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The Experiences of Violence and Occupational Health Risks of Sex Workers Working in Brothels in Ankara

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ABSTRACT

Objective: The aim of this study was to reveal and discuss occupational health risks, violence against sex workers working in brothels and their working conditions in Ankara.

Materials and Methods: The study included 138 sex workers. Data were collected at face to face interviews with a questionnaire composed of 40 questions about socio-demographic features, familial characteristics, reasons for becoming a sex worker, experiences of violence and occupational health risks.

Results: Twenty-two point five percent of the women were aged 21-30 years and 39.9% were aged 31-40 years. The mean time of education was 5.9±3.5 (0-14) years. Forty-eight point five percent of the women were exposed to physical abuse and 13% of the women had been exposed to sexual abuse in their childhood. Fifty-five point eight percent of the women reported that their clients always used condoms, but 97.1% of the women noted that their clients insisted on not using a condom. Fourteen point five percent and 70.3% of the women were exposed to physical and verbal violence respectively from their clients. Ten point one percent of the women suffered sexual assault while working.

Conclusion: Sex workers, like other people, should have human rights, all types of violence that they face should be eliminated and the social conditions they are exposed to should be improved. Sexually transmitted diseases, the most important health risk of sex workers, should be considered as occupational diseases in the new regulations.

Key Words: Prostitution, sex worker, violence against woman, human rights, sexual transmitted diseases

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Introduction

Sex work is considered as a threat to public health, public order, decency, economy, safety and women's rights (1). Sex workers in most countries are stigmatized, exposed to discrimination and sexual abuse and prosecuted (2).

Sex workers in Turkey, like those in other countries, are outlawed by society, they and their problems are ignored and their health is cared for only to prevent diseases in their clients and the public, but not to protect their health.

There are 56 licensed brothels with about 3,000 sex workers in these brothels in Turkey. It has been reported that there are about 100,000 female and transgender sex workers in Turkey. Thousands of sex workers work in the streets, brothels, massage parlours, bars, night clubs, and even on buses and minibuses, mainly in İstanbul and Ankara (3).

Regulations for sex work in Turkey are directed only towards the working conditions of registered female sex workers working in brothels. The only regulation for sex workers working in brothels and their working conditions is the Statute of Brothels and Brothel Women and Prevention of Sexually Transmitted Diseases, which was put into effect in 1961 and which is still in effect. According to this statute, women have to be at least 21 years old and Turkish citizens to work in brothels. They also have to be examined in a Skin and Sexually Transmitted Diseases Hospital twice a week (4).

Sex work has many occupational health risks. Sex workers suffer from verbal and physical violence, are exposed to sexual assault and have to work in unsafe places. Sex workers working in brothels account for the overwhelming majority of sex workers. Therefore, we aimed to investigate the occupational risks, violence and working conditions which sex workers in brothels are exposed to in Turkey and to discuss them in the light of the available literature.

There have been few studies on the health status of sex workers, their relationships with society and experience of violence. This can be attributed to the difficulty in contacting sex workers. We also had difficulty in accessing sex workers and therefore, we had to select sex workers working in the brothels and visiting the Skin and Sexually Transmitted Diseases Hospital in Ankara for screening.

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Material and Methods

This study was conducted in the Skin and Sexually Transmitted Diseases Hospital in Ankara. The hospital's primary clients are registered sex workers. Approximately 200 registered sex workers make regular visits to this hospital annually. According to Turkish laws, all registered prostitutes in the area must make regular visits to this hospital to be screened for gonorrhea, syphilis and AIDS. When women first apply for sex work, they undergo tests for hepatitis B and are vaccinated if they need it. Cervical cultures are obtained and a test for gonorrhea is performed twice a week and a syphilis test and an AIDS test are made every three months for all registered sex workers. The results of each visit are recorded.

The study included 138 out of 174 female sex workers attending the Skin and Sexually Transmitted Diseases Hospital for their routine examinations and volunteering to participate in the study. Written informed consent was obtained from all the participants and data were collected with a questionnaire at face to face interviews between April 2007 and August 2007. Approval was obtained from the ethics committee of the Medical School of Gazi University.

The questionnaire was composed of 40 questions about socio-demographic features, familial characteristics, reasons for becoming a sex worker and occupational health risks.

Statistical analysis

Depending on the type of variables tested, Pearson's Chi-square test or Mantel-Haenszel Chi-square test was used to determine the difference/relation between variables used to define demographic characteristics, sex work background and experience and occupational health risks which the women faced. Pearson's chi-square test (χ^2) was used to determine the difference between two nominal variables. Mantel-Haenszel Chi-square (MH χ^2) test was used to determine the linear relation between two ordinal variables. Gamma was used to assess associations between two ordinal variables. Gamma, also called Goodman and Kruskal's Gamma, is a symmetric measure which varies from -1 to +1, based on the difference between concordant pairs and discordant pairs. Spearman's rho correlation coefficient was used to determine the correlation between two rank-ordered scales.

Results

The study included 138 out of 174 female sex workers attending the Skin and Sexually Transmitted Diseases Hospital for their routine examinations and volunteering to participate in the study. Missing responses in the questionnaire were not included in the statistical analysis.

Demographic characteristics

Thirty-nine point nine percent of the women were aged between 31-40 years. Twelve point three percent of the women had not even attended primary school, 7.2% were primary school dropouts, 43.5% were primary school graduates and 37% of the women had a higher level of education. Sixty point one percent of the women were from urban areas and 39.9% were from rural areas. Sixty-two point nine percent of the women were divorced and 69.3% had children. Forty-five point two percent of the women came from families with a low socio-economic status (Table 1).

Sex work background and experience

Forty-seven point eight percent of the women had a work experience of 1-10 years. The mean age of first sexual intercourse was 16.3±3.2 (10-22) years (Table 2) and 34.6% of the women had their first sexual intercourse before the age of

Table 1. Demographic characteristics of sex workers working in brothels in Ankara

Demographic characteristics	n (%)
Age, (n=138)	
21-30 years	31 (22.5)
31-40 years	55 (39.9)
41-50 years	36 (26.1)
51 years and over	16 (11.6)
Education, (n=138)	
Never attended primary school	17 (12.3)
Primary school drop out	10 (7.2)
Primary school graduates	60 (43.5)
Women with a higher level of education	51 (37.0)
Place where raised, (n=138)	
Rural	55 (39.9)
Urban	83 (60.1)
Marital status, (n=135)	
Single	34 (25.2)
Divorced	85 (62.9)
Widowed	16 (11.9)
Children, (n=137)	
No	42 (30.7)
Yes	95 (69.3)
Families' economic status, (n=135)	
Low	61 (45.2)
Moderate	57 (42.2)
High	17 (12.6)

Table 2. Sex work background and experience of sex workers working in brothels in Ankara

Sex work background and experience	n (%)
Work in prostitution, (n=138)	
1-10 years	66 (47.8)
11-20 years	52 (37.7)
21 years and over	20 (14.5)
First sexual intercourse, Mean±SD (Min-Max)	16.3±3.2 (10-22)

SD: Standard Deviation

15. Sixty point one percent of the women had their first intercourse unwillingly.

There was a significant relation between their age at first sexual intercourse and education and as the duration of education increased, so did their age at first sexual intercourse (r=0.339, p<0.001)

Occupational health risks

The primary risk factors are problems with condom use, sexually transmitted diseases (STD), alcohol and tobacco use and frequent abortion.

Concerning the question "How often do the clients use condoms?", 55.8% of the women noted that the clients always use condoms, 97.1% of the women reported that the clients do not want to use condoms and 89.1% of the women reported that the clients offer more money in order not to use condoms. Eighteen point two percent and 63.8% of the women were exposed to physical and verbal violence respectively when they asked the clients to use condoms (Table 3). There was a significant relation between age and condom use (MH χ^2 =6.3, p=0.012). As age increased, condom use significantly decreased (Gamma=- 0.303, p=0.005). There was a significant relation between age and verbal violence due to requests for condom use (MH χ^2 =6.6, p=0.010). As age increased, the frequency of verbal violence significantly decreased (Gamma=-0.272, p=0.012). There was a significant relation between the place where the women were raised and frequency of condom use. The women from urban areas used condoms more frequently than those from rural areas (χ^2 =7.5, p=0.006). There was a significant relation between the frequency of condom use and work experience. As the duration of work experience increased, the frequency of condom use significantly decreased (Gamma=-0.277, p=0.020). Thirty-five point five percent of the women noted that they had STD. Thirty-five point five percent of the women had had many abortions. There was a significant relation between education and the frequency of abortion (MH χ^2 =11.0, p=0.001). As education increased, the frequency of abortion significantly decreased (Gamma=-0.386, p=0.001). There was a significant relation between sex work duration and the frequency of abortion (MH χ^2 =4.8, p=0.029). As the sex work background increased, so did the frequency of abortion (Gamma=0.240, p=0.023). There was a significant relation between marital status and physical violence due to the request for condom use. Widowed women suffered from more violence than divorced women (χ^2 =13.6, p=0.009). Forty-eight point five percent seven percent of the women were smokers, 55.1% were using alcohol and 2.8% were using other substances (Table 3).

Gender-based violence

Childhood physical and sexual abuse

Forty-eight point five percent and 13% of the women noted that during their childhood they had suffered physical violence and sexual abuse respectively. Twenty-seven point seven percent of the women exposed to sexual violence did not answer the question "Who abused you sexually?", 33.3% admitted that their close relatives sexually abused them and 22.2% reported that their stepfather abused them.

Table 3. Occupational health risks of sex workers working in brothels in Ankara (n=138)

Occupational health risks	n (%)
Condom use	
Sometimes	24 (17.4)
Mostly	37 (26.8)
Always	77 (55.8)
Clients' insistence on not using condoms	
Yes	134 (97.1)
No	4 (2.9)
Offered extra money for sex without condom	
Yes	123 (89.1)
No	15 (10.9)
Physical violence due to request for condom use	
Never	113 (81.9)
Sometimes	11 (8.0)
Always or mostly	14 (10.2)
Verbal violence due to request for condom use	
Never	50 (36.2)
Sometimes	31 (22.5)
Always or mostly	57 (41.3)
Sexually Transmitted Diseases (STDs)	
Suffering from STDs	
Yes	49 (35.5)
No	89 (64.5)
Frequency of abortion	
None	23 (16.7)
Once	24 (17.4)
A few times	42 (30.4)
Many times	49 (35.5)
Substance use	
Cigarette smoking	
Yes	121 (87.7)
No	17 (12.3)
Alcohol intake	
Yes	76 (55.1)
No	62 (44.9)
Drug use	
Yes	4 (2.8)
No	134 (97.1)

Sex work related violence

Fourteen point five percent of the women reported that they were exposed to physical violence by their clients and 70.3% noted that they were exposed to verbal and emotional violence by their clients (Table 4). There was a significant relation between age and client violence (MH χ^2=8.4, p=0.004).

As age increased, the frequency of client violence significantly decreased (Gamma=-0.572, p=0.002). There was also a significant relation between a sex work background and client violence (MH χ^2=4.5, p=0.035). As the sex work background increased, the frequency of client violence significantly decreased (Gamma=-0.516, p=0.007). Ten point one percent percent of the women suffered from sexual assault. Thirty-four point one percent of the women had a history of suicide attempts. In fact, 51.1% of the women had made one suicide attempt, 36.2% had made several suicide attempts and12.8% had made many suicide attempts (Table 4). Cross match statistics are shown in Table 5.

Table 4. Childhood physical and sexual abuse, sex work related violence and sex work related suicide attempts of sex workers working in brothels in Ankara

Gender-based violence	n (%)
Childhood physical and sexual abuse	
Childhood physical abuse, (n=138)	
Never	71 (51.4)
A few times	27 (19.5)
Frequently	40 (29.0)
Sexual abuse, (n=138)	
Never	120 (87.0)
A few times	10 (7.2)
Frequently	8 (5.8)
Sex work related violence	
Physical violence by clients, (n=138)	
Never	118 (85.5)
A few times	16 (11.6)
Frequently	4 (2.9)
Emotional abuse by clients, (verbal violence), (n=138)	
Never	41 (29.7)
A few times	59 (42.7)
Frequently	38 (27.6)
History of sexual assault, (n=138)	
Yes	14 (10.1)
No	124 (89.9)
Sex work related suicide attempts	
Suicide attempt (ever), (n=138)	
Yes	47 (34.1)
No	91 (65.9)
Suicide attempt frequency, (n=47)	
Once	24 (51.1)
A few times	17 (36.2)
Many times	6 (12.8)

Discussion

Sex workers included in this study were vulnerable to verbal and physical violence and sexual assault, experienced different types of violence and suffered from both physical and psychological damage due to the risks they faced.

The distribution of the women by age showed that 62.4% of the women were aged between 21-40 years, which is consistent with the finding in the literature that most of the sex workers were young women (5-7). In addition, in Turkey the legal age for women to work in brothels is 21. Therefore, none of the women included in this study were younger than 21 years.

Insufficient education is one of the most important factors predisposing to sex work. Gender discrimination is an important barrier to the education of women. At present, unemployment is a serious problem and unfortunately, women with insufficient education have difficulties in finding a job and tend to become sex workers. In the present study, the mean duration of education was 5.9±3.5 (0-14) years, 12.3% of the women were illiterate and 43.5% of the women were primary school graduates. In a study by Simsek from Turkey of female sex workers working in brothels in 2003, 45% of the women were primary school graduates and 24% of the women had no education. We performed the present study five years after the study by Simsek and revealed that, although the number of the women with no education decreased, there was no change in the number of the women receiving a five-year education. This indicates that the sex workers working in brothels still had insufficient education.

As for the duration of work experience, 14.5% of the women had work experience of over 20 years. This suggests that the women did not consider sex work as transient but a permanent occupation.

Physical and sexual abuses in childhood are risk factors to become sex workers. Shoham et al. emphasized that parental neglect, exposure to maltreatment and abuse in childhood played an important role in becoming prostitutes (8). Brawn and Roe-Sepowitz commented that low-socio economic status, familial violence, chaotic and insufficient familial relationships, experience of sexual intercourse early in life and sexual abuse were the main causes of prostitution (9). Many studies have revealed that sexual abuse in childhood and adolescence have negative impacts such as post traumatic stress disorder, depression and suicidal tendency in the short and long term and that there is a relation between early sexual intercourse, considered a risky sexual behavior, and becoming a sex worker (9-11).

Consistent with the literature, in the present study 48.5% of the women endured physical violence and 13% of the women had suffered from sexual abuse in childhood.

Economic conditions are another important factor leading to prostitution (12-14). In fact, 42.5% of the women included in the present study came from low-income families. Wong et al. (15) in a study of female sex workers in Hong Kong revealed that most of them worked to provide financial support for their families. Ward and Day in their study reported that most of the female sex workers had two choices: either poverty or sex work and that they took the risk of being a social outcast since the disadvantages of poverty outweigh those of sex work (1).

Table 5. Cross match statistics

	Age				Place where raised	
Condom Use	**21-30 years n (%)**	**31-40 years n (%)**	**41-50 years n (%)**	**51 years and over n (%)**	**Rural n (%)**	**Urban n (%)**
Sometimes	2 (6.5)	8 (14.5)	11 (30.6)	3 (18.8)	15 (27.3)	9 (10.8)
Mostly	8 (25.8)	12 (21.8)	12 (33.3)	5 (31.3)	16 (29.1)	21 (25.3)
Always	21 (67.7)	35 (63.6)	13 (36.1)	8 (50.0)	24 (43.6)	53 (63.9)
Statistics		MH χ^2=6.3, p=0.012			MH χ^2=7.5, p=0.006	

	Age				Work in prostitution		
Physical violence by clients	**21-30 years n (%)**	**31-40 years n (%)**	**41-50 years n (%)**	**51 years and over n (%)**	**1-10 years n (%)**	**11-20 years n (%)**	**21 years and over n (%)**
Never	21 (67.7)	48 (87.3)	33 (91.7)	16 (100.0)	52 (78.8)	46 (88.5)	20 (100.0)
A few times	8 (25.8)	6 (10.9)	2 (5.6)	0 (0.0)	12 (18.2)	4 (7.7)	0 (0.0)
Frequently	2 (6.5)	1 (1.8)	1 (2.8)	0 (0.0)	2 (3.0)	2 (3.8)	0 (0.0)
Statistics		MH χ^2=8.4, p=0.004			MH χ^2=4.5, p=0.035		

	Education				Work in prostitution		
Frequency of abortion	**Never attended primary school n (%)**	**Primary school drop out n (%)**	**Primary school graduates n (%)**	**Women with a higher level of education n (%) n (%)**	**1-10 years n (%)**	**11-20 years n (%)**	**21 years and over n (%)**
None	1 (5.9)	1 (10.0)	7 (11.7)	14 (27.5)	15 (22.7)	7 (13.5)	1 (5.0)
Once	2 (11.8)	1 (10.0)	9 (15.0)	12 (23.5)	13 (19.7)	8 (15.4)	3 (15.0)
A few times	2 (11.8)	5 (50.0)	24 (40.0)	11 (21.6)	19 (28.8)	15 (28.8)	8 (40.0)
Many times	12 (70.6)	3 (30.0)	20 (33.3)	14 (27.5)	19 (28.8)	22 (42.3)	8 (40.0)
Statistics		MH χ^2=11.0, p=0.001			MH χ^2=4.8, p=0.029		

	Age				Marital status			
Verbal violence due to request for condom use	**21-30 years n (%)**	**31-40 years n (%)**	**41-50 years n (%)**	**51 years and over n (%)**	**Physical violence due to request for condom use**	**Single n (%)**	**Divorced n (%)**	**Widowed n (%)**
Never	7 (22.6)	18 (32.7)	15 (41.7)	10 (62.5)	Never	29 (82.9)	72 (83.7)	12 (70.6)
Sometimes	7 (22.6)	15 (27.3)	7 (19.4)	2 (12.5)	Sometimes	1 (2.9)	10 (11.6)	0 (0.0)
Always or mostly	17 (54.8)	22 (40.0)	14 (38.9)	4 (25.0)	Always or mostly	5 (14.3)	4 (4.7)	5 (29.4)
Statistics		MH χ^2=6.6, p=0.010			χ^2=13.6, p=0.009			

In the present study, the women had their first sexual intercourse at quite an early age. Thirty-four point six percent of the women had their first sexual intercourse before they were fifteen and the mean age of first sexual intercourse was 16.3±3.2 years. Sixty point one percent of the women were raped in their first sexual intercourse. The women in Turkey generally do not exercise their right to refuse early marriage and, especially in rural areas, early marriages are traditionally favoured. Many women younger than 18 in the rural areas have religious marriage contracts. Most of the women having their first sexual intercourse unwillingly had that experience as a result of religious marriage contracts in childhood.

In the Sexual and Reproductive Health Study conducted by the Society for Sexual Education, Treatment and Research in 2006, values concerning sexuality and virginity were investigated. Sixty-three percent of the men completely agreed with the statement "virginity shows female decency" and 65% of the men completely agreed with the statement "Women should remain virgins until they get married' (16).

In Turkey, sexual intercourse before marriage is not approved. Social stigma towards women having sexual intercourse before marriage and reactions from their families cause hopelessness in these women and make them feel that they have no other choice except sex work.

As for smoking and substance abuse, 87.7% of the women were smokers, 55.1% of the women were taking alcohol and 2.8% of the women were using other substances. In general, the women declined to answer the question about substance

abuse. However, two women were using marihuana and two women were taking drugs. According to data from the Turkish Population and Health Survey in 2008, 22% of the women aged 15-49 years were smokers (17). It is striking that the rate of the female sex workers who smoked was four times higher than that of the female smokers in the general population.

Nearly all studies on female sex workers have revealed that the women experience verbal, physical and psychological violence. In a study by Farley and Haling, 82% of the female sex workers suffered physical violence, 83% were threatened by their clients with guns, 68% had sexual assaults and 84% were homeless (18). Potterat et al. (19) reported that female sex workers were exposed to lethal and non-lethal violence by their clients. Lowman in a study in Canada between 1992 and 1998, reported that 86 female sex workers were murdered and that the murderers of 16 women were clients, one was a procurer and nine were others (20).

Consistent with the literature, the female sex workers in this study reported their experiences with different types of violence. Thirty-nine point nine percent of the women had suffered physical violence from their intimate partners, 14.5% received physical violence from clients and 10.1% had suffered sexual assault.

STDs are the most important occupational risks for female sex workers. It has been shown that the rate of males having sex with sex workers in Turkey is high (21). In a study conducted in several big cities in the USA, 2-3% of men were found to be clients of female sex workers on the streets during 2-5-year observations (22).

In the present study, concerning the questions "Which sexually transmitted diseases have you had and how often have you had them?", 49 women noted that they had STDs and 69 women noted that they never had STDs. Of 49 women having STDs, 36.7% had gonorrhea, 30.6% had syphilis and 16.3% had vaginitis.

During the one-year study period, 26 out of 174 women examined at the Skin and Sexually Transmitted Diseases Hospital had gonorrheal infection.

The most effective method of preventing STDs is the use of a condom. Client attitudes play an important role in the use of condoms. In a study of the use of condoms in sex workers and clients, the rate of the participants who knew about AIDS and used condoms increased over the years. In fact, 51% of the sex workers knew about AIDS between 1992 and 1993 and the rate increased to 97% in 1999. In addition, the rate of sex workers using condoms was 19% between 1992 and 1993 and increased to 78% in 1999 (23).

In the present study, 55.8% of the women responded "always" to the question "How often do clients use condoms?". This shows that about half of the women did not use condoms regularly. It may be that the women did not have sufficient information about STDs and could not refuse the money offered by their clients for sex without condoms. In addition, isolated, discriminated, despised and deprived of their rights, these women might have disregarded the risk of diseases.

Ninety-seven point one percent of the women noted that clients did not want to use condoms and 89.1% of the women reported that clients offered money in order not to use condoms. This causes an unfair competition between the women working as sex workers due to financial difficulties. The women commented that when they insisted on using condoms, the clients who did not want to use condoms preferred the women accepting unprotective sex. Especially the older women with fewer clients agreed to have sex without condoms for financial reasons.

In a study of immigrant sex workers in Europe, clients were found to agree to pay more in order not to use condoms, which created a higher risk especially for immigrant sex workers. It is thought that these sex workers more frequently took risks due to financial reasons (24). In the present study, 18% and 63.8% of the women were exposed to physical and verbal violence respectively since they asked clients to use condoms.

Ill-health refers to both physical and mental illnesses (25, 26). It is known that sex workers are isolated from society (14, 27). Sex workers are exposed to poor health conditions including physical threats. It has been reported that the rate of the sex workers suffering from violence while working varies from 35% to 94% (27, 28). Romans et al. (29) found no difference in physical health between sex workers and the general population. There have been no comparative studies on the health status of female sex workers working in brothels and street sex workers in Turkey. In the present study, concerning chronic health problems, 13.8%, 5.1% and 2.9% of the women suffered from hypertension, diabetes and depression respectively.

Thirty-four point one percent of the women noted that they had made one, a few or many suicidal attempts. Okman reported that 1.8% of women in Turkey committed suicide (30). The high rate of suicides in our study can be attributed to the poor mental health status of these women. A study of various groups of sex workers female brothel workers, private sole-operators and female street sex workers in Australia and New Zealand showed no difference in physical health problems between these groups, but revealed that scores on poor mental health were four times higher among the women working illegally. It may be that these women might have already had a poor mental health status before becoming a sex worker and that the higher risk factors related to sex work might have affected their mental health (27).

Conclusion

Sex workers are at the highest risk of STDs. They are incriminated for spreading STDs in society. They are cast out from the society to protect public health, they have to work under poor health conditions and they mostly are not given the chance to have a healthy sexual relationship. Although sex workers are screened for STDs at every turn on the basis of the idea that they spread STDs, the clients' role in the spread of these diseases is disregarded.

STDs, one of the most serious health risks of sex workers, should also be considered as an occupational health disease. In Turkey, occupational infectious diseases in the Statute of Social Insurance Health Processes are divided into four, and the expression "people having contact with infectious diseases due to their profession" in the fourth group probably

refers to health professionals. The Health Council of the Social Insurance Institution decides whether a disease not listed in the statue is an occupational disease and whether patients with occupational diseases should be offered treatment when the Social Insurance Institution is no longer responsible for it. Therefore, occupational infectious diseases suffered by sex workers should be incorporated into the list of occupational diseases by the Health Council of Social Insurance Institution. If sex workers are considered as employed and eligible for insurance, STDs acquired by them at work can be categorized as occupational diseases.

New regulations should be made so that diseases such as cervical cancer due to HPV and HIV contracted after they start work can be considered as occupational diseases. Thus, sex workers found on their regular follow-ups to have contracted these diseases can benefit from the rights offered to other employees in the statute.

Total disregard for sex workers' rights and the screening of sex workers for STDs just to protect public health increase their feeling of being outcasts. Sex workers, like other people, should have human rights, all types of violence they face should be eliminated, the social conditions they are exposed to should be improved, their financial status should be improved and their right to retire should be safeguarded. New regulations including all these improvements should be adopted.

Conflict of Interest

No conflict of interest was declared by the authors.

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