

# PREVALENCE OF CERVICAL CANCER, CERVICAL PRE-CANCER AND HPV INFECTION AMONG FEMALE COMMERCIAL SEX WORKERS

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## ABSTRACT

Female Commercial sex workers (CSWs) represent a high-risk group for human papillomavirus (HPV) infection and cervical abnormalities due to their occupational exposure and limited access to preventive healthcare services. Despite this elevated risk, routine cervical cancer screening and HPV prevention efforts often overlook this vulnerable population. This study aimed to determine the prevalence of cervical cancer, cervical pre-cancerous lesions, and HPV infection among CSWs in a red-light area of Pune, India.

**Objective:** To determine the prevalence of cervical cancer, cervical pre-cancer, and HPV infection among female commercial sex workers.

**Methods:** A descriptive, cross-sectional study was conducted among 307 CSWs aged 30–65 years, selected through purposive sampling. Cervical cytological screening was performed using the Papanicolaou (Pap) smear test to detect abnormal cellular changes. Data were analyzed using mean  $\pm$  standard deviation, frequency, and percentage.

**Results:** Of the 307 participants screened, 1 individual (0.3%) was diagnosed with confirmed cervical cancer. Pre-cancerous lesions were identified in 29 participants (9%), including 3 cases (0.9%) of high-grade squamous intraepithelial lesion (HSIL) and 26 cases (8%) of low-grade squamous intraepithelial lesion (LSIL). Overall, 214 participants (70%) exhibited abnormal cytological findings, with 172 (56%) classified as high-risk due to multiple coexisting abnormalities such as atypical squamous cells of undetermined significance (ASCUS), cervicitis, and squamous metaplasia. Among a subset of 23 individuals who underwent HPV testing, 26% tested positive for high-risk HPV strains.

**Conclusion:** This study reveals a notable prevalence of cervical abnormalities and HPV infection among commercial sex workers, emphasizing the urgent need for inclusive cervical cancer screening programs, HPV vaccination, and targeted health education initiatives within this marginalized population.

**KEYWORDS:** prevalence, cervical cancer, cervical pre-cancer, HPV infection, commercial sex workers

## INTRODUCTION

Cervical screening is a fundamental strategy for maintaining women's reproductive organ health. Despite numerous government programs for cervical cancer screening, a neglected segment of the population still lacks access to these services. This neglected segment primarily includes commercial sex workers, who continue to face widespread societal exclusion and stigma. The failure of cervical cancer screening programs to reach commercial sex workers represents a significant shortcoming and a critical gap for the health sector in realizing a cancer-free India. Cervical cancer is the only cancer that can be eliminated worldwide. Globally, an estimated 662,044 cases (ASIR: 14.12/100,000) and 348,709 deaths (ASMR: 7.08/100,000) from cervical cancer occurred in 2022, corresponding to the fourth cause of cancer morbidity and mortality in women worldwide. Report says, If national rates in 2022 remain stable, the estimated cases and deaths from cervical cancer are projected to increase by 56.8% and 80.7% up to 2050 [1].

One significant reason commercial sex workers hesitate to seek medical care is the negative attitude displayed by healthcare professionals. Medical staff often exhibit reluctance during physical examinations and fail to provide adequate attention during hospitalization. Such discriminatory behaviour from doctors and nurses compels many sex workers to either avoid healthcare services altogether or conceal their identity. This concealment can result in incomplete clinical assessments, insufficient diagnostic procedures, and inadequate treatment.

A study also proves that, Fear of revealing occupation secret (20.28%), fear of result (6.52%) and negative attitude of health worker towards the participants (34.05%) were the obstacles for not seeking health care from government health facilities [2]. A study found that nurses held different attitudes toward female sex workers, and they experienced feelings of reluctance, hesitation, or willingness to care for female sex workers [3]. Early detection of cervical cancer significantly increases treatment success rates. The prognosis is generally favourable when detected early. Regular screenings and vaccination play essential roles in prevention and early detection. A study [4] shows that Precursor lesions were reported in 39% of the pap smears; of these, precursor lesions occurred in 42% of tests from HIV-positive sex workers in South

Africa. M P Singh and M Kaur [5] conducted a study to assess Prevalence of high-risk human papilloma virus types and cervical smear abnormalities in female sex workers in Chandigarh, India through PAP smear and HVP testing. Result shows that A significantly higher number of inflammatory smears were reported in FSWs (51.7% vs. 34.7%,  $P = 0.01$ ). The hrHPV types 16/18 were detected in 33/120 (27.5%) FSW versus 23/98 (23.5%) HCs. Determining the precise number of cervical cancer cases among commercial sex workers in India is tough due to a lack of comprehensive studies. Still, research on the incidence of HPV and pre-cancerous lesions in this group is available, and these are primary indicators for the development of cervical cancer. Present study was aimed to assess the prevalence of cervical cancer, cervical pre-cancer and HPV infection among commercial sex workers in selected red light area at Pune city. Joshi S Kulkarni V, Darak T, et al conducted a research on Cervical cancer screening and treatment of cervical intraepithelial neoplasia in female sex workers using "screen and treat" approach. They screened 300 FSWs of whom 200 (66.67%) were HIV uninfected and 100 (33.34%) were HIV infected. The overall prevalence of CIN 2-3 lesions was 4.7%. But all women with CIN 2-3 lesions were HIV infected, and thus the prevalence of CIN 2-3 lesions in HIV-infected FSWs was 14/100 (14%, 95% confidence interval: 7.2-20.8). All of them screened positive by all three screening tests. Cold coagulation was well tolerated, with no appreciable side effects. Cervical cancer prevention by "screen and treat" approach using VIA, followed by ablative treatment, in this high-risk group of women is feasible and can be implemented through various targeted intervention programs [6].

Prasana, M (2017) done a descriptive study to assess the prevalence of cervical cancer among women in selected village of Kanyakumari District. The study identified that with total 100 samples, 4% of samples were positive result and 96% samples were negative result for cervical cancer; by using VIA/VILI method. It was found that there were significant association found between prevalence of cervical cancer with their selected demographic, menstrual, obstetric and gynaecological variables. The study also concluded that most of the respondents were in risk factors. In this study, out of 100 samples 4 women were detected with cervical cancer. The investigator provides awareness regarding the treatment modalities and follow up care. The patient was referred to Pechipparai Primary Health Centre for further assessment and treatment [7].

## NEED OF THE STUDY

Female commercial sex workers in India face multiple barriers to cervical cancer prevention and care, including low awareness, limited access to healthcare, economic hardship, and fear of discrimination. Despite government policies aimed at prevention, these efforts remain largely ineffective due to high illiteracy rates and the deep stigma surrounding sex work. Social bias further exacerbates their vulnerability, leading to exclusion from essential health services and justice systems.

In India, several NGOs provide support services to sex workers; however, a significant gap remains in the effective implementation of cervical cancer screening programs for this population. While some educated sex workers undergo screening at their own expense, a large proportion—particularly those who are illiterate—remain unaware of cervical cancer altogether, making the prospect of screening nearly unattainable. Although the Government of India has introduced a national cervical cancer screening program, which includes the HPV vaccine for girls under 15 years of age, its outreach within marginalized communities remains limited. Healthcare providers involved in implementation report key barriers such as a shortage of trained human resources, overburdened healthcare staff, and the difficulty of motivating community members to participate in screening efforts. These challenges collectively hinder the reach and impact of cervical cancer prevention programs among female commercial sex workers.

## AIM OF THE STUDY

To assess the prevalence of cervical cancer, cervical pre-cancerous lesions, and human papillomavirus (HPV) infection among female commercial sex workers.

## RESEARCH METHODOLOGY

This study adopted a qualitative and observational methodology, utilizing an analytical-descriptive research design.

**Objective:** To identify the Prevalence of Cervical Cancer, Cervical Pre-cancer and HPV Infection Among Female Commercial Sex Workers.

1. **Research type:** Quantitative Descriptive study
2. **Research design:** Descriptive, cross-sectional study
3. **Research approach:** Qualitative research approach (Observational prevalence)
4. **Reliability:** Pap smear (Standard test)
5. **Variables:**

- Independent Variables: Pap smear test result

- Dependent Variables: Presence or absence of cervical abnormalities.

6. **Sample & size:** Total 307 commercial sex workers residing in a red-light area or non-residential sex workers, who visit the red-light area during the day but return to their homes in the evening, were included in the study. Total population of the area was 3000. Participant recruitment was conducted using a purposive (non-probability) sampling method. Individuals were excluded if they had a current or previous diagnosis of cervical cancer, had undergone a hysterectomy, were pregnant, menstruating at the time of data collection, or were unwilling to participate in the study.

According to reference no. 5, hr HPV types 16/18 were detected in 27.5% female sex workers. With reference to this finding and with 95% confidence level & 5% absolute error minimum 307 commercial sex workers were required to study in present research.

**Calculation:**

$$n = Z^2 pq / L^2$$

$$n = 1.962 \times 27.5 \times 72.3 / 52$$

$$n = 307$$

**7. Sampling technique:** Purposive sampling technique

**8. Research Setting:** The present study was conducted in the Red light area, Budhwar peth, Pune. This study was conducted under the supervision of one local NGO named Rev. Haribhau Waghmode Patil Pratishtan (RHWPP), working so hard for the Commercial sex workers and their children. This NGO had provided one separate clean room for the collection of cervical samples for pap smear test.

**9. Population:** In the present study population includes all the female commercial sex workers who were staying or visiting daily at Red light area, Budhwar peth, Pune.

**10. Criteria for selection of samples:**

**Inclusion Criteria:** Female commercial sex workers who were –

- willing to participate.
- aged between 30 to 65 yrs.

**Exclusion Criteria:** Female commercial sex workers who were-

- Not willing to participate.
- Diagnosed with cervical cancer
- Had hysterectomy
- Were pregnant
- Menstruating at the time of data collection
- Women with associated psychological condition.

**Delimitations**

The study was limited to female commercial sex workers only, excluding women from the general population. Study was restricted to age group between 30-65 years of age. Study was conducted only in selected redlight area, Pune.

**11. Data collection procedure**

Before starting the study, the researcher visited Budhwarpeth's red-light area and met with NGO directors to explain the study's purpose and seek support. Three to four NGOs agreed to help and organized a joint meeting with 30–40 commercial sex workers. During the session, the researcher, lab technician, and assistants explained the study's importance and future benefits. Participants were assured of anonymity and confidentiality, and informed consent was obtained from each one. Pap Smear test The Bethesda System (TBS), which is a standardized system used for reporting cervical and vaginal cytology results, especially Pap smear (Papanicolaou test) findings. Before the collection of cervical samples, the socio-demographic data and clinical profile of commercial sex workers such as age, educational status, monthly income, marital status, Personal history (habits), Age of first sex, Customers per day, No. of Children, Mode of delivery, place of delivery, Methods of birth control, abnormal discharge, History of HIV infection, cervical cancer vaccine, cervical cancer screening, heavy bleeding during menstruation, severe weakness, pain during sex were recorded.

After recording the socio and clinical data, participants were proceeded for the cervical sample collection. Once again procedure was explained by the researcher to the participants to alleviate anxiety and one by one participants were taken for the cervical sample collection.

**Steps followed during the sample collection:**

1. Explained the procedure to the client.
2. Washed hands and wore sterile gloves.
3. Positioning: Placed the patient in the lithotomy position.
4. Speculum Insertion: Inserted the speculum to visualize the cervix.
5. Sample Collection: Used a cytobrush or spatula to collect cells from the transformation zone of the cervix.
6. Processing: Transferred the sample to a glass slide or liquid-based cytology container.
7. Laboratory: The cell samples sent to the laboratory for testing. All the slides after labelling were immediately transferred to 95% ethyl alcohol (Transport medium) and sent to Pathology Dept for cytological study.
8. Follow-up: Informed the patient about when to expect results and any necessary follow-up.

**12. Data Analysis**

The data obtained from the Pap smear reports of all 307 participants were systematically entered into an Excel spreadsheet. Each variable from the reports was meticulously recorded and classified into different categories based on the severity of the pathological findings. Descriptive statistics, including mean  $\pm$  SD, frequencies, and percentages, were utilized for data analysis. Commercial sex workers identified with pre-cancerous cervical conditions were referred for HPV testing. Among 97 suspected cases, only 23 individuals presented for the HPV test. Of these 23, 6 tested positive for HPV infection. All six were advised to undergo further diagnostic procedures, including cervical biopsy. However, only 2 individuals complied with the biopsy, and 1 case was confirmed as cervical cancer.

## RESULT

**Table 1: Distribution of Female Sex Workers According to the Presence of Cervical Cancer, Cervical pre-cancer and HPV positive cases.[N=307]**

| Confirmed case | Pre-cancer stage (Cervical intraepithelial neoplasia (CIN))  |         |         | High risk conditions/ Suspected case |           |            | HPV Positive Out of 23 |
|----------------|--|---------|---------|--------------------------------------|-----------|------------|------------------------|
|                | HSIL   | LSIL    | TOTAL   | ASCUS                                | SQU. META | CERVICITIS |                        |
| 1 (0.3%)       | 3 (0.9%)   | 26 (8%) | 29 (9%) | 68 (22%)                             | 75 (24%)  | 141 (46%)  | 6 (26%)                |
| <b>REMARKS</b> | Although high-risk conditions are not directly responsible for causing cervical cancer, they are closely associated with commercial sex workers, who are particularly vulnerable to HPV infection. This increased susceptibility makes them more likely to develop early cervical abnormalities, which can progress to cancer. Such high-risk factors often indicate a greater likelihood of pre-cancerous lesions, such as cervical intraepithelial neoplasia, and therefore require further clinical evaluation. |         |         |                                      |           |            |                        |

The table 1 illustrates the occurrence of cervical cancer among female sex workers, encompassing various conditions such as confirmed cases of cervical cancer, precancerous stages, high-risk conditions, or suspected cases that could potentially develop into cervical cancer. It also includes individuals who tested positive for HPV, the primary causative agent of cervical cancer. Among the 307 commercial sex workers screened, one individual (0.3%) was diagnosed with a confirmed case of cervical cancer. Additionally, 29 individuals (9%) were identified as being in a pre-cervical cancer stage, 3 (0.9%) with High-Grade Squamous Intraepithelial Lesions (HSIL) and 26 (8%) with Low-Grade Squamous Intraepithelial Lesions (LSIL).

Pap smear results indicated that 214 out of 307 participants (70%) had abnormal findings. Of these, 172 individuals (56%) were classified under high-risk categories, as many showed more than two concerning conditions in their reports. These high-risk indicators include Atypical Squamous Cells of Undetermined Significance (ASCUS) present in 68 (22%) commercial sex workers, squamous metaplasia in 75 (24%) commercial sex workers, and cervicitis in 141 (46%) commercial sex workers.

A total of 90 sex workers (29%) displayed potentially suspicious Pap smear results for cervical cancer and were therefore referred for further examination through HPV testing. The suspected 26 cases included individuals with HSIL, LSIL, and ASCUS findings, which qualified them for the HPV test. Out of those referred, 23 sex workers participated in the HPV screening camp. Among them, 6 women (26%) tested positive for the Human Papillomavirus (HPV). Notably, of these 6 HPV-positive individuals, 4 (67%) were also found to be HIV-positive.

All six HPV-positive commercial sex workers were invited for additional diagnostic procedures, specifically a cervical biopsy. However, only two of them underwent the biopsy. Following the procedure, one individual was diagnosed with cervical cancer. She was promptly referred to a government hospital, where a hysterectomy was performed as a life-saving intervention and She underwent chemotherapy in several stages.

**Table 2 : Distribution of Female Sex Workers According to the Cervicitis Condition, which is also comes under High-risk Conditions. N=307]**

| Condition     | Category | Frequency (%) | Total      |
|---------------|----------|---------------|------------|
| No Cervicitis | -        | 166 (54%)     | 166 (54%)  |
| Cervicitis    | Mild     | 16 (5%)       | 141 (46%)  |
|               | Moderate | 61 (20%)      |            |
|               | Severe   | 64 (21%)      |            |
|               | Total    |               | 307 (100%) |

Note:- Among 141 cervicitis cases, 6 (4%) were having bacterial infection (bacterial vaginosis) was present

The table 2 above indicates that a total of 141 sex workers were diagnosed with cervicitis. Among them, 16 (5%) individuals had mild cervicitis, 61 (20%) presented with a moderate form, and 64 (21%) were affected by severe cervicitis. Additionally, out of these 141 cases, 6 sex workers (4%) were also found to have bacterial vaginosis.

**Table 3: Distribution of Female Commercial Sex Workers According to the Prevalence of Cervical cancer, Cervical Pre-cancer, HPV Infection and HIV Positive Under The Category of Age. N=307]**

| AGE | Category | Cervical cancer/cervical pre-cancer | HPV positive | HIV Positive |
|-----|----------|-------------------------------------|--------------|--------------|
|-----|----------|-------------------------------------|--------------|--------------|

|  |             | <b>Cervical Cancer (01) (0.3%)</b> | <b>LSIL (26) (8%)</b> | <b>HSIL (03) (0.9%)</b> | <b>(06) (2%)</b> | <b>(04) Out of 06 HPV cases (67%)</b> |
|--|-------------|------------------------------------|-----------------------|-------------------------|------------------|---------------------------------------|
|  | 30-40 years | -                                  | 12 (3.9%)             | 03 (0.9%)               | 03 (0.9%)        | 01 (16%)                              |
|  | 41-50 years | 01 (0.3%)                          | 08 (2.6%)             | -                       | 01 (0.3%)        | 01 (16%)                              |
|  | 51-60 years | -                                  | 05 (1.6%)             | -                       | 02 (0.6%)        | 02 (33%)                              |
|  | 61-65 years | -                                  | 01 (0.3%)             | -                       | -                | -                                     |

The above table 3 indicates that the One (0.3%) commercial sex worker diagnosed with cervical cancer belonged to the 41–50 years age group.

Among the 26 LSIL-positive sex workers, 12 (3.9%) were within the 30–40 years age group, 08 (2.6%) were between 41–50 years, 05 (1.6%) were between 51–60 years, and 01 (0.3%) individual was aged between 61–65 years.

All 3 (0.9%) sex workers who tested positive for HSIL were in the 30–40 years age group.

Among the 6 HPV-positive sex workers, 03 (0.9%) were aged 30–40 years, 01 (0.3%) was between 41–50 years, and 02 (0.6%) were in the 51–60 years age bracket.

Of these 6 HPV-positive individuals, 4 were also HIV-positive. Specifically, 01 (16%) was in the 30–40 years group, 01 (16%) in the 41–50 years group, and 02 (33%) were aged 51–60 years.

## DISCUSSION

The Pap smear test used as a screening method to detect cervical cancer is an effective way to prevent the development of cervical cancer, but awareness within the community about the Pap smear test is very low [8].

Suhas Shewale & Seema Sahay conducted a study [9] on female sex workers in urban and rural maharashtra revealed that the median age for the FSWs was 32 years (Range: 21–49 years) More than 40% of the FSWs were between 26 and 45 years of age. In the present study also out of 307 commercial sex workers, 231 were between 30-40 years of age (75%). In the random effect model, researcher found a pooled odds ratio of 2.95 (95% CI = 1.06, 4.83), indicating that women who began sexual intercourse before the age of 18 had a higher risk of getting cervical cancer than adult women, the diagnosis of cervical cancer at young age was associated with an early sexual debut [10]. In the present study, among 307 female sex workers, Among the participants, 288 (94%) commercial sex workers reported having their first sexual experience under the age of 21years and only 19 (6%) sex workers had their first sex after the age of 21 years.

Gore and Patwardhan reported that on average an individual FSW in India would meet 7 to 9 clients per day which is higher than average in the USA or Thailand with 2 and 5.4, respectively. Therefore, this level of contact poses a higher health risk in particular HIV infection to them [11].

In the present study, among 307 commercial sex workers, 142 (46%) commercial sex workers were taking 4 or more customers per day.

There is evidence that cervical cancer incidence is greater among women of lower classes, those less educated, and those with a larger number of children [12]. In the present study, among 307 commercial sex workers, 204 (66%) females had no formal education and 69 (23%) females are having three or more than three children.

One study reported that, Condom availability was a challenge for FSWs at the rural sites. Condoms were not available at the CBO offices and FSWs reported being allowed to take only a limited number of condoms from the government health facilities [9]. In the present study, contrast to that among 307 commercial sex workers, 271 (88%) sex workers were using condoms while 36 (12%) sex workers were not. The high rate of condom use (88%) among sex workers reflects the consistent advocacy and support provided by NGOs for their health protection.

A cross-sectional study was conducted among 448 FSWs, between the ages of 18–50 years. The prevalence of HPV DNA positivity was 35.5% and CIN was 2.2%. The prevalence of HPV infection and CIN was high among FSWs [13]. The incidence of cervical pre-cancer (LSIL and HSIL) was 24.5% (13/53). FSW need better access to health care including STI screening and cervical cancer screening [14]. In the present study, among 307 commercial sex workers, 90 sex workers had abnormal Pap smear report and they were in high risk condition for getting cervical cancer. Out of 90 commercial sex workers only 23 sex workers were willingly came for the HPV test. Out of 23, 06 (26%) sex workers were HPV DNA positive and Cervical Intraepithelial Neoplasia (CIN) was 30 (10%) including (03) HSIL and (26) LSIL and (01) confirmed case of cervical cancer.

A study was conducted on Pap Smear Test and Clinical Correlation where 42.66% had cervical infection or inflammation. A few studies reported that women with persistent inflammation should be appropriately treated; otherwise, the chance of development of cervical intraepithelial lesions increases [8]. In other a significantly higher number of inflammatory smears were reported in FSWs (51.7% vs. 34.7%, P = 0.01) [15]. In the present study, among 307 commercial sex workers, 141(46%) sex workers were suffering with cervicitis, among them 16 (5%) had mild cervicitis, 61 (20%) had moderate cervicitis and 64 (21%) had severe cervicitis. Among 141 cervicitis cases, 6 (4%) sex workers were also having the condition of bacterial vaginosis.

In a research study, Atypical squamous cells of undetermined significance (ASCUS), low-grade squamous intraepithelial lesion (LSIL), and high-grade squamous intraepithelial lesion (HSIL) were detected in 2.90%, 5.09%, and 0.48%,

respectively [8]. In the present study, 68 (22%) commercial sex workers were found to have ASCUS, indicating a substantial number needing additional screening for cervical cancer.

Strengths of the present Study: This study has several strengths, including 1.) Addresses an Underserved and Stigmatized Population 2.) Fills a Critical Data Gap 3.) Public Health Impact- Results can support integration of CSWs into national screening programs and influence health policy reform. 4.) Ground-Level, Real-World Insight -Collecting direct data from CSWs provides firsthand evidence rather than relying on assumptions or secondary data. 5.) Multidisciplinary Relevance- this study has implications in public health, epidemiology, social work, women's health, and policy studies.

## CONCLUSION

Among the 307 commercial sex workers assessed in this study, one case (0.3%) of cervical cancer was confirmed, 29 (9.4%) were in a pre-cervical cancer condition, and 6 (26%) of the 23 who participated in HPV testing were found to be HPV-positive. This highlights an urgent need for the Indian government and healthcare sector to reassess cervical cancer screening programs, especially for marginalized groups like commercial sex workers. Often facing illiteracy, poor hygiene, and low awareness, they tend to ignore key gynecological symptoms, increasing their risk of cervical cancer. Focused attention through routine check-ups, timely treatment, and regular screening is essential for this high-risk population.

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Data is unavailable due to privacy.

**Conflicts of Interest:** The author declares no personal or financial conflicts of interest related to the conduct or outcome of this study.

However, during participant recruitment, assistance was sought from another non-governmental organization (NGO) to help identify and approach commercial sex workers for participation in the study. "The NGO personnel imposed an unethical condition by stating that participants would only be provided if I agreed to share all Pap smear reports with him, with the intention of reporting those results under their organization's name to government authorities. This would have falsely indicated that the NGO conducted the screening services.

The author declined this request in order to preserve the ethical integrity of the research, uphold participant confidentiality, and adhere to the guidelines approved by the institutional ethics committee. No data were shared, and the incident was documented and reported to the appropriate academic authority for record and transparency.

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## Ethical Considerations:

The study "Ethical approval for the study was obtained from the Ethics Committee of Krishna Vishwa Vidyapeeth (Deemed to be University), and all procedures were carried out in compliance with the approved protocol." was conducted in accordance with the approved by the Ethics Committee of Krishna Vishwa Vidyapeeth, Deemed to be University, Karad. Ethical considerations- Ethical approval was obtained from the Institutional ethical committee of Krishna Vishwa Vidyapeeth, formerly known as Krishna Institute of Medical Sciences, "Deemed to be University," Karad. Permission was obtained from the research guide and Head of the Department of NGO named Rev. Haribhau Waghmode Patil Pratishthan (RHWPP), Redlight area, Budhwarpeth, Pune.

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