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Education for Children of Commercial Sex Workers (CSWs): A Community-based Participatory Approach

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ABSTRACT

Children of commercial sex workers (CSWs) are the victims of social discrimination, like their mothers, and suffer from inferiority complex, social alienation and lead a poor quality of life. Children of CSWs are often deprived of education as educational institutions require the biological father's name for enrollment. Female children are groomed for the same profession while male children often perform casual work. Oftentimes, these children are overlooked and little effort is made to integrate them into the mainstream of society through education and meeting basic needs.

Given the plight of the children of CSWs, a five-year action research was planned to rehabilitate a group of 30 children, selected on some criteria, and bring them within the mainstream of the society through a community-based participatory approach. The steps which were adopted include (i) Identifying the community leaders through reference; (ii) Interacting with community leaders to establish rapport and explain the objectives of the project; (iii) Sharing the rehabilitation plan with the mothers of the children; (iv) Interacting with the children to identify their needs through focus group discussion; (v) Identifying local schools; (vi) Psychological assessment of mental health and cognitive abilities of the children; (vii) Providing periodic/need-based counseling to children and their mothers, that is CSWs, to make them understand about the value of education and addressing other personal issues; (viii) Initiating dialogue with the Principal/Headmaster of the school for admission of the children; (ix) Initiating dialogue with the local public representatives/leaders; (x) Initiating activities for socialization and enhancement of social acceptance; (xi) Arranging extra-curricular activities, games and sports as well as outings for the children; (xii) Providing financial support to cover basic expenses; and (xiii) Process documentation and monitoring of the impact of the intervention program.

Findings disclosed that need-based support services in terms of social, psychological (counselling) and general needs were found to be very beneficial and brought positive changes in behaviour, attitude and perception of life in most of the children of CSWs and their mothers. Four project staff members acted as legal guardians to admit the children in neighboring schools and educational guidance was provided by community youth volunteers who helped the children gain confidence. The local Youth Club provided by the community leaders for the children during evening hours was an opportunity for the children to study in the club while their mothers were working. Cooperation and support from community volunteers and public representatives played a very important role in the socialization process and helped the children to overcome inferiority feelings and regain self-confidence. All the children, except four, were pursuing their studies successfully at the end of the project period. Few opted for vocational education and were performing well. However, after five years of project period, sponsorship was extended to the children who were pursuing education successfully so that they can continue studies successfully and become self-reliant. The study has important implications for school-based family counseling intervention with marginalized populations.

Keywords: Commercial Sex Workers, Children, Rehabilitation, Education, Community-based Approach, NGO

INTRODUCTION

CSWs have been in India for a very long time and it is not a legal profession. In every city this profession lures people from all walks of life to visit the CSWs. Women and children from very poor families, who become victims of false promises of marriage and get pregnant, often land in this profession due to social stigma and family disownment. In some cases, sex workers are trafficked to other cities and become victims of sexual abuse and/or commercial sexual exploitation. Over a period of time, the dynamics of this profession has changed. In addition to CSW who are rejected by the family members, many women from lower middle class or even from middle class families and, even school/college students secretly work as CSWs to earn money, in order to meet their materialistic needs and sometimes, to take care of any financial crisis in the family. Sex workers often loiter by areas of high traffic, such as bus terminals, railway stations, and in front of cinema halls. Certain city hotels, who have their contact details, connect them to the customers.

Background of CSWs

The background of CSWs differs from country to country and the reasons for entering into the profession vary. For example, in Thailand, commercial sex trade is a culturally accepted profession. One can become a CSW, earn money and go back to the family. In Australia, students who fail to secure scholarship for higher studies are likely to sell their body for huge sums to arrange tuition fees. Some women enter this profession to earn money to maintain their substance dependence behaviour. In India, CSW entry is mostly due to poverty and family conflict. Available evidence highlights that most sex workers in India are from the rural areas and are of primary level education. Due to the lack of education, many women are unable to find work which leads to the decision to work as a CSW to support the family (Gadekar, 2015; Panda et al., 2015; Servinetal, 2015; Sahni & Shankar, 2011; Deb, 2008). Other factors, such as trafficking, sexual exploitation and/or abuse resulting pregnancy and false promise of marriage, may also lead to sex trade (Jayasree, 2004). These women lack social support and absence of a social network make them more vulnerable to trafficking. Every day, CSWs entertain about 3 to 4 customers and earn about Rs.2000 to Rs.6000, as reported by a number of studies (Gadekar, 2015; Ragesh, 2015). So far as age is concerned, they mostly belong to the 15-18 age group. A good number of them are up to 30 to 35 years and married and have children (Gadekar, 2015; Sahni & Shankar, 2011; Ragesh, 2015).

Challenges Experienced by CSWs

CSWs experience numerous challenges that vary depending on location. More precisely, challenges for CSWs from developing countries like India, Bangladesh and Nepal are totally different than those from developed countries. Social discrimination toward CSWs is much more prevalent in the developing countries than in the developed countries. Sexually transmitted diseases and HIV/AIDS is a major issue facing CSWs as most customers prefer to have sex without protection. CSWs who insist on protective measures often lose their customers. CSWs are mostly regarded as one of the prime transmitters of HIV in India (Deb, 2008).

CSWs experience a range of other adversities related to health and other occupation related problems like gynaecological problems, complications with abortion, malnutrition, and lack of antenatal care. Some even experience physical abuse, forced sex, fear of losing customers, and feeling of insecurity, especially as they age (Pardeshi & Bhattacharya, 2006; Gadekar, 2015; Willis, Welch, & Onda, 2016; Ragesh, 2015). Findings from India, Bangladesh and Namibia reported physical abuse of street sex workers by police, the general public and/or customers, in the form of threats with weapons or being forced to have unpaid sex (WHO, 2005; Ragesh, 2015). Mental health challenges are very common for CSWs as they do not lead an ideal life as a part of a nuclear family and lack social support. The common mental health challenges include anxiety, depression, suicidal ideation, and emotional breakdowns (Ragesh, 2015; Deb, 2008).

Like CSWs, their customers also experience social stigma and discrimination. As a result, customers prefer to visit them secretly and meet in hotels away from their homes in order remain untraced (Benoit et al., 2018). Ironically, people of the larger society use CSWs secretly for their physical needs, but do not treat them like other citizens. CSWs are at the mercy of the customers and often experience humiliation during their interaction with customers, since they badly need money for their survival and for other essential purposes. Generally, social acceptance of CSWs is very low. When they go to any health centre, they experience neglect or discrimination. The moment one learns about their profession, which is a prerequisite for procuring any official documents (which include, the ration card, voter card, health card, or aadhar card) even government officials look at them differently.

So far as living conditions are concerned, CSWs, who operate their business from red light areas, live in very small rooms without proper ventilation and other basic amenities. If a red light district CSW has a child, they live in the same room and when customers come, they ask the child to step out. Since there is no other option during their business hours, children of CSWs loiter on the street and in the process, most of the girl children are sexually abused while some provide services to their mother's customers by bringing alcohol or cigarette and/or different forms of tobacco.

Population Density of CSWs in India

There are an estimated three million CSWs in India and a large number of them are under 18 years of age (Sahni & Shankar, 2011). The survey of UN AIDS carried out in 2016 indicates that the number of CSWs in India was reported to be 657,829. Although sex work in private is not a punishable offence in India, related activities like running brothels, pimping and forced sex work are considered to be illegal as per the Immoral Traffic Prevention Act, 1956 (Rajasekharan, 2014).

Children of CSWs

Information about the status of the children of CSWs is scanty worldwide (Willis, Hodgson, & Lovich, 2014; Beard et al., 2010). Very few studies reported the health status of the children of CSWs and their educational background. As per the Right to Education Act 2012, 25% of seats at school should be reserved for socially disadvantaged children. However, it is very difficult to determine whether the aspiration of this act is fulfilled in reality. The issue requires an in-depth investigation of the situation and corrective measures should be taken accordingly. The children from disadvantaged families who attend school get mid-day meals. Since the majority of the children of the CSWs do not get admission to the school, they are denied by the same government facility. Normally, CSWs feed the newborn the food they have, which is not always

nutritious, and at times it is also not good for their health (Pardeshi & Bhattacharya, 2006). One study from Mumbai reported that malnutrition is a common problem for the children of CSWs (Kakeri, Gokhale, & Waghmare, 2018).

So far as immunization is concerned, children of CSWs either get partial immunization or are completely denied immunization. As a result, they become vulnerable to various preventable health problems (Kakeri et al., 2018). Most children born in the red light areas grow up without any support from others except the biological mother. Previous research carried out in Pune (India) demonstrated that a good number of CSWs became pregnant a number of times and went for medical termination of pregnancies (MTP). Initially they did not prefer to have a child out of the notion that it might affect their profession. Over time, they wanted a child in their lives for familial connection and to stave off loneliness since they are disconnected from their own family (Pardeshi & Bhattacharya, 2006). Another study from Bangladesh observed a range of health problems like birth defects, illness, still birth and even neonatal deaths faced by the newborn babies of CSWs. The causal factors behind such problems were the practice of their profession during pregnancy, malnutrition, alcohol and drug abuse, STIs and lack of breastfeeding (Willis et al., 2016).

Regarding the education of the children of CSWs, the issue of securing admission in a school is very complicated. Some of them do not have birth certificates as the mother did not obtain one from the Corporation Office. Also, for admission to schools, the father's name and signature is a prerequisite. Most of the children do not know their fathers. Normally no CSW customer is willing to allow using their name for a child's admission in the school. Some of the CSWs prefer to conceal their profession because of social stigma. Because of the said reasons, most of the children of CSWs remain out of school. Even the children who are able to get admission in the school use the name of somebody else as a father figure. In general, the children of CSWs experience a lack of support for going to school. Some of them are unable to pay tuition fees to the schools and some experience discrimination by the school (Menon, 2010). Lack of space for study during evening hours, when the mother remains busy in running her profession, is demotivating for the children as they may not be able to complete the home work and respond in class when the teacher asks a question, resulting in humiliation before other children in the class. Finally, these children become school dropouts after a few years.

Mental Health of the Children of CSWs

Limited literature is available on the mental health of the children of CSWs. Although some research was done in the developed countries, social science researchers have shown little interest in this issue, perhaps due to a range of challenges for data collection. However, one

secondary study from a developed country reported that a number of factors adversely affect the mental health of the children of CSWs (Beard et al., 2010) and these include separation from parents, sexual abuse, early sexual debut, low school enrollment, witnessing the interaction between mothers and clients, and social marginalization. Evidence also highlights that the male children eventually become criminals, drug abusers, develop suicidal ideation and/or some children commit suicide due to their real life situation (Willis et al., 2016; Villemain, 2015). Police raids in the red light areas are very common which cause severe trauma to the children. Despite several adversities, some children are lucky to have some support from the people of the larger society in the form of sponsorship for their educational expenses and some, especially those who exhibited some good qualities or talent, have even been adopted and provided shelter (Beard et al., 2010).

Upbringing of Children by CSWs

Life is such a struggle that CSWs cannot pay much attention to a quality upbringing of their children, which includes providing immunizations to their children on time, health checkups for minor ailments, proper nutrition, education, safety as well as congenial living environments. Social support is also very poor for CSWs and their children as they are totally disconnected from their families and hardly any family members enquire about their welfare and well-being. Therefore, children of CSWs experience a range of adversities during childhood. Evidence concerning the rehabilitation of the children of CSWs is scanty.

Objective of Action Research Study

Given the plight of the children of CSWs, a five-year action research study was planned to rehabilitate a group of 30 children of Ram Bagan Red Light Area, Kolkata, India, in order to bring them within the mainstream of the society through a community-based participatory approach.

METHODS

Research Design: A community-based participatory approach was used for rehabilitating the children of CSWs.

Study Area: The study was carried out among children of CSWs of Ram Bagan red light area of South Kolkata, India.

Selection of Children of CSWs: The criteria which were followed for selection of the children for the present project are as follows: a) CWS children below 20 years of age who were b) Interested

in studies and attending school, and c) residing in the Ram Bagan red light area for the last 10 years.

Intervention

Any intervention program requires planning, keeping the real life situation in mind. For this project, project staff had several brainstorming meetings and accordingly, the following steps were taken up for effective implementation of the project:

Identification of Community Leaders: An effort was made to identify the community leaders of Ram Bagan area with the help of personnel of another non-government organization and a series of interactions with the community leaders was conducted for establishing rapport and for sharing the plan for the welfare of the children of CSWs. Community leaders living in the same area found it to be an interesting program for the rehabilitation of the children of CSWs and agreed to become a partner for implementation of the project and ensuring full cooperation.

Discussion with CSWs: Taking CSW mothers into confidence was essential for success of the program. A series of meetings were held with the CSWs about the program and its benefits. Some mothers were hesitant to allow their children to become a part of the program while some instantly agreed to put their child in the same project as they wanted to see their child leading a better life. Initially, the thought was of shifting the children from the red light area to a residential institute for their safety and for providing a better environment and all the 30 children were shifted, based on mothers' consent. However, within a short period it was observed that some mothers were unable to accept the separation of their child as he/she is the only person in their life. Some mothers went to the residential schools and tried to take their child back. Considering the close emotional attachment of mothers with their child, after two months the children were shifted back to the Ram Bagan Area where their mothers were living and where they preferred to rehabilitate the children.

Identification of the Needs of the Children: Four Focus Group Discussions were conducted with the children to assess their needs. The needs identified were as follows:

- General Needs: School uniform, casual dress for daily uses, school fees, educational materials like books, note books, pen, pencil, school bag, school shoes and so on
- Social Needs: Social recognition, interaction with other children through games and sports and cultural activities

- **Psychological Needs:** Mental health support such as individual and group counselling based on psychological assessment, periodic assessment of mental health in terms of resilience, motivation in studies, and sense of well-being

Identification of Local Schools: Research team members made a list of the schools located in and around Ram Bagan Area and visited all the schools with a request to admit the children of CSWs under the intervention program. As desired by the school authorities, research team members agreed to act as legal guardians, which is a pre-requisite for children to be admitted to a school. Research team members also ensured good conduct of the children while at school and urged the school authority to pay special attention to these children so that they did not experience any discrimination. However, some school authorities refused to admit these children because the children came from socially ostracized areas i.e., red light areas and their mothers worked as CSWs. Admission of these children might tarnish the image of the school and the school might not get students in the future.

Psychological Assessment of Mental Health of Children: Mental health assessment of all the children was carried out periodically with special reference to their cognitive abilities, resilience capacity, academic motivation, and social support. Findings of the assessment were the basis for providing need-based inputs and counselling from time to time. It is relevant to mention here that all the 30 children were divided equally among the four project staff so that individual attention could be paid to them and staff could help the children to remain mentally happy and healthy.

Periodic/Need-Based Counselling of Children and Their Mothers (CSWs): Both mothers and children were provided periodic counselling to discuss their issues and challenges. Individual counselling was provided when a child or mother had a sensitive issue to discuss, while group counselling was conducted for addressing common issues of both mothers and their children.

Dialogue with the Local Public Representative: In order to ensure social acceptance of the children of CSWs, an effort was made to discuss the project with the public representative and they were invited to different social events as Chief Guests to distribute the event prize to the children.

Socialization Process: The efforts towards improved socialization of the children were made to familiarize the children with social expectations and social manners so that they could easily mingle with the children of the larger society.

Process Documentation and Monitoring of Impact of the Intervention Program: The entire process of project implementation was documented throughout the project.

RESULTS

The intervention program implemented through the participatory approach was found to be very effective in rehabilitating the children of CSWs through the education and socialization process. All the children, except four, were pursuing their studies successfully at the end of the project period. A few opted for vocational education and were performing well. Four project staff acted as legal guardians in order to admit some children to neighbouring schools. Findings disclosed that need-based support services in terms of social, psychological (counselling) and general needs were found to be very beneficial to bring positive changes in the behaviour, attitude and perception of life in most of the children of CSWs and their mothers.

Local Youth Club Members and leaders were empowered to implement the project with the guidance of the project staff. This was found to be a suitable approach to implement such a project in a Red Light Area as the Youth Club members accepted it as their own project. The local Youth Club facility provided by the community leaders for the children during evening hours made possible an opportunity for the children to have a place to study while their mothers remained busy with their profession.

The community volunteers identified through the community leaders played a very important role in monitoring the children and providing them guidance for study during evening hours in the Youth Club. They developed a schedule in discussion with the children for the whole day and insisted all the children follow it. After returning from the school, children used to take little rest at home with their mothers and then they came to the Youth Club by 5.30 PM for study. Normally, CSWs start entertaining their clients after 6.00 to 6.30 PM and it continues up to midnight. However, mothers were sensitized to restrict their profession to 10.00 pm so that when children return from the Youth Club, they could comfortably stay at home with their mothers. Educational guidance provided by the community youth volunteers helped the children to deal with their doubts related to academic issues. In fact, cooperation and support from community volunteers and public representatives was instrumental in the socialization process and helped the children to overcome any inferiority feelings and regain their self-confidence. Coaching on social skills helped the children of CSWs to maintain proper social behaviour in schools and become well-adjusted with peers while cultural activities, as well as games and sports, had given them a sense of social acceptance since the children from the larger society participated with them.

Role of Community Leaders and Its Impact: Support from the community leaders was instrumental to overcome all hurdles in implementing the action research in the red light area. In reality, it is very challenging to implement any intervention program in red light areas because of non-cooperation, especially from the persons who operate the commercial sex trade/business. Involvement of community leaders in the project had given confidence and courage to the CSWs to allow their children to join the project. Community leaders also played a key role in involving the public representatives of the community and inviting them to different events organized for the welfare of the children. The public representative attending the prize giving ceremony for games and sports was highly motivating for the project staff, community volunteers, CSWs and their children. It was a positive signal that the larger society showed greater social acceptance of the children and their mothers.

Role of Mothers and Its Impact: Initially, mothers were apprehensive about putting their children in an intervention program. However, several rounds of discussion with the mothers by the project staff and the community leaders gave them confidence that joining the project would be beneficial for the children's future. Looking at the children's disciplined lifestyle after joining the project and their interest in studies gave confidence to the mothers who felt less anxious and were more relaxed. Thereafter, the CSWs were very cooperative with the project staff. The CSWs changed their own lifestyles for the welfare of the children by getting up early to prepare the children for school, enquiring about school after return of their child from the school, insisting children to go to the Youth Club during the evening hours for study, and restricting the timings of their own profession. The mother's caring gesture towards children was very inspiring and motivating for the children in their studies and a sense of happiness on the faces of the children was clearly visible.

Children's Response to the Intervention Program: The program for addressing the three broad needs of the children helped the children to get admitted to the local schools, continue their education, and join in different group activities like games and sports, outings and cultural programs. The children were provided with a school uniform, school shoes, books and other study related materials, school tuition, and informal clothes for daily use. This support was highly motivating for the children. All the children were sponsored by Save the Children (UK), India. Moreover, after five years of the project, sponsorship was extended to the children who were pursuing their education successfully so that they could continue their education and become self-reliant.

Regarding psychological needs, in addition to periodic mental health assessment, children were provided group counselling for discussion about general issues. Individual counselling was provided for addressing the personal and sensitive issues. Periodic mental health assessment

helped to track the status of mental health of the children over six months, to understand the impact of different resources provided to the children and to ensure necessary mental health support.

For social needs, a range of activities were provided and they included social skills training in socially accepted group behaviour, organizing games and sports, cultural programs, and outings for the children. For games and sports and cultural activities, children from the neighboring communities were invited which removed the CSW children's feeling of social isolation and gave them and their mothers a sense of belongingness. The performance of the children of CSWs was remarkable as they could showcase their talents publically and receive prizes from the Public Representative and other community leaders.

Views of Some Children about the Program: It is clear from the views of the children who were pursuing their education smoothly that the impact of the project was positive. According to some of the children,

"Sponsorship helped us to get admitted in the local school and continue education" – a male child

"Now we are safe since we go to the study centre during evening hours" – a female child

"Support from community volunteers was very helpful for study" – a male child

"Counsellors (project staff) were very supportive" – a female child

"Outings were very enjoyable and refreshing for all of us" – a male child

Impact of Counselling of Children and Their Mothers: Counselling had very positive effects on the mental health of the children as well as on their mothers. Children could discuss their general issues in a group counselling session which helped them to clarify their concerns while individual counselling helped to discuss personal issues like problems dealing with their mothers' clients. These include: male customers trying to touch their private parts, asking them to fetch alcohol, physical health problems (gynaecological) of mothers, indirect pressure from mothers to entertain the clients (when the mother was not able to serve the clients as per their desires). After personal discussion with a project staff member, who also acted as the counselor, the children would feel relieved.

At the same time, group counselling enhanced a sense of belonging and unity among the children. Group counselling with mothers brought happiness among them since they understood the benefit of the intervention program for a better future of their children. In turn, the mothers restricted their business hours so that the children did not feel embarrassed. The mothers' cooperation facilitated the overall rehabilitation process of the children.

Impact of Education: Out of 30 children, 26 were pursuing their education successfully (24 taking formal education while two enrolled in vocational education) at the end of the five year intervention project. Four children discontinued education despite the intervention. Performance of some of the children in the first Board Examination was very satisfactory. Two children who were pursuing vocational education were also performing well. The following two cases are clear examples of the positive impact of the intervention project. The third case study which describes an unsuccessful case, describes the unfortunate situation of an adolescent girl. Code names are used to protect confidentiality.

Positive Case Studies

Case 1: Rina, aged 18, female, an only child, was born and brought up in the Ram Bagan Red Light Area of Kolkata. She was well mannered and a good looking girl. She showed interest in studies and was punctual in attending the school. Every day she used to come to the Youth Club to study during evening hours and clarify her questions with the teacher. She passed the first board examination (i.e., Secondary Examination, Grade X final exam) with First Class and subsequently the Higher Secondary Examination (i.e., Grade XII final exam) with good results. After passing the Grade XII exam, she got admitted to the Nursing Course. Her ambition was to become a nurse so that she can serve many people. She also stated that after getting a job, she will ask her mother to quit the profession and will shift to another residential area for better living.

Case 2: Anil, aged 18, male child, was living with his mother in the Ram Bagan Area. He was an obedient boy and was interested in studies. He did not indulge in any undesirable activities under peer influence. After passing the Higher Secondary Examination (i.e., Grade XII final exam.), he took admission in a Drama Course in Rabindrabharati University. After seeing his performance, a Professor of the same course adopted him and provided him special guidance. After the completion of his Drama Course, he was writing scripts and directing different drama programs and has become self-reliant. Of late, he got married to Rina, they had a child, and both of them are living happily. Rina has taken her mother to live with them.

Unsuccessful Case Study

Case 3: Rani, 15 years, female, elder daughter out of three siblings, was living with her mother and grandmother in Ram Bagan, Kolkata. Both mother and grandmother were in the same profession. A five member family was dependent upon the income of Rani's mother. The mother became sick and was unable to entertain any clients, resulting in a severe financial crisis as there was no support from any other source. Rani was admitted to the research project and admitted to a local school. However, she was not regular in attending the school and the evening study center. When project volunteers visited her house to know the reasons for her absence, it was learned that she had moved to Mumbai for a job. However, after six months, she returned back to Ram Bagan from Mumbai and was HIV positive.

Positive Development with NGOs

Of late, some NGOs have come forward to support the children of CSWs for education in addition to providing them safe shelter (Dutt, Roopesh, & Janardana, 2017; Rajan, 2014). The role of some of the government schools in India is also positive as they have started admitting the children of CSWs and encouraging the mothers to attend the parent-teacher meetings.

CONCLUSION

The intervention program was highly successful in achieving its long term objective i.e., rehabilitating the children of CSWs through a community-based participatory approach. The action research project did not only change the life of the 26 children of CSWs, it also changed the outlook of the mothers in regards to happiness and hope. Further, the social acceptance of this group of population was remarkable. This project got the attention of the local and larger community since it had emphasized rehabilitation of the children of CSWs, and keeping them with their mothers in the same community through education. Education is a very powerful resource for changing the life of disadvantaged children because it leads to employment so that they can support their mothers and help them to leave the CSW profession. Support facilities by the community volunteers and community leaders were essential in implementing the project systematically and gaining the confidence of the CSWs and their children. Although the research period was brought to an end, the project is continuing and providing sponsorship to all the children until they become self-reliant.

For the success of the project, continuous encouragement by project staff, empowerment of community leaders in implementing the project, and close monitoring of the progress of studies of the children, active community involvement, and mothers' support played very important roles. Support, encouragement, social recognition, and community participation for

children of CSWs can bring miraculous changes in the life of these children and help them to overcome inferiority feelings and become confident in moving ahead in life despite all adversities.

Recommendations

Based on the first-hand experience of the project, the following implementations are recommended for the welfare of CSW disadvantaged children:

1. More and more NGOs need to come forward to address the issues and concerns of the disadvantaged children, especially the children of CSWs, and adopt a similar model for their rehabilitation through education.
2. Vocational education is an essential tool for these children, especially for those who are not interested in formal education.
3. Safety of the children of CSWs should be ensured through community support with the help of community volunteers and leaders.
4. Efforts should be made to arrange alternate professions for mothers as a good number of them are unable to continue with the profession after a certain age and/or because of various health problems.
5. There is a need to carry out more research on different categories of disadvantaged children since their life challenges vary.
6. Members of the larger society should come forward and adopt the children of CSWs with a requirement to allow all the children to remain connected to their mothers.
7. In the latest National Youth Policy, 2020, for the Ministry of Youth Affairs and Sports, Government of India, it is recommended to include the issue of overall welfare of the children of CSWs.

School-Based Family Counseling (SBFC) implications

This action research project with the children of CSW mothers is an example of school-based family counseling. The intervention to help children clearly involved both school and family interventions, as well as community intervention involving a Youth Club, community leaders, city

officials, and children from the broader community. The hallmark of the SBFC approach is using integrated interventions at multiple system levels: school, family, and community in order to help children succeed at school and at life. This qualitative SBFC study lends support for the effectiveness of SBFC in helping marginalized children and families.

REFERENCES

- Beard, J., Biemba, G., Brooks, M. I., Costello, J., Ommerborn, M., Bresnahan, M., & Simon, J. L. (2010). Children of female sex workers and drug users: a review of vulnerability, resilience, and family centred models of care. *Journal of the International AIDS Society, 13*, S6-S6.
- Benoit, C., Jansson, S. M., Smith, M., & Flagg, J. (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *The Journal of Sex Research, 55*(4-5), 457-471.
- Deb, S. (2008). Mental disposition of commercial sex workers (CSWs) with HIV/AIDS. *Journal of India Academy of Applied Psychology, 34*, 90–100.
- Dutt, S., Roopesh, B. N., & Janardana, N. (2017). Attitude towards education and career aspirations of children of sex workers: A qualitative study. *International Education and Research Journal, 3* (6), 192–194.
- Gadekar, U. (2015). Socio-economic status and health challenges of female sex workers of Miraj town, India. *International Research Journal of Social Sciences, 4* (6), 68–71.
- Jayasree, A. K. (2004). Searching for justice for body and self in a coercive environment: Sex work in Kerala, India. *Reproductive Health Matters, 12* (23), 58–67.
- Kakeri, M., Gokhale, C. N., & Waghmare, R. B. (2018). A health status review of children of commercial sex workers residing in a metropolitan city area. *PARIPEX- Indian Journal of Research, 7* (8), 10–11.

- Menon, A. (2010, March 9). Children of sex workers: Denied a fair chance. Retrieved from: <http://southasia.oneworld.net/features/children-of-sex-workers-denied-a-fair-chance/#.W-R74pMzbIV>
- Panda, R., Sutar, A., & Bakshi, M. (2015). Commercial sex work and commercial sex workers in India: A new perspective. In A. Mohapatra (Eds.), *Development issues in India: Policies and perspectives* (100–121). New Delhi: Mangalam Publishers and Distributors.
- Pardeshi, G., & Bhattacharya, S. (2006). Child rearing practices amongst brothel-based commercial sex workers. *Indian Journal of Medical Sciences*, 60 (7), 288–295.
- Ragesh, G. (2015). Human right violations against female sex workers by police personnel. *International Journal of Research and Scientific Innovations*, 2 (1), 101–104.
- Rajan, A. (2014, November, 26). How Prerana's Pritipatkar had changed the lives of sex workers children: Guardian cities Mumbai. Retrieved from www.theguardian.com/cities/2014/nov/26/how-priti-patkar-and-prerana-changed-the-lives-of-children-of-sex-workers
- Rajasekharan, K. (2014, June_18). Legalise prostitution in India to address the problems of sex industry. Retrieved from www.economylead.com/featured-news/legalise-prostitutionindia-address-problems-sex-industry-13106
- The Right of Children to Free and Compulsory Education (Amendment) Act, 2012 [No. 30 of 2012] {19th June, 2012}. www.righttoeducation.in
- Sahni, R., & Shankar, V. K. (2011). The first PAN India survey of sex workers: A summary of preliminary findings. Retrieved from www.sangram.org/resources/Pan_India_Survey_of_Sex_workers.pdf
- Servin, A. E., Strathdee, S., Muñoz, F. A., Vera, A., Rangel, G., & Silverman, J. G. (2015). Vulnerabilities faced by the children of sex workers in two Mexico-US border cities: A retrospective study on sexual violence, substance use and HIV risk. *AIDS Care*, 27 (1), 1–5. doi:10.1080/09540121.2014.946384
- Villemain, M. (2015, March 5). The children of prostitutes: The victims without voice. Retrieved from www.ckm-fier.nl/The-Children-of-Prostitutes-the-victims-without-a-voice.ashx

WHO. (2005). *Violence against women and HIV/AIDS: Critical intersections*. Geneva, Switzerland: World Health Organization.

Willis, B., Hodgson, I., & Lovich, R. (2014). The health and wellbeing of female sex workers' children in Bangladesh: A qualitative study from Dhaka, Chittagong and Sylhet. *Vulnerable Children and Youth Studies*, 9 (2), 123–131.

doi:10.1080/17450128.2013.804970

Willis, B., Welch, K., & Onda, S. (2016). Health of female sex workers and their children: A call for action. *Global Health*, 4 (7).

[http://dx.doi.org/10.1016/S2214-109X\(16\)30071-7](http://dx.doi.org/10.1016/S2214-109X(16)30071-7).

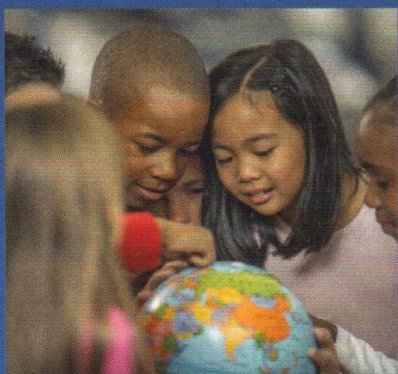
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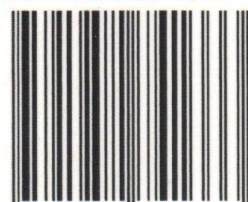
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School-Based Family Counseling (SBFC) is an integrated approach to mental health intervention that focuses on both school and family in order to help children overcome personal problems and succeed at school.

SBFC is practiced by a wide variety of professionals. What they all share in common is the belief that children who are struggling in school can be best helped by interventions that link family and school. The Oxford Symposium in School-Based Family Counseling is not simply a conference—it is a call to establish and participate in a worldwide community of stakeholders in School-Based Family Counseling, thereby opening the door to an ongoing process of information exchange and collegial discussion. Symposium members come from diverse professional disciplines and include: counselor educators, teachers, social workers, special educators, school administrators, counselors, principals, psychologists, family therapists, physicians, psychiatrists, experts in counseling theory and practitioners in sociology, social psychology, sociology, public policy and the law.

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