

Gender violence and Sexual behaviors of trafficked women in Mexico

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Abstract.

Violence against women is an integral part of socio-economic fabric in Mexico. This causes intolerable physical, mental health consequences for women, which I have explored in this research. Sixty trafficked women currently working as sex workers are interviewed using a semi-structured questionnaire and 28 in-depth interviews conducted in Monterrey and Mexico City. Result indicates that trafficked women are basically young, little educated and unmarried. They are working in bars, hotels and living with pimp. In a week prior to interview, 70% were beaten with objects, 100% were abused sexually and verbally, 28% were burned by lighting cigarettes and 36% were threatened with being killed. Unwanted pregnancy and forced abortion are frequent event; 65% aborted at least one time. Almost all women are infected by sexually transmitted diseases. Present research concluded that gender base violence has serious physical, mental health risks as well as social suffering among women.

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Women, who are being trafficked for the purpose of sexual exploitation, are at high risk of unwanted pregnancy, sexually transmitted infections, physical and sexual violence. The United Nations estimates that 4 persons human, mostly women and children, become victims of trafficking each year and are forced to work in construction, farming, mining domestic and childcare work. While victims of sex trafficking are forced into prostitution, pornography, sex tourism, marriages and the mail order bride trade. In the year 2000 UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Conventions Against Transnational Organized Crime defined the trafficking of women as: "...The recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or others forms of sexual exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs..."

The trafficked women who are obligated to work as prostitutes are subjected to get less what other normal mortal get or expect also including others. Their lesser position may be the recipe for violence and disease. These women are at risk of violent crime as well as possibly at higher risk of occupational mortality than any other group of women ever studied. For example, the homicide rate for female prostitutes was estimated to be 204 per 100,000 (Potterat et al, 2004), which is some times higher than that for the riskiest legitimate occupations in the United States during a similar period (4 per 100,000 for female liquor store workers and 29 per 100,000 for male taxicab drivers) (Castillo et al., 1994). However, there are substantial differences in rates of victimization between street prostitutes and indoor prostitutes who work as escorts, call girls, or in brothels and massage parlors (Weitzer 2000, 2005). Prostitution is legal in Mexico and Monterrey but

trafficking with prostitution is a growing concern in this country due to forcing the women onto the street and open to many related violent and diseases. So, focus of this article is to explore the violence faced by the Mexican trafficked women and their sexual behaviors and how it is affecting on their health and causing social suffering.

Methodology

Trafficked women are treated as hidden population, thus it is very difficult to adopt a specific research methodology during the field works. In this kind of research no specific research methodology can be fixed to locate this population.

In this study, I have adopted various methods to identify the trafficked women in Mexico City. Before the initiation of field study, first I identified a client through regular visit to brothel area La Merced and later, developed a friendly relation by inviting him to my house, cinema and for lunch and dinner. Once got his confidence, I planted him about my research project and requested him to find out a brothel owner (pimp) who can help me in my research. At the beginning he was declined to help as this work is very dangerous, after one month of regular interaction he agreed to help and one day he arranged an appointment with a brothel owner in one restaurant where I discussed about my research with the brothel owner. I told her that I needed to identify some trafficked women for interviews. I explained the meaning of women trafficking and how it is differ from other women who are in prostitution. She agreed to co-operate but not without a price, she made it clear that she will charge US\$5 per information and whenever she had find a trafficked woman she was calling me for the interview.

Once I arrived to the brothel to collect the information about a trafficked woman, as I usually going to the brothel in weekdays (generally in weekend women have lots of movement due to high number of clients), I was going to the indicated woman and asking her about the interview after production of my identity. As we know these women solicit their clients at road side in front of their hotel where they used to work, it was not possible to take interview over there; also there is a constant vigilance of pimp. So when the woman does not have with client I was paying solicited amount and taking her to the hotel room as a “client”. This method I also adopted to keep my identity hidden in front

of the pimp and traffickers, and once getting into the hotel room I was taking the interview.

At the beginning of interviews many times I offered to women to come my house or to other hotel or restaurant, but they always responded with a no. They used to tell “...it is our area; it is not possible for us to go out from these place, because *madrina* (madam) do not permit us to work in other places...”. Often they questioned me: “....all kind of services are available in this hotel, so why do you want to go to other places?....”. As these women are not allowed to go out from the hotel, it made me to act as a client. Once I was in the hotel room, I was taking the interview which lasted around 30 minutes. After completion of interview, I was requesting the interviewed woman to help me to find out other trafficked women like her and subsequently using this snowball method I interviewed 60 trafficked women through a semi-structured questionnaire and 28 in-depth interviewed were conducted during the year 2002 to 2009.

Literature and Framework

In the last two decades, however research in Mexico has shifted towards an understanding of heterogeneity of those involved in the sex industry, the broader social determinants of their health and well being, but till the date it is difficult to tell the exact number of women being trafficked into the prostitution business, some evidences existed where we can analyze how big this figure may be. For example, Teresa Ulloa, President of Regional Coalition Against Trafficking of Women and Children in Latin America and Caribbean stated that every day 400 women enter into prostitution¹ in Mexico City, out of which 80% are against their will (González, 2003). In another study Acharya y Stevaneto (2005) found that every year nearly 10,000 young girl and women trafficked in Mexico to different cities like Mexico City, Cancun, Acapulco, Ciudad Juarez, Monterrey etc. for the purpose of sexual exploitation. The same study also underlines that only in the southern state of Mexico Chiapas in every 10 trafficked women 7 are trafficked inside the country and 3 are taken outside the country. This research also indicates that after the economic crisis and peso devaluation in Mexico, the sexual tourism in the country is booming and this resulting in the increase of trafficking of women.

On the other hand, little research has been conducted on health status of commercial sex workers in Mexico. A study conducted among commercial sex workers by Torres Mendoza (1988, 1990) in Guadalajara city of Mexico shows the prevalence rate of HIV positive as 0.4%, against the 1987 and 1988 study of the Dirección General de Epidemiología of Mexico carried out in six Mexican cities found the HIV positive prevalence rate as 0.9% to 5.2% (Dirección General de Epidemiología, 1989). Valdespino (1990) interviewed 3612 commercial sex workers in 20 Mexican cities and result indicates that 0.4% of women had HIV positive. In the year 1999 CONASIDA conducted a HIV positive test among 1915 commercial sex workers in Mexico City and found that the HIV positive prevalence rate is 0.36% (CONASIDA, 1999).

Similarly, Conde Gonzalez and others studied the prevalence of sexually transmitted diseases among commercial sex workers in Mexico City. Their study concludes that 10.1% women had syphilis, 9% had been infected by AntiHbc, 69.8% by Simple Herpes type-2, 2.1% by Gonorrhea and 23.7% by Chlamydia (Conde Gonzalez, 1993). In 1993 Juarez and others of INSP (Instituto Nacional de Salud Pública) interviewed 495 commercial sex workers and found that 48.9% had the human papilloma virus (VPH) and 43% had cancer cervicouterina (Secretaria de Salud, 1993). All these researches have established to the fact that women working as commercial sex workers are very much exposed to the infection of RTI, STI and HIV/AIDS. Hence the problems need a better understanding about its intent and extent of the risk. Particularly in Mexico trafficking of women for the purpose of prostitution is becoming an increasingly lucrative business, where women from the poorest regions are particularly at risk of being abused (Acharya, 2005).

It should come as no surprise that women are particularly vulnerable to the nexus between trafficking and sexually transmitted infection like HIV/AIDS. The approach of national public health to sexually transmitted infection and HIV/AIDS increasingly recognizes that women's vulnerability to HIV is integrally connected with discrimination and violence. Today, this has become an important subject for politicians, academicians and for the general public due to its consequences on health and rapid changes in the number of HIV/AIDS patients. For example, in the year 2001 in general in Mexico there were 50,776 personas living with HIV positive which increased to 64483 just after one

year in 2002. Whereas in 2003 it has come to 71584 cases, in 2004 it was 93855 and in 2005 it reaches to 102,575 cases, where 20% of all these identified cases were from Mexico City (Secretaria de Salud, 2005). This data provides a glimpse that how the country is experiencing a serious epidemic of sexually transmitted infection, like HIV. One of the important factors of this increasing number is unprotected heterosexual behavior and the growing sex market in various Mexican cities including the Mexico City.

The studies on trafficking (Kempadoo and Doezema, 1998, GAATW, 2001, Acharya, 2004, Binh, 2006) has identified that this business is associated with a high health risk primarily causes due to lack of access to services, isolation, and exploitative working conditions. The trafficking of women for sexual exploitation is accompanied by potentially lifelong and/or life-threatening health consequences. It prevents victims from attaining the highest possible level of physical, mental and social well being. It is necessary to address the health implications of trafficking, because this process itself becomes a health hazard, where victims' health is further endangered in situations of sexual exploitation.

General characteristics of trafficked women

It is very difficult to underline a specific cause for trafficking in Mexico, but this study has obtained that women trafficking is a result of “multicausal factors”. During the interviews women were cited a wide range of factors which were motivated them towards the trafficking. The motivations like unemployment, poverty, gender based violence, deserted by husband, ethnic conflict are some of the reasons which were underlined by the Mexican trafficked women.

Once the trafficker bring out the woman from her place of origin, many time they put them in different intermediaries places and used to give different kinds of training, which includes how she have to work, the way of negotiation with clients, kind of dress she have to use, how she have to perform the sexual relation(s) and including other rules and regulations of brothel; like not to go out from the brothel without the permission of owner, not to talk and give any self personal information as well as of others to anybody, among others.

Women were lured through the false promises like employment with good remuneration as well as exotic life in United States which in reality does not exist. Most of them were come to know about the real work at the place of intermediary or destination. After coming across the real purpose of migration, they did not accept job, for which both pimps and traffickers obligate them through using various kind of violence. This aggression did not end at that place, it continues till the woman stayed in the brothel. Many women cited that after leaving from house, their life has been converted into a life of violence. This kind of violence has lots of impact basically on the health of women.

To begin, out of total sample of 60 respondents trafficked women 12 were from urban and 48 were from rural areas. Trafficked women in Mexico City were significantly younger (see table 1), nearly 72% were aged less than 24 years. This is one of the important characteristics of this illicit market, where only young women are taken into consideration. Basically, pimps do not prefer the women who are older in age. According to one brothel owner: "...woman after the 25 years old is consider as older and aged for this industry and also clients do not prefer this kind of woman....". She explained most of the time clients used to tell her: "...the aged women do not have the same passion as a 15 years have....".

When it came to educational attainment of trafficked women, more than half of them have primary and above primary level education. In term of their marital status, 63% were unmarried, 15% were married, 6.7% were divorced and 15% were single mother. This reflects that majority of the trafficked women were single and unmarried women. It is due to as a pimp cited: "...I do not want to buy a married woman even a divorced, because for me she is just like a used cloth, where she does not have the same smell like a new one....".

On the other hand, it is important to point out that the brothel is treated as a market, where victim are treated as a commodity, and in this place each aspect depends on the loss and gain. For example, if a pimp buys a 20 years old married or divorced woman, she is less preferred by clients, which signify pimp is not obtaining her optimum earning from the woman. Also, this woman can work in the brothel maximum 4 to 5 years (as women more than 25 years old consider as old in this business). Whereas if a

pimp buys a woman of 15 years old or less, she can easily put her in job for minimum 7 to 8 years, also this young woman highly preferred by clients and receives more clients, this generates a high profit to pimp. So, in total a brothel owner is gaining more money when she is buying an unmarried-young woman than an elder married woman.

Looking into the other demographic characteristics of the trafficked women, 65% interviewed were mestizo ethnic group (Spanish mixed race) and rests of them were indigenous. The question is: *why more women were mestizo?* After the conversation with some pimps and traffickers we obtained that mestizo women are highly preferred by the clients because of their white skin color. One pimp says: "...clients do not want to have the sex with dark skin girl, they do not prefer indigenous women, though I can buy an indigenous woman in a cheaper price than a mestizo, but on her my (economic) gain is very marginal...". In Mexico in general the Spanish mixed people have fair skin whereas the indigenous have the dark skin. This indicates another characteristic of this market. However, it also found that nearly 62% women never worked prior to their trafficking whereas some were working as the domestic servant or in their own agricultural field.

Table 1 Demographic characteristics of the study participants

Exposure to violence

Much of the available empirical research on trafficked women and commercial sex indicates that women experience high levels of violence, including, but no limited to, physical assaults, sexual assaults, verbal threats or abuse, psychological abuse (Lowman, 2000, Raymond, 2004, Acharya, 2006). However, some researchers analyzed that violence is ubiquitous in all forms of prostitution (Barry, 1995, Jeffreys, 1997); others believe that the incidence of violence varies enormously in different prostitution venues. Also, it may vary from one brothel owner and trafficker to another.

While this new emphasis on the domination of power and suppression in trafficking of women is long overdue. This study suggests that we need to proceed cautiously when assessing claims about the frequency and nature of the violence perpetrated by pimps and traffickers. During the interviews and analysis, it is clearly found that the incidence of both physical and sexual violence at the hand of traffickers

and pimps is common in the life cycle of these trafficked women, which do not have any limit. Here, I have analyzed the women who were exposed to physical and sexual violence during past one week and in past one month at the time of interview. The result shows that in the past one week, 70% women were beaten with object, 100% were abused verbally, 30% were locked in house without alimentation, 15% were intended to burn by traffickers or madam, 28.3% were drag by cigarette, 38.3% were threaten to kill by madam, 10% and 1.6% women reported that madam put chili powder in their eyes and vagina, whereas 21.7% were raped by the traffickers and 45% had forced by madam to have sex with more than one clients at a time (see table 2).

This clearly indicates the incidence of violence against women during in past one week is extremely inhuman and cruel, whereas in past one month the incidence of violence is increase and more intense. A woman indicated during the interview: "...for us violence is common, it is nothing new, we are habituated on this, here we do not have right on our body, here we treated just like an animal, it is *madrina* (madam) who decide all for us, when we have to work, with whom we have to work, what to do or not, when we have to eat, sleep etc., all these depend on her, we do not have right to tell a 'no', if we do not follow her words she just use her power in many ways, for her our life is nothing, in this place her dog has more respect than us...". Thus, once the women obligate to enter to this profession her life each time in danger. In sum, these kinds of exploitation construct them as victims and risk them fall into health illness.

Table 2 Exposure to physical and sexual violence

Sexual behavior of trafficked women

Sexual behavior of trafficked woman is very important as it is closely related with their sexual health. It also encompasses the problems of HIV and STIs/RTIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. The sexual behavior of women in commercial sex can be asses through number of clients they receive in a day and according to their typical sexual relation. To get a complete idea on sexual behavior of trafficked women it has been asked some question during the interviews.

The information collected on number of clients received in a day by the women, only 10% women were attained one to four clients in a day, 47% women were receiving five to eight clients in a day and 43% women had physical relation with more than 8 clients per day (see table 3). This indicates that there is a differential characteristic on receiving of clients by women. To find out this differentiation a bi-variate analysis has been done among the age of women and their total residential time² in brothel with number of clients receiving in a day. The result indicates an inverse relationship between age of the women and number of clients. As the age of the women is increasing the number of clients per day is decreasing. It is because of preference of clients as it has cited earlier to this discussion. Similarly, the clients also do not prefer the women who were working since many years in the brothel; it is because the client thinks that woman living for a long time may have been infected by diseases. Also a customer confessed “...if I want to eat a fruit, I should eat it before it ripen...”.

Table 3 Number of clients receive in a day

Apart from the above, in order to see the sexual behavior of trafficked women I have asked some questions like whether they use condom during their sexual relation, if use, how frequently. Also it has been asked them how many types of physical relation they practiced with their clients. On the basis of these questions it is observed that 31.7% women never used condom, 46.7% used sometimes and 21.6% always used the condom at the time of sex. This information shows how vulnerable would be this population towards the infection transmitted via sexual intercourse (see table 4) as the protection during the sex is little. The reason of negligence of safe sex is not that women do not want to use condom, it is the pimp who obligate to have sex without condom with an intention to earn more money. When woman has sex without condom, the client pays more money. As this an ordered for trafficked women it is impossible to negotiate with the client to use the condom. Whereas the sex practices by the women indicated that they were practicing a wide range of sexual activity at a time as per the demand of clients. Only one woman indicated during the interview that she only used to had vaginal sex

with her clients, whereas 25% practiced both vaginal and oral sex and 73.3% had vaginal, oral and anal sex (see table 4).

Table 4 Typical sexual behavior of women

Reproductive health risks

The severity of violence, the environment where these women are living with their sexual behavior it can be assess from the unwanted pregnancy and forced abortion. Out of total 60 women interviewed, 40% were exposed to unwanted pregnancy, where 38.31% were gone for abortion (see table 5). Among them (38.31%), 65.2% were reported that at least one time they had abortion after their trafficking, whereas 30.4% and 4.3% women had gone for abortion two times and more than two times. During my conversation with women it is found that in very few cases women were perform the abortion in clinic; it happened only when the madam came to know about the pregnancy in a very later stage. While in other cases, women were reported that, when their madam came to know about their pregnancy after two or three weeks she gave some medicines and few days after they lost their baby.

Table 5 Exposure to unwanted pregnancy and abortion

The precarious living environment, deficient in nutrition, insufficient physical rest and intense physical and psychological violence results the illness and suffering among the trafficked women. The most common health problem among the trafficked women is fever (60%), backache (56%), and sleep disorder (55%). Thirty five percent women indicated that they have irregular menstruation, 31.7% have stomach and back pain during menstruation, 43.3% had heavy bleeding during menstruation, 41.7% have pain during intercourse, 46.7% had bleeding after intercourse, 25% had lower abdominal pain, 45% had abnormal vaginal discharge and 36.7% had burning sensation while urine pass (see table 6). Thus obtained result indicates that trafficked women are facing a serious health problem.

In earlier discussion, we have seen that use of condom is very minimal and they are working in a very subhuman condition. They do not have access to good medical facilities, if they have any health problem, madam is the only indicate person who take them to clinic (which are located near the brothel). As far as the information obtained during the field work is concerned, most of these clinics are fake one. There are numerous drug stores located near to brothel, where they sells imitation of many medicines as well as medicine with expire dates in a cheaper price. If a woman report to madam about her health problem, first madam gives some kind of medicine and in the case of emergency she has taken to clinic. But, before going to clinic, madam used to them not give any identification and also threaten not to mention anything to doctor. After returning from the clinic, madam never show the bill that how much she spent in clinic and just mention to woman she spent a lot of money and asked her to repay by taking more clients. The poor women accept what madam tell as they do not have other option.

Table 6 Number of women currently have health problems

My questions and analysis on reproductive health problem of each woman during the last six months produced the following result. Nearly 57% of trafficked women have burning sensation, pain or difficulty during urination, whereas 63.3% cited that they had pain on lower abdominal or in vagina during intercourse and nearly 62% identified that during vaginal discharge they have problem of itching or ulcer on both side of vagina. Whilst, 48.3% of the trafficked women had problem of discharging with lower abdominal pain and fever during the discharge (see table 7).

**Table 7 Number of women have reproductive health problem
during past six months**

Discussion

The above discussion give a vision that no one in Mexico could be more vulnerable to sexual violence than the women pushed into trafficking. It has been suggested throughout this study, the health consequences are commonly severe and long-lasting among trafficked women. The trauma of sexual coercion and assault at different stages of their life cycle leaves many of these women with sever loss of self-esteem and autonomy. This, in turn, means that they do not always make the best sexual and reproductive health decisions for themselves. Many of them accept victimization as ‘part of being female’.

The trafficked women in Mexico are in serious problem in every aspect. Not only do they run serious risks of physical and sexual violence, but they have also been stigmatized as carrying the main responsibility for the spreading of sexually transmitted diseases and HIV/AIDS. Basically, these women’ ability to protect themselves from STDs and HIV/AIDS is drastically weakened by the threat of madam’s violence. The kinds of violence trafficked women are facing are resulting the risk for women by exposing them to forced and unprotected sex. Their ability to negotiate condom use by their male partners is inversely related to the extent or degree of abuse in their relationship.

It is important to note here that in today date in Mexico about 102,575 persons are living with deadly virus of HIV (Secretaria de Salud, 2003). Most of the study conducted on prostitution in Mexico identified the sex workers as “a major reservoir of sexually transmitted diseases” has resulted in prostitution being seen as the cause of disease rather than the consequence of economic marginalization. Inevitably, it has also helped to draw attention away from male sexual behavior, and put the onus of disease prevention on the women. While much of the literature has focused on the potential of sex workers to infect others with HIV and they treated as a “diseases carriers”, but little has been written about the need to protect sex workers from abuse and disease.

Though, the result of this study cannot be a representative study in Mexico because of its sample size, but this study has documented a little about the level of sexual and physical violence against the trafficked women and it underlines the need to address safety for sex workers, which are caught up with issues of legality and stigma. Likewise, the economic and social conditions which create the necessity for trafficking have been

neglected, but are vital to address if women are to have other viable options to support themselves and their family.

These days, trafficking of women cutting across social and economic condition deeply embedded in the cultures around the world, where millions of women consider it a way of life. This kind of violence against women rarely results in finite consequences that can be addressed with a prescriptive or band-aid approach. Trafficking harms women in insidious ways that create ‘messy’ health problems. The physical and mental health consequences are not a side effect of trafficking, but a central theme.

This study suggest that the trafficking of women is now an issue of global dimensions which requiring an urgent and concerted response. The gravity of the situation has sent shocks waves in Mexican society due to the AIDS pandemic. A comprehensive approach is essential to address the economic, social and political aspects of women trafficking. It is necessary to deal with the perpetrators, as well as to assist the victim of trafficking.

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Table 1 Demographic characteristics of the study participants

Demographic characteristics	Percentage	Number
Age (years completed)		
Less than 20	41.7	25
20 to 24	30.0	18
More than 24	28.3	17
Educational status		
Illiterate	20.0	12
Literate up to primary	53.3	32
More than primary	26.7	16
Marital status		
Unmarried	63.3	38
Married	15.0	9
Divorced/Deserted by husband	6.7	4
Unmarried mother	15.0	9
Ethnicity		
Mestizo (Spanish origin)	65.0	39
Indigenous	35.0	21
Employment before trafficking		
Never worked	61.7	37
Domestic servant	11.7	7
Working in the own agricultural field	26.6	16

Table 2 Exposure to physical and sexual violence

Exposure to violence	In past one week		In past one month	
	Percentage	Number	Percentage	Number
Beaten with objects	70.0	42	100.0	60
Abused verbally	100.0	60	100.0	60
Locked in the house/hotel/lodge without alimentation	30.0	18	65.0	39
Intended to burn	15.0	9	51.7	31
Drag by cigarette	28.3	17	95.0	57
Threaten to kill	38.3	23	100.0	60
Put chili powder in the eyes	10.0	6	81.7	49
Put chili powder in vagina	1.6	1	81.7	49
Raped	21.7	13	93.3	56
Forced to have sex with more than one client at a time	45.0	27	98.3	59

Table 3 Number of clients receive in a day

Number of clients	Percentage	Number
1-4	10.0	6
5-8	46.7	28
More than 8	43.3	26

Table 4 Typical sexual behavior of women

Sexual behavior	Percentage	Number
Use of condom		
Never	31.7	19
Sometimes	46.7	28
Always	21.6	13
Sex practices with clients		
Only vaginal	1.7	1
Vaginal and Oral	25.0	15
Vaginal, Anal and Oral	73.3	44

Table 5 Exposure to unwanted pregnancy and abortion

Unwanted pregnancy		Abortion		Number of abortion		
Percentage	Number	Percentage	Number	1 time	2nd time	More than 2 times
40.0	24 (60)	38.31	23 (24)	65.2 (15)	30.4 (7)	4.3 (1)

Table 6 Number of women currently have health problems

Types of health problem	Percentage	Number
Fever	60.0	36
Backache	56.7	34
Sleep disorder	55.0	33
Irregular menstruation	35.0	21
Stomach and back pain during menstruation	31.7	19
Heavy bleeding during menstruation	43.3	26
Pain during intercourse	41.7	25
Bleeding after intercourse	46.7	28
Lower abdominal pain	25.0	15
Abnormal vaginal discharge	45.0	27
Burning sensation while urine pass	36.7	22
Itching or irritation	48.3	29

Table 7 Number of women have reproductive health problem during past six months

Reproductive health problem	Percentage	Number
Burning sensation, pain or difficulty during urinating	56.7	34
Pain on lower abdominal pain or vagina during intercourse	63.3	38
During vaginal discharge have problem of itching or ulcer on both side of vagina	61.7	37
Problem of discharge with lower abdominal pain	48.3	29
Fever during discharge	48.3	29

Ends Note

¹ This figure includes trafficked and non-trafficked women.

² I have divide here the residential period of trafficked women into three categories, i.e. less than one year, one to two years and more than two years.