

**SOCIO-CULTURAL STUDY
OF HEROIN USING FEMALE SEX WORKERS IN THE
CITY OF COLOMBO**

**A DISSERTATION SUBMITTED IN PARTIAL COMPLETION
OF THE REQUIREMENTS FOR THE
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DECLARATION BY CANDIDATE

I hereby declare this dissertation titled, “Socio-cultural study of Heroin Using Female Sex Workers in The City of Colombo” submitted by me in a partial fulfillment of the requirement for the award of the Master of Arts Degree in Development Studies and Public Policy at the Open University of Sri Lanka is my original work and has not been submitted to any other institution for the award of any other degree.

.....

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CERTIFICATE OF APPROVAL

We hereby declare that this dissertation is from the student's own work and effort and all the sources of information used in this document have been acknowledged. This dissertation has been submitted with our approval.

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LIST OF ABBREVIATION

AIDS : Acquired Immune Deficiency Syndrome

ARQ : Annual Report Questionnaire

CDC : Centers for Disease Control and Prevention

DMS-IV : Diagnostic and Statistical Manual of Mental Disorders, 4th Edition

HIV : Human Immunodeficiency Virus

IDU : Injecting/injection Drug User

NDDCB : National Dangerous Drugs Control Board

NGO : Non -Profit Organization

PNB : Police Narcotics Bureau

STD : Sexually Transmitted Diseases

UN : United Nations

UNODC : United Nations Office on Drugs and Crime

US : United States

WB : World Bank

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ABSTRACT

This exploratory research focused on the socio cultural background of heroin using female sex workers in the City of Colombo to discuss their main routes to sexual and heroin using behaviors. This group of vulnerable females who tend to be a hidden population are not included in the general population survey. They are socially excluded women involved in sex work and using heroin. This study examined the links between heroin use and sex work among females and about the environment in which heroin use and sex work is mutually reinforced.

Interestingly, although there is much focus in on what sex workers do, very little attention is paid as to how they have come into the profession and why they continue to stay there. As they are a vulnerable group of people who live in a violent culture, these females are at great risk of psychological and physiological health related problems. Policy planning and new strategies should be implemented in the prevention of heroin use and sex work among females in Sri Lanka.

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CHAPTER 1

Introduction

Drug abuse and sex work have been considered a perennial problem in many societies and drug addiction has been recognized as health and social issue in developed and developing countries. According to United Nations Office of Drugs and Crimes (2012) addiction is a disease and repeated episode of treatments are needed to cure it. It is a serious problem which often makes tragic consequences for those who are addicted. Their family members and the community (Senanayake, 2005). This definition of drug addiction includes many drugs, but the scope of this study is focused exclusively on the abuse of the opiate drug heroin among the female sex workers in the City of Colombo Sri Lanka.

Sex work, on the other hand has been described as women, men and transgendered people who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation (Overs, 2002). Sex work has a global dimension, involving around 40-42 million people worldwide, of which 75% of them are between 13 and 25 years old. The most conservative official statistics suggest that 1 in 7 sex workers in Europe are victims of trafficking (Schulze, 2014). Even though the sex work has been identified as the world's oldest profession there has not been any social acceptance throughout the history (Lewis & Larson, 2015). They have been given many names, including prostitute, hooker, whores, escorts, exotic dancer, pornographic stars and strippers. Majority of these labels are judgment laden (Lindeland, 2010).

According to the book *Sex slavery: a new look at the world's oldest profession* (Lewis & Larson, 2015) it was noted that as long as people have sexual desires, this oldest profession has been continuing throughout the world and there will always be a demand for sex workers even if it is unaccepted by the norms and the culture. The current estimated number of sex workers in Sri Lanka is 40,000. However, it is merely an estimate and the actual number of sex workers in Sri Lanka is undoubtedly higher (Thilakarathna & Adittiya, 2015).

Sex work and heroin use are so commonly linked in poor social strata and cultural background (Senanayake, 2005) and sex work and heroin have been often linked together without an understanding of why and how this could happen (Cusick and Martin, 2003).

Many people who are subject to a high level of social exclusion begin to be a sex worker. Social exclusion is commonly defined as a series of linked and mutually reinforced process, such as low income, poverty debts, unemployment, poor education, health problems, housing problems, crime, lack of social support and other adverse life events (Bradshaw, 2004).

Women involved in sex work face a unique set of life circumstances; therefore their decision to enter the industry affects them throughout their life time. These individuals have higher rates of childhood-physical and sexual abuse, and other forms of maltreatments (Lindeland, 2010). In Sri Lanka most of the heroin using female sex workers are visible in urban low income communities. They are uneducated groups of females who are neglected by their families and the community (Senanayake, 2005).

This study explores the socio cultural background of heroin using female sex workers in the Colombo city, their entry to sex work, routes to heroin use and the trend of heroin use among the female sex workers. This study also reveals how the heroin use and the sex work are mutually reinforced by each other. These women were living in urban poor socio cultural background and belong to the family's appearance with conflicts.

1.1. Research Problems

According to UNODC (2012) the actual numbers of heroin using females have not been reported and there is a potential to for these women to depend on heroin use in the future. Furthermore, these women could have a negative impact on health, family and society. Kandiah (2001) noted heroin dependency could create more negative health circumstances for women, when comparing with men who use heroin. More concern should be given to the pregnant and neonate women.

No research has been done on female heroin use in commercial sex work after the year 2005 in Sri Lanka. Because of this lack of research policy makers have paid inadequate attention to this area and the treatment of people facing with difficulties of finding a better prevention strategies to overcome this situation.

Comparing to the statistic revealed by the last research done in 2005, there was a lack of research literature on female heroin abuse makes lower impact on female drug prevention and

+treatment. The family situation, poverty and poor dwelling conditions were attributed to the use of heroin in women and the availability of earning money with drug trading and sex work, all contribute to the continuous use of heroin among females (NDDCB, 2007).

During the last decade there has been no information collected regarding the functioning of heroin using female sex workers in Sri Lanka and there was a need for research work to find out the patterns and the extent of the female heroin users in sex work.

To break this link between heroin use and sex work, there is a need to find out the routes which causes them to get involved in these two behaviors and the most important question that arose was, why these women turn to prostitution and why do women continue to work as sex workers?

1.2. Research Objectives

The ratio of female to male drug users are still at a lower level in Sri Lanka and there is less documentation about the female heroin users in commercial sex work in Sri Lanka. Considering the gender specific research, very few studies has been done in local socio-cultural context. The last research was done in 2005 by Senanayake who was the Assistant Director of Research of the NDDCB. In her research she had identified health and social issues faced by female heroin users and their families. There was no social acceptance for heroin use among females, and those who used heroin are marginalized in the community and society. Women who were involved in drugs were divided into four groups.

- a. Women heroin users
- b. Partner of a heroin user
- c. Daughter of a heroin user
- d. Women involved in trade and distribution of heroin.

Heroin using females are less in number when comparing to partner and a daughter of heroin users and they suffered a different fate when the spouse or the family member functioned in an inadequate way. Heroin using females are a more vulnerable and marginalized group in the urban community (Senanayake, 2005).

In Sri Lankan society, women's role is undergoing significant transformation due to various social and economic reasons, especially after the 1977 liberalization process. Though the numbers remain hidden, heroin using female population is increasing and getting more and more accepted among women in Sri Lanka who play a leading role in drug related offenders (Senanayake, 2000).

The number of heroin using females in commercial sex work is high in the low income community in the Colombo City. These women are neglected and isolated from the family and society. Today the numbers of sex workers are increasing. In 1994, the number of estimated commercial sex workers was 14,433 (Ratnapala, 1995). It has increased up to 37,000 to 45,000 by the year 2015 (Ceylon Today, 2015). There were few women engaged in heroin use and commercial sex work in the past but the number has increased in the present situation due to various socio-cultural aspects. And also they tend to be more vulnerable to sex work for earning money for their heroin use. According to Senanayake's study 53% women were commercial sex workers and among them majority of women became sex workers after the heroin addiction. Others acquired the habit of heroin use later (Senanayake, 2005).

These are the research objectives in this study -

To identify patterns and extent of the female heroin use in commercial sex work in the city of Colombo

To study the routes to heroin use and routes to commercial sex work.

To study the relationships between heroin use and sex work.

1.3.Methodology

This is a descriptive study of heroin using female sex workers in the City of Colombo. It was conducted on a non probability sample of 30 heroin using female sex workers. The selected sample of participant was experiencing both heroin use and sex work. The respondent driven sampling method was used to discover the hidden population. This started from the direct interviewing from the inmates of "Seth Sevana" Rehabilitation centre and the members of

“Abimani Kantha” Organization for female commercial sex workers. According to the information collected, 100% of them were narcotic offenders who live in the urban community of the Colombo City area. Data was collected by qualitative interviews, focus group discussion and observations. In-depth interviews had been done with eliciting consents from the participants within the confidential setup while respecting equal rights.

1.4. Significance

According to UNODC reports (2011/2012), drug abuse is a complex and multifaceted problem. Heroin has been identified as one of the major drug abuses in Sri Lanka. Heroin use affect physical and mental wellbeing and leads to problems related to work performances, family and socio-cultural relationships. However, female sex work and heroin use have increased and is recognized as a cross cutting issue of great importance.

There are many related researches done for the female drug addiction in western socio cultural background but in the national level only very few researches have been done. Some heroin using females are involved in sex work as a means of financing their heroin use, while others were involved in sex work first and then turned into heroin use. Drugs and commercial sex both makes heavy weight on socio cultural problems. It will make an impact on the future generation and the society. Female users involve in commercial sex activities to earn money to survive in their own sub culture. It has affected the children and their process of growing up (NDDCB, 2007).

Female heroin use and sex work make negative impact on abused people’s day to day lives. Also it controls their own lives including the families. Users change their life patterns and the thinking patterns due to the use of heroin. Users and their family members are affected with low economy, poor health, less education and other socially related matters. It is necessary to find out the in-depth co-relationships between female heroin use and commercial sex to find better prevention activities (Senanayake, 2005).

Even though the reported female heroin users in sex work are a few in numbers, it is increasing faster during the current situation. And there is a potential for the female heroin using population to increase in the future. Comparing to male heroin use with females it

could make more negative circumstances to the health, family and society. When discuss about physical telescoping it means that drugs and commercial sex affect women's health, especially pregnant and neonate women are very important to the society and to the developmental process (NDDCB, 2007).

There is a great need for policy planning, development of programs and implementation on the women's side. It has been expressed for a number of years, but inadequate attention has been given to the problem of female heroin addiction and its impact on society. Researchers and the treatment people cannot be satisfied with the present information to find a better solution for the prevention and rehabilitation sector (Senanayake, 2005).

Hence, the significance of this study can be in relation to the issues identified below:

- Early childhood development within the parental protection and its impact on the process of socialization.
- Early school dropouts and the need to establish a school counseling system.
- Peer group association and environmental factors that influence the deviant behaviors of young females.
- Prevention strategies of heroin use and sex work.
- Mutually reinforced behaviors of heroin use and sex work and implement the policies to break the links between them.
- Negative impact of open economy and the globalization on Sri Lankan women work force.
- Possibility of using the research findings on the process of legalizing sex work as a harm reduction tool intervention to break the links between sex work and heroin use.
- Reduce public discrimination and marginalization of women who struggle with life within the legal frame work.

CHAPTER 2

Literature Review

The findings in the review of literature on female heroin use and sex work notes that women involved in this subject have not been discovered in actual numbers yet. Senanayake has done two researches in 2000 and 2005 based on “The female heroin use in the field of commercial sex work”. However, her study was mainly focused on female prisoners and low income community in the Colombo district. According to UNODC report in 2012, heroin using females in sex work are commonly under reported and the data collections do not reveal the actual numbers.

In order to understand the complexity of sex work and the heroin use, it is important to recognize it on different levels such as micro, mezzo, and macro (Christensen, 2012). Therefore, this literature review will be focused on the background, causes, risk factors, and consequences, theories of drug use, rehabilitation and prevention of female sex workers who are addicted to heroin. The heroin use and the sex work that are carried on to exist today because of the impact of globalization, a culture of tolerance toward sexually aggressive behavior, and the high demand for prostitution.

Even though there are policies for drug abuse, drug trafficking and sex work, in Sri Lanka they are actually not effective. Sri Lankan legal framework has no specific laws to persecute those engaging in prostitution. However, there is a question whether one can really ban the oldest profession on earth (Farhaan, 2015). Therefore, future efforts are needed to raise global awareness, eliminate social stigma and increase aid for survivors.

2.1. Background

Heroin use has been reported as a coping mechanism in response to stressful working conditions. Sex workers may have impaired judgment and difficulties negotiating safer sex with their customers, while under the influence of heroin. Exchanging sex for drugs carries greater HIV risk than exchanging sex for money because sex workers often engage in riskier forms of sex work while under the influence of heroin (CDC, 2015). The link between

heroin use and sex work is hard to pinpoint though there are a variety of contributing factors that are common including homelessness, unstable family lives, socio-economic deprivation, disrupted schooling, poor local authority care and a lack of confidence and self-esteem issues (Ditmore, 2013).

People use heroin and sell sex in all region of the world and drug use is sometimes a general part of the interaction between sex worker and client. Some clients invite sex workers for “party” service which involves client and sex worker using heroin together. Some sex workers experiencing pressure to use drugs with clients and while others view the encouragement or acceptance of heroin use at work as an advantage that contributes to a comfortable working environment (Ditmore, 2013). The using of drugs including alcohol can contribute to difficulty with sexual functioning (Melman & Gingell, 1999). Hence, heroin use can increase the time it takes for a male client to ejaculate, thereby lengthening the time spent providing a physical sexual service. Sometimes sex workers are engaged by clients primarily to procure drugs for them rather than to provide sexual services. There are effects of various drugs to hinder or facilitate sex work (James 1979, Silverman 1982, Philpot 1989, Miller 1995). Sex worker’s use of drugs, especially heroin and amphetamines to cope with the long and late hours of sex work, have also been described (Donovan 1984, Barnard 1993, Graff 1994, and Miller 1995). Melrose et al (1999) add to this their finding that heroin, crack and amphetamine use appears to be higher amongst younger sex workers than those aged 26 or above.

Sex Work

Coy explains the relationship between trauma and involvement in drugs and sex work. Coy also points that the coping strategies used by individuals during traumatic events, such as avoidance through dissociation or substance use, are also useful tools for sex workers (Coy, 2009). Although there is no definitive answer regarding why individuals engage in sex work, there are some motivations behind these behaviors (Lindeland, 2010) such as exposure to trauma changes, an individual’s belief about themselves, others, and the world. These changes often lead a person to feel as if she is bad, unsafe and lacks control over his or her environment (Briere, 2002). Also there are many individuals engaged in sex work who have not experienced trauma in their childhood or adulthood. Furthermore, many individuals in the sex industry are reportedly happy with their job and do not wish to leave (Chudakov, Ilan,

Belmaker, & Cwikel, 2002). These individuals indicate that there are many factors that influence one's decision to enter into continued sex work.

In the earlier writings it was discussed that people engaged in sex work as “pathology” (Coombs 1974, James 1976, Davis 1981). Suggesting psychological predisposing factors include latent homosexuality, oedipal fixation, retardation, emotional disturbances, sex role confusion and poor self image. Psychiatrist, Psychologists, and Sociologists have between them, assembled a wide variety of social and psychological variables, which might cause individuals to become involved in sex work. In recent years however attention has shifted away from individual pathology to social and situational factors (Cusick and Martin, 2003).

Situational factors was said to underline motivations to sell sex, which includes various imperfection in the raising of children such as “ broken homes”, family conflicts, disrupted family lives, deprived socio-economic background, social class, parents who were poor models of behavior, parents who deprived their children of affection, childhood experience of parental abuse or neglect, approval or tolerance of sex work in the immediate social milieu, distancing from family influence and disapproval, early sexuality, unstable personal biographies, poor work histories, problem at school, membership of offender peer group, unemployment and lack of vocational skills (Cusick and Martin 2003).

Drugs

Heroin and Cannabis are the most widely abused drugs in Sri Lanka. Estimated annual prevalence of heroin is 40,000 to 50,000 (U.N. 1990). Cannabis abusers are estimated to be about 200,000 (Sri Lanka 1993). Approximately 55 per cent of the total prison population is drug abusers, of which 2 percent are females (U.N. 1992). Total number of heroin users arrested in 2013 was 23665 and among them only 58 were female users. When we consider about the figures of last five years, the highest number of 386 female heroin users was reported in 2012 and the lowest of 58 was reported in 2013, but the hidden population of female heroin users existed in the ground level (NDDCB 2013).

When we consider about the production and cultivation of Opium poppy which is not cultivated in Sri Lanka, a large scale of cannabis are cultivated in the southern and eastern parts of Sri Lanka. The Police Narcotic Bureau and the Excise Department have been

conducting programs to eradicate and curtail cultivation of cannabis in Sri Lanka (ARQ, 2003).

There is no evidence in illicit manufacturing of heroin in Sri Lanka. In the early 1980's there was an attempt of manufacturing heroin in the Hikkaduwa area, and the laboratory was destroyed by the Police (SRL, 2002). In 2004 there was an unconfirmed press report that opium has been smuggled to Sri Lanka for the purpose of manufacturing heroin (UNODC, 2005).

Over the last three decades Sri Lanka has been the trans-shipment point from India and South West Asia to other destinations all over the world. Larger quantities of heroin arrived in Sri Lanka by sea with the assistance of fishing trawlers and the uploading was done in highly confidential forms of nature. The drug heroin is the main choice for drug use in Sri Lanka. The type of heroin available in Sri Lanka is No. 03 named brown sugar. It comes through sea and air routes. Most of the arrested heroin smugglers are Indians, Pakistanis and Maldivians, and also there are few Sri Lankan arrested in India and Malaysia for drug related offences (PNB 2014, 2013). During the period of the war L.T.T.E was engaged in drug trafficking and they provided security and the assistance to heroin traffickers. After the war the quantity of heroin trafficked to Sri Lanka decreased and the price of heroin increased (NDDCB, 2009).

The PNB, Sri Lanka Customs, Excise Department, Prison Department, Armed Forces and the STF worked towards controlling the drug supply reduction. When we consider about the drug trafficking trend all over the world in respect of the methods used for abuse, they tend to introduce new illicit drugs to the market. National stake holders need to have proper procedure to face and challenge drug menace as a matter of national importance, and the law enforcement need to proactive strategies for a national plan to make a desired outcome (PNB, 2014).

2.2.How Does The Sex Work and Heroin Use Get Over Lapped?

Both male and females get addicted to heroin for many reasons. The urban dictionary defines heroin as a white odorless, bitter crystal-like compound, which is known as C₁₇H₁₇NO (C₂H₃O₂)₂, that is derived from morphine and is a highly addictive narcotic. It is also called

diacetylmorphine as a narcotic that is considered a hard drug; a highly addictive morphine derivative and an intravenous injection provides the fastest and most intense rush.

“Once someone is addicted the usual euphoria becomes replaced by a mere return to "normality" after another shot. Heroin affects motivation, so that users may neglect themselves and not eat properly. Addiction can lead to huge social and housing problems, as well as criminal activity to pay for the habit” (Dixon, 2015).

The term Addiction does not appear in the *Diagnostic and Statistical Manual of Mental Disorders*, (DSM-IV), but incorporates elements of both substance abuse and dependence. Addiction involves craving for a particular substance, inability to control its use and continued use despite negative significances. Men are more likely than women to become addicts (Rosenbaum, 1981).

In 2008, the U.S. National Survey on Drug Use and Health found that 11.5% of males aged 12 and older had a substance abuse or dependence problem, compared with 6.4% of females. However, on the other hand women face tougher challenges than a male. They have a habit of progressing more quickly from using an addictive substance to dependence. They also develop medical or social significances of addiction faster than men, often it is harder to leave using addictive substances, and are more susceptible to relapse. Heroin use and sex work have been strongly linked. It was discovered by several research works in Sri Lanka and in Western and Eastern cultural backgrounds.

Senanayake (2000, 2005) has done research on heroin using female in commercial sex work, but the study was mainly focused on female prisoners and low income community in the Colombo district. All the women in the sample (Senanayake, 2000) said they supported their heroin use by engaging in commercial sex work. Majority of the sample had been introduced to heroin by friends. Others in the sample were introduced by their sexual partners for sexual gratification. They said that using drugs helps to alleviate the discomfort of sexual intercourse with several clients during a single night.

According to UNODC report (2012) heroin using females in commercial sex work are commonly under reported, and the data collection do not reflect the actual numbers.

Rosenbaum (1981) argues about the changing pattern of female sex role after using heroin. Also she explains how females get addicted to heroin faster than men. According to her sample 47% was addicted within three months from the first use.

Elderred and Washington (1975) had pointed out that 40% of their sample was commercial sex workers who became prostitutes after the heroin use. Similarly Senanayake (2005) revealed 53% of the heroin using women were commercial sex workers.

Athuraliya (1989) identified three important factors about female heroin users in Sri Lanka. These are broken family situations, poverty and poor urban community environment.

Drug dealing, consuming and sex work are considered as criminal offences. Sri Lankan government has responded to control drug abuse with strategies and policies made by NDDCB of Sri Lanka. The National Dangerous Drugs Control Board (NDDCB), established in 1984, formulates and reviews national policies relating to the prevention and control of drug abuse. The National Policy was formulated in 1990 to approach for drug control with enforcement going hand-in-hand with preventive education and treatment/rehabilitation. The NDDCB also conducts many preventive educational programs, runs treatment/rehabilitation centers/camps, provides counseling, undertakes research studies and also runs the National Narcotics Laboratory. The Board is responsible for coordinating all prevention and control activities in the Government and NGO Sectors (Ratnayake, 1993). The aim of national drug strategies is to improve the health, social and economic outcome of Sri Lankan society. The basis of the law related to the Compulsory Treatment Act No. 57 of 2007 of the Parliament gives drug users the right to be treated and rehabilitated. The followings are some especial factors identified for future actions.

1. Prevent the onset of drug use
2. Reduce the supply of drug
3. Reduce drug use and related harms
4. Improve access to treatments
5. Develop the work force and organization to respond effectively
6. Strengthen the partnership among government, communities and organizations
7. Implement National Drug Strategy Act 2008 No 1
8. Identify and respond to emerging trends.

The Government of Sri Lanka has also declared a national policy against drug abuse and drug trafficking, in increasing the implementation of agencies capability in reducing the supply of narcotic drugs (De Silva, 1993).

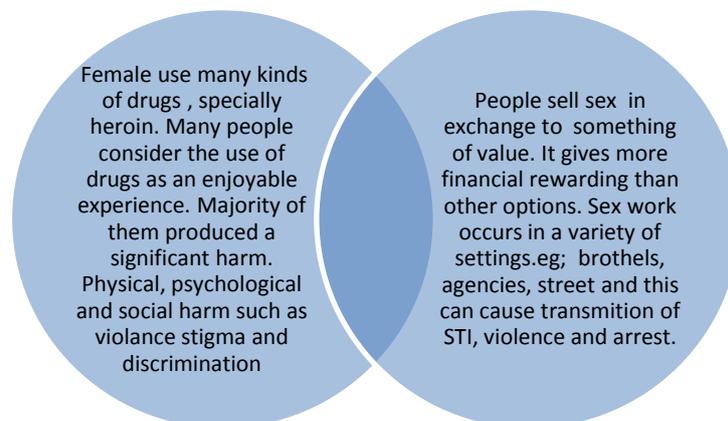
The State has taken positive steps in preventive education to create awareness of the drug problem and to reduce the demand. The availability of special treatment/rehabilitation facilities is being further developed. Legislation is under consideration to include a provision by which drug dependents could be subjected to compulsory treatment and rehabilitation as an alternate to punishment (De Silva, 1993).

2.3. Relationship between Sex work and Heroin Use

The relationship between heroin addiction and sex work are much more complex. The drug use and sex work are interconnected in a vicious cycle including violence and corruption and in most instances they affect the most vulnerable in society. However, drugs are not the only responsible fact for pushing women into sex work. The sex work and the drug use can have a merely co-incident connection and can both be the symptoms of traumatic experiences in the lives of the women involved (Ditmore, 2013).

Some of the sex workers use heroin. However, most of the female heroin users are sex workers. Some are engaged in sex work to generate money to buy heroin. Some consider sex work as their occupation and not simply to generate money for heroin use. These two categories of population overlap. The people who engage in sex work and heroin use belong to the middle part of the diagram below.

Figure: 2.1. Title: A Closer Look at The Overlap Between Sex Work and Drug Use.



Source: Prostitutes rights in the United States, Weitzer 1991:23-41.

Drug use is sometimes a central part of the interaction between sex worker and the client. Some clients invite sex workers by hiring them to share their drugs. Some specifically seek for sex workers to provide for a party service which involves the client and the sex worker using drugs together (Ditmore, 2013).

Ditmore explained about the importance of the effective prevention, reduction and how to respond to the harmfulness of drugs used by sex workers. In many countries there are effective responses including legal and policy reforms, but according to Senanayake (2000), in Sri Lanka policy reforms are at a lower level when comparing with the female heroin users.

According to Senanayake's information, access to drug rehabilitation for females are limited. This research will be carried out to discover the current trends of heroin using female sex workers and to empower the approach to health promotion and simply seek to reduce harm and vulnerability to improve participant's lives.

2.4. Theories of Drug Use

It is important to look at the explanations for the causes of heroin use. We need theory to understand the causes of occurrences as heroin. Theory is simply an explanation of a general category of phenomena such as a set of events or conditions. Term general is important because theory can be generalized in similar situations and the scientists do not usually apply the term theory to unique conditions.

Astrophysicists have theories to explain about the birth, movement, and death of stars, biologists have theories about the genetic changes, psychologists explain theories about individualistic, political scientists have theories of voting behaviors and sociologist explain about the theories of the socialization and the process of changing the society. Likewise we can use this method of modern drug use theory to study how people think and behave as they do and how to approach the dependency and recovery system after using heroin and to understand why they change their behavior towards addiction (Goode, 2012).

Drug addiction is a global problem which affects millions of people's lives in an untold suffering that includes physical, emotional, psychological and spiritual wellbeing of people. It can occur through ingesting licit and illicit psychoactive drugs such as alcohol, nicotine, opiate, stimulants, steroids, prescription painkillers and sedatives or cannabis (West, 2013).

Addiction is defined in different ways and there are many definitions to understand the term. In recent years some people and organizations prefer to avoid the term 'addiction', while replacing the word 'dependence' on the same condition. When people use the term "dependence," they are usually referring to a physical dependence on a substance. Dependence is characterized by the symptoms of tolerance and withdrawal. While it is possible to have a physical dependence without being addicted, addiction is usually right around the corner. Addiction is marked by a change in behavior caused by the biochemical changes in the brain after continued substance abuse. Substance use becomes the main priority of the addict, regardless of the harm they may cause to themselves or others. An addiction causes people to act irrationally when they don't have the substance they are addicted to in their system (Smith, 2016).

According to definition of World Health Organization, "Drug addiction is a state of periodic and chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include - (1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means, (2) A tendency to increase the dose, (3) A psychic (psychological) and sometimes a physical dependence on the effects of the drug." This definition of drug addiction includes many drugs which are not within the scope of this study, such as hypnotic and sedative drugs (barbiturates, etc.) alcohol, amphetamine, mescaline (peyote). This research focused on the abuse of the opiate drug heroin.

The theory of drug use explains the reason behind the peoples craving to drugs. It is important to understand why some people behave towards "addiction" and the other people don't. The main preconditions of drug use can be divided into two groups. Firstly the "predisposition" related to the motives or susceptibility towards drug use and secondly the "availability" of psychoactive drugs. If the drugs are not available in the society there is no predisposition. Likewise even if the drugs are available in the location without motives drug use cannot take place. In the history theory of drug use explained by the "demonology"

means devil made them use of drugs. Demonology is still there in the public mind, and this explanation is still valid in some societies as well (Goode, 2012). Definition of a demon is a disembodied spirit of malevolent (evil) power and assignment, seeking to hinder God's plans and destroy man's life. Their sole ambition is to pervert, hinder, hurt, or destroy us. They are more familiar with us than we are with them. Addiction to drugs is demonic and dangerous. Drugs affect not only your body, but also your soul. Illicit drug users seem to also be open and active in illicit sex (McMichael, 2010).

In contrast, recent intellectuals and researchers are concerned about all the levels of variables in human functioning including biological, physical, psychological, socio-cultural and political variables. When we conceptualize all these variables it enables us to understand how the individual derives for drug use and how it effects their entire life cycle (Lettieri, Sayers, Pearson, 1980).

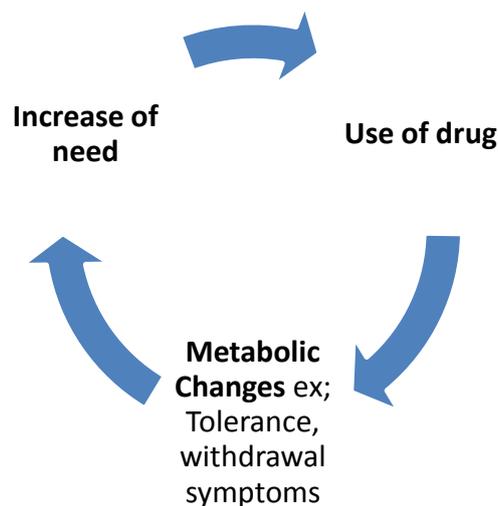
The main theories of drug use can be divided into three dimensions, such as biological, psychological and sociological contexts. Social scientists are concerned about childhood development, socialization, family relationship, poverty, level of education and etc. In this study the researcher analyzes the socio-cultural background of female commercial sex workers those who use heroin.

Biological Theories

Biological theories explain the physical impact on postulate physical mechanism of individuals using drugs. This can be explained in two theories, based on constitutional and inborn difference. Genetic theory explains how the genetic setup predisposes the people towards drug use. It says genes influence the particular biological mechanism to make them use drugs. This situation could be different from one individual to another, one racial group to another or one national group to another and could influenced to use drugs continuously. These genetic changes could combine with environmental and personal factors which make a significant difference in higher level of drug abuse in certain groups in the population (Schuckit, 1980).

Secondly, biological theory is postulate metabolic imbalances. This theory locates the causes of narcotic addiction, in metabolic imbalance and argues that the heroin using people suffer metabolic imbalance, which is a disease or disorder similar to diabetics. This theory was developed by Vincent Dole and Marie Nyswander. They explained that the “kicks in” biochemical process of individuals physiologically craves for heroin use and they will need repeated episode of heroin to balance their metabolic cycle. Heroin abusers get harder to withdraw from this narcotic drug because they are under metabolic imbalance that craves for the use of heroin.

Figure: 2.2. Title: Pharmacological Vicious Circle



Source: Theories of Drug Abuse, Lettieri et al 1980:169-170

Psychological Theories

Psychological theories focus on three main factors - positive and negative reinforcement, inadequate personality and problem behavior proneness. The major psychological theories underline the personality differences between drug user and non users, and how they emphasize the reinforcement process. In addiction of heroin individuals experience drug use

without any knowledge. They wish to repeat the drug and their desire increases without control (McAuliffe, 1975).

The mechanisms of reinforcement in people tend to maximize reward and minimize punishments. People continue to do certain things because they have been rewarded in the past for doing the same. In the use of heroin too, they were rewarded for their past experiences and they tend to continue the same process repeatedly. There are two types of reinforcements:- positive and negative reinforcements. Positive reinforcement occurs when an individual feels the pleasurable gratification and sensations by using the drug. These feelings motivate drug users to repeat it again and again. In the use of heroin, the abusers say it is highly pleasurable and they continue to use it repeatedly. “The pleasurable mechanism may give rise to a strong fixation on repetitive behavior” (Bejerot, 1980).

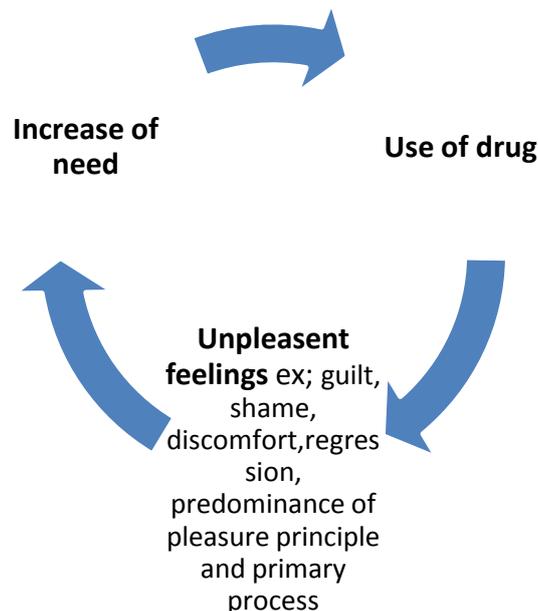
Negative reinforcements occur when someone is motivated to do something for the sake of relief or to avoid pain. In the case of heroin use or addiction, when a person is physically dependent on the particular drug, they experience painful symptoms when they discontinue the use of drug. To alleviate these withdrawal symptoms and to terminate the pain, drug users motivate themselves to get addicted to the particular drug. The mechanism of negative reinforcement is the major factor of a physical dependent drug as heroin (Goode, 2012).

The first stage of heroin use give them pleasurable gratification, which is known as the “honeymoon” period where the users were positively reinforced and then eventually their body’s develop tolerance that makes them want to continue receiving the pleasure and they tend to increase the dose eventually. This phase can be identified as a positive reinforcement and then the negative reinforcement occurs due to disconnecting themselves from the use of heroin. This can happen due to lack of supply, financial difficulties and arrested by the law enforcement. This situation will experience the painful withdrawal symptoms by the user and they continue taking drugs to function normally (Goode, 2012).

Heroin users experiencing euphoria and that is the major factor to motivate them to continue the use of drug and it is clear that there are two types of heroin users:- the maintainers and the euphoria seekers. The maintainers use heroin just to overcome the withdrawal sickness and the euphoria seekers starves of the agony of withdrawal to feel high and continue their habit of heroin use by committing crimes. It is difficult to the non heroin using partner to be fixed with addicted life style unless the spouse is addicted too (McAuliffe and Gordon, 1974).

Inadequate personality refers to drug abusers behavioral difficulties in facing their day to day lives problems and lack of taking responsibilities due to lack of self esteem. Abusers take drugs to escape from reality and they try to live in their own imaginary world just to make themselves feel euphoric bliss. Hence they involve in illegal and criminal activities to gain money to make them satisfied. Also they avoid their own families and children and eventually their families will neglect them and also the peers will reject their association as well. This situation will result in low self esteem and ego deficiencies. As a coping mechanism drug abuser will repeat using of drug and it is difficult to reconcile these personality inadequacy due to social rejection and finally they will be fixed with their drug abused peers and survive within their own subculture. People who are highly addictive show more inadequate personalities (Goode 2012).

Figure: 2.3. Titles: Psychic Vicious Circle.



Source: Theories of Drug Abuse, Lettieri et al 1980:169-170

Problem behavior proneness is referred to as a behavior not socially accepted to norms and by behaving in such a way they will be condemned by a majority of people in the society and its elements can be identified as unconventionality and willingness to take risks. Their

behavior is not adequate to the polite society. Those who are experiencing moderate path as unconventionality and risk taking can be seen with very creative people. In the use of drugs, heroin users are more rebellious, independent, accepting deviant behaviors, transgressions of moral and cultural norms, receptive to uncertainty, pleasure seeking, hedonistic, peer-oriented, non-conformist, and unconventional. Also some of them can be imaginary, creative and capable of certain types of talents and ability. Addicted people tend to be not religious, less attached to the parents and family, lack of achievable and less cautious. Research finding proves that the dangerous drug users are highly unconventional people tends to experience risk taking behaviors (Goode, 2012).

Sociological Theories

Sociological theories of drug abusers refer to the situations, social relations or the social structure of the individual's location. There are seven sociological theories to explain drug use, which are partially overlapping one another. They are anomie, socio control, self control, social learning and sub culture, selective interaction/socialization, social disorganization and conflict theory.

In the simplest term anomie theory is a lack of social or ethical norm in an individual or group. Robert Merton's theory is that society has determined that certain goals are acceptable, and that only certain means are acceptable to achieve these goals. This theory explains that the person who tried to attain success through a legal and illegal way failed to achieve it. In both ways they are more likely to become drug addicts who turn to illegal activities while still believing in the dream of success. Using illegal means to obtain the dream in an activity as illegal drug dealing to achieve financial success but both has failed. Drug addicts are failures and they retreat to the undemanding world of drug addiction (Bond, 2015).

Social control theory may illuminate the sociology of addiction for persons with disabilities. It was developed by Travis Hirschi in 1969. It is also known as the social bond theory. Under the social control theory, individuals break the law due to a breakdown with their societal and focus on how the absence of close relationships with conventional others can free individuals from social constraints. Thereby allowing them to engage in delinquency and focus on how close relationships with delinquent peers or negative relationships with others can lead or

compel individuals to commit delinquency. Criminal acts supply instant gratification of pleasure and wants (Hirschi, 1990).

Self-control theory also asserts that most criminal acts provide easy or simplistic pleasures of desires. Drug use and crime are similar activities because both provide similar immediate, easy and short term of gratification (Gottfredson & Hirschi, 1990). Due to lack of self control addicts find drugs attractive and they find an easy way to make them satisfied. They always find the short cuts for immediate satisfaction. Most of them become grabbers, exploiters, liars, thieves and cheaters and they are restless, careless, violent, impulsive, insensitive and self centered. They tend to do whatever they feel happy regardless of the harmful outcome. Low self esteem is manifested in the inability to create strong social, long lasting relationship. It also points out that strong social bonds have no influence on offending or delinquency, but the weak social bond is just a manifestation of low self-control and they cannot sustain their work, marriage or education (Goode, 2012).

Social Learning and Sub-cultural Theories

The main premise of learning theories is that all behaviors, including behaviors of addiction, are learned. Social learning theorists explain that drug addiction has socio and cultural dimensions “why, when, where, and how” we use drugs. The fundamental principles of Social learning can be explained as watching and observing how others use drugs and influences other people to use it. For example, if you notice attractive people using or smoking drugs and you watch them being rewarded for this behavior like they attract positive attention. This can be explained through Operant and Classical Conditioning theories.

B.F. Skinner (1938) coined the term operant conditioning and he explained the changing of behavior by the use of the positive and negative reinforcements and in the case of heroin use, if a person feels pain and notice that heroin helps to alleviate the pain or gain pleasure, when the next time the person experience pain, he will use drugs as a coping mechanism. Classical conditioning was the discovery of a Russian physiologist by the name of Ivan Pavlov. If an addict always uses heroin whenever attending a modeling show, then the addict makes sure

that heroin must be used at a modeling show. This principle is often used to explain the cravings and urges (Amaral, 2011).

Selective Interaction and Socialization Theory explains that the drug users do not randomly get attracted to the social circle of drug users. They will only get connected with certain individuals and sub-cultural groups which attract them when they are comfortable with their use of drug. Even at the first use of drug, the user initiates into the socialization process where their values are more related to the drug users sub culture. New comers getting attracted to the subculture has been identified as “selective recruitment” and in addition when a person meets drug using friends, that person become socialized with the drug using sub-cultural group which makes the values that consists being more compatible with the drug use which can be explained as selective interaction/ socialization model (Goode, 2012).

Conflict theory originated with the work of Karl Marx in the mid-1800s. Marx understood human society in terms of conflict between social classes, notably the conflict in capitalist societies between those who owned the means of economic production and those who work under them. This approach refers to the macro perspective. Furthermore it describes that different social groups have unequal power about the criminal behaviors. Drug abuse which was considered a problem of inequality class conflict, argues that minorities or lower class groups are more likely to suffer, because of the negative consequences from drug abuse. Conflict theorists have exclusively focused on heavy chronic compulsive abuse such as heroin. It says that these highly addictive drugs are strongly related to social class, income, poverty, power and locale. The structural level has their origin in macro level economic and political conditions (Goode, 2012).

2.5. Other Factors That Affect Drug Use and Sex Work

Globalized Society

Globalization is defined as the “greater mobility of goods and people and rapid communication throughout the world” (Shelley, 2005, p. 37). These days- globalization has

made communication and relationship between and within countries quicker and easier. Cellular mobile phones and the internet facilities are two examples, given chances to children and women to be contacted with the global society at any time. Commercial sex workers use websites such as facebook.com and myspace.com to get connected and to meet and talk to their clients. The internet is a camouflage and acts as a cover for their true motives (Zhang, 2007).

The internet has also increased the problem of pornography. It gives viewers the illusion that it is private and anonymous. Sex workers advertise their post and pornography on websites that can be accessed internationally. They can post images and videos easily, with little risk of being caught. In their global overview, Wortley and Smallbone (2006) estimated that there is more than one million sex selling websites on the internet, and one-third of them are operating in the United States. The internet makes the control of pornography extremely difficult, when one website closes, hundreds of others open. Even when the porn sites were banned hundreds of other new websites were opened. It is extremely difficult to regulate, and it is clear that the chances of being caught are minimal.

Globalization has made smuggling of sex trafficked victims across international borders easier. Specifically, the land, sea, and air transportation used for human smuggling. Sex trafficking and commercial sex through borders is systematic and organized by professionals. For example, as reported by Zhang (2007), women in third-world countries search desperately to work in wealthier countries, and government corruption allows the trafficking of humans and drugs to be continued.

Bribing and Corruption

Bribing and corruption can be defined as “irregular conduct by officials in the public and private sectors for personal gains” (Hughes, 2000, p. 4), is responsible for the high volume of drug, sex smuggling and trafficking within and across country borders. Bribing and corruption has also allowed commercial sex work, heroin use and smuggling throughout the country to become a low-risk activity. Public officials, law enforcement, immigration personnel, customs officials, lawyers, and judges allow sex and drug trafficking and smuggling to be continued even though it is a problem. Judges in Russia routinely take

bribes from traffickers to reduce or dismiss criminal trafficking charges (Caldwell, Galster, Kanics, & Steinzor, 1999). In 2001, according to Agbu (2003), Bosnian visa and immigration officials were caught allowing traffickers to freely cross the country's border in exchange for sexual services. In Nigeria, hundreds of police officers were found visiting brothels and receiving sexual services from women and children who were victims of sex trafficking. Even the incidences are under reported and the same situation of corruption is followed by the Sri Lankan government.

Law enforcement officials view commercial sex work and trafficking as a complicated legal issue because females are illegally brought across country to have sex with clients for money (Shelley, 2010). Because of the cultural norms associated with prostitution, victims of commercial sex work and trafficking are often more likely to be arrested than traffickers. The sad part of the story is that the victims are often charged as offenders.

Culture of Tolerance

Commercial sex work and drug use continues to be globally accepted because there is a cultural tolerance of pimps who sell women and children for sex. Pimps are glorified throughout the world, especially in developing countries. The cultural practice of the word "pimp" is now an adjective synonymously used to describe men that are "cool," "awesome," "radical," or constantly with beautiful women (Shelley, 2010). The word "pimp" is positively described in television shows, dramas and movies. In 2003, "50 Cent" the world famous rapper released his new song, P.I.M.P, which sold more than 500,000 copies worldwide. Few months later, \$50 million was offered to 50 Cent to represent Reebok. During the same year 2003 MTV awards, the rapper "Snoop Dogg" walked on stage with two females on dog leashes. And in 2006, he was featured on Rolling Stones magazine as "America's Most Loving Pimp." At the same year 2006, the Academy Award for best song was dedicated to Three-Six-Mafia's "It's Hard Out There for a Pimp." Likewise, in the Sri Lankan cultural context there are popular songs of Sunil Edirisinghe's "Abisarikawange ummada nethu athere", Moris Wijesinghe's "Doowillen wathsunuthawara" and "Ladune" by Amarasiri peris.

The Demand for Prostitution

Survey research work and several theories demonstrate that reason for commercial sex exists because the demand for prostitution among male clients is high (Grubman-Black, 2003). The theory of “McSex” describes that the men want to buy sex for control, the different sexual partners, and to gain immediate satisfaction of sexual needs. Grubman-Black (2003) further describes those male clients are

- (1) Lonely, shy, lack self-confidence or are awkward,
- (2) Interested to have new sexual experiences,
- (3) Choose having multiple sexual partners,
- (4) Frustrated about their personal lives, and
- (5) Desire to have complete control and dominance over women.

Atchison, Fraser and Lowman (1998) completed a survey to determine the number of times and personal features of clients who purchased sex from female commercial sex workers. Findings confirmed that 8% of surveyed men had purchased sex only once, 33% of them had paid from two to ten times, 32% had paid eleven to fifteen times, and 27% had paid more than 15 times throughout their lives. These male clients ranged from the ages of 18 to 67 years old, 33% of them were married, and 87% were Caucasian. Among them 10% of men stated they tend to get the service of prostitutes more than once a month. This research focused on the demand for prostitution of adult women in commercial sex work.

Push and Pull Factors

Push factors can be defined as the hardships which drive females to move away from their families and home town and pull factors can be defined as influences that lead women to move to wealthier towns (Aronowitz, 2009) and they would like to move from rural areas to the city because they experience domestic violence, lack of educational opportunities, unemployment, poor living conditions with extreme poverty and also women around the world experience a higher level of unemployment and poverty rates than men.

Pull factors; influence the global popular culture, which creates an idealized view of the City. Films and public media like television feature high, unrealistic standards of living, especially

women leading to believe that the gap of poverty will be fulfilled and their dreams will come true. Unfortunately, women will not realize the bad side of this until they end up with their lives in hell. (Schauer & Wheaton, 2006).

2.6. Heroin Use among Female Sex Workers in Sri Lanka

Females in all the regions of the world use heroin and engage in sex work. In Sri Lanka the majority of female sex workers live in the City of Colombo. Some of them have come from rural areas to seek job opportunities and finally end up in sex work and heroin addiction (Senanayake, 2000). The estimated number of female sex workers in Sri Lanka is around 35,000 to 47,000 based on the recently concluded social mapping exercise 2010/2011 (WB, 2012).

Among the total drug related arrests 65,838, (99 %) were male and 160 (1 %) were female in the year 2013. In 2014 total number of arrested were 67,123 but the heroin related arrests has decreased from 23,610 to 23,325 (PNB Annual Report 2014). 1% of total numbers of heroin users are female sex workers. Therefore, the study revealed that 53% of drug using females are commercial sex workers (Senanayake, 2005).

However, the Police Narcotics Bureau (PNB) has noticed a considerable decrease in the activities of drug dealers and a significant drop in heroin and other narcotics consumption among those in Colombo and its suburbs during the last year. Furthermore, a Senior Narcotic Officer informed that there is a massive drop in heroin consumption and the sale of drugs. According to the information gathered the dealers have encountered a major difficulty in their strategy.

Kandiah (2001) noted in his paper that the heroin used by women could have more negative significances to the health, family and the society than men. In the traditional setup of treatment and rehabilitation strategies more focus was made on male users than females. Women do not enter for treatment on drug addiction and this process has been problematic- due to socio-cultural patterns, gender role, guilt and shame make them backward. In

consideration of physical telescoping, which means that the effect of drugs on women's health. Especially pregnant and neonate women, are largely vital to the society and to the growing process of the development indicators in the country. Future research work should focus on the rehabilitation and treatment process of heroin using females in the commercial sex work.

In considering the researcher's work experience with male and female drug using clients, it is obvious that there is a great need of policy planning, development of programs and execution on the side of women drug users. It has been expressed for a number of years that insufficient consideration has been given to the problem of female heroin addiction and its influence on society.

CHAPTER 3

Methodology

This chapter will discuss the methodology of the study including the research design, data collection procedures, measurement instruments, human subject's protection procedure, data analysis plan, and the study limitations. This structure was done by reviewing literature including qualitative studies, quantitative studies, theoretical papers, reference tools such as DMS IV and online database. The research design of this project is a qualitative descriptive design because it described and analyzed heroin using female sex workers in Sri Lanka. Qualitative descriptive designs typically are an eclectic but reasonable combination of sampling, data collection, analysis, and re-presentation techniques. Qualitative descriptive study is the method of choice when straight descriptions of phenomena are desired (Sandelowski , 2000).

3.1. Sample Selection

The research was conducted with the approval of the National Dangerous Drug Control Board of Sri Lanka. A descriptive study was conducted on a non probability sample of 30 heroin using female sex workers. The sample was selected to provide participants with experience of both heroin use and commercial sex work. The sample was "snow ball" technique done through direct contact with the small group and in turn meeting a peer group. This is respondent driven sampling method starting from the "Seth Sevana" Rehabilitation centre and the "Abimani Kantha" Organization for female commercial sex workers. All of them were from Seth Sevana female ward and the community of the Colombo city area. This study was conducted from June 2015 to September 2015 in the city of Colombo. The sample included did include heroin using female sex workers from a variety of ethnic groups.

Participants

Thirty eligible partners between 18 to 61 years participated in the study.

The study sample of respondents was selected by using direct method with “Seth Sevana” female inmates. The snow ball sampling method was used to identify the hidden population of the heroin using female commercial sex workers. The study sample was done through direct contact with the small group of people, who were in turn asked to nominate a peer group. This is the respondent driven sampling method.

At the time of interview the respondents worked in the following sex work sector.

1. Worked mainly on out-door sex work sector (street).
2. Worked mainly on in-door associated sectors (massage parlor, in-house agency, brothel).
3. Worked mainly on independent entrepreneurial work (over the phone, internet).

Subjects were residents of Colombo and suburbs.

3.2. Data Collection

The main source of data collection was in-depth interview, with a structured questionnaire. All interviews and observations were manually written. They were not tape recorded.

Ten main areas were covered in the questionnaire. The questionnaire was prepared prior to field work.

1. Information for identification
2. Socio-economic data
3. Heroin use
4. Rehabilitation
5. After care follow- ups
6. Gender issues
7. Peer factors

8. Sex life
9. Relationship between sex work and heroin use
10. Criminal offences

(See Appendix A)

The qualitative interview covered five main areas.

1. Routes into drug use and sex work
2. Links between drug use and sex work
3. Lifestyles associated with drug use and sex work
4. Use of experience of services including rehabilitation and criminal justice
5. Exiting from drug use and sex work

Qualitative data were gathered by in-depth interviewing. Data collected for this study were further complemented by secondary data from Senanayake (2000/ 2005).

Interviewing Procedures

All interviews were noted in writing. No audio or video recording was allowed. One to one interviews were conducted in a confidential setup, respecting them with equal rights. Most interviews took place in public places without interfering with their work. Interviews of four of them took place at the “Seth Sevana” rehabilitation centre. Following the interviews, all participants were invited to ask questions and to comment on the interview and the study in a more general way.

Observations

This means that ‘observation’ is more than just recording of data from the environment. When we observe, we are active, not passive collectors of data like a tape recorder or video camera. Our brains are engaged, as well as our eyes and ears, organizing data so we can make sense of the environment. Perception is thus a part of all human observation. Observation needs to be approached in a rigorous and structured way, both in terms of the techniques used to gather data, and the methodological considerations of validity, reliability and the ethics of research (Nick Fox, 1998).

Research included qualitative interviews and observations during three months. Observations gave an opportunity to observe and understand behavior in their natural settings, daily routines, and to develop informal contacts to find the hidden population of heroin using female sex workers. It is identified as the most valuable tool for qualitative research. All the observations were carefully updated and recorded in writing in the field note book to analyze qualitative data for future references.

3.3. Ethical Consideration

The research was conducted with the assistance of the research unit of National Dangerous Drug Control Board of Sri Lanka. After consent was obtained to elicit information, respondents were assured of confidentiality and also informed about the process of the research and the duration of time that is needed. The research study was conducted in compliance with both ethical consideration and the human rights standards. All the participants were treated equally without any prejudice.

Participants were typically approached by the President of Abimani Kantha Organization and introduced to the interviewer. When the prospective participants met the interviewer face to face they were asked to read the information sheet detailing the study aims, procedures and confidentiality conditions (See Appendix B). If an individual had difficulties in reading the information sheet, the information was delivered verbally. Prospective participants were invited to ask questions about any aspects of the study before signing the consent form to participate. All participants were informed to write their understanding and consent to participate in the research by signing the consent form (see Appendix C). For the purpose of assuring confidentiality, respondents were informed that they could not sign the form using their full name. After eliciting consent from the participants assuring them about confidentiality, process and the duration of the time needed. The research study was conducted in compliance with both ethical and human rights standards.

****All names in the cases are fictitious to protect the identity of the respondents.**

3.4. Limitations

This study was based on commercial sex work and heroin use which is commonly under-reported and the data collected does not fully reflect the actual number of cases. Lack of literature related to female heroin users in the Sri Lankan context and reference done with the study papers was done in a western cultural background.

The research focus was on heroin using female sex workers and it was challenging to locate them during a limited time period.

“Abimani Kantha” organization was introduced to me by a Senior Counselor of the Sri Lanka National Association of Counsellors and when the field survey was conducted, participants demanded money to give the interview as they were sick out of heroin. Some of them refused to give the interviews due to sickness. They even could not talk without taking heroin at the time.

CHAPTER 4

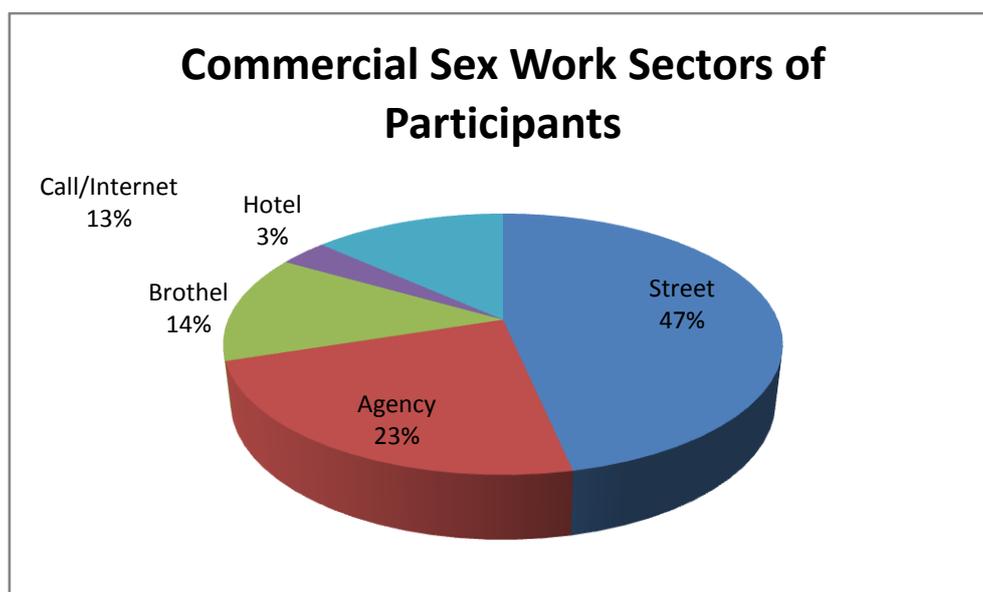
Data Analysis

This research study focused on heroin using female sex workers in the City of Colombo. Eligibility of this study was that all participants had experience of using heroin and was engaged in sex work in the present and previously during their life time. Therefore, a sample was drawn from the population of sex workers with experience of heroin use, specifically considering about the factors that related to each other. Qualitative data from participants were examined with their description about the causes for their access to various environmental or socio cultural settings.

4.1. Participants Profile

All participants of the study sample were aged between 18 to 61 years and their mean age was 38 years. Subjects were residents of Colombo and suburb.

Figure 4.1. Commercial Sex Work Sectors of Participants

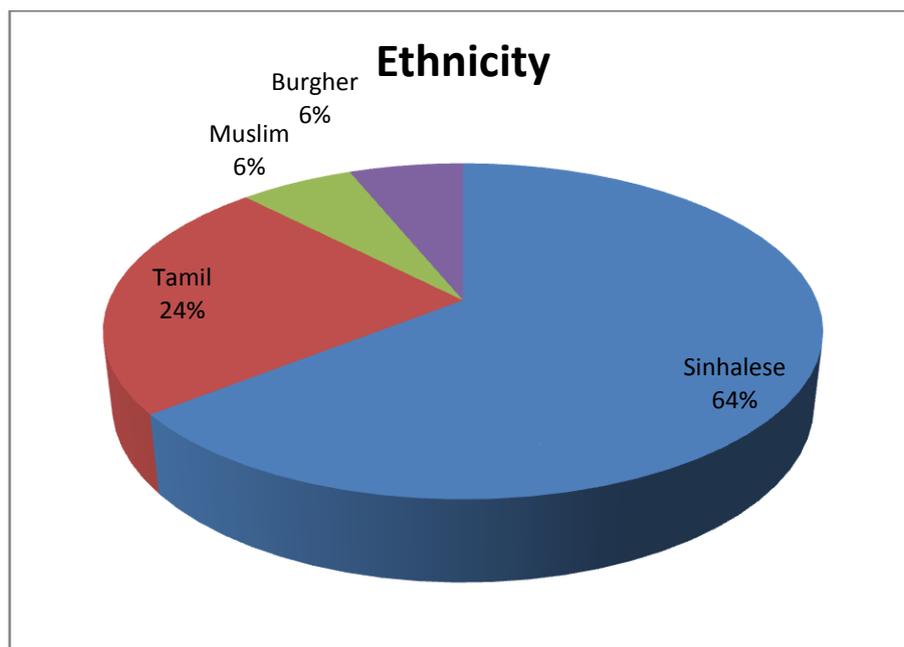


4.2. Trends and Pattern of Heroin Using Female Sex Workers

A total numbers of thirty participants were interviewed for the survey. Twenty three participants were from the Colombo city and the suburbs. Seven of them were from Gampaha, Ratnapura and Kurunegala and they had come to the city for job opportunities. This data resonate with the findings of Ellinwood et.al (1989) who have stated that urban women are more addicted to drugs than the rural women in the United States.

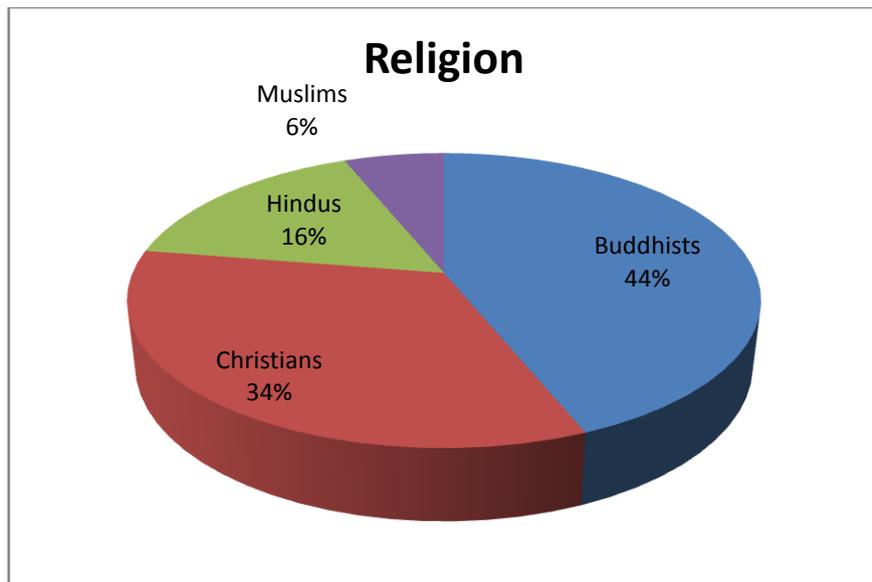
Among the thirty heroin using female sex workers, nineteen participants were Sinhalese, seven were Tamils, two were Muslims and the other two participants were Burghers.

Figure 4.2. Ethnicity



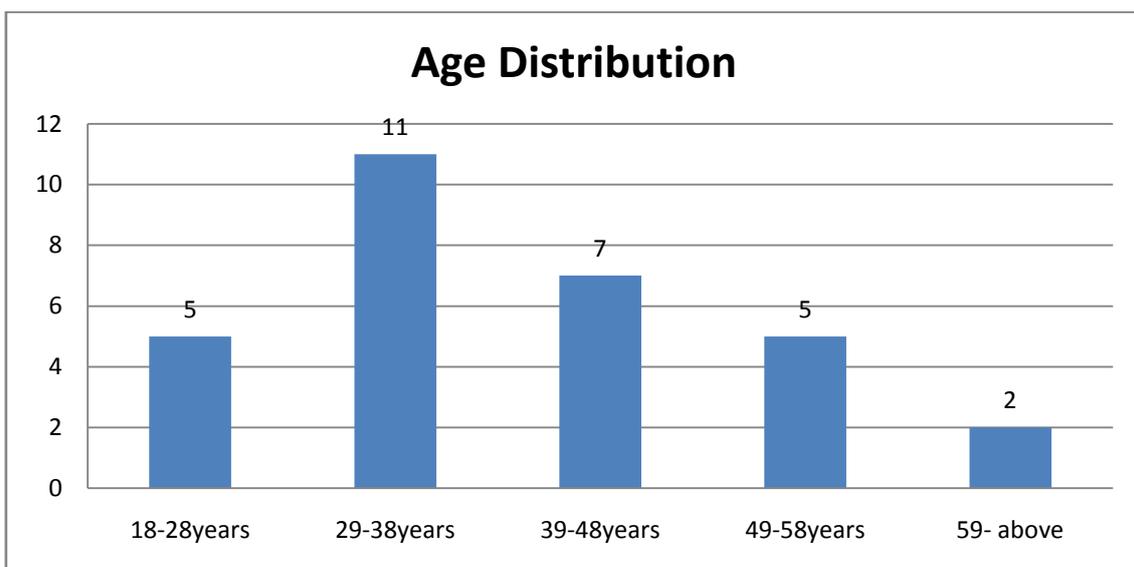
When we consider about the religion, thirteen were Buddhists, ten were Christians, five were Hindus, and two of them were Muslims.

Figure 4.3. Religion



The highest percentage of 36% heroin using female sex workers were reported within the age group of 29-38 years. Seven were within the 39-48 years, five were at the 18-28 years and also there were five more participants within the age of 49-58 years and only two participants were above the age of 59 years.

Figure 4.4. Age Distribution



According to the data above eighteen participants were within the age group of 29-48 years and it we can be identified that the majority of heroin using female sex workers are matured women. According to the research done by Senanayake (2005) it was revealed that the majority of sex workers, 42%, was found within the age group of 31-40 years and at the current status there is an expansion in the range of heroin using commercial sex workers between the years of 2005 to 2015.

Although there was no clear pattern of age distribution noted in Senanyake’s (2005) survey, in this study we found a clear pattern of age group distribution. The group before the age of 29 years and the age group after the age of 48 years could be identified. There is clear a pattern of 16% of people passing the major age group 29-48 years, simultaneously 16% of new sex workers will be filling the gap again. And there is a clear identification of continuations of the pattern of their trend. Average age distribution of the group in 1989 was 16-35 years and there was a slight increase in the year 2005 to 21-40 years of age and by the year 2015 it had increased up to age 25-61 years. Earlier ratio shows that the sex workers began from the ages of 16-35 year and 21-40 years, but now it has gone up to 25 years. Presently it has come to a situation where matured women aging from 25 to 61 years are engaged in heroin use and sex work.

In terms of education, out of the thirty people interviewed, 10% had never been to school and 36% were school drop outs before reaching Grade 5. There were fourteen participants who were educated within the range of Grade 6-10. They all were school drop-outs before sitting the GCE O/L examination. There were two participants who sat for the GCE O/L examination, as they did not get through the examination with good results and were allowed to do their studies in the field of dancing and language. Both of them were from upper middle class families and grew up in single parent families.

Table 4.1. Level of Education

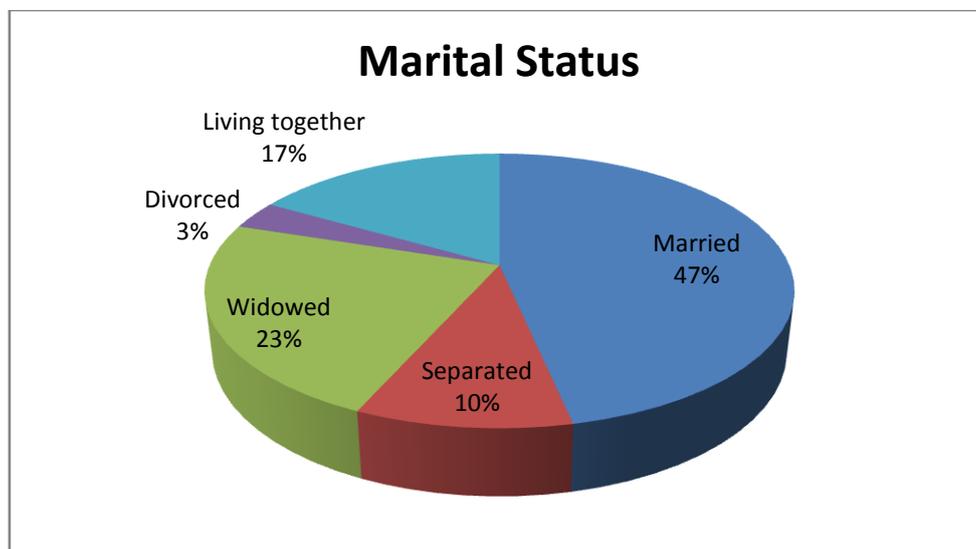
Topic	Total	%
No schooling	03	10%
Grade 1 – 5	11	37%
Grade 6 – 8	07	23%
Grade 9 – 10	07	23%
Passed O/L	02	7%
Passed A/L	-	-

Comparing to Senanayake (2005), there was no one who had completed education level up to GCE Ordinary Level, but in this study the pattern has been changing and 6% have sat for the GCE Ordinary Level exam. In the 2005 study 29% of them had never been to school and this percentage has decreased to 10% in the year 2015. The pattern of female heroin using sex workers keep on changing and more educated people are getting into the use of heroin due to some reason or other.

Fourteen of the participants said they are married, but there was a doubt whether they were legally married or not just for the sake of cultural recognition they tend to say they were married. According to the civil law in Sri Lanka marriageable age should be at least 18 years old. Seven participants of the married group said they were under age when they were legally married. Among the fourteen participants, (21%) of them migrated from rural areas for job opportunities and their families and spouses were in Kurunegala and Ratnapura. Their husbands were unaware of their wives commercial sex work and heroin use. All three participants were working for the indoor sex work sector.

There were seven widowed, three separated, five living together and not legally married and one divorced in the sample. On the whole, 7% said that they do not have any partner relationships and both of them were the oldest in the sample. The balance 93% was engaged in some kind of partner-relationship with a man. Majority of those partners were heroin users and depended mainly on their female sex working partners, while encouraging them for the sex work and use of heroin together.

Figure 4.5. Marital Status



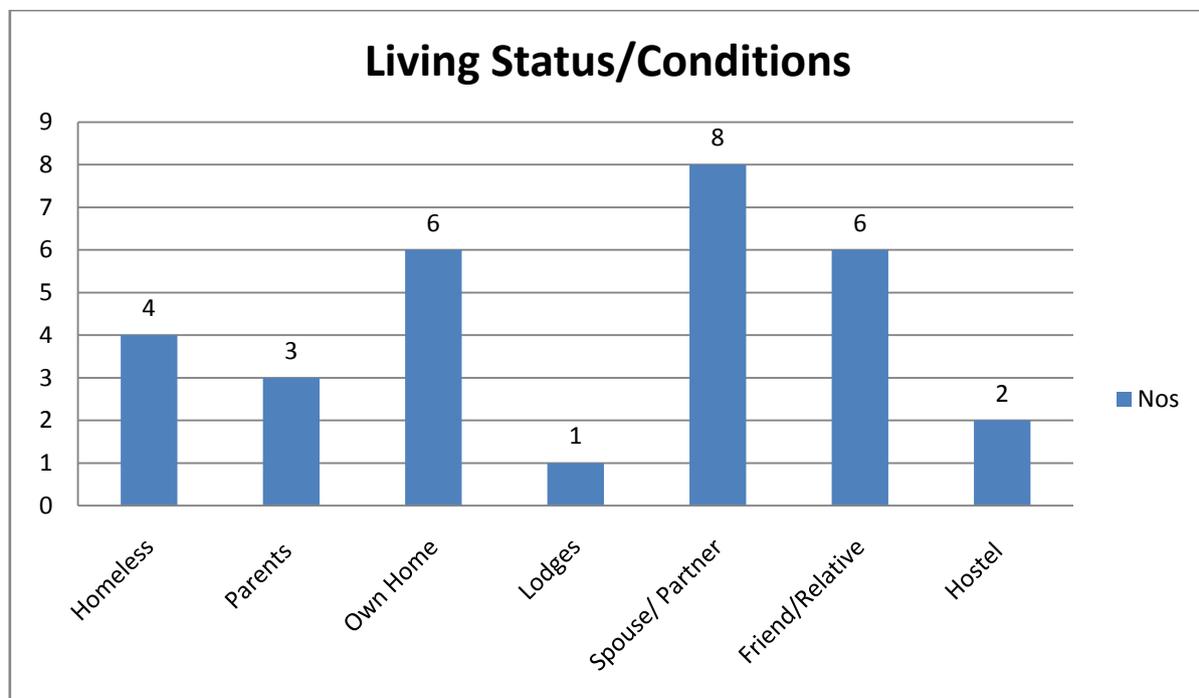
Living Status/Conditions

43% participants were reported homeless or living in temporary accommodations. 13% were living in lodges, 7% in hostels, 20% were with relatives or friends, 20% were in their own homes and 13% were homeless in their first commercial sex work. 100% of the homeless were aged less than 15 years when they started their first sex work.

27% study sample reported to be staying with their partner/spouse and all of these men were heroin users and they were supporting their female partners to find clients and share the money to buy heroin for both parties. There was a mutually supporting system in the couple relationship of heroin using female sex workers.

From the 10% of the sample who have been growing up with their parents. Out of them two were reported to be staying with their parents during their childhood. The other participant was from a single mother family.

Figure 4.6. Living Status/Conditions of Respondents

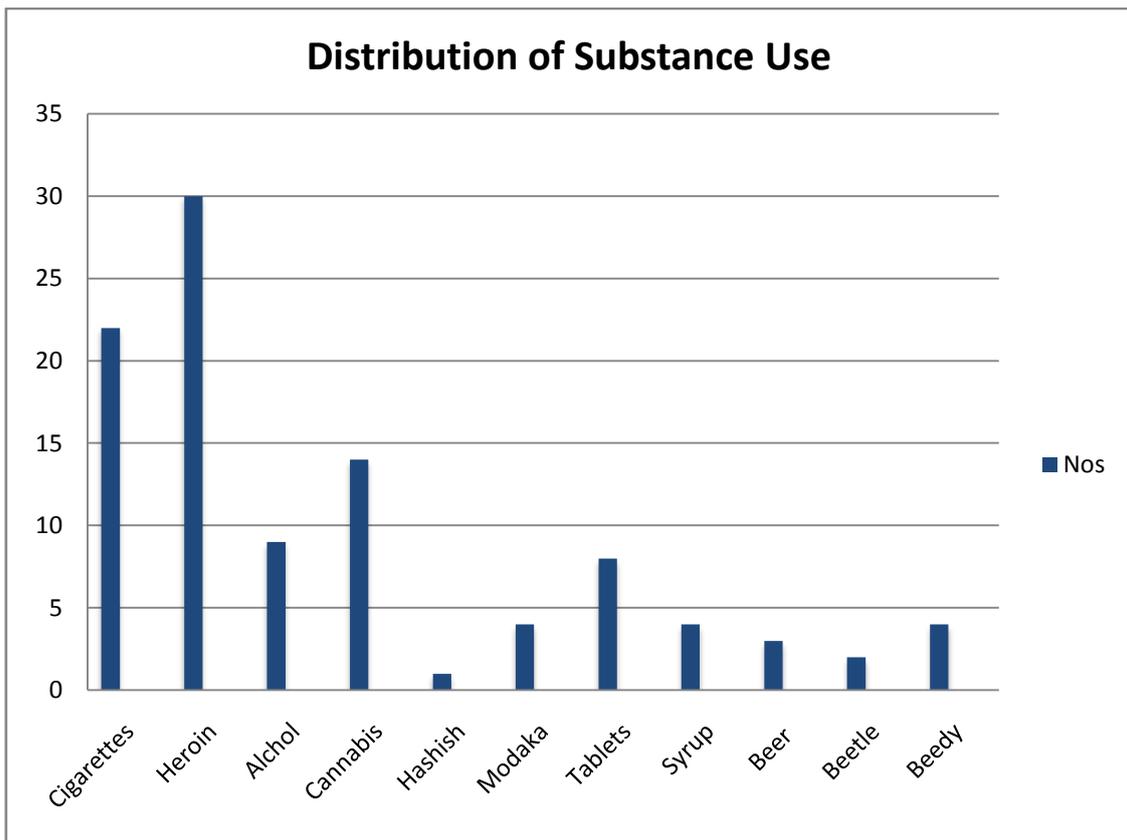


Substances used can be defined as the use of any psychoactive chemical which includes both problematic and dependency after use (UNODC, 2011).

The list of substances used by participants can be divided into the following categories; Cigarettes, alcohol, cannabis, hashish, modaka, tablets (which they use as an alternative drug, when they have no money to buy heroin or when there was a lack of heroin availability in the market place) syrup, beer, beetles and beady were reported among the study sample.

From the total sample 97% were multiple substances users, whereas only 3% were exclusively heroin users.

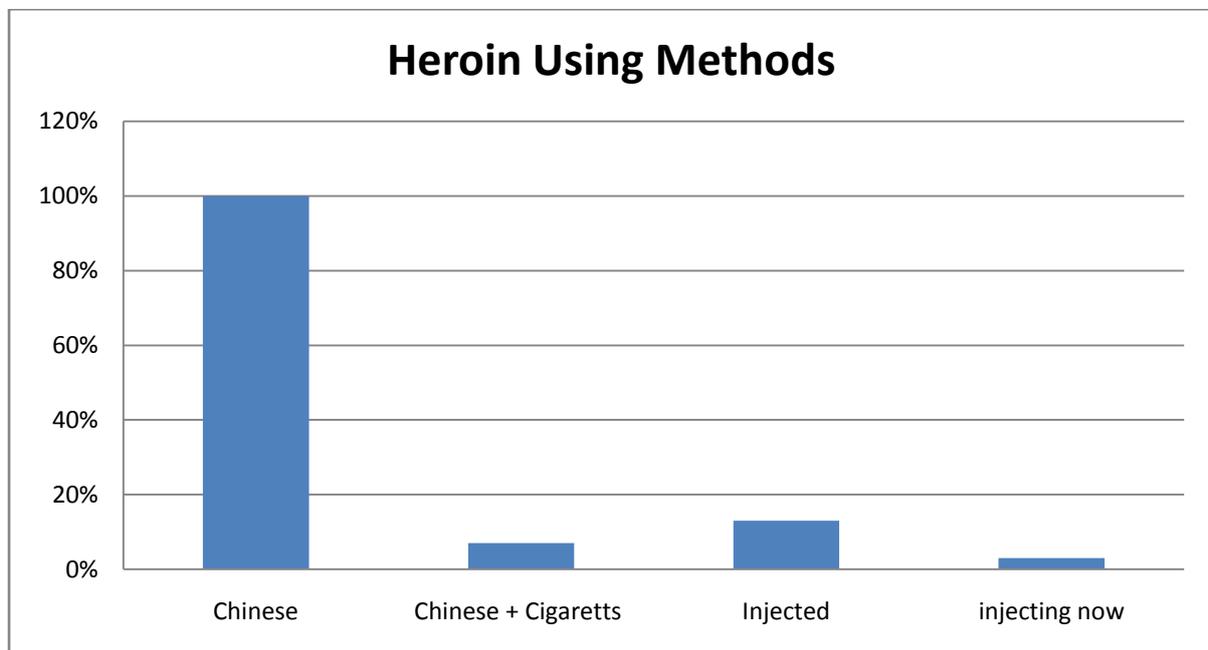
Figure 4.7. Distribution of Substance Use among Participants



Comparing to Senanayake (2000) cigarette smoking rate has gone down from 95% to 73% and the use of medical drugs such as diazepam, barbiturate and methadone has increased from 16% to 27%. Similarly cannabis rate has increased sharply from 26% to 47%.

Senanayake (2000) noted 100% of the sample was multiple substance users, when comparing to this study 3% of them were exclusively heroin users. It is clearly shown that the substance using pattern of female sex workers has changed during the past decade.

Figure 4.8. Heroin Using Methods



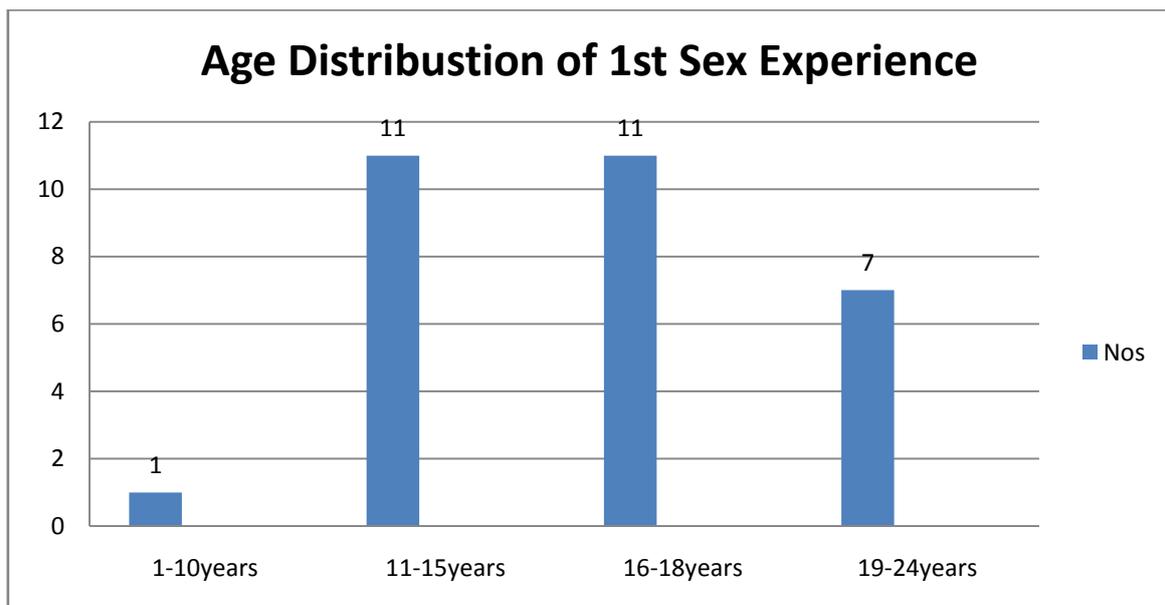
100% of the study sample were using heroin by “Chinese method” which can be defined as administration of the drug by snort/in-hail with heating or burning the substances (UNODC, 2011). Among them there were two participants who were using heroin with cigarettes. There were 13% injected heroin users. Among injected users three participants said that they do not inject now due to fear of HIV/ Aids and one person said it was a painful experience. 3% of the group were still continuing the use of needles and sharing them with the partner.

4.3. Route to Sex Work

The mean age at which participants reported for first sex experience was 16 years. 76% of the sample firstly experienced sex on or before 18 years of aged and among them 31% were abused during the childhood by a close relative or a neighbor.

53% of the study sample said they had sex after marriage and there were seven of them who were less than 18 years of age. Seven of the total participants said they had pre marital sex and all of them (100%) were aged between 14 to 20 years during their first sex experiences.

Figure 4.9. Age Distribution of First Sex Experience



Take the case of Shanika (37 years). Who described her childhood experiences as;

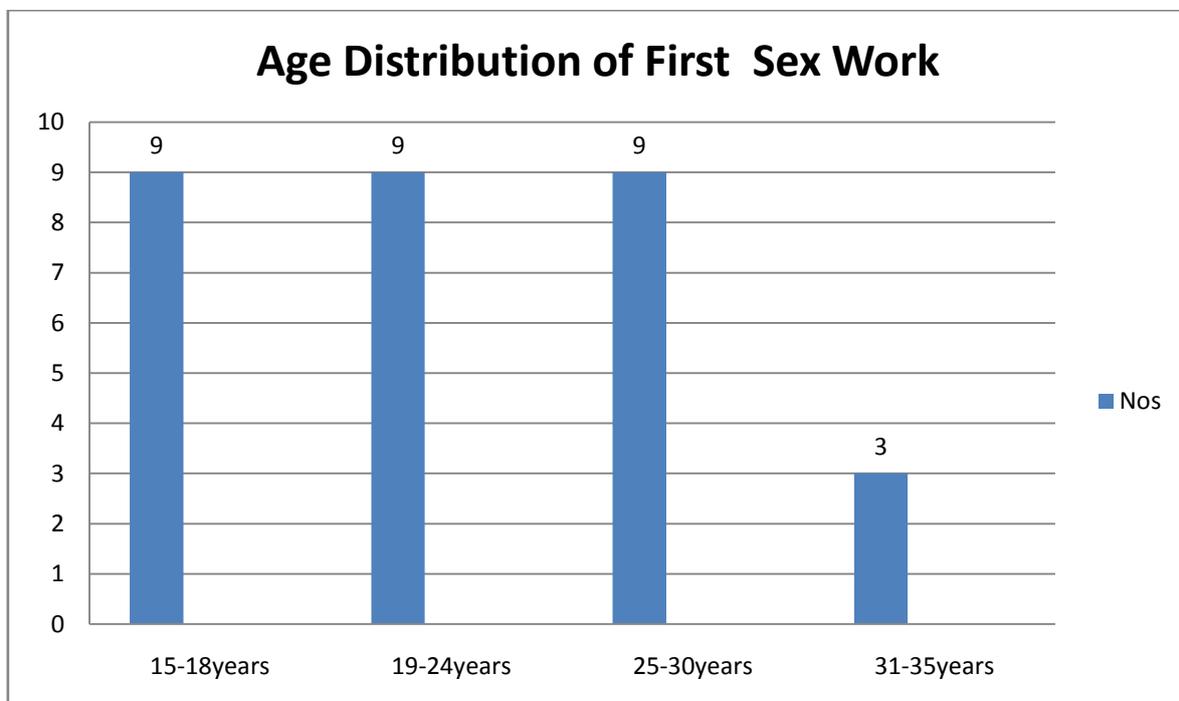
“I was the eldest of 11 children; my mother was married twice. As I was the eldest in the family I had to look after my younger siblings, and do the rest of the work at home. I was ill-treated by my mother and step father. I never schooled. At the age of

nine years I was abused by a boy from my neighborhood and it was a terrible experience in my life”.

Lindeland (2010) stated in her study that the sex workers have higher rates of childhood sexual and physical abuses, as well as neglected and other forms of maltreatments. The above statement proved the same situation, not only with Shanika, 70% of the total participants had grown up in a single parent family or under some elderly person with lack of protection, love and care.

According to data from this research the mean age at which all the participants first started sex work was 23 years. 30% of the total sample were 18 years or under when they were first engaged in commercial sex work. 70% were aged 25 years or under when they were first sold for sex. Only 10% were over 30 years of age when they started first sex work.

Figure 4.10. Age Distribution of First Sex Work



There is a clear pattern of the age distribution of first sex work. There is an equal distribution among the first three ranges of age groups. Each group contains 30% of participants and it shows a clear continuation of the trend of the first age of sex work, and it means that 90% of the total population started commercial sex work before the age of 30 years and 10% of the participants started sex work after reaching the age of 30 years.

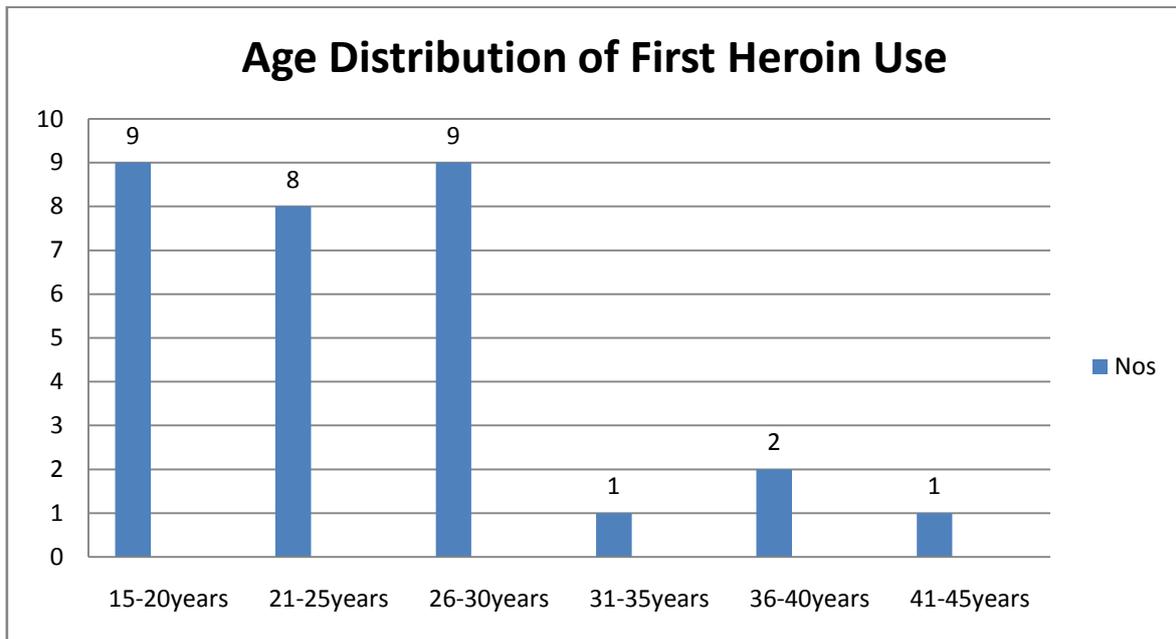
The majority of the participants in this study who discovered their routes to sex work was introduced through a friend. A friend who has sex work experience appeared to be introducing another person to outdoor sex work sector (street). Those who are seeking a career opening in the indoor sector (agency, brothel) also have to negotiate with the manager/owner through a friend who works there or a closer person to the owner (tout).

4.4. Route to Heroin Use

Sex work and heroin use has been linked with homelessness, or insecure housing, child abuse and lack of parental protection during the childhood. 53% of the total group started sex work first and then became addicted to heroin. 47% of the participants used heroin first and then got into the sex work for the sake of earning money for their heroin addiction.

The mean age at which participants reported for the first heroin use was at the age of 25 years. 17% of the participants used heroin before the age of 18 years. Among them three participants were at age 15 years when they first experienced heroin. All of them started the use of heroin first and then got involved in sex work. Three of them started sex work at street level before they reached 18 years. The age distribution of the first heroin use among female commercial sex workers ranged from 15 to 41 years and the majority of twenty six participants were within the range of 15 to 30 years of age. There were four matured participants who first started the use of heroin and 100% of them had started sex work after a long period of using heroin. Twenty seven participants were over 18 years when they first started their heroin use. It is clearly stated that more matured females were getting involved in heroin use.

Figure 4.11. Age Distribution of First Heroin Use



Shanika (37 years), explained her first heroin use experience;

Due to the maltreatment of my mother and step father I eloped with a boy when I was about 14 years old and his parents did not like me. I was pregnant at that time and they kept me until the baby was born. On the way home after the delivery, they took the baby and dropped me off in front of the Fort Railway Station and asked me to get back to my home. I sat there on the ground and cried for hours. An elderly woman came my way and asked the reason for my crying I related my whole story to her as she was my only savior. She invited me to her place and it was a small wooden room in a shanty area and gave me food to eat and lodging too. At the corner of the room I saw her snort something and I asked what it was. She offered me and told me once you take this you will forget all your sorrows. I was happy and used it without knowing what it was. I got addicted to heroin at the age of 15years.”

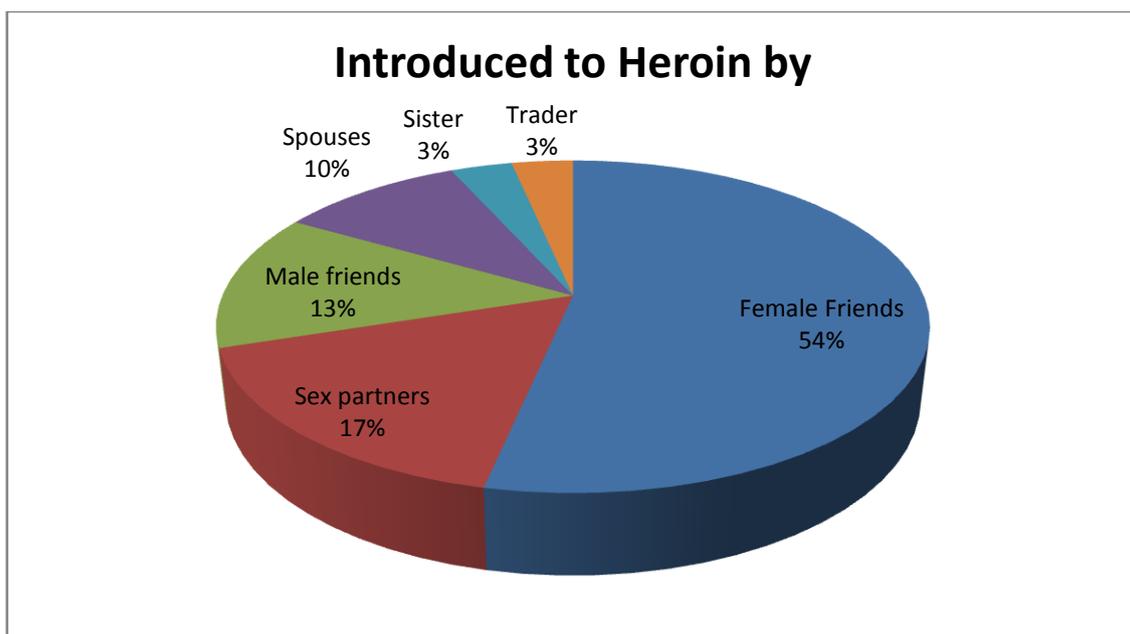
Huan Gao (2011) in her research discovered that immediate consequences of the childhood abuse may involve physical and psychological trauma and the history of trauma impaired women's normal development in childhood and also extended these negative experiences to adulthood. These women with negative experiences in childhood and adulthood including physical, emotional and sexual abuse are linked to illicit drug use.

Among the total number of thirty participants, twenty three participants were heroin using sex workers from Colombo city and suburbs, seven participants were reported from Gampaha, Ratnapura and Kurunegala. They were temporally residing in Colombo.

Ellinwood et.al (1989) revealed that urban women used drugs more than the rural women. This argument is confirmed in this study and also in the previous two studies of Senanayake (2000, 2005).

Sixteen participants of the sample were introduced to heroin by a female friend. Five of them were introduced by their sex partners, four participants stated they were introduced by a male friend who was not their sex partner or spouse. Another three participants were introduced by their spouses and one participant was introduced by her own sister and another one participant by a heroin trader.

Figure 4.12. Introduced to Heroin by



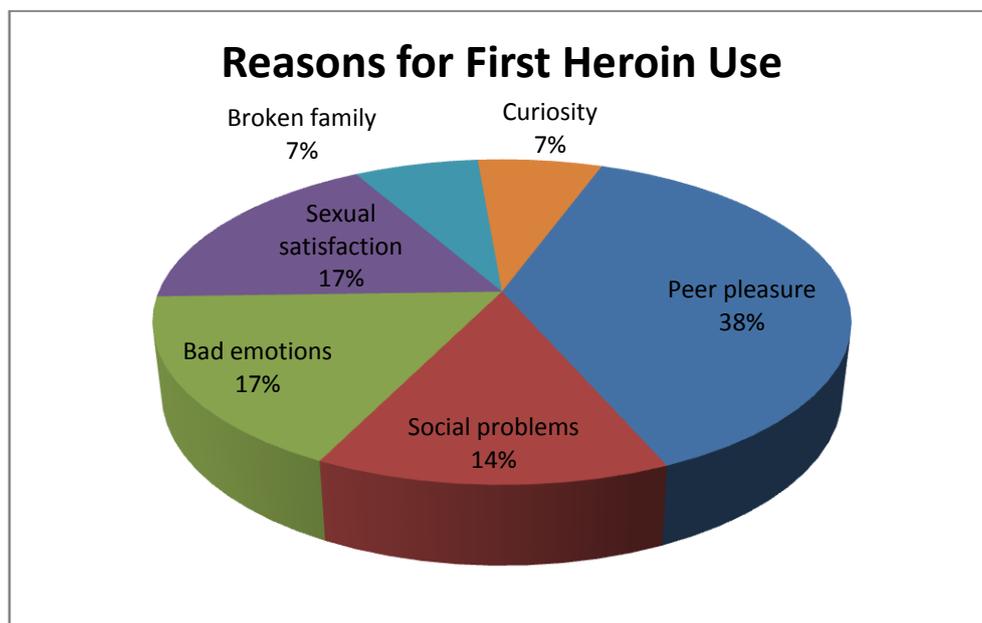
Among these women, four initiated to use heroin together with their boyfriends. These men were small business owners or laborers, and all four of them said that they were not under pressure to use heroin, but felt it was normal to use heroin together with them.

As Mangalika 61years, the oldest woman in the sample said;

“ I got addicted to heroin in the early part of 1983 in Kolonnawa area and as a widow at that time, was working for black market sales. I had always been dependent on my male friends while doing black market business. One of them brought heroin and tried to share it with me to which I did not take seriously, even though it might have had to lead to addiction”.

Twelve participants first started using heroin for peer pleasure, five participants used heroin for sexual satisfaction and another five used due to bad emotions, four participants had taken for social problems, two participants had taken due to break up of their families and another two participants first used heroin out of curiosity.

Figure 4.13. Reasons for First Heroin Use



Wathsala (32 years) said that the curiosity or availability of heroin alone might not be the cause of heroin initiation. Women's relationships with male partners were also found to be influential factors to initiation of heroin. When Wathsala was going through a difficult time with her husband she got into the use of heroin.

“Before I used heroin, I was living with my ex-husband and we had discussions together about our marriage. One time he suspected that I had a relationship with another man, so he beat me up. I took a bottle of sleeping tablets to commit suicide but was rescued. When I was very unhappy with my relationship with him, one of my female friends who were a heroin user invited me to stay with her for a while. Since I was very upset and depressed I started using heroin with her, within two weeks I got addicted to the use of it.”

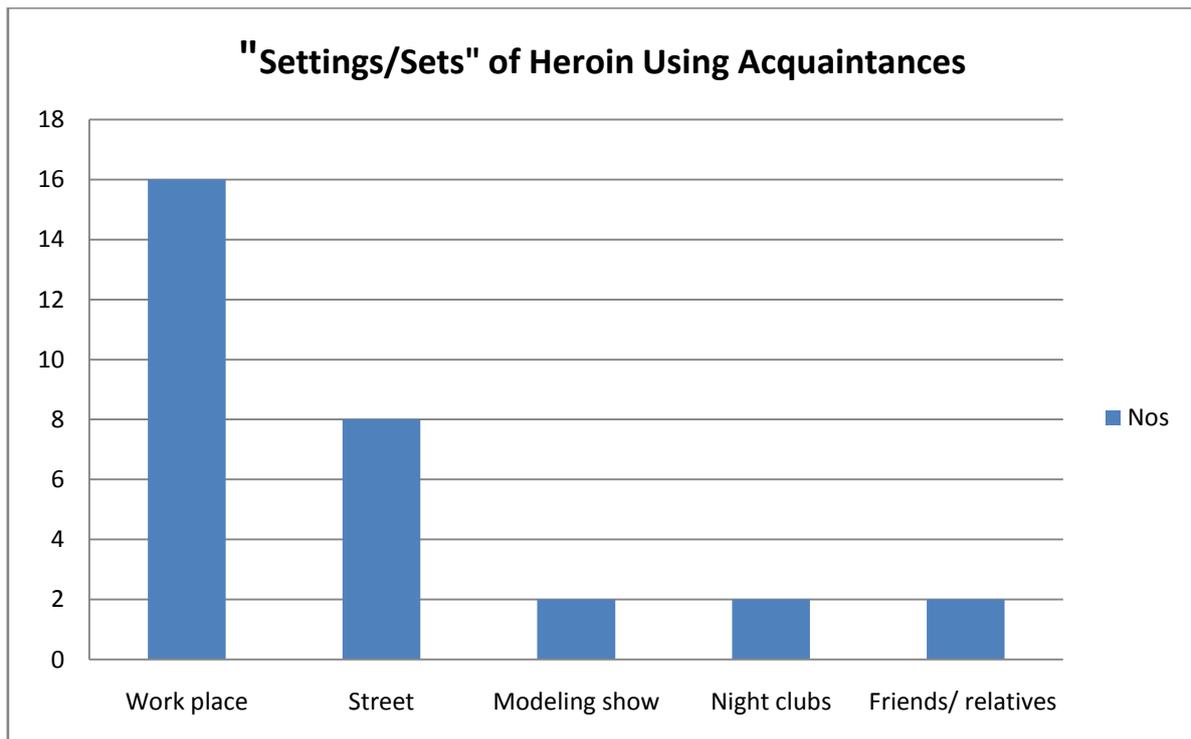
Due to lack of knowledge and ignorance, the consequences of heroin use, was a contributing factor in females to initiate heroin use. These factors were prominent in the case of females who got addicted to the earlier part in the heroin epidemic in the 1980's in Sri Lankan society and the female population primarily came from disadvantaged groups and poor neighborhoods.

Younger participants who were influenced by western culture and worked in the sector of salons, spa centers, modeling, film industry and sectarian work took heroin for fun, fashion, to be cool or to get fixed with their male partners. It is clear that there is a favorable socio-cultural back ground forming in the city area. And they are getting “sets” or “settings” favorable for illicit drug use.

These groups are active in outgoing activities and liked to use heroin for peer pleasure. These groups of females were mixed with males too. And they meet up in settings like 53% of them said they set at work places, 7% of participants were set at the modeling shows, 7% of them sets at night clubs, another 7% said they meet at friends/ relatives places and 27% of them set at street level. According to the study, ten participants out of sixteen who set at work places were introduced to heroin by a sex work mate, or brothel owners or agency owners.

This study confirmed that the environment of sex work place may be so dominated by heroin use and the easily availability of heroin and the cultural tolerance in the “sets” and “settings” increased participants desire to get involved in heroin use.

Figure 4.14. “Settings”/”Sets” of Heroin Using Acquaintances



4.5. Sex Work First vs Heroin Use

Heroin using female sex workers can be identified in two groups. Those who are involved in sex work and started using heroin as a habit and the other group of participants who started using heroin first and then got involved in sex work as a means of earning money for their use of heroin.

Out of the thirty participants, sixteen (53%) started sex work first and used heroin later on. The mean age for sex work for the above group of participants was 21years and the mean age for their heroin use was 27years. All the sixteen participants were under 20years of age when they first experienced sex. Thirteen of them were under the age of 18 years at that time.

Among the sixteen participants who had started sex work first, only one person lived with both parents in her childhood. All the other fifteen (47%) participants were living without the presence of their parents.

From the sixteen participants, ten participants were introduced to heroin by a female friend and most of them were introduced to heroin by a work mate who did sex work with them. Seven out of ten participants, started heroin use due to peer pleasure.

Four participants started heroin for sexual gratification and all the four participants who started heroin for sexual pleasure were introduced to heroin by their sexual partner or spouse.

One participant was introduced to heroin by her sister. She was engaged in sex work and used heroin and grew up with her alcohol addicted father.

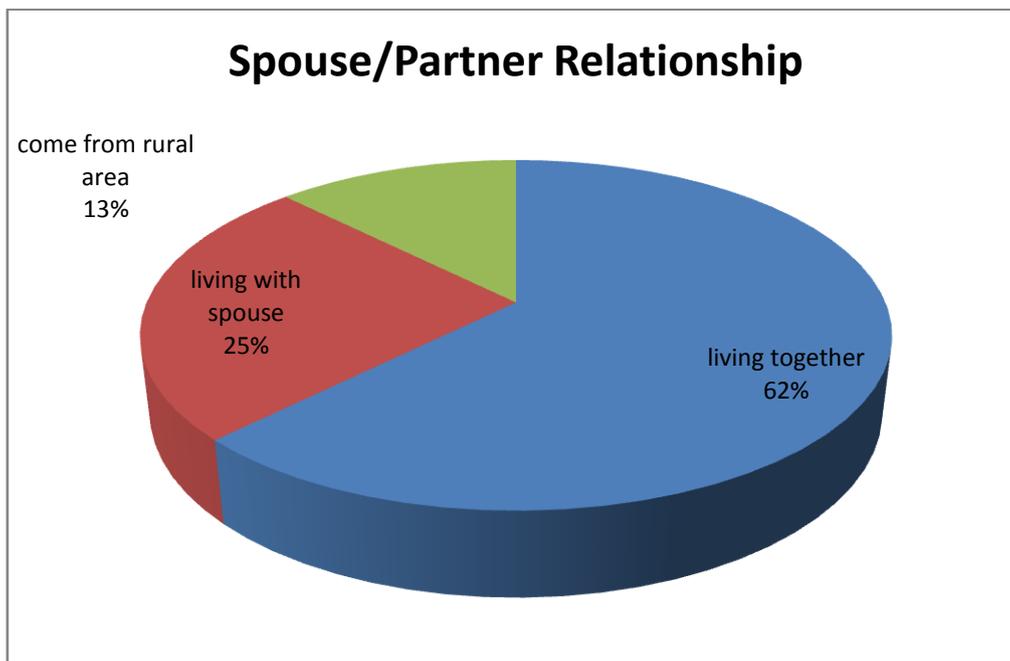
Inoka (45years) from Maligawatta said;

“My mother escaped when we were very young and my father was an alcoholic but he looked after my sister, two brothers and me. I schooled only up to Grade 1. Due to financial difficulties wanted to support my family. When I was 14years I got involved into sex work due to poverty. I was happy with my service as I enjoyed and earned five figure incomes. I earned between ten to fourteen thousands of rupees per day in the late 80’s and 90’s, and I was able to look after my whole family. My sister’s husband has introduced her to use heroin. One day I saw my sister in-hailing heroin and I felt like tasting it too. I liked the feeling of joy produced by it. First I used heroin for the pleasure and joy and as I had enough money in the hand I continued it as a hobby.”

In this study more than half the sample (53%) of the participants first engaged in sex work and later they initiated the use of heroin. Among them, one woman worked as a sex agency owner. She was a widow and living together with a man of half of her age.

Ten participants, out of sixteen who started sex work first, were living together with their partners. Four of them lived with their husbands, where both of them were heroin users. Heroin using husbands were depending on their sex working wives and encouraged and helped them in their sex work. Two participants said their husbands were in home town and looking after their kids.

Figure 4.15. Spouse/Partner Relationship of Sex Work First vs Heroin Use.



The two women from Ratnapura motivated themselves to move into the Colombo city for the sake of job opportunities due to rural poverty. Their new city life gave them more comfort and connected them with the network in diverse background. The dramatic difference in income between conventional jobs and money earned illegally attracted them to commercial sex work.

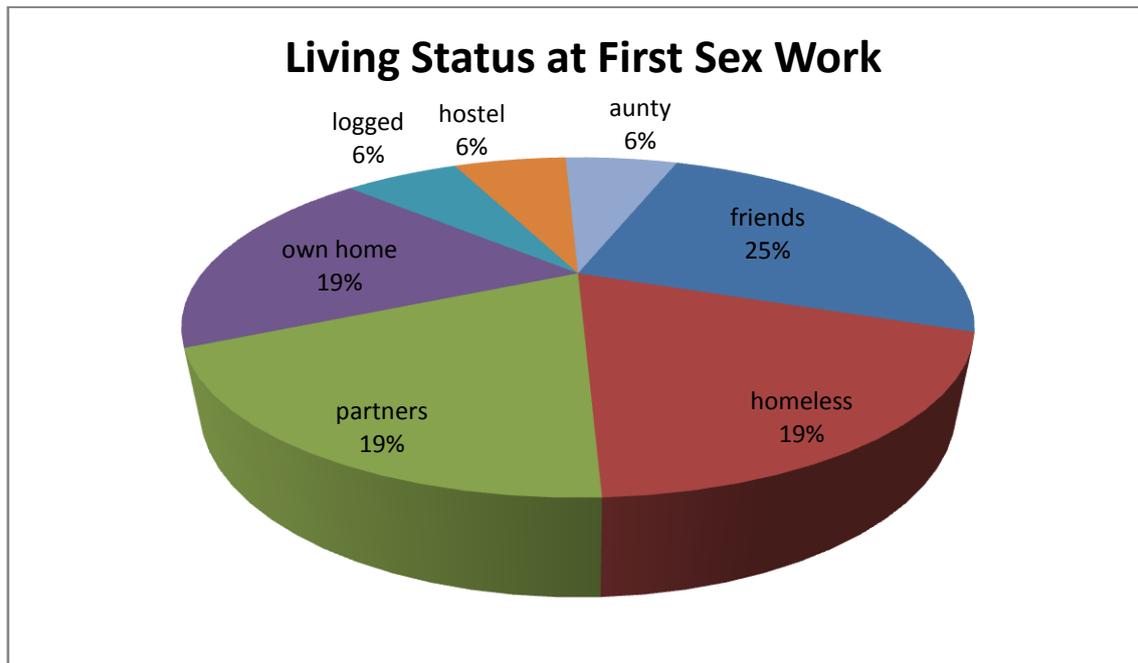
Kanthi (49years) said;

When I came to Colombo, I did not know anybody. I began to work for a cleaning service in Colombo. My salary was about 10,000 to 12,000 per month. I met a friend, a girl who worked with me. She asked whether I would like to earn more money, or do you want to be poor forever? I said “no” and I agreed with her to meet her friend, and the following day they introduced me to a man. I was confused with the situation. Finally, I decided to go out with him. At the end of a few hours I earned 5000/- rupees. It was easier and entertaining.

I was very pretty in my younger days. I went to star class hotels with my clients. Sometimes I earned more than 25,000 per day. And I was attracted to easy earning money and was able to send enough money to my family for their expenses as well. By that time I had a boy friend and I had to do everything behind his back. At one time he found the real situation of my life. Thereafter, I could not face him anymore. I became depressed and a work mate of mine introduced me to heroin. After consuming heroin I felt like I was newly born. Since then I have been using heroin while engaging in sex work.

All sixteen participants were living out of their parental protection during their first sex work. Four of the participants were with friends, three of them were homeless, another three of participants were with their partners, another three participants said they were independent and were at their own homes. One participant said she was living at a lodge in Pettah and one was at a hostel and another one participant said she was with her aunty during their first commercial sex work.

Figure 4.16. Living Status at First Sex Work



4.6. Heroin Use First vs Sex Work

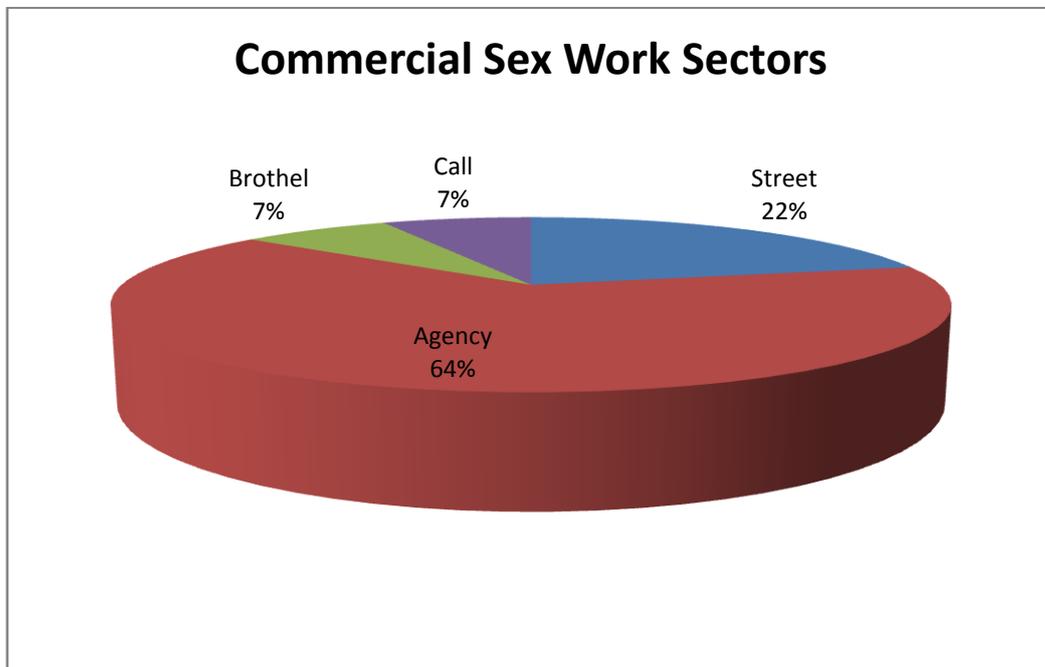
From the total sample 47% of the participants reported that they started using heroin before starting sex work. Mean age of those who reported to start using heroin before sex work was 21 years.

Of those who reported to start heroin first vs sex work, 86% sold sex after the age of 20 years and only 14% were reported have sold sex before 18 years of age. The mean age of the first sex work began when they reached the age of 24 years. Among them there were 28% who started heroin and sex work at the same age.

There were only three participants who started heroin before 18 years. All three participants were 15 years of age when they first started heroin use and they had first experienced sex before the age of 18 years.

Three participants who were started heroin use at the age of 15 years, started sex work at street level. 64% of the respondents started sex from a contact with an agency owner who trades heroin. There was only one person who worked for a brothel. One participant from an upper class family worked over the phone with the help of friends.

Figure 4.17. Commercial Work Sector of Heroin Use First vs Sex Work

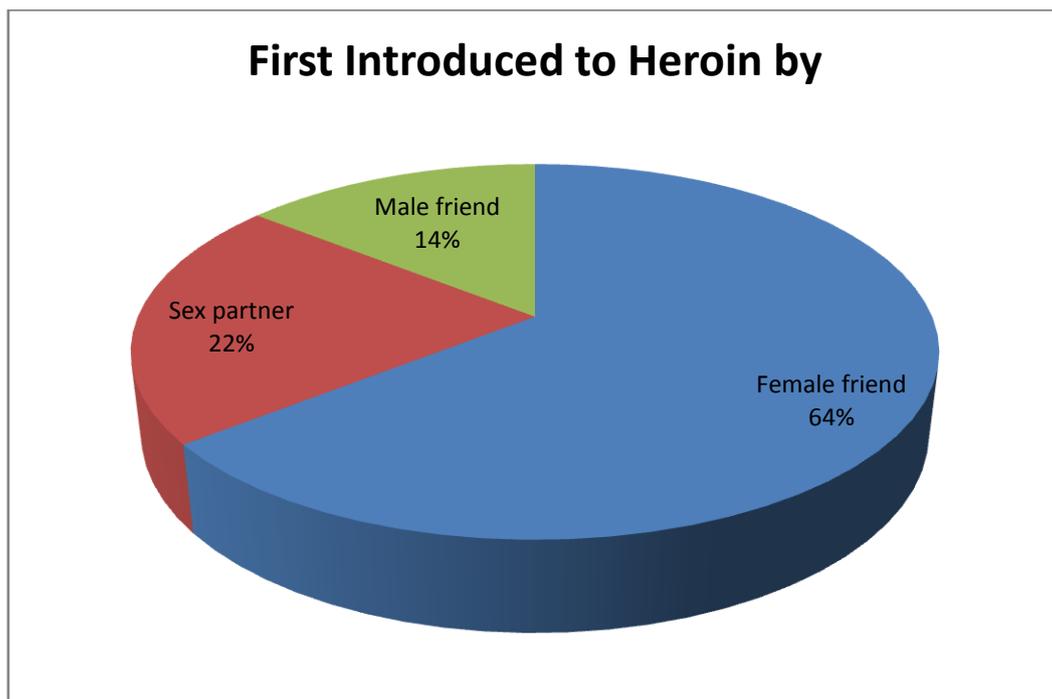


Judith (34years) explained about her first heroin use;

I had a friend who was a foreigner. She visited me at my home. When she was leaving she gave me a few packets of heroin to throw away as she could not carry a cross the

border with illegal drugs. I took it home and tried to use it the way she was using. My boy friend was using heroin too. So I was curious of tasting and feel about it. Now I and my partner are both using heroin together. I was working as a secretary and earned a good salary but it was not enough for my daily need of heroin and also I could not concentrate on my work as before. I was absent from work for many days and at the end I lost my job. At the beginning I asked money from my mother and in time to come it was not possible. Finally, I ended up selling sex only for selected clients. I got connected through my mobile phone; friends and also my partner helped me with this work.

Figure 4.18. First Introduced to Heroin by

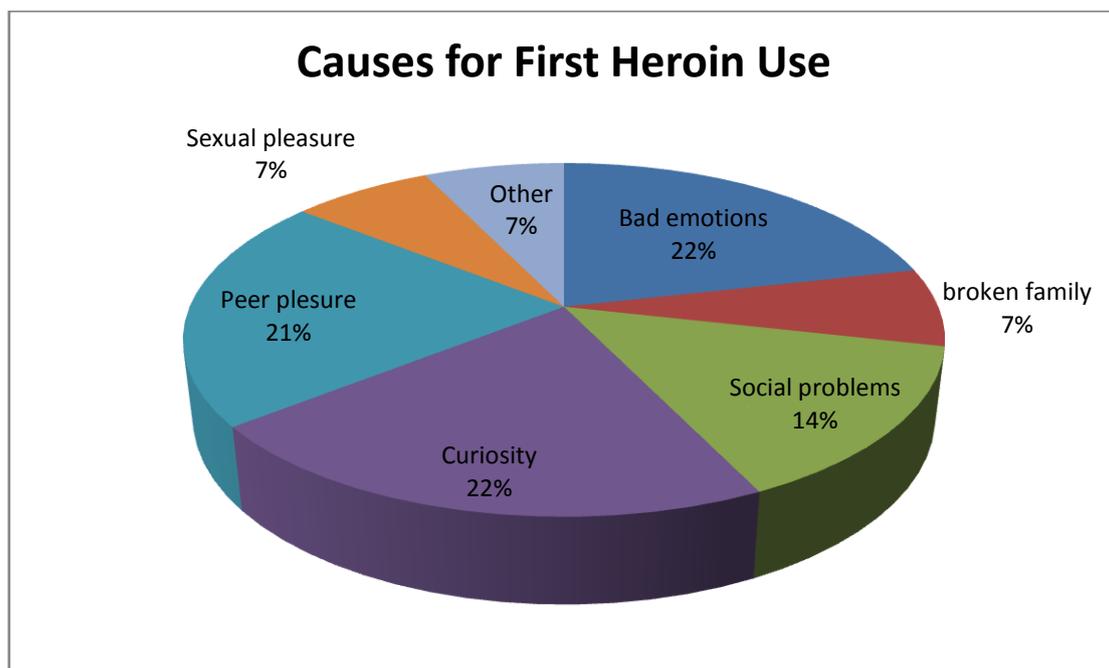


Out of the fourteen participants, nine were introduced to heroin by a female heroin using friend. Three of them were introduced by their sexual partners and two of them were first introduced by a male friend and both of them have started using heroin in the early part of 1980's.

Nilani (50 years) a widow explained her first use of heroin.

“When I was about 20 years of age my husband died. I was mostly surrounded by male friends in the vicinity of my home. It was a garden at Slave Island. I used to smoke and share their cigarettes. One day a friend had mixed heroin into my cigarette. When I smoked it I felt some difference. Unknowingly I got addicted to heroin and after that I continued to use it.”

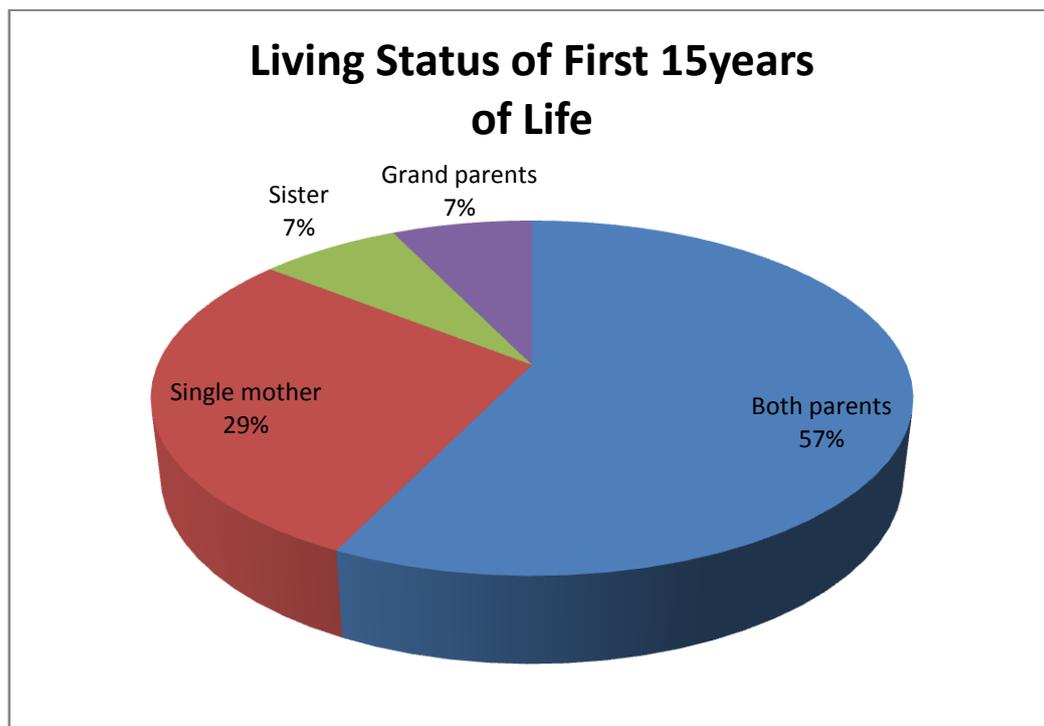
Figure 4.19. Causes for First Heroin Use



All fourteen participants started heroin due to various reasons such as broken family, emotional turmoil, social problems, curiosity, peer pleasure, sexual pleasure and one participant said that without her knowledge a friend had added heroin into her cigarette. In comparison to the participants who started sex work first and then became addicted to heroin, but these participants have started heroin first and got into sex work with varied reasons for the route of heroin use.

Living status of first 15 years during the childhood considered very important. Heroin use first vs sex work group of participants, were more with their parents in their early lives. These respondents were neglected emotionally and physically during their childhood. They were maltreated and abused in their first stage of life. This study suggests that parents have spent more time with their own work and less time on supporting and caring for their children.

Figure 4.20. Living status of first 15years of Life



Eight participants out of fourteen were living with both of their parents during the childhood. Four lived in a single mother family and one was with her sister and the other participant was with the grandparents. When we compare this situation with the participants who got involved in sex work first, there is a difference in the childhood experiences. In the sex work first vs heroin use group, only one participant was with both parents, and all the other fifteen participants were out of the family protection during their childhood.

Half of the above heroin use first vs sex work sample, were not happy about their sex work as they were emotionally distressed and they had only worked in the field to earn money for their heroin use and to support their families financially. Seven participants were happy with

their work and they were working in different fields like salon, massage parlor, garment factory, cleaning service and self employed while engaged in sex work. They did not consider sex work as their profession; they were talking and concerned about their previous designation and said they were satisfied.

All fourteen participants were heroin users before they entered sex work. And they have become dependent drug users before starting sex work.

4.7. Relationship between Heroin Use and Sex Work

To understand the relationship between involvement in heroin use and sex work, respondents were categorized according to their reported order of involvement in “sex work first vs heroin use” and “heroin use first vs sex work”. Qualitative data were examined to discover these two patterns.

Heroin users began their sex work careers at a more matured age and typically enter sex work to cover the expenses for their heroin use, about 47% from total thirty participants. 86% of the participants paid for their heroin use from other sources earlier in their drug use career. Therefore, these individuals are older in age and with long standing habits of earning money for their heroin use. Once addiction develops, continued involvement in sex work is required to support it. 86% of these participants said they will not exchange sex for money when they were not in need of heroin.

Take for instance the case of Lalitha (50 years) who says;

“I was 18years when I first started using heroin. I worked at a place where heroin was distributed. Then daily payment was good enough and I was able to manage my expenses for my heroin use. Later I lost my job and I had no other means of finding money for use of heroin and therefore engaged in sex work. I started sex work at the age of 30years. I worked for an agency only when I had no money to buy heroin.

During the absence of heroin I did not engage in sex work. I looked after my grandchildren and stayed at home.”

Availability of heroin for sale in the immediate sex work environment is another cause for sex workers to get involved in heroin abuse. According to the information gathered from the respondents, both the agency and the brothel owners were trading heroin for the sex workers and for some of their daily clients who comes for services.

Wasana 32 years, started her career as a sex worker at 17 years. She described that her first use of heroin was a matter of family problem by the age of 28 years. She said that her co-worker was using heroin every day before she started her daily chores. She stated that;

“When my husband left me and got involved with another woman I was mentally down. To overcome this matter I decided to share heroin with a friend of mine who was using it. I felt relaxed and happy after my first use of heroin. I continued to use heroin as it was available with the madam-the owner of the agency. She trades heroin with the understanding of payments later. We can collect it before sex work and pay her back with the money we earn daily. I only use heroin at my work place.”

The most visible drug using sex workers are outdoor and independent sex workers according to Senanayake (2000, 2005). At present situation this study shows that the indoor and agency workers were involved in sex work, as well as heroin use. Statistically significant relationships were found between sex work and heroin use due to high rate of child abuse, homeless and insecure housing.

Radhika (27 years), started heroin at the age of 15 years and started sex work at the same age said,

“I know that I’m doing something wrong according to our cultural values and norms and people don’t respect me. I have no confidence to face the society. When I use heroin I feel much better and gain a bit of confidence to walk around, and also it gives some comfort with the work. Sometimes I may have sex with four to six men per day. We meet different types of men, even though we may not like them we do not have a choice but to give our service. After consuming heroin I feel better having sex with them.”

According to this statement, we can see how heroin use and sex work mutually reinforce each other. Overall, this group of participants are characterized by their independence, business orientation and positive attitudes towards their sex work. It is important to search the difference between these two groups to find out the strategies to break the links between heroin use and sex work.

CHAPTER 5

Conclusions and Recommendations

This study was done in the City of Colombo among heroin using female sex workers. The focus of this study was to describe their socio-cultural back ground, childhood development, routes to heroin use, routes to sex work and pattern of heroin use. It has also been compared with the pattern of commercial sex work and the link between these two activities. Women involved in heroin use and sex work have been directly influenced by their socialization process which includes sociological factors connected to their individual contributions. Lack of parental protection, love and care during the childhood causes, sexual and physical abuses and the family conflict have made them neglect other forms of maltreatments.

When I consider about these females and their childhood causes, it has made severe impact on their delinquent and anti-social behaviors. The primary factors identified within the family include conflicts that have influenced their personal and school live. Especial focus should be paid on childhood to adolescence. Most of the women in sex work and heroin addiction have grown up in a dysfunctional family where they were neglected, rejected, abused physically, verbally and sexually during their childhood. At the end they have ended up with anti-social behavior.

Family is the basic unit in the society that links the macro social forces and the micro world of children. Its structure and processes are interconnected with social circumstances. After the 1977 liberalization reform, the political structure Sri Lankan society has under-gone significant changes in several areas which has had an impact on socio-cultural background of female heroin users in commercial sex work.

5.1. Contributing Factors for Heroin Use and Sex Work

Firstly; broken families and divorces contribute to this situation and more young girls are living in single parent families or in a households without the presence of parents.

Secondly; due to urban poverty, families with poor economic status have committed young females with limited opportunities in educational and developmental activities.

Thirdly, under the growing economic pressure, parents have to spend more time with their work and less time on supporting and caring for their children.

Lastly, within the fast changing society young females are more initiating to new ideas and their parents are more likely to resist these ideas and behavioral changes in the next generation. These new emerging issues in urban societies are creating new problems that create new challenges in urban family sectors.

Considering these four factors we can say that heroin using female sex workers were the product of the new society and it is continuing as an emerging social issue in Sri Lankan society.

The study by Senanayake (2000/2005) was not much concerned about child's abused part. But in this study it was revealed that sexual abuse factors and childhood exploitation were significant factors. I tried to figure out the data of education level and school drop outs in this study by comparing with the research of Senanayake (2005). Most of these women were under-achievers in the academic sector. Few of them had moderate academic records. Most of them were not motivated for studies due to lack of family support and the lack of attention from school staff. They had no intention of achieving higher education. This made them become more realistic in finding an easy way of earning money while discontinuing their studies and initiating with sex work.

Peer group association of these young females were influenced by deviant behaviors such as heroin use, smoking, drinking, early dating and cohabitating with men leading to pre-marital pregnancy. Through the extended out-door activities they were exposed to social network and get linked with adults who are engaged in sex work. Since the early 1980's, after the structural reform in Sri Lanka, child sexual exploitation and drug use among young generation of females can be seen in the city area. Especially because the family structure failure to give them adequate attention and care, these young girls get into deviant behaviors. Lack of child protection can be highlighted as a main reason of early intimate relationship with the opposite sex and this has an impact on their adolescence and early adulthood. Childhood socialization process and early childhood development can lead to on deviant behavior of heroin use and commercial sex work. Also we need to consider about their male

partner association that causes pre marital pregnancy and their children again get into the same situation like a vicious cycle. It is important to find a way to break this cycle within their sub-cultural tolerance for all these behaviors.

Female immersion to the world of heroin and sex work did not occur over night. In this changing world of Sri Lankan urban society, family and school socialization process, peer group association and the link between social net works play important roles and consequently family related problems were more likely to weaken the bonds between these young girls and their parents. It disrupts their academic careers that lead to their susceptibility peer pressure. Once they live in their heroin sub culture they value the norms and opportunities they gain within their own society. They do not consider much about the values and norms of the society that exist outside their world and are trying to settle with their own sub-culture.

These social networks typically expose these women to use heroin and engage in sex work while facing poverty, frustration about families, failure in relationships and marriages and to fixing with their heroin using male partners and getting connected and to be recognized in their own sub culture. Both married and unmarried female sex workers were under the direct influence of their male partners when they used heroin and engaged in sex work activities.

The availability of heroin and opportunity to try it without much effort and these women's willingness to use drugs have been always critically identified factors for this group of females to initiate into heroin use. Also there is a socially favorable environment and cultural background to practice these kinds of behaviors and it can be identified as an equally important factor.

This study has identified that the heroin use and the sex work is mutually reinforced. It is important to find out new strategies to break the links between heroin use and sex work.

5.2. Preventing Children Being Abused

This study identified that 76% of them experienced sex on or before the age of 18 and the mean age of them were 16 years. So it is very important to look forward with the policy

makers to focus more on preventing child abuse and finding a better process to look after children who are away from their families.

Assure that they are having secured houses, even with the child probation we need to find out whether the children are secured physically, emotionally and sexually. There is a need of establishing proper monitoring and evaluation system within the government sector to protect the children under the secured houses.

Early school drop outs are identified as one of the most important factors which can be addressed through the school setup. 93% of them dropped out of school before sitting the GCE O/L examination. And most of them were from single parent families. School counseling system should be strengthened with qualified counselors and policy makers should focus on this situation with planning.

Service people should identify the risk factors involving child prostitution and should strengthen the law enforcement agencies to pursue and prosecute the abusers who pay to have sex with children.

5.3. Intervention Programmes on Sex Work and Heroin Use

The findings in this study suggest that the group needs access to information, support and counseling system. Independent sex workers work alone and they stay away from their sub culture and they are unlikely to learn harm reduction or safe sex practices from their co-workers. It is important to find out an alternate source to support them. We can suggest that the most effective way to benefit them through peer education support system because they simply do not want to discuss about their sex work or heroin use with the service providers; therefore, it is difficult for them to make direct link.

Sex workers need the support to stay away from heroin use, and need to promote the awareness of harmful effects of injecting heroin use which lead to HIV/Aids and STI. It is important to make them aware of the importance of the frequent sexual checkups. Promoting sexual health among the group is very important to prevent the spread of Socially

Transmitted Infections. They need services to obtain condoms, sexual and physical health checkups, emotional and vocational support and suitable methods of rehabilitation to get away from this traditional setup.

Sex work and heroin use are mutually reinforced. There is a great need of strategy to draw these females for rehabilitation and treatments. It is important to identify the effective methods since there is only a few rehabilitation facilities that exists for female heroin using population. Especially my suggestion is to approach them with the health community staff. It will be a more effective and a practical way to reach them personally.

Health education and awareness programs should be specialized for this group of heroin using female sex workers, physical telescoping on these women must be taken for concern, means heroin using, pregnant and neonate women being very important to be covered by the health services. Low weight birth, stillbirth and disabilities can occur during the delivery. Harmful behaviors like injected drug use will affect physical and sexual health of the mother and the neonate. Two factors that are mostly considered are to make them aware not to use heroin/drugs with their clients together and not to be engaged in commercial sex activities under the influence of heroin use.

Hence, there should be a better planning for intervention programmes to make a strong link between service providers and sex workers in heroin use. To make this process successful it is important to build up their own peer education network system and get connected with each other with an invisible hand to provide them a check-in system to safe guard each other. There is a great need to reach the young girls in a risk population and also it is important to discover the new females who are entering the field of heroin use and sex work. These target populations need to go through counseling, health education and awareness programs.

Within this illegal setup for commercial sex work, participants are reluctant to come forward to meet service providers. They try to remain hidden which makes it harder to discover access of free and effective services. Although this aspect was not investigated as a primary focus in this study, the outcome suggests that legalization may prove to have a positive impact in the society. On the other hand, there might be a negative impact that could happen by the legalization process and the negative circumstances identified by future research work.

Hence, this study was specifically focused on heroin using female sex workers in the Colombo city and the researcher emphasizes the importance of breaking the links between these two vulnerable activities. The researcher wishes to discuss about the possibility of using the research findings on the process of legalizing sex work as a harm reduction intervention tool. Socio-cultural, economic circumstances have not been considered in the suggestion of legalizing sex work industry and is geared towards heroin using female sex workers only.

1. There will not be any hidden population to discover when all sex workers work under a license of legal authority.
2. Establishing high revenue system could be controlled by the new enrolment to the industry.
3. There will be a guide line to be followed by each sex worker under the ethical considerations.
4. This leads to prevent children less than 18 years engaged in sex work.
5. Authorized people can be investigated by checking whether they do work under the rules and regulations.
6. They can have access to better health servers and fear for getting help from service providers can be minimized.
7. Low enforcement intervention can be easily done and illegal criminal offences like heroin use, drug trafficking, human trafficking and child abuse and exploitation etc can be minimized.
8. Service providers/out reached officers can be connected easily.
9. Prevention of Socially Transmitted Diseases can be done by not issuing the license for medically failed sex workers.
10. Sex workers can work under secured environments and they can come forward with legal support system for torture, violation and harassment.
11. They can establish a fixed and standard charging system.
12. It will be easier to establish suitable and effective rehabilitation system within the working environment.
13. Reduce public discrimination and marginalization among the community.

Findings of this study suggest that the overall aim, intervention and target of preventing child abuse and child prostitution would help to reduce and prevent young girls getting into heroin use and sex work.

Special attention should be paid to children from broken family setups who are growing up under the single parents or without the presence of a parent and reduce their access to outdoor environments where heroin use and sex work take place.

There should be a better strategy planning on reducing physical, emotional and sexual harm during the childhood development among the younger generation and increase their personnel, emotional and sexual safety within the family, in school and in society.

Action should be taken to prevent the new generation of females getting into sex work and heroin use and to develop better legal enforcement and related services with easy access for information and guidance.

Creating better job opportunities and vocational training based on skill assessment for school drop outs within the community intervention under the poverty alleviation programs.

There should be a proper method of drawing heroin using female sex workers into treatments and rehabilitation and find out the effects of various types of treatments and after care approaches currently used in Sri Lankan setup.

5.4. Future Research

There is a need to elaborate on suitable rehabilitation, treatment, prevention and after-care strategies for the heroin using female sex workers in Sri Lanka. The traditional setup of treatment and rehabilitation strategies focused more on male heroin users only. Entering treatment for drug addiction, it has been difficult for females due to socio-cultural factors, gender role, guilt and shame. In consideration to this study on female heroin using sex workers, researcher noted that there is a great need of policy planning, development of programs and implementation from the women's perspective. It has been expressed for a number of years, but inadequate attention has been given to the problem of female heroin

addiction and its impact on society. Researchers and the treatment people cannot be satisfied with the present information to find a better solution for the prevention and rehabilitation sector and it is important to identify the barriers for heroin using female sex workers entering into treatment and rehabilitation in Sri Lanka.

The outcome of the study highlights a need to explore the impact on legalization of commercial sex work in Sri Lanka as a harm reduction intervention tool. The need to prevent young girls under 18 years being abused through sex work and heroin use and to break the connection between the deviant behaviors have been identified as two important factors to be controlled within the legal frame work. It is important to prevent vulnerable young females being drawn into the field of sex work and heroin use and there is a requirement of coordinating work between law enforcements and the prevention programmes to identify young females at risk situations. Hence, though there is a need to legalize sex work as a tool of harm reduction, future research should explore the positive and negative impact of legalizing the commercial sex work in Sri Lanka.

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APPENDIX- A

Basic Outline Questions

Interview Number

This questionnaire is to assess the patterns and extents of the female heroin use in sex work and find the routes to heroin use and sex work of female heroin users in the City of Colombo are between the ages of 18 to 61years.

Exploratory Research on the socio-cultural background of heroin use female sex workers between the ages of 18 to 61years in Colombo City

Date

Location

Information for identification.

1. CMC District:

.....

2. Area code/ Centre/ Ward:

.....

3. Where contacted:

.....

4. Date of birth: Age :.....

5. Religion:

Buddhist	Hindu	Christian	Islam	Other
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6. Nationality:

Sinhala	Tamil	Burgher	Muslim	Other
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7. Civil Status:

Never Married	Married	Divorced	widowed	Other
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8. Level of Education :-

No schooling	
Grade 1 – 5	
Grade 6 – 8	
Grade 8 – O/L	
Passed O/L	
Passed A/L	
Degree/ Diploma	

Socio-Economic Data

9. Are you employed?

Yes	No
Part time	Full time

10. Designation:

.....

11. Employment status.

Beggar	House maid
House wife	Street seller
Factory worker	Cleaner
Laborer	Clerk
Sex worker	Secretary
Travel assistant	Manager
Student	Security Service
Foreign employed	Entertainer
Sales Assistant	Other

12. Which category of income do you belong to :-

Less than 10,000 per month	
10,000 to 20,000 per month	
20,000 to 30,000 per month	
Above 30,000 per month	

13. What is your income?

Per month -	Per day -
-------------	-----------

14. Are you satisfied with the present employment?

Yes	No
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If the answer is " No " reason ?

.....

15. Where did you live during the last one year?

Rural	Sub-urban	Urban	MC	Overseas	Other
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16. With whom did you live during the first 15 years of your life?

Both parents	With grand parents
With mother	Guardian
With father	Others

Heroin Use

17. Have you ever consumed Heroin?

Yes	No
-----	----

18. At what age did you first use Heroin? :-

19. Why did you use Heroin for the first time?

Curiosity	Peer pleasure	Social problems	Bad emotions
Broken family	Work place problems	Sexual satisfaction	Others

20. Who was the first person that introduced you to heroin?

Spouse	Sex partner	Friend
Family member	Brothel owner	Others

21. Have you consumed Heroin within the last 1 month?

Yes	No
-----	----

If “Yes” how often

Every day	Once a week	Once a month
Every other day	Twice a week	Others

22. If every day, how often do you consume Heroin?

Once a day	Three times per day	Whenever I have money
Twice a day	More than trice	Others

23. How much of money do you spend for your Heroin use per day?

Per day-	Per month-
----------	------------

24. Name the types of other substances that you have been using for the last 1 month?

Cigarette	Cannabis	Tablets
Arrack	Hashish	Syrup
Heroin	Modaka	Others

25. Is there any of your family members using Heroin?

Mother	Sister	Spouse
Father	Brother- in-law	Children
Brother	Sister- in-law	Others

26. Indicate why you are using Heroin now? (you can use more than one response)

I like the taste	
I like the feeling	
It makes me feel relaxed	
Because my friends use it	
Because my family member used it	
Easy to obtain	
I’m curious	
I had no confidence to refuse it	
Others (please specify)	

27. What is the method of using Heroin?

Chinese method	Injecting	Oral	Others
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28. If you are an injecting drug user, do you share the needle with others?

Yes	No	Few times	Others
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29. Have you used heroin during the period of pregnancy and lactation?

Yes	No	Few times	Others
-----	----	-----------	--------

30. Have you been aware that the heroin use will affect the neonate/baby?

No	Counselor made me aware	Friends had told me
I have heard about it	I have read about it	Others

31. How you think you behave after using Heroin?

	Almost all the time	Most of the time	Sometimes	Not at all
Become aggressive				
Make noises				
Cry				
Talk non-stop				
Laugh				
Calm and quiet than usual				
Sleep better				
Use bad words				
Threaten suicide				
Threaten to kill				
Cannot recall				
Others.....				

32. Describe the type of experience you expect by using heroin?

	Most of the time	Sometimes	Occasionally	Not at all
To fit in better with friends				
To feel good				
To be more attractive				
To have more fun & excitement				
Relaxation				
To solve problems				
Conforming to society				
Conforming to workplace				
Sexual pleasure				
Other reasons.....				

Peer Factors

33. During the last 3 months did any one of your friends suggest that you should use heroin?

Yes	No
-----	----

If the answer is “yes”

34. How many of them do so?

One of them	Few of them	Some of them	Most of them
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35. Where do you meet them?

School/Collage/University	Night Clubs
Work place	Modeling shows
Sports Club/ Grounds	Friends /relatives places
Religious places	Streets
My own place	Others

36. What are the reasons for you to meet them?

Group heroin use / group sex activities	Gossips
To find the price of heroin	Talk about general things
To discuss about the sex partners	Others

37. How do you spend your leisure time?

Music	Sports	Spending with the friends
Dancing	Tv	Religious activities
Reading	Spending with the family	Others

Sex life

38. What was your first sex experience? and in what age?

Sex after marriage	Abused child
Pre- marital sex	Raped
Premature sex	Others

39. Did you have sex with your regular partner during the last one month?

Yes	No
-----	----

40. Did you have sex with partners other than your regular sex partner during the last one month?

Yes	No
-----	----

If the answer is “yes”

Sex worker

41. Did you receive money/valuable goods or drugs for having sex with them?

Never	Sometimes	Almost always
Almost never	Quite often	Always

42. What sort of place do you meet your sex partners?

Streets	Agencies
Massage parlors	Brothels
Flats	Over the phone
Hotels	Others

43. What was your age when you first exchanged sex for money or valuable goods?

Describe the situation?

.....

44. Where were you living at that time?

Own home	Friend/relative	Therapeutic community
Parents	Foster care	Homeless
Partner/Spouse	Hostel	Others

45. When did you last had sex?

In last 24 hours	Last two weeks	Last 3 months
Last 3 days	Last 3 weeks	Over 3 months
Last 1 week	Last 1 month	Never

46. How many sex partners do you meet per day?

None	2 to 4	More than 7
About one	5 to 7	Others

47. How often have you worked in the last month?

Never	1 to 3 times a month	2 to 3 times a week
Less than once a month	Once a week	4 to 5 times a week
5 to 6 times a week	Everyday	Others

48. How much do you get from your sex partner for having sex with him?

Never	100 to 500	1000 to 1500
Up to 100	500 to 1000	Others

49. Are you aware of HIV/Aids and STD ?

Yes	No
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.....

50. Do you use condoms when you have sex?

Never	Quite often	Not use with partner
Almost never	Almost always	Not use with regular clients
Sometimes	Always	Others

51. When did you last have sexual check-up?

Last 24 hours	Last month	6 to 12 months
Last 3 days	Last 3 months	Over one year
Last week	3 to 6 months	Never

52. How many times have you been diagnosed with STD?

Never	2 to 4 times	More than 7 times
About once	5 to 7 times	Others

Relationship between sex work and heroin use

53. Did you exchange sex for money even at the times when you were absent from heroin?

Yes	No
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If “yes” describe why?

.....

Socio-cultural study of heroin using female sex workers in Colombo City

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to participate.

This study is concerned with heroin using female sex workers in the Colombo City. The aims are to find the motivation behind why some heroin using females seek rehabilitation and treatments and some do not. To identify the high risk situations, suitable treatment, prevention and after care strategies for female heroin using sex workers in Sri Lanka. It will be carried out between May 2015 and August 2015.

It is up to you to decide whether or not to participate in the research. If you decide to take part you will be given this information sheet to keep and asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving reasons. Refusal to participate or subsequent withdrawal will not affect the services you receive at the Rehabilitation centre.

I, a student of Open University of Sri Lanka will interview you about your experiences of heroin use and sex work. Everything you tell me will remain confidential. It will not be passed to police, service providers, or people who care for you. You will be asked to tell us about your experiences in your own words. What you say will not be recorded. You will be asked to tell us your age, the area you live in and the tendency of the place you live. If you are satisfied and feel assured only you can give your name and other identifying details. I will assure that you remain anonymous.

At the end of the study I will write a report to complete my Masters in Development Studies and Public Policy and it can be used to inform improvements to the services of female heroin users in Sri Lanka. This report will be made available at the Open University of Sri Lanka after the study period. You will not be identified in any report publication in the future.

You may keep this information sheet.

If you would like to take part in this study please sign the consent form.

.....

(Signature)

Shakila Lasanthi Abeysekera, - Post-graduate student,
MA Degree in Development Studies and Public Policy,
Open University of Sri Lanka, Colombo.

Interview number

Socio-cultural study of heroin using female sex workers in Colombo City.

(The respondent should complete the whole of this sheet herself)

1. Have you read the information sheet?

Yes	No
-----	----

2. Have you had opportunity to ask questions and discuss the study?

Yes	No
-----	----

3. Have you received satisfactory answers to all your questions?

Yes	No
-----	----

4. Have you received enough information about the study?

Yes	No
-----	----

5. Do you understand that you are free to withdraw from the study, at any time, without giving any reason?

Yes	No
-----	----

6. Do you agree to take part of this study?

Yes	No
-----	----

I understand that the University Supervision Committee may review this form as part of the monitoring process.

Name in block letters;

.....
.....

Signature.....

Date.....

Signature of person obtaining consent;

Signature.....

Date.....

කොළඹ- නගරයේ හෙරොයින් භාවිතා කරන කාන්තා වාණිජ ලිංගික කම්කරුවන්ගේ සමාජ - සංස්කෘතික පසුබිම

පර්යේෂණ අධ්යයනනයකට සහභාගි වන ලෙස ඔබට මින් ආරාධනය කරමි.ඔබේ සහභාගිතාවය පිළිබඳව තීරණයකට එළඹීමට පෙර මෙම පර්යේෂණය සිදු කිරීමේ අවශ්ය තාවය හා පැවැත්වෙන ආකාරය පිළිබඳ දැනුවත් වීම ඔබට වැදගත් වනු ඇත.කරුණාකර මතු දැක්වෙන තොරතුරු ජරෙ වීමෙන් කියවා බලා ඔබට අපහැදිලි යමක් වේ නම් ඒ පිළිබඳ විමසීමටත් වැඩිමනත් තොරතුරු ලබා ගැනීමට අවශ්ය වේ නම් ඒ සඳහාත් අපඇමතිමට ඉදිරිපත් වන්න.ඒ සඳහා අවශ්ය කාලය මිඩංගු කිරීමෙන් පසු ඔබ සහභාගි වන්නේද නැද්ද යන්න තීරණය කරන්න.

මෙම අධ්ය නය අද ල වනුයේ කොළඹ නගරයේ __හෙරොයින් භාවිතා කරන කාන්තා වාණිජ ලිංගික කම්කරුවන්ය. හෙරොයින් භාවිතාකරන සමහර කාන්තාවන් පුනරු ත්ථාපනය ලැබීමට හා ජීවිකාර ලැබීමට යොමු වීම හා සමහර අය එසේ ඉදිරිපත් නොවීම පසුපස ඇති පෙළඹවීමේ හේතුව සොයා බැලීමත්, එසේම ශ්රි ලංකාවේ කාන්තා මත්ලෝලින් සඳහා වන අධි-අව ද්නම් තත්වයන් , සුදුසු ජීවිකාර වැලැක්වීමේ හා සාත්තු කිරීමෙන් පසු උපාය මාර්ග හඳුනා ගැනීමත් , එහි අභිජරා ය වේ2015 ජුනි සිට අගොස්තු කාලය අතරතුර මෙය ක්රි යාත්මක කෙරෙනු ඇත.

පර්යේෂණයට සහභාගි වන්නේද නැද්ද යන්න තීරණය කිරීම ඔබට භාරය. සහභාගි වීමට ඔබ තීරණය කළහොත්, ඔබට මෙන් තොරතුරු පත්රිණකු ලබා දෙන අතර ඔබේ කැමැත්ත ජරමකාශ කෙරෙන පත්රිකාවක අත්සන් කිරීමට ඔබට දන්වනු ඇත. සහභාගි වීමට ඔබ තීරණය කලද ඕනෑම අවස්ථාවක , කිසිදු හේතු දැක්වීමකින් තොරව ඉන් ඉවත්ව යාමට ඔබට නිදහස ඇත. සහභාගි වීමට ජරඅතික්ෂේප කිරීම හෝ පසුව ඉවත්වීම හෝ පුනරුත්ථාපන මධ්යාස්ථානයේදී ඔබ ලබන සේවාවන්ට කිසි ලෙසකින් වත් අහිතකර ලෙස බල නොපානු ඇත.

ශ්රි ලංකා විවෘත විශ්ව විද්යාසලයයේ ශිෂ්යා වක වන ඔබේ හෙරොයින් භාවිතය හා වාණිජ ලිංගික කටයුතු පිළිබඳව අත්දැකීම් ඔබ හා සාකච්ඡා කරනු කැමැත්තෙමි. ඔබ මා හා පවසන සියල්ල රහසිගත වනු ඇත. එම තොරතුරු පොලිසියට සේවා සපයනන්ට හෝ ඔබ රැක බලා ගන්නන්ට ලබා නොදෙනු ඇත. ඔබේ අත්දැකීම් ඔබේම වචනයෙන් අපට පවසන මෙන් ඉල්ලා සිටීමු . ඔබ පවසන දෑ පටිගත කිරීමටද සිදු නොවේ. ඔබේ වයස , ඔබ ජීවත් වන ජනුද්ශයට හා එම ජදේශයට ඔබේ ලැදියාව හා හුරුබව පිළිබඳව විමසනු ඇත. අප කෙරෙහි විශ්වාසය තැබිය හැකි බවට ඔබ සැමීමට පත්වන්නේ නම් පමණක් ඔබේ නම ගම හා අනන්යතතාවය පිළිබඳ විස්තර අප වෙත ලබා දිය හැකිය. ඔබේ අනන්යතාව නිර්නාමිකව පවතින බවට අපි සහතික වෙමු. මෙම අධ්යබයනය අවසානයේදී මා විසින් මාගේ සංවර්ධනකටයුතු අධ්යවනය හා රාජ්ය ජරාතිපත්ති පිළිබඳ ශ්රාමස්තපති උපාධ්ය සම්පුර්ණ කිරීම සඳහා වාර්තාවක් සකස් කරනු ඇත.එය ශ්රි ලංකාවේහෙරොයින් භාවිතා කරන හා වාණිජ ලිංගික කටයුතු තුල නිරත කාන්තාවන් සඳහා වන සේවාවන්හි වැඩි දියුණු කිරීම හඳුනා ගැනීමට යොදා ගත හැකි වනු ඇත. අධ්යදනන කාල සීමාවෙන් පසුව මෙම වාර්තාව ශ්රි ලංකා විවෘත විශ්ව විද්යාගලයෙන් ලබා ගැනීමට කටයුතු කෙරෙනු ඇත..අනාගතයේදී ජර කාශයට පත් කෙරෙන කිසිදු වාර්ථාවක ඔබගේ අනන්යමතාවය හෙළි නොකෙරෙනු ඇත. මෙම තොරතුරු පත්රි කාව ඔබ ලග තබා ගන්න .මෙම අධ්යාඅනයට සහභාගි වීමට ඔබ කැමති නම් කරුණාකර එකගතා පත්රිතකාවේ ඔබේ අත්සන යොදන්න

.....

ශකිලා ලසන්ති අබේසේකර,

පශ්චාත් උපාධි අපේක්ෂික, ශ්රි ලංකා විවෘත විශ්ව විද්යාලය

සම්මුඛ පරීක්ෂණ අංකය

කොළඹ- නගරයේ හෙරොයින් භාවිතා කරන කාන්තා වාණිජ ලිංගික කම්කරුවන්ගේ සමාජ - සංස්කෘතික පසුබිම

(පිළිතුරු දෙන අය , ඇය විසින් මෙම පෝරමය සම්පූර්ණයේ පිරවිය යුතුයි)

1.ඔබ තොරතුරු පත්‍රිකාව කියවූයෙහිද ?	ඔව්	නැත
2. ජරපශ්‍ය අසා අධ්යවනය පිළිබඳ සාකච්ඡාව කිරීමට ඔබ අවස්ථාවක් ලැබුණාද?	ඔව්	නැත
3.ඔබේ සෑම ජරපශ්‍යකටම සතුටුදායක පිළිතුරු ලැබුණාද?	ඔව්	නැත
4.අධ්යසනය පිළිබඳ ඇති තරම් තොරතුරු ඔබට ලැබුණාද?	ඔව්	නැත
5. මෙම අධ්යසනයෙන් ඔබට ඕනෑම වේලාවක කිසිදු හේතු දැක්වීමකින් තොරව ඉවත් වීමට ඔබට අවසරය ඇති බව ඔබ දන්නේහිද ?	ඔව්	නැත
6. මෙම අධ්යවනයට සහභාගි වීමට ඔබ එකඟද ?	ඔව්	නැත

විශ්ව විද්‍යාලීය අධීක්ෂණ කමිටුව මගින් සිය අධීක්ෂණ කාර්යාලයේ කොටසක් ලෙස මෙම පත්‍රිකාව සමාලෝචනය කරනු ඇති බව මම දනිමි.

නම : (ලොකු අකුරින් වෙන් වෙන් වශයෙන්)

අත්සන :

එකගතාව ලබාගන්න අයගේ

අත්සන: දිනය.....

கொழும்பு நகரத்தில் உள்ள பெண் ஹெராயின் பவனையாளரின் சமூக-கலாசார பின்னணி

நீங்கள் ஒரு ஆராய்ச்சி ஆய்வில் பங்கேற்க அழைக்கப்பட்டுள்ளீர்கள். நீங்கள் தீர்மானிக்க முன் ஆராய்ச்சி ஏன் செய்து வருகிறது , எவற்றுடன் தொடர்புடையதாக இருக்கும் என்பதை புரிந்து கொள்ளல் முக்கியமானது. பின்வரும் தகவல்களை கவனமாக படித்து ,விளக்கமற்றவற்றை எம்மிடம் கேட்டு தெளிவுபடுத்தி கொண்டு , இந்த ஆய்வில் கலந்து கொள்ள யோசித்து முடிவை எடுக்கவும்.

இந்த ஆய்வு கொழும்பு மாவட்டத்தில் பெண் ஹெராயின் பாவனையாளர்களின் அக்கறையில் செய்யப்படுகிறது. சில ஹெராயின் பயன்படுத்தும் பெண்கள் புனர்வாழ்வு மற்றும் சிகிச்சைகள் பெற ஊக்குவதற்கான காரணம் என்ன? மற்றும் சிலர் இச்சேவை வேண்டாம் என புறக்கணிப்பின் பின்னால் உள்ள உள்நோக்கம், மிகவும் ஆபத்தான சூழ்நிலைகள் கண்டுபிடிக்க, பொருத்தமான சிகிச்சை மற்றும் தடுப்பு முறைகளுடன் இலங்கை பெண் ஹெராயின் பவனையாளர்களின் பாதுகாப்பு பராமரிப்பு உத்திகள் பற்றி பின்னர் அடையாளம் காணுவதே இந்த ஆய்வின் நோக்கம் ஆகும். இது மே மாதம் 2015 மற்றும் ஆகஸ்ட் மாதம் 2015 க்கும் இடையே நடத்தப்படும். இதில் பங்கேற்பதா இல்லையா என்பதை முடிவு செய்வது நீங்கள் . நீங்கள் பங்கேற்க முடிவு செய்தால், உங்களுக்கு இந்த தகவல் படிவத் தாள் வழங்கப்படும் , ஒப்புதல் படிவத்தில் கையெழுத்திட வேண்டும். நீங்கள் கலந்து கொண்ட பின் விலக முடிவு செய்தால் எந்த நேரத்திலும், எந்தக் காரணமும் கூறாமல் விலக்கிக்கொள்ளலாம். நீங்கள் பெறும் சேவைகள் பாதிக்காது தொடரும்.

நான் ஒரு ஆராய்ச்சியாளர் ; இலங்கை திறந்த பல்கலைக்கழக மாணவர் . நான் ,உங்கள் ஹெராயின் பயன்பாடு அனுபவங்களை பற்றி பேட்டி எடுப்பேன். நீங்கள் என்னிடம் கூறுவதெல்லாம்எல்லாம் ரகசியமாக இருக்கும் . இத் தகவல்கள் போலீஸ், சேவை வழங்குவோர் அல்லது பராமரிப்போருக்கு வழங்கப்படமாட்டாது. நீங்கள் உங்கள் சொந்த வார்த்தைகளில் உங்கள் அனுபவங்களை பற்றி சொல்ல கேட்கப்படும். நீங்கள் கூறுபவை பதிவு செய்யப்பட்டது. உங்கள் வயது, நீங்கள் வாழும் பகுதி, நீங்கள் வசிக்கும் பகுதியில் உள்ளோரின் சபாவம் பற்றி கேட்கப்படும். உங்களுக்கு திருப்தி உறுதி உணர்வு இருந்தால் மட்டும், உங்கள் பெயர் மற்றும் இதர அடையாள

விவரங்கள் கொடுக்கவும். நீங்கள் அநாமதேயவாக(இரகசியமாக) இருக்க நான் உத்தரவாதம் அளிக்கிறேன்.

ஆய்வின் முடிவில், நான் மேம்பாட்டு ஆய்வு மற்றும் பொதுக் கொள்கையில் என் முதுகலை முடிக்க ஒரு அறிக்கை எழுத வேண்டும். மற்றும் அது இலங்கையில் பெண் ஹெராயின் பவனையாளர்களுக்கான சேவைகளில் மேம்பாடுகளை தெரிவிக்க பயன்படுத்தப்பட முடியும். ஆய்வு காலத்திற்கு பிறகு ,இலங்கை திறந்த பல்கலைக்கழகத்தில் இந்த ஆய்வு அறிக்கை தகவல் உபயோகத்திற்காக கிடைக்கும். நீங்கள்

எதிர்காலத்தில் எந்தவொரு அறிக்கை வெளியீடுகளிலும் உங்கள் அடையாளம் தென்படாது என்பது உறுதி.

இந்த தகவல் தாளை நீங்கள் வைத்திருக்கள்

இந்த ஆய்வில் கலந்து கொள்ள விரும்பினால் ஒப்புதலை ஏற்றுக்கொண்டு ஒப்புதல் படிவத்தில் தயவுசெய்து கை ஒப்பம் இடவும்.

இணைப்பு C படிவம்

ஏற்றுக்கொண்ட

பேட்டி எண்

கொழும்பு நகரத்தில் உள்ள ஹெராயின் பாவனை செய்யும் பெண்ணின் சமூக-
கலாசார பின்னணி

(பதிலளிப்பவர் இந்த தாள் முழுவதும் முடிக்க வேண்டும்)

1. நீங்கள் தகவல் தாளை படித்தீர்களா?

ஆம்

இல்லை

2. நீங்கள் ஆய்வு கேள்விகள் கலந்துரையாட வாய்ப்பு இருந்ததா?

ஆம்

இல்லை

3. உங்கள் கேள்விகளுக்கு திருப்தியான பதில் கிடைத்ததா?

ஆம்

இல்லை

4. உங்களுக்கு ஆய்வு பற்றிய போதிய தகவல்கள் கிடைத்ததா?

ஆம்

இல்லை

5. எந்த காரணமும் தெரிவிக்கவிக்காமல் நீங்கள் எந்த நேரத்திலும், ஆய்வில் இருந்து
விலகலாம் என்பது புரிகிறதா?

ஆம்

இல்லை

6. இந்த ஆய்வில் பங்கேற்க இணங்குகிறீர்களா?

ஆம்

இல்லை

பல்கலைக்கழக மேற்பார்வை குழு கண்காணிப்பு பணியின் ஒரு பகுதியாக இந்த
வடிவம் ஆய்வு செய்யக்கூடும் என்பதை நான் அறிவேன் .

தெளிவான எழுத்துக்களில் உள்ள பெயர்;

.....

கையொப்பம்

.தேதி.....

ஒப்புதல் நபர் கையொப்பம்;

கையொப்பம் தேதி