

Health Hazards Faced by Floating Commercial Sex Workers

A Study in Rajshahi City, Bangladesh

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The clandestine nature of floating commercial sex workers (CSWs) in Bangladesh has made healthcare difficult, especially since a large number of CSWs work outside brothels — non-brothel commercial sex is considered illegal in Bangladesh. The aim of this study is to investigate the stark reality of commercial sex work of floating sex workers, their socioeconomic levels and the hazardous health condition they face. Information on socioeconomic, demographic and health-related data was collected from 176 floating CSWs of Rajshahi city in Bangladesh. The study revealed that most CSWs resorted to commercial sex for their daily survival and that they suffered from various physical problems — vaginal pain (64.8%), blood discharge (4.5%), vaginal pus discharge (61.4%) itching and stitch problem (43.7%). To identify a set of influential factors that cause such problems, we fit logistic regression and linear probability models by forward selection method. The number of years in commercial sex, number of children born before resorting to commercial sex work, body fat and pulse pressure were found to be significant factors responsible for most health problems.

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INTRODUCTION

Commercial sex workers (CSWs) are most vulnerable to sexually transmitted diseases (STDs) and HIV due to unsafe sex and a high-risk lifestyle. Hong and Li (2008), who conducted behavioural studies in China, observed that the CSWs were young, mobile, had both commercial and non-commercial sex partners, a low rate of consistent condom use and high rate of STD infection. Other studies have emphasised the risks associated with brothel-based sex, low levels of information and knowledge about safe sex and of their own sexual health as well (Huang, Henderson, Pan and Cohen, 2004). An other study conducted by Yang and Xia (2006) on Chinese entertainment workers explored the high-risk sexual behaviour and lack of knowledge for a healthy sexual partnership. In fact, most research was carried on brothel or hotel-based sex workers. Apart from this, Wong, Holroyd,

Gray and Ling (2006) studied the health complications and unhealthy sex trade of street sex workers in Hong Kong. This study has been inspired by the work of Wong and others (2006), and focuses on the health hazards of floating CSWs in Rajshahi City, Bangladesh.

In Bangladesh, with the exception of 15 brothels, sex trade is illegal. While the exact number of CSWs is not known, some estimate it at 50,000 to 100,000 (Nessa, Waris, Sultan, Monira, Hossain, Nahar, Rahman, Alam, Baatsen and Rahman, 2004; Nessa, Waris, Alam, Huq, Nahar, Faisal, Hasan, Monira, Munir, Sultana, Kazi, Das, Dipak, Sultan, Hossain and Rahman, 2005). The CSWs work from brothels, hotels, street and residences. However, in recent years, there have been remarkable changes in the sex trade and primary health care of CSWs with better access to rehabilitation centres where they can avail of some basic healthcare. Rehabilitation centres that work closely with the Association for Community Development (ACD) estimate that 900–1500 floating CSWs are present in Rajshahi city. In the past, some non-government organisations (NGOs) studied the literacy levels and client groups of CSWs. It was observed that most CSWs enter the profession due to poverty, marital break-up or are coerced into it (Nessa and others, 2005). Most are unaware of the hazards of high risk sexual behaviour to their health. As a result, they suffer from a number of sex-related health complications like dizziness, nausea, heart disease, chest pain, joint aches, back pain, waist pain, pressure, hypertension, and so on.

While blood and pulse pressure, body mass index (BMI) and body fat percentage significantly affect health (Millar-Craig, Hawes and Whittington, 1978), other factors like obesity is associated with many disease and health complications (Must, Spadane, Coakley, Field, Colditz and Spitz, 1999). This study attempts to analyse these health hazards which may be associated with many factors related to high-risk sexual behaviour. Since no such research has so far been conducted on floating CSWs in Bangladesh, the aim of this paper is to identify the core factors that significantly lead to common health problems.

METHOD

Bangladesh has few healthcare options for floating CSWs; besides sex trade is largely illegal and hence clandestine — this made access for interviews and data collection challenging. Rajshahi is the third largest city in Bangladesh with nearly 388,000 inhabitants (Bangladesh: Ministry of Planning, 2006) and has an estimated population of 900–1500 floating

CSWs. However, the sample of 176 floating CSWs was obtained from an earlier survey conducted in the months of June and July 2007 by the Department of Population Science and Human Resource Development, University of Rajshahi. All necessary information were gathered by the direct interview method and conducted with the ready cooperation of officers at the drop-in-centre of the NGO-run, Center for Community Development, where floating CSWs visited to avail of basic healthcare support. Each CSW was interviewed for 90 minutes and information on their socio-economic and health status gathered. While 200 CSWs were interviewed, complete information was available for only 176 CSWs. Thus, the number of sex workers under study was 176. To collect data for some health-related indicators, the fat scale (or weighing machine) and blood and pulse pressure meters were used.

To investigate the biological factors, logistic regression and linear probability models were fitted along with demographic and health-related indicators. Using the forward selection technique of variable selection, a set of significant factors responsible for such health hazards was selected. Comparing the results from both fitted models, some consistent common factors were identified.

To fit the model, all variables are considered dichotomous. The 20 independent variables are: length of service in years (PY), total number of children (TC), number of children before entering the profession (BFC), use of condom, number of clients per night (NCP), number of nights per forming per week (NPPW), systolic blood pressure low, normal and high (SLOW, SNOR and SHIGH), diastolic low, normal and high blood pressure (DLOW, DNOR and DHIGH), drug use (DU), fat level under body fat, normal, over and obese (BFUN, BFN, BFOV and BFO) and pulse pressure low, normal and high (PLOW, PNOR, PHIGH). Moreover, some indices have been computed and measures of some variables have been classified at different levels.

MEASUREMENT OF VARIABLES

Body Mass Index

Body Mass Index (BMI) is calculated by dividing a person's weight in kilograms by the square of his/her height in metres. This is an indicator of body fitness that indicates if a person is under weight, of normal weight, overweight or obese. Growth specification through BMI (Must and others, 1999) can be expressed as follows:

TABLE 1: Measure of BMI

<i>Category</i>	<i>BMI</i>
Underweight	<18.5
Normal weight	18.5–24.9
Overweight	25–29.9
Obesity 1	30–34.9
Obesity 2	35–39.5
Extreme Obesity	40.0

Body Fat

This is the most important measure of overall physical fitness. The human body is made up of water, fat, protein, carbohydrates, various vitamins and minerals. Persons with very high or very low body fat and body water percentage are at higher risk of health problems. Fitness status classification of the body fat is expressed in Table 2.

TABLE 2: Fitness Status and Body Fat Percentage

<i>Fitness Status</i>	<i>Women (%)</i>	<i>Men (%)</i>
Normal	15–25	10–20
Overweight	25.1–29.9	20.1–24.4
Obese	Over 30	Over 25

Source: <http://www.annecollins.com/weight-loss/ideal-weight-men.htm>.

Blood Pressure and Hypertension

A blood pressure reading below 120/80mmHg is considered low but good; 90/50mmHg and less is low blood pressure and a reading of 140/90 mmHg and more is high blood pressure (Millar-Craig, and others, 1978; Urbina, Alpert, Flynn, Hayman, Harshfield, Jacobson, Mahoney, McCrindle, Mietus-Snyder, Steinberger, Daniels and Harshfield, 2008). For young people, the average blood pressure is 120/80 mmHg and for old people it is 140/90 mmHg. The levels of severity of hypertension are displayed in Table 3.

TABLE 3: Measure of Hypertension

<i>Level of Severity</i>	<i>Systolic Blood Pressure</i>	<i>Diastolic Blood Pressure</i>
MildHypertension	140–160	90–100
ModerateHypertension	160–200	100–120
SevereHypertension	Above 200	Above 200

Source: http://medindia.net/patients/calculators/bp_chart.asp > May 26, 2006.

STATISTICAL MODELS

A multivariate logistic regression model was used to study the effect and interaction of the categorised variables (Hosmer and Lemeshow, 2000). Another multivariate model, similar to logistic regression is the linear probability model (LPM) where the estimation technique is quite different from logistic transformation. The general expression of the LPM is of the form (Gujarati, 1995) given below:

$$1. \quad Y_i = \beta_1 X_{1i} + \beta_2 X_{2i} + \dots + \beta_k X_{ki} + \varepsilon_i$$

Here, X_k 's are independent variables and β_k is the coefficient of X_k , β_0 is constants and ε_i is the error term. A dependent variable can be expressed as

$$Y_i = \begin{cases} 1, & \text{if the } i^{\text{th}} \text{ sex worker claims vaginal pain problem} \\ 0, & \text{otherwise.} \end{cases}$$

2. To perform certain analysis like logistic regression and linear probability model, an informative dichotomous variable is built. For example, four categories of body fat are used — each of these categories are variables, that is, for the variable underweight we provide '1' for an underweight sex worker; and '0' otherwise. One major caveat is that if we include all four variables of body fat status (underweight, normal, overweight and obese), then we cannot use the intercept term.

However, as soon as any of the variables of a certain measure (body fat or hypertension) is excluded during variable selection process, we can include the intercept term. Another very important issue is the variable selection procedure. If we use the backward elimination procedure then the moment matrix may be singular. This is due to the inclusion of all the variables for body fat, pulse pressure. So, we are bound to follow the forward selection method in which the most significant variable (categorical variable for body fat, BMI or other) is included at the first stage and then include another variable that seems to be the most significant among the remaining variables. Finally, we get a set of significant variables.

Many variables may cause health complications; however, the strength of causing health complications by all variables is not the same. Even the direction or influence of those variables may be different, based on the type of the fitted model, that is, a variable may be found significant while fitting a logistic regression but may be insignificant while fitting a linear probability model. But if the variable bears a strong influence on the dependent variable, it is most likely to be significant in both models (Logistic

Regression or LPM) with the same sign of coefficient, that is, the variable is model in variant. Obviously, model in variant variables are stronger compared to other variables. Thus, we are interested in some model in variant variables which are assumed to have a strong influence on the dependent variable.

Physical health characteristics presented in Table 5 indicate that 42% of sex workers experienced low systolic blood pressure, 7.4% experienced high and the rest were normal. Also for diastolic blood pressure, 77% were normal, 17% low and 4.57% high. In hypertension category for systolic pressure, 4.0% experienced mild hypertension — however, diastolic mild hypertension was experienced by 4% and moderate hypertension was obtained for 1.1% sex workers. Body fat percentage is an indicator of body fitness that measures the fat level in the body — 50% had normal body fat, 13.1% were under weight, 17.0% were overweight and 13.6% obese. Pulse pressure gives an idea about the regularity of blood circulation in the body and is also an indicator of hypertension. Our study reveals that 55% had high pulse rate and 29% had low; 54.5% did not consult a physician for regular check-ups. It is also observed that 64.8% suffered from vaginal pain, 4.5% from blood and pus discharge, 43.7% from itching and stitch problem around the vagina; and 61.4% from vaginal pus discharge.

DISCUSSION

The population under study, work clandestinely as most are illegal CSWs. Social characteristics of the study population are as follows: 76% are illiterate; 50% from urban slums; 97.2% are Muslims; maximum family size is five; 92% have become CSWs due to poverty; average monthly income is a meagre 2,999 taka (less than US\$ 50); average number of clients per night are four; 58.5% charge 50 taka (less than US\$ 1) per client; 90% CSWs work an average of four nights per week and 63.1% use a condom (see Table 4).

Demographic characteristics of the study population show that two-fifths of CSWs are in the age group 25–34 years and average number of children per CSW is four; 27.22% have entered the profession between age group of 15–19 years (as teenagers have a high demand); and 23.85% entered when they were 20–24 years. Three-fourths had at least one child before entering the profession; 17.1% had one child, 26.1% had two children, 20.5% had three children, 8.5% had four children, 26.1% had no child and 1.1% had five children (see Table 4).

TABLE 4: Demographic and Socioeconomic Characteristics

<i>Characteristics</i>	<i>Percentage (Numbers)</i>	<i>Characteristics</i>	<i>Percentage (Numbers)</i>
Age (Years)		Marital Status	
15 – 24	26.1 (46)	Unmarried	1.13 (2)
25 – 34	42.0 (74)	Married	73.30 (129)
35 – 44	28.4 (50)	Separation	18.18 (32)
45 – 54	3.4 (6)	Widowed	2.85 (5)
(Mean Age 29 Years)		Divorced	4.54 (8)
Religion		Family Number	
Islam	97.2 (171)	1 to 5	82.95 (146)
Hindu	2.8 (5)	5 to 10	17.05 (30)
Place of Birth		Place of Residence	
Urban (Slum)	51.7 (91)	Urban (Slum)	100 (176)
Rural	48.3 (85)	Rural	0
Education		Condom Use	
Illiterate	76.1 (134)	No	36.9 (-)
Primary	18.2 (32)	Yes	63.1 (111)
Secondary	5.7 (10)		
Reason for Being (CSW)		Clients per Night	
Lineage	4.5 (8)	1 or 2 per sons	8.25 (11)
Economic	92.0 (162)	3 or 4 per sons	84.1 (148)
Compelled	2.8 (5)	5 or 6 per sons	8.52 (15)
Others	0.6 (1)	7 or 8 per sons	1.13 (2)
Fee per Client (tk)		Age of Entry as CSW	
<50	58.5 (103)	15 – 19	27.22 (48)
50 – 100	38.6 (68)	20 – 24	23.85 (42)
100 – 150	2.9 (5)	25 – 29	24.42 (13)
		30 – 34	18.74 (33)
		35 – 39	3.95 (7)
		40 – 44	0.6 (1)
Average Client per Night: 4		45 – 49	0.6 (1)
Average Nights per Week (NPPW): 4		50+	0.6 (1)
Total Number of Children		Number of Children before becoming a CSW	
1	14.2 (25)	Childless	26.1 (46)
2	19.3 (34)	1	17.6 (31)
3	19.9 (35)	2	26.1 (46)
4	10.2 (18)	3	20.5 (36)
5	5.7 (10)	4	8.5 (15)
6	1.9 (2)	5	1.1 (2)
Regular Body Check-up		Drug Use	
No	21.0 (37)	Yes	89.2 (157)
Yes	45.5 (80)	No	8.5 (15)
Occasionally	33.5 (59)	Occasionally	2.3 (4)

TABLE 5: Selected Health and Health Hazard-Related Variable

<i>Characteristics</i>	<i>Percentage (Numbers)</i>	<i>Characteristics</i>	<i>Percentage (Numbers)</i>
Blood Pressure Sys tolic (mm/Hg)		Blood Pressure Di astolic (mm/Hg)	
<100 = very low	3.4 (6)	<50 = very low	0.6 (1)
100 – 110 = low	38.6 (68)	50 – 60 = low	17.0 (30)
110 – 140 = nor mal	50.6 (89)	60 – 90 = nor mal	77.8 (137)
140 – 160 = crit i cal	4.0 (7)	91 – 95 = crit i cal	1.7 (5)
>160 = high	3.4 (6)	>95 = high	2.8 (5)
Aver age BP Sys tolic (mm/Hg)		Aver age BP Di astolic (mm/Hg)	
140 – 160 = mild hypertension	4.0 (7)	90– 100 = mild hypertension	4.0 (7)
160 – 200 = mod er ate hypertension	3.4 (6)	100 – 120 = mod er ate hypertension	1.1 (2)
200+ = se vere hyper tension		200+ = se vere hyper tension	
Pulse Pres sure		Body Fat (%)	
<76 = low	29 (51)	<15 = under weight	13.1 (23)
76 – 80 = nor mal	15.3 (27)	15 – 25 = nor mal weight	56.3 (99)
80+ = high	55.7 (98)	25.1 – 29.9 = over weight	17.0 (30)
		30+ = obese	13.6 (24)
Vag inal Pain		Blood and Pus Dis charge	
No	35.2 (62)	No	95.5 (168)
Yes	64.8 (114)	Yes	45. (8)
Itching and Stitch Problem		Vag inal Pus Dis charge	
No	56.3 (99)	No	38.6 (68)
Yes	43.7 (77)	Yes	61.4 (108)

To de tect the fac tors lead ing to the above haz ard ous health con di tions, the MLR and LPM were used to iden tify con sis tent fac tors. Tables 6 and Table 7 show the es ti mated pa ram e ters as sum ing logis tic and lin ear prob a bility mod els.

For vag inal pain, six com mon fac tors are statis tic ally sig ni fi cant in both mod els. Four fac tors — BFC, BFN, PNOR and PHIGH — had a pos i tive im pact but two fac tors (PY and TC) had a neg a tive im pact. Thus, vag i nal pain in creases with in crease in body fat level and pulse rate. Thus as much as the fat level de viates from its nor mal level, higher the risk of vag i nal pain. Fur ther, the num ber of years in the sex trade and num ber of chil dren have a neg a tive im pact on vag i nal pain which may be due to neg a tive im pact as lon ger years in sex trade means that the CSW's phys i cal con di tion has be come more ad justed to do the haz ard ous job. Also hav ing chil dren

means there has been some maternal health care, which may result in less vaginal pain.

TABLE 6: Estimate of Parameters Assuming Logistic Approach

<i>Variable</i>	<i>Beta</i>	<i>S.E.</i>	<i>Wald</i>	<i>Df</i>	<i>P Value</i>	<i>Odds Ratio</i>
Vaginal Pain						
PY	-0.062	0.028	5.016	1	0.025	0.940
TC	-0.414	0.192	4.618	1	0.032	0.661
BFC	0.457	0.221	4.293	1	0.038	1.580
SNOR	0.548	0.318	2.964	1	0.085	1.730
BFN	0.618	0.309	4.003	1	0.0454	1.856
PNOR	1.158	0.550	4.484	1	0.035	3.185
PHIGH	0.542	0.318	2.904	1	0.088	1.719
Blood and Pus Discharge						
BFC	0.895	0.322	7.717	1	0.005	2.448
PHIGH	2.374	1.117	4.513	1	0.034	10.734
Constant	6.786	1.465	21.466	1	0.000	0.001
Vaginal Pus Discharge						
PY	-0.048	0.027	3.225	1	0.073	0.953
BFC	0.342	0.113	9.210	1	0.002	1.408
DNOR	0.224	0.257	0.671	1	0.383	1.251
Itching and Stitch Problem						
PY	-0.086	0.303	8.342	1	0.004	0.917
TC	-0.504	0.222	5.140	1	0.023	0.604
BFC	0.738	0.250	8.704	1	0.003	2.092
DU	1.645	0.694	5.612	1	0.018	5.180
BFOV	-0.786	0.464	2.873	1	0.090	0.456

BFC — birth before commencing into profession; BFN — body fat normal, BFOV — body fat over; DNOR — diastolic normal blood pressure; DU — drug use; PHIGH — pulse pressure high; PNOR — pulse pressure normal; PY — length of service in years; SNOR — systolic normal blood pressure; and TC — total number of children.

For blood and pus discharge, two factors are common in both MLR and LPM and these are consistent to the model. Two factors, BFC and PHIGH bear positive impact on blood and pus discharge. Therefore, blood and pus discharge are more frequent for those who have given birth before entering the sex trade and for those with high pulse rate. In other words, sex workers with high pulse rate may cause irregular blood circulation over the body and so blood and pus discharge may be more prevalent.

For itching and stitch problem, four factors are found consistent to the model. Here, birth before commencing to the profession (BFC) and drug use (DU) are positively associated, but years of service (PY) and total number of children (TC) are negatively associated.

TABLE 7: Estimate of Parameters in LPM

<i>Variables</i>	<i>Beta</i>	<i>Std. Error</i>	<i>T</i>	<i>P-Value</i>
Vaginal Pain				
PY	-0.130	0.006	-2.222	0.028
TC	-0.393	0.040	-2.941	0.004
BFC	0.356	0.044	2.962	0.004
BFN	0.112	0.070	1.714	0.088
PLOW	0.388	0.105	5.528	0.00
PNOR	0.394	0.117	6.782	0.000
PHIGH	0.642	0.084	8.225	0.000
Blood and Pus Discharge				
BFM	0.372	0.011	3.275	0.001
NPPW	-0.308	0.008	-2.008	0.038
PHIGH	0.295	0.031	2.709	0.007
Vaginal Pus Discharge				
PY	-0.123	0.006	-1.668	0.097
BFC	0.211	0.027	2.848	0.005
Constant		0.065	8.200	0.000
Itching and Stitch around Vagina				
PY	-0.192	0.006	-2.686	0.008
TC	-0.267	0.039	-2.206	0.029
BFC	0.394	0.045	3.280	0.001
DU	0.179	0.131	2.494	0.014

PLOW (pulse pressure low) and NPPW (Number of nights performing per week)

TABLE 8: Common Factors for Hazard Variables

<i>Hazards Variables</i>	<i>MLR</i>	<i>LPM</i>	<i>Common Factors</i>
Vaginal Pain	+ve: BFC, SNOR, BFN, PNOR, PHIGH -ve: PY, TC	+ve: BFC, BFN, PLOW, PNOR, PHIGH -ve: PY, TC	BFC, BFN, PNOR PHIGH, PY, TC
Abdominal and Pus Discharge	+ve: BFC, PHIGH	+ve: BFC, PHIGH -ve: NPPW	BFC, PHIGH
Abdominal Pain	-ve: NCP, DU	-ve: NCP, DU	NCP, DU
Itching and Stitch Problem	+ve: BFC, DU -ve: PY, TC, BFOV	+ve: BFC, DU -ve: PY, TC	BFC, DU, PY, TC
Vaginal Pus Discharge	+ve: BFC, DNOR -ve: PY	+ve: BFC -ve: PY	BFC, PY

Note: The notations here are same as in Tables 6 and 7. Common factors are model invariant.

Two common factors — length of service in the sex trade (PY) and number of children before commencing to the profession (BFC) significantly affect the risk of vaginal pus discharge. Although length of service is negatively associated, giving birth before entering the profession is positively associated with the risk of vaginal pus discharge. Thus, with the service length the physical adjustment as well as biological adjustment increases and so the risk of this problem decreases. Again, in the logit model, diastolic normal blood pressure shows positive impact on vaginal pus discharge.

RECOMMENDATIONS AND CONCLUSION

Floating CSWs are deprived from almost all health opportunities. Besides, they are illiterate and ignorant about their physical fitness, nutritional status and various STDs. To improve their overall health problems and alleviate the health risks, the following steps can be adopted:

- The existing level of awareness on health status and correct information about transmission as well as prevention of particular diseases should be updated so that all CSWs can avail of this opportunity.
- Both governmental and non-governmental organisations should take up measures to increase information and awareness on family laws. A large number of women, unaware of marital rights, ultimately choose this profession finding no other means of subsistence economy.
- Care and support programmes, regular body check-ups, voluntary counselling and testing should be strengthened by both government and non-government programmes.
- Sex education, knowledge on sexual behaviour, correct use of condom (to include condom demonstration among clients of CSWs) can reduce the risk of sexually transmitted diseases. Also special training of sex workers to use female condoms may substantially reduce the risk of health complications as well as spreading STDs to a large extent.

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