



OPINION

Sex slavery in India — an eye opener for South Africa?

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Prostitution in India is a core annual business. Thirty per cent of sex workers are children, the majority being girls under the age of 14 years, as revealed by a national survey conducted by the Centre of Concern for Child Labour (CCL).¹ In addition, the number of children below 14 years in prostitution is increasing at the rate of 8 - 10% annually. Although two-thirds of the customers of child prostitutes are above 50 years of age, a new category of youth customers is rapidly emerging. While a decade ago procurers used to push girls into the profession at the age of 13 or 14, the entry age has now come down to 11 or 12 years. Before the appearance of AIDS, girls were recruited over the age of 12 years.² One of the consequences of AIDS has been the trafficking of girls at a much younger age, with the youngest person listed at just 6 years of age. National Human Rights Commission Chairman, Justice M N Venkatachaliah, said on releasing the CCL survey in New Delhi, 'I am amazed at the degradation of our children. We all have become silent spectators of such worst human rights violations.'¹ In turn CCL director Joseph Gathia said, 'Flesh trade is the biggest industry in this country'.¹ As in South Africa, a mistaken belief exists in India that an HIV-infected man will be rid of his infection if he sleeps with a young girl who is a virgin. This has led to an increase in the number of young girls who are becoming prostitutes. Also, virgins are paid a lot more money because of this assumption, and this lures many young girls in financial need to enter the prostitution business. If only men knew that these are pure myths and offer only pathetic hope.

In South Africa we are now excruciatingly aware of these virginity crimes involving our young children and even infants — but are we fully aware of the sex slavery activities in South Africa? Prevention of HIV mother-to-child transmission (MTCT) is a major concern for all South Africans, yet the concept continues to labour under the weight of toxicity —

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toxic to the pocket? However, a counter argument that South Africa can't afford AIDS orphans also hangs in the air — softly whispered yet still audible. In many Indian societies the practice of Devdasi (young girls are 'married' to the 'gods' and then become religious prostitutes) is widely accepted. The Devdasi system is only one of many traditions of child sexual exploitation in rural India that seem sure to endure driven by the economics of poverty, tyranny of caste and compulsions of culture and religion. It is very likely that our AIDS orphans will be lured into sexual slavery. Today every child is in a position to be affected by HIV/AIDS and the innocence of childhood is rapidly diminishing.

Not only do we need an urgent national programme for antiretroviral testing and an urgent national programme for prevention of MTCT, but also an urgent national programme to support and protect all our children affected by HIV/AIDS. This grand statement needs some support and we offer the following suggestions:

- The government should concentrate on politics and running the country, and leave the dynamics of HIV medicine to the scientists.
- The government should take a bold step and roll out antiretroviral medication, with proper control and infrastructure. Antiretrovirals should be dispensed by those trained in HIV medicine, and not by health care professionals who have profiteering motives.
- Antiretroviral therapy should be available for 'accidental unsafe sex' or sexual encounters not involving the necessary precautions, in the same way as prophylaxis for rape and accidental occupational exposure events. Antiretroviral therapy should be offered or at least discussed at sexually transmitted disease (STD) clinics as this open approach may negate the effects of stigmatisation, denial and discrimination.
- There should be an aggressive MTCT programme in place whereby HIV-infected mothers may have the opportunity to get full antiretroviral therapy throughout the entire course of pregnancy, wherever possible.
- Street children should be accommodated and rehabilitated so that they don't have to resort to crime and prostitution.

1. Centre of Concern for Child Labour, National Human Rights Commission. *Child Prostitution in India*. New Delhi: National Human Rights Commission, 1998; 1: 1-27.

2. National AIDS Control Organisation. *Nationwide Behavioural Surveillance Survey of General Population and High Risk Groups, 2001 - 2002*. New Delhi: National AIDS Control Organisation, 2003.