

Causes effects and history of prostitution



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Prostitution is listed among the crimes some refer to as victimless or consensual crimes, but research shows that may not be the true picture of prostitution. Before proceeding, we need to define prostitution. Despite of the fact that, prostitution being known as the oldest profession in the history of mankind. The workable definition has proven elusive. From a dictionary we learn that prostitution is the 'act or practice of engaging in sexual intercourse for money'. But a prostitute cannot simply be a woman who sells her body, since 'that was the norm of the society that women will get marriage in order to accomplish home and better life style. Promiscuity has been proposed as another candidate. Medieval canon lawyer Johannes Teutonicus suggested that a woman who had sex with more than 23, 000 men should be classified as a prostitute, although, furthermore he says that sexual intercourse with 40 to 60 opposite gender would also be called prostitute. However, promiscuity itself does not turn a woman into a prostitute. Although a vast majority of prostitutes are promiscuous, most people would agree that sleeping around does not amount to prostitution. Hence I define prostitution as systematic sexual violence and oppression against female.

Selected national and international research projects and various programs by women have been initiated to address the health burden of violence against women. Such projects have especially focused on the health consequences to women of battering or domestic violence, rape and sexual assault, child sexual abuse and incest, and female genital mutilation (See, for example, World Bank Discussion Papers 255, Violence Against Women: the Hidden Health Burden). In depicting the health effects of such forms of

violence against women, these projects attempt to make the violence, harm and human rights violation to women visible. However, a consideration of the dire health consequences of prostitution demonstrates that prostitution not only gravely impairs women's health but it is obviously violence against women. The health consequences to women from prostitution are the same injuries and infections suffered by women who are subjected to other forms of violence. The physical health consequences include: injury (bruises, broken bones, black eyes, concussions). A 1994 study conducted with 68 women in Minneapolis/St. Paul who had been prostituted for at least six months found that 50% of those women had been physically assaulted by their purchasers, and a third of those experienced purchaser assaults at least several times a year. 23% of those assaulted were beaten severely enough to have broken bones. Furthermore, 90% of the women in this study had experienced violence in their personal relationships resulting in miscarriage, stabbing, loss of consciousness, and head injuries (Parriott, Health Experiences of Twin Cities Women Used in Prostitution).

Prostitution is physically harmful to women. STDs (including HIV/AIDS, chlamydia, gonorrhoea, herpes, human papilloma virus, and syphilis) are alarmingly high among women in prostitution. Only 15 % of the women in the Minneapolis/St. Paul study had never contracted one of the STDs, not including AIDS, most injurious to health (chlamydia, syphilis, gonorrhoea, herpes). General gynecological problems, but in particular chronic pelvic pain and pelvic inflammatory disease (PID), plague women in prostitution. The Minneapolis/St. Paul study reported that 31% of the women interviewed had experienced at least one episode of PID which accounts for most of the

serious illness associated with STD infection. Among these women, there was also a high incidence of positive pap smears, several times greater than the Minnesota Department of Health's cervical cancer screening program for low and middle income women. More STD episodes can increase the risk of cervical cancer. Another physical effect of prostitution is unwanted pregnancy and miscarriage. Other health effects include irritable bowel syndrome, as well as partial and permanent disability. The emotional health consequences of prostitution include severe trauma, stress, depression, anxiety, self-medication through alcohol and drug abuse; and eating disorders. Almost all the women in the Minneapolis/St. Paul study categorized themselves as chemically-addicted. Crack cocaine and alcohol were used most frequently. Ultimately, women in prostitution are also at special risk for self-mutilation, suicide and homicide. 46% of the women in the Minneapolis/St. Paul study had attempted suicide, and 19% had tried to harm themselves physically in different ways, for example, in another survey of 55 victims/survivors of prostitution who used the services of the Council for Prostitution Alternative in Portland, Oregon, 78% were victims of rape by pimps and male buyers an average of 49 times a year; 84% were the victims of aggravated assault and were thus horribly beaten, often requiring emergency room attention and hospitalization; 53% were victims of sexual abuse and torture; and 27% were mutilated (Documentation available from the Council for Prostitution Alternatives).

In developing countries, it has also been estimated that " 70 percent of female infertility is caused by sexually transmitted diseases that can be traced back to their husbands or partners (Jodi L. Jacobson, The Other

Epidemic, p. 10). Among women in rural Africa, female infertility is widespread from husbands or partners who migrate to urban areas, buy commercial sex, and bring home infection and sexually transmitted diseases. Women in prostitution industries have been blamed for this epidemic of STDs when in reality, studies confirm that it is men who buy sex in the process of migration who carry the disease from one prostitute woman to another and ultimately back to their wives and girlfriends. The movement of abandoned or rejected 'barren' women to urban prostitution has been documented in Niger, Uganda, and the Central African Republic. Numerous studies in Africa and Asia by the World Bank and a number of international research organizations have found that divorced or separated women comprise the great majority of prostitutes or 'semi' prostitutes' (Jacobson, p. 13). Thus, a major health effect of the mass male consumption of commercial sex and the expansion of sex industries in developing countries is not only a rampant increase in sexually transmitted diseases but an exponential increase in infertility. The further effects of this vicious cycle insure that a whole new segment of women who are abandoned by their husbands due to infertility, are propelled into prostitution for survival. In both developing and industrialized country contexts, current campaigns to control the spread of HIV/AIDS by advocating "safe sex" for women in prostitution fail to address the blatant inequities between women who are bought for sex and the men who pay for it. Any AIDS strategy based on negotiating condom use between the purchaser of sex and the woman who must supply it assumes symmetry of power that does not even exist between women and men in many personal consensual relationships. If AIDS programs are serious about eradicating AIDS, they must challenge the sex industry.

Women in prostitution are targeted as the problem instead of making the sex industry problematic and challenging the mass male consumption of women and children in commercial sex. This is institutionalized when governments and NGOs argue for the medicalization of prostitution when they propose laws on prostitution which subject women to periodic medical check-ups. It is stated that women in the sex industry would be better protected if they submitted, or were required to submit, to health and especially STD screening. The way in which sex industries are responsible for the widespread health problems of women and children is mystified with proposals to implement health checks of women in the industry. No proposals have been forthcoming, from those who would propose both mandatory and voluntary medical surveillance for women in the sex industry, to medically monitor the men who would purchase sex. The same is true with current attempts to medicalize prostitution. No action will stabilize the sex industry more than legitimating prostitution through the health care system. If medical personnel are called upon to monitor women in prostitution, as part of occupational health safety, we will have no hope of eradicating the industry. Furthermore, from a health perspective alone, it is inconceivable that medicalization of women in the industry will reduce infection and injury without concomitant medicalization of the male buyers. Thus medicalization, which is rightly viewed as a consumer protection act for men rather than as a real protection for women, ultimately protects neither women nor men.

As with other forms of violence against women eradicating the health burden of prostitution entails addressing but going beyond its health effects. To

address the health consequences of prostitution, the international human rights community must understand that prostitution harms women and that in addition to needing health services; women must be provided with the economic, social and psychological means to leave prostitution. Until prostitution is accepted as violence against women and a violation of women's human rights, the health consequences of prostitution cannot be addressed adequately. Conversely, until the health burden of prostitution is made visible, the violence of prostitution will remain hidden. Once Victor Hugo quotes stated in is novel;

“ We say that slavery has vanished from European civilization, but this is not true. Slavery still exists, but now it applies only to women and its name is prostitution.”