



THE EFFECTS OF COVID-19 ON THE HEALTH AND SOCIO-ECONOMIC SECURITY OF SEX WORKERS IN INDIA

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ABSTRACT

The COVID-19 pandemic, and its specialist consequences, has prompted enormous wellbeing, social, and financial threat on a worldwide scale. It has impacted every section of the society without any discrimination. But it would be safe to say that the marginalised sector of the society is the worst affected. They are facing the brunt of the consequences of COVID-19 virus. To counter the rapid transmission of COVID-19 in populations, the governments have responded by introducing measures like restrictions on domestic and international travel followed by closing of border, promotion of social distancing norms and in some cases, the declaration of states of emergency followed by curfew and complete lockdowns. Imposition of these restriction has not only led the shutting down of all non-essential goods and service providers, but also any kind of brothel for the time being. This study aims to determine COVID-19 and commercial sex workers in India. The main objective of the paper is to determine the prevalence of and factors associated with COVID-19 and impact among commercial sex workers in the country. The government should send emergency food and aid to the tens of thousands of women working in the

commercial sex industry, creating emergency funds for sex workers to access. For the homeless to have access to appropriate emergency housing and national social protection schemes. This paper not only deals with the long-term impact of this COVID-19 pandemic on these workers but also proposes an alternative hypothesis which resolves around the measures government can take for their social inclusion and way ahead. The governments should take this opportunity to remove this segment of workers by providing alternative source of income. Inclusion of sex workers perspectives in the planning for pandemic responses, ensures that responses address the needs of all parts of society.

INTRODUCTION: the COVID-19 pandemic

With the declaration of the COVID 19 as a pandemic by the World Health Organisation on March 11, 2020 it has rapidly spread to more than 210 countries and territories. COVID-19 (caused by SARS-CoV-2 virus) has been diagnosed in ~ 7.7 million and killed > 428,488 individuals (as of 13 June 2020).¹ In addition to the health complications, the relatively high reproductive number (R0) of the virus, driven in part by the infectiousness of pre-symptomatic and asymptomatic individuals, is contributing to the efficient person-to-person spread of the infection. This has caused unparalleled health systems and economic disruptions across the globe. Unemployment rates in economically advantaged countries have soared to unprecedented levels. As countries maintain or adjust public health measures, emergency legislation, and economic policies in

¹Reported Cases and Deaths by Country, Territory, or Conveyance, *available at:*

<https://www.worldometers.info/coronavirus/> (last visited on June 12, 2020).



response to the COVID-19 pandemic, there is an urgent need to protect the rights of, and to support, the most vulnerable members of society. Sex workers are among the most marginalised groups. Globally, most direct sex work has largely ceased as a result of physical distancing and lockdown measures put in place to halt transmission of severe acute respiratory syndrome coronavirus (SARS-CoV-2), potentially rendering a frequently marginalised and economically precarious population more vulnerable.²

It is important to understand the profound immediate effects that state imposed restrictions are beginning to have, in the era of COVID-19, on a group that already endures considerable barriers to health and wellbeing.

COVID-19 and India

At the time of writing, the COVID-19 pandemic has already grasped India with ~ 309,603 total cases and death >8,890 individuals (as of 13 June 2020). Mathematical models suggest that even with widespread testing and contact tracing, in the absence of a COVID-19 vaccine, physical distancing will be a key intervention to prevent community transmission globally.³ Most severely affected by the movement cessations are the urban poor who reside in the informal settlements. For them, food insecurity is emerging as a major struggle. Although 'flattening the curve' has become a major clarion call globally, but COVID-19 doesn't seem to flatten anytime soon in India. Stopping the virus from spreading quickly can only help the economy and health care systems to cope with the burden/strain of this

unprecedented outbreak. The most effective method of achieving minimum rate of human transmission and to bring in effect the containment strategies of COVID-19 is nation-wide lockdown. It is quite challenging for developing nations like India to be in lockdown as a high proportion of Indians are employed in the informal sector. Most are daily wage earners who have no savings, and therefore disruption in their need to work regularly to meet their basic needs have accelerated their already present problems.

PROTECTION OF SEX WORKERS UNDER THE AMBIT OF INDIAN LAWS

Before we study about the effects of COVID-19 on the health and socio-economic security of sex workers in India and partially because of incompetency of the government in fulfilling their duty of protecting their own citizen of the country, it is important to know about the constitutionality of sex work and the safeguards that are already been catered to by the Constitution along with other enactments.

CONSTITUTIONAL PROVISIONS

The Constitution of India provides for the protection of weaker sections of the society. The Fundamental Rights along with The Directive Principles enshrined in the Constitution also take care of the special position of women and serve as a guiding star for various social welfare legislations passed in favour of women.

Article 14 guarantees the fundamental right to equality and provides that the state shall not deny to any person equality before law or the equal protection of law within the

² Sex workers must not be forgotten in the COVID-19 response, USA, available at: <https://www.thelancet.com/journals/lancet/article/PII>

S0140-6736(20)31033-3/fulltext (last visited on June 11, 2020).

³ World Health Organization, COVID-19 Strategy Update (April 14, 2020).



territory of India.⁴ Constitution has empowered the state to make special provisions for women and children. This scheme of protective discrimination is provided under Article 15(3) of the Constitution.⁵

Article 19(1)(g) provides the right to citizens of the country to practise any profession or to carry on any occupation, trade or business,⁶ however, the right is not absolute and Article 19(6) imposes reasonable restrictions on these rights. Article 21 which is the pillar of strength of the Constitution of India says that no person shall be deprived of his life or personal liberty except according to the procedure established by law.⁷

Article 23, directly touches upon the problem of trafficking in sex-work and makes trafficking in human a punishable offence. Article 23(1) of the Constitution says that, "*Traffic in human beings and begar and other similar forms are prohibited and any contravention of this provision shall be an offence punishable in accordance with law.*"

LEGISLATIVE APPROACH TOWARDS SEX-WORK

The Indian Penal Code, 1860

The Indian penal code, 1860 illustrates a number of provisions which covers many situations where the women are forced or pushed into sex-work against their will. In order to implement certain Articles of the

International Convention for Suppression of Traffic in Women and Children, Sections 366-A and 366-B were introduced in the Penal Code in the year 1923 which came into effect in 1929 with the object to punish import or export of girls for prostitution.⁸

Section 366-A of the Indian Penal Code, 1860 deals with the procurement of minor girls and punishes any person who induces a minor girl under the age of 18 years to go from any place or to do an act with the intent that such girl is likely to be induced or forced to illicit intercourse with some other person.⁹ The provisions of section 366-A were meant to prevent immorality and the provisions are framed more with the desire of safeguarding the public interest of morality than the chastity of one particular woman and this fact was clearly explained in *Bhagwati Prasad v. Emperor*.¹⁰

Section 366-B deals with the importation of girl from any foreign country and punishes any person who imports into India any girl from any other country under the age of 21 years with the intent that such girl shall be forced or seduced to illicit intercourse with some other person.¹¹

Section 372 of the Penal Code punishes any person selling, letting to hire or disposing of any person under 18 years of age with the intent of employing or using for purpose of prostitution.¹²

⁴ "The State shall not deny to any person equality before the law or the equal protection of law within the territory of India."

⁵ The Constitution of India, art. 15 (3); "Nothing in this Article shall prevent the state from making any special provision for women and children."

⁶The Constitution of India, art. 19(1) (g); "All citizens shall have the right to practice any profession or to carry on any occupation, trade or business."

⁷The Constitution of India, art. 21; "No person shall be deprived of his life or personal liberty except according to the procedure established by law."

⁸ K. D. Gaur, *A Textbook on Penal Code* 520 (Universal Law Publishing, Delhi, 2nd edn., 1998).

⁹ The Indian Penal Code, 1860, s. 366-A.

¹⁰AIR 1929 All 709.

¹¹The Indian Penal Code, 1860, s. 366-B.

¹²*Id.*, s. 372.



Buying, hiring or possessing of minor girl for the purpose of prostitution is punishable under Section 373 of the IPC.

Immoral Traffic (Prevention) Act, 1956

This act was enacted with the objective to inhibit or abolish commercial vice, namely the trafficking in women and children for the propose of prostitution as an organised means of living. This act nowhere mentions prostitution as a criminal offence *per se*. A careful scrutiny of the Act clearly reveals that the Act was aimed at the suppression of commercialised vice and not at the penalisation of the individual prostitute or prostitution itself.¹³ In *Sangeeta v. State* it was held that prostitution *per se* is not a criminal offence. There is no provision under the Act which makes prostitution *per se* a criminal offence or punishes a person for indulging in prostitution.

According to the act, sex-work in itself is not an offence but the sexual exploitation for commercial purposes or to earn living from sex-work thereby. Sex work committed in the vicinity of a public place is an offence and is punishable.¹⁴ Soliciting or seducing or soliciting in a public place is made punishable under Section 8 of the Act.

'Seducing' for the purpose of prostitution was defined in *Re. Manika Achari*.¹⁵ The accused had been convicted under sections 4(1) and 8 of the Act, hence they preferred the present appeal. Justice Mudaliar observed in this case that section 9 started with the heading 'seducing' or 'soliciting' for the purpose of prostitution. The significant word under Sec 8(a) and (b) is 'for the purpose of prostitution' which implies the state of affair

anterior in the state of time mentioned under Sec. 4 Benefit was given to the accused and the appeal was allowed.

The constitutional validity of the whole Act was for the first time challenged in the *Shama Bai v. State of U. P*¹⁶ All the penal sections i.e. sec. 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 20 of the Act were challenged as being unconstitutional as they were hit by Article 19(1)(g). The learned Judge upholding the constitutional validity of section 3, 5, 6, 7, 8, 9, 10, 12 and 18, however, did not express any final opinion on the unconstitutionality of section 4(2) and 20.

LANDMARK DECISIONS OF THE APEX COURT RELATING TO SEX-WORK

Supreme Court of India has been proactive in dealing with the problems and atrocities being faced by sex-workers and their children. *Vishal Jeet v. Union of India*¹⁷ became the first landmark decision of Apex Court.

The petitioner by way of a writ petition sought a C.B.I. enquiry against those police officers under the jurisdiction of whom these industries were thriving. He also prayed for brining all the inmates of Red Light areas to state protective homes as also their children. Justice S. R. Pandiyan observed that in spite of the stringent and rehabilitative provisions of law under various Acts, one cannot say that the desired result has been achieved.

*"This malady is not a social but a socio-economic problem and therefore, the measures to be taken in that regard should be more preventive than punitive."*¹⁸

The Court enumerated that all the state government to take appropriate and speedy

¹³ *In re. Ratanmala*, AIR 1962 Mad 31.

¹⁴ Immoral Traffic (Prevention) Act, 1956, s. 7.

¹⁵ AIR 1970 Mad 491.

¹⁶ AIR 1959 All 57.

¹⁷ AIR 1990 SC 1412.

¹⁸ *Id.*



action under the existing laws in eradicating child prostitution and to set up a separate advisory committee to evolve measures of eradication. Further it shall be the duty of all the State governments to take steps in providing adequate rehabilitation homes and devise proper machinery for the implementation of the suggestions proposed by the committee.

Again, in the case of *Gaurav Jain v. Union of India*¹⁹ issues relating to the sex-work received attention of the Apex court. Observing the issue of prostitution a serious matter, Justice Ranganath Mishra, speaking for the court issued directions for the constitution of a committee to examine the problem. Accordingly, The committee called the Mahajan Committee under the chairmanship of Mr. V.D. Mahajan, submitted its report to the Apex Court by way of Public Interest Litigation titled as *Gaurav Jain v. Union of India*,²⁰ in the year 1997. By way of this petition, the petitioner prayed for improvement of plight of fallen women and their progeny. Justice K. Ramaswamy observed:

“Women found in flesh trade should be viewed more as victims of adverse socio-economic circumstances rather than as offenders in our society. The commercial exploitation of sex may be regarded as crime but those trapped in custom oriented prostitution should be viewed as victims of gender oriented vulnerability. That could be arrested not only by law enforcement

*agencies but by constant counseling and interaction by NGOs impressing upon them to shed off this path and start with a new lease of life.”*²¹

The court expressed concern for their rehabilitation. Justice Ramaswamy observed the importance of housing, legal aid, free counselling, assistance and other similar aids and services as a meaningful measure to ensure that unfortunate women do not fall into this trap. It was the duty of the state and NGOs and public-spirited persons to save them from prostitution and rehabilitate them so that they may lead a normal life with dignity of person.

IMPACT OF COVID-19 ON SEX WORKERS

In a nation like India, the exact number of sex workers are unknown. According to an estimate by the Government in 2014 suggests that India had 2.8 million sex workers. Most of the sex workers are in the states of Maharashtra, West Bengal and Andhra Pradesh. Another report from United Nations estimated the presence of about 657,800 sex workers.²²

According to National Aids Control Organization (NACO), there are close to 6,37,500 sex workers in India, and over 5 lakh customers visited the Red-light areas daily before the pandemic closed the trade.²³ There are currently more than 1,200 sex workers on G.B. Road alone. In the absence of appropriate legal and human rights

¹⁹ AIR 1990 SC 292.

²⁰ AIR 1997 SC 3021.

²¹ *Id.*

²² UNAIDS | Key Population Atlas, available at: <https://kpatlas.unaids.org/dashboard> (last visited on June 11, 2020).

²³ Targeted Interventions under NACP III, Operational Guidelines, available at: <http://naco.gov.in/sites/default/files/NACP-III.pdf> (last visited on June 10, 2020).



protection to sex workers in India, especially women who are further undermined and dehumanized in the industry seen as taboo, the pandemic aftereffects are expected to be excessively brutal and derogatory to this segment of the population.

Sex workers represent an important group that exemplifies the vulnerability of workers in the informal labour sector. Apart from access to education, the overall sex industry is marked by the high levels of poverty, illiteracy of the individuals, discriminatory treatment in terms of health care, earnings and employment, exploitation by the law enforcement agencies and harassment at the hands of the brothel owners and money lenders. In the Sonagachi district, illiteracy levels of sex workers are as low as 11%, a figure much below than even women in rural India.²⁴ Sex workers cite poverty as the main reason for entering the profession, and almost all of them are illiterate.

Sex workers are often from groups that are already marginalized economically and socially, such as undocumented migrants, people of colour, and lesbian, gay, bisexual, and transgender (LGBT) people, some of whom have been pushed out of their families due to homophobia. The diversity of businesses that function to enable prostitution or other activities involving close physical proximity as part of the nature of service share the same risk factors as Red light areas

and have been identified as potential hotspots and high-risk professions by other countries.

As with all aspects of health, the ability of sex workers to protect themselves against COVID-19 depends on their individual and interpersonal behaviours, their work environment, the availability of community support, access to health and social services, and broader aspects of the legal and economic environment.²⁵ Sex workers who are homeless, use drugs, or are migrants with insecure legal or residency status face greater challenges in accessing health services or financial relief, which increases their vulnerability to poor health outcomes and longer-term negative economic impacts.²⁶

Risk of infection with SARS-CoV-2 is heightened for those who share drug paraphernalia for drug use.

Though hard for everybody, the COVID-19 pandemic has severely affected key populaces, a significant number of whom are encountering monetary difficulty and anxiety about their wellbeing and security.

Recommendations of 'social distancing' and home quarantines to combat the global COVID-19 pandemic have implications for sex and intimacy, including for commercial sex work encounters. Sex worker-led organizations from all over the country are reporting a lack of access to national social protection schemes and exclusion from emergency social protection measures that are being put in place for other workers. In

²⁴ Human Rights Watch, *Rape for profit. Trafficking of Nepali Girls and Women to India's Brothels* (New York, USA, 1995).

²⁵ Platt L, Grenfell P, *et.al.*, "Associations between sex work laws and sex workers' health: A Systematic Review and Meta-Analysis of Quantitative and Qualitative Studies" 15 *PLoS Med.* (2018).

²⁶ Sex workers must not be forgotten in the COVID-19 response, *available at*: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31033-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31033-3/fulltext) (last visited on June 10, 2020).



response to the government guidelines of compulsory ‘social distancing’, sex workers are responsibly self-isolating themselves whenever and wherever possible. This global pandemic presents a new problem for sex workers. Sex work is intimate by its very nature, and continuation of their occupation put themselves at a heightened risk of contracting the virus.

Physical distancing being the key intervention to prevent community transmission globally, these times are more difficult for the sex workers than fighting the invisible virus from a health perspective. The pandemic affects their very livelihood, considering the nature of their job. The impact of the closure of these industries will be seen in this area for a long time, even if COVID is gone. The COVID-19 pandemic, similarly as with other health emergencies, uncovered existing inequalities excessively influences individuals already criminalised, underestimated, marginalised and living in down trodden circumstances, often outside social assurance mechanisms.²⁷

1. Social distancing is a far-fetched reality

Growing evidence of social distancing as an effective measure to ‘flatten the curve’, and reduce mortality, have serious implication by the nature of the activity on the sex industry. By design, these Red-light areas have high contact rates between sex workers and customers, and social distancing is not possible while having sex. Additionally, the disease does not show symptoms for a delayed period of time and a large number of individuals remain asymptomatic so sex

workers would not even realize they are infected or never find out they were carriers while having spread the disease to a large number of customers. It will not be possible to make these areas COVID-compliant.

Social distancing is impossible for sex workers living in cramped brothels making them particularly susceptible to COVID-19. Cities like Delhi, Kolkata and Mumbai, are worst affected areas due to COVID 19. Brothels in these areas are jam-packed where social distancing is far from reality. Nearly 25,000 sex workers and their children live in enclosed spaces in Mumbai, with six-eight people living in 10x12 feet rooms. Where 50 people share a bathroom that too without an access to running water, following social distancing norms are a privilege. Delhi GB Road has more than 3000 sex workers housed in 80 small brothels.

Kolkata’s Sonagachi, which is referred to as Asia’s largest Red Light Area has between 8,000-10,1000 workers. Keeping in mind the ground reality, hygiene, distancing and personal space are foreign concepts. Even if they might as well try to adapt to the new world with modern etiquettes, infrastructural disability and excess of population will always act as a barrier to growth.

2. Maintenance of Hygienity

Hygiene is the next challenge among the long list of challenges faced by these workers in the wake of COVID-19 pandemic. With limited access to running water and as much as 20 people sharing one bathroom, such a situation is not at all unusual for a developing country like India, with dense population and limited resources. Such unhygienic scenario

²⁷Sex workers must not be left behind in the response to COVID-19, *available at*:

<https://www.unaids.org/en/resources/presscentre/pres>

[sreleaseandstatementarchive/2020/april/20200408_sex-workers-COVID-19](https://www.releaseandstatementarchive/2020/april/20200408_sex-workers-COVID-19) (last visited on June 10, 2020).



is a bigger threat than any time before. Brothels rarely have kitchen and women buy food from vendors. For these women, the lockdown has meant a loss of their entire ecosystem- rikshaw drivers, corners store and street carts. In such a constricted space, even if one person contracts COVID-19, it could spread rapidly and there is no stopping to it.

3. No business no money

As the worldwide emergency extends, sex workers are progressively confronted with the troublesome decision of detachment with no salary or backing or working at a hazard to their own wellbeing and security.

As the worldwide emergency extends, sex workers are progressively confronted with the troublesome decision of isolation with no social or financial support. Without proper support how long can they support themselves and earning money means would mean working at a risk to their own health and safety. With the absence of business, sex workers have lost their only source of income. This income not only sustain the life of the worker but also her children dependent on them. In the absence of money, they are unable to procure even the basic necessities for their subsistence. With meagre savings, these women have other responsibilities including payment of electricity bills, making them the 'worst-affected during a crisis like this'. The community which is hard hit by impact of corona virus has pushed many of them to the brink of starvation.

Another issue at hand is the closure of majority affordable short-term lodging opportunities due to inability of the sex workers to pay rent or hotel room fees. This disappearance of short-term housing, coupled with the shuttering of workplaces, has resulted in sudden homelessness for sex workers in several places in the country, a

situation that is especially aggravated for migrant sex workers, many of whom are also finding themselves stranded by inability to pay for their travel expenses to their native cities.

Apart from that, these women also risk getting trapped in an endless debt cycle with private money lenders. These money lenders spare no effort to exploit the sex workers in the area. In some cases, it has been found that the interest rate that was charged to the sex workers was above 100% per month, which takes years to repay the debt. In most of these cases, the sex workers remain indebted to the money lenders throughout their lives and are exploited by them in cash and kind. Most sex workers lack account and invest savings in small gold ornaments to pawn during tough times.

4. No acceptance in society

The criminalization of various aspects of sex work serves to magnify the already precarious situation of sex workers in the informal economy, resulting to increased discrimination, harassment and missing from a lot of general conversations about exclusion from emergency social protection such as healthcare, measures being put in place for other workers.

Stigma and criminalisation inhibit the sex workers from seeking, or being eligible for, government-led social protection or economic initiatives to support small businesses. Police arrests, fines, violence, disruption in aid by law enforcement, have been reported by sex workers across diverse settings, fuelling concerns that the pandemic is intensifying stigma, discrimination, and repressive policing.

5. Unable to reach home

Majority of sex workers are migrants, and undocumented with lockdown and curfews could not legally go home to their native



places. With their business shut for over two months now and all money drying up, a large portion of migrant sex workers have no money left to even afford transportation charges for themselves and their children.

Another issue with these migrant sex workers is the disruption in the continuance of various therapies including HIV/AIDS. There is a presence of common tension among these women who were on medication for different diseases, including HIV/AIDS that they will not be able to get proper treatment in their home towns.

6. Most vulnerable to the virus

On average, sex workers are 13 times more likely to become infected with HIV than adults in the general population²⁸ due to an increased likelihood of being economically vulnerable, and experiencing violence, criminalisation and marginalisation. Though the industry is driven by sex workers, yet they are unable to negotiate on consistent condom use with the customers. Nation-wide HIV prevention programmes are available and are generally received and yet sex workers who by statistics are much more prone to HIV often face many barriers in accessing them. Pre-existing conditions normally present with sex workers makes COVID-19 even more dangerous. About 80% of those who contract COVID-19 will have mild symptoms and their bodies will fight the disease, but for those who have pre-existing conditions, including HIV/AIDS and tuberculosis, the disease could result in

severe symptoms and even death. Nearly 1.6% of Indian female sex workers had HIV/AIDS in 2017, according to a 2018 study by the United Nations programme on HIV and AIDS.²⁹ Many sex workers also have other health-related issues, including addiction to alcohol and tobacco are more vulnerable to the attack of novel Coronavirus.

Though there has been no proof of the fact that the women more sexually involved are more prone to the disease. However with greater chances of these sex workers being HIV/AIDS positive, the risk could be greater among those who are immunocompromised and not on HIV treatment.³⁰ Review evidence suggests on average, use of antiretroviral therapy is already low among sex workers who are HIV positive in high-income and low-income settings.³¹ It is crucial that disruption to health services does not further reduce access to HIV treatment and prevention or to vital services addressing domestic or other forms of violence.

7. Mental health

With the surge in uncertainty and fear of the pandemic, there has been a sharp spike in depression, anxiety and perhaps suicide. Many sex workers are experiencing stress and anxiety as a significant consequence of the Pandemic. For these people who are already 'marginalised of the marginalised sector' with their only source of income being shut and other responsibilities on their

²⁸ Sex workers, HIV and AIDS, *available at*: <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/sex-workers> (last visited on June 10, 2020).

²⁹ HIV and AIDS in India, *available at*: <https://www.avert.org/professionals/hiv-around-world/asia-pacific/india> (last visited on June 10, 2020).

³⁰ Mountain E, Mishra S., *et.al.*, "Antiretroviral Therapy Uptake, Attrition, Adherence and outcomes among HIV-infected female sex workers: A Systematic Review and Meta-Analysis" 9 *PLoS One* (2014).

³¹ *Supra* note 32.



shoulders, anxiety disorders, clinical depression are common.

Existing mental health problems are likely to be exacerbated by anxiety over income, food, and housing, alongside concerns about infection from continuing to work in the absence of social protection.³²

8. Lack of support from government

Unlike the daily wage labourers, which are still covered under some social welfare schemes, there is no scheme for these sex workers at all. They are like the 'informal of the informal sector'.

Under the Prime Minister's Garib Kalyan Yojana, a financial package to reduce the impact of COVID-19, Rs 500 per month would be transferred to women's accounts under the Jan Dhan Yojana for three months, the government had said on March 26, 2020. However, majority of the sex workers do not have a Jan Dhan account. Even if some would qualify for the assistance, it is too little to sustain a family, they told us. In addition to facing discriminatory practices in areas of health and employment, it is very difficult for sex workers to obtain credit through any means. Due to lack of proper documentation, there is negligible access to banks and other financial institutions and local money lenders are the only option that they are left with. The government's assistance has fallen short in helping the poorest.

9. Few have health insurance, alternative income

Half of Maharashtra's sex workers depend only on sex work for survival, and do not have insurance, Two-fifths of sex workers in Tamil Nadu and a fifth in Karnataka are in a similar situation.

Around 31% sex workers living in Maharashtra, Karnataka and Tamil Nadu remain financially insecure, making them vulnerable to poverty and unable to pay for treatment if they fall ill. As already discussed, a large population of this sector are prone to HIV/AIDS. With no customers, these workers are running out of money to buy HIV/AIDS medication which cost around 6,000/- per month.

Lack of education also plays a major role in their lack of social inclusion. Even if anti-retroviral medicines are provided by the government, lack of awareness of such schemes by majority of these workers makes it inaccessible for all. Even if a small section of the society is aware of such beneficial schemes, they are refused medication because of absence of Aadhaar or any other address proof. Not only are these women denied access to services on technical ground, long queues and shortage of medicines also acts as a catalyst for non-availability of these medical services.

Another issues that is connected to the first issues is the long-term effect of the discontinuation of these Antiretroviral Therapy therapeutic medication. The ground reality is bit challenging now. After having fought against HIV for so long with visible and applauding results, we will be pushed back to the stage of disruption and acute trouble. India, being one of the worst hit nations from COVID-19 has unfortunately failed to acknowledge the basic rights of the sex workers so far. How will it be possible for the people (sex workers) who have been diagnosed with HIV to continue with their regular treatment? As already discussed, the

³² Burden and Correlates of Mental Health Diagnoses among Sex Workers in an Urban Setting, *available at:*

<https://pubmed.ncbi.nlm.nih.gov/29258607/> (last visited on June 10, 2020).



regular antiretroviral therapy is mandatory but will they now be able to afford any such treatment anymore? The answer is very clear, sadly they are forced to struggle even for the necessities such as medicines and food. The health sector had used the medicines for HIV to cure COVID-19 as well (as per the ICMR guidelines) which again leads to drug shortage for HIV patients which again is a huge problem for the community all over India.

ROLE OF NGOS

Non-governmental organizations play a vital role in bridging the gap between mainstream society and sex workers. Their non-judgmental and unbiased approach and the credibility they enjoy enables them to aid sex workers with better access to healthcare and education, and provide them information and other technical support.

With lack of support from the government to help the marginalised down-trodden section of the society, the burden to support these women have fallen on the voluntary organisation.. Women working in the sex industry are now dependant on charities for their basic needs, including food and access to medication especially anti-retroviral therapy medication for treating HIV/ AIDS.

LONG TERM AFFECTS

Even with the upliftment of the lockdown and gradual restart of the economy, things won't be easy for the community of sex workers; there will be lack of regular income for long as projected due to the worldwide spread of the contagious COVID-19. Even after economy starts to bloom, this industry will suffer loss for an unprecedented time. The Prime Minister, Sh. Narendra Modi while addressing the nation emphasised on the need of empathy and compassion towards people,

especially for those who need help and assistance to live life during unprecedented lockdown. No doubt, these are admirable moral values which are always necessary and not just in times of emergency. There are lot many non-governmental organisations working for the welfare of sex workers but it always remains the prime duty of the state to do so, such duties are very well enumerated in Part IV of the Indian Constitution.

Sex workers do not feature in any of the social benefit policies of the government. The government of our country doesn't acknowledge the presence of these marginalised sector in the country.

A study from Yale School of Medicine and Harvard Medical School stated that Indians are at a much lower risk of getting COVID-19 if Red light areas shut after the lockdown. Titled '*Modelling the Effect of Continued Closure of Red-Light Areas on COVID-19 Transmission in India*', the report was shared with government bodies along with recommendations on continued closure of Red-light areas beyond full nationwide reopening as it can reduce the number of cases by 72 per cent in a period of 45-days and delay the peak of COVID-19 cases by 17 days. The study also says that there could be a reduction in deaths by 63% in India, 61% in Nagpur, 28% in Mumbai, 66% in Kolkata, 38% in New Delhi, 43% in Pune in the first 60 days. The study also found out that there could be a 63% reduction in the number of deaths in the first 60 days after the lockdown ends, if Red-light areas are kept closed. To protect citizens against these potential hotspots, the study recommends keeping Red light areas closed indefinitely during the COVID-19 pandemic.



Without a pinch of doubt the decision of shutting down is for the safety of sex workers and their community but other alternatives must be provided to the people so that they can earn their livelihoods and sustain their lives. The role of government is very crucial here and already discussed above the government is responsible to provide a life of dignity to its citizen. Unfortunately, there is no help from the government till date therefore the sex workers depend mostly on NGOs for essentials. The impact on their livelihood has been severe.

If we look at the effect of the opening of the red light area in light of COVID-19, the impact is negative. In Japan, for example, medical facilities were “overwhelmed” by an “explosion of cases” linked to a Red Light Area. The sharp increase in cases was primarily among sex workers and their customers. However, Japan has provided relief packages for sex workers. The diversity of businesses that function to enable prostitution or other activities involving close physical proximity as part of the nature of service share the same risk factors as Red light areas and have been identified as potential hotspots and high-risk professions by other countries. Countries all over the world have decided to close down these areas, not only to protect the sex workers but also people who are customers to this industry.

WAY AHEAD

It is important to remember the sex workers who work in Red light areas and the impact that COVID-19 and the continued closure of Red-light areas has on them. There is no denying to the fact that it is the need of the

hour to close down Red light areas and brothels but there is a critical need for government and healthcare providers to work with affected communities and front line workers to co-produce effective interventions. Resources and support for sex workers need to be prioritised. Involvement of communities in social protection schemes, health services, and information will enable sex workers to protect their health during this pandemic as equal citizens, in line with principles of social justice.³³

It is here where the involvement of the policymakers, NGOs, and experts in India will be required to come up with alternative employment and skill development programmes for the sex workers. In order to provide support to the sex workers community, the government can come up with various initiatives such as apprenticeship/training and skill enhancement and development programmes which require identifying the skills these workers need, provide them with training and provide them with support to become economically self-reliant in new jobs or as self-employed entrepreneurs. These initiatives can go a long way in compassionately mitigating the stigma which is globally seen towards sex workers. Achieving healthier communities and controlling COVID-19 requires a collective and inclusive response.

We suggest three measures to address the health, safety, and well-being of sex workers in Red light areas:

³³ Grenfell P, Platt L, *et.al.*, *Examining and challenging the everyday power relations affecting sex workers' health*; FitzGerald SA, McGarry K.

(eds.) *Realising justice for sex workers: An Agenda for change* (Rowman & Littlefield International, London, 2018).



1. ensure sex workers receive payments as part of the government's financial relief scheme for the poor during COVID
2. ensure these women are not taken advantage of by criminals, such as by preventing high-interest lending schemes that entrap them in debt bondage,
3. Proper measures should be taken for relocation, if required, to maintain social distancing as they are compelled to live in dilapidated accommodation.
4. investment in reintegrating sex workers into other occupations, with a particular focus on reinvesting money generated through the closing and redevelopment of Red-light areas into sex worker reintegration and the health care system.

On the last point, COVID-19 may present the ideal natural opportunity to help sex workers exit their trade and find out alternative livelihoods. In light of the amount of health care and larger economic savings gained by keeping Red light areas closed and reducing cases and fatalities-especially if Red light areas remain closed for months-investing in retraining sex workers would be an ideal health, social, and economic measure. This opportunity to remove the vulnerable segment of workers by providing alternative source of income will require effective policy-making in consultation with civil society organizations, sex workers, and NGOs. This need becomes more acute as existing health and social challenges are exacerbated by the COVID-19 crisis.
