 to 24 years	14.9	26.0	32.6
	25 to 34 years	52.7	58.9	54.1
	35+ years	23.6	11.2	9.0
2	Education			
	No formal education	42.7	24.7	31.9
	Up to class 5	41.8	52.3	28.7
	Class 6 to class 9	13.0	20.7	28.3
	SSC and higher	2.4	2.3	11.1
3	Other characteristics			
	Decrease in income during COVID-19 pandemic	79.6	97.7	79.2
	Main source of income changed during pandemic	20.1	2.6	17.6
	Participated in HIV prevention program in last 12 months	81.0	86.5	64.2

Sexual behaviour

Sl. #	Indicators	SBFSW (%)	BBFSW (%)	Hijra (%)
1	Related to sex work			
	Percent involved in sex work	100.0	100.0	54.1
	Currently living with a regular sex partner/other mate	45.9	59.9	48.4
	Visit multiple spots for sex work in last 12 months	69.3	-	81.4
	Average number of clients per day (in number)	4.7	2.8	4.8
2	Condom use			
	Percent used condom during last sex with any client	69.3	74.3	52.3
	Percent used condom during last sex with live-in partner	40.4	44.4	27.8
	Consistent condom use during last week	29.3	31.6	20.5

Prevalence of violence

Sl. #	Indicators	SBFSW (%)	BBFSW (%)	Hijra (%)
1	Physical violence¹			
	Prevalence of physical violence (lifetime)	84.5	81.9	76.0
	Prevalence of physical violence (last 12 months)	75.3	60.2	71.3

¹ Acts like slapping, hitting, kicking and beating

Sl. #	Indicators	SBFSW (%)	BBFSW (%)	Hijra (%)
2	Sexual violence²			
	Prevalence of sexual violence (lifetime)	78.3	67.8	77.1
	Prevalence of sexual violence (last 12 months)	55.7	53.3	71.7
	<i>Prevalence of any form of physical or sexual violence (last 12 months)</i>	80.4	68.8	82.8
3	Emotional violence³			
	Prevalence of emotional violence (lifetime)	83.2	78.3	89.6
	Prevalence of emotional violence (last 12 months)	80.2	70.7	81.7
4	Economic violence⁴			
	Prevalence of economic violence (lifetime)	81.8	83.2	81.4
	Prevalence of economic violence (last 12 months)	69.0	70.1	74.6
5	Controlling behaviour⁵			
	Experience of controlling behaviour (lifetime)	84.0	76.6	68.5
	Experience of controlling behaviour (last 12 months)	67.9	72.0	59.9

Disclosure and taking legal actions

Sl. #	Indicators	SBFSW (%)	BBFSW (%)	Hijra (%)
1	Disclosure, reported injury			
	Disclosed the experience of GBV to any one	39.7	50.3	31.5
	Reported any injury in last 12 months due to GBV	89.1	88.2	77.4
	Sought any treatment	74.5	64.8	47.0
2	Knowledge of rights and legal actions			
	Aware of their rights	64.7	96.5	21.5
	Know where to go	72.3	98.4	11.8
	Know Govt. Helpline	45.1	54.6	11.1

² Acts like forced sexual intercourse and other forms of sexual coercion

³ Emotional (psychological) violence includes insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, etc.

⁴ Economic violence involves making or attempting to make a person financially dependent by maintaining total control over financial resources including withholding access to money

⁵ Controlling behaviours include isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care

Executive Summary

Background

Gender-based violence (GBV) undermines the health, dignity, security, and autonomy of its victims, but it remains shrouded in a culture of silence. Female Sex Workers (FSW) and Transgender (or Hijra), also referred to as Key Populations (KPs) for HIV, usually face higher levels of violence, which may include physical, sexual, emotional, or economic abuse or discrimination or controlling behaviour that violates their fundamental human rights. The Novel Coronavirus 2019 (COVID-19) pandemic threatens human rights and poses even higher risks for the people who are marginalized or excluded in our society like female sex workers and Hijras. But little is known in Bangladesh about the violence they face, its gender-based origins, and responses to GBV. Under this backdrop, the study is conducted to understand the nature and consequences of GBV experienced by the FSW and Hijras, including during the pandemic, to inform HIV policies and programming and to help protect KPs' human rights.

Methodology

The study was conducted among the Street Based Female Sex Workers (SBFSW) and Transgender/hijra in Dhaka. The study also included the Brothel Based Female Sex Workers (BBFSW) from Doulatdia brothel, Rajbari. It adopted a mixed-method approach. Both qualitative and quantitative methods of data collection were used. A total of 951 respondents were selected for interview, which included 368 SBFSW and 279 Hijras from Dhaka, and 304 BBFSW from Doulatdia brothel. In addition, several in-depth case studies with selected respondents were conducted to capture their stories and experience of violence during the pandemic.

Background characteristics of respondents

More than half of the SBFSW, BBFSW and Hijra were aged 25-35 years. Among the SBFSW, 8.7 percent belonged to the adolescent age group (10-19 years), while the same was 3.9 percent for BBFSW and 4.3 percent for the Hijras. A significant portion of the SBFSW (42.7%) and 31.9 percent of the Hijra interviewed had no formal education, while the same was 24.7 percent for BBFSW. Majority of the BBFSW (59.9%) reported that they live with regular sex partners (known as 'babu' in the brothel). The percentage of SBFSW and Hijra reported to live with regular sex partner/spouse was 45.9 percent and 48.5 percent respectively.

The average monthly income of SBFSW and BBFSW from sex work was Tk. 14,400 and Tk. 14,800 respectively. The average monthly income of the Hijra in Dhaka was relatively lower (Tk. 12,600). Almost all the BBFSW (97.7%) and the overwhelming majority of the SBFSW (79.6%) and BBFSW (79.2%) reported the decrease of their income due to the COVID-19

pandemic. The major reasons for decrease of income during the pandemic were the movement restrictions and decrease of clients during lockdown.

Sexual behaviour

More than half (54.1%) of the Hijra reported to sell sex and the remaining 45.9 percent were involved in collecting subscription money in public places, households, and shops. An overwhelming majority of the Hijra sex workers (81.5%) and SBFSW (69.3%) in Dhaka reported to visit multiple spots for sex work. The average number of clients on the day before the survey was 4.7 for SBFSW and 4.8 for Hijra. In contrast, the BBFSW reported 2.8 clients on the previous day. The condom use during the last sex with any client was 69.3 percent among the SBFSW, 74.3 percent among BBFSW and 52.3 percent among Hijra.

Negotiation with the clients for condom use

Majority of the SBFSW (67.7%) mentioned that they successfully motivated the client to use condom. Among the BBFSW interviewed, 71.4 percent were able to negotiate condom use during their last sex act. The negotiation capacity to use condoms was relatively lower among the female sex workers of the adolescent age group. Among the Hijras, 45.7 percent reported to be able to negotiate condom use during their last sex act. However, majority of the Hijra (63.6%) mentioned that they faced problems during negotiating use of condom with clients. Moreover, nearly half of the SBFSW and BBFSW mentioned that they faced problems in deciding use of condoms during their last sex act.

Access to HIV Prevention Program

An overwhelming majority of the study respondents reported to participate in HIV prevention program in the past 12 months. However, a significant portion (64.6%) of the Hijra mentioned that they faced problems in collecting condoms during the lockdown as the program activities were reduced, drug stores were closed, and price of condoms was high during the pandemic.

Experience of physical or sexual violence

Overall, 75.3 percent SBFSW and 71.3 percent of the Hijras in Dhaka reported facing any form of physical violence in the last 12 months before the survey. The prevalence of physical violence was 60.2 percent among BBFSW. Moreover, 55.7 percent of the SBFSW and 53.3 percent of the BBFSW reported to experience sexual violence in the last 12 months before the survey. The prevalence of sexual violence was 71.7 percent among Hijras. Altogether, 80.4 percent of SBFSW, 82.8 percent of Hijra and 68.8 percent of the BBFSW reported to experience any form of physical or sexual violence in the last 12 months before the survey.

The SBFSW usually face physical or sexual violence from the clients, police and local mastans and also from their regular live-in partner/husband. The BBFSW mentioned clients and regular

live-in partners as the main perpetrator of the violence. On the other hand, along with police, local mastans and clients, a large portion of the Hijras also mentioned their peers and ex-partners as the major perpetrator.

It is revealed that the young and the adolescent female sex workers were more vulnerable to physical or sexual violence than their elder groups. In contrast, the Hijras belonged to the higher age groups were more likely to experience violence. The consistent condom use imposed more violence among the SBFSW and Hijras.

It is important to note that the poorer SBFSW were more likely to experience any physical or sexual violence in the past 12 months and their income loss during the pandemic further increased their sufferings. For BBFSW, the daily client load as well as negotiation with clients to use condom also increased their likelihood of experiencing any physical or sexual violence by 2 to 3.5 times. On the other hand, the Hijras who reported higher monthly income were 3.5 to 4.5 times more likely to face violence.

Other forms of violence

Majority of the Hijra (81.7%) reported emotional violence against them during the last 12 months before the survey. The prevalence of emotional violence during the last 12 months was 80.2 percent among the SBFSW and 70.7 percent among the BBFSW. Majority of the SBFSW (69.0%), BBFSW (70.1%) and Hijra (74.6%) interviewed reported to experience economic violence during the last 12 months, before the survey. Moreover, 67.9 percent of the SBFSW and 72.0 percent of the BBFSW reported to face controlling behaviour in the last 12 months before the survey, while the same was 59.9 percent among Hijras.

Violence, Discloser and Legal Action

The female sex workers and Hijras usually experience more violence (of any type) and the extent of violence has been further increased especially among the Hijras during the COVID-19 pandemic. Nearly, a half of the BBFSW (50.3%) and majority of the SBFSW (60.3%) and Hijra (68.5%) didn't disclose their experience of violence with others.

An overwhelming majority of the SBFSW (89.1%) and BBFSW (88.2%) reported to be injured from the violence during the last 12 months before the survey. The percentage of the SBFSW and BBFSW who sought treatment was 74.5 percent and 64.8 percent respectively. Among the Hijras, 77.4 percent reported any injury from the violence during the last 12 months but only less than a half of them received treatment.

The BBFSW (96.4%) were more aware than the SBFSW (64.7%) about their rights to take legal actions against the perpetrator of the violence. In contrast, only 21.5 percent of the Hijra were

aware of their rights. Just more than a half of the BBFSW (54.6%) and 45.1 percent of the SBFSW informed that they know the government helpline to seek support against violence against them. Among the Hijras, an overwhelming majority (88.9%) were not aware of the government helpline.

Regarding legal actions against the perpetrator, 33.9 percent of the BBFSW and 25.0 percent of the SBFSW informed that they sought any legal support against the perpetrator of the violence. On the other hand, very few of the Hijra (3.2%) reported to take legal actions against the perpetrator. The main reason for not taking any legal actions by the female sex workers included discloser of their profession, fear of police, fear of death threats and scarcity of money. The Hijras restrict themselves to take any legal actions against the perpetrator because of the scarcity of money, fear of police, fear of death threats, fear of discloser of their activities and an overwhelming majority of them didn't know where to go for support.

Recommendations

Based on the key findings of the study on the gender-based violence against female sex workers and Hijras in Dhaka and selected brothel, the following recommendations are formulated:

- The KPs including female sex workers and Hijras are usually poor, and their hardship was further increased during the COVID-19 pandemic. The Ministry of Social Welfare may provide financial support/substance allowance to these marginalized and socially excluded people with added attention.
- To increase condom use, the female sex workers and Hijras should be trained for increasing their negotiation skills with clients and the adolescent group needs additional support for this.
- The members of the law enforcement agencies should be regularly sensitized to protect the female sex workers and Hijras from GBV.
- The female sex workers and Hijras usually do not feel comfortable to disclose their experience of gender-based violence due to several reasons. These KPs should be counselled to raise their voice against the violence. A support mechanism should be developed within the HIV prevention program so that the KPs feel comfortable to share their experience of GBV with high level of trust and confidentiality.
- The female sex workers and Hijras should be made aware of the government helpline that can provide support to the victims of the GBV. Special programs might be initiated, especially for Hijras, as their knowledge on this needs to be increased to a greater extent.

- The KPs specially the Hijras should be educated regarding their rights to take legal actions against the perpetrator of the violence and the victims of GBV should be linked with agencies that provide legal support against the violence.
- An overwhelming majority of the female sex workers and Hijras reported injury due to GBV. Thus, the required healthcare services should be ensured either through DIC or referral linkage with nearby healthcare facilities for the victims of the GBV.
- The victims of violence should be linked with the lawyers and legal aid agencies for secured and affordable legal support.

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Section 1: Background

Violence is defined by the World Health Organization (WHO) as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results or has a high likelihood of resulting in injury, death, sexual or psychological harm, maldevelopment or deprivation of liberty⁶. Violence against women and girls is one of the most prevalent human rights violations around the globe. It has no social, economic, or national boundaries⁷. According to the World Health Organization (WHO), one in four women (27.0%) experiences physical or sexual abuse in her lifetime, while the same is notably higher (50.0%) among the ever-married women aged 15-49 years⁸.

Female Sex Workers (FSW) and Transgender (or Hijra), referred to as Key Populations (KPs) for HIV, generally face even higher levels of gender-based violence (GBV), which includes emotional, sexual, physical, or economic abuse or discrimination by state and non-state actors, and violates the fundamental human right to live free from violence^{9,10}. Although data are lacking in many countries, global and regional studies show that GBV against FSW and transgender is prevalent, frequent, and often severe^{11,12,13}. Individuals who are members of multiple KP groups, such as transgender sex workers, are excessively affected by GBV¹⁴.

Female sex workers in Bangladesh face daily threats to their personal and collective safety. FSWs are legally marginalized and socially stigmatized and suffer precarious social protection, economic insecurity, and are targeted with physical, sexual, and emotional violence by the police, managers, clients, and intimate partners¹⁵. The available evidences depict that all key populations especially the sex workers usually face a high level of sexual and gender-based violence (SGBV)¹⁶. Almost half of the street-based sex workers reported being beaten

⁶ Addressing Violence Against Sex Workers. WHO website:

https://www.who.int/hiv/pub/sti/sex_worker_implementation/swit_chpt2.pdf. Accessed on October 24, 2021.

⁷ UNFPA website: <https://www.unfpa.org/gender-based-violence#readmore-expand>. Accessed on November 17, 2021.

⁸ WHO, 2021. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.

⁹ United Nations Population Fund, Harvard School of Public Health. A human rights-based approach to programming: practical implementation manual and training materials. Geneva: United Nations Population Fund; 2010.

¹⁰ United Nations Women. Ending violence against women and girls: programming essentials. Geneva: United Nations Women; 2013.

¹¹ Carroll A, Mendos LR. State sponsored homophobia: a world survey of sexual orientation laws: criminalisation, protection and recognition. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association; 2017.

¹² Decker MR, Crago AL, Chu SK, Sherman SG, Seshu MS, Buthelezi K, Dhaliwal M, Beyer C. Human rights violations against sex workers: burden and effect on HIV. Lancet. 2015;385:186-99.

¹³ Evens et al. Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: a qualitative study to inform HIV programming; BMC International Health and Human Rights (2019) 19:9; <https://doi.org/10.1186/s12914-019-0187-5>

¹⁴ Budhwani H, Turan B, Hasbun J, Rosario S, Tillotson L, McGlaughlin E, Waters J. Association between violence exposure and condom non-use among transgender sex workers in the Dominican Republic: the mediating role of trust. Int J STD AIDS. 2017;28:608–12.

¹⁵ Global Network of Sex Work Project (NSWP) website: <https://www.nswp.org/news/nid-are-must-promote-and-protect-the-human-rights-sex-workers-harc>. Accessed on November 17, 2021.

¹⁶ NASP & UNAIDS, 2014. Gender Assessment of the National HIV Response in Bangladesh – A Country report 2014.

particularly by members of law enforcement agencies and by local mastans or extortionists¹⁷. Moreover, among the adolescent sex workers, forced sex ever was more experienced by street based FSWs (53%) than hotel based (40%), brothel based (38%) and home based FSWs (39%)¹⁸. A study among the FSW in Chittagong also revealed that sexual, physical, and emotional violence were very common among the FSWs, leading towards substance use disorders (SUD), and FSW who experienced emotional violence were more vulnerable to use drugs¹⁹.

The Hijras in Bangladesh are also subject to a high level of sexual and gender-based violence. A study conducted in 2015 among the gender diverse population (GDP) revealed that 42.2 percent of the GDPs, including Hijra were the victims of rape, followed by 26.1 percent gang-rape, 55.3 percent physical torture and another 63.3 percent faced police arrest due to their gender identity. Another study conducted in 2021 also reported that about half of the transmen and 75 percent transwomen experienced physical violence. Moreover, 45.0 percent transwomen and 60 percent of the transmen faced sexual violence²⁰. The Hijras face forced sex at their early ages, usually by men they know, and they have limited access to healthcare because doctors do not understand hijra people or fear being associated with them²¹. Gender-based violence was perpetuated against Hijra from a wide variety of sources, including one's own family members and sexual partners, transactional sex clients, and community members. Two key sources of GBV were police officers and healthcare providers. Thus, participants in this study faced barriers to accessing some of the most common sources of protection or assistance²².

Female sex workers and transgender usually face violence due to the stigma associated with sex work, which is criminalized, or due to discrimination based on gender, or other factors. Most violence against sex workers is a manifestation of gender inequality and discrimination directed at women, or at transgender who do not conform to gender and heterosexual norms. Sex workers are also more vulnerable to violence through their working conditions or by compromised access to services. Many of them have little control over the conditions of sexual transactions, e.g., fees, clients, types of sexual services, etc.²³

¹⁷ Govt. of Bangladesh. 2009. Behavioral surveillance survey 2006-2007, technical report. Dhaka: National AIDS/STD Program, Directorate General of Health Services, Ministry of Health and Family Welfare, Govt. of Bangladesh.

¹⁸ Nielsen Bangladesh. 2012. Mapping and Behavioral Study of Most At Risk Adolescents to HIV in Specific Urban/Semi Urban Locations in Bangladesh. UNICEF Bangladesh.

¹⁹ Hengartner, Michael P, et. al. 2015. Mental Health and Functioning of Female Sex Workers in Chittagong, Bangladesh, *Frontiers in Psychiatry*, Vol. 6. doi: <https://doi.org/10.3389/fpsyg.2015.00176>

²⁰ Nasreen Z, 2021. Documenting Gender-Based Violence Cases for determining concerted response. Study commissioned by BSWS and funded by UNFPA, August 2021.

²¹ Khan SI, Hudson-Rodd N, Saggers S, Bhuiya A. Men Who Have Sex with Men's Sexual Relations with Women in Bangladesh. *Culture, Health & Sexuality*. 2005; 7(2): 159-169.

²² Fhi360, 2013. Exploring gender-based violence among men who have sex with men, male sex worker and transgender communities in Bangladesh and Papua Guinea – Results and recommendations, April 2013.

²³ Addressing Violence Against Sex Workers. WHO website:
https://www.who.int/hiv/pub/sti/sx_worker_implementation/swit_chpt2.pdf. Accessed on October 24, 2021.

The Novel Coronavirus 2019 (COVID-19) pandemic has changed lives of people in Bangladesh like all over the world. This pandemic threatens human rights and poses higher risks for the people who are marginalized or excluded in our society²⁴ like female sex workers and Hijras. The pandemic further increased the economic instability, violence, stigma and discrimination sex workers already faced. During the COVID-19 pandemic, almost all the Hijras in Bangladesh experienced decrease in income, whilst an overwhelming majority (82%) of them didn't earn a single penny in the past two weeks of the survey²⁵. The FSW in Bangladesh also lost their incomes nearly entirely because of the pandemic. The violence against them by police and also by the clients and street gangs (i.e. mastan) increased during the pandemic. The violence by police increased because sex workers are no longer able to pay a portion of their earnings as a bribe to local police, which had become routine prior to the pandemic. The violence by the clients and street gangs (i.e. mastan) also increased partly as a result of sex workers' diminished bargaining power²⁶.

Existing evidence revealed that a reduction in physical or sexual violence among sex workers may help in achieving approximately 25% reduction in HIV infections among them²⁷. But legal policies to protect sex workers' rights are still inadequate. Although sex work is legal in Bangladesh²⁸, but the related activities (e.g., soliciting in public places) are still criminalized and thus make the sex workers more vulnerable towards all forms of violence.

Gender-based violence undermines the health, dignity, security, and autonomy of its victims, yet it remains shrouded in a culture of silence. Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death²⁹. The FSW and Hijra in Bangladesh are disproportionately affected by gender-based violence (GBV) and HIV, yet little is known about the violence they face, its gender-based origins, and responses to GBV. Under this backdrop, the study is conducted to understand the nature and consequences of GBV experienced by the FSW and Hijras during the pandemic, to inform HIV policies and programming and to help protect KPs' human rights.

²⁴ BSWS, 2020. Quick Situation Analysis of Transgender & Hijra community in COVID-19 Lockdown in Bangladesh.

²⁵ Digest 2: Impact of COVID-19 on Third Gender community. INNOVISION Consulting website: <http://innovation-bd.com/covid-19-impact-studies/#COVID-19-Third-Gender>. Accessed on October 24, 2021.

²⁶ K Jennifer, 2021. Sex workers' lived Experiences During Covid-19 & Community-Led Pandemic Responses. APNSW website: <https://www.apnsw.info/reportsandresearch/sex-workers-lived-experiences-during-covid-19-amp-community-led-pandemic-responses>. Accessed on October 24, 2021.

²⁷ Decker et al. Estimating the impact of reducing violence against female sex workers on HIV epidemics in Kenya and Ukraine: a policy modeling exercise. American Journal of Reproductive Immunology, 2013; 69(Suppl 1):122–132

²⁸ Naimul Karim, 2020. Bangladesh sex workers face hunger, abuse as coronavirus hits trade, Reuters. <https://www.reuters.com/article/us-health-coronavirus-bangladesh-women-t-idUSKBN23X1TR>. Accessed on November 18, 2021.

²⁹ UNFPA website: <https://www.unfpa.org/gender-based-violence#readmore-expand>. Accessed on November 17, 2021.

Section 2: Methodology and Technical Approach

2.1 Defining Gender Based Violence

The United Nations defines violence against women as “**any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life**”³⁰. Violence is often viewed as a sign of the historically uneven power relationship between men and women that are considered the ‘norm’ in a society³¹.

Different types of violence are defined and measured using the United Nations³² and World Health Organisation³³ (WHO) guidelines:

- Physical violence
- Sexual violence
- Emotional violence
- Economic violence
- Controlling Behaviour

The indicators used for defining different types of violence is summarized below:

Indicators used for measuring different forms of violence

Types of violence	Indicators
Physical violence	<ul style="list-style-type: none">• If slapped, punched or threw something which leads to injury• If pushed or shoved or pulled hair• If kicked, dragged, or beaten up• If intentionally suffocated or choked by hand• If intentionally burnt• If threw acid intentionally or threw hot water/oil/milk, etc. intentionally• If threatened with or actually used a gun, knife or any other weapon• If intentionally hit with a stick or any other heavy things
Sexual violence	<ul style="list-style-type: none">• Having sexual intercourse with someone against will• Having sexual intercourse with someone in fear of future torture or any kind of harm• If someone perform any unusual sexual behavior which seems defaming or disgraceful

³⁰ WHO website: https://www.who.int/health-topics/violence-against-women#tab=tab_1. Accessed on Nov. 17, 2021.

³¹ Blanchfield, L., Margesson, R., Salaam-Blyther, T., Serafino, N. M., and Wyler, L. S.(2011). International Violence Against Women: U.S. Response and Policy Issues: <https://fas.org/sgp/crs/misc/RL34438.pdf>.

³² United Nations.(2014). Guidelines for Producing Statistics on Violence against Women—Statistical Surveys.

³³ Ellsberg, M., & Heise, L. (2005). Researching Violence Against Women: A Practical Guide for Researchers and Activists. Washington DC, United States: World Health Organization, PATH.

Types of violence	Indicators
Emotional violence	<ul style="list-style-type: none"> • If someone insult in a manner that was humiliating or feeling bad • If someone humiliate in front of other people • If someone do anything to scare or intimidate on purpose (such as scream at you or break something) • If someone verbally threaten to hurt or act in a manner that was terrifying • If tortured for socializing with neighbors or other people • If threatened to marry other women or to go sex workers or to retract relationship
Economic violence	<ul style="list-style-type: none"> • If any household member including husband refuses to give enough money for household expenses, even though they have money for other things • If got married or in-relation in condition with giving money or property • If pressurized to give money or belongings • If someone refused to give money after work
Controlling Behaviour	<ul style="list-style-type: none"> • If someone try to restrict from the company of friends or peers • If someone restrict from going to any places (such as bazar, health service center, park, parental house, etc.) • If someone insist on knowing (with suspicious mind) what you are doing and where you are at all times • If someone ignore your feelings and opinions without caring or thinking about your priorities • If someone angry if you speak with your relative or non-relative males • If someone often suspicious that you are unfaithful

2.2 Assessment Location and Target Population

The study was conducted among the Street Based Female Sex Workers (SBFSW) and Transgender/hijra in Dhaka. The study also included the Brothel Based Female Sex Workers (BBFSW) from Doulatdia brothel, Rajbari. Thus, the target populations for this study include:

- Female Sex Workers (FSW):
 - Street based female sex worker (SBFSW).
 - Brothel based female sex workers (BBFSW).
- Transgender/Hijra.

2.3 Study Methods

The study adopted a mixed-method approach. Both qualitative and quantitative methods of data collection were used. In addition, review of relevant literatures related to violence against the female sex workers and the Hijras was also conducted to identify the existing gaps as well as to design the study and develop an effective data collection tool for the assessment study.

Semi-structured interviews were conducted with the sampled FSWs and Hijras. In addition to that in-depth case studies with the selected respondents were also conducted to capture their experiences of gender-based violence during the pandemic.

2.4 Survey with FSWs and Hijras

Quantitative sample survey with the FSWs and Hijras:

In order to determine the statistically representative sample size of FSWs and Hijras, the following formulas were used separately for each type of respondent group, i.e., street based FSW, brothel based FSW and Hijra:

$$\text{Equation 1: } n_o = \frac{z^2}{d^2} \times pq$$

$$\text{and Equation 2: } n = \frac{n_o}{1 + \frac{n_o}{N}}$$

Where:

n_o = estimated sample size;

z = statistical certainty chosen;

p = estimated prevalence; $q = 1-p$; and

d = precision desired.

N = population size; and

n = desired sample size.

Using the above formula, the estimated same size at 95% level of confidence with precision of 5% and non-response rate of 5%, the total sample size required for the assessment was 989. However, the data collection staff were able to complete 951 interviews, which leads to the sample coverage/achievement rate of 96.2 percent. The actual sample size achieved during the field data collection is summarized in the table below:

Table 2.1: Distribution of sample size of FSWs and Hijras

KPs	District/City	Population size * (N)	Sample size (n)	
			Proposed	Achieved
SBFSW	Dhaka	8,238	363	368
BBFSW	Rajbari	1,629	308	304
TG or Hijra	Dhaka	1,485	317	279
Total		11,352	989	951

* Estimated upper limit taken from the Mapping Study and Size Estimation of KPs in Bangladesh, 2015-2016.

In-depth Case Study with KPs:

In addition to the quantitative survey, several case studies with each key population group (e.g. SBFSW, BBFSW, and Hijra) were conducted. The case studies included the selected respondents to describe their experiences in relation to violence and other relevant issues.

2.5 Recruitment of Respondents

The respondents for the quantitative survey were selected by using a random sampling technique. For efficient sampling of the Hijras and street based FSWs at Dhaka, the

programmatic listing of location and spots were collected from Bandhu³⁴ and Light House³⁵. The lists also provided the number of KPs that has been reached by the HIV intervention program with the location information. These lists were considered as the sampling frame and the required sample size of the street based FSWs and Hijras were proportionately allocated to the locations for sampling. However, the selection of brothel based FSWs was based on systematic cluster sampling approach. The brothel at Doulatdia was divided into several clusters and the required number of sex workers were selected from each cluster by adopting systematic sampling approach.

2.5 Data Collection Tools

The following data collection tools and guidelines were developed and shared with the stakeholders:

- Tool 1: Semi-structured questionnaire for survey with FSWs.
- Tool 2: Semi-structured questionnaire for survey with Hijras.
- Tool 3: Guideline for conducting in-depth case study with the selected respondents.

The draft data collection tools were developed, and pre-tested to assess whether the respondents understand the questions as well as whether the information the questions require can be collected. The data collection tools and guidelines were finalized after incorporating the feedbacks revealed from the pre-testing and also from consultation with the stakeholders. The data collection tools are provided in the Annex A.

Informed consent forms and processes: The participation of the respondents in the survey was entirely voluntary and an informed consent was sought from the respondents before starting the survey. Informed consent form included the confidentiality of information, purpose of the study, the broad content of the interview, the anonymity of the data, the voluntary nature of the interview, the possibility of stopping the interview at any time without reason, and the contact details of the research team. The interview was started only when the respondents agreed to participate in the survey.

Interviewers were trained to follow good, informed consent practices (non-coercion), explain that participation is voluntary and confidential, allow the participant as much time as they want to decide to participate, and record refusals and declined consent in the refusal log.

³⁴ Bandhu Social Welfare Society (Bandhu) is a community led organization working for the betterment of the gender diverse population by organizing specialized capacity building and advocacy initiatives.

³⁵ Light House serves the socially and economically less privileged people in Bangladesh, who are deprived of quality health care facilities in terms of general and reproductive health, nutrition and income generating opportunities, and equitable access to justice; and are vulnerable to climate change effects.

2.7 Field Work

The field data collection was conducted between 24 November 2021 and 7 December 2021. A total of three (03) data collection teams, each comprising three data collectors and one supervisor, were deployed for data collection. The survey with the street based FSW in Dhaka, brothel based FSW in Doulatdia and Hijra in Dhaka were conducted simultaneously. Before sending the data collection teams to the field sites, three days extensive training was organized to orient them on techniques to be employed (e.g., survey, interviewing case study), data collection tools and guidelines, and building the rapport, etc.

2.8 Data Analysis

The data analysis of the quantitative data was conducted in SPSS. Several univariate and cross-table analyses, and graphs were generated. Further, a logistic-regression regression model analysis was conducted to identify the factors that make the FSWs and Hijras more vulnerable toward gender-based violence. The outcomes of the data analyses are presented in this report. The findings from several case studies were also summarized and incorporated into the report to highlight the greater understanding of the nature and extent of the violence that the FSWs and Hijras experienced during the COVID-19 pandemic.

Section 3: Background Characteristics of Respondents

3.1 Age of the Respondents

The study interviewed 673 female sex workers, with about 55.0 percent being street based and the remaining 45.0 percent were brothel based sex workers. Among the street based female sex workers (SBFSW) interviewed, 8.7 percent were adolescents aged 10-19 years, while the same was notably lower (3.9%) among the brothel based female sex workers (BBFSW). In addition, 14.9 percent of the SBFSW and 26.0 percent of the BBFSW were young aged 20-24 years. This is worthwhile to note that the BBFSW were relatively younger with median age of 27 years as compared to the SBFSW with median age of 30 years.

Table 3.1: Age of the respondents

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
10 to 19 years	8.7%	32	3.9%	12	4.3%	12
20 to 24 years	14.9%	55	26.0%	79	32.6%	91
25 to 35 years	52.7%	194	58.9%	179	54.1%	151
35 + years	23.6%	87	11.2%	34	9.0%	25
Total	100.0%	368	100.0%	304	100.0%	279

Among the Hijras interviewed, 4.3 percent were adolescents aged 10-19 years and another 32.6 percent belonged to the age group of 20-24 years, followed by 25-35 year olds (54.1%) and the remaining 9.0 percent were aged 35 years and above. The median age of the Hijra was 27 years.

3.2 Educational Attainment

The analysis of the findings reveals that 42.7 percent of the SBFSW had no formal education, while the same was 24.7 percent among the BBFSW. In contrast, just over a half (52.3%) of the BBFSW and 41.8 percent of the SBFSW attained education up to class five. Moreover, 15.4 percent of the SBFSW reported to reach class six or higher as compared to relatively higher percentage of BBSFW (23.0%) who attained the same level.

Table 3.2: Educational attainment of the respondents

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
No formal education	42.7%	157	24.7%	75	31.9%	89
Up to class 5	41.8%	154	52.3%	159	28.7%	80
Class 6 to class 9	13.0%	48	20.7%	63	28.3%	79
SSC and higher	2.4%	9	2.3%	7	11.1%	31
Total	100.0%	368	100.0%	304	100.0%	279

Among the Hijras, 28.7 percent attained education up to class 5 and another 28.3 percent attained education up to class 9 and another 11.1 percent were able to reach class 10 or higher. Nearly, one-third (31.9%) Hijras didn't have any formal education and none were able to attain HSC level.

3.3 Living Arrangement

In response to a question related to living with a regular sex partner or spouse, majority of the BBFSW (59.9%) reported that they live with regular sex partners (Known as 'babu' in the brothel). Among the SBFSW, 45.9 percent reported to live with their regular sex partners or spouse. In brothels, 92.6 percent of the sex workers also reported that their regular partners were male, while the same was 89.3 percent for the SBFSW.

It is worth mentioning that some sex workers (10.7% SBFSW and 4.4% BBFSW) shared their living space with other mates mainly to reduce their cost of living and they had to do this due to their income reduction during COVID-19 pandemic.

Table 3.3: Current live-in regular sex partner/spouse or other mate

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Currently living with a regular sex partner/spouse or other mate						
Yes	45.9%	169	59.9%	182	48.4%	135
No	53.5%	197	40.1%	122	50.9%	142
Didn't response	0.5%	2	-	-	0.7%	2
Total	100.0%	368	100.0%	304	100.0%	279
Current live-in regular partner						
Male	89.3%	151	95.6%	174	83.0%	112
Female	10.7%	18	4.4%	8	1.5%	2
Hijra	-	-	-	-	15.6%	21
Total	100.0%	169	100.0%	182	100.0%	135

A street based sex worker at Mazar road, Mirpur told:

"My income severely reduced during the lockdown and I was unable to pay the house rent to the bariwali (house-owner) for several months. Then I left the place. Currently, I am living with another friend (sex worker) to reduce the cost of living. That's how we are managing our subsistence".

Nearly half of the Hijra (48.4%) reported to currently live with a regular sex partner or with other Hijra. An overwhelming majority of the Hijra mentioned that their regular live-in partner was male, followed by female (1.5%) and the remaining 15.6 percent reported to live with other Hijras. Rimi, a 25-years old Hijra told:

"Because of my biological structure my family never accepted me. I was abandoned by my family. I kept roaming here and there and slept on street for months. Then our hijra guru helped me arrange a small place to live and I had to work for him instead."

3.4 Sexual History

The street based sex workers, on an average, were selling sex for seven years (6.9 years) and the BBFSW for 5.9 years. More than half (56.9%) of the BBFSW and 45.4 percent of the SBFSW reported that they have been working in this profession for less than five years. All the BBFSW mentioned that they usually sell sex in the brothels, while majority of the SBFSW (69.3%) reported visiting multiple spots during the last one month before the survey. Although 78.3 percent of the SBFSW mentioned that they had sex in the street, about one-third (32.9%) of them also reported to have sex in the hotels, followed by residences (27.4 percent). It is also important to note that 6.8 percent of the SBFSW also visited brothels for sex work.

Table 3.4: Sexual history of the respondents

Response	SBFSW		BBFSW		Hijra*	
	Percent	Number	Percent	Number	Percent	Number
Years of selling sex						
Below 5 years	45.4%	167	56.9%	173	28.5%	43
5 to 9 years	29.3%	108	18.1%	55	46.4%	70
10 to 14 years	14.9%	55	17.1%	52	22.5%	34
Above 15 years	10.3%	38	7.9%	24	2.6%	4
Average years of selling sex	6.9		5.9		7.1	
Number of spots visited in last 1 month						
Same spot	30.7%	113	99.7%	303	18.5%	28
2-3 spots	46.7%	172	0.3%	1	60.9%	92
4 or more spots	22.6%	83	-	-	20.5%	31
Place of sex act in last 1 month						
Street	78.3%	288	-	-	94.7%	143
Other public places	62.2%	229	-	-	86.8%	131
Hotel	32.9%	12			27.2%	41
Brothel	6.8%	25	100.0%	304	-	-
Residence	27.4%	101	-	-	29.8%	45

* Included only the Hijras who reported selling sex (n=151)

More than half (54.1%) of the Hijra reported to sell sex and the remaining 45.9 percent were involved in collecting subscription money in public places, households, and shops. Almost half of the Hijra (46.4%) were selling sex for 5-9 years and another 28.5 percent were selling sex for less than 5 years. The average years of selling sex for Hijra was 7.1 years. An overwhelming majority (81.4) of the Hijra reported to visit multiple spots in the past one month before the survey. Nearly 95 percent of the Hijra mentioned that they sold sex in the street in the last month and another 86.8 percent sold sex in other public places. A notable percentage of the Hijra also sold sex in hotels (27.2%) and residences (29.8%).

Sexual History – Qualitative findings

A 25-years old SBFSW, Jui, who recently got involved in this profession said:

"I worked in several NGOs before, but the wage was never enough. Now I am working in an NGO and also working as a sex worker. I have the responsibilities of my son's education, unmarried sisters, and old parents. I know I have to support them financially which led me towards this direction."

Another street based sex worker Asma (age, 30) told:

"After being brutally gang raped I had nowhere to go. So, I spent a night in the park. The next day a lady came to me, she was a sex worker. She feed me and took me to her house. I told her everything and after hearing my story she offered me to stay and work with her".

Runa, a 32-year old brothel based sex worker added:

"My boyfriend deceived me by saying he will take me to his village to marry me, but instead he brought me here and sold me for 25,000 Taka. Since then, I have been working here as a sex worker."

3.5 Income Status

Majority of the female sex workers reported to earn less than Tk. 15,000 per month (SBFSW 66.0% and BBFSW 72.7%). The average monthly earning of the SBFSW was approximately Tk. 14,400 and for BBFSW was 14,800. During the in-depth interview with the female sex workers many of them mentioned that their income was inadequate as they had to pay rent to the household owner. Some of them also sent money to their parents. Ruma, a 26-year old brothel based sex worker said:

"I earned Tk. 10,500 last month. I had to pay Tk. 200 per day as house rent and I also had to send money to my parents living in the village. I had to buy cloths, cosmetics, etc. every month. How can I survive with this amount? I am doing this job as I do not have any other options and I do not trust people who tell me the story of a better future as I was cheated many times before."

Table 3.5: Monthly income of the respondents

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
less than 10000	37.2%	137	26.6%	81	31.8%	48
10000 to 15000	28.8%	106	46.1%	140	47.7%	72
15000 to 20000	22.3%	82	20.4%	62	17.9%	27
More than 20000	11.7%	43	6.9%	21	2.6%	4
Total	100.0%	368	100.0%	304	100.0%	151

Moreover, an overwhelming majority (79.5%) of the Hijra interviewed reported to earn less than Tk. 15,000 per month. The Hijras, on an average, earned approximately Tk. 12,600 in the last month from sex work. Dina, a 27-years old Hijra told:

"I spend my earnings on living, house rent and beauty products; after these expenses I am left with nothing."

Another Hijra added: *"Actually I earn a lot of money but I have to give most of it to our Guru; after that I just survive with the leftovers."*

Monthly income of the female sex workers significantly varied according to their age. It is important to note that the SBFSW aged 10-19 years earned significantly lower income than the SBFSW aged 20 years and above. On the other hand, relatively younger sex workers earned significantly higher income in the brothels than their elder counterpart. However, age has no significant impact on the monthly income of the Hijras.

Table 3.6: Average monthly income by age of the respondents

Typology	Age	N	Average monthly income (in Tk.)	p-value
SBFSW	10-19 years	32	10,497	0.003
	20-24 years	55	14,409	
	25+ years	281	14,806	
BBFSW	10-19 years	12	15,333	0.034
	20-24 years	79	16,816	
	25+ years	213	13,972	
Hijra	10-19 years	12	12,375	0.523
	20-24 years	91	12,159	
	25+ years	176	12,844	

In response to a question related to the income status during the COVID-19 pandemic, almost all the BBFSW (97.7 %) reported that their income reduced during the pandemic. Moreover, among the SBFSW interviewed, an overwhelming majority (79.6%) mentioned decrease in income during the pandemic. The major reason for decrease of income during the pandemic among both SBFSW and BBFSW was the '*decrease of clients during lockdown*'. An overwhelming majority (84.0%) of the SBFSW also reported that the police did not allow them to stay on the street for sex work and another 14.0 percent had to pay more subscription charge to the police. In addition, the SBFSW had to pay more money to the local mastans during the lockdown. More than half (57.0%) of the SBFSW and 26.9 percent of the BBFSW mentioned that their clients didn't have enough money to pay due to COVID-19 pandemic.

Table 3.7: Change in income during COVID-19 pandemic

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Whether any change of income during COVID-19						
Increased	5.2%	19	-	-	1.4%	4
Decreased	79.6%	293	97.7%	297	79.2%	221
Remain same	15.2%	56	2.3%	7	19.4%	54
Reason for decrease						
Obstacle from police	84.0%	246	11.4%	34	77.8%	172
Lockdown	89.8%	263	98.0%	291	90.0%	199
Number of clients decreased	71.7%	210	80.8%	240	37.1%	82
I was not regular in sex work due to COVID	15.4%	45	2.7%	8	18.6%	41
Pay more subscription to police	14.0%	41	4.4%	13	2.3%	5
Pay more subscription to local mastan	20.1%	59	4.7%	14	8.6%	19
Client didn't have enough money to pay	57.0%	167	26.9%	80	19.0%	42

A street based sex worker told about her condition during pandemic, She said, "*The pandemic time was very bad for me. I had very few clients and most of them paid less money*".

Among the Hijra interviewed, 79.2 percent mentioned decrease in income during the pandemic. The main reasons for such decrease as reported by the Hijra include: movement restrictions during lockdown (90.0%), obstacle from police (77.8%), decreased number of clients (37.1%). Another 18.6 percent of the Hijra also reported to remain irregular in sex work, followed by inability of the clients to pay (19.0%) and payment of subscription to local mastans (8.6%). A Hijra added:

"During the pandemic, I passed one of the most difficult times in my life. I had no money and no food. I couldn't go outside as police wouldn't allow us on the streets and also people would not accept us for the fear of COVID".

The qualitative exploration reveals that the female sex workers and Hijras received financial support from different NGOs during the lockdown.

It is also worth mentioning that, during COVID pandemic, the income didn't change much for 15.2 percent SBFSW, 2.3 percent BBFSW and 19.4 percent Hijras. Moreover, 19 out of 368 SBFSW and 4 out of 279 Hijras reported increase of income during COVID pandemic. For increased income they said that *a few street-based sex workers were working at that time and the clients had no choice but came to them to fulfil their desire*.

In normal times, usually all the female sex workers reported to sell sex for their income. On the other hand, 54.1 percent of the Hijras reported to sell sex and the remaining 45.9 percent were involved in collecting subscription from public places, shops and homes with newborn babies. However, during the COVID pandemic, 20.1 percent of the SBFSW, 2.6 percent of the BBFSW and 17.6 percent of Hijras mentioned that they had to perform other activities for their subsistence.

Table 3.8: Source of income of the FSW and Hijra

Indicator	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Main source of income during normal times						
Sell sex	100.0%	368	100.0%	304	54.1%	151
Asking for subscription in public places	-	-	-	-	39.1%	109
Collect subscription from shops	-	-	-	-	4.7%	13
Collect subscription from homes with new born babies	-	-	-	-	2.2%	6
Whether there was change in income source during COVID 19						
Yes	20.1%	74	2.6%	8	17.6%	49
No	79.9%	294	97.4%	296	82.4%	230
Types of changes						
Worked as a drug dealer	31.1%	23	12.5%	1	4.1%	2
Worked as a housemaid	43.2%	32	12.5%	1	34.7%	17
Worked in a garage	2.7%	2	-	-	24.4%	12
Worked in a tea stall	5.4%	4	37.5%	3	10.2%	5
Business	6.8%	5	25.0%	2	14.3%	7
Begging	10.8%	8	12.5%	1	6.1%	3
Others	5.4%	4	-	-	6.1%	3

Section 4: Sexual Behaviour and Access to Services

4.1 Sexual Behaviour

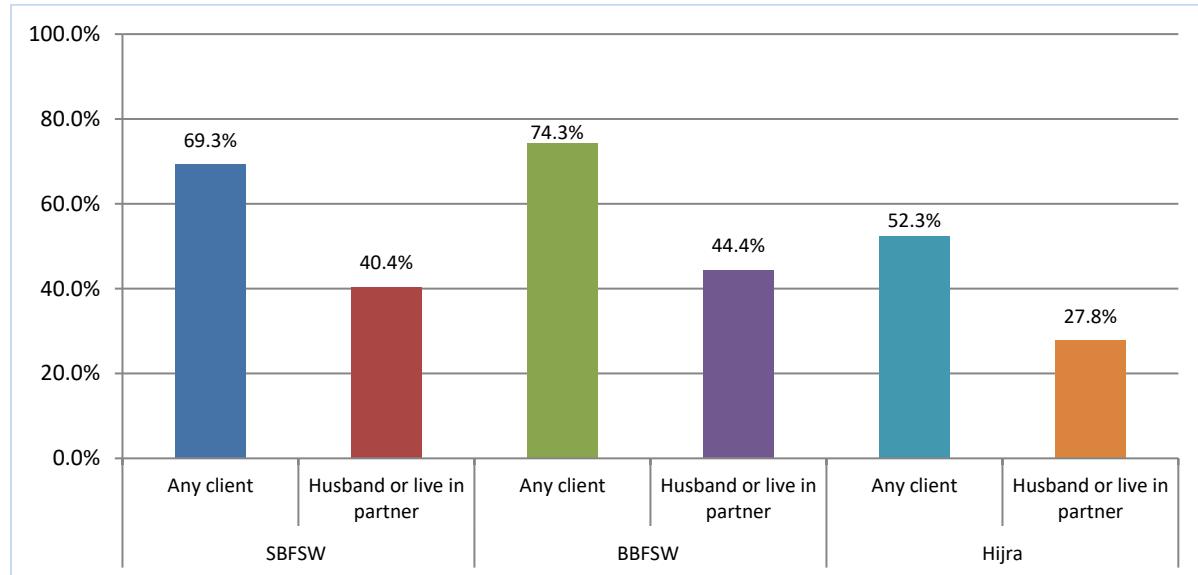
Majority of the BBFSW (69.4%) and 47.0 percent of the SBFSW reported to have up to three clients during the day before the survey. Moreover, 35.3 percent of the SBFSW mentioned that they had six or more clients the day before, while the same was 8.6 percent for BBFSW. The average number of clients of SBFSW during the day before the survey was 4.7 as compared to 2.8 clients for BBFSW. The average number of clients of hijra was 4.8 per day.

Table 4.1: Client load during the day before the survey

Client load	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Up to 3	47.0%	173	69.4%	211	38.4%	58
4 to 5	17.7%	65	22.0%	67	25.8%	39
6 or more	35.3%	130	8.6%	26	35.8%	54
Total	100.0%	368	100.0%	304	100.0%	151
Average client load	4.7		2.8		4.8	

The condom use during the last sex with any client was 69.3 percent among the SBFSW as compared to 74.3 percent among BBFSW. However, the use of condom with husband or live in partner was notably lower among the SBFSW (40.4%), and BBFSW (44.4%).

Figure 4.1: Use of Condom during last sex with any client and husband/live in partner



Among the Hijra interviewed, 52.3 percent reported to use condom with any client during their last sex, while condom use during last sex with husband or live in partner was relatively lower (27.8%).

Overall, the consistent use of condoms with any client during the last one week of the survey was 29.3 percent among the SBFSW and 31.6 percent among the BBFSW. It is also important to note that relatively low percentage of female sex workers aged 35 years and above as well as the adolescent sex workers reported consistent use of condom as compared to the sex workers ages between 20 and 35 years. The consistent condom use among the Hijra was only 20.5 percent.

Table 4.2: Consistent use of condom

Background characteristics	SBFSW (n=368)	BBFSW (n=304)	Hijra (n=151)
Age			
10 to 19 years	21.9%	16.7%	12.5%
20 to 24 years	30.9%	34.2%	25.5%
25 to 35 years	36.6%	32.4%	18.4%
35 + years	14.9%	26.5%	20.0%
Education			
No formal education	21.7%	32.0%	20.0%
Up to class 5	33.1%	32.1%	8.7%
Class 6 and higher	40.4%	30.0%	30.9%
Overall	29.3%	31.6%	20.5%

Factors affecting condom use during last sex act with any clients

The use of condom among the female sex workers and Hijras may influenced by several socio-demographic as well as economic factors. To assess the effect of the selected socio-demographic and economic indicators on the condom use by the study respondents a logistic regression analysis was conducted separately for the SBFSW, BBFSW and Hijra. The analysis of the findings reveals that the SBFSW who reported to earn Tk. 15,000 or more per month were 3.4 times more likely to use condom during their last sex with clients, but age and education of the SBFSW had no significant impact on the same. However, in the brothel, the sex workers with primary level education were 1.9 times more likely to use condom as compared to the BBFSW with no formal education. Moreover, the BBFSW who reported decrease of income during the COVID-19 pandemic were 4.8 times more likely to use condom, but age had no significant impact on the condom use by the BBFSW.

On the other hand, the Hijras with higher monthly income (Tk. 10,000 or more) were less likely to report condom use. This implies that, to attract more clients, the poorer Hijras were reluctant to use condom during the pandemic. Age of Hijras had no significant impact on the use of condom with clients.

Table 4.3: Odds ratios of the factors influencing condom use

Variables in the Equation	SBFSW		BBFSW		Hijra sex worker	
	p-value	Odds ratio	p-value	Odds ratio	p-value	Odds ratio
Age (in years)						
10-19 years	0.42	1.0	0.60	1.0	0.76	1.0
20-24 years	0.27	1.8	0.34	1.9	0.47	1.6
25+ years	0.80	1.1	0.50	1.6	0.49	1.6
Education						
No formal education	0.45	1.0	0.11	1.0	0.53	1.0
up to class 5	0.39	1.3	0.05	1.9	0.89	1.0
Class 6 and higher	0.25	1.5	0.68	1.2	0.38	1.4
Monthly income (Tk.)						
Below 10,000	0.00	1.0	0.73	1.0	0.06	1.0
10,000-14,999	0.43	1.3	0.92	1.0	0.03	0.3
15,000 and above	0.00	3.4	0.66	1.2	0.02	0.3
Change of income during pandemic						
Remained same	0.26	1.0	-	1.0	0.14	1.0
Increased	0.11	0.4	-	-	0.06	0.1
Decreased	0.62	0.8	0.05	4.8	0.26	0.6
Constant	0.83	1.1	0.24	0.3	0.03	6.8

4.2 Negotiation with the Clients

In response to a question related to negotiation with the clients for condom use during the last sex act, 67.7 percent of the SBFSW mentioned that they successfully motivated the client to use a condom. Moreover, among the BBFSW interviewed 71.4 percent were able to negotiate condom use during their last sex act. The negotiation capacity to use condoms was relatively lower among the female sex workers of the adolescent age group. Among the Hijras, 45.7 percent reported to be able to negotiate condom use during their last sex act.

Table 4.4: FSW's and Hijra's negotiation capacity with the clients to use condoms during the last sex act

Background characteristics	SBFSW (n=368)	BBFSW (n=304)	Hijra (n=151)
Age			
10 to 19 years	59.4%	66.7%	50.0%
20 to 24 years	76.4%	77.2%	49.0%
25 to 35 years	70.1%	69.3%	44.8%
35 + years	59.8%	70.6%	20.0%
Education			
No formal education	63.1%	62.7%	50.0%
Up to class 5	68.8%	78.0%	39.1%
Class 6 and higher	77.7%	65.7%	47.3%
Overall	67.7%	71.4%	45.7%

Shondha, a 33-year old Hijra sex worker shared one of her experiences regarding condom use with client:

"Clients often want to have sex without a condom, as we offer anal sex. One day a client acted in such a way that he was using a condom but when I turned back, he didn't use the condom."

Regarding negotiation of the fees with new clients, majority of the SBFSW (64.4%) reported that they usually asked for their fees before sex work and the client agreed to pay and this was also the case among 80.9 percent of the BBFSW. In some instances, the sex workers had to bargain with the clients to fix up their fees before sex work. Nearly a quarter (24.7%) of the SBFSW and 16.1 percent of the BBFSW had to bargain to fix up their fees during their last sex act. Among the Hijras, more than half (57.0%) reported to ask for their fees before sex work and the client agreed to pay, while 35.8 percent of the Hijra had to bargain to fix up their fees during their last sex act.

Table 4.5: Negotiating fees with new clients in the last sex act

Response	SBFSW (n=368)	BBFSW (n=304)	Hijra (n=151)
I verbally confirmed the amount of money before the sex act and the client agreed	64.4%	80.9%	57.0%
I verbally confirmed the amount of money before the sex act, but the client was negotiating	18.5%	13.2%	31.8%
I agreed with the amount that the client said	9.8%	2.3%	7.3%
I was negotiating with the client	6.3%	3.0%	4.0%
Discussed about the money after sex work	1.1%	.7%	-
Total	100.0%	100.0%	100.0%

In response to a question related to problems faced during negotiation of fees and deciding on use of condoms with clients, majority of the Hijra (63.6%) mentioned that they faced problems during negotiating use of condom with clients. Moreover, nearly half of the SBFSW and BBFSW mentioned that they faced problems in deciding use of condoms during their last sex act. A street based female sex worker Mukta (22 years old) said:

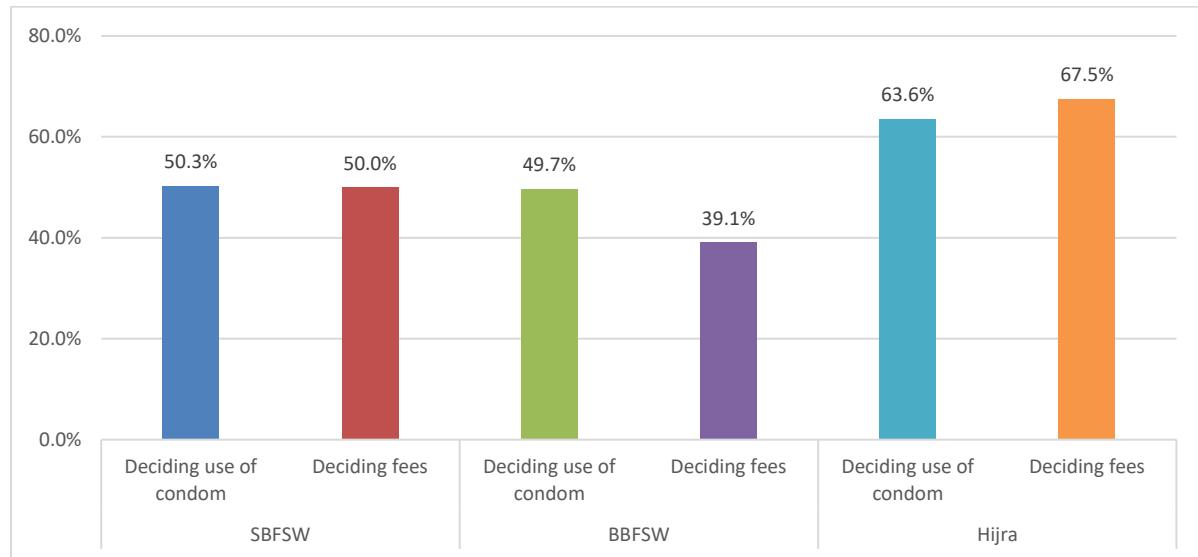
"The local goons never use condoms, if we request them to use, they beat us and become more brutal. Most of the time during sex they are drunk, so we are afraid to say something because at that time they are out of their mind and can even kill us."

A half of the SBFSW (50.0%) and relatively lower percentage of BBFSW (39.1%) faced problem in negotiating their fees with the clients. Majority of the Hijra (67.5%) also reported facing problems during negotiation of fees for sex work. Smriti, a 29-year old Hijra said:

"During lockdowns I faced problems negotiating with clients, they knew that we didn't have much clients, so they had sex with us and gave whatever they like. I remember a client gave me 20 taka only although we agreed on 200 taka."

A street based sex worker, Popi also added: "*The students don't give money after sex as per agreement*". She also added, "*The local goons want to snatch my income and also want to have sex for free*".

Figure 4.2: FSWs and Hijras faced any problem during negotiation with clients



Regarding the decisions related to sexual services (vaginal, ana, oral, etc.) during the last sex act, nearly two-third of the BBFSW (76.6%) and 73.1 percent of the SBFSW mentioned that they, in discussion with the client, decided the type of sexual services. However, a small percent of female sex workers also reported to have sex in a way that was forcefully decided by the client. A quarter of the SBFSW reported group sex in the last one month, while the same was only 1.0 percent among the BBFSW. The incidence of group sex was 34.4 percent among Hijras.

Table 4.6: Deciding types of sexual services during the last sex act

Response	SBFSW (n=368)	BBFSW (n=304)	Hijra (n=151)
Deciding sex types, e.g., vaginal, oral, anal			
Client and me both decided	73.1%	76.6%	47.0%
I decided and client agreed	25.8%	22.0%	31.1%
Client decided forcefully	1.1%	1.3%	21.9%
Group sex in past 1 month			
Yes	25.8%	1.0%	34.4%
No	74.2%	99.0%	65.6%

4.3 Access to HIV Prevention Program and Healthcare Services

An overwhelming majority of the SBFSW (82.3%) and BBFSW (86.5%) reported that they participated in an NGO run HIV prevention program in the last 12 months. It is also important to note that all the BBFSW and 98.4 percent of the SBFSW reported to ever participated in any HIV prevention program.

Among the Hijra interviewed, 74.6 percent reported to participate in any NGO run HIV prevention program in the past 12 months before the survey.

Table 4.7: Participation in HIV prevention program

Response	SBFSW (n=362)		BBFSW (n=304)		Hijra (n=279)	
	Percent	Number	Percent	Number	Percent	Number
Ever participated in any NGO-run HIV prevention program						
Yes	98.4%	362	100.0%	304	86.0%	240
No	1.6%	6	-	-	14.0%	39
Participated in any NGO-run HIV prevention program in last 12 months						
Yes	82.3%	298	86.5%	263	74.6%	179
No	17.7%	64	13.5%	41	25.4%	61

Almost all the SBFSW (97.0%) and BBFSW (98.7%) received condom from the DIC³⁶/peer educators or outreach workers. Among the SBFSW 6.1 percent also reported to buy condoms from pharmacy, while the same was 14.5 percent among the BBFSW. One out of ten (9.9%) of the SBFSW and 17.8 percent of the BBFSW also reported that the clients brought condoms. Only 5.0 percent of the SBFSW and less than one percent of the BBFSW reported facing problems to collect condoms.

Among the Hijras, 90.8 percent received condoms from DIC/peer educators or outreach workers and another 65.0 percent reported collecting condoms from a Depot. **A significant percentage (64.6%) of the Hijra mentioned that they faced problems in collecting condoms during the lockdown as the program activities were reduced, drug stores were closed and price of condoms was high during the pandemic.**

Table 4.8: Source of receiving condoms in the last 12 months

Response	SBFSW (n=362)		BBFSW (n=304)		Hijra (n=240)	
	Percent	Number	Percent	Number	Percent	Number
Source of condom						
DIC/ peer educators/ outreach workers	97.0%	351	98.7%	300	90.8%	218
Bought Condoms	6.9%	25	7.9%	24	7.5%	18
Pharmacy	6.1%	22	14.5%	44	7.5%	18
Depot	12.4%	45	5.3%	16	65.0%	156
Sex Workers	11.0%	40	5.9%	18	14.6%	35
Customers	9.9%	36	17.8%	54	10.8%	26
Problems faced to receive condom						
Yes	5.0%	18	0.7%	2	64.6%	155
No	95.0%	344	99.3%	302	35.4%	85

³⁶ Drop-in centres (DICs) are premises that provide key population community members with a comfortable place to relax, rest, get information, receive program services, and interact with each other and with HIV program staff.

The study respondents were also asked where they usually go for seeking healthcare services. In response, nine out of ten (91.3%) of the SBFSW and 93.8 percent of the BBFSW reported that they usually go to DIC for healthcare services. However, a large portion of the female sex workers (29.9% of SBFSW and 47.0% of BBFSW) reported self-medication. Treatment from kobiraj/hekim³⁷ and medicine sellers was relatively higher among the BBFSW. On the other hand, majority of the SBFSW also reported to visit public healthcare centers for services.

Among the Hijras, 71.3 percent mentioned that they usually consult with the DIC doctor for health care services. Moreover, 30.8 percent of the Hijra reported self-medication, followed by going to a local drug seller (37.3%), an NGO run clinic (34.1%), the public healthcare facility (2.1%), and a kobiraj/hekim (16.1%) as health care seeking behaviours.

Table 4.9: Health care seeking behaviour

Response	SBFSW (368)		BBFSW (304)		Hijra (n=279)	
	Percent	Number	Percent	Number	Percent	Number
Consulted doctor/Paramedic in DIC	91.3%	336	93.8%	285	71.3%	199
Consulted with doctor (MBBS)	7.6%	28	41.1%	125	9.7%	27
Consulted with kobiraj/hekim	-	-	9.5%	29	16.1%	45
Consulted with homeopath doctor	0.5%	2	7.9%	24	14.3%	40
Self-medication	29.9%	110	47.0%	143	30.8%	86
Consulted with local medicine seller	5.7%	21	34.2%	104	37.3%	104
Treatment from govt. hospitals	71.7%	264	18.8%	57	21.1%	59
Treatment from private clinics	10.1%	37	3.6%	11	7.2%	20
Treatment from NGO-run clinics	35.3%	130	65.5%	199	34.1%	95

* Multiple response

It is worth mentioning that majority of the Hijras (63.8%) reported facing problems during seeking healthcare services. On the other hand, only 3.3 percent of the BBFSW and 16.3 percent of the SBFSW mentioned the same. **The Hijras mentioned that movement restrictions during nationwide lockdown during COVID-19 pandemic, unavailability of service providers and lack of money were the major barriers to receive healthcare services during COVID-19 pandemic.**

Table 4.10: Problems faced during seeking healthcare services

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Yes	16.3%	60	3.3%	10	63.8%	178
No	83.7%	308	96.7%	294	36.2%	101
Total	100.0%	368	100.0%	304	100.0%	279

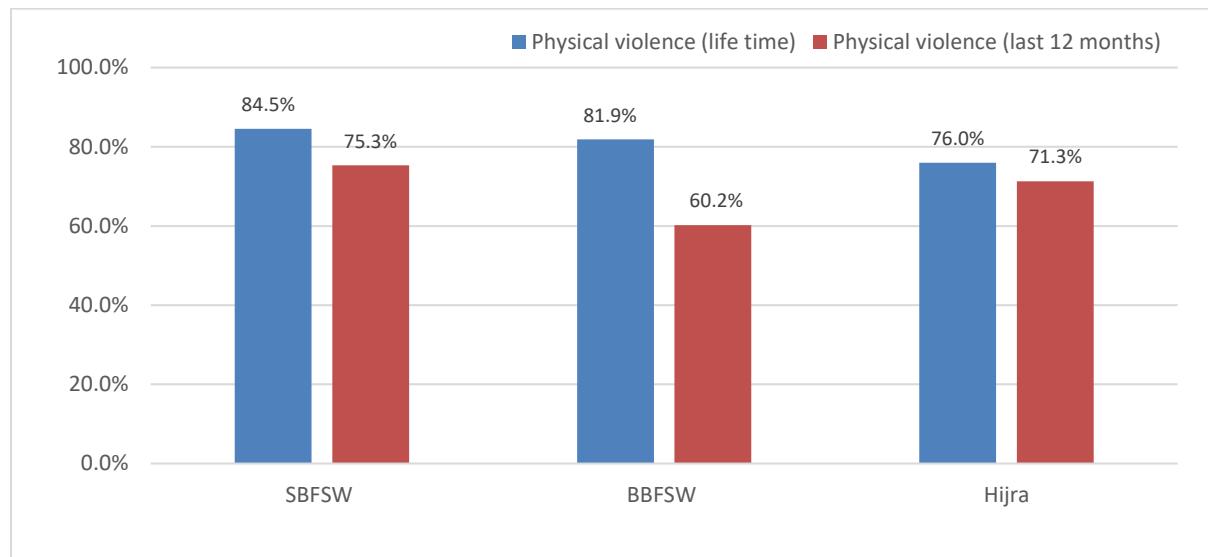
³⁷ Kobiraj/hekims are the traditional and unqualified practitioners who use plants for treatment.

Section 5: Incidence of Violence

5.1 Physical Violence

To find the prevalence of physical violence against the female sex workers and Hijras, several questions were asked. The analysis of the findings reveals that overall, three-quarter of the SBFSW (75.3%) reported facing any form of physical violence in the last 12 months before the survey. The rate of physical violence during the last 12 months was relatively lower among BBFSW (60.2%). Among the Hijra interviewed, 71.3 percent mentioned that they faced physical violence in the last 12 months before the survey. In addition, more than eighty percent of the female sex workers and 76.0 percent of Hijras reported to ever experience physical violence.

Figure 5.1: Lifetime and 12-month prevalence of physical violence among FSW and Hijra



Majority of the female sex workers in the streets (69.8%) and 58.6 percent of the BBFSW reported to be slapped, punched, pushed, had their hair pulled, kicked or thrown at by something at which she was injured. More than one-third (38.9%) of the SBFSW also reported that they were threatened with or injured by a knife or other weapon such as a stick/other heavy things.

Majority of the Hijra (67.7%) mentioned that they were slapped, punched, pushed, had their hair pulled, kicked or thrown at by something at which she was injured during the last 12 months. Moreover, 29.0 percent of the Hijra reported to be burnt with hot things, followed by someone throwing acid or hot water, oil, etc. (26.5%) or someone intentionally suffocating or choking them by hand (24.7%) or they were threatened with or injured by a knife or other weapon such as a stick/other heavy things (20.1%).

Table 5.1: Types of physical violence among FSW and Hijra

Types of physical violence	SBFSW (n=368)		BBFSW (n=304)		Hijra (n=279)	
	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months
Slapped, punched or was thrown at by something at which they were injured; or pushed or shoved or had their hair pulled or kicked, dragged, or beaten	81.3%	69.8%	80.9%	58.6%	72.0%	67.7%
Burnt with hot things or intentionally burnt	16.3%	12.0%	9.5%	4.6%	32.6%	29.0%
Was thrown at with acid intentionally or hot water/oil/milk/peas etc. intentionally	6.5%	4.1%	9.5%	5.6%	30.1%	26.5%
Intentionally suffocated or choked by hand	26.9%	19.6%	35.2%	24.0%	25.1%	24.7%
Threatened with or actually injured by a gun, knife or any other weapon such as a stick or any other heavy thing	54.3%	38.9%	31.9%	22.7%	22.9%	20.1%

The prevalence of physical violence was relatively higher among the female sex workers of adolescent age group. Moreover, the Hijras as well as the female sex workers who reported consistent condom use were more vulnerable to physical violence in the past 12 months before the survey. On the other hand, the Hijras belonging to adolescent age group experienced less physical violence as compared to the Hijras belonging to higher age groups.

Table 5.2: Prevalence of any physical violence by background characteristics

Response		SBFSW (368)	BBFSW (304)	Hijra (n=279)
Age	10 to 19	84.4%	75.0%	50.0%
	20 to 24	81.8%	64.6%	78.4%
	25 to 34	74.7%	59.8%	72.4%
	35+ years	69.0%	47.1%	80.0%
Education	No formal education	68.8%	60.0%	58.0%
	Up to class 5	82.5%	64.8%	89.1%
	Class 6 and higher	73.7%	50.0%	74.5%
Condom use during their last sexual intercourse	Yes	77.5%	58.5%	74.7%
	No	67.1%	70.5%	72.2%
Consistent condom use	Yes	78.9%	73.6%	87.1%
	No	71.3%	35.5%	70.0%
Physical violence (last 12 months)		75.3%	60.2%	71.3%

In response to a question “By whom were you physically tortured?”, 78.1 percent of the SBFSW mentioned clients, followed by police (52.7%), local mastan (52.1%) and regular live-in partner/husband (30.2%). Among the BBFSW, more than half reported violence from clients (57.8%) and regular live-in partner or ‘babu’ (51.8%). Nearly a quarter of the BBFSW (25.7%) also reported ex-partner or babu as the committer of physical violence.

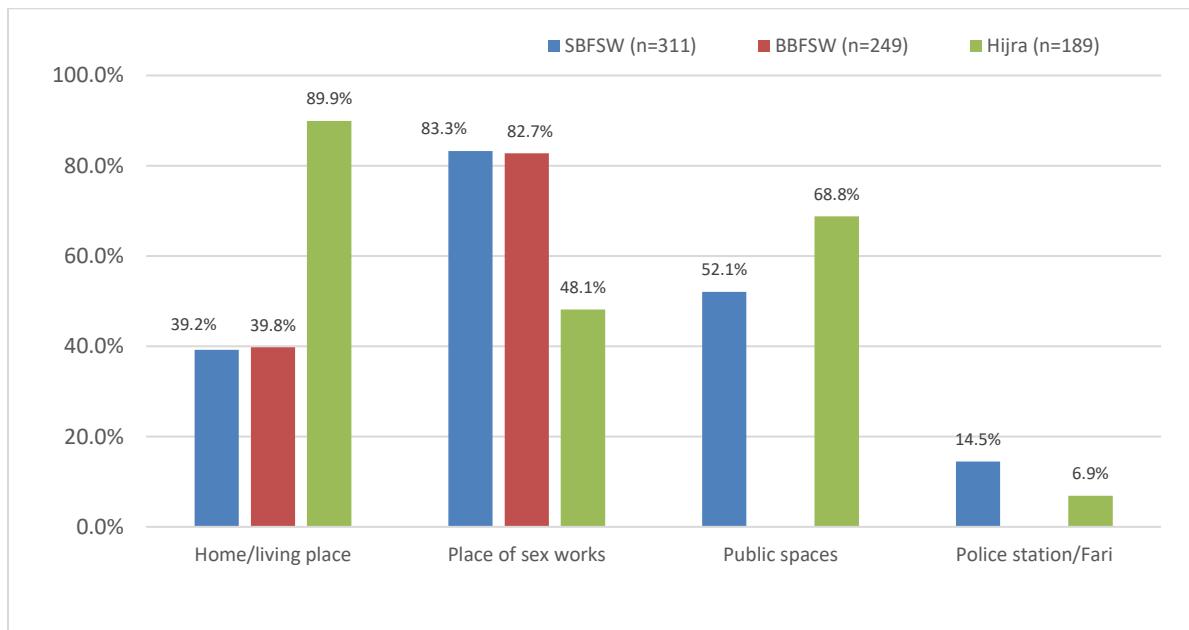
It is important to note that 63.5 percent of the Hijra faced physical violence from local mastans, followed by police (55.6%), ex-partner (50.3%), peers (49.7%), and community influential persons (39.7%). A considerable percentage of the Hijra also mentioned clients (36.0%), followed by regular live-in partner (30.2%), family members (22.2%) and community people (16.9%) as the perpetrator of the physical violence.

Table 5.3: Perpetrator of physical violence among FSW and Hijra in last 12 months

Response	SBFSW (n=311)	BBFSW (n=249)	Hijra (n=189)
Client	78.1%	57.8%	36.0%
Police	52.7%	2.8%	55.6%
Regular live-in partner/husband	30.2%	51.8%	30.2%
Local mastan	52.1%	5.6%	63.5%
Ex-partner/husband	12.2%	25.7%	50.3%
Peers: other sex workers/hijra	7.4%	1.2%	49.7%
Family members	10.6%	.8%	22.2%
Community people	11.6%	1.6%	16.9%
Community influential persons	16.4%	5.2%	39.7%

About the place of physical violence, majority of the SBFSW (83.3%) and BBFSW (82.7%) mentioned that they experienced physical violence at the place of sex work. On the other hand, about 89.9 percent of the Hijras reported experiencing physical violence at their living place, followed by public place (68.8%). It is also important to note that 14.5 percent of the SBFSW and 6.9 percent of the Hijra also experienced physical violence at the police station/fari.

Figure 5.2: Place of physical violence in last 12 months



More than 90 percent of the BBFSW and 76.8 percent of the SBFSW told that they experienced physical violence due to their involvement with the sex work. Nearly half of the SBFSW (52.4%) experienced physical violence as they didn't agree to have sex multiple times, and the same was 21.7 percent among the BBFSW. The other important reasons for physical violence among the SBFSW were refusal to have sex with police or local mastans, disagreement to have group sex, asking fees from clients, difference in opinion with client about the types of sexual services (vaginal, anal, oral), unable to pay subscription fees to the police and local mastans. A notable percentage of female sex workers also reported physical violence as they wanted to use condom during sex as well as to deny taking drugs with the client.

Table 5.4: Reasons for physical violence in last 12 months

Response	SBFSW (n=311)	BBFSW (n=249)	Hijra (n=189)
Involvement with sex work	76.8%	92.8%	45.5%
Didn't agree to have sex with police	30.9%	.8%	41.8%
Didn't agree to have sex with local goons	43.7%	3.6%	46.6%
Didn't agree to have group sex	43.7%	11.2%	16.4%
Didn't agree to have sex for long time/several times	52.4%	21.7%	11.6%
Wanted to use condom during sex	20.3%	10.8%	10.1%
Asking for fees from clients	38.6%	11.2%	12.7%
Difference in opinion with client about the types of sexual services (vaginal, anal, oral)	37.6%	14.9%	10.6%
Didn't agree to take drugs with clients	19.9%	8.8%	11.1%
For being hijra	-	-	91.5%
Unable to pay subscription to Police	14.1%	.8%	41.3%
Unable to pay subscription to local goons	14.8%	2.0%	49.2%
Place of sex work	10.3%	2.0%	2.6%
Family didn't get money	12.5%	4.0%	7.4%
Regular partner didn't get money	10.6%	15.3%	32.3%

Among the Hijras interviewed, 91.5 percent mentioned that they experienced physical violence for their gender identity. Majority of the Hijras also mentioned disagreement to have sex with police or local mastan, inability to pay subscription to police or local mastan as the reasons for physical violence against them. The other important reasons for facing physical violence by the Hijras include, inability to give money to regular partner, disagreement to have group sex, offering use of condom during sex, asking fees from clients, disagreement with the client about the types of sexual services (vaginal, anal, oral), disagree to take drugs with clients, etc.

Physical Violence against FSW and Hijra – Qualitative Findings

About the physical violence, a Hijra mentioned:

"If we are not able to give adequate money to our Guru, she insults us and also physically tortures us".

A 30 years old Hijra sex worker Nupur stated:

"The police don't let us stand on the road. They beat us inhumanly with their big sticks, they kick us with their hard boot and sometimes they also take our money. If we go to our Hijra gurus they also beat us saying that it is our problem, we should learn how to deal with police."

Koli (26 years old), a brothel based female sex worker also said:

"We often got physically tortured and harassed by Nagor (loving partner) and the Sordarni (leader). Once I was brutally tortured as I refused my client to do sex through my mouth. The Sordarni dragged me out from my room pulling my hair and kicked on my stomach, tied my hand, slapped me nonstop. After a while I fainted. I was locked in my room for 2 days and the next day I had to take 10 clients just to make the Sordarni happy and stop torturing me."

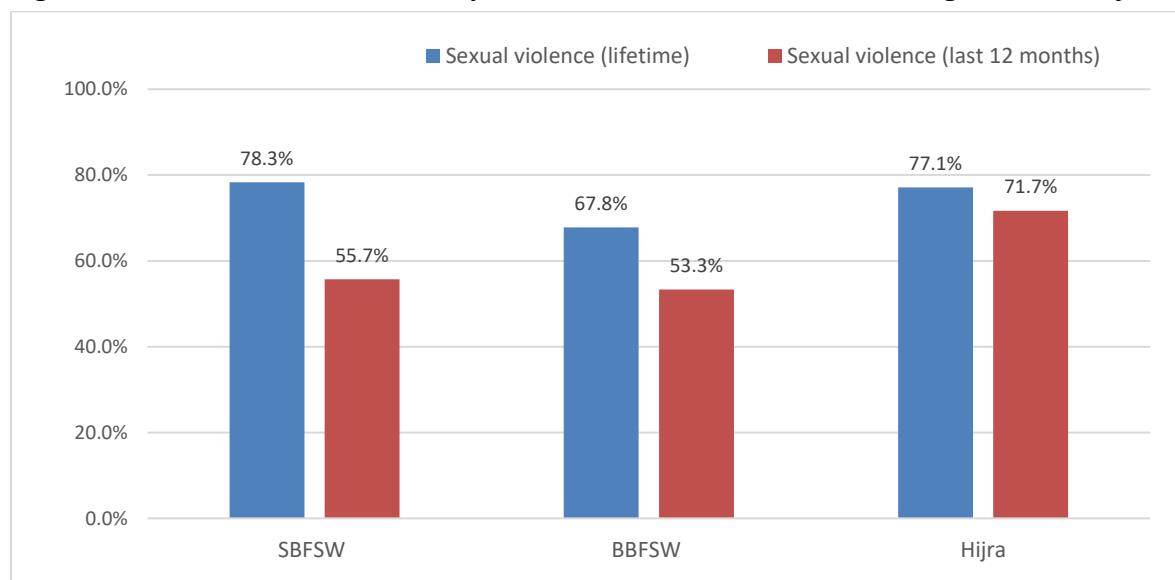
A street based sex worker said:

"One day I visited a mazar but I got robbed and lost all my belongings. A few men came in the name of helping me, but they had bad intentions. They took me to a quiet place and tried to rape me, when they couldn't do it, they handed me over to the police saying that I am a thief."

5.2 Sexual Violence

The prevalence of sexual violence was measured by asking female sex workers and Hijras regarding their experience of sexual intercourse against their will and the experience of unusual sexual behavior which seems defaming or disgraceful. The study findings reveal that more than half of the SBFSW (55.7%) and the BBFSW (53.3%) experienced sexual violence in the last 12 months before the survey. On the other hand, 71.7 percent of the Hijra mentioned that they experienced sexual violence during the past 12 months of the survey. The experience of sexual violence during their lifetime was 78.3 percent for SBFSW, 67.8 percent for BBFSW and 77.1 percent for the Hijra.

Figure 5.3: Lifetime and 12-month prevalence of sexual violence among FSW and Hijra



The analysis of the types of sexual violence experienced by the female sex workers reveals that nearly half of the SBFSW (50.8%) and BBFSW (46.4%) reported to have sexual intercourse with someone against their will in the last 12 months before the survey. Nearly half of the SBFSW (50.3%) also reported that someone performed unusual sexual behavior which was defaming or disgraceful to them, while the same was 33.2 percent for BBFSW. Among the Hijra interviewed, 61.3 percent reported to have sexual intercourse with someone against their will. More than half of the Hijra (52.7%) also reported to have unusual sexual behavior with someone which was defaming or disgraceful to them.

Table 5.5: Types of sexual violence among FSW and Hijra

Response	SBFSW (n=311)		BBFSW (n=249)		Hijra (n=115)	
	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months
Had sexual intercourse with someone against will	76.1%	50.8%	63.8%	46.4%	71.3%	61.3%
Had sexual intercourse with someone against will in fear of future torture or any kind of harm	65.2%	42.1%	43.1%	31.9%	47.3%	42.3%
Perform unusual sexual behavior which seemed defaming or disgraceful	73.4%	50.3%	41.8%	33.2%	57.3%	52.7%

The prevalence of sexual violence was notably higher among the Hijras and particularly to those who were illiterate and reported consistent condom use in the last seven days. On the other hand, the young female sex workers were more vulnerable to the sexual violence than their elder groups. The SBFSW who reported consistent condom use also experienced higher sexual violence in the last 12 months before the survey.

Table 5.6: Prevalence of sexual violence in last 12 months by background characteristics

Response		SBFSW (n=311)	BBFSW (n=249)	Hijra (n=115)
Age	10 to 19	75.0%	66.7%	62.5%
	20 to 24	67.3%	58.2%	74.5%
	25 to 34	56.7%	52.0%	83.9%
	35+ years	39.1%	44.1%	100.0%
Education	No formal education	49.7%	52.0%	86.0%
	Up to class 5	61.7%	57.2%	87.0%
	Class 6 and higher	56.1%	45.7%	69.1%
Condom use during their last sexual intercourse	Yes	58.8%	52.7%	84.8%
	No	48.7%	55.1%	75.0%
Consistent condom use	Yes	63.9%	22.9%	87.1%
	No	52.3%	67.3%	78.3%
Sexual violence (last 12 months)		55.7%	53.3%	71.7%

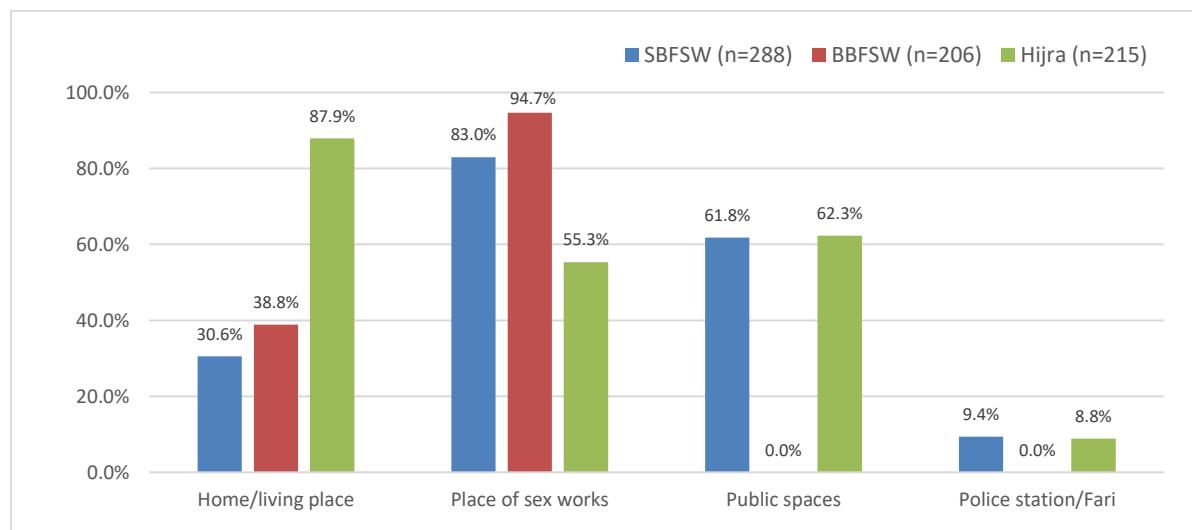
Majority of the SBFSW (76.7%) and BBFSW (74.3%) who faced sexual violence said that they experienced sexual violence from clients in the last 12 months before the survey, while the same was 46.5 percent among the Hijras. However, the Hijra faced more sexual violence from local mastans (67.4%), police (51.2%), and ex-partners (54.4%). Among the BBFSW interviewed, a significant percentage (45.6%) reported to have experienced sexual violence from their ‘babu’ (regular live-in partner). Among the Hijra 41.9 percent also reported community influential persons, and the same was 17.4 percent among the SBFSW. Nearly half of the SBFSW (47.2%) also mentioned police as the perpetrator of sexual violence during the last 12 months before the survey.

Table 5.7: Perpetrator of sexual violence among FSW and Hijra in last 12 months

Response	SBFSW (n=311)	BBFSW (n=249)	Hijra (n=115)
Client	76.7%	74.3%	46.5%
Police	47.2%	1.9%	51.2%
Local Mastan	52.1%	11.2%	67.4%
Regular live-in partner/husband	24.3%	45.6%	27.4%
Ex-partner/husband	11.8%	29.1%	54.4%
Community people	18.8%	4.9%	15.8%
Community influential persons	17.4%	7.3%	41.9%
Peers: other sex workers/hijra	7.6%	.5%	9.3%
Family members	4.9%	.5%	6.5%

An overwhelming majority (87.9%) of the Hijra told that they experienced sexual violence at their ‘dera’ (or their living place). In contrast, overwhelming majority of the SBFSW (83.0%) and the BBFSW (94.7%) mentioned that they experienced sexual violence at the place of sex work. Moreover, majority of the Hijra and SBFSW also mentioned public place. One out of ten (9.4%) SBFSW and 8.8 percent of the Hijra mentioned the police fari as the place where they experienced sexual violence in the last 12 months before the survey.

Figure 5.4: Place of sexual violence in last 12 months



Almost all the BBFSW (97.6%) and majority of the SBFSW (76.0%) believed that they experienced sexual violence due to their involvement in the sex work. Nearly half of the SBFSW (53.5%) also mentioned negotiating fees with clients, offering clients to use condom and showing unwillingness to have sex with local mastans as the major reasons for sexual violence. More than one third of the Hijra (38.6%) and 29.2 percent of the SBFSW also told that they faced sexual violence as they didn't agree to have sex with police. Nearly half of the Hijra mentioned that they experienced sexual violence from local mastans as they denied having sex with them or they were unable to pay the subscription fees and another 33.0 percent Hijras experienced sexual violence from police due to their inability to pay subscription fees.

Table 5.8: Reasons for sexual violence in last 12 months

Response	SBFSW (n=311)	BBFSW (n=249)	Hijra (n=115)
Involvement with sex work	76.0%	97.6%	49.8%
Didn't agree to have sex with police	29.2%	1.5%	38.6%
Didn't agree to have sex with local goons	49.0%	10.7%	44.2%
Wanted to use condom during sex	43.1%	25.2%	13.0%
Asking for fees from clients	53.5%	22.3%	20.5%
Difference in opinion with client about the types of sexual services (vaginal, anal, oral)	29.9%	17.0%	9.8%
Didn't agree to take drugs with clients	26.7%	17.0%	14.4%
For being Hijra	-	-	86.0%
Unable to pay subscription to Police	13.9%	0.0%	33.0%
Unable to pay subscription to local goons	18.1%	2.4%	49.3%
Place of sex work	11.8%	2.4%	1.9%
Regular partner don't get money	5.2%	13.6%	24.7%

Sexual Violence against FSW and Hijra – Qualitative Findings

Shathi, a street based sex worker said, "*My house owner found my weakness. He gave extra money to my greedy father so that my father would stop listening to me. In exchange he started to have sex with me every night. Things didn't stop there, one day the elder son of the house owner also raped me*".

A brothel sex worker, while sharing her experience of sexual violence, said, "*The hardest time was night. The customers who usually come at night were very cruel and rough. They used to have sex in different ways forcefully*".

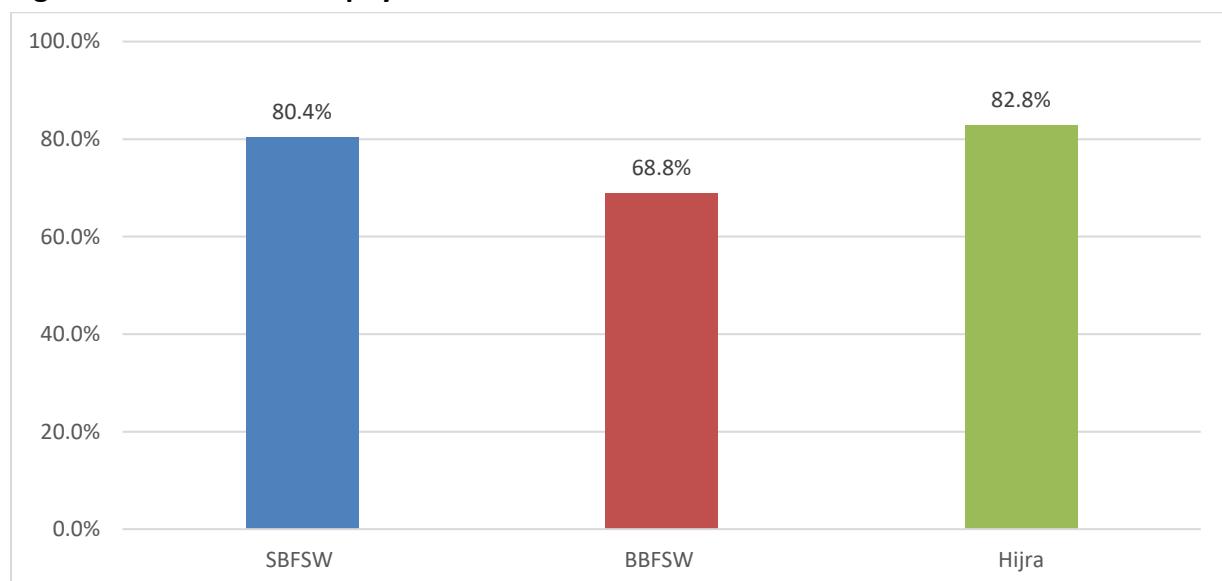
Shanta, a 32-year old female sex worker narrated her tragedy:

"When I was new in this profession, I was very young and attractive. Some policemen saw me, and they trapped me saying that I was a thief. They took my phone, took me deep inside Zia Uddan and raped me one by one. They took all the money I had. After that they left me there. After a while two drug addicts came to take drugs and saw me like this. They also had sex with me and left me there. I had no strength to shout for help. Early next morning, a few friends who were also sex worker came and found me. They took me to a doctor."

5.3 Prevalence of any form of Physical or Sexual Violence

The analysis of the experience of any form of physical or sexual violence by the female sex workers and Hijra reveals that an overwhelming majority of the SBFSW (80.4%) and Hijra (82.8), and 68.8 percent of the BBFSW experienced any physical or sexual violence in the last 12 months before the survey.

Figure 5.5: Prevalence of physical or sexual violence in last 12 months



Factors associated with the sexual or physical violence in last 12 months

Any form of physical or sexual violence experienced by the study respondents also varied according to their typology as well as their demographic and socio-economic status. The logistic regression analysis reveals that the SBFSW with higher income were less likely to report any physical or sexual violence in the past 12 months. Moreover, the SBFSW who reported income loss during COVID-19 pandemic were 5.2 times more likely to report the same, but negotiating clients to use condom, age and consistent use of condom had no significant impact on facing physical or sexual violence in the past 12 months. Although the SBFSW with primary level education were 2.1 time more likely to report physical or sexual violence, but the BBFSW with class 6 or higher education were less exposed to report physical

or sexual violence. This is also important to note that the BBFSW who reported more than 6 clients per day and negotiated with clients to use condom were respectively 3.5 times and 2.3 times more likely to experience physical or sexual violence during the past 12 months.

On the other hand, the Hijra aged 20 years and above were 4 times more likely to experience physical or sexual violence than their adolescent group. The Hijras who belonged to the higher income group were also more exposed to the violence, however education level of Hijras as well as change of income during pandemic had no significant impact on the violence.

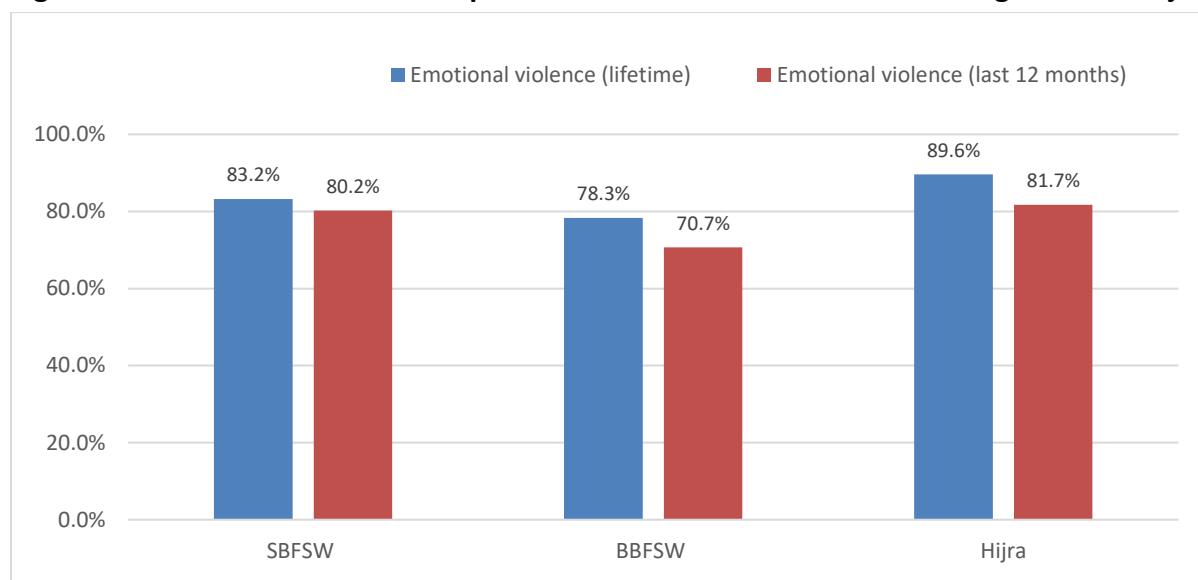
Table 5.9: Odds ratios of factors affecting the occurrence of sexual or physical violence

Variables in the Equation	SBFSW		BBFSW		Hijra	
	p-value	Odds ratio	p-value	Odds ratio	p-value	Odds ratio
Age (in years)						
10-19 years	0.89	1.0	0.94	1.0	.089	1.0
20-24 years	0.85	0.88	0.75	0.78	.038	4.0
25+ years	0.69	0.79	0.73	0.76	.033	3.9
Education						
No formal education	0.05	1.0	0.01	1.0	0.35	1.0
up to class 5	0.02	2.1	0.23	0.64	0.16	1.9
Class 6 and higher	0.59	1.2	0.01	0.29	0.69	1.2
Monthly income (Tk.)						
Below 10,000	0.05	1.0	0.69	1.0	0.00	1.0
10,000-14,999	0.05	0.38	0.44	0.71	0.00	3.5
15,000 and above	0.02	0.29	0.39	0.67	0.00	4.5
Change of income during pandemic						
Increased	0.01	1.0	-	-	0.48	1.0
Decreased	0.00	5.2	-	1.0	0.99	0.0
Remained same	0.04	3.4	0.29	3.6	0.99	0.0
Negotiate with clients to use condom						
No	-	1.0	-	1.0	-	-
Yes	0.22	1.5	.03	2.3	-	-
Client load (yesterday)						
Below 3	.99	1.0	0.01	1.0	-	-
3-5	0.91	0.96	0.00	2.5	-	-
6+	0.93	0.97	0.05	3.5	-	-
Consistent condom use						
No	-	1.0	-	1.0	-	-
Yes	0.54	0.81	0.00	0.13	-	-
Constant	0.45	1.8	0.10	4.9	0.99	0.0

5.4 Emotional Violence

The emotional violence was assessed by evaluating whether someone (i) insults in a manner by which respondents were humiliated or felt bad, (ii) verbally threatens to hurt or acts in a manner by which respondents were terrified, (iii) tortures for socializing with neighbors or other people, and (iv) threatens to marry other women or to go other sex workers or to retract relationship with respondent. The analysis of the findings reveals that majority of the Hijra (81.7%) reported emotional violence against them during the last 12 months before the survey. The prevalence of emotional violence during the last 12 months was 80.2 percent among the SBFSW and 70.7 percent among the BBFSW.

Figure 5.6: Lifetime and 12-month prevalence of emotional violence among FSW and Hijra



The major perpetrator of the emotional violence against the SBFSW were clients (80.7%), followed by police (61.1%), local mastans (57.2%), community people (31.4%) and regular live-in partners (28.1%). Moreover, majority of the BBFSW told that they experienced emotional violence from clients (63.0%), followed by regular live-in partners (50.4%), and ex-partners (26.5%). On the other hand, majority of the Hijra reported to experience emotional violence from family members (62.4%), police (50.4%), regular live-in partners (44.8%), ex-partners (44.0%), peers and community influential persons (42.8%), local mastans (36.8%) as well as from the clients, and health service providers.

Table 5.10: Perpetrator of emotional violence in last 12 months

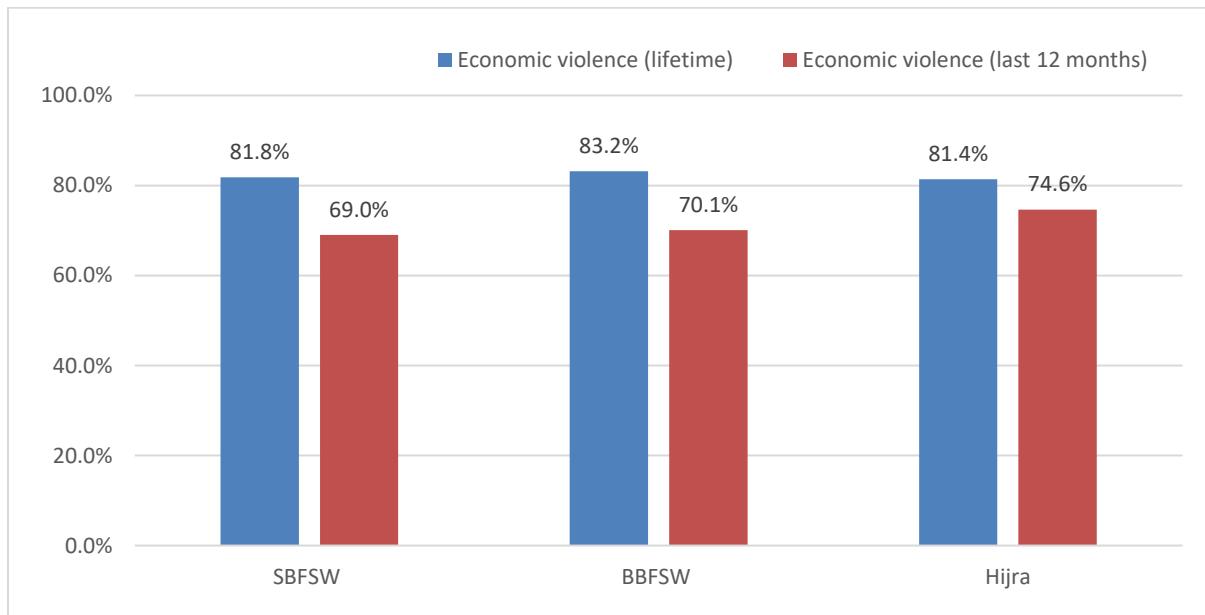
Response	SBFSW (n=306)	BBFSW (n=238)	Hijra (n=250)
Client	80.7%	63.0%	24.0%
Police	61.1%	2.1%	50.4%
Regular live-in partner/husband	28.1%	50.4%	44.8%
Local Mastan	57.2%	6.7%	36.8%
Ex-partner/husband	7.5%	26.5%	44.0%

Response	SBFSW (n=306)	BBFSW (n=238)	Hijra (n=250)
Peers: other sex workers/hijra	14.1%	3.8%	42.8%
Family members	13.7%	4.6%	62.4%
Community people	31.4%	5.5%	29.2%
Community influential persons	14.1%	5.9%	42.8%
Religious teacher/leader	8.5%	0.8%	8.0%
Health Service Provider	7.8%	1.7%	10.8%
Shopkeeper	9.8%	0.8%	6.8%

5.5 Economic Violence

The economic violence was measured by evaluating whether someone (i) refused to give money after sex work, (ii) got married or in-relation on condition with giving money or property, and (iii) was pressurized to give money or belongings. The analysis of the findings reveals that, overall, majority of the SBFSW (69.0%), BBFSW (70.1%) and Hijra (74.6%) interviewed reported to experience economic violence during the last 12 months before the survey.

Figure 5.7: Lifetime and 12-month prevalence of economic violence among FSW and Hijra



In response to the types of economic violence, majority of the SBFSW (62.8%), BBFSW (60.2%) and Hijra (66.3%) mentioned that they were refused by the clients to give money after sex. The other forms of economic violence included getting married or in a relationship with someone on condition with giving money or property; and someone pressurized to give money, which were relatively higher among the Hijra.

Table 5.11: Types of economic violence among FSW and Hijra

Response	SBFSW (n=306)		BBFSW (n=238)		Hijra (n=250)	
	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months
Someone refuses to give money after sex work	79.6%	62.8%	78.6%	60.2%	66.3%	57.3%
Get married or in-relation with someone on condition with giving money or property	37.8%	26.4%	46.4%	34.5%	52.0%	47.7%
Pressurized to give money or belongings	43.8%	29.9%	38.2%	27.6%	57.0%	52.3%

The SBFSW usually experienced economic violence from clients (83.4%), followed by local mastan, police (46.5%), regular live-in partner (19.9%), community people (14.6%). Among the BBFSW, 76.7 percent reported economic violence from clients and another 41.1 percent reported their regular live-in partner (babu). The major perpetrators of the economic violence against Hijra were ex-partners (66.4%) and local mastans (61.4%). Moreover, 51.6 percent Hijra also reported economic violence from police (51.6%), followed by clients (43.0%), peers (37.2%), community influential persons (36.8%), regular live-in partners (30.0%).

Table 5.12: Perpetrator of economic violence in last 12 months

Response	SBFSW (n=301)	BBFSW (n=253)	Hijra (n=223)
Client	83.4%	76.7%	43.0%
Police	46.5%	1.2%	51.6%
Regular live-in partner/husband	19.9%	41.1%	30.0%
Local Mastan	49.8%	7.1%	61.4%
Ex-partner/husband	10.3%	17.8%	66.4%
Peers: other sex workers/hijra	6.3%	1.2%	37.2%
Family members	8.3%	2.0%	19.7%
Community people	14.6%	4.7%	11.7%
Community influential persons	13.6%	5.9%	36.8%

Economic Violence – Qualitative Findings

A brothel based sex worker (Koli, age 25 years) said:

"The Shordarni brings 5-6 people every night and earns a lot of money, but when I ask for money she beats me. If somehow I manage to save some money, my Bhaura (loving partner) when he comes drunk, beats me and takes all my savings."

A street based sex worker said:

"The police wants bribe. They beat us if we don't give money. Sometimes they don't let us stand on the road even if we pay money".

An SBFSW Bithi (24 years old) stated,

"I worked in farmgate. Everyday some local goons used to come and snatch my earnings. They even had sex with me for free and also beat me when I refuse to give money. I had no option left but to change my location."

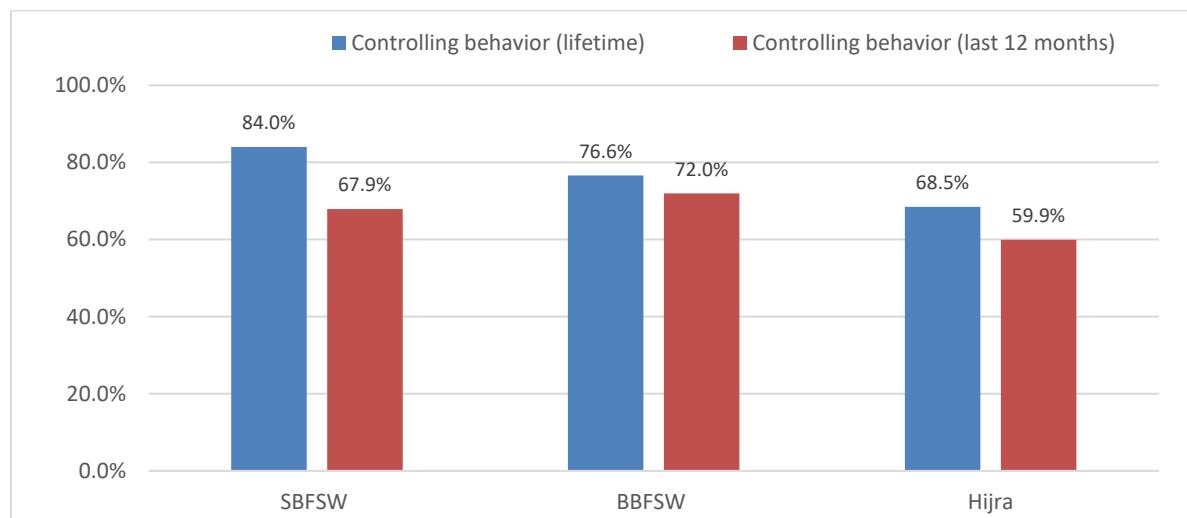
A Hijra, Kiron 29 years old, said:

"The Hijra gurus beat us inhumanly for money. They pull our hair, kick us, sometimes burn our skin with cigarette and hot rod. Even if we delay by one day to give money, we have to face their torture. They take most of our earning and it is hard to survive with the leftover."

5.6 Controlling Behaviour

Controlling behaviour against the female sex workers and Hijras was considered if someone was forced not to use a condom during intercourse or misbehaved against for asking money/ fees for work or obstructed from work they are doing for subsistence or restricted from the company of friends/peers or restricted from going to any places (such as bazar, health service center, park), or misbehaved against due to complain from other people or often facing anger without any reason. The analysis of the findings reveals that majority of the SBFSW (67.9%) and BBFSW (72.0%) faced controlling behaviour in the last 12 months before the survey. The prevalence of controlling behaviour was 59.9 percent among the Hijra.

Figure 5.8: Lifetime and 12-month experience of controlling behaviour by FSW and Hijra



Majority of the BBFSW (65.5%) and 37.8 percent of the SBFSW reported that they were forced not to use condoms during intercourse in the last 12 months before the survey. More than half of the SBFSW (56.0%) and BBFSW (51.3%) also reported that someone misbehaved with them for asking fees for sex work. Among the Hijras interviewed, 41.5 percent told that they were forced not to use a condom, followed by someone misbehaving for asking fees for sex work (43.7%) and another 36.9 percent were obstructed by someone for doing sex work in the last 12 months before the survey.

Table 5.13: Types of controlling behaviour experienced by FSW and Hijra

Response	SBFSW (n=368)		BBFSW (n=304)		Hijra (n=279)	
	Lifetime	Last 12 months	Lifetime	Last 12 months	Lifetime	Last 12 months
Someone forced not to use a condom during intercourse	58.7%	37.8%	65.5%	59.2%	54.5%	41.6%
Someone misbehaved for asking money/fees for work	72.6%	56.0%	60.5%	51.3%	52.7%	43.7%
Someone obstructed work for subsistence	50.8%	31.5%	23.4%	16.4%	47.0%	36.9%
Someone tried to restrict from the company of friends or peers or restrict from going to any places (e.g. bazar, health service centre, park)	36.4%	20.1%	35.2%	24.3%	44.8%	36.6%
Someone misbehaved due to complain from other people or often got angry without any reason	47.6%	30.7%	49.3%	42.1%	39.1%	35.5%

Majority of the SBFSW (71.2%) and BBFSW (62.7%) reported that they experienced controlling behaviour from a client, while the same was 25.1 percent among the Hijra. More than half of the BBFSW (54.9%) also reported to experience controlling behaviour from their live-in partners (babu), and the same was 39.3 percent among the Hijra. A significant percentage of the Hijra and the SBFSW also mentioned police and local mastans as the major perpetrators of controlling behaviour against them during the last 12 months before the survey. Among the Hijra interviewed, more than forty percent also reported ex-partner, peers, community influential persons as the perpetrator of controlling behaviour against them.

Table 5.14: Perpetrator of controlling behaviour in last 12 months

Response	SBFSW (n=309)	BBFSW (n=233)	Hijra (n=191)
Client	71.2%	62.7%	25.1%
Police	40.5%	0.9%	35.1%
Regular live-in partner/husband	23.6%	54.9%	39.3%
Local Mastan	43.4%	7.7%	36.6%
Ex-partner/husband	8.7%	20.2%	44.0%
Peers: other sex workers/hijra	11.7%	0.9%	42.4%
Family members	20.7%	3.0%	37.2%
Community people	14.2%	3.4%	14.1%
Community influential persons	15.2%	5.6%	41.9%
Religious teacher/leader	2.9%	0.4%	4.7%

Controlling Behaviour – Qualitative Findings

A 28-year brothel based sex worker Sabrina told: "*In the brothel clients are like gods. If they are not pleased, they complain to our Shordarni and she makes us pay for it. So even if we want clients to use condoms we cannot force them. I don't like anal sex also, but to make client happy I have to comply. I use Pill, but it has side effect and it made me sick many times.*"

Pallabi, a 27 years old street based female sex worker added: "*The client finds pleasure in having sex without a condom, but we have to think about the safety. I have seen many of us get HIV. We keep condoms in our bags with our own expense but still clients especially local mastans don't listen to us. If we ask them to use a condom, they beat us instead and also find an issue to not give any money.*"

Regarding the violence from the community influential people a Shamol Hijra (age 33 years) shared: "*We used to stand near a bridge, but the community people beat us and forced us away from there. They didn't stop there; they also attacked our bosti (slum) where we used to live and they drove us from our own house. It took us several days to find new home as no one was willing to provide us shelter.*"

5.7 Violence, Discloser and Legal Action

The female sex workers and Hijras were also asked to assess whether the extent of any type of violence changed during the COVID-19 pandemic. In response majority of the Hijra (67.4%) told that the extent of the violence increased during the pandemic. In contrast, only 16.8 percent of the SBFSW and 14.5 percent of the BBFSW reported increase of any type of violence during the pandemic. The main reasons for increasing violence during the pandemic include 'forced eviction from their house due to their inability of paying rent'. Among the Hijras who reported increased violence during the pandemic, an overwhelming majority (87.8%) mentioned that they were forcefully evicted from their house as they were not able to pay the rent. On the other hand, the main reason for decrease in violence among the female sex workers was the decrease of clients due to nationwide lockdown during the COVID-19 pandemic. Some of the sex workers were also irregular in sex work during the pandemic.

Table 5.15: Change in the extent of violence during pandemic

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Whether changed						
Increased	16.8%	62	14.5%	44	67.4%	188
Decreased	26.9%	99	33.9%	103	5.7%	16
Remained same	56.3%	207	51.6%	157	26.9%	75
Total	100.0%	368	100.0%	304	100.0%	279

Response	SBFSW		BBFSW		Hijra	
	Percent	Number	Percent	Number	Percent	Number
Reasons for increase*						
Sex workers were forcefully sent to the harmful clients	29.0%	18	38.6%	17	42.0%	79
Forced eviction from their house due to their inability of paying rent	62.9%	39	61.4%	27	87.8%	165
Couldn't work on the road due to the torture by police	11.3%	4	-	-	10.6%	20

* Multiple response considered

Experience during Lockdown

Munni, a 34 years old SBFSW shared her experience during the lockdown time. She said: "*I had very few clients during the lockdown. So, unwillingly, I had to have sex with drug addicts, tokai and even beggars for little money. Even regular clients knew our crisis and they also started to pay less money.*"

Shammi, a 25-years old Hijra said: "*During the pandemic we had no income, the guru used to beat us every day, but we had nothing to do. There were days when we had to sleep with an empty stomach. At that time I also borrowed money with high interest which I am still paying in installments.*"

Eventually, all the female sex workers and Hijras interviewed reported to experience any type of violence (e.g. physical, sexual, emotional, economic or controlling behaviour) in the past 12 months before the survey. Nearly, a half of the BBFSW (50.3%) said that they disclosed their experience of violence with others, while majority of the SBFSW (60.3%) and Hijra (68.5%) didn't disclose the issue. The BBFSW (68.6%) usually shared the issue with their friends and 42.5 percent of the SBFSW shared the matter with their peers. Among the Hijras interviewed, more than half (54.5%) reported to disclose the issue with their Guru (Hijra leader) and another 42.0 percent mentioned the matter to peers.

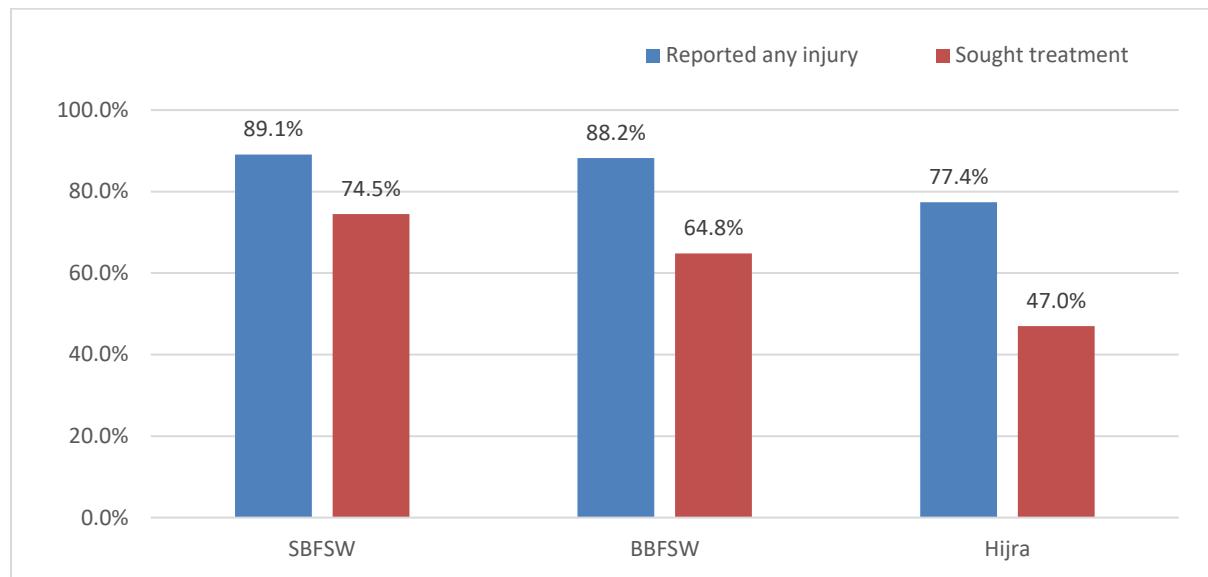
Table 5.16: Disclosure of the event of violence

Response	SBFSW (n=368)		BBFSW (n=304)		Hijra (n=279)	
	Percent	Number	Percent	Number	Percent	Number
Whether disclosed						
Yes	39.7%	146	50.3%	153	31.5%	88
No	60.3%	222	49.7%	151	68.5%	191
To whom disclosed*						
Family members	11.0%	16	18.3%	28	1.1%	1
Friends	39.7%	58	68.6%	105	36.4%	32
Peers	42.5%	62	9.8%	15	42.0%	37
Police	24.7%	36	23.5%	36	1.1%	1
Leader/guru	2.1%	3	14.4%	22	54.5%	48

* Multiple response considered

An overwhelming majority of the SBFSW (89.1%) and BBFSW (88.2%) reported to be injured from the violence they experienced during the last 12 months before the survey. The percentage of the SBFSW and BBFSW who sought treatment was 74.5 percent and 64.8 percent respectively. Among the Hijras, 77.4 percent reported any injury from the violence during the last 12 months but only less than a half of them received treatment.

Figure 5.9: Percentage of FSW and Hijra reported any injury from violence



Experience of Injury from Violence

A Hijra sex worker Mouri (34 years old) shared a very heart touching experience of violence of one of her best friends. She said: "*Once one of my friends who was also a Hijra was stabbed by some local mastans; the mastans had sex with her but afterwards they refused to pay. When she demanded money, they got angry, broke the bottle of alcohol they were drinking and stabbed her with the broken bottle. Although she was taken to the hospital, she already had lost a lot of blood and the pieces of broken glasses went deep inside which caused internal bleeding. So, she passed away. It still makes me cry when I remember her.*"

Kobita, a 33-years old female street based sex worker also added: "*One of my friends, a sex worker, was once offered by a client to go to his residence and have sex with him. But when she went to the client's home, there were 4-5 more people. They all had sex with her and when she asked for extra money they refused. She started to shout and gather people, but they tortured her and used hot oil on her. Her body was burnt badly and now the only work she is capable of doing is begging on the street.*"

The BBFSW (96.4%) were more aware than the SBFSW (64.7%) about their rights to take legal actions against the perpetrator of the violence. In contrast, only 21.5 percent of the Hijra were aware of their rights and an overwhelming majority of them (88.2%) were also unaware of the place from where they can get legal services. Just more than a half of the BBFSW (54.6%)

and 45.1 percent of the SBFSW informed that they know the government helpline to seek support against violence against them. Among the Hijras, an overwhelming majority (88.9%) were not aware of the government helpline.

Table 5.17: Knowledge about the rights to take legal actions

Response	SBFSW (n=368)		BBFSW (n=304)		Hijra (n=279)	
	Percent	Number	Percent	Number	Percent	Number
Knowledge about the rights						
Yes	64.7%	238	96.4%	293	21.5%	60
No	35.3%	130	3.6%	11	78.5%	219
Knowledge about where to go						
Yes	72.3%	266	98.4%	299	11.8%	33
No	27.7%	102	1.6%	5	88.2%	246
Knowledge about Govt. Helpline						
Yes	45.1%	166	54.6%	166	11.1%	31
No	54.9%	202	45.4%	138	88.9%	248

In response to a question related to taking legal actions against the perpetrator, nearly one third of the BBFSW (33.9%) and 25.0 percent of the SBFSW informed that they sought any legal support against the perpetrator of the violence. On the other hand, very few of the Hijra (3.2%) reported to take legal actions against the perpetrator. The main reason for not taking any legal actions by the female sex workers included discloser of their profession, fear of death threats and scarcity of money. Moreover, nearly a half of the SBFSW (47.1%) added fear of police as one of the reasons for not taking any legal actions, while 22.4 percent of the BBFSW thought that there is no need to take legal actions. The Hijras restrict themselves to take any legal actions against the perpetrator because of the scarcity of money, fear of police, fear of death threats and fear of discloser of their activities.

Table 5.18: Percentage of FSW and Hijra reported legal actions against the perpetrator

Response	SBFSW (n=368)		BBFSW (n=304)		Hijra (n=279)	
	Percent	Number	Percent	Number	Percent	Number
Taking legal actions						
Yes	25.0%	92	33.9%	103	3.2%	9
No	75.0%	276	66.1%	201	96.8%	270
Reasons for not taking any legal action after experiencing violence						
Fear of police	47.1%	130	9.5%	19	66.7%	180
People will know	50.4%	139	66.7%	134	47.4%	128
Fear of death threats from the person who tortured them	40.2%	111	21.4%	43	48.1%	130
Scarcity of money	32.2%	89	25.9%	52	69.6%	188
Don't know where to go	23.6%	65	1.0%	2	77.0%	208
No need to take legal actions	1.8%	5	22.4%	45	0.0%	0

Section 6: Case Studies

Case Study 1: Street based female sex worker - Ms. Poli, Age: 30

I used to live with my parents and four brothers and sisters. We were very poor. Our family lived from hand to mouth. I was only 14 years old when my mother had a major stroke and she got paralyzed. Within a year, my father went for a second marriage. My maternal relatives were also very poor and so we along with our paralyzed mother didn't have anywhere to go. One day suddenly my mother got very sick and within two days she passed away. Where could a fourteen year old girl with four siblings take shelter in this situation?? .. I couldn't think of anything. By this time a lady from our neighborhood who lived in Dhaka offered me to go with her and said she will arrange work for me. Considering my situation I had no choice but to agree. I started working as a housemaid in a rich family.

Two months went very well, one day the house owner suddenly grabbed my hand aggressively. He told me not to be afraid and if I can please him physically he will give me whatever I want. However, somehow, I managed to save myself that day; but just after two days he forced me to have sex with him. The house owner gave some money to me and to the lady who brought me here to keep her mouth shut. With this money I decided to flee from this hell. The next day when they sent me out to buy some grocery I took that chance and got into a CNG to flee from there. I was crying and didn't know where to go. I told everything to the CNG driver. He promised to help me and took me to a place where he along with four or five more people raped me again. I lost my faith from this world. After they satisfied their physical hunger they left me in a park. As I had nowhere to go, I spent a night in the park. The next day a lady came to me and after listening to my miserable story, she gave me shelter. She was a street based sex worker. After two days I started working as street based sex worker.

I started selling sex for money and day by day I got more clients and had more money. But it was not an easy work. I faced many obstacles and tortures. Police, local mastans, and college/University students - everyone took advantage of me. Police don't let me work on the street, local mastans want to snatch my income and have free sex, and the students don't give money after sex as per agreement.

I told you everything I went through; you tell me what else I could have done. If anyone provided me with a better way of living, I will leave this job because we also want to lead a good and healthy life like others.

Case Study 2: Street based female sex worker - Ms. Komola , Age: 25

I got married at a very early age when I was in class eight. My husband was a carpenter. Everything was going well after my marriage, but my mental health went wrong as my brother in law and his wife did some black magic on me in greed for property, so my situation had gotten worse and I was admitted in mental hospital. After three months of treatment when I went home, I found my husband got married again. I was very angry and upset, so I came to Dhaka with a neighbour lady who promised me to manage a job. But after reaching Dhaka the lady left me alone and I had no option of contacting her.

I was sitting in a park. I had no place to go. At night a few men came to me and wanted to help me. They took me to a quiet place and raped me. I fainted and I was bleeding badly. Some sex workers who worked in that area found me and took me to the hospital. After my recovery I tried suicide, but the sex workers didn't let me do so. I didn't want to live anymore. It felt like I had lost everything and my life now was worthless and had no meaning. The sex workers took me to an NGO and got me a job there.

After 3-4 months my husband came looking for me and forced me to return home with him. But after going back with him I got into fight with my husband's second wife. I came back to Dhaka and started working. Few months later I discovered that I am pregnant. I gave birth to a baby boy. I contacted my husband to let him know but he simply didn't care and didn't show up. Since then, I had passed hard times looking after my son. Then I started selling sex for money.

The pandemic time was very bad for me. I had very few clients and most of them paid less money. I had to settle with it because there were shortage of clients and I needed money. Besides the police wants bribe. Moreover, there are many cunning men and local mastans we have to deal with every day. We got physically harassed and tortured but had nowhere to go and none to tell our side of the story.

Case Study 3: Brothel based female sex worker - Ms. Sheuli, Age: 27

I was nine years old when my father passed away. There were four members in our family. My father used to love me so much. He used to buy me toys and delicious food from the market just to make me happy and now I am in a different market where I have to make many people happy every day.

After my father passed away, many people had eyes on me and tried to take advantage of me in many ways. As I had a good height and fair skin color, even older males got attracted to me. My mother went to her father's place permanently; my brothers took their own ways of survival. I started working as a maid in an old man's house near our home. As time passed, I started to live there as his unofficial wife. He used to have physical relation with me. At first, I used to hate it but as time passed I felt like it's not that bad. Many relatives advised me to marry that old man and stay here as his wife. I didn't bother living with him but his son's wife used to torture me and beat me. I had to do a lot of work. During that time many others used to sexually harass me and raped me. Village boys used to make me naked forcefully and touch here and there. But I had no voice to raise.

One day an unknown boy who used to study in town had sex with me with a condom. That day I came to know about condoms. The boy gave me 10 taka and few condoms and told me to bring these condoms with me if he calls me next time. He also said that, by using a condom, I will not become pregnant, and I can have safe sex. The old man used to bring me pills so I never saw a condom before. One day the son of the old man brutally beat me for a small reason, and I had to leave their house. I had no place to go, so I started working in a hotel as a waiter. One day a boy said he will marry me and convinced me to go with him to his house and raped me along with his other friends.

After that I took a bus and came to this town. I knew no one and I had no money to eat and no place to live. I looked for a job, but it was not that easy. One day a woman gave me a job of cooking in a boys' mess. After few days I met with a man who wanted to marry me. After marriage he used to ask money from me and wanted me to have sex with other men for money. He introduced me with a woman who was supposed to give me a job. When my husband went to work in another town, the women tricked me and sold me to the Doulatdia brothel. Here my life started as a professional sex worker. At first, I had to bear many tortures but after a while I got used to it. One day my owner lady got arrested by police and I became free. But I am continuing this job as this place is safe. Many people come, and I make them happy. I get paid and I am also happy.

Case Study 4: Brothel based female sex worker - Ms. Chumki, Age: 32

I have been working as a sex worker in Doulatdia brothel for last 17 years. In my early childhood when I was just 7, I lost my father. My mother got married for a second time and I started to live with her and my step father. After a year my mother also died, and I became an orphan. I had to stay at my stepfather's place as I had nowhere to go. I used to work there like a maid. Although my stepfather never beat or tortured me but when he got married, my stepmother used to torture me and make me starve.

The first time I was sexually assaulted was when I was 14 years old, two teenage boys raped me and left me in a fainted and bleeding state. The neighbors found me and took me to a hospital and after two days of treatment I recovered. The boy's families were very powerful, so instead getting justice , I was driven away by them from the village. Some well-wishing neighbors suggested me to go to my grandfather's house, so I moved to my grandfather's house. One day a man came to my grandfather's house and I asked him if he could give me work in a garments factory in Dhaka. My grandfather was hopeful thinking he can also get some money if I work. After that the man started coming to our house regularly. He had built a good relationship with my grandfather as well as with me. After a few days I came to Dhaka with him but instead of a garments factory, he gave work in a house. Not as a maid but as a peon of the house owner who runs an office in his home. I was young and had physical needs, the owner was also attracted to me so when he offered money and extra benefit for sex I didn't refuse.

After a few days he went abroad, and his driver tried to take that chance as he knew about our relationship. He promised me that he will marry me and started to have sex with me. But after a few days when I started to force him for marriage and said I will tell everything to the owner, he got scared. To save his job and get rid of me, he deceived me by saying he is taking me to his village to marry me, but instead he brought me here and sold me.

At the very beginning the women who brought me used to lock me up and bring customers at night. Whenever I refused, I had to face brutal torture. As time passed, I got used to it. I have accepted my fate. I know my life has no meaning. I cannot change my past nor get back there and change something. So, I have decided to accept everything that happens here, and life will go on.

Case Study 5: Hijra sex worker - Ms. Jhinuk, Age: 30

My name is Jhinuk, I am 30 years old. I have been working at night (as a sex worker) near Kamalapur over-bridge. I came from Kishorganj, Pakundia. I didn't have the chance to get much of an education. My family abandoned me for being a Hijra. I had nowhere to go so I took the train and came to Dhaka Kamalapur. The tragedy of my life started from there. In the train two Ansar members forcefully took me to an abandoned compartment and assaulted me physically. After that incidence, this happened countless times.

I used to live in a small-thatched hut near a cannel. Often lying there at night, I think about my life. I used to curse myself for being like this, being different from others, being unacceptable in this society. I never wanted this life. My biological structure is not my fault. Just a few days earlier, a few local mastans came to me asking for money. I didn't have enough money to give, so instead they brutally raped me and it's still causing me physical problems and pain. I feel embarrassed to go to doctors.

People don't treat me with respect and some also deny seeing me. If I go to our leader (Hijra guru) to share my problems, she also insults me. The COVID time was very difficult for me. There was no customer. Usually, there were very few customers who want to work (have sex) with me and in COVID time the number of customers came nearly to Zero. During lockdown everything was closed, whenever I came to a street looking for customers the police drove me away; some also beat me. I had no grocery left in my house to eat. I had to sell my last resort – my earrings – to meet my hunger.

Although my family abandoned me, we are very emotional. I couldn't abandon them, so I help them financially. My family thinks I earn a lot of money working as a Hijra, and they take advantage of my emotion. They ask for money for different occasions. I also cannot deny them. My only regret is that I don't get any respect. They (family members) greed for my money but they have no affection for me. I have no place in the family. For them I am impure, but my money is pure. Years have passed, and I haven't seen them; I don't get to see the face of my beloved mother, I don't get to taste the delicious food made by her. Why has Allah given me this cursed life? Allah has sent me to this world with the body of a man but gave me the heart of women. Neither can anyone marry me, nor can I marry somebody.

I don't feel good to submit my body to unknown persons every day. This make me feel so disrespectful. I dream of a beautiful family; I want to be with someone who will love me unconditionally. It was not like that. I haven't met anyone or anyone hasn't come in my life. Many men came, promised me to stay with me but all they did was to meet their physical needs. Now I have no faith in anyone. Everyone is so selfish in this society. I have said many things, hope you won't mind. I felt good talking to you. Take care.

Case Study 6: Badhai Hijra - Ms. Rakhi, Age: 27

I am known as Rakhi Hijra. I am 27 and working as a Badhai. I collect money roaming here and there and going door to door. I am a good dancer and people find me so attractive that sometimes they mistake me for a woman. I work under a Hijra Guru and I am working in this profession for the last 6-7 years. Like the other Hijras, my family also abandoned me. Somehow, I managed to study till class 8.

People think, as a hijra, we earn a lot of money; so out of greed they come closer to us and con us when they get the chance. Actually, I collect a lot of money from roads, shops and houses. But I must give most of my daily earnings to my Guru; otherwise, we have to face much violence. After giving the Guru's share there is little left for my subsistence.

There are many secrets that I cannot disclose. The Hijra gurus are very dangerous, and they instruct us whatever they want. We just must obey them no matter what they want us to do. I have a compassionate friend (regular partner). He loves me very much. He wants to marry me, but I am afraid of the society. I know I am not capable of giving birth, I cannot meet all his needs and desires. Although I look like a woman but biologically, I am not. Sometimes I think why Allah made me like this.

It hurts me very badly when my family, relatives and society disown and disrespect me. We are the victims of physical and verbal abuse, harassment, and social negligence. To overcome my frustrations from all these things I used to take drugs.

During Corona I passed one of the most difficult times in my life. I had no money and no food. I couldn't go outside due to lockdowns. That time I struggled a lot. Although some NGOs have helped us but still it was hard. During the lockdown our sufferings knew no bounds. I suffered more abuse and harassment.

Thank you for talking with me and listening to my story. You seem to be a very nice person.

Section 7: Conclusion

Gender Based Violence (GBV) is one of the most prevalent human rights violations around the globe. The GBV is even higher among the members of the Key Populations (KPs) for HIV. The study findings reveal that the Street Based Female sex workers (SBFSW) in Dhaka, Brothel Based Female Sex Workers (BBFSW) in Daulatdia and Hijras (or Transgender) in Dhaka often face different forms of gender-based violence (GBV). Violence took many forms and included not only sexual and physical violence but also emotional, economic, and human rights violations through controlling behaviour.

The GBV among female sex workers and Hijras started at their childhood age, and they experience the same throughout their life. An overwhelming majority of the female sex workers and Hijras faced any form of violence during their lifetime. The most common settings for GBV includes place of sex work, public place (e.g. park, station, etc.), home or living place. GBV was largely perpetrated by those who were meant to support and protect KPs, including police, family members, regular live-in partners, peers, as well as the wider community and strangers throughout their lives.

The main reason of GBV against female sex workers is their involvement in the sex work, while the Hijras face GBV mostly for their gender identity. The SBFSWs and Hijras also face GBV from the police and local mastans when they refuse to have sex with them. Moreover, the police and local mastans perpetrate violence against Hijras for refusing to pay subscription fees. The study findings also reveal that the female sex workers and Hijras often face GBV due to demanding fees from clients for sex work as well as for asking the clients to use condoms during intercourse. The other important reasons of GBV against female sex workers and Hijras include difference in opinions with clients regarding the types of sexual services (i.e., vaginal, anal, or oral), refusing the client to take drugs and inability of giving money to the regular live-in partners or family members.

The COVID-19 brought significant reduction in the regular income of the female sex workers and Hijras mainly because of the fact that the client flow reduced during the nationwide lockdown. However, the female sex workers and Hijras received support from different organizations during the pandemic. In addition, some of them worked as housemaids, some worked in shops/tea stalls, some got involved in drug trafficking. These also increased the extent of GBV a during the pandemic especially among the Hijras and this is happened mainly due to forced eviction from their house due to their inability of paying rent. Most female sex workers and Hijras are less likely to disclose the GBV against them and also to take legal actions against the perpetrator of the violence mainly due to lack of awareness of their rights, low level of knowledge, fear, and scarcity of money.

The prevalence of GBV among the street and brothel based sex workers and also among the Hijras in the last 12 months is very high. Further, almost all of them face violence in any form (physical, sexual, emotional, economic, controlling behaviour) during their lifetime. Thus, the decision-makers and the other stakeholders need to recognize that the most marginalized people including female sex workers and Hijras require specific interventions and support.

Without addressing the GBV that the members of KPs experience, an effective response to HIV will remain out of reach. Through coordinated interventions that address both HIV and GBV against KPs, the HIV response in Bangladesh has the opportunity to improve both KPs' overall well-being and the national burden of HIV. However, addressing the GBV against the KPs will require political will. The frequency and pervasiveness of GBV and lack of service seeking described in this study indicate a clear need for government and civil society to do more to protect vulnerable populations from human rights violations.

The study findings provide evidence on violence faced by selected KPs that will help programmers working with violence, community-based organizations and advocates to highlight and address human rights violations faced by KPs in Bangladesh.

Recommendations

Based on the key findings of the study on the gender-based violence against female sex workers and Hijras in Dhaka and selected brothel, the following recommendations are formulated:

- The KPs including female sex workers and Hijras are usually poor, and their hardship was further increased during the COVID-19 pandemic. The Ministry of Social Welfare may provide financial support/substance allowance to these marginalized and socially excluded people with added attention.
- To increase condom use, the female sex workers and Hijras should be trained for increasing their negotiation skills with clients and the adolescent group needs additional support for this.
- The members of the law enforcement agencies should be regularly sensitized to protect the female sex workers and Hijras from GBV.
- The female sex workers and Hijras usually do not feel comfortable to disclose their experience of gender-based violence due to several reasons. These KPs should be counselled to raise their voice against the violence. A support mechanism should be developed within the HIV prevention program so that the KPs feel comfortable to share their experience of GBV with high level of trust and confidentiality.
- The female sex workers and Hijras should be made aware of the government helpline that can provide support to the victims of the GBV. Special programs might be

initiated; especially for Hijras, as their knowledge on this needs to be increased to a greater extent.

- The KPs specially the Hijras should be educated regarding their rights to take legal actions against the perpetrator of the violence and the victims of GBV should be linked with agencies that provide legal support against the violence.
- An overwhelming majority of the female sex workers and Hijras reported injury due to GBV. Thus, the required healthcare services should be ensured either through DIC or referral linkage with nearby healthcare facilities for the victims of the GBV.
- The victims of violence should be linked with the lawyers and legal aid agencies for secured and affordable legal support.