COVID-19 and its Toll on Commercial Sex Workers in Kolkata, West Bengal: The Story behind the Numbers

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Abstract

Amidst the ongoing COVID-19 pandemic, like other countries of the world India has observed a rise in various healthcare exigencies. The onset of pandemic has resulted in job losses of millions of people working in various sectors of our economy. However, least attention has been given by the policy makers and researchers to the community of commercial sex workers (CSWs) in India who faced extreme work and health related vulnerabilities caused by the COVID-19 pandemic. The article aims to understand the major vulnerabilities of the CSWs during the pandemic through a qualitative study covering 130 CSWs based on a red light area called Sonagachi located in north Kolkata. The study also examines the support services, if any received by the CSWs during the pandemic in order to make recommendations for future interventions. As there is not much research-based evidence about the conditions of the CSWs in Sonagachi during the pandemic, it is expected this article can serve as a baseline for policymakers and health professionals.

Introduction

One of the oldest professions known in the history of mankind is sex work. This is true of India as well. Trained *'ganikas'* acclaimed for earning their livelihood by providing sexual entertainment to men, as found in noted scholarly works of the past, like Kautilya's *Arthasastra* or *Vatsayana's Kamasustra* or the age-old *devdasi system of India*, bear testimony of the presence of women's sex work in the ancient Indian society (Nag, 2001; Banerjee, 1998; Burton & Arbhthnot, 1993 & Rangarajan, 1992). Evidence (eg. Nag, 2001; Mondal, 2022) also suggests increase in the number of women sex workers during the mid-19th century due to wide-spread prevalence of state-authorized prostitution in colonial India, especially in the form of 'regulated military prostitution'. This led to a radical change in the nature of sex work as it used to be in the pre-colonial period. Along with their increasing number, there had been a gradual decline in status of the women sex workers, the profession became 'stigmatized' and women engaged in the flesh trade were labeled as 'fallen women'(Nag, 2001; Gadekar, 2015; Swathisha and Deb, 2022). This' occupational stigma' has not only led to the marginalization of these women sex workers

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in the contemporary Indian society, but has also increased their vulnerabilities manifold as they have to struggle at all levels- against existing socio-legal framework, access to health, education, social justice, violent behaviour towards them etc.

Scholars (eg. Kotiswaran, 2008; Ghotoskar & Kaiwar, 2014; Darji, 2019) have pointed out that one of the major reasons of their marginalization is that unlike many countries of the world, sex work is not 'legalized' in India and this has resulted in more discrimination in various domains of life. During their working life, sex workers in India are subjected to frequent harassments and detention by the police, even though in India, according to the Immoral Traffic in Women and Girls (Prevention) Act (hereafter ITPA) of 1986, 'sex work' is in itself not illegal if it is practiced privately and independently. However, soliciting in public places, such as maintaining a brothel and pimping, are considered to be illegal. Thus, it is quite evident that women in sex work always have had to face difficult situations in earning their livelihood.

Further, studies (eg.Misra et. al, 2000, Gangoli, 2002; Kotiswaran, 2008; Sahni & Shankar, 2011; Ghotoskar&Kaiwar, 2014; Bhattacharjya et. al, 2015; Darji, 2019 &Swathisha& Deb, 2022) have shown that although India is a signatory to various international agreements on protecting the rights of women and also has a Constitution and a plethora of legislations that guarantee gender equality, it has failed to satisfactorily protect the human rights of women sex workers. This is clearly evident from the high incidences of gender-based violence in the sex industry, lack of access to health care, legal and other services. Moreover, thrust of the government policies to women's sex work in India have primarily revolved around issues of protection, rescue and rehabilitation of trafficked women through ITPA and are also based on the premise that sex work is exploitative and hence immoral. It is mention worthy here that ITPA have not focused on health issues of the women. Instead, the ITPA aims to control trafficking for 'prostitution' and to protect 'public order' by setting forth the conditions under which women can practice sex trade. Similarly, one can cite the example of the scheme of the Karnataka Government in 2018 where under assistance for category of "exploited" women, the CSWs had to provide an undertaking that they will not return to sex work. Thus, it can be concluded that the Indian state has historically made 'assistance' contingent on giving up sex work.

It is also a well-known fact, as evident from various scholarly works (eg.Gangoli, 2002; Wanyenze et.al, 2017; Chakraborty, 2001; Bhattacharjya et. al., 2015; Swathisha& Deb, 2022) that women in 'sex trade' are vulnerable to many of the diseases which the urban poor in India suffer from, like tuberculosis, malaria, and respiratory illnesses etc. In addition, they suffer from 'occupational health hazards' in the form of sexually transmitted diseases. An important aspect that our review of literature revealed is that the official and state perceptions regarding the issue of health care for sex workers is couched in terms of protecting the male clients from the health hazards posed by women in the profession. Women in the sex trade are often seen as 'reservoirs' of infection, as 'unclean' women, who are needed to be controlled in order to save clients from infection. Thus, one can rightly argue that the health needs of women in the sex industry

are quite often 'sexualized'. Also, the doctors and medical practitioners often have this moral agenda in terms of providing for the healthcare needs of the women sex workers. High incidences of violence, especially physical and sexual violence, perpetrated on the women CSWs by different stakeholders have serious health consequences for them.

It is also striking to observe that in general there has been less scholarly attention on women sex workers globally, even sex work has been an age-old profession and the number of women in sex has been huge and has been increasing with time because of multifarious reasons (Ghotoskar & Kaiwar, 2014).India is home to some of the highest numbers of sex workers in the world. The exact numbers are unknown, but some estimate that there are as many as twenty million commercial sex workers in our country. Despite India being home to some of the most significant numbers of sex workers globally, women who engage in sex work have very few protections and are alienated from the government's responses and face unfair treatment, discrimination, exploitation and poverty.

Given this, when a crisis like COVID-19 pandemic sets in India in March, 2020, situation of the commercial sex workers got worsened off and their vulnerabilities and marginalization increased manifold, pushing them into extreme poverty (Yashu & Bhargava, 2021; Lucy Platt, et.al, 2020). The pandemic, accompanied by stringent and recurrent lockdowns and restrictions imposed by the government badly hit their livelihood. The very nature of their job, providing sexual services to the clients, requires 'human touch' and 'intimacy', and 'social distancing', the primary requisite for controlling the pandemic, becomes almost impossible for them. To contain the spread of the virus, however, the government of India had ordered red-light districts around the country to close, depriving them of the possibility to do so. Moreover, even after brothels were allowed to reopen, many of their former customers had lost their jobs because of the pandemic and could no longer afford their services. In turn, thousands of sex workers, who have limited career possibilities in other formal occupations, have been left with no source of income and hence supporting themselves and their dependants became a very difficult and impossible task for them.

Moreover, while the government identified several categories of marginalized groups such as transgender people, persons with disabilities, informal sector workers and migrants for immediate relief during the pandemic, sex workers were left out of all relief packages. The 'invisibilisation' of the sex workers by the state and the long history of conditional government assistance, as discussed before, have become evident even more during the pandemic. However, one exception, which deserve special mention is Maharashtra, where due to sustained lobbying over the years by the CSWs, in July 2020, the circular issued by the Department of Women and Child Development (DWCD) recognized 'sex work' as work and a special category requiring assistance during the pandemic (Chandra, 2020). However, this good practice was not replicated in other states.

Further, as majority of CSWs lacked valid documentation because the profession requires them either to keep their identities hidden, or due to trafficking or forced

prostitution, they often lack valid identification documents, they are excluded from the various financial packages and announced by the Indian government during the lockdown. This is clearly reflected in the increasing of food insecurity of sex worker households, although there is a Supreme Court's judgement to provide sex workers with dry rations without insisting on proofs of identity through documents. The few sex workers who could furnish *Aadhar* cards did receive five kilograms of rice under the *Pradhan Mantri Garib Kalyan Ann Yojana* (PMGKAY), but the provision of ration was extremely delayed due to breaks inthe supply chain and transportation issues. The pandemic and the lockdown, in particular, have myriad unintended consequences for the society's most vulnerable (Yasseri, 2021).It has been noted that sex workers who are homeless or have illegally migrated experience more difficulties in obtaining financial assistance or accessing health care.

In addition to existing health hazards, major mental health issues have evolved as a result of the fear of infection and the need for income, home, and food. Factors such as clients' health concerns and limited mobility have reduced demand for sexual services during the pandemic. Reports have also noted that many sex workers turned to offering online services. Given the physically intrusive nature of their occupation and their vulnerability to contract diseases and infections, surveyed sex workers households have a very high annual out-of-pocket-expenditure (OOPE) on health, constituting more than 40% of their average annual income. Provision of family planning and other sexual and reproductive health commodities, including menstrual health items, are central to their health and safety. However, the reallocation of resources and healthcare providers to respond to the pandemic constrained the already limited access to sexual and reproductive health services. The primary source of contraceptives for sex workers were either government hospitals or nearby pharmacies. However, mobility constraints during the lockdown and severe shortages in government hospitals restricted their access to contraceptives, making them more vulnerable to sexually transmitted diseases and infections. The migrant sex workers, who were left stranded in the cities and denied ration as their ration cards were issued in their home state suffered a lot.

Apparently, it is clear from the review of literature that there is a dearth of research works on the challenges and vulnerabilities of the CSWs during the COVID-19 pandemic in Kolkata, principally from the perspectives of commercial sex workers. This article aims to understand the major challenges faced by female commercial sex workers in *Sonagachi*, the famous and largest red-light area located in the northern part of the city of Kolkata in West Bengal. As there is not much research-based evidence from *Sonagachi* about the CSWs, especially in the context of the COVID-19 pandemic, this article has an opportunity to serve as a baseline for policymakers and mental health professionals.

Objectives of the Study

Based on the above discussion**,** the specific objectives that have been spelt out for the present study are as follows:

- To investigate exacerbating vulnerabilities of the CSWs during COVID 19 pandemic (economical fallouts, inaccessibility of health care and social services and increased violence etc.).
- To examine the services and support, if any, received by the CSWs during pandemic

Methods

Research Participants

A qualitative and exploratory research design was used to understand the experiences and vulnerabilities of 130 women CSWs in the age group of 18-40 years during Covid-19 pandemic residing in *Sonagachi* red-light area of north Kolkata. As evident from Table 1 (see in the Appendix), the research participants represent a diverse socio-demographic profile that is reflected in terms of their age, educational level, relationship status and the duration of sex work. Majority of the women interviewed belonged to the age group of 26-30 years and had no exposure to formal education. About 76.15% of the interviewed women were Hindus and remaining were Muslims. Other religious categories were absent. Large proportions (51.53%) of the interviewed women were widows, followed by currently married (21.53%), separated (15.38) and single (11.53%) women. Only 17 participants were owners of a house in *Sonagachi*, while the remaining lived in rented houses. 90 women reported to have income below Rs. 5, 000, while the remaining had income levels between Rs. 5, 000 to Rs. 10, 000. All the interviewed women have been involved in commercial sex work for about five to ten years, with 72 of them having been involved in the profession for about eight to ten years.

Locale of the Study

This study has been conducted at *Sonagachi* area of north Kolkata in the state of West Bengal, India as this place is considered to be one of the largest and most prominent red-light areas of Asia (Kotiswaran, 2008; Mishra, 2016). Evidence suggests the existence of *Sonagachi* red-light since the early nineteenth century (Banerjee, 2000).Named after a mosque built in the memory of a dacoit-turned into Sufi saint, Sona Gazi, *Sonagachi*, is inextricably linked with the city's 400 year old history (Ghosh, 2018; Chakraborty & Sarkar, 2022). The place got globally known in 2004, when the American documentary film, *"Born into Brothels: Calcutta's Red Light Kids"* **by** Zana Briski and Ross Kauffman won the Academy Award for the best Documentary Feature.According to a study conducted by the All India Institute of Hygiene and Public Health 1994, in *Sonagachi* there were an estimated 7,091 brothel-based or residential sex workers and 3,262 flying sex workers, also referred to as floating sex workers. Recent studies (eg. UNODC, 2022) suggest *Sonagachi* as the home for 10, 000 commercial sex workers.

Data Collection and Analysis

Simple random sampling technique was used to select the 130 participants from the *Sonagachi* red-light area. Face-to-face personal interviews, using a semi-structured interview schedule were held with each participant in the places of residence during

the period March and April, 2022.Some questions in the interview schedule were kept open-ended in order to provide scope to the participants to narrate their experiences of vulnerabilities during the Covid-19 pandemic. The duration of each interview was between 45 minutes to one hour. Along with explanation of the purpose of the research, informed consent was obtained from each participant prior to the interview. Confidentiality of their responses as well as their anonymity was ensured.

Thematic analysis of the responses of the participants was done while analyzing the data collected in order to identify repeated and recurring patterns. During this process, the researchers engaged developed certain codes which were condensed under potential themes. The researcher involved manually developed a coding system based on their subjective interpretation and re-interpretations of the underlying meanings of the responses of the participants.

Ethical Issues

All research ethics were maintained during the course of the study. Research participants were informed about the purpose of the research and due verbal permission was taken before recording the face-to-face interviews. From the outset of this research endeavour, as ethics was of central concern, issues like confidentiality, anonymity, prior informed consent, non-coercion and non-manipulation etc. were given due attention.

Results

This section presents the major thematic findings of the study. Categories or variables were identified from the interviews with women sex workers, which were then condensed under two major themes as discussed below under sections I & II.

Section I highlights theme of vulnerabilities of the women sex workers in the *Sonagachi* red-light area during COVID 19 pandemic in terms of economical fallouts, inaccessibility of health care and other social services and increased violence etc. Section II provides an overview of the retrospection of the services, if any, received by them during the pandemic.

Section- I

Encountering Vulnerabilities

In this section, the researchers tried to gain an understanding of the vulnerabilities of the women sex workers during pandemic as evident from Table 2. Quite contrary to the evidence obtained from the existing literature, majority of the participants (76.92%) revealed that they had all the necessary identifications documents, like voter card, *Aadhar* card, caste certificate, ration card and proof of residence at their disposal. A substantial number (38.46%) of them reported lack of family support as turning out to be the major challenge faced by them during the pandemic. The other significant challenges during the pandemic as identified by them are loss of venue for sex work (14.6%), insecurity and instability of shelter (20%) and hampering of the education

of children (11.53%). The major challenge pertaining to their livelihood during the pandemic that these women highlighted was financial loss (52.30%), followed by loss of client (32.30%) and discontinuation of their work to reduce transmission risks and comply with public health orders (15.38%). Majority of the women (43.07) mentioned that stoppage of medication for diseases (diabetes, blood pressure, thyroid etc) as the main challenge in terms of receiving healthcare services during the pandemic. Quite a few of them (36.15%) cited STI/HIV testing, education, counselling and treatment service getting disrupted as a challenge , while others (20.07%) revealed reduced access to essential health services like oral contraceptive and condoms as a challenge during the pandemic. A majority of the women (43.07%) cited stoppage of medication for diseases (diabetes, blood pressure, thyroid etc)as the major health challenge as they were not able to afford it during the pandemic. The main reason cited by them (66.92%) for the poor access to health services during the pandemic is transport challenges in collecting medication. Other major obstacles identified by them are refused physical check-ups in government hospitals (16.9%), outpatient services in the government hospitals being shut, (0.76%), reduced and limited hours of operation of non-essential care services (16.15%).

Amongst the mental health issues faced by them during the pandemic, anxiety (39.69%) and depression (38.46%) have been reported as dominant problems. Other mental health issues reported were insomnia (22.30%) and suicidal thoughts (1.53%). It is striking to observe that majority (69.23%) of the women reported that they did not experience violence during the pandemic, which is quite in contrary to the high incidences of violence reported against women reported in the existing literature. Most of the women (90.7%) acknowledged/admitted that their access to social support got affected during the pandemic. All the women revealed that they became debt-ridden during the pandemic and the majority (82.30%) confirmed of taking loans from the indigenous money lenders.

Table 2: Vulnerabilitiesduring Pandemic (Livelihood, Inaccessibility of Health Care Service, Social Support, Experienced Violence)(n=130)

Variable	Frequency	Percent
Documents available		
Voters' ID card	7	5.38
Aadhaar Card	10	7.69
Caste Certificate	13	10
Ration Cards	0	0
Proof of Residence	0	0
All	100	76.92
Challenged faced during Covid-19 pandemic		
Loss of livelihood	4	3.07
Food insecurity	2	1.53
Loss of sex work venue	19	14.61

Engage in unsafe sex for much lower wages	3	2.30
Housing instability / housing insecurity	26	20
Loss of access to sexual and reproductive health service	0	0
Hampered the ongoing education chance of children	15	11.53
Lack of social support	10	7.69
Lack of state-sanctioned safety net	0	0
Lack of family support	50	38.46
All of them	11	8.46
Any other	0	0
Challenges in Livelihood		
Financial losses	68	52.30
Loss of client	42	32.30
Opportunity of sexwork were affected by the pandemic	0	0
Discontinuing work to reduce transmission risks and comply with public health orders	20	15.38
Any other	0	0
Difficulties Faced in Accessing Health Services		
Reduced access to essential health service like oral contraceptive and condoms	27	20.7
STI/HIV testing, education, counselling and treatment service get disrupted	47	36.15
Difficulty faced in accessing gynecological and obstetric service	0	0
No table to access ARV Medication	0	0
Have stopped medication for diseases (diabetes, blood pressure, thyroid etc) as they are not able to afford it	56	43.07
After post-operative follow-up were refused	0	0
Abortion service were denied by government and private hospital	0	0
Any other	0	0
Reason behind poor access to health services		
Refusedphysicalcheck-upsin Govt.hospitals	22	16.9
Outpatient services in the government hospitals were shut	1	0.76
Reduced and limited hours of operation non-essential care services	21	16.15
STI departments/clinics in the government hospitals/NGOs were shut during the Lockdown	1	0.76
NGOs supplying reproductive health services had shut services during the initial phase of the pandemic	0	0
Doorstep delivery of medication was stopped forARV medication	0	0
Forcing sex workers to approach private doctors who charged them exorbitant sums	0	0
Forced to access less qualified doctors and quacks for remedies	0	0
An increase in verbal abuse and stigma from healthcare providers while accessing gynaecological or STI services	0	0
Sexwork stigma preceding the pandemic	0	0

Transport challenges in collecting medication	87	66.92
Any other	0	0
Mental Health Issues during Pandemic		
Suicidal thoughts	2	1.53
Depression	50	38.46
Insomnia	29	22.30
Anxiety	49	39.69
Any other	0	0
Experienced Violence during Pandemic		
Yes	40	30.7
No	90	69.23
Pandemic threatened access to social support		
Yes	118	90.7
No	12	9.23
Debt		
Yes	111	85.38
No	19	8.46
Nature of Debt		
Institutional	23	17.69
Indigenous debt/money lender	107	82.30
Any other	0	0

Source: Authors' own Compilations based on Fieldwork

Section- II

Retrospection of the Services

The study tries to understand the nature of support received by commercial sex workers during pandemic which is presented in Table 3. While all the women reported of receiving some form of support during the pandemic, majority (69.2%) confirmed of receiving the support from NGOs and voluntary organizations. The other institutions, as indentified by these women from which they have received support were state government, central government, self-help groups and sex workers organizations.

Table 3: Support Services (n=130)

Variable	Frequency	Percent
During the lockdown did you receive any support		
Yes	130	100
No	0	
Institution Extended Support		
StateGovt.	10	7.6
CentralGovt.	10	7.6

NGO/VO	90	69.2
Self-help group	10	7.6
Sex workers organization	10	7.6
Any other	0	0
Nature of Support		
Cash assistance/Financial aid	0	0
Ration	79	60
Healthcare services	12	9.23
Organized Vaccination camps	15	11.5
Support meeting offered by their local sex worker's organization	2	1.53
Condoms	0	0
Sanitizers and Masks	23	17
Any other	0	
Vaccination Administered		
Yes	128	98.46
No	2	1.53

Source: Authors' own Compilations based on Fieldwork

Majority (60%) received support in the form of ration. The women also identified other forms of support like distribution of masks and sanitizers, organization of vaccination camps (11.5%), providing of healthcare services (9.23%), support meetings by local sex worker's organizations. Majority (98.46%) women confirmed of receiving Covid-19 vaccination.

Discussion

Vulnerabilities during Pandemic

Existing research on women sex workers suggest that because of history of their induction into this work and also because of the nature of their work, their lives and work are in a grey zone and it spills over into various practical issues such as a lack of accessibility of the identification documents such as voter's card, *Aadhar* card, ration card, caste certificate, proof of residence etc by majority of the sex workers. This becomes an even more serious issue, exacerbating their vulnerabilities during the pandemic as these identification documents become mandatory for obtaining various benefits and services provided by the government. Although there was the Supreme Court's directive for sex workers to receive dry rations and other benefits without insisting on proof of identity through documents, passed on September, 2020, but in reality it is very difficult to seek for these services and relief measures without the necessary identification documents. However, contrary to the existing research, majority of the research participants (76.92%) in this study revealed that they had all the necessary identifications documents, like voter card, *Aadhar* card, caste certificate, ration card and proof of residence at their disposal.

It is interesting to note that lack of family support has been identified as the one of the major challenges faced by the sex workers, which reiterates the importance of social institutions like family, especially during crisis situations. For the migrant workers, another very vulnerable group during the pandemic, family support in their places of origin played a very important role in helping them to cope with the pandemic. But for the sex workers, this support has been largely missing primarily to the 'stigma' attached to their profession.

It has also been found that lack of availability of cash among the interviewed sex workers during the pandemic, as the doles being mainly in the form of ration and also due to the stoppage of their work, and also absence of other support services, either from the government agencies or non-government agencies, had a telling impact on their health. Not only their sexual and reproductive health suffered, but also other aspects of their health were neglected as there were no support services available for diseases like diabetes, typhoid, blood pressure etc. A very important, but neglected aspect of health, especially for the sex workers, is mental health and a substantial number of interviewed sex workers reported high incidences of mental health disorders like anxiety, depression and insomnia.

Support Services and its Nature

The study also reveals that the coverage of services received by the sex workers of *Sonagachi* during the pandemic was quite high. In fact, all the research participants (100%) reported of having received support services, especially in the form of ration, during the pandemic, which is in contrary to most of the existing research which shows that the coverage of support services among the sex workers in India during the pandemic is very poor. It is interesting to note that the majority of such support came not from the state agencies, but from the non-governmental agencies and voluntary organizations. This might be due to the active presence of the sex workers' organization called *Durbar Mahila Samanwaya Committee* (DMSC)in *Sonagachi* since 1997. DMSC since its inception has played a pivotal role in ensuring the rights of the sex workers.

During pandemic the support services that the sex workers have mainly received is in the form of ration and other major support services like cash assistance, health services and distribution of condoms have been abysmally lacking. It has to be kept in mind that just providing for ration is not enough for the sex workers and there is a huge requirement of other support services, especially in the sphere of health, given the nature of their work. Lack of availability of cash and other health services have exacerbated their vulnerabilities during the pandemic. This is evident from high degree of indebtedness among the interviewed sex workers and also their dependence on the non-institutional sources of lending, making them even more vulnerable. The absence or non-availing of the institutional sources of lending make them fall in vicious cycle of poverty and bondage.

Suggestions

Based on the above discussions, we can suggest the following strategies for further intervention for improvement of the conditions of the sex workers, especially during crisis situations like a pandemic:

Alternative Livelihood: It has been felt that the need of the hour, as it became more pronounced during the pandemic, is to arrange for alternative livelihood opportunities for the women sex workers as the only source of their earning income is through flesh trade. As the very nature of their job of providing sexual services to the clients is not possible without 'human touch' and 'intimacy', earning livelihood through sex trade became almost minimal due to 'social distancing', the primary requisite for controlling the pandemic. If they had alternative livelihood opportunities, then they could have fall back upon them and suffer less from rampant poverty and unemployment.

Strengthening of Civil Society Organizations: As evident from this study, the majority of the support services for the CSWs during the Covid-19 pandemic have been provided by the non-governmental agencies. So, there is a need to strengthen and acknowledge the role of the non-governmental agencies, especially during crisis situation like the Covid-19 pandemic.

Improvement of Health Services (especially for diseases other than sexual health): There is a need to strengthen the health support services for the CSWs during the pandemic as many of them reported that not only they suffered from non-availability of sexual health services, but also other health services. Due attention needs to be given for the mental health of the CSWs as a substantial number of them mentioned about suffering from various kinds of mental health issues during the Covid-19 pandemic. As mental health is yet to receive adequate attention, especially among the CSWs, governmental intervention becomes the need of the hour.

Improvement of other basic services like transportation, credit facilities: There is a requirement of improving the institutional credit facilities for the CSWs as there is too much dependence on money-lenders, often leading to debt-bondage for them. In times of crisis like Covid-19 pandemic, absence of such institutional credit facilities often acted as a serious impediment for the CSWs and also results in the further marginalization. Further, lack of transportation facilities to travel to the nearby hospitals has been identified as a major issue by the CSWs for their non-access to medication for various diseases during the Covid-19 pandemic. Hence, due care must be taken ensure that basic services like transportation is available for them not only in normal times, but also during any crisis situations.

Availability of Cash: To access various services pertaining to health and education, the CSWs require cash as is evident from this study. However, as the dole received by them during the Covid-19 pandemic has been mostly in the form of ration, they frequently suffered from cash crunch and this acted as a hindrance for them in accessing other services during the lockdown.

Conclusion

The women sex workers who participated in this research had given a very detailed account of the various kinds of vulnerabilities and discriminations that they suffered during the pandemic. Persistent poverty caused due to unemployment during the lockdown characterized the everyday realities of the women. The interviewed women sex workers reported high incidences of unemployment, lack of family support, poor health services and credit facilities during the pandemic. They were in perpetual stress, with high incidences of mental health disorders like anxiety and depression being reported from them. Their narratives indicate how specific realities of red-light areas like *Sonagachi*, in the form of persistent and rampant poverty, inadequate support services, apathy of the government etc created sustained trajectories of vulnerabilities and marginalization, especially in crisis situations like lockdown imposed by Covid-19 pandemic. An inter-sectoral and integrated approach, underpinned by a strong universal comprehensive health care system is critical to addressing the issue of vulnerability and marginalization of the sex workers of *Sonagachi.*

As there is not much research-based evidence about the conditions of the commercial sex workers in India, especially in *Sonagachi* during the pandemic, this research is expected to serve as a baseline for policymakers and health professionals by providing an empirical account of the journey of these women during the pandemic and their exacerbating vulnerabilities because of various institutional factors. This study is an effort to draw the attention of the policy makers that in crisis situations like Covid-19 pandemic, it is not the migrant population who suffered, but also the commercial sex workers primarily because of the already existing 'stigmatization' of their profession.

Avenues for Further Research

The study was carried through during pandemic. Hence, the sample size was small and scope of the study was focused only on commercial sex workers of *Sonagachi*, Kolkata, West Bengal. The small scale of study acts as a hindrance for generalizability of results. Further, the qualitative methods that would have endorsed to assess various dimensions of the phenomenon under the study could not be employed due to the constraints of time and resources. There also remains further scope for examining and comparing experiences of the women sex workers in relation to various factors.

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Appendix

Table 1: Socio-demographic Characteristics (Profile) of the Research Participants (n=130)

Variable	Frequency	Percent
Age		
<20yrs	12	9
21-25yrs	22	16.92
26-30yrs	55	42.30
31-35yrs	19	14.30

<35yrs	23	17.69
Education		
NeverBeentoSchool	62	47.69
Primary	29	22.30
Upper Primary	0	0
Secondary	0	0
Higher Secondary	1	0.76
Canreadand write only	40	30.76
Religion		
Hindu	99	76.15
Muslim	20	15.38
Christian	0	0
Others	11	8.46
MaritalStatus		
Single	15	11.53
Married	28	21.53
Widow	67	51.53
Separated	20	15.38
Divorced	0	0
ChildoutsideofWedlock	0	0
LivingArrangements		
OwnHouse	17	13.07
RentedHouse	114	87.69
Anyother	0	0
Duration in Sex Work		
0-1yr	0	0
2-4yr	9	6.92
5-7yr	49	37.69
8-10yr	72	55.38
MonthlyIncome		
<Rs5000	90	69.23
Rs 5000-10,000	40	30.76
>Rs10,000	0	0
Anyother	0	0
Smart Phone		
Yes	102	78.46
No	28	21.53

Source: Authors' own Compilations based on Fieldwork