CONFINED SPACES, COMPROMISED HEALTH: HEALTH DISPARITIES AMONG FEMALE SEX WORKERS IN INDIA AND THE UNITED KINGDOM - INSIGHTS FROM BROTHELS OF PUNE, MAHARASHTRA, INDIA

Dr. Prashant Narnaware (IAS) & Dr. Ujwala Bendale, Associate Professor,
Bharati Vidyapeeth New Law College, Pune

ABSTRACT

In India, female sex workers (FSWs) are a severely underprivileged group with many unmet healthcare needs. The intricate interactions of obstacles that characterize their existence are the cause of this dire circumstance. Their workplaces vary widely, ranging from very safe to intrinsically dangerous. Crucially, obtaining basic healthcare, food, and housing is a daily struggle for many FSWs.

The serious healthcare and social issues that sex workers face in Pune, in particular, warrant prompt and concentrated treatment. These people frequently experience significant violence, prejudice, and stigma, which makes it extremely difficult for them to get necessary services. Deeply ingrained provider bias and social prejudice are the main causes of these barriers, which foster an atmosphere of distrust and exclusion.

Persistent systemic impediments to access continue to impede the success of numerous government initiatives aimed at expanding the scope and quality of healthcare. Female commercial sex workers (CSWs) are particularly exposed to a variety of health problems. However, several surveys repeatedly show that their access to healthcare is severely limited. Using a standard conceptual framework to give a thorough analysis, this research methodically investigates the multifactorial factors influencing healthcare accessibility for female CSWs in India.

Keywords: underserved population, unmet healthcare requirements, acute healthcare and social challenges, stigma, discrimination, violence, societal prejudice and provider bias, vulnerable demographic, healthcare accessibility, female CSWs.

Introduction

Budhwar Peth is home to about 5,000 prostitutes in Pune, a fast-urbanising Maharashtra city with about 700 brothels. Despite being a hub of economic activity, the area is marginalised, and FSWs have to deal with persistent health disparities. This study investigates the connection between spatial confinement and health consequences, focusing on how brothel environments raise risks and limit access to care. Mental illnesses are dangerous for female sex workers (FSWs). According to earlier research, between 50% and 75% of FSWs suffer from a mental illness.

Anxiety and depression-related symptoms were the most frequently reported by FSWs. For many women in low-income countries today, sex work remains a significant source of income. A direct risk is the potential for violence associated with commercial sex. However, little is known about the precise ways that various forms of violence affect the mental health of female sex workers, even though violence has a significant negative impact on their mental health. For instance, FSWs' mental health is impacted differently by sexual violence (when people force FSWs into sexual actions) and economic violence (when clients or employers refuse to pay the agreed cost for the services performed by FSWs).

Furthermore, although a lot of research has focused on depression, this feature by itself does not fully explain the wide-ranging effects of violence on mental health. Current research has not examined how certain types of violence can affect different aspects of mental health without resulting in depression. Therefore, a more thorough examination of the various forms of violence and their relationships to the mental health of FSWs is required to fully understand the characteristics of potential violence experienced by FSWs and to identify effective prevention measures (Kanayama, Yamada, Yoshikawa, & Aung, 2022).

Women, men, transgender people, people with other gender identities, people living with HIV, drug users, people incarcerated, people with and without documentation, migrants, indigenous people, and other groups are all represented among the wide range of sex workers. Sex labour takes place in a variety of work environments, such as brothels, entertainment venues, public and private spaces both inside and outdoors, and online. There are several social, cultural, legal, policy, and human rights contexts in which sex work takes place. Sex workers continue to face severe health and human rights issues worldwide. Inequities, such as inadequate primary and mental health care, unmet sexual and reproductive health needs, and an increased risk of assault, HIV, and STDs.

Sex workers continue to face severe health and human rights inequalities worldwide, including increased rates of violence, HIV and STDs, unmet sexual and reproductive health needs, and a lack of appropriate primary and mental health care. Sex workers exhibit autonomy in their professional actions and attempts to organise, which stands in stark contrast to popular misconceptions. This entails taking part in robust community empowerment programs that support the decriminalisation of sex work, improve working conditions, and guarantee protection from discrimination and abuse (Goldenberg, Thomas, Forbes, & Baral, 2021).

Sex workers' human rights must be respected, protected, and fulfilled. There must be a drastic change. To ensure that the damages outlined in each chapter are eradicated, decision-makers must be receptive to hearing from sex workers in all of their diversity and prepared to examine existing laws and policies. When making decisions that directly affect sex workers' jobs and daily lives, their voices must be heard and respected. Programs and policies must ensure that the bodily autonomy of sex workers and their agency are not jeopardized.

Sex workers must play a significant part in the process of developing or assessing policies and programs that are examined and revised to ensure that current injuries are addressed. To change the role that sex worker-led organisations should play in resolving the inequities and finding ecologically friendly, rights-affirming solutions that retain the worth and dignity that sex workers must be adequately rewarded for, it is also vital to acknowledge the crucial.

Aim:

This research endeavors to critically assess the health inequities experienced by female sex workers in the Budhawar Peth locality of Pune City, within the Pune district of Maharashtra, India.

Objectives

- To comprehend the relationships among limited space, negative perceptions of certain jobs, and restricted availability of healthcare services.
- To recognize the systemic obstacles and social factors that sustain health disparities in this disadvantaged community.
- To conduct a detailed examination of the physical, mental, and reproductive health results in settings based on brothels.
- To provide research-based information that can guide inclusive public health policies, community programs, and support systems designed for the specific needs

of sex workers.

Methodology:

Study Design: Qualitative Study Data Source: primary data of 200 women sex workers residing in the Budhwar Peth area of Pune city.

Ethical Considerations: Participant consent, anonymity, cultural sensitivity, and collaboration with local support organizations.

Structural Factors Shaping Health Outcomes: Stigma and Legal Barriers "Discrimination and exclusion" frequently overlap and strengthen one another. For instance, individuals engaged in sex work might face stigmatization arising from their involvement in sex work, along with marginalization stemming from insufficient official acknowledgement or safeguarding of their labor. This may result in limited access to "healthcare services and additional resources that are essential for their health and wellness" (Goldenberg, Thomas, Forbes, & Baral, 2021)

Sex workers face severe prejudice and discrimination that makes it difficult for them to protect their health and well-being. Primary and tertiary health care institutions, including district hospitals, primary health care centres, sub-centres, and community health centres, are commonly used to provide government services. The National AIDS Control Organisation and its partners established STI and HIV prevention programs around the country for vulnerable groups, including sex workers.

These facilities provide stigma-free HIV and STI services to sex workers. The National Commission for Women claims that getting health care is extremely difficult for women in the sex industry. Illiteracy, ignorance, and fear of the medical field make them susceptible to financial exploitation and manipulation, even as their "immoral whore" image makes it difficult for them to acquire proper medical care (Pai, Seshu, & Gupte, 2014).

A Comparative Analysis of the Health and Legal Rights of Sex Workers in India and the UK:

India's legal and societal environment for sex employment is complex. The Immoral Traffic (Prevention) Act (ITPA), 1956, forbids several connected activities, including public solicitation and brothel management, even though prostitution itself is not illegal. Sex workers have historically been marginalised by this ambiguity, making them susceptible to abuse, exploitation, and negative health effects. India's 1949 Constitution's Preamble guarantees its

people equality, justice, liberty, and "the dignity of the individual." These rights are outlined in Articles 12 through 32 of the Constitution, which serve as the foundation for fundamental rights.

Human Rights and the Social Contract: Impact on Welfare

The protection of human rights—a fundamental pillar of the social contract between the state and the citizenry—critically influences the welfare of sex workers. Systemic breaches, including disparities in access to educational resources and healthcare, gender- and caste-based discrimination in employment and remuneration, and the arbitrary seizure of income, constitute significant human rights violations. These infractions yield deleterious effects on the health of sex workers, which serves as a primary metric of overall well-being. Scholarly evidence suggests that diminished respect for the rights of marginalized groups correlates with reduced income levels, thereby exacerbating adverse health outcomes (Misra, Mahal, & Shah, 2000). Enhancing the perceived utility and affordability of health services, coupled with robust educational outreach, is essential for fostering health-seeking behaviors and improving service utilization.

Judicial Protections and Constitutional Mandates

The Indian Judiciary, led by the Supreme Court, has consistently affirmed that sex workers are entitled to a life of dignity under **Article 21** of the Constitution. The court has recognized sex work as a legitimate profession, asserting that practitioners deserve equal legal protection provided they are consenting adults. Significantly, law enforcement agencies have been judicially directed to avoid unwarranted interference or the initiation of criminal proceedings against adult, consenting sex workers. In cases of sexual assault, the judiciary mandates the immediate provision of comprehensive medical assistance, ensuring that sex workers receive the same standard of care and legal recourse as any other citizen (N.A, Law Bhoomi, 2022).

Barriers to Healthcare and Harm Reduction

Despite judicial affirmations, sex workers frequently encounter formidable barriers to healthcare, including discriminatory treatment, violations of patient confidentiality, and a dearth of specialized sexual and reproductive health services. These challenges are intensified by the partial criminalization of sex work, which fosters a climate of fear regarding potential legal repercussions. Effective public health strategies must prioritize **harm reduction**, specifically focusing on the prevention of Sexually Transmitted Infections (STIs), mental

health support, and substance abuse interventions. Cultivating a non-judgmental and compassionate healthcare environment is imperative for improving individual health outcomes and mitigating broader public health risks (Kumar, 2025).

Legal Ambiguity and the Imperative for Reform

The legal status of sex work in India remains precarious and paradoxical. While the act itself is not explicitly prohibited, the **Immoral Traffic (Prevention) Act (ITPA) of 1956** criminalizes ancillary activities such as public solicitation and the management of brothels. This legislative ambiguity renders sex workers vulnerable to systemic harassment, police exploitation, and the erosion of fundamental rights. Landmark jurisprudence, such as *Budhadev Karmaskar v. State of West Bengal*, emphasizes the necessity of upholding the constitutional rights and human dignity of sex workers (Kaushik, 2024). Consequently, legislative reform should focus on the decriminalization of consensual adult sex work while establishing rigorous regulatory frameworks to protect practitioners from exploitation.

Epidemiological Vulnerabilities and Mental Health

Female sex workers (FSWs) experience heightened health risks due to occupational hazards and social marginalization. The elevated prevalence of HIV and other STIs is exacerbated by inconsistent condom use, limited health literacy, and restricted access to preventative services. Furthermore, FSWs often experience untreated reproductive tract infections and complications arising from unsafe abortions. These physical health concerns are frequently compounded by psychological trauma, anxiety, and depression resulting from systemic violence and social exclusion. The **COVID-19 pandemic** significantly worsened these vulnerabilities by disrupting community outreach and further obstructing access to essential health infrastructure (Swathisha & Sibnath, 2022).

Comparative Health Determinants and Legislative Context: United Kingdom

In the United Kingdom, practitioners in the sex industry exhibit a disproportionately high incidence of mental health disorders, primarily predicated on pervasive societal stigma, social atomization, and systemic violence (N, 2024). The UK employs a model of **selective criminalization**; while the exchange of sexual services for remuneration is legal, ancillary activities—including solicitation, brothel-keeping, and "procuring" (pimping)—are statutory offences.

This legal framework necessitates a high degree of operational clandestinity, which exacerbates

the risk of physical violence and creates significant barriers to healthcare accessibility. Proponents of the **decriminalization model** (analogous to the New Zealand framework) argue that the removal of such legal sanctions would enhance practitioner safety, mitigate stigma, and facilitate constructive engagement with law enforcement and public health agencies. Street-based practitioners remain particularly vulnerable, facing elevated risks of Sexually Transmitted Infections (STIs) alongside chronic pathologies such as diabetes and musculoskeletal disorders (Sally, 2018).

Comparative Health Determinants and Legislative Context: India

The socioeconomic and health landscape for Female Sex Workers (FSWs) in India is defined by severe systemic vulnerabilities:

- **Epidemiological Risk:** High HIV prevalence is intensified by structural barriers to diagnostic testing and antiretroviral therapy.
- **Systemic Violence:** FSWs are frequently subjected to exploitation and physical abuse by a variety of actors, including clients, law enforcement personnel, and brothel management.
- **Societal Marginalization:** Pervasive stigma restricts access to fundamental rights, including healthcare, stable housing, and educational opportunities for the children of practitioners.
- **Legislative Ambiguity:** The **Immoral Traffic (Prevention) Act (ITPA), 1956**, creates a paradoxical environment. While the act of sex work is not *de jure* illegal, the criminalization of pimping, solicitation, and brothel-keeping effectively renders the profession's operation illegal (Reddy & Chandrasekarayya, 2025).

This "legal grey area" compels FSWs to operate within marginalized, high-risk environments, severely limiting their capacity for collective bargaining, health seeking, and legal redress (UNAIDS, 2012).

Intersectionality of Addiction and Exploitation: The Case of Pune

In the urban context of Pune—specifically within the **Budhwar Peth** district—addiction presents a critical health challenge that intersects with physical and psychological trauma. Substance dependence, involving alcohol, tobacco, and intravenous drug use, often functions as a maladaptive coping mechanism against the emotional labor of the profession and the

omnipresent threat of violence (Times of India, 2023).

In these concentrated red-light areas, addiction acts as a catalyst for further isolation, reinforcing cycles of exploitation. The reliance on chemical substances not only exacerbates chronic health conditions but also significantly diminishes an individual's agency, making them more susceptible to predatory recruitment and debt bondage.

Table 1: Types of Addiction

S.no	Type of Addiction	Total Number of Women
1	Cigarette	16
2	Drugs	12
3	Ganja	8
4	Gutaka	13
5	Hukka	15
6	Liquor	13
7	Sleeping Pills	4
8	Tabbaco	30
9	Whitener	18
10	Liquor, Cigarette, Gutka	3
11	No Answer	37
12	No Addiction	31
Total		**200**

Sources: Data Collected from the field

From a total of 200 women, 37 women didn't answer, 31 women have no addiction, and 30 Women are addicted to tobacco.

Table 2: Deal with social stigma

S.no	Particulars	Number of Women
1	No Answer	56
2	Feels Bad, but does nothing	95
3	Tells the group	7
4	Self handles	27

5	Takes help from a social organization	2
6	Others	1
7	Social Organization and Police	12
8	**Total**	200

Sources: Data Collected from the field

Table 2 explains the situation of women dealing with social stigma in the profession. 95 women out of 200 tell us they feel bad and do nothing if they are stigmatized in the profession.

Table 3: Types of Health Issues

S.no	**Particulars**	**Number of Women**
1	Asthama	8
2	High BP	2
3	HIV	1
4	Low BP	3
5	No Issues	44
6	Cancer	108
7	Sugar	1
8	Cold	10
9	Cough	2
10	Fever	9
11	TB	2
Total		**200**

Sources: Data Collected from the field

A study carried out in the Budhawar Peth area involving 200 workers revealed that numerous sex workers are experiencing various health problems.

Mental Health and Psychosocial Stressors

The intersection of occupational prejudice, gender-based violence, and socioeconomic precarity precipitates disproportionate mental health challenges for women sex workers

(WSWs). These stressors are fundamentally **structural**, exacerbated by legal invisibility, precarious migration status, and a systemic lack of trauma-informed care.

Furthermore, social exclusion and a reduced capacity to negotiate protective measures (such as condom use) heighten the risk of **Sexually Transmitted Infections (STIs)** and **HIV**. The perceived or actual threat of discrimination from healthcare providers often results in the avoidance of medical services, leading to secondary consequences such as unplanned pregnancies and high rates of unsafe abortions (India HIV/AIDS Alliance, 2012). As noted by UNAIDS and subsequent research, the focus on viral prevention has historically overshadowed the broader, holistic health needs of this population (Bala & Yadav, 2019).

Psychological Pathologies and Treatment Gaps

While mental health remains a significant public health challenge in India—affecting approximately **13.7%** of the general population—the treatment gap remains staggering, often exceeding **60%** (Yasmeen, 2016). For female sex workers, this gap is even more pronounced due to deep-seated social disapproval and occupational hazards.

FSWs frequently exhibit symptoms of:

- **Post-Traumatic Stress Disorder (PTSD)** and chronic anxiety.
- **Occupational Stressors:** Including social isolation, financial dependency, and the psychological burden of "living a dual life."
- **Workplace Violence:** Both overt physical abuse and the psychological toll of objectification significantly diminish mental well-being (Rossler et al., 2010).

To navigate these stressors, practitioners often employ **psychological compartmentalization** strategies. These include establishing "body exclusion zones," utilizing condoms as symbolic mental barriers, and reframing sexual acts as strictly commercial transactions to preserve their private identity (Wong, 2009).

Economic Determinants and the Cycle of Poverty

Poverty serves as both a primary "push factor" into the sex industry and a persistent barrier to exiting it. Women with limited educational attainment and economic resources often enter the profession in pursuit of financial stability; however, the "concealed and unlawful" status of the work often traps them in a cycle of debt (Gadekar, 2015).

Financial solvency is further hindered by the **extortionary nature** of the informal economy, where a significant portion of earnings is diverted to intermediaries, including pimps, landlords, and occasionally corrupt law enforcement officials. Consequently, the anticipated economic mobility rarely materializes, and the associated social stigma makes reintegration into the formal labor market nearly impossible.

Conclusion and Policy Recommendations

The challenges faced by women in the sex industry are interconnected: financial instability leads to social marginalization, which in turn precipitates mental and physical health crises. Addressing these issues requires a **multidimensional policy framework** that transcends mere viral surveillance.

Key Recommendations for Stakeholders:

1. **Holistic Empowerment:** Implement comprehensive welfare programs that address financial, social, and emotional needs simultaneously.
2. **Livelihood Alternatives:** Provide robust vocational training and self-sufficiency programs for those seeking to transition out of the profession, particularly those facing age-related vulnerabilities.
3. **Institutional Integration:** The **National AIDS Control Organisation (NACO)** and similar bodies must prioritize mental healthcare, ensuring services are delivered by qualified, trauma-informed personnel.
4. **Rights-Based Healthcare:** Mitigate barriers to access by addressing the lack of formal identification and training healthcare providers to eliminate discriminatory practices (Wulifan, 2024).

Ultimately, the safeguarding of the health and legal rights of sex workers is a core mandate of **human rights**. Broad legislative reforms—specifically the decriminalization of the profession and the establishment of community-led health initiatives—are essential to reducing stigma and fostering a more equitable society.

Bibliography

Bala, R., & Yadav, C. (2019). Socio-economic and Health Problems of Female Sex Workers in Punjab. *International Journal of Review and Research in Social Sciences, 7*(1), 211-220. doi:https://ijrrssonline.in/HTMLPaper.aspx?Journal=International%20Journal%20of%20Reviews%20and%20Research%20in%20Social%20Sciences;PID=2019-7-1-39

Gadekar, U. (2015, June). Socio-economic Status and Health Challenges of Female Sex Workers of Miraj Town. *International Research Journal of Social Sciences, 4*(6), 68-71. Retrieved from https://www.researchgate.net/publication/303822927_Socio-Economic_Status_and_Health_Challenges_of_Female_sex_Workers_of_Miraj_Town_India

Goldenberg, S. M., Thomas, M. R., Forbes, A., & Baral, S. (2021, January). *Sex Work Health and Human Rights, Global Inequalities, Challenges and Opportunities for Action: Global Inequalities, Challenges and Opportunities for Action.* Switzerland: Springer. Retrieved from https://link.springer.com/book/10.1007/978-3-030-64171-9

Kanayama, Y., Yamada, H., Yoshikawa, K., & Aung, w. (2022, May). Mental Health Status of Female Sex Workers Exposed to Violence in Yangon, Myanmar. *National Library of Medicine, 34*(4), 354-361. Retrieved from http://pubmed.ncbi.nlm.nih.gov/35264004/

Kaushik, M. (2024). Legalization of Sex workers in India: A comprehensive analysis of Laws Related to Sex Workers. *Indian Journal of Integrated Research in Law Volume IV Issue II | ISSN: 2583-0538, 4*(2), 580-591. Retrieved from https://ijirl.com/wp-content/uploads/2024/04/LEGALIZATION-OF-SEX-WORK-IN-INDIA-A-COMPREHENSIVE-ANALYSIS-OF-LAWS-RELATED-TO-SEX-WORK.pdf

Kumar, A. (2025). The Unseen Struggle: Sex Workers' Rights and Legal Challenges in India: A Constitutional Imperative Towards Justice. *Indian Journal of Legal Review, 5*(8), 1-9. Retrieved from https://ijlr.iledu.in/wp-content/uploads/2025/05/V5I866.pdf

Misra, G., Mahal, A., & Shah, R. (2000). Protecting the rights of Sex Workers; The Indian Express. *Health and Human Rights, 1*(5), 1-6.

N.A. (2021, May 28). *Ichhori.* Retrieved from Ichhori: https://www.ichhori.com/2021/04/what-are-health-challenges-faced-by.html

Swathisha, P., & Sibnath, D. (2022). Challenges Faced by Female Sex Workers in Puducherry, India: A Qualitative Enquiry. *Indian Journal of Gender Studies*, 1-22. Retrieved from

https://www.rgniyd.gov.in/sites/default/files/academic_pdf_publication/swathi%27s_article_09715215221082180.pdf

Wulifan, K. J. (2024). Female transactional sex workers' experiences and health-seeking behaviour in low-middle income countries: a scoping review. *BMC, Public Health*. Retrieved from https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-20211-7

Yasmeen, A. (2016). *India Needs to Talk About Mental Illness, National Mental Health Survey Show Urban Area to be the Most Affected.* New Delhi: The Hindu. Retrieved from https://www.thehindu.com/sci-tech/health/India-needs-to-talk-about-mental-illness/article15723696.ece