

Plight of Sex Workers in the Time of Pandemic in India

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Abstract

The sex work, often treated as an invisible community, has been a very old profession in the Indian society. The community started facing stigma and discrimination in colonial period. Here, we delineates the condition of sex workers in the times of pandemics such as HIV/AIDS and most importantly during the COVID 19. It discusses various challenges faced by sex workers, coping mechanism adopted by a few sex workers including means of survival and help from various governmental and non-governmental agencies.

Introduction

Sex work as a profession is one of the oldest works in India which traces back to the Vedic age (Bhattacharji 1987; Nag 2006). The Arthashastra that was composed, expanded and redacted between the 2nd century BCE and 3rd century CE, has referred to prostitutes as Ganika. During the Mughal period, there was practice of sex work as an accepted culture popularly called as the tawaif waji or the courtesan culture. Subsequently, the sex work had also a presence during the Colonial period in India. During the ancient and the medieval period, when the sex workers were largely visible and acceptable, paradoxically in the colonial period and onwards they were started to be stigmatized and subsequently treated virtually as an invisible community. The Victorian era, which was based on double standard morality, and prudishly refused the existence of sex, had an impact in the Indian society [1]. The bodies of women were targeted by the state in colonial time. The Contagious Act 1864 was introduced by the British in India to control the venereal diseases by which British soldiers were infected. It was also believed as the British soldiers used to have frequent relationship with the sex workers therefore, they developed the sexually transmitted disease. Under the law, it was prescribed that the police check the prostitutes and prostitutes were further subjected to compulsory medical examination any time. Most importantly, if sex workers were found infected with any kind of the venereal diseases, they could be detained in the treatment centers for venereal diseases called as Lock hospitals (Kumar 1993, Legg 2009). The Act made it mandatory for all the sex workers for the compulsory registration of the prostitutes, a step which was very difficult for women. As the stigma of sex worker being high, there arose a fear that the compulsory registration would have put their status and livelihood at stake. Registrations

being compulsory, many of the non-registered prostitutes were expelled (regulation 5 from the cantonment or from any prohibited part of the cantonment, Regulation, 7) and were forced to abandon the cantonment area. Ballhatchet (1980) has highlighted that those women were registered and used to stay within the cantonment, be examined every month, and detained in a locked hospital if found infected [2]. The Cantonment Act created a system of surveillance such that the spaces, and subjects, under its purview, were divided and statistically surveyed. The issues of routine examination of the body, usage of medical and administrative knowledge to subjugate the prostitutes in a particular way indicated Foucault's theory of subjectivity and power (Rainbow 1978).

Sex Workers in the Post Independence Era in India

In the post colonial era, the Indian patriarchal society continued treating the sex workers with a double standard morality. At one hand, there was a demand for women as sex object or sexual being in patriarchal society which has ensured the existence and growth of prostitution as a profession. On the other hand, the capitalist idea of ownership of woman (as property) always distanced sex workers as part of the normal society. There are an estimated 2.9 million of sex workers out of 1.1 billion people of India in the year 2018 (ILO 2020). As most of the sex workers operate in a clandestine manner, there are possibilities that the number could be higher than as mentioned in the data. Sex workers' community is not homogeneous. They belong to different gender (female, transgender, male), class and religious lineages to the extent that a large section of them are women, a majority of them are poor and in the profession driven by poverty (Kala and Baru 2013, Sariola 2010). However, a few of them are from lower middle class and

middle class. Similarly, there are diversities of status associated to different sex workers [3-5]. Most of them are brothel based, street based (independent), and a few are escorts (either operate independently or operate through pimps). There are housewives who sell sex or while doing any other work function in disguise to get a client. However, in everyday life, the society doesn't recognize them and think them as invisible. In many cases, the sex workers also conceal their status to avoid stigma and discrimination that a sex worker generally considered as a fallen woman in the society. A disguised sex worker often operates as a so-called normal woman as a mother with her children, does some other work such as cook at other's home she is treated as worker and so on (Pillai 2008, Menon 2012).

Despite its presence in the society, since a long period, sex work as a profession is often seen as highly derogatory, deviant and an evil deed and 'not a work' at all. Women who are engaged with the work are considered rejected to the extent that are called as Randi. These women who are engaged in such profession, are perceived as fallible, deviant and fallen women. Prostitution or sex work has been greatly associated with poverty, being the prominent reason for women to choose the profession. Low potential for female labour market earnings is often taken to be a pertinent factor why women go into prostitution, and in any society, a higher proportion of poor women work as sex worker (e.g., Bullough and Bullough 1987; Davis 1993). In India, sex work is a survival mechanism for many to cope with poverty and unemployment. The work is also seen as a compensatory measure to a failure welfare policy or the income generation or maintenance programme (Frederick 2000, Lim 1998). Some women are forced to sex work by their family members in order to make regular payments to their families (Joardar, 1984). Sex work is well paid despite being low skill, labor intensive, and female dominated (Edlund and Korn 2002). According to Lim (1998), the scale of sex work has increased to such an extent that it can even be called "commercial sex sector." Despite the economic contribution, the sex work is not considered as work and moreover, the economic contribution is not taken for consideration by the Indian state.

Sex Workers and their Vulnerabilities to Pandemic

The sex workers received attention in the context of HIV/AIDS discourse, as most of them were perceived as vectors of the diseases. The most important reasons of the disease being sexual transmission, some of the communities and bodies engaged in sexual services such as sex workers, the homosexual men, and poor migrant laborers or drivers were targeted as vectors of the diseases. Moreover, some of the sex practices which often were considered as taboo such as pre-marital/post marital sex also were seen as abnormally infectious towards HIV/AIDS. Some of these so called abnormal un-natural practices are often also forbidden by law. During late 1980s, when the disease was at an initial stage the state of Tamil Nadu imprisoned some HIV positive sex workers. However, such an authoritarian initiative taken by the state has been definitely changed, yet the approach of the target specific

approach of the state towards sex workers have been continuing that needs to be altered (Sahu 2020).

In the light of the present pandemic, COVID -19 has posed further challenges to the sex workers. The pandemic has created various vulnerabilities to socio-economic embeddedness of the body, sexuality and the identity of the sex workers. Coronavirus has emerged as a health challenge impacting the social, economic and above all a development concerns across the world. The (COVID-19) virus emerged in China in December last year in 2019 subsequently spread to all other countries, as a result, the World Health Organisation declared it as a pandemic. In absence of permanent treatment and unavailability of any vaccine, physical distancing was believed to be an appropriate option across various countries. Corona being the new pandemic affects various gender diversely and it impacts the socio-economically vulnerable groups especially the female more adversely than male (UN 2020). The Indian State invoked lockdown though Disaster Management Act 2005 and the Epidemic Diseases Act, 1897. There was declaration of national lockdown in phased manner in the first phase of the pandemic. In addition to national lockdown, state specific lockdown (either full or partial) was also followed both in first phase and second phase of the pandemic. The State borders were sealed several times to prevent people crossing the borders along allowing no one from with neighboring state borders. In the first phase of pandemic, even within the federal state of India, the state, started acting as independent geographical areas, allowing no one to go out of the state or coming from any other state to their border. In the second phase of the pandemic many states allowed movement across states with the negative corona report.

Masking and physical or social distancing was propagated as an important measure for prevention from the pandemic. Such lockdowns, restrictions and social and physical distancing directly hit the sex workers hard. In Delhi, Karnataka and Kolkata, there are 37,900, 79,000 and 1,50,000 registered sex workers respectively. As far as the unregistered street-based sex workers' number is concerned, it is quite huge. Sex workers operating as street based and brothel-based workers were worst affected due to the pandemic, as for most of these women sex work was their main and only profession. A large number of women in Bangalore are engaged in sex work while doing any other work and often found practicing the work in a clandestine manner. The livelihood of the sex workers was directly hit, as people strived to maintain social or physical distancing. The brothel-based sex workers as single woman or single mothers not only were devoid of getting access to necessary food items but also failed to get or purchase the hand sanitiser, mask to prevent Covid-19 and so on. Most of the sex workers stay in congested rooms while sharing the space with many other co-sex workers. In such condition the need of preventive measures remains very important. However, when for most of them, survival without food was the real issue, the option of buying mask or sanitizer although was necessary yet remained trivial or non-existing. The News 18 reported that Sonagachi the

largest brothel area of Asia which once witnessed at least 15,000 to 20,000 clients every day, looked abandoned during the pandemic. Women in Kalighat (second largest red-light area of Kolkata) also faced various livelihood and survival issues. Some of them were apprehensive about the restoration of the normalcy in their profession. They knew that a condom could protect them from HIV/AIDS, but it was difficult to negotiate for safe sex during the Corona pandemic (The Guardian 2020).

The idea of physical distance, distance of bodies and the perception of contaminated body further received much attention and bio politics worked against the vulnerable sex workers making and identifying their bodies as untouched and as the carrier of the virus. The sense of exclusion and the idea of our body (as pure) vs. other's (bodies of sex workers) as contaminated as the idea received were acclaimed by people in general and customers in particular. Led by lockdown, there has been a halt of customers and earning stopped. Even after the lockdown the protocol of physical distancing the prevention of pandemic continued affected the livelihood of the sex workers critically. On the contrary their economic commitment and responsibilities continued, they had to pay rents, the daily survival requirements and so on. They bear the financial responsibility of children often single headedly. Many sex workers provide financial support their family which resides in rural areas.

In cities, as accesses to health services remain cut off and the HIV positive sex workers faced much more trouble than non-HIV patients. Most importantly as the general OPD services are concerned, it remained curtailed during the lock down as well as the normal outdoor treatment remained affected, thus, the sex workers those were HIV positive and also were Tuberculosis (T.B) patients were in need of regular consultation. They could not get any ART medicine during the lockdown period and could not access the medical services and suffered a lot. A few sex workers having other sexually transmitted disease also suffered in absence of curtailed and redirected medical facilities in the cities.

Even after opening up of the economy, market, the sex workers are not getting customers due to fear of infection. They are facing heightened hate and stigma from the society. The idea of contaminated body and a body used by public is seen to be more problematic during Corona. As part of the coping mechanisms, a few of them continued to earn as they became virtual. Many did not have the access to an Anroid phone. A few of them without having any survival strategy, returned to home town and thought of doing some other works such as to selling vegetables or to do any other available work. However, it was not at all easy to start any business without having resources, knowledge and skills.

The Indian State and the Sex Workers

As far as the approach of the state and policy initiatives influencing sex workers are concerned, the sex workers were

treated largely as an invisible community. The focus on sex workers became prominent during the emergence, and development of the discourse of HIV/AIDS. As far as the role of the state towards sex workers in the context of HIV/AIDS is concerned, it has been paradoxical and changing in nature. One can locate several maladies associated with the state towards addressing sex workers and homosexuals, which has in turn, increased their vulnerability and has helped in creating and emphasizing the sex worker's identity. The Indian state has been focusing on the target specific approach towards controlling and combating HIV/AIDS through the sex workers community. In the process, at one hand, it addresses their health issues but simultaneously remains silence towards understanding the totality of the problems faced by sex workers. Sex workers in the current times are perceived as the vector of the sexually transmitted disease. The Public health programmes and interventions while dealing with sexual health of sex workers-maintained silence over the rights and other welfare concerns of sex workers.

Amidst the Corona pandemic, the state had a huge health burden and remained engaged in tackling various aspects of health care accessibility and availability. During the lockdown and after lockdown, the presence of the state largely remained invisible to provide any livelihood relief or any other to vulnerable communities such as sex workers. Hence the gap was addressed by the civil society which tried to distribute ration, food and other help or relief needed by sex workers in the brothel areas. In Kolkata and Bangalore, the CSOs and especially the organised sex workers' union such as All India Network of Sex Work, Sangama, Durbar Mahila Samanwaya, have been negotiating with the state to get some relief. In the time of pandemic and period after pandemic there remains a greater need for the state to make the development process and welfare measures more inclusive by taking sex workers into consideration. While understanding citizenship of the sex workers, the state has to understand their significant yet invisible contribution to the economy.

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DOI: [10.32474/JAAS.2021.05.000220](https://doi.org/10.32474/JAAS.2021.05.000220)



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