



Exploring The Socio-Economic Impacts On Sex Workers: A Comprehensive Study In Cooch Behar, West Bengal

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ABSTRACT

Most of the articles generally focus on money, being one of the major factors which generally influences one to opt for choosing their job being a sex worker. Sex work is often characterized by images of coercion, poverty, hardship, and powerlessness. There is also another side of the story that is in one of the articles girls between the age of 18-22 described shows that there is no choice for shifting the profession from being a sex worker to another of their choice because of poverty, lack of job options and family responsibilities drove the girls into the job of sex workers. Earning gave them meaning and purpose and the dependency on the family and the need to be self-sufficient forced girls to go for something where they can protect at least their own lives." Protect" works as an irony here as in reality some of them have completely sacrificed their lives as they had no other choice. In this paper, we shall generally focus on the minds of sex workers and how they are depleted daily. This study aimed to investigate the intercorrelation between the sex worker and poverty from a socio-economic perspective basically. The study employed a primary study with quantitative samples. Some of the samples were collected from semi-urban areas and most of them are based on reliable secondary information. The findings suggest that poverty is a significant factor in driving women to enter sex work. The study found that poverty, lack of education, and limited employment opportunities were the main factor driving women to enter sex work. The study also revealed that sex workers faced multiple vulnerabilities, including sexual violence, health risks, and social stigma. These vulnerabilities further perpetuate the cycle of poverty among sex workers. Furthermore, the study showed that sex work is a survival strategy for women living in poverty. However, the income earned from sex work is often unstable and insufficient to meet their basic needs, leading to further financial insecurity. The study recommends the development of policies that address the root cause of poverty, including providing education and employment opportunities for women.

The study also recommends policies that protect the rights and well-being of sex workers, including the decriminalization of sex work and access to healthcare services. Overall, the study highlights the complex intercorrelation between sex work and poverty and emphasizes the need for holistic and multidimensional approaches to address the issue.

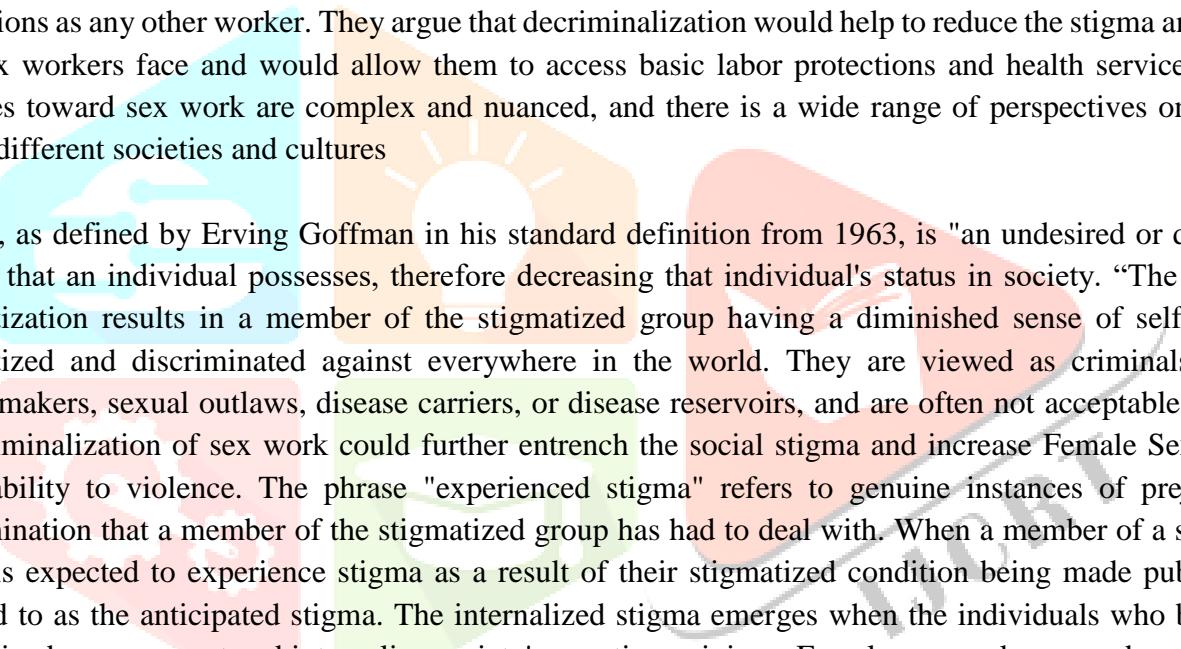
Keywords: Poverty, Sex Workers, Socio-Economic Perspective, Sexual Violence, Financial Insecurity.

INTRODUCTION

The Oxford dictionary states a sex worker as, "a person who provides sexual services in exchange for money". Sex work is a controversial topic and is subject to legal restrictions and moral judgments in many countries around the world. Some argue that sex work should be decriminalized and recognized as a legitimate profession, while others believe it should be criminalized and abolished. Sex workers face a range of challenges, including stigma and discrimination, violence, and the risk of contracting sexually transmitted infections (STIs). Many sex workers are also vulnerable to exploitation and abuse, including human trafficking and forced prostitution.

But the way society views sex work varies greatly depending on cultural, religious, and social norms. Some societies consider sex work to be a legitimate profession, while others view it as immoral or illegal.

In many parts of the world, sex work is stigmatized and criminalized, leading to marginalization, discrimination, and violence against sex workers. In some societies, there is a perception that sex work is exploitative and degrading to women, and that those who engage in it are victims who need to be rescued. However, there are also communities and organizations that advocate for the decriminalization and normalization of sex work, arguing that it is a consensual transaction between two adults and that sex workers deserve the same rights and protections as any other worker. They argue that decriminalization would help to reduce the stigma and violence that sex workers face and would allow them to access basic labor protections and health services. Overall, attitudes toward sex work are complex and nuanced, and there is a wide range of perspectives on this issue across different societies and cultures



Stigma, as defined by Erving Goffman in his standard definition from 1963, is "an undesired or disparaging quality that an individual possesses, therefore decreasing that individual's status in society. "The process of stigmatization results in a member of the stigmatized group having a diminished sense of self. They are stigmatized and discriminated against everywhere in the world. They are viewed as criminals, immoral troublemakers, sexual outlaws, disease carriers, or disease reservoirs, and are often not acceptable in society. The criminalization of sex work could further entrench the social stigma and increase Female Sex Workers' vulnerability to violence. The phrase "experienced stigma" refers to genuine instances of prejudice and discrimination that a member of the stigmatized group has had to deal with. When a member of a stigmatized group is expected to experience stigma as a result of their stigmatized condition being made public, this is referred to as the anticipated stigma. The internalized stigma emerges when the individuals who belong to a stigmatized group accept and internalize society's negative opinions. Female sex workers may be prepared for or encounter hostility or rejection in the medical setting and in the community. Low self-esteem and aversion to getting help are common among those who experience self-stigma. Female Sex Workers are more likely than the general population to conceal private information and establish boundaries in order to prevent stigma and discrimination in the healthcare context.

Sex workers generally face a wide range of social and economic problems that can have a significant impact on their lives, they often face the challenges of exploitation, abuse, and marginalization regardless of the legal framework or social attitudes towards sex work. There are some of the factors which can be highlighted- stigma and discrimination, violence and exploitation, lack of legal protection, economic insecurity, and health risks. Some of these have been explained below:

- **Stigma and discrimination:** Sex workers often face social stigma and discrimination, which can lead to isolation and exclusion from mainstream society. This stigma can also affect their access to healthcare, housing, and other basic services.
- **Violence and exploitation:** Sex workers are often subject to violence and exploitation, including physical and sexual assault, theft, and trafficking. This can lead to long-term physical and psychological trauma.

- Lack of legal protection: Sex work is often criminalized or otherwise stigmatized by the law, which can leave sex workers vulnerable to abuse and exploitation. In many countries, sex workers have limited legal protections, and may face arrest or prosecution for engaging in their work.
- Economic Insecurity: Sex work can be a precarious and unstable source of income, with many sex workers living in poverty and struggling to make ends meet. Many sex workers lack access to basic financial services, such as bank accounts and credit, which can make it difficult to save or invest their earnings.
- Health risks: Sex workers are at increased risk for a range of health problems, including sexually transmitted infections (STIs), HIV/AIDS, and substance abuse use. Many sex workers lack access to healthcare services and may not receive adequate treatment for these health problems.

Overall, the social and economic problems faced by sex workers are complex and interrelated and require a multifaceted approach to address. This may involve legal reforms to protect the rights of sex workers, as well, and require a multifaceted approach to address. This may involve legal reforms to protect the rights of sex workers, as well as efforts to reduce stigma and discrimination, increase access to healthcare and social services, and promote economic employment for sex workers.

It is important to recognize that sex workers are individuals who deserve respect and dignity, regardless of their profession. Society should strive to create an environment where sex workers can work safely, without fear of violence or discrimination, and have access to the same rights and protections as any other worker. This includes access to healthcare, legal protections, and social services.

Sex work, the act of exchanging sexual services for money or other forms of compensation, has a long and complex history that varies across cultures and time periods. While sex work is often stigmatized and criminalized in many societies today, it has played an important role in human societies throughout history.

One of the earliest recorded instances of sex work dates back to ancient Mesopotamia, where temple prostitutes were an integral part of religious ceremonies. In ancient Greece, prostitution was legal and regulated and sex workers were often highly respected members of society. During the Industrial Revolution, the growth of cities and the rise of industrialization led to an increase in the demand for sexual services, and sex work became more visible and widespread. In the 19th and early 20th centuries, many countries began to criminalize prostitution, seeing it as a threat to public health and morality. Throughout history, sex workers have faced stigma, discrimination, and violence, often due to the criminalization of their work. However, there have also been movements, advocating for the rights and safety of sex workers, and efforts to decriminalize sex work which continued to be debated in many countries in the world. Prostitution poses a significant issue for contemporary society and is a well-worn but fascinating chapter in the history of civilization.

The word devadasi is a Sanskrit word that denotes (servant of God) where “Dev” means God and “Dasi” refers to Servant. A devadasi in India was a woman artist who spent the rest of her life in the devotion and service of a goddess or a temple. In a ceremony almost resembling a wedding, the dedication took place. These ladies learned and practiced classical Indian creative traditions like Bharatanatyam, Mohiniyattam, Kuchipudi, and Odissi, songs in addition to caring for the temple and carrying out ceremonies. Due to the importance of dancing and music in temple worship, their social position was great.

Devadasis enjoyed great social standing and wealth between the sixth and thirteenth centuries because they were revered as the guardians of the arts. During this time, they received gifts from royal patrons such as land, property, and jewelry throughout this time. After converting to Devadasis, the women would devote their time to studying religious ceremonies, rituals, and dances. Although Devadasis were supposed to lead a life of celibacy, there have been certain deviations. The records depict that Devadasi's presence was traced to the 6th Century, A.D. Basically it was an honor to be a devadasi as the women were married to the deities. Their duties revolved around the temples. Most scholars also argue that the classical Indian dance form Bharatnatyam's origin was from the Devadasis.

However, over time, the devadasi system became corrupted, and the girls were often forced into prostitution and sexual slavery. Many devadasis were sold to brothels, and they were not allowed to marry or have families.

This was mainly due to colonization, where the British began to destroy the temples and thus the devadasis had no financial support and they lost their respectable status. Thus, except for performing art forms, they had to serve priests, kings, and rich landowners. Thus, as time went by the devadasis were looked down as women of low standards offering themselves as sex workers. In 1988, the Indian government banned the devadasi system, and this was insisted by the British rulers. Devadasis were either literate or well-versed in the art. But, in today's context, they are suffering from exploitation, and caste discrimination, and the most important side of the coin lies in the fact that devadasis were highly educated before, belonged to the upper castes, and had a strong financial base, on a contrary to that in today's context they are from lower castes in general and come into this profession due to lower income background and lack of education. The devadasi system which is said to be legalized by the British colonizers has taken the form of sexual exploitation of the most vulnerable and poorest sections of the society. There is also an example of the Yellamma Temple situated in Karnataka, where there is still a religious belief among the people that any situation in their life can be overcome if their daughters are surrendered to the Yellamma Goddess. Eventually, there are stories of sexual exploitation behind this. "Just because we are married to God, doesn't mean he will save us" this line depicts a lot regarding the real sufferings of the Devadasis. Economic dependency, financial vulnerability, social influence, attitudes, perceptions, conventions, and traditions are the main institutional drivers behind such commitments.

Prostitution has a long history in the United Kingdom, dating back to medieval times. The British authorities have taken various approaches to prostitution over the years, ranging from outright prohibition to more permissive and regulated approaches. In the late 19th and early 20th centuries, there was a growing concern about the spread of sexually transmitted infections (STIs) and the perceived moral and social dangers of prostitution. The Contagious Diseases Acts were passed in the 1860s, which allowed for the forced medical examination and treatment of women suspected of being prostitutes. However, these laws were met with widespread opposition from feminists and civil libertarians and were eventually repealed in 1886. In the early 20th century, there was a shift towards a more permissive approach to prostitution, particularly during World War I when the government tolerated brothels near military bases. In the 1950s and 60s, there was a growing awareness of the links between poverty and prostitution, and some advocates called for the decriminalization of prostitution to improve the working conditions and safety of sex workers. There have been ongoing debates about the best approach to prostitution, with some arguing for decriminalization or legalization, and others call for tougher laws to combat sex trafficking and exploitation. As, it was mentioned earlier, prostitution has a long history in the United Kingdom, and the British authorities have taken various approaches to prostitution over the years. The role of the Britishers in prostitution has been complex and varied. During the period of British colonialism, there were instances where British officials and soldiers were involved in prostitution in the colonies. For example, in India during the British Raj, there were instances where British soldiers and officials patronized or participated in the local sex trade. This was often seen as a way for British men to assert their dominance and power over the local population. In the United Kingdom itself, the authorities have taken a range of approaches to prostitution over time. In the 19th century, there was a growing concern about the spread of STIs and the perceived moral and social dangers of prostitution, which led to the passage of the Contagious Diseases Acts. These laws allowed for the forced medical examination and treatment of women suspected of being prostitutes. In the early 20th century, there was a more permissive approach to prostitution, particularly during World War I when the government tolerated brothels near military bases. However, in the mid-20th century, there was a renewed concern about prostitution, with some advocates calling for the decriminalization of prostitution to improve the working conditions and safety of sex workers. The Devadasi system was a religious practice in some parts of India where young girls were dedicated to a temple or deity and trained in dance and music. They were expected to serve the temple and its priests, and some of them also engaged in sexual relationships with wealthy patrons as a source of income for the temple. During the colonial period, the British authorities became aware of the devadasi system and were concerned about its perceived immorality and the exploitation of young girls. The British colonial government enacted several laws in the late 19th and early 20th centuries aimed at abolishing the Devadasi system.

There have been several laws and regulations enacted to ban the practice and protect the rights of women and girls who are vulnerable to exploitation. In 1988, the government of India passed the Devadasi (prevention of dedication Act), which declared the dedication of women as Devadasis illegal and punishable by law. The act

also provides for the rehabilitation of women who were already dedicated to the practice. **The Prevention of Dedication Act**, also known as the Devadasi Abolition Act, is a law enacted by the Indian government in 1982 to eradicate the practice of the Devadasi system, which involves the ritual dedication of young girls to a deity or temple, and their subsequent forced prostitution. The act makes it illegal to dedicate any person as a Devadasi or to receive any person as a Devadasi, and it also makes it a punishable offense to promote or facilitate the Devadasi system in any way. The devadasi system has been a longstanding tradition in some parts of India, particularly in the states of Maharashtra and Karnataka, but it has been widely criticized for its exploitative and abusive nature. The Prevention of Dedication Act was enacted as a means of addressing these issues and promoting gender equality and women's rights.

1.3 OBJECTIVES

The present study attempted to carry out the following objectives:

1. To find the factors affecting the life of sex workers in Cooch Behar district, West Bengal.
2. To examine the relationship between the various age groups of the sex workers and their earnings per day.
3. To examine the relationship between age, earnings per day, and the effect on the mental health of sex workers.

1.4 HYPOTHESES

The present study aims to look into the following hypotheses -

- There is no association between the other factors influencing the life of sex workers.
- There is no relationship between the age of the sex workers and their income per day.
- There is no relationship between age, income, and the health issues faced by the sex workers.

1.5 SCOPE

While several studies have focused on the social as well as economic concerns that sex workers are facing. Thus, the area of concern in this study is to acknowledge the problems faced by sex workers in society.

The study utilizes the primary data from the area of study to carry on the objectives. Data on some major aspects have been taken into consideration viz. poverty, access to health facilities, earnings, and living conditions of the sex workers. The problem of research related to sex workers is twofold: first, sex workers face multiple barriers to accessing research opportunities and participating in research studies, including stigma, discrimination, legal barriers, and ethical concerns. Second, the underrepresentation and marginalization of sex workers in research studies limit our understanding of their experiences, needs, and perspectives, and perpetuate myths and stereotypes about sex work. These challenges lead to a lack of high-quality, reliable research on sex work, which can hinder efforts to address the complex issues facing sex workers, including violence, exploitation, health risks, and economic insecurity. Without meaningful engagement with sex workers in research, policy, and programming interventions may be inadequate or ineffective, and may even perpetuate harm and injustice. Addressing these challenges requires a concerted effort to promote ethical, inclusive, and participatory research practices that prioritize the needs and perspectives of sex workers. This includes creating safe and supportive research environments, engaging in dialogue with sex workers, respecting their agency and autonomy, and addressing the broader social and structural barriers that contribute to the marginalization of sex workers in research and society more broadly.

Sex work is often characterized by images of coercion, poverty, destitution, and lack of agency, but research indicates that sex work in India is more diverse than these popular representations. Moving beyond inaccurate tropes of sex workers as solely being oppressed victims, this paper aims to shed light on the diversity of sex work in India by sharing themes found across four studies conducted in three different urban areas of India: Mumbai, Kolkata and Hyderabad. Our research highlights that within the diverse umbrella of sex work in India, there are unique subgroups of sex workers whose particular issues often become lost in a monolithic and reductionist narrative of sex work. From our research, we found that, contrary to popular myths, (1) sex workers are not passive recipients of the trade; (2) sex workers often live in families and have multiple identities as mothers, fathers, sisters, and brothers; (3) sex workers increasingly operate from non-brothel-based settings; (4) sex workers are not only women but also identify as cisgender male and third gender/transgender; and finally, (5) HIV is often not the most pressing, self-reported health co-working conditions that sex workers face, such as living in cramped and unsafe spaces, facing harassment from clients and pimps, and struggling to provide for themselves and their families.

Additionally, the article sheds light on the challenges that sex workers face when it comes to accessing healthcare services, including discrimination and stigma from medical professionals. The author also explores the impact of the COVID-19 pandemic on sex workers in Kolkata, who have faced even greater challenges due to the economic and social disruption caused by the pandemic.

Overall, the article provides an insightful and sobering look into the realities of sex work in Kolkata and the challenges faced by sex workers in the city.

1.6 STATEMENT OF THE PROBLEM

Sex workers face significant social stigma and legal restrictions that limit their access to basic human rights, including health care, education, and legal protection. The problem is that this lack of access to these basic rights can lead to a variety of negative consequences, such as increased risk of violence, poor health outcomes, and limited economic opportunities. While there has been some research on the socio-economic factors that drive individuals to engage in sex work, there is still much to learn about the lived experiences of sex workers, including their working conditions, access to healthcare and social services, and the impact of social and cultural factors on their lives. Despite efforts to address the issue of sex work, there remains a lack of understanding of the complex socio-economic factors that influence individuals to engage in sex work and the challenges faced by sex workers in accessing healthcare, social services, and support. Further research is needed to better understand the lived experiences of sex workers and to develop evidence-based policies and interventions to improve the well-being and economic security of this marginalized population. Despite being a highly stigmatized and marginalized group, sex workers are estimated to number in the millions worldwide. The analysis of sex workers is a complex issue that requires an understanding of the socio-economic, cultural, and political factors that contribute to their involvement in the sex industry. Sex work is often portrayed in the media and public discourse as a form of exploitation and abuse, leading to a lack of legal protections and support for sex workers.

There is a need for research to explore the experiences of sex workers and the factors that contribute to their vulnerability, in order to identify potential solutions to address these issues. Additionally, there is a need for research to examine the impact of different legal and policy frameworks on the lives of sex workers, including the potential benefits and harms of decriminalization, legalization, or continued criminalization.

1.7 METHODOLOGY

The study attempts to analyze the socioeconomic analysis of the intercorrelation between sex workers and poverty in society. The study analyses primary data and tries to work on the objectives. Data has been collected through questionnaires and personal interview methods and some secondary sources have been used to make an analysis regarding this topic. The collected data is then analyzed using appropriate methods.

1.8 LIMITATIONS

Reluctance: Some of the sex workers were worried about the confidentiality of their participation in research studies, particularly because the study involves sensitive information that could potentially harm them if disclosed. Thus, they were not interested to disclose their names.

Sex workers, had only primary education and most of them were illiterate so, while research was undergoing, it was a major part to translate the whole process in a brief manner so that they could understand easily the foremost thing is that it was translated to them in the local language.

Sex workers often have busy schedules and limited time, making it difficult for them to participate in research studies that require a significant time commitment.

Sample Size: One of the biggest limitations in research on sex workers is the small sample size. Due to the stigma associated with sex work, and fewer people, it is difficult to recruit participants, leading to a smaller sample size, which can limit the generalizability of findings.

Ethical Concerns: Ethical concerns related to the privacy and confidentiality of participants can also pose limitations. Researchers must ensure that the data they collect does not compromise the safety or well-being of the participants.

Trust Issues and lack of Interest: Trust issues can be one of the important points as in according to them many people and organizations turn up to them and give them fake expectations and they pose the same questions repeatedly which causes a lack of interest to cooperate.

REVIEW OF LITERATURE

REVIEW OF LITERATURE

1. **Bartha Dutta, 'As India Goes into Lockdown, Fear Spreads: "Poverty May Kill Us First."** Sex work is a highly stigmatized and criminalized form of work that disproportionately affects marginalized populations, including women, LGBTQ+ individuals, people of color, and those living in poverty. The following literature review explores the intersection between sex work and poverty, examining the ways in which poverty impacts individuals' decisions to engage in sex work, the effects of sex work on poverty, and how policies and interventions can mitigate the negative impacts of poverty on sex workers. Nonetheless, the women who are basically involved in prostitution due to their poor conditions, poverty, and also due to lack of alternatives are excluded from the common human rights of being provided with shelter. Bartha Dutta, also mentioned that in prostitution, one person has the financial, social, and legal authority to employ another to perform as a sexually repressed puppet. Prostituted women are forced to take even greater risks than usual during economic downturns, such as agreeing to have sex without condoms or masks. During the COVID-19 pandemic, many women were forced into prostitution knowing they were endangering their lives. 'Poverty will kill us before the coronavirus', said an Indian woman in prostitution.
2. **(Scrambler, 2007).** According to the study a small percentage of students engage in sex work to pay for their education; thus, it is believed that this proportion has increased as a result of the introduction of top-up tuition fees. Contrary to popular belief, sex workers typically come from poorer socioeconomic backgrounds; nonetheless, it is doubtful that this tiny fraction would experience severe social marginalization and they will likely stop providing sex once they have completed their studies. There is limited research specifically examining the small proportion of sex workers who engage in sex work to pay for their tuition fees. However, some studies have investigated the broader experiences of university students who engage in sex work. One study published in the Journal of Sex Research (2018) surveyed 175 university students in the United Kingdom who reported engaging in sex work. Of those surveyed, 10% reported engaging in sex work to pay for their tuition fees. These students reported experiencing

financial pressure, including tuition fees and living expenses, as the primary reason for engaging in sex work.

3. **Journal of Sex Research (2016)** published about the interviewed 31 college students in the United States who engaged in sex work. While none of the participants specifically reported engaging in sex work to pay for their tuition fees, many reported using the money earned to pay for their education-related expenses, such as textbooks and supplies. It is important to note that engaging in sex work to pay for tuition fees or other expenses is a complex issue with many potential risk factors, including physical and emotional harm, legal consequences, and stigmatization.
4. **(Weitzer, 2005)**. The intersection of debt and sex work is a complex and multi-dimensional issue that has not been explored in various academic and non-academic literature. Here is a brief review of some of the key findings like some studies suggest that individuals engage in sex work as a way to manage their debt. In a study conducted in the UK, 52% of sex workers surveyed reported that debt was a factor in their decision to enter sex work (Sanders, 2004). Similarly, in a study conducted in the US, 35% of participants reported debt was a reason they started engaging in sex work.
5. **Marmot Review (2010)**, It was recommended by that for at least a healthy living a minimum level of income. Marmot Review (2010) highlights the importance of addressing social determinants of health equity and reducing health inequalities. One of the main social determinants of health is to improve health equity and reduce health inequalities. Homelessness One of the key social determinants of health is income, which is closely linked to living standards and poverty rates. In order to promote healthy living, it is necessary to provide adequate income and resources to individuals and families at all stages of life. This can include policies and programs that focus on poverty reduction, income support, and education and employment opportunities. Addressing health inequities requires a comprehensive approach that recognizes the complex interplay of social, economic, and environmental factors that shape health outcomes.
6. **(Spice, 2007; Davis, 2004)** Homelessness and drug addiction have been identified as the two most significant factors that contribute to participation in on-the-street sex work, and they are among the biggest barriers to stabilizing the lives of sex workers.
7. **Jeal and Salisbury (2004)** The study conducted by in Bristol found that a significant proportion of on-street sex workers were either homeless or living in insecure/temporary accommodations, and all respondents reported having problems with drug addiction. This aligns with the concept of "survival sex," in which individuals engage in sex work as a means of survival, often to provide for basic needs or to fund severe addictions. The study also highlights the role of childhood and adolescent experiences of loneliness and abuse, which can contribute to individuals turning to sex work and substance use as a coping mechanism. This suggests that addressing the underlying issues of trauma and social isolation is crucial in addressing the root cause of survival sex work.
8. **Stein et al., (2009)** suggests neglect by family or the care system can increase the vulnerability of young people. Neglect refers to the failure to provide for a child's basic needs, including food, shelter, medical care, and emotional support. When children experience neglect, they may lack the necessary resources and support to develop into healthy and resilient adults. This can make them more vulnerable to a range of negative outcomes, including exploitation, abuse, and involvement in risky behaviors, such as substance use and unsafe sexual practices. In some cases, neglect can lead to young people running away or being forced out of their homes, which can increase their risk of homelessness and involvement in survival sex work. The suggests that young people who experience neglect may be particularly vulnerable to exploitation and abuse.
9. **Jeal and Salisbury's (2004) study and Bindel et al.'s (2012)** The study suggest that a significant proportion of individuals engaged in sex work may have limited access to education and training. Jeal and Salisbury found that one-third of interviewees had left education at the age of 14 years or younger, which may limit their opportunities for employment and other forms of economic stability. Concentrating on the educational and training requirements of each and every individual engaged in sex work is an important aspect of supporting their ability to exit the sex industry if they so choose. This can include providing access to basic education and training programs, as well as supporting their access to higher education and job training opportunities. Additionally, addressing the stigma and discrimination faced by individuals engaged in sex work can help to ensure that they have equal access to education and employment opportunities.

10. **Rossler et al. (2010)**, assessed 193 female on-street and off-street sex workers in Zurich (5 percent of all registered sex workers in the city) to identify potential patterns of mental health issues. The study found high rates of anxiety, stress, and post-traumatic stress disorder, predominantly due to the high levels of violence these women experienced. Other mental disorders were identified, including psychosis and schizophrenia. It is important to acknowledge the mental health challenges that sex workers may face, including anxiety, stress, post-traumatic stress disorder, psychosis, and schizophrenia. These issues can arise due to a variety of factors, including the violence and trauma that sex workers may experience.
11. **(Sanders, 2007b)** Stigmatization affects them in every facet of their lives, including interactions with customers, the general public, healthcare professionals, and law enforcement.
12. **(Cusick and Berney, 2005; UK NSWP, 2009)**. Less interaction with medical services and other sources of support, increased stress that can lead to mental health issues, and feelings of loneliness can all arise from this, which can further social exclusion. It is, unfortunately, true that stigmatization can have far reaching and detrimental effects on individuals who are subject to it. These effects can be particularly pronounced for and vulnerable populations, such as sex workers. Stigmatization can impact a wide range of aspects of an individual's life. For example, stigmatized individuals may be less likely to seek out medical services or other forms of support, either due to fear of discrimination or due to internalized shame. This can lead to untreated health conditions and other problems, which can in turn exacerbate the effects of stigmatization. Stigmatization can also lead to increased stress and mental health issues, as well as feelings of loneliness and social exclusion. This can be particularly difficult for individuals who may already be isolated or marginalized due to other factors, such as poverty or immigration status. In short, stigmatization can have a profound impact on individuals' physical and mental well-being, as well as their social and economic opportunities. It is important for society to work towards reducing stigmatization and promoting greater acceptance and understanding for all individuals, regardless of their background or circumstances. Information on the lives of transgender sex workers is also scarce. Many are said to suffer from the double stigmatization of being a sex worker and transgender. It is claimed that in some cases, sex work is one of the only viable options for transgender people, turning to sex work to fund their treatments and experience difficulty in finding other forms of employment. transgender individuals who engage in sex work face significant challenges, including discrimination, violence, and lack of access to healthcare and other essential services. These challenges are often compounded by the double stigma of being both transgender and a sex worker. For many transgender individuals, sex work is seen as a means to support themselves financially, as they may experience discrimination and difficulties finding other forms of employment. In some cases, they may also need to finance gender-affirming treatments, which can be costly and not covered by insurance. Transgender sex workers may also face higher rates of violence and harassment than other sex workers. They may be targeted by clients, law enforcement, and members of the general public. Discrimination and violence against transgender individuals are problems globally, and sex work can further increase their vulnerability. Access to healthcare is also a significant issue for transgender sex workers. They may face barriers to accessing gender-affirming healthcare and other essential services, such as HIV testing and treatment. Discrimination from healthcare providers can also make it difficult for them to receive adequate care. For many transgender individuals, sex work is seen as a means to support themselves financially, as they may experience discrimination and difficulties finding other forms of employment. In some cases, they may also need to finance gender-affirming treatments, which can be costly and not covered by insurance. Transgender sex workers may also face higher rates of violence and harassment than other sex workers. They may be targeted by clients, law enforcement, and members of the general public. Discrimination and violence against transgender individuals are significant problems globally, and sex work can further increase their vulnerability. Access to healthcare is also a significant issue for transgender sex workers. They may face barriers to accessing gender-affirming healthcare and other essential services, such as HIV testing and treatment. Discrimination from healthcare providers can make it difficult for them to receive adequate care.
13. **(Mai, 2009)** Some of the studies have found that the majority of the sex workers they interviewed were there in the profession of sex workers with their choice and were not ashamed of their profession and enjoyed the freedoms and control they had over the working conditions and in contrary to that some studies found that the sex workers were unhappy with their situation and want to change their situation, particularly according to Bindel et al. study, 77 percent stated they had problems with homelessness and

housing. Warm, safe, and secure accommodation is a basic need for any human being. Lack of appropriate accommodation is a significant problem for sex workers and can have serious negative consequences for their safety and well-being. Homelessness and unstable housing situations can force sex workers into dangerous and exploitative situations, as they may be forced to rely on abusive partners or dangerous locations for shelter. Moreover, sex workers who are unable to afford safe and stable housing may be pushed into selling sex in order to meet basic needs such as rent and food. This can further compound their vulnerability and put them at risk of exploitation and abuse. It is important for policymakers and community organizations to recognize the critical role that safe and stable housing plays in supporting the health and well-being of sex workers. Efforts to address homelessness and provide affordable housing options can help reduce the risk of exploitation and harm for sex workers, while also promoting their broader economic and social stability. Additionally, providing sex workers with access to supportive services, such as counseling, healthcare, and job training, can help them to transition out of sex work and into more stable and secure forms of employment. Poverty and hunger are cited as the main factors driving young women to engage in prostitution in order to obtain money for survival. Lack of job opportunities and entrepreneurial skills are also mentioned as contributing factors. Illiteracy is noted as another potential factor influencing young women to enter the sex work industry.

METHODOLOGY OF THE STUDY

AREA OF RESEARCH

Cooch Behar, a district in West Bengal is selected as the research area. It is the first district in India to attain a hundred percent literacy. Cooch Behar formed part of the Kingdom of Assam from the 4th to the 12th centuries. In the 12th century, the area became a part of the Kamata Kingdom, first ruled by the dynasty from their capital at Kamatapur. The Khens were an indigenous tribe, and they ruled till about 1498 CE when they fell to Allauddin Hussain Shah, the independent Pathan Sultan of Gour. The new invaders fought with the local Bhuyanchieftains and the Ahom king Suhungmung and lost control of the region. During this time, the Koch tribe became very powerful and proclaimed itself Kamateshwar(Lord of Kamata) and established the Koch dynasty. The data for the study was collected from **Priyoganj Colony, ward no 6, Durga Bari, Cooch Behar, West Bengal**. The Cooch Behar District of West Bengal, India has a significant number of sex workers. Through the study of this area, it was evident that this was one of the oldest colonies which were settled up.



Original District Map



SOURCE: GOOGLE

SAMPLING

Sampling may be outlined as the choice of the researcher to select only a limited number of elements from a population on the idea of getting elements that represents a similar kind of judgment and totality as of the original population. The sampling method is generally adopted to save time and money. Sampling is also considered as the efficient tool for understanding a population as it enhances the chances of the researcher to go in depth about a particular topic and get adequate measurements. The population of the study consist of sex workers in Cooch Behar, West Bengal.

RESEARCH DESIGN

Research design is a structure that guides the collection and analysis of data by a selection of research method. It devises an appropriate sampling strategy. It actually defines the way in which the findings of the sampling population can be generalized. It gives direction to the process of the whole research by collecting relevant data. In this study, an ex-post facto study design is used to evaluate the effectiveness of the socio-economic factors influencing sex workers. It is a category of research design in which the investigation starts after the fact has occurred without the interference of the researcher.

SAMPLING TECHNIQUE

Purposive sampling is employed to collect data for the research. Each individual in the sample was identified and a potential source to recruit for the study. The data were collected between December 2022 and January 2023.

3.7 SAMPLE SIZE

The data was collected from a total of 50 respondents, out of which 1 was transwomen. These sex workers were from the town known as Cooch Behar, West Bengal.

3.8 SOURCE OF DATA

Both primary and secondary data collection methods were used for the study. Primary data is designed to solve the research problem by using the data specially curated by the researcher. These data can be collected by means of interviews, surveys. This type of data is never used elsewhere by anyone other than the researcher. On the other hand, secondary data is the type of data that is collected from secondary sources like journals, books, newspapers or even organizational reports

To estimate the econometric model secondary data was collected from Journals, Newspapers, Magazines, Periodicals, and Books.

DATA COLLECTION TOOLS

The primary data for the study was collected by using a questionnaire survey method. The questionnaire was conveyed collectively to individuals between the sex workers through google forms.

STATISTICAL TOOLS USED FOR THE STUDY

The collected data was analyzed by using the SPSS software and Ms Excel 2019 was used for transforming data into charts. With the use of SPSS, the tools included percentage analysis for all the demographic variables. Exploratory factor analysis was carried out which looks for underlying variables, or factors, that might be used to explain the correlation pattern among a group of measured variables. The one-way ANOVA can help you know whether or not there are significant differences between the means of your independent variables (such as the first example: age, sex, income) and nominal regression was used to model the relationship between a set of predictors and a nominal response. Doughnut charts, bar diagrams, and tables are used to present the data

CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter deals with the socio-economic analysis of the intercorrelation between sex workers and poverty. The descriptive analysis of the primary data collected followed by the analysis using statistical tools is presented in this chapter. The previous chapter dealt with the profile of the study area and the research design of the study. This would greatly help to analyze the primary data collected from the respondents.

4.2 THEORETICAL FRAMEWORK

Theoretical Framework explains the basic operational definition of the study. This chapter focuses on sex workers. In, general terms it focuses on the consequences faced by sex workers in society as a whole.

4.3 ANALYSIS

The primary data collected from the sex workers in the Cooch Behar district, West Bengal are used to analyze the socio-economic perspectives of their life. The study received responses from 50 sex workers for the study. As the sex workers were selected from a small district in West Bengal, they practically had less knowledge about the questionnaires and thus due to the low literacy rate, it was difficult for them to understand the questions directly, and thus it was translated to the local language and conveyed to them.

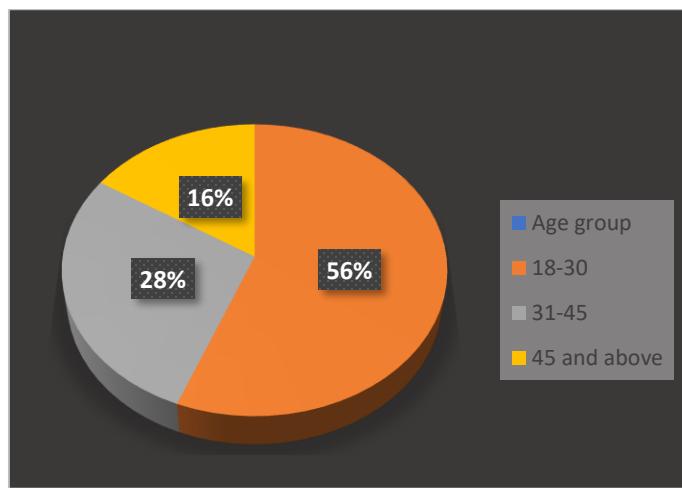
4.4 DEMOGRAPHIC PROFILE OF SEX WORKERS

The primary data collected from sex workers between the age group of 18 to 45 and above is used to analyze the sex worker's pattern, and their reasons to stay involved in the business of sex work. The study received responses from 50 sex workers. The study generally focuses on the life of sex workers and the hardships faced by them in society.

Table 4.4.1: Various Age groups involved as sex worker

Age	Frequency	Percent
18-30	28	56
31-45	14	28
45 and ABOVE	8	16
TOTAL	50	100

SOURCE: PRIMARY DATA

Figure 4.4.1: Various Age groups involved as sex worker.

The age category of sex workers is segregated into three categories, i.e., 18-30, 31-45, 45 and above. The frequency results of the gender category are shown in Table 4.4.1. The data indicates that out of the various age groups involved as sex workers. The age group from 18-30 are the one who are mostly involved. Out of the 50 working sex workers, 56 per cent of the sex workers belong from the age group of 18-30. Whereas the sex workers from the age group of 31-45 and 45 and above consists of 28 per cent and 16 per cent respectively.

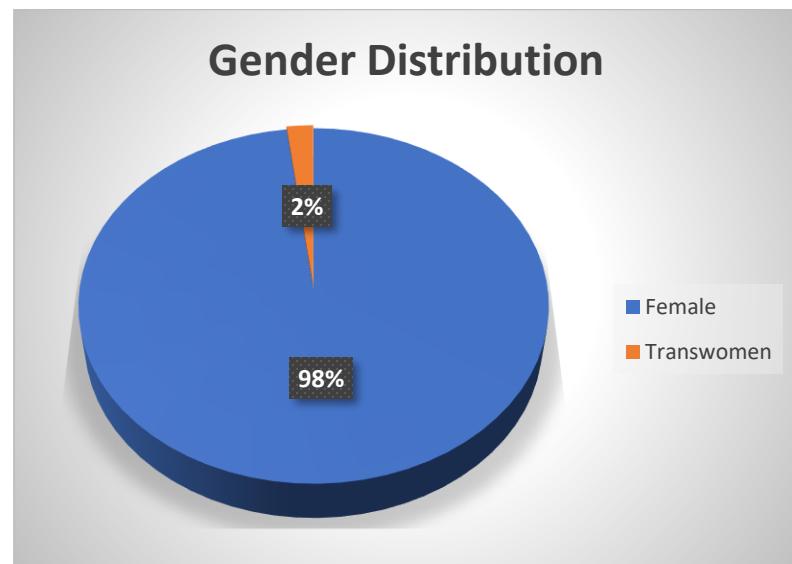
4.4.2 : Gender Distribution among sex workers

Table 4.4.2: Gender Distribution among sex workers

Gender	Frequency	Percent
Women	49	98.0
Transwomen	1	2.0
TOTAL	50	100

SOURCE: PRIMARY DATA

Figure 4.4.2: Gender Distribution among sex workers



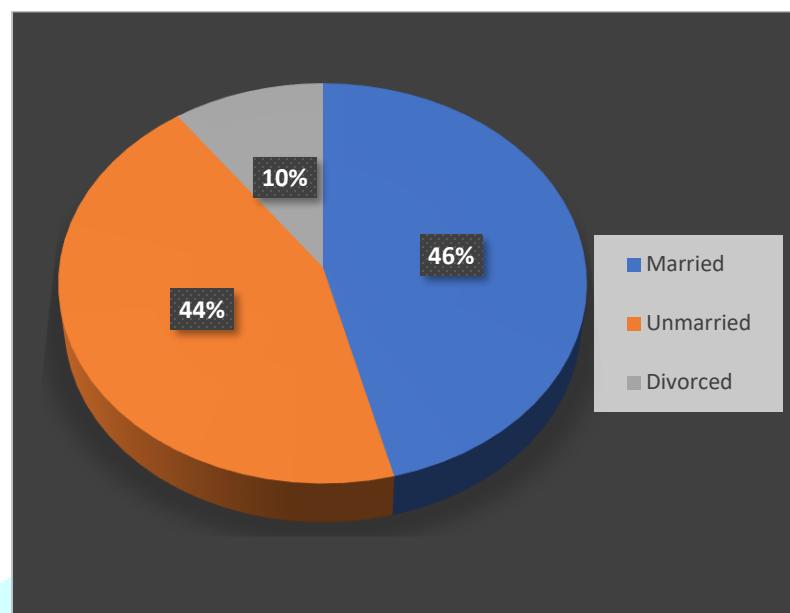
SOURCE: PRIMARY DATA

The chart is divided into two categories: women and transwomen. The chart shows that the majority of sex workers are women, with 98% falling into that category. Meanwhile, the remaining 2% are transwomen. This information is used to gain a better understanding of the gender demographics among sex workers. It's important to note that sex work is a complex issue and can be influenced by a variety of factors, including socioeconomic status, access to education and job opportunities, and cultural and social norms. The chart represents proportions or percentages of a whole. In this case, the whole represents the total number of sex workers included in the data. The chart shows that the majority of sex workers are women, while a smaller percentage are transwomen.

4.4.3 MARITAL STATUS OF THE SEX WORKERS

Table 4.4.3 Marital status of the sex workers

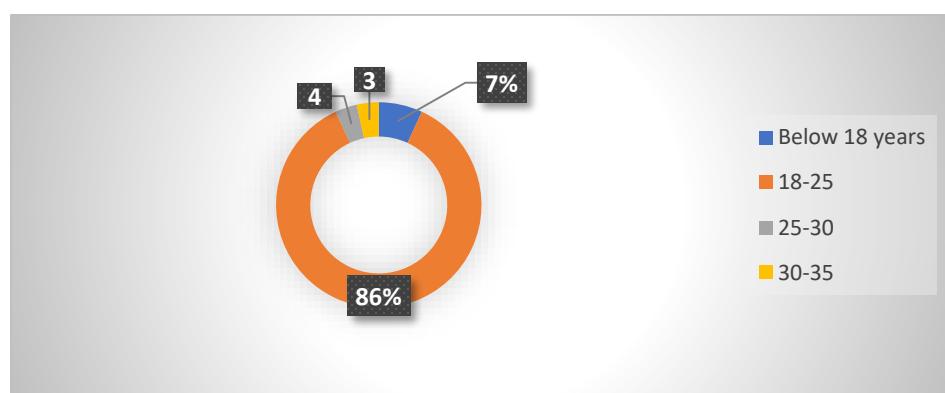
Marital Status	Frequency	Percent
Married	49	98.0
Unmarried	1	2.0
Divorced	5	10.0
Total	50	100

Figure 4.4.3 Marital status of the sex workers

The pie chart represents the marital status of sex workers, with three categories: divorced, married, and unmarried. According to the chart, 10% of the sex workers are divorced, which means they were previously married but are now legally separated. The largest group, representing 46% of the sex workers, are currently married. This indicates that a significant proportion of sex workers are engaged in sex work while still being legally married. Finally, 44% of the sex workers are unmarried, meaning they have never been married or are currently not married. Overall, the pie chart shows that there is a diverse range of marital status among sex workers, with a substantial number of them being currently married which has been explained in the table 4.4.3 and further explained in a pie chart.

Table 4.4.4 Age of the sex workers during marriage

Age during Marriage	Frequency	Percent
Below 18	2	4.0
18-25	25	50.0
25-30	1	2.0
30-35	29	2.0
Total	29	58

Figure 4.4.4 Age of the sex workers during marriage

Source: Primary Source

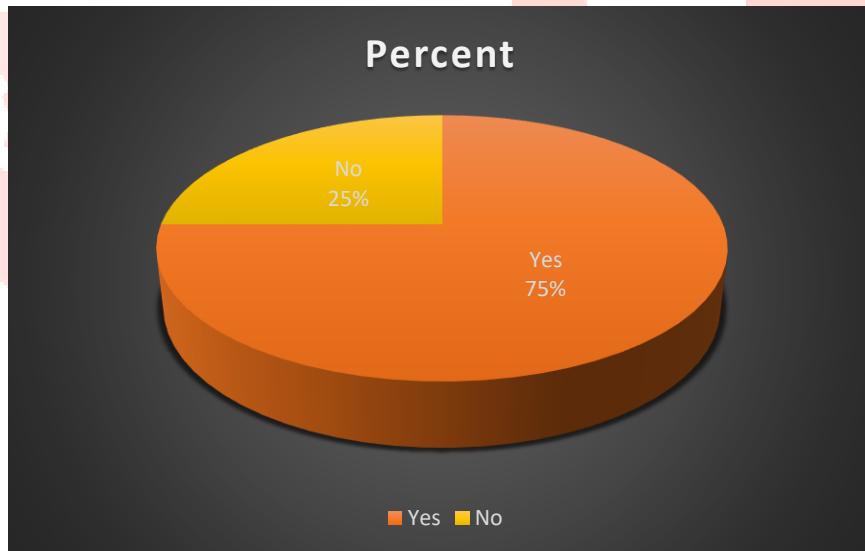
According to the chart, only 7% of the sex workers got married below the age of 18 years. This is a concerning statistic because getting married at such a young age may indicate a lack of agency and informed consent, which could lead to negative consequences for the individual's health, education, and wellbeing. The majority of the sex workers (86%) got married between the ages of 18 to 25 years. This age group represents a significant proportion of the sex worker population and could be indicative of several factors, such as poverty, lack of education, and limited economic opportunities that force individuals into sex work as a means of survival. Only a small proportion of sex workers (4% and 3%) got married between the ages of 25-30 years and 30-35 years, respectively. These groups are comparatively older, which may indicate that they entered sex work later in life for a variety of reasons, such as economic necessity or personal choice. Overall, the pie chart shows that a vast majority of sex workers got married between the ages of 18-25 years, highlighting the need to address the root causes of poverty and lack of education that may force individuals into sex work. Additionally, the small proportion of sex workers who got married below the age of 18 years emphasizes the need to protect the rights and well-being of young girls and women.

4.4.5 The sex workers have children or not

Table 4.4.5 Whether the sex workers have children or not

Whether they are having children or not	Frequency	Percent
Yes	24	75.0
No	8	25.0
Total	32	100.0

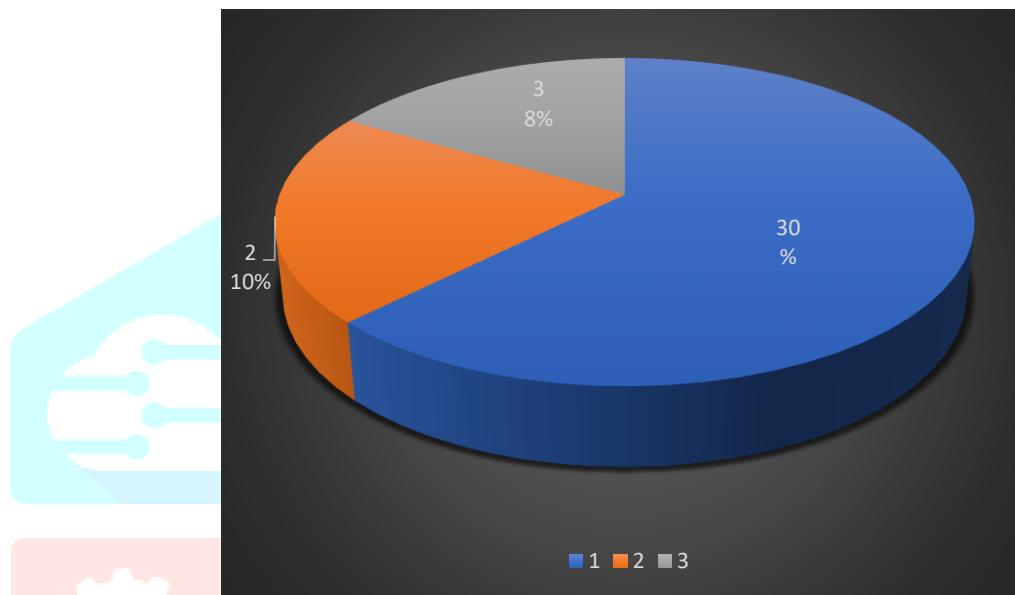
Figure 4.4.5 Whether the sex workers have children or not



Source: Primary Data

This pie chart generally gives an idea of whether sex workers data that you provided, indicating that 25% of sex workers have no children and 75% of sex workers have children, suggests that a majority of sex workers have children. However, the data suggests that a significant portion of sex workers have chosen to have children, despite the challenges they may face in their profession. The data also suggests that a smaller proportion of sex workers have chosen not to have children, which may be due to a variety of reasons, such as personal choice, economic factors, access to family planning resources, or social stigma.

No. of children	Frequency	Percent
1	15	30.0
2	5	10.0
3	4	8.0
Total	24	48.0

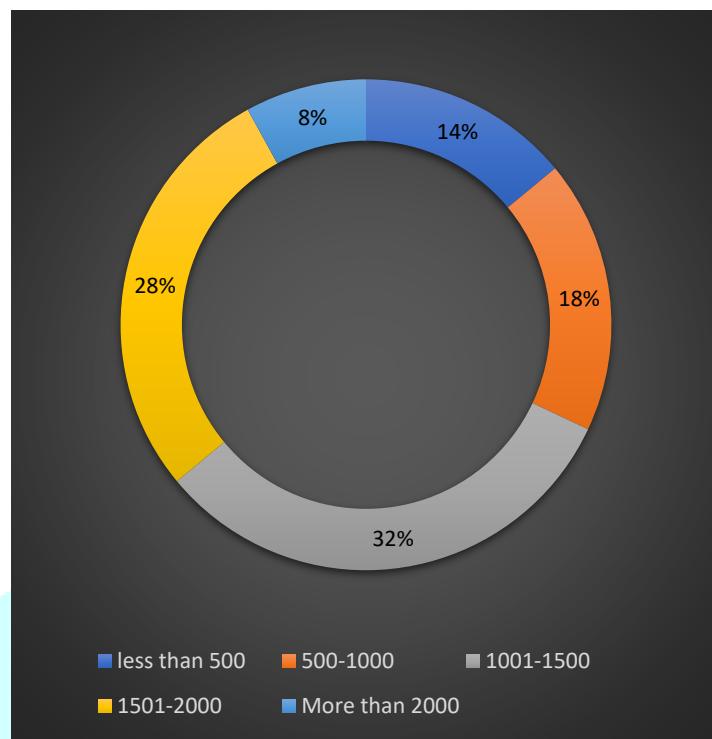
Table 4.4.6 Percentage of the children of the sex workers**Figure 4.4.6 Percentage of the children of the sex workers**

Source: Primary Source

The pie chart depicts that according to the survey done, the valid percentage for sex workers having one child is 30% which is the highest and that indicates that most of the sex workers have one child. Sex work can be a challenging and unstable profession, with irregular income and limited job security. As a result, sex workers may have difficulty supporting a larger family, and may choose to limit the number of children they have in order to ensure that they can provide for them adequately. They generally prefer having one child and the percentage of sex workers having 2 or 3 children is limited to 10% and 8% because of socioeconomic factors or personal reasons, such as having more children makes it difficult to care for a larger family and the responsibility increases and most importantly the majority of the sex workers also want to give their children proper education and life as far as they can.

Table 4.4.8 Earnings of the sex workers

Earnings per day	Frequency	Percent
less than 500	7	14.0
500-1000	9	18.0
1001-1500	16	32.0
1501-2000	14	28.0
More than 2000	4	8.0

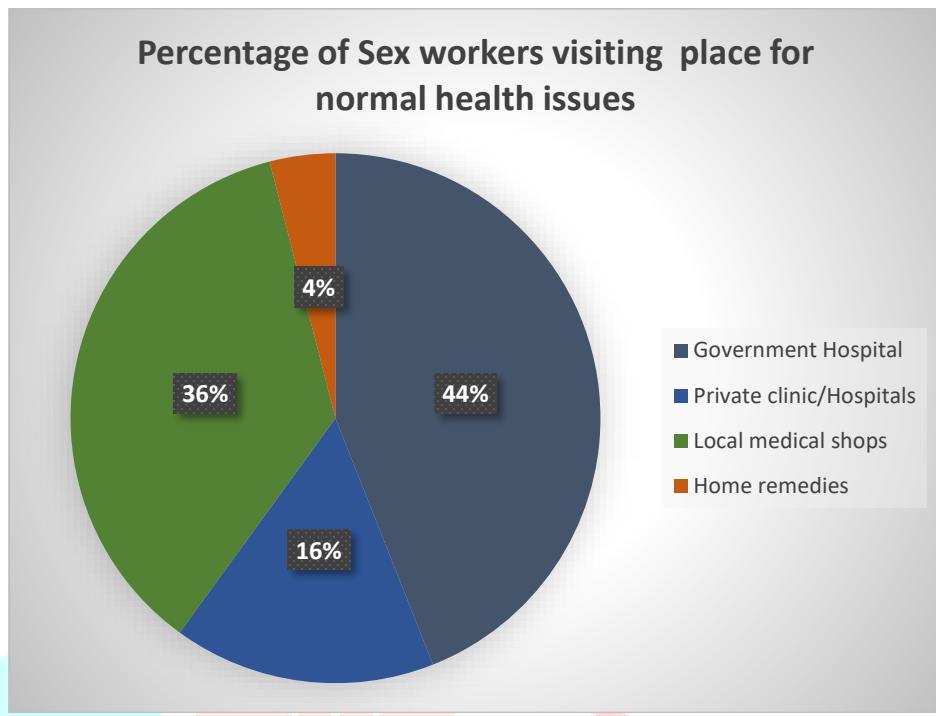
Figure 4.4.8 Earnings of the sex workers**Source: Primary Source**

The doughnut pie chart depicts the percentage of earnings per day for sex workers, with 14% earning less than Rs 500, 18% earning between Rs 500-1000, 32% earning between Rs 1001-1500, and 28% earning between Rs 1501-2000 and 8% earning more than Rs 2000. This data suggests that the majority of sex workers earn between Rs 1001-2000 per day, with a larger proportion (32%) earning between Rs 1001-1500, and a slightly smaller proportion (28%) earning between Rs 1501-2000. It's worth noting that 14% of sex workers earn less than Rs 500 per day, which may be a cause for concern, as this income level may be insufficient to meet basic needs. Similarly, while 8% of sex workers earn more than Rs 2000 per day, this represents a relatively small proportion of the overall group.

Table 4.4.9 Sex workers visiting place for normal health issues

Earnings per day	Frequency	Percent
Government Hospital	44.0	44.0
Private clinic/Hospitals	16.0	16.0
Local medical shops	36.0	36.0
Home remedies	4.0	4.0
Total	100.0	100.0

Figure 4.4.9 Sex workers visiting place for normal health issues



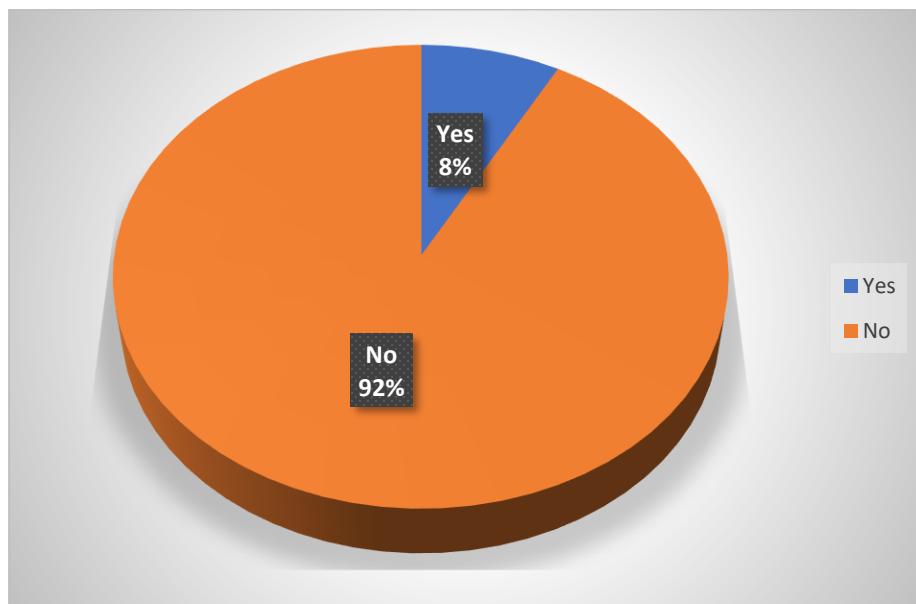
Source: Primary Source

The pie chart indicates that sex workers visiting places for normal health issues are represented as follows: 44% in government hospitals, 16% in private clinic hospitals, 36% in local medical shops, and 4% in home remedies. This data suggests that a majority of sex workers seek medical treatment for normal health issues at government hospitals, with almost half (44%) of sex workers visiting government hospitals. Private clinic hospitals and local medical shops are also frequented by sex workers for medical treatment, but to a lesser extent, with 16% and 36% respectively. It's worth noting that a small proportion of sex workers (4%) seek medical treatment through home remedies. While home remedies may be a more accessible option for some sex workers, it's important to ensure that they have access to safe and effective medical treatment options.

Table 4.4.10 Are the sex workers prone to the serious health issues (HIV, STD, Hepatitis, Syphilis, Tuberculosis)

Earnings per day	Frequency	Percent
Yes	4	8.0
No	46	92.0
Total	50	100.0

Figure 4.4.10 Are the sex workers prone to the serious health issues (HIV, STD, Hepatitis, Syphilis, Tuberculosis)

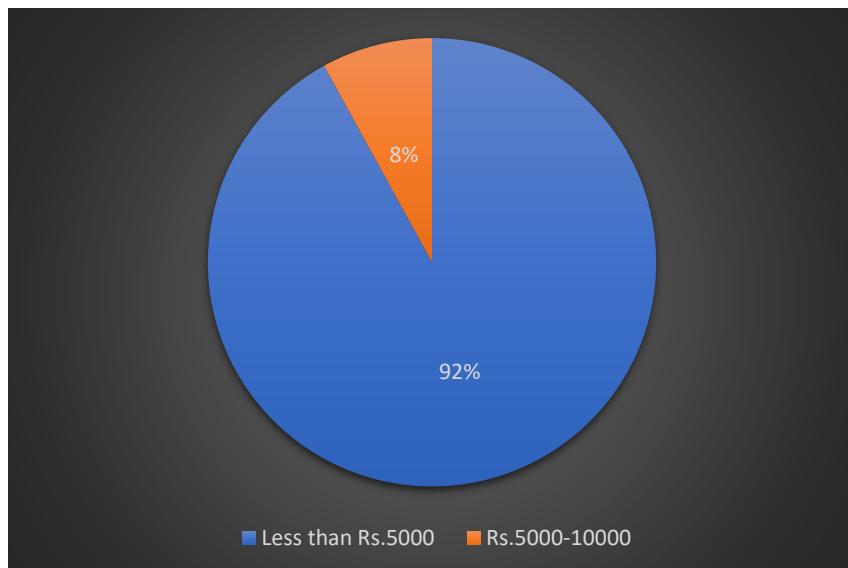


Source: Primary Data

The pie chart signifies that 92% of sex workers generally are not suffering from serious health issues and a minor percentage of 8 % of sex workers are facing serious health issues. This may sound a bit opposite to what we generally hear but, in the study area if women are diagnosed with serious diseases they aren't allowed to work further. So, they generally prefer using contraceptive

Table 4.4.12 Yearly Expenditure on the treatment

Yearly Expenditure on the treatment	Frequency	Percent
Less than Rs.5000	32	64.0
Rs.5000-10000	18	36.0
Total	50	100.0

Figure 4.4.12 Yearly Expenditure on the treatment

Source: primary source

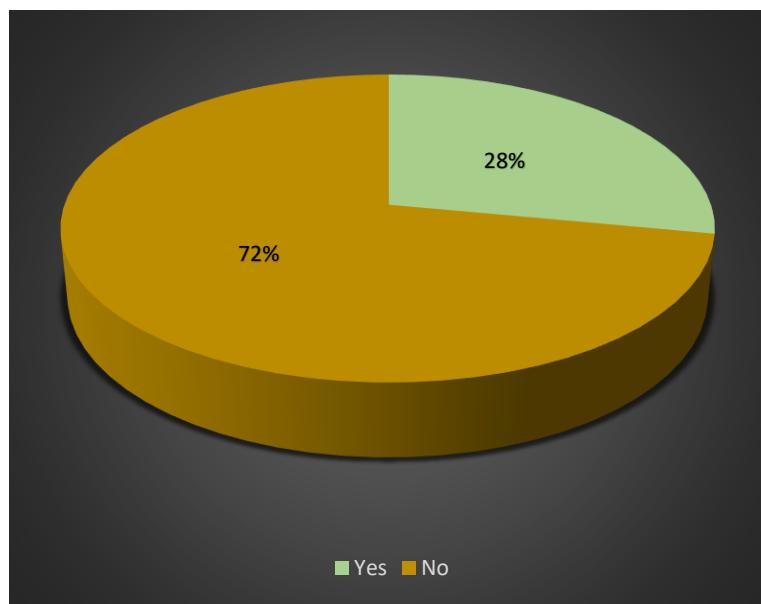
The distribution of spending habits among sex workers in terms of their annual income. According to the chart, 92% of sex workers spend less than Rs 5000 annually, while the remaining 8% spend between Rs 5000 and 10000.

This means that a large majority of sex workers have a relatively low income. The reasons for this may vary, but it is likely due to factors such as low pay, lack of job security, and limited opportunities for advancement or career development. On the other hand, the 8% of sex workers who spend between 5000 and 10000 annually may have higher incomes, which may be due to factors such as more clients, higher rates, or additional sources of income.

Table 4.4.13 Analysis on whether they have experienced any mental health issues

Analysis on whether they have experienced any mental health issues	Frequency	Percent
Yes	14	28.0
No	36	72.0
Total	50	100.0

Source: Primary Source

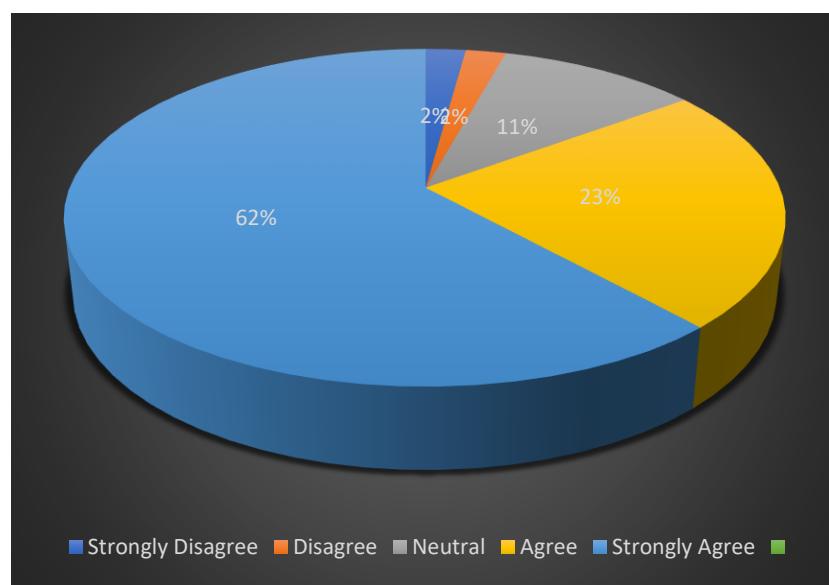
Figure 4.4.13 Analysis on whether they have experienced any mental health issues

Source: Primary Source

Based on the given pie chart, 28% of sex workers are reported to have mental issues, while 72% do not. This means that out of the 50 sex workers who were surveyed, 14 of them reported having mental issues, while 36 did not. It is important to note that this data is based on self-reporting, so it may not be a completely accurate representation of the prevalence of mental health issues among sex workers.

Table 4.4.15 Whether the sex workers have freedom to choose work timings

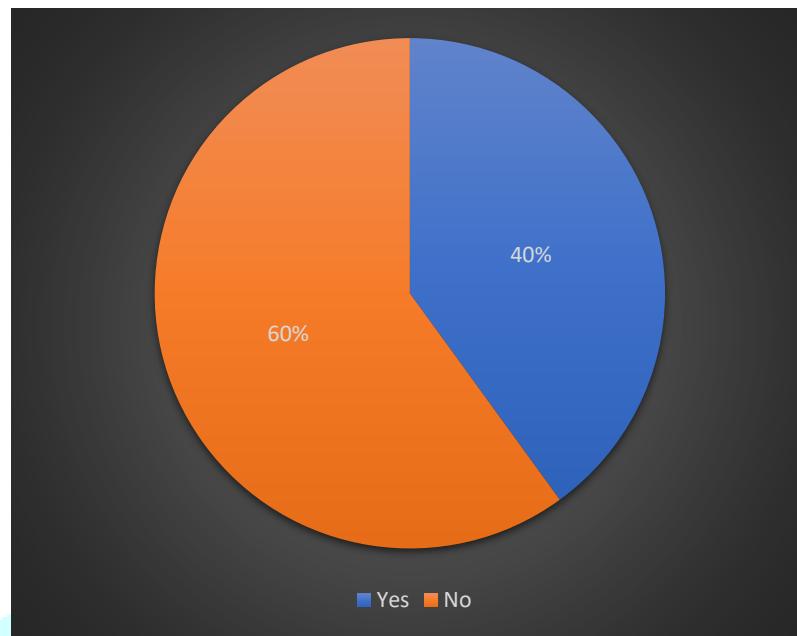
Whether they have the freedom to choose work timings	Frequency	Percent
Strongly Disagree	1	2.0
Disagree	1	2.0
Neutral	5	10.0
Agree	11	22.0
Strongly Agree	29	58.0
Total	47	94.0

Figure 4.4.15 Whether the sex workers have freedom to choose work timings**Source: Primary Source**

To represent this data visually, a pie chart would be appropriate. The chart would be divided into five sections, one for each category, with the size of each section proportional to the percentage of sex workers in that category. Based on the table, the majority of sex workers (61.7%) strongly agree that they have the freedom to choose their work timings. A significant proportion (23.4%) agree with the statement, while a smaller proportion (10.6%) are neutral. Only a very small percentage (4.1%) of sex workers disagree or strongly disagree with the statement. The cumulative percent column indicates the running total of the percentage of sex workers in each category, which reaches 100% at the bottom of the table, indicating that all sex workers in the sample are accounted for. Overall, the table suggests that the majority of sex workers have the freedom to choose their work timings, while only a very small proportion disagrees or strongly disagrees with the statement. The pie chart would provide a visual representation of these proportions, allowing for easy comparison between the categories.

Table 4.4.16 Whether they were ever injured by their customers

Whether they have the freedom to choose work timings	Frequency	Percent
Yes	20	40.0
No	30	60.0
Total	50	100.0

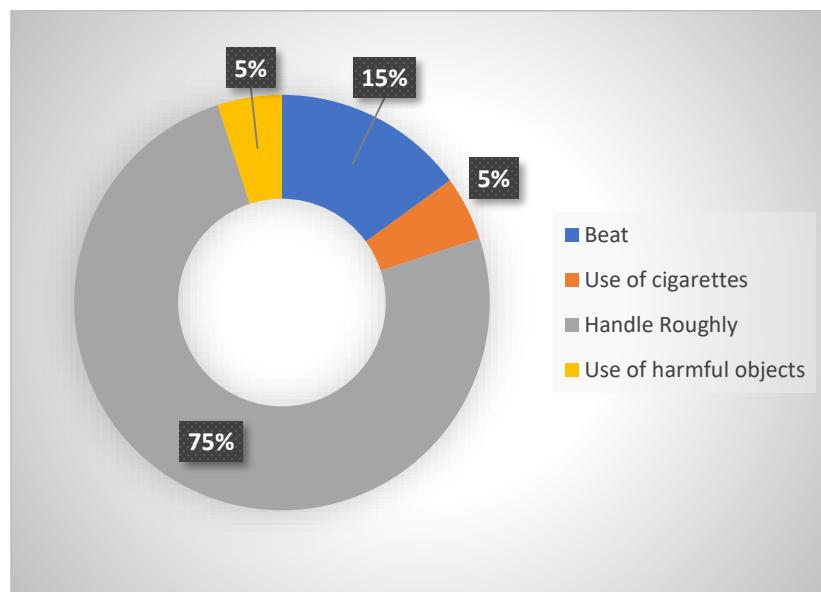
Figure 4.4.16 Whether they were ever injured by their customers**Source: Primary Source**

The given data appears to be a frequency table showing the responses of sex workers regarding whether they were ever injured by customers. The table provides the count, frequency, and percentage of sex workers who responded yes or no to the question. To represent this data visually, a pie chart would be appropriate. The chart would be divided into two sections, one for each response, with the size of each section proportional to the percentage of sex workers in that response category. Based on the table, the majority of sex workers (60%) responded that they have not been injured by customers, while 40% responded that they have been injured. The cumulative percent column indicates the running total of the percentage of sex workers in each category, which reaches 100% at the bottom of the table, indicating that all sex workers in the sample are accounted for. Overall, the table suggests that a significant proportion of sex workers in the sample have been injured by customers, while the majority have not. The pie chart would provide a visual representation of these proportions, allowing for easy comparison between the responses.

Table 4.4.17 How did they harm the sex workers

	Frequency	Percent
Beat	3	6.0
Use of cigarettes	1	2.0
Handle Roughly	15	30.0
Use of harmful objects	1	2.0
Total	20	40.0

Figure 4.4.17 How did they harm the sex workers



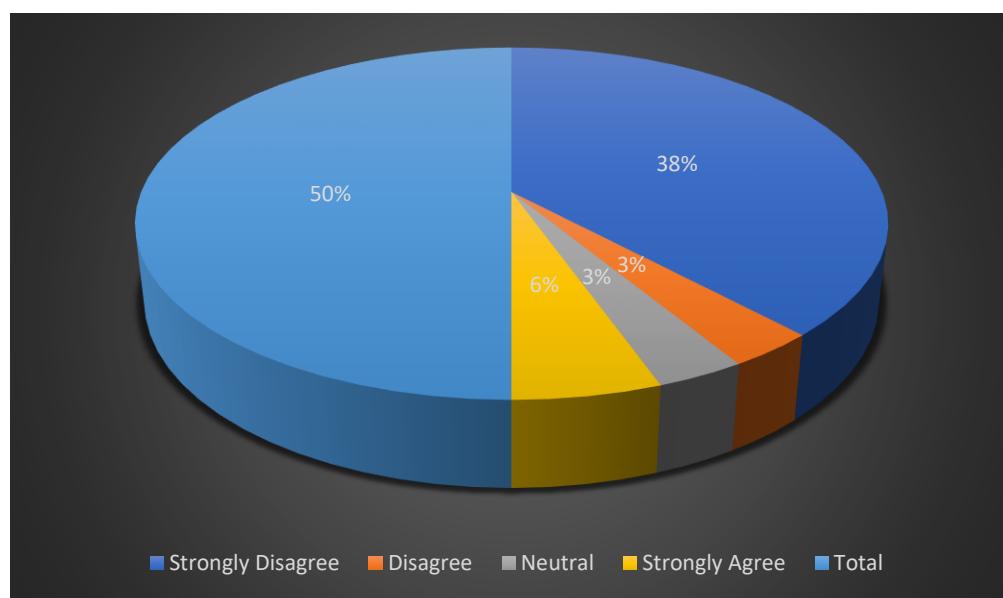
Source: Primary Source

Based on the provided chart, it appears that the survey respondents identified four types of harm experienced by sex workers. Firstly, 6% of respondents indicated that sex workers are beaten. This is a serious form of physical violence and can have significant short and long-term impacts on the health and well-being of sex workers. Secondly, 5% of respondents reported that sex workers use cigarettes. This is likely to be harmful to their health, as smoking is a leading cause of lung cancer, heart disease, and other health problems. Thirdly, 30% of respondents indicated that sex workers are handled roughly. This can also be a serious form of physical violence and can result in physical injuries and psychological trauma. Finally, 5% of respondents indicated that sex workers use harmful objects, which could potentially cause physical harm. Overall, it appears that the survey respondents identified physical harm as a significant risk faced by sex workers. However, it is important to note that this chart only provides a limited perspective and does not capture the full range of potential harms experienced by sex workers.

Table 4.4.18 Whether the procurer(male/female) tortures or harasses them

Whether the procurer (male/female) tortures or harasses them	Frequency	Percent
Strongly Disagree	35	70.0
Disagree	3	6.0
Neutral	3	6.0
Strongly Agree	5	10.0
Total	46	92.0

Figure 4.4.18 Whether the procurer(male/female) tortures or harasses them

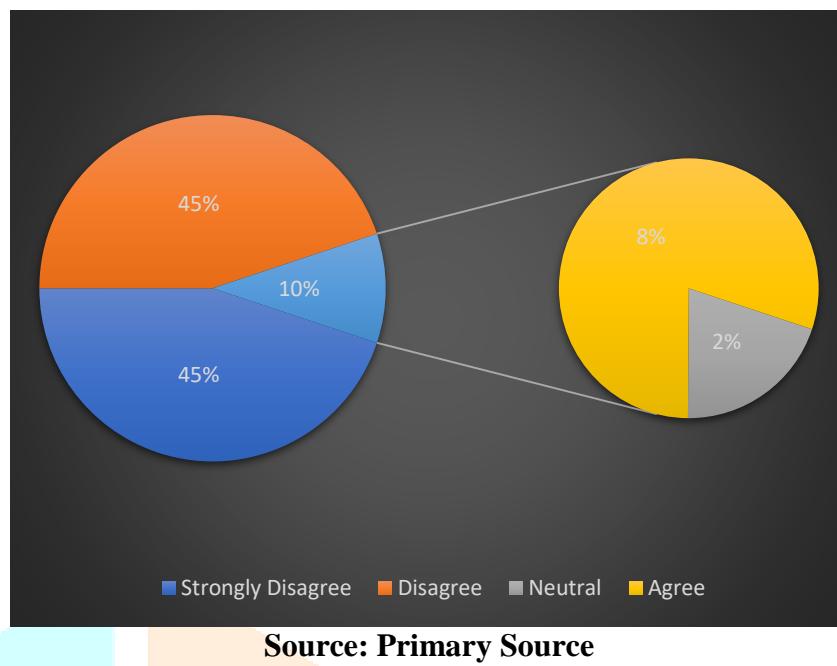


Source: Primary Source

The table shows the responses of 46 individuals to a question about whether sex workers are harassed by pimps or procurers. The responses are divided into four categories: Strongly Disagree, Disagree, Neutral, and Strongly Agree. The majority of respondents, 70.0%, strongly disagree that sex workers are harassed by pimps or procurers. Only 6.0% of respondents disagreed with this statement, and another 6.0% were neutral. On the other hand, 10.0% of respondents strongly agreed that sex workers are harassed by pimps or procurers. 4 of the respondents didn't want to share their views on this.

Table 4.4.19 Difficulties faced by sex workers in regards of getting paid by their pimps

Difficulties faced by sex workers in regards of getting paid by their pimps	Frequency	Percent
Strongly Disagree	22	44.0
Disagree	22	44.0
Neutral	1	2.0
Agree	4	8.0
Total	49	98.0

Figure 4.4.19 Difficulties faced by sex workers in regards of getting paid by their pimps

The table shows the responses of 49 individuals to a question about whether they face difficulties from a pimp. The responses are divided into four categories: Strongly Disagree, Disagree, Neutral, and Agree. The majority of respondents, 44.0%, strongly disagree that they face difficulties from a pimp, while another 44.0% of respondents simply disagree with the statement. In total, 88.9% of respondents disagreed with the statement. Only 2.0% of respondents were neutral, and 8.0% agreed that they face difficulties from a pimp. It's worth noting that there is 1 missing response in the table, which represents 2.0% of the total number of respondents.

Table 4.4.20 Difficulties faced by the sex workers (forcing them to work when badly sick)

Difficulties faced by the sex workers (forcing them to work when badly sick)	Frequency	Percent
Strongly Disagree	16	32.0
Disagree	28	56.0
Neutral	2	4.0
Agree	3	6.0
Total	49	98.0

Figure 4.4.20 Difficulties faced by the sex workers (forcing them to work when badly sick) Source: Primary Source**Source: Primary**

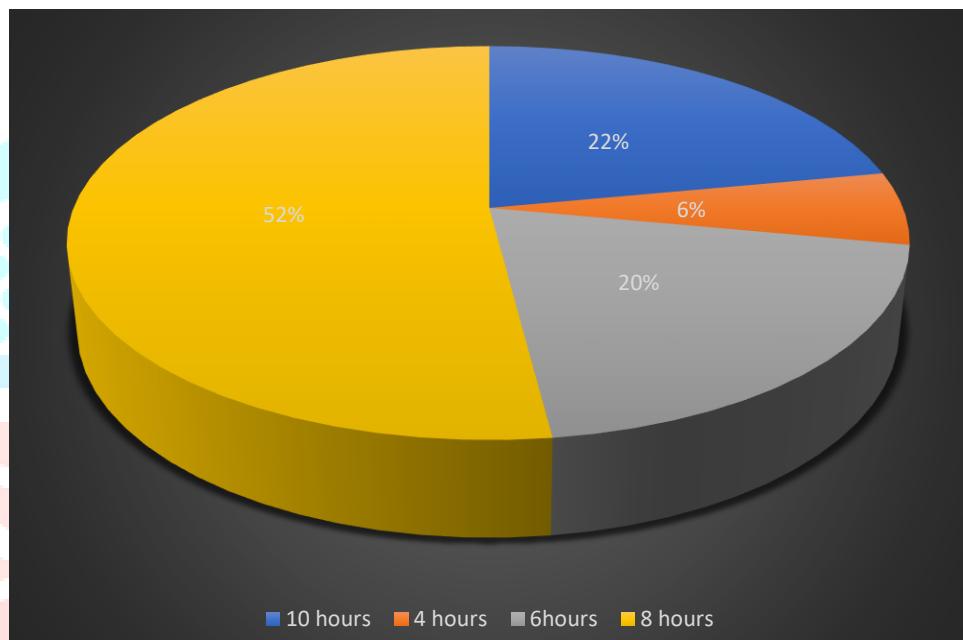
The graph presents the results of a survey with 50 respondents on their level of agreement regarding a certain statement or question. The table shows the frequency and percentage of each response category, including Strongly Disagree, Disagree, Neutral, and Agree. Out of the 50 respondents, 19 (38%) strongly disagree with the statement/question, while 25 (50%) disagree. Only 3 respondents (6%) agree with the statement/question, and 2 respondents (4%) are neutral. The cumulative percentage column shows the running total percentage of responses up to each category. So, at the end of the Strongly Disagree category, 38.8% of respondents have

given a Strongly Disagree or Disagree response. Overall, the majority of respondents (88%) have negative or neutral opinions about the statement/question

Table 4.4.24 Longest number of consecutive hours you have worked

Longest number of consecutive hours of work	Frequency	Percent
10	11	22.0
4	3	6.0
6	10	20.0
8	26	52.0

Figure 4.4.24 Longest number of consecutive hours you have worked



Source: Primary

Based on this data, the longest number of hours of work is 8 hours, with over half of the sex workers (52%) falling within this category. The second most common length is 10 hours, with 22% of sex workers falling into this category. The remaining 28% of texts have either 4 or 6 hours of work.

Null Hypothesis

There is no positive correlation between the age of the sex workers and their income per day

Table 4.4.25 Results of Anova for income per day according to the age

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-30	28	3.3929	1.13331	.21418	2.9534	3.8323	1.00	5.00
31-45	14	2.6429	1.00821	.26945	2.0607	3.2250	1.00	4.00
45 and above	8	2.1250	.99103	.35038	1.2965	2.9535	1.00	4.00
Total	50	2.9800	1.16916	.16534	2.6477	3.3123	1.00	5.00

This table presents descriptive statistics for a variable that has been categorized into three age groups: 18-30, 31-45, and 45 and above. The table shows the number of observations (N), the mean, standard deviation (SD), standard error (SE), and the minimum and maximum values for each age group, as well as for the total sample. The mean score for the variable is highest for the 18-30 age group ($M=3.3929$), followed by the 31-45 age group ($M=2.6429$), and lowest for the 45 and above age group ($M=2.1250$). The standard deviation is highest for the 18-30 age group ($SD=1.13331$) and lowest for the 45 and above age group ($SD=.99103$). The standard error is highest for the 45 and above age group (.35038) and lowest for the 18-30 age group (.21418). The confidence intervals for the mean show that, with 95% confidence, the true population mean for the 18-30 age group falls between 2.9534 and 3.8323, for the 31-45 age group between 2.0607 and 3.2250, and for the 45 and above age group between 1.2965 and 2.9535. The confidence interval for the total sample falls between 2.6477 and 3.3123. Overall, these descriptive statistics suggest that the variable in question is highest for the youngest age group and decreases with age. The 18-30 age group also has the highest variability in scores, whereas the 45 and above age group has the lowest variability.

Table 4.4.26

ANOVA					
	Sum Squares	of df	Mean Square	F	Sig.
Between Groups	12.212	2	6.106	5.240	.009
Within Groups	54.768	47	1.165		
Total	66.980	49			

This output seems to be from an ANOVA table, which is a statistical test used to determine whether there are any statistically significant differences between the means of two or more groups. In this case, the ANOVA table shows that there are three sources of variation in the data: Between Groups, Within Groups, and in Total. Between Groups represents the variation between the sample means of the three groups being compared. The Sum of Squares for this source of variation is 12.212, with 2 degrees of freedom (df), resulting in a Mean Square of 6.106. The F-ratio for Between Groups is 5.240, which indicates that there is a significant difference between the means of the three groups ($p < .01$). Within Groups represents the variation within each group, which is not accounted for by the differences between the groups. The Sum of Squares for this source of variation is 54.768, with 47 degrees of freedom. The Mean Square is not reported, as it is calculated by dividing the Sum of Squares by the degrees of freedom. Finally, the Total represents the total variation in the data. The Sum of Squares for this source of variation is 66.980, with 49 degrees of freedom. Overall, the ANOVA table suggests that there are significant differences in the earnings per day between the three groups being compared, as indicated by the significant F-ratio Between Groups. However, further statistical analysis would be needed to determine which specific groups differ significantly from each other.

Null Hypothesis

There is no positive correlation between the age of the sex workers, their income per day and the effect on the mental health

NOMINAL REGRESSION ANALYSIS

		N	Marginal Percentage
Age	18-30	28	56.0%
	31-45	14	28.0%
	45 and above	8	16.0%
Earnings per day	less than 500	7	14.0%
	500-1000	9	18.0%
	1001-1500	16	32.0%
	1501-2000	14	28.0%
	More than 2000	4	8.0%
Have you ever experienced mental health issues?	Yes	14	28.0%
	No	36	72.0%
Valid		50	100.0%
Missing		0	
Total		50	
Subpopulation		9 ^a	

a. The dependent variable has only one value observed in 1 (11.1%) subpopulations.

The table shows the frequency distribution of three variables: Age, Earnings per day, and Have you ever experienced mental health issues? The column headings represent the different categories or levels of each variable, and the rows show the number of respondents (N) and the marginal percentage for each category. For Age, there are three categories: 18-30, 31-45, and 45 and above. The table shows that 28 respondents (56.0%) are in the 18-30 age range, 14 (28.0%) are in the 31-45 range, and 8 (16.0%) are 45 and above. For Earnings per day, there are five categories: less than 500, 500-1000, 1001-1500, 1501-2000, and More than 2000. The table shows that 7 respondents (14.0%) have earnings less than 500 per day, 9 (18.0%) have earnings between 500 and 1000 per day, 16 (32.0%) have earnings between 1001 and 1500 per day, 14 (28.0%) have earnings between 1501 and 2000 per day, and 4 (8.0%) have earnings more than 2000 per day.

For Have you ever experienced mental health issues?, there are two categories: Yes and No. The table shows that 14 respondents (28.0%) answered Yes, indicating that they have experienced mental health issues, while 36 (72.0%) answered No.

Effect	Likelihood Ratio Tests				
	Model Criteria	Fitting	Likelihood Ratio Tests		
	-2	Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Intercept	31.955 ^a	.000	0	.	
Earnings per day	48.101	16.146	8	.040	
Have you ever experienced mental health issues?	33.326	1.371	2	.504	

The chi-square statistic is the difference in -2 log-likelihoods between the final model and a reduced model. The reduced model is formed by omitting an effect from the final model. The null hypothesis is that all parameters of that effect are 0.

a. This reduced model is equivalent to the final model because omitting the effect does not increase the degrees of freedom.

This output seems to be from a logistic regression analysis, which is a statistical technique used to model the relationship between a binary dependent variable and one or more independent variables. The table includes information on the effect size, model fitting criteria, and likelihood ratio tests for each predictor variable included in the model. The first row of the table shows the intercept-only model, which includes only the intercept term and serves as a baseline for comparison. The -2 Log Likelihood of the Reduced Model is 31.955, indicating that the model provides a good fit to the data with a perfect classification of the outcome variable. The Chi-Square statistic for this model is 0 with 0 degrees of freedom, indicating that there is no significant difference between this model and the full model with predictors. The second row shows the effect of Earnings per day on the outcome variable. The -2 Log Likelihood of the model including this predictor is 48.101, which is higher than the reduced model, suggesting a worse fit. The Chi-Square statistic is 16.146 with 8 degrees of freedom, indicating that the model including Earnings per day is a significant improvement over the intercept-only model ($p < .05$).

In the third row, the -2 Log Likelihood of the model including this predictor is 33.326, which is lower than the model including Earnings per day, suggesting a better fit. The Chi-Square statistic is 1.371 with 2 degrees of freedom, indicating that the model includes Have you ever experienced mental health issues? is not a significant improvement over the intercept-only model ($p > .05$). In summary, this logistic regression analysis suggests that Earnings per day is a significant predictor of the outcome variable, while Have you ever experienced mental health issues? is not a significant predictor. However, further statistical analysis would be needed to determine the strength and direction of these relationships, as well as any potential confounding variables that may be affecting the results.

CHAPTER 5

SUMMARY FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter deals with the conclusion of the project by stating the major findings that have been drawn from the study. The findings have given a new insight into the study by revealing the different aspects of the factors in the life of sex workers. This chapter also deals with suggestions. The conclusion which will also be included in this chapter will give an overall summary of the study.

5.2 SUMMARY FINDINGS

The findings of the study is summarized as follows

- More than 50% of sex workers are from the age group 18-35.
- The most important thing is It is concerning to note that a majority of sex workers in the data are from the age group of 18-30, with 56 percent of the total sex workers belonging to this age group. This highlights the vulnerability of young adults, who may be entering into the sex trade due to a variety of reasons such as poverty, lack of education and employment opportunities, and exploitation.
- The largest group of sex workers, representing 46% of the total, are currently married. This finding suggests that a significant proportion of sex workers are engaged in sex work while still being legally married. This finding highlights the complex and often stigmatized nature of sex work, particularly for those who are married.
- 10% of the sex workers are divorced, which means they were previously married but are now legally separated. This finding indicates that a proportion of sex workers may have experienced a breakdown in their previous relationships, potentially leading them to enter sex work.
- 32.0% of sex worker respondents strongly disagree that they faced difficulties from a pimp, while 56.0% of respondents simply disagree with the statement. In total, 88.0% of sex worker respondents disagreed with the statement. Only 4.0% of respondents were neutral, and 6.0% agreed that they faced difficulties from a pimp. Based on the information provided, we can see that the majority of respondents (88%) either strongly disagree or disagree with the statement/question, while only a small percentage (6%) agree with it. The fact that only 4% of respondents are neutral suggests that most people have a strong opinion one way or another.
- ANOVA table, which is a statistical test used to determine whether there are any statistically significant differences between the means of two or more groups which involves the earnings of the sex workers per day in relation to the different age groups.
- Overall, the ANOVA table suggests that there are significant differences in the earnings per day between the three groups being compared, as indicated by the significant F-ratio Between Groups.
- In the opinion on the difficulties faced by you from a pimp(female/male) in regards to the Physical torture 38% strongly disagreed and another 50% disagreed. It states that the pimp (male/female) doesn't harass the sex workers physically.
- In response to the awareness regarding contraceptives 98% of the sex workers are aware of contraceptives.
- In terms of earnings per day, most respondents (32.0%) earn between 1001 and 1500 per day, followed by 28.0% who earn between 1501 and 2000 per day. Only a small percentage (8.0%) of respondents earn more than 2000 per day.

- Regarding mental health issues, 28.0% of respondents reported experiencing mental health issues.
- Earnings per day is a significant predictor of the outcome variable, with higher earnings being associated with a higher likelihood of the outcome variable, i.e earnings, and age are significant but age and mental issues are not (Nominal Regression).
- 92% of sex workers are not facing serious health issues.
- In respect to education, there were no questions asked but they actually have very less access to education.

5.2.1 Personal Interviews of youths regarding the sex workers

With personal interviews from college students in general the perspectives varied:

- They deserve equal rights.
- One of them mentioned that as we all know that in 2021 sex workers were legally allowed to do their own business, I think there's nothing wrong with that. They deserve respect and eventually, it's their work.
- Others mentioned that they noticed during the lockdown NGOs were coming forward to help them, but it was noticed that after the COVID-19 Pandemic the service from them stopped.
- One of them just expressed that they can dream whatever they want, no one has the right to comment on that.
- One of them mentioned about Kranti, which is an organization that helps to empower women from red-light areas and gives the best opportunities to kids of sex workers.
- One of them mentioned about the movie “Gangubai” which showed the sides of the sex workers, their struggle, how some people are brought into this business.

5.3 SUGGESTIONS

- **Decriminalization of sex work:** Decriminalizing sex work can help reduce the violence, exploitation, and stigma that sex workers often face. Decriminalization can also provide sex workers with access to legal protection, health care, and other essential services.
- **Access to healthcare:** Sex workers often face barriers to accessing healthcare due to stigma and discrimination. Providing sex workers with access to affordable, confidential, and non-judgmental healthcare services can improve their physical and mental health.
- **Access to education and training:** Offering sex workers education and training opportunities can help them develop new skills and find alternative sources of income, reducing their reliance on sex work.
- **Protection from violence:** Sex workers are at higher risk of violence, harassment, and exploitation. Providing sex workers with legal protection and support can help reduce violence and increase their safety.
- **Access to financial services:** Sex workers may face difficulties accessing financial services due to stigma and discrimination. Providing sex workers with access to banking and other financial services can help them manage their finances and save money.
- **Support networks:** Creating support networks for sex workers can help them build relationships, find community, and access resources and services.
- **Employment rights:** Ensuring that sex workers have access to the same employment rights as other workers can help reduce exploitation and provide them with greater security and stability.
- **Harm reduction:** Providing sex workers with harm reduction services, such as access to condoms and other safe sex materials, can help prevent the spread of sexually transmitted infections and reduce harm associated with drug use.

5.4 CONCLUSION

When we talk about sex workers, they face significant challenges and instances of discrimination in society. Stigma and marginalization can prevent sex workers from accessing essential services, such as healthcare and financial support, while also increasing their vulnerability to violence and exploitation. Decriminalization, access to healthcare, education, and training, protection from violence, access to financial services, support networks, employment rights, and harm reduction are all important strategies for improving the lives of sex workers and ensuring their rights are protected. By working towards greater inclusivity and support for sex workers, society can help to reduce the harm and discrimination they face and provide greater opportunities for health, safety, and well-being. The most important thing is while questioning them, I felt they are tired of answering the same questions. Some of them practically shared with me their feelings that no one generally asks about their whereabouts, the society looks at them from different perspectives. Like every mother in the world, they also want their kids to get the best education, and to be successful in their life. They want to be treated without discrimination in society. Stigma and discrimination can limit their opportunities for education and employment, while also making it difficult for them to access financial services and support. This can lead to economic instability and poverty, which in turn can increase the risk of violence, exploitation, and further marginalization. Therefore, addressing the socio-economic consequences of sex work requires a comprehensive approach that recognizes the complex social and economic factors that shape the experiences of sex workers. Proper health access should be given and like

- Durbar Mahila Samanwaya Committee (DMSC): DMSC is a Kolkata-based sex worker-led organization that works to promote the rights and well-being of sex workers in India through advocacy, education, and support services.
- Veshya Anyay Mukti Parishad (VAMP): VAMP is a Maharashtra-based organization that works to promote the rights and dignity of sex workers in India, including providing healthcare services, education, and legal support.
- SANGRAM: SANGRAM is a Maharashtra-based organization that works to empower sex workers and promote their rights, including providing HIV prevention and healthcare services, legal support, and community organizing.
- Nari Gunjan: Nari Gunjan is a Bihar-based organization that works with female sex workers, providing support services, education, and advocacy for their rights.
- Ashodaya Samithi: Ashodaya Samithi is a Karnataka-based organization that provides support services, education, and advocacy for the rights of sex workers in India.

But in a country like India, there should be more NGOs that can more efficiently work for the sex workers and also give proper care of their children and help in the employment of the sex workers. The education of sex workers is a complex and multifaceted issue, with a range of factors that can impact their access to education and the effectiveness of educational programs. However, it is clear that providing education and training to sex workers can have a range of benefits, both for the individuals themselves and for the broader society. Sex workers may benefit from education in a number of ways, including increased awareness of their rights, improved health and safety, and the development of new skills that can help them transition out of the sex industry if they choose to do so. Educational programs can also help to reduce stigma and discrimination against sex workers and promote a more nuanced understanding of the industry and the individuals who work within it. To be effective, educational programs for sex workers must be designed with the needs and experiences of sex workers in mind and should be delivered in a way that is accessible, respectful, and non-judgmental. They should also be accompanied by efforts to address the structural factors that contribute to the marginalization and vulnerability of sex workers, such as poverty, housing insecurity, and criminalization. Overall, while the education of sex workers is not a simple issue, it is clear that there is a strong case for investing in educational programs that are tailored to the needs and experiences of sex workers, and that prioritize their health, safety, and well-being.

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