

ISSUES OF SEX WORKERS IN THE TIMES OF COVID IN INDIA

NATIONAL NETWORK OF SEX WORKERS [NNSW¹]

6 AUGUST 2020

Sex work² is defined as the provision of sexual services for monetary benefit or kind. A conservative estimate of female sex workers in India is 1.2 million³ with an estimated 6,88,751 “registered” female sex workers were receiving services from the Ministry of Health and Family Welfare. Providing sexual services is the sole means of livelihood for them. As their work does not enjoy social sanction as do other forms of work, sex workers are forced to struggle.

- 1. Hidden nature of work:** A large proportion of Sex workers (male, female and trans) work from home and arrange clients via mobile phones, independently or through an agent. A large percentage of women, are housewives, and their families do not know of their work. During the COVID epidemic, their livelihood came to a complete halt. They were unable to explain the loss of livelihood to their families or approach collectives who are giving relief to sex workers in brothels.
- 2. Criminalised existence:** The existing law continues to criminalize aspects of sex work including soliciting, brothels and living off the earnings of sex work. Sex workers are raided, “rescued” and confined in shelter homes usually under abysmal conditions. For these reasons, sex workers are not willing to come forward, acknowledge their identity and access services provided by government.
- 3. Invisibilised by the State and History of conditional Government assistance:** During the pandemic, States identified many categories of marginalised groups such as transgender, disabled people, workers, migrants for immediate relief. However, sex workers were left out of all relief packages. States historically make assistance contingent on giving up sex work. For instance, the scheme of the Karnataka Government in 2018 under assistance for “exploited” women requires them to provide an undertaking that they will not return to sex work. **A good practice⁴** demonstrated by the Department of Women and Child, Government of Maharashtra during the COVID epidemic was by recognising sex workers as a special category requiring assistance. [through a circular dated 23 July 2020]. This effort must be emulated and replicated by other state governments.

¹ The National Network is a network of female, trans and male sex workers in India, with over 1,50,000 in 72 collectives, networks and federations in eight states.

² Sex workers include Female brothel-based sex workers who migrate from various places to work in brothel spaces in sex work for a contract and then return home. Many of these workers stay for longer periods of time.

(ii) Street-, lodge-, and hotel-based sex workers.

B. Trans people who provide sexual services to men: Mostly street-based, working on the highways.

C. Male sex workers who provide sexual services to other men: Street-based, home-based, lodge-based and highways.

³ UNGASS Country Progress Report 2010. Reporting : 21% Period: 2008- 2009. National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India, New Delhi. 31 March 2010

⁴ <https://www.thehindu.com/news/national/other-states/maharashtra-govt-directs-officials-to-help-sex-workers/article32199125.ece>

4. **Lack of identification documents:** Sex workers routinely represent the difficulties they face while accessing identification documents such as Election Commission cards, Aadhar, Caste certificates, ration cards. Many are single women with children and unable to produce proof of residence for long periods of time or show ancestral documents required for obtaining caste certificates. They were denied ration relief packages provided by State governments.
5. **Migrant sex workers:** Sex workers move frequently to escape identification by family or for better earning opportunities. This makes it very difficult to provide relief work through government channels that ask for ration cards and other identity and address proof. The COVID – 19 epidemic, stranded many sex workers in other cities, towns and districts.⁵ They were refused rations and any relief since they did not have ration cards belonging to the city or district they were found in. Once their savings ran out, women were asked to vacate their rented rooms amidst the nation -wide lockdowns. Women reported attempting to resorting to desperate measures to return to their home towns.
6. **Violence:** The stigma attached to sex work exposes them to violence in personal spaces from family members, including intimate partners. Sex workers report facing higher levels of abuse (verbal, and physical) from their families due to their inability to bring in money during this period.
7. **Precarious livelihoods with no safety net:** Sex workers' families often depend on their daily earnings to run their families. They do not have savings, access to loans and other financial institutions. Public sector banks routinely refuse loans to sex workers since they have no one to stand surety. Private money lenders take advantage of this situation, lend them money at exorbitant interest rates, compounded on a weekly or monthly basis. During the COVID -19, sex workers have taken loans from private money lenders, SHG's, obtained gold loans to support their families. They are being pressurised to pay back at high interest rates, which they are finding difficult without any income.
8. **Insecure living spaces:** Most sex workers who run single-headed households live in rented accommodation; paying rent on a weekly basis. During the lockdown period, there have been reports of sex workers being asked to give rent or else vacate premises.
9. **Health:**
 - a. **Food Security and Nutrition**

Sex workers have not been included in any food relief packages. In the absence of livelihood, sex workers have been reduced to food relief provided by NGO's / Individuals. They have not been able to

⁵ Sex workers working in Kutch, Ranchi, who had come from other towns and villages, they faced tremendous difficulties surviving with their children

access nutritious food. This has particularly impacted HIV positive sex workers, older sex workers living with co morbidities and pregnant women in sex work⁶.

b. Denial of Reproductive Health Services

Private hospitals are turning away sex workers stating that they are only attending to COVID -19 patients or they are charging exorbitant amounts for treatments. There is fear amongst sex workers to visit the government hospital for fear of contracting COVID infection. Sex workers access to reproductive health services has been severely impacted during the lock down. Women were unable to get oral contraceptives from Government hospitals due to a shortage and NGOs supplying these under various programs had shut services in the last 4 months⁷. Women who are pregnant and required to attend gynaecological and obstetric services are facing the brunt of the backlash. Pregnant woman in sex work are being told to access sonography outside at exorbitant rates.⁸ They are being refused physical checkups and told to leave or come back after a couple of months⁹. Some of them choose to deliver outside the health care system in the brothel itself under very unhygienic conditions.¹⁰ Abortion services were denied by government and private hospitals. Sex workers had to contact NGOs which then accompanied them to private hospitals and got them emergency support.¹¹

STI departments in the Government hospitals were shut during the lock down. Since private STI doctors were charging between Rs. 600 - 800 for a consultation, sex workers had no options but to visit homeopaths. In some cases, the women visited quacks for remedies.¹² Sex workers have reported an increase in verbal abuse and stigma from health care providers while accessing gynecological or STI health providers.¹³

c. Regular health services through the public health care systems severely impacted

Outpatient Services in the Government hospitals were shut, forcing sex workers to approach private doctors who charged them exorbitant sums of money. Many women went to quacks as they could not

⁶ Women from all states reported this

⁷ Pune brothel sex workers

⁸ AB was told to do sonography in the civil hospital. Sonography services were refused to pregnant sex workers in civil hospital in August 2020. They are being told to go to the private hospital. Other women were given sonography services but the pregnant female sex worker was refused service. Private hospitals charge around Rs. 1000 per sonography, which she is unable to afford since all work has come to a halt. [Sangli, Maharashtra]

⁹ Pregnant sex worker visiting government hospitals and undergoing check-ups had numerous problems, since the government hospitals were converted to COVID hospitals. Was refused treatment by private doctors also. Another had to pay exorbitant consultant charges to get medical check-ups of her pregnancy. They are refusing to touch the woman. We are being forced to go outside for delivery and the charges are between 20,000 -30,000 [Tirupathi, Guntur Andhra Pradesh].

¹⁰ Pune brothel sex worker

¹¹ Pune brothel sex worker

¹² Gumla and Ranchi

¹³ Abusive treatment of women approaching gynaecologists for White discharge. Women were asked how they got STI during lockdown and the doctors were extremely rude. [Bapatla, Andhra Pradesh]

afford the medical fees.¹⁴ Sex worker with post op follow up approaching the civil hospital for follow up was refused, saying that they will not be able to provide service. Physical check ups are not being done.¹⁵

Sex workers who are diabetic, have high blood pressure, thyroid or other complaints have not been able to undergo confirmatory tests or obtain medicines from the government hospitals. They are being forced to visit at 2 or 3 hospitals before they are given check -ups and tests or they purchase medicines at much higher prices from medical shops. Numerous women, have stopped medications for these diseases as they are simply not able to afford it.¹⁶¹⁷ There is an increase in mental health concerns amongst sex workers, due to their livelihood being impacted and uncertainty about the future. Closure of government mental health facilities impacted women's abilities to seek counselling support. Suicide¹⁸, depression¹⁹ among sex workers were reported.

d. Positive sex workers

Positive sex workers who are stuck in other districts are being denied ART medication from those districts²⁰. The AV medication was made available at the Primary Health Care Centre in the villages, but the staff refused to hand over to collective representatives, stating that they needed to hand over to the woman who was positive. Positive sex workers refused to have their identity revealed by coming to the PHC – some women did not take their medication due to the inflexible attitude of the PHC staff.²¹ In Tamil Nadu women were not able to access ARV medication since doorstep delivery of medication was not done and public transport was not available. As a result, many women missed their ARV medications.

Recommendations

1. Relief measures **must** take into account that sex workers will be out of work for the next six months to a year due to required physical distancing norms. It is important to keep them and their families safe and protected from destitution during this period. Relief must be aimed at ensuring that sex workers do not have to expose themselves or their potential clients to risk during this period.

¹⁴ Gumla, Ranchi - Jharkhand

¹⁵ Parbhani, Sangli (Doctors refused to examine me when I went to the Government Hospital in Parbhani), Theni

¹⁶ Hassan, Kolar, Pune, Miraj, Tamil Nadu

¹⁷ Non availability of services and medicines for non -communicable diseases and chronic diseases- 20 cases. Saheli is providing medicines/money to 7 women who are not getting services from government facilities were 5 and 2 were not having money to buy from outside. hypertension Medicines were provided to 3 Trans sex workers [Pune]

¹⁸ Sangli

¹⁹ Pune brothel

²⁰ Bapatla, Karnataka, Tamil Nadu, Pune, Sangli

²¹ Karnataka

2. State Governments should immediately instruct districts to provide assistance and relief as has been done by the Government of Maharashtra, vide its order dated 23 July 2020 (Department of Women and Child, Government of Maharashtra)
3. Immediate unemployment relief packages for self-identified sex workers and hidden sex workers through their collectives and networks.
4. Recognition of sex workers as informal workers and their registration so that they are able to get worker benefits.
5. Temporary documents that enable them to access welfare measures such as PDS and insurance benefits.
6. Inclusion of migrant sex workers in schemes and benefits for migrant workers
7. Access to free health services not only for HIV prevention and treatment, but also for other medical conditions including cardiovascular, diabetes, reproductive health, mental health and alcohol and drug dependence. Prescription medication for these conditions, as well as opioid substitution therapy (OST) must be provided free of cost. Counselling services in hospitals needs to be provided for the specific circumstances faced by sex workers.
8. Moratorium on rent for 6 months is essential for sex workers to recover.
9. Include sex workers as a special category in accessing social benefits as senior citizens and also accessing benefits for dependents.
10. Moratorium on all loans taken by sex workers from banks, financial institutions, through gold loans and private lenders
11. Older sex workers must be included in worker pension schemes and retirement benefit schemes.
12. Free education for the children of sex workers to ensure that they do not drop out of school. Access to educational material must be facilitated. As concepts like online schools are impossible for most children of sex workers, they are being denied education.
13. Recognize that sex workers in non-traditional living arrangements are prone to domestic violence from partners and family members. Encourage Protection Officers to recognize and act on reports of violence against women who come forward and complain against their partners.
14. Include sex workers as a specific vulnerable category in all communication material being developed by the Government.