

Sex Workers: Concerns, COVID-19 and Building Forward Better

Sex work is defined as the provision of sexual services for monetary benefit or kind¹. The estimated number of female sex workers (FSW) available for India is dated and conservative, with NACO reporting over 800,000 FSWs of which 6,88,751 are 'registered' FSW receiving services from the Ministry of Health and Family Welfare². UNGASS also reported 1.2 million FSWs in India as per the [UNGASS Country Progress Report 2010](#). The legal ambiguity and societal stigma around their work makes them vulnerable to violence and discrimination, impinging on their right to life.

Initiatives for sex workers in India

In a 2011 judgement, the Supreme Court of India observed that sex workers are entitled to a right to life and must be accorded the protection guaranteed to every citizen. It further instructed the State to provide conducive conditions for sex workers who wish to continue working in the same profession in accordance with Article 21 of the Constitution³. A Supreme Court panel also recommended to the Central government and Election Commission to issue voter ID cards and relax verification requirements, and to state governments and local bodies to issue ration cards to sex workers.⁴

State interventions for sex workers began with the National AIDS Programme that focused on health interventions including condom programming; HIV testing, counselling, treatment, and care; pre-

¹ Locked Down: Sex Workers and Their Livelihoods; Economic and Political Weekly; March 13, 2021.

<https://www.epw.in/engage/article/locked-down-sex-workers-and-their-livelihoods>

² Estimates of female sex workers are based on a 2009 mapping of FSW done by NACO. Registered sex workers are covered under the National AIDS Control Programme (NACP) Phase-IV

³ Budhadev Karmaskar v. State of West Bengal (2011) 11 SCC 538

⁴ Interim Orders, Sex Workers Rehabilitation Case, Supreme Court of India, 16 September 2011, Law Resource India. <http://indialawyers.wordpress.com/2011/09/16/sex-workers-rehabilitation-case>



exposure prophylaxis; prevention and management of sexually transmitted diseases (STI), viral Hepatitis, TB and mental health conditions; and sexual and reproductive health interventions.⁵ From an initial approach to viewing sex workers as the vector of the disease, the focus shifted to community-owned and community-led HIV prevention services. The Ministry of Women and Child, on the other hand, has worked through a more protectionist approach of rescue and rehabilitation of ‘victims’ through safe shelter, medical care and legal aid, vocational training and their eventual re-integration in society.

Given the disproportionate impact of the pandemic and subsequent lockdown on sex workers and their livelihood, the Department of Women and Child Development, Government of Maharashtra was the first to recognize sex work as work and a special category requiring assistance during the pandemic.⁶ The Supreme Court further passed directives for governments to provide sex workers with dry rations and other benefits without insisting on proof of identity through documents.⁷ An [advisory](#) issued by the National Human Rights Commission (NHRC) dated October 7, 2020 was a step forward in the recognition of sex workers as informal sector workers. The advisory recommends registering sex workers so that they are able to avail of worker benefits, and further recommends the issuance of temporary identity documents, particularly for migrant sex workers, to enable their access to welfare benefits.

Challenges

The legal statute governing the rights of sex workers in India is the Immoral Traffic Prevention Act, 1986 according to which while sex work per se is legal, the multitude of activities surrounding it – such as public solicitation, brothels, pimping and pandering – are all illegal. Sex workers are often raided, ‘rescued’ and confined in shelter homes with abysmal conditions. For these reasons, sex workers migrate frequently and are unwilling to acknowledge their identity, resulting in a lack of legal identification documents such as voter ID cards, ration cards, caste certificates, etc. which renders them unable to access services and benefits provided by the government, though they may be eligible for the same.

The COVID-19 pandemic and nationwide lockdown have further exacerbated the challenges faced by the community with significant loss of livelihood. However, despite being one of the most severely impacted groups, interventions by the central government for their relief and recovery were largely absent. While the government identified several categories of marginalized groups such as transgenders, persons with disabilities, informal sector workers and migrants, sex workers were left out of all relief mechanisms. The absence of adequate government support made life extremely precarious for the sex workers who were left to fend for themselves. Given the ambiguous estimates on the total number of sex workers in India and the limited to no data available specifically on their development status, they remain marginalized and invisible. Further, with absence of data and the government yet to acknowledge sex work as work, their needs and challenges remain unaddressed. As part of the 100 Hotspots study in 2019-20, primary data was collected from 100 sex worker households in Maharashtra and Telangana, which was further updated and substantiated through community consultations to understand the impact of COVID-19 on the community.

⁵ *How India’s marginalised sex workers have asserted their right to welfare entitlements*; Scroll.in; January 14, 2021. <https://scroll.in/article/983345/how-indias-marginalised-sex-workers-have-asserted-their-right-to-welfare-entitlements>

⁶ *Maharashtra: Sex workers’ organisations welcome GR directing govt officials to help them*; Indian Express; July 25, 2020. <https://indianexpress.com/article/india/maharashtra-coronavirus-update-sex-workers-organisations-gr-govt-officials-to-help-them-6523396/>

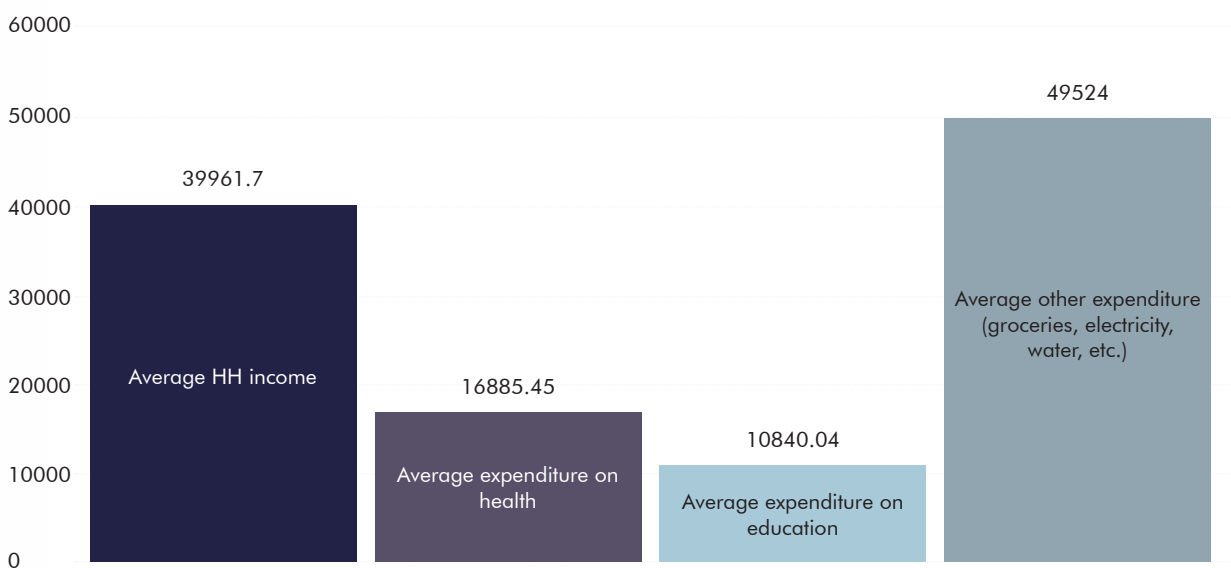
⁷ *Supreme Court Directs Centre and State Government to Provide Food And Financial Aid To Sex Workers*; Business World; September 22, 2020. <http://www.businessworld.in/article/Supreme-Court-Directs-Centre-And-State-Government-To-Provide-Food-And-Financial-Aid-To-Sex-Workers-/22-09-2020-323400/>

COVID-19 and Aggravated Vulnerabilities

Income loss and rising expenses

The most significant and visible impact of the pandemic has been on the livelihood of sex workers. The dire poverty indicators of the community are reflected in the average household income of the surveyed members. With an average household income below Rs. 3500 per month, they fall well below the poverty line in India. Sex workers' families often depend on their daily earnings to run the household. With limited access to government provisions for basic services, their level of expenditure is extremely high, resulting in low to nil savings.

Annual Income vs Expenditure (In Rs.)



With physical distancing at the core of COVID-appropriate behaviour and the misconception around brothels and sex workers perpetuating the spread of COVID-19, brothels were forced to close and sex work completely stopped. Dwindling incomes and absence of alternative employment compelled them to accept whatever work came their way and engage in unsafe sex for much lower wages. Many from the community also looked at different forms of sex work, such as online sex work. However, privacy concerns deterred most of them from doing so. Though incomes decreased, expenses increased. Absence of relief mechanisms for the community coupled with non-existent state-sanctioned safety nets or social support made the situation extremely precarious for sex workers and their families. With savings drying up and public sector banks routinely refusing loans to sex workers due to lack of legal identification and no one to stand surety, they were forced to rely on private money lenders for loans to cover their daily expenses. Unable to pay back the loans at exorbitant interest rates due to lack of income, sex workers are being pushed further into poverty.

Stigma and Violence

A study by Harvard and Yale University on the spread of COVID-19 in red light areas⁸ resulted in increasing discrimination and stigma against sex workers. By furthering the theory that brothels had

⁸ Facing Backlash, Yale To Review Study Recommending Closure of Red-light Areas To Curb Covid; Outlook; July 8, 2020. <https://www.outlookindia.com/website/story/india-news-facing-backlash-yale-university-to-re-view-study-on-closure-of-red-light-areas-to-curb-coronavirus/356275>

perpetuated the spread of the virus, which was found to be false. This misconception and the resulting backlash against the community forced members to completely close the brothels even as community leaders were pushing for relief for sex workers due to work loss in the pandemic. The stigma attached to sex work exposes them to higher levels of physical, sexual, emotional and economic violence at work, in healthcare and custodial settings, in society and in their homes. The lockdown saw an increase in the number of cases of domestic violence, with sex workers reportedly facing higher levels of abuse from their families due to their inability to earn.⁹

Food insecurity

One of the most visible impacts of the pandemic was the increasing food insecurity of sex worker households. While sex workers who had Aadhar cards did receive 5kg rice under the Pradhan Mantri Garib Kalyan Ann Yojana (PMGKAY), the provision of ration was extremely delayed due to breaks in the supply chain and transportation issues. Further, with a majority of community members lacking legal identity documents, they were largely excluded from government food relief packages – this despite the SC judgement to provide sex workers with dry rations without insisting on proof of identity through documents. Migrant sex workers were left stranded in the cities and denied ration as their ration cards were issued in their home state.

The midday meal (MDM) scheme of the government also ran into difficulties, with the lockdown posing challenges in access to MDM. Even prior to the pandemic, children of sex workers living in brothels were unable to access the MDM as they would be excluded and discriminated against in schools. Further, though the central government had mandated provision of MDM in different forms (packaged meals, dry ration, food allowance directly transferred to bank accounts) to ensure continuity of the scheme during the lockdown, no such provisions were accessible to the community, adversely affecting the health and nutritional status of the children of sex workers.

Access to healthcare

Given the physically intrusive nature of their occupation and their vulnerability to contract diseases and infections, surveyed sex workers households have a very high annual out-of-pocket-expenditure (OOPE) on health, constituting more than 40% of their average annual income. Provision of family planning and other sexual and reproductive health commodities, including menstrual health items, are central to their health and safety. However, the reallocation of resources and healthcare providers to respond to the pandemic constrained the already limited access to sexual and reproductive health services. The primary source of contraceptives for sex workers were either government hospitals or nearby pharmacies. However, mobility constraints during the lockdown and severe shortages in government hospitals restricted their access to contraceptives, making them more vulnerable to sexually transmitted diseases and infections.

Some sections of sex workers require special healthcare services, such as those living with HIV/AIDS. However, with COVID-19 being prioritized, access to antiretroviral therapy (ART) medication was severely limited. The identity of people with HIV is usually kept private, however, new rules formulated during the pandemic stipulated that the ART medication would only be provided to the individual and not to community representatives. Fearing a breach of their privacy, many women did not take their medication, worsening their health. With COVID-19 prioritized and regular health services in public healthcare systems severely impacted, sex workers were unable to access government health services and were compelled to approach private doctors and hospitals, increasing their already-high expenditure on healthcare. Sex workers with diseases such as diabetes, tuberculosis (TB), high blood

⁹ *Locked Down: Sex Workers and Their Livelihoods; Economic and Political Weekly; March 13, 2021.*

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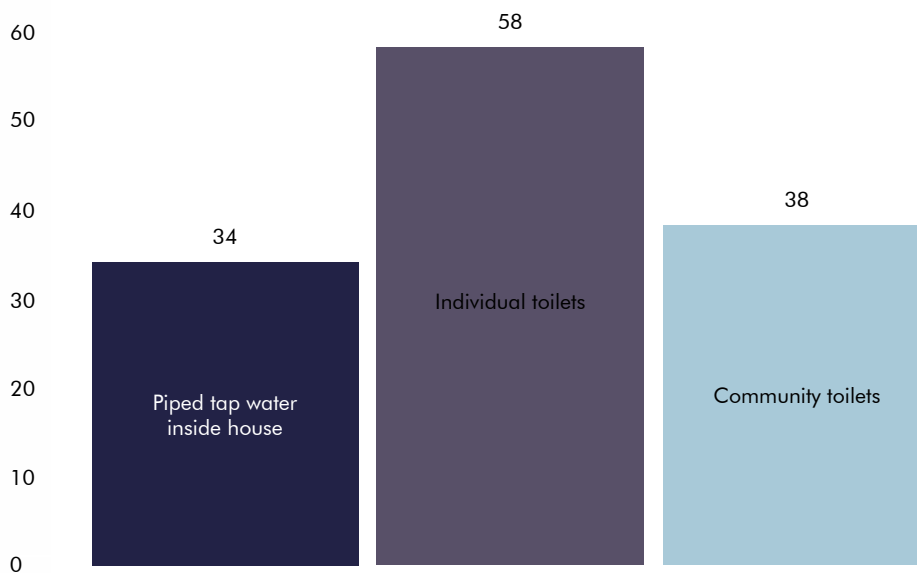
pressure, etc. were unable to undergo routine check-ups or access medication. These pre-existing co-morbidities make COVID-19 an even more frightening prospect for them, as it increases their risk to more severe symptoms and mortality. Further, there is a significant increase in the mental health concerns of sex workers with the severe impact of the pandemic on their lives and livelihoods. Closure of government health facilities and limited access to counselling services increased instances of depression and suicide in the community¹⁰.

Housing status and WASH

The loss of income had a major impact on the housing status of sex workers, particularly women who are the sole earners in their households. Most sex workers live in rented accommodations, paying rent on a weekly basis. With barely any savings and their sole means of earning adversely impacted, many sex workers reported being asked to vacate their rented rooms during the lockdown. Further, the propagation of physical distancing during the pandemic is seemingly impossible for sex workers, particularly those living in brothels. With many sex workers and their families living in cramped, enclosed spaces, the susceptibility to contracting COVID-19 increases.

COVID-19 has further propelled the importance of water, sanitation and hygiene (WASH) practices to prevent the spread of infection. Access to clean water and toilets has become all the more important with the pandemic. However, primary data highlighted poor access to WASH facilities in sex worker households. More than 40% of surveyed sex workers did not have access to individual household toilets. Further, only 34% had access to piped tap water inside their homes.

Household access to WASH Facilities (%)



Education

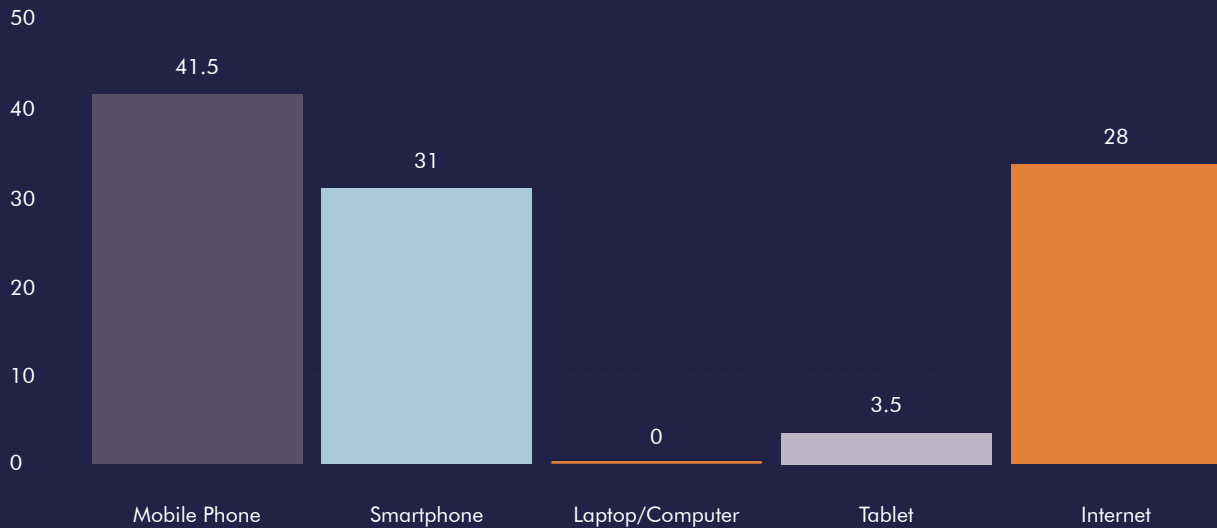
With a literacy rate of 42% (significantly below the average national literacy rate of 78%¹¹), the burden of illiteracy is high among surveyed sex workers. Though they have aspirations for better education and employment for their children, prevalent discrimination and stigma deters the children from any schooling, and especially through local government schools.

¹⁰ Ibid.

¹¹ National Sample Survey (NSS) 75th Round on Household Social Consumption on Education in India (2017-18)

With already limited access to education, the shift to virtual forms of learning has dealt a huge blow to the educational prospects of children of sex workers. Less than half of the surveyed households reported access to a mobile phone (of which only 31% have a smartphone), while access to internet connection is even lower at 28%.

Access to devices (%)



The presence of a single device in the household further limits children's access to online education since their mothers would need to use the phone for their work too. Additionally, the cost implications of internet connectivity coupled with dwindling incomes of sex worker households, constituted an additional financial burden that most households were unable to bear. The digital divide thus resulted in children of sex workers being unable to access online classes since the closure of schools in March 2020. The more than year-long break in education poses the danger of pushing these children to permanently drop out of school.

Civil Society Support

[The National Network of Sex Workers \(NNSW\)](#) is a national network of sex worker-led organisations and allies committed to promoting the Rights of Sex Workers in India. NNSW consists of 12 CBOs/ State Networks/ State Federations/ Collectives and 8 NGOs across seven states. With a strength 50,000 members, it is the only national network that brings together female, transgender and male sex workers with NGOs and sex work(er) rights activists. NNSW anchored the data collection process of sex worker households during the 100 Hotspots study.

The network has been extremely active in COVID-19 response and recovery and provided immediate support and relief to the community members post the onset of COVID-19 and nationwide lockdown. They were directly involved in the distribution of masks and sanitizers, and conducted workshops with sex workers on awareness regarding COVID-19 protocols and precautions in brothels and with intimate partners. Excluded from government relief packages, it was the civil society who stepped up to support the community in these trying times. NNSW was involved in distributing ration and medicines to sex workers, and further aided with some level of financial support to tide over the crisis.

Policy Recommendations

Immediate Recommendations

- Map and assess the impact of COVID-19 on their livelihood, income, healthcare, education, access to basic services and – based on the assessment – formulate and/or revise schemes and provisions in conjunction with the community to adequately mitigate the impact of the pandemic.
- State Governments should instruct districts to provide assistance and relief to sex workers as done by the Department of Women and Child Development, Government of Maharashtra. Provide employment relief packages through collectives and networks for self-identified sex workers and hidden sex workers.
- Issue temporary documents to enable sex workers without ration cards or other legal documents to access welfare schemes such as the Public Distribution System (PDS). Include migrant sex workers in all schemes and benefits available for migrant workers. Opt for alternate, accessible modes of education, facilitate access to educational materials and ensure targeted support to overcome the learning loss due to school closures.
- Extend information on COVID appropriate behaviour in local languages through dedicated government functionaries and make provisions for masks, sanitizers, soaps, clean water, etc. Health camps may be set-up for awareness-generation about health-seeking behaviour, following proper sanitation and hygiene protocols and vaccination.
- Create facilities (managed by government functionaries and trained community volunteers) for the community to access medication, COVID vaccines, nutritious food, health monitoring equipment, isolation centres, etc.

Long-term Recommendations

- Build a robust framework for generating disaggregated data and undertake regular quantitative and qualitative monitoring of the development status of sex workers documenting intersectional vulnerabilities using methodologies that don't expose their identities or put them at added risk.
- Ensure local governments have capacities and resources to plan and implement need-based schemes in consultation with local sex workers' collectives, and create mechanisms to sensitize and ensure accountability of the local government and district administration to recognize, respect and support the community.
- Recognize the agency of consenting sex workers by distinguishing between voluntary sex work and trafficking, moving towards the inclusion of sex workers within informal workers and making them eligible for benefits such as minimum wages and access to social welfare benefits. Develop workplace health and safety standards through a consultative approach and provide equal protection to sex workers under laws against rape and other forms of violence.
- Rescue and rehabilitation homes/centres to be led and run by the community near their residence to ensure proper their functioning and monitoring, and prevent human rights abuse and violations that currently take place.
- Make provisions for better access to healthcare facilities for sex workers, particularly the provision of contraceptives and treatment for HIV/AIDS and other sexually transmitted diseases. Provide counselling services in hospitals to address the specific mental health concerns of sex workers.
- Improve access to pre-school and 12 years of free and compulsory quality education tracking retention and drop-outs, ensuring mid-day meals, scholarships, text books, uniforms. Improve the quality of hostels and residential schools to accommodate all students who require such facilities.
- Design vocational and skill development programmes for sex workers to be able to supplement their income. Provision of alternate employment opportunities should be supplementary to, and not in place of, sex work.
- Facilitate engagement of local sex workers' collectives with the district and local administration to centre-stage the community in development design, planning, programming and reviewing.

Centre for Social Equity and Inclusion

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Centre for Social Equity and Inclusion

2157/A, 2nd Upper Floor, Sarthak Building, Guru Arjun Nagar,
Near Shadipur Metro Station, Towards Satyam Cinema, New Delhi-110008

Phone: 011-25705650

Email: info@cseiindia.org.in

Website: www.csei.org.in

Wada Na Todo Abhiyan

Wada Na Todo Abhiyan (WNTA) is a national campaign focused on promoting Governance Accountability to end Poverty, Social Exclusion & Discrimination, through tracking government promises and commitments at the national and international levels. We work to ensure that the concerns and aspirations of the marginalized sections are mainstreamed across programs, policies and development goals of the central and state governments.

Wada Na Todo Abhiyan

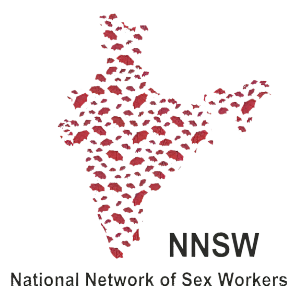
C-1/E, 2nd Floor, Green Park Ext., New Delhi - 110016.

Phone: 011-46082371 Fax: 011-46082372

Email: info.wadanatodo@gmail.com | <http://www.wadanatodo.net>

Facebook: <https://www.facebook.com/wadanatodoabhiyanindia>

Twitter: [@wadanatodo](https://twitter.com/wadanatodo)



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