



HEALTH STATUS OF SEX WORKERS IN INDIA, 2019

National Network of Sex Workers (NNSW), India¹

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Sex workers health cannot be reduced to only sexually transmitted diseases. Women and Transwomen in sex work have bodies that need healthcare and treatment services that go beyond their sexual behaviour patterns which deem them vectors of spread of sexually transmitted diseases. The stigma of the sex work ensures that they are denied access to health which the WHO has defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

While there has been progress in providing HIV/AIDS prevention, care and support services through government aided programmes, a large number of sex workers continue to be outside the purview of these programmes. Apart from the right to health of all women, General Recommendation 24 recognises that sex workers have specific health needs to prevent them from getting HIV/AIDS and other sexually transmitted infections².

The AIDS discourse has professed that women in sex work are at greater risk to HIV infection than other categories of women. However, despite this opinion, as a category of people, they have been considered dispensable. Though it was deemed important to work with the female sex workers, the intent was to 'save' male clients, who were termed the 'bridge population'. Married women and the general population are constructed as 'innocent' and must be protected from HIV. The sex worker, who stands culpable of immoral sexual practices, deserves to get infected thus justifying the discrimination they face in the health system. Vulnerability to disease is fueled by poverty and power, violence by state and society, knowledge and risk perception, sexual risk, access to health services, and the violence of stigma, discrimination and abuse. Gender and social inequities further marginalize female sex workers as 'prostitutes' - members of a highly stigmatized group. Public morality on prostitution, patriarchal norms related to female sexuality, and the accompanying blame and labeling of women in prostitution are critical elements adding to sex workers risk of sexually transmitted infections.

Violence by state and non -state actors

Sex workers are at the receiving end of moral policing by both state and non -state actors. The impact of this violence ranges from physical injury to the inability to earn a living. It severely impacts social well-being and cripples their ability to access health care economically and psychologically. Sex workers in Bangalore face brutal retaliation from the police after they are tested for HIV/AIDS. The police abuse them for continuing sex work after being found to be positive, they are humiliated and beaten.³

Stigma and Discrimination

Sex workers face tremendous pressure managing stigma from family and society. The isolation faced by sex workers marginalised by their work has an adverse impact on mental health, emotional health

¹ The National Network of Sex Workers, NNSW is a network comprising of 63 organisations including those led by sex workers and NGOs that believe sex work is work. NNSW currently has a membership of over 150000 female, male and transgender sex workers.

² Paragraph 18, General Recommendation 24, Women and Health (Article 12) of the CEDAW Committee, 20th session, 1999

³ Case studies H#22, H#25 Sadhane Mahila Sangha; 2018



causing severe stress and depression⁴. The fear of getting arrested and being exposed to violence is compounded by the lack of societal support resulting in an increase in substance use especially alcohol.

Sex workers living with HIV/AIDS are often abused in hospitals, accused of 'spreading disease in society'⁵, made to wait for inordinately lengths of time to access Ante Retroviral Therapy (ART)⁶ or thrown out by doctors who refuse to treat them⁷. Sex workers having mental health issues are rejected by hospitals and face destitution sometimes forced to live on the street at great risk⁸.

Safe working conditions would reduce the risk to health hazards that workers face. Lack of access to health care is directly linked to the reluctance of sex workers seeking health care providers due to the fear of stigma and discrimination. Rape, sexual assault, coercion and violence all of which have huge implications on the health of persons in sex work, are all exasperated by a system that works on fear perpetrated by the moral police.

Forced HIV/AIDS Testing of sex workers during raids

One of the most pernicious violations of sex workers' rights is the forced medical tests including HIV testing, they are forced to undergo when picked up in raids under provisions of the Immoral Traffic Prevention Act or Indian Penal Code. Sex workers report that despite communicating that they were already having tested for HIV, they were forcibly tested by the police and the status of the individual was disclosed⁹. In a research "Raided"¹⁰, 73 women in Pune, Jalgaon and Satara districts in Maharashtra who were picked up in 2016 – 2017 forced raid operations stated that their blood was drawn for testing HIV/AIDS and in some cases for syphilis. The results of the HIV/AIDS tests are used by courts to incarcerate adult sex workers in rehabilitation homes against their wishes for long periods of time on the grounds that "they cannot take care of themselves"¹¹.

18 sex workers who were picked up by the police in raids in Satara between 2016-18 stated that their medical reports (including HIV test results) were not handed over to them but were being maintained in the police records¹². In Pune, sex workers shared that until 2017, once picked up in raids they were tested twice, once by the police and the second time by the private organisation running the rehabilitation homes¹³. Sex workers in Pune picked up in 2018 shared that though the police had stopped the practice of testing, NGOs continued to test for HIV and sexually transmitted infections without informed consent.¹⁴

Identification documents for availing health services

Sex workers who visit government hospitals for diagnostic services or care are asked to produce identification documents. Initially these documents were voter ID cards, PAN cards. However, these requirements are more stringent and hospitals demand Aadhar cards as proof for availing health services. Women in sex work are being forced to access private clinics to undergo diagnostic tests and avail care services.¹⁵

Discrimination faced while accessing reproductive health services

⁴ Case Studies H#21, H#22, #H24 Sadhane Mahila Sangha; H#73 UKMO; H#89 Saheli Sangh; #H4, H#5, H#6, H#7, H#9 Me and My World; 2018.

⁵ Case studies H#74, H#73 Uttara Karnataka Mahila Okkuta; 2018

⁶ Case study H#11 Vadamalar; 2018.

⁷ Case study H#12 Vadamalar; 2018.

⁸ Case study H#89, Saheli Sangh; 2018.

⁹ P 62; Raided: How anti trafficking strategies impact sex worker's vulnerability; Aarthi Pai, Laxmi Murthy, Meena Seshu, Rakesh Shukla, SANGRAM Sanstha, 2018.

¹⁰ Ibid.

¹¹ Case Study H#67, VAMP; 2018.

¹² Interviews with sex workers picked up in raids in Satara, VAMP; 2018.

¹³ Interviews with women picked up in raid operations, Saheli Sangh; 2017.

¹⁴ Interviews with women picked up in raids in 2018, Saheli Sangh; 2018.

¹⁵ Case Studies H#15, H#16, 2018 Saheli Sangh; 2018



Sex workers are especially vulnerable when seeking reproductive health services. Sex workers facing menstrual complications often report being unable to find good quality treatment at government hospitals¹⁶.

In a study¹⁷, sex workers who had undergone an abortion in the last two years revealed that they faced tremendous discrimination while accessing services in government hospitals. This included being asked to bring their 'husband' or other family members, providing proof of family, moralistic hospital staff who berated them for aborting 'an innocent child'¹⁸. Study respondents state having to pay exorbitant amounts of money to undergo abortion services in private hospitals, some of them paying around Rs. 25000 for first trimester abortion¹⁹.

Safe abortion services are increasingly difficult to access because the government hospitals have stopped offering them post the enactment of the **Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition Of Sex Selection) Act (PCPNDT Act)**, 2003. Women are accessing abortion services via private hospitals which charge exorbitant rates for sex workers²⁰ besides forcing them to 'appear' married to offer the service. The other more dangerous fallout is the availability of over the counter drugs which cause a lot of internal bleeding and harm.²¹

Inter State and Undocumented Migrant sex workers

Adult sex workers who migrate within India or across borders in search of better livelihood opportunities, face the backlash of anti – trafficking initiatives, which also has an impact on their health. Undocumented migrant sex workers do not seek health services from government hospitals or established private hospitals fearing that they will be treated as victims of trafficking and placed within rehabilitation homes to await repatriation. The condition of pregnant sex workers or positive sex workers gets exacerbated under these circumstances²².

Stigma in accessing health services faced by Transwomen sex workers

Transwomen sex workers face high levels of discrimination when they visit doctors or civil hospitals for treatment. Doctors refuse to conduct physical examinations, keep them at a distance leading to wrong diagnosis, untreated ailments²³. They are humiliated and abused when they go for treatment of sexually transmitted infections. Transwomen sex workers who are admitted to hospitals report being made to sleep on floors, near toilets. Doctors refuse to treat cases of sexual assault and do not register medico legal cases²⁴. Hospital doctors are not well versed with treatment of transwomen especially relating to reproductive tract infections and secondary sexual organs forcing them to visit private medical care or big city hospitals and paying large amounts of money²⁵.

¹⁶ Case studies H#24 Sadhane Mahila Sangh; H#4, H#5, H#7, H#8 Me and My World; 2018

¹⁷ Study of abortion services and its usage by sex workers, SANGRAM, SAHELI Sangh, VAMP and National Network of Sex Workers, 2018

¹⁸ Case studies H#14, H#15, H#16, H#17 Saheli Sangh; 2018

¹⁹ Ibid.

²⁰ Case study H#66, VAMP, India 2018

²¹ Study of abortion services and its usage by sex workers, SANGRAM, SAHELI Sangh, VAMP and National Network of Sex Workers, 2018

²² Interviews with undocumented migrant sex worker 2018, VAMP

²³ Case studies H#68, H#69, H#70, H#71, H#72 Muskan; H#85, H#82 Karnataka Sex Workers Union; 2018

²⁴ Case studies H#79, H#80 Karnataka Sex Workers Union.

²⁵ Case studies H#75, H#77, H#83, H#86, H#88; Karnataka Sex Workers Union; 2018.