

Brothel-Based vs. Transient Sex Workers in India

Subjects: Communication

Contributor: Satarupa Dasgupta

The sex worker is framed by Indian popular culture as primarily a woman and a disreputable woman, who is a social deviant inhabiting circumscribed and forbidden spaces. In India, sex workers in brothel-based settings, especially in big, well-renowned red-light districts in metropolitan areas like the Sonagachi in Kolkata and the Kamathipura in Mumbai are supported by community led structural interventions and development projects.

Keywords: commercial sex work ; stigmatization ; brothel-based sex workers

1. Introduction

Stigma surrounding sex work is a fundamental determinant of inequality for sex workers and precipitates health disparities and a poorer quality of life among the latter population. An understanding and inclusion of environmental and structural factors, such as stigma, is essential for successful program development for disseminating healthcare and support services among high-risk population groups like commercial sex workers. "Navigating the social world as a stigmatized actor can lead to isolation or hostility from others, as well as deep uncertainty over who can be trusted with the knowledge of the stigmatized status" ^[1]. The process of stigmatization can be complex and intersectional, and stigma remains one of the powerful structural mechanisms of social control affecting lived experiences of marginalized populations.

"The concept of stigma power shifts conventional understandings of stigma as an individual psychological process toward a more complex conceptualization of stigma as a set of internal and external social processes, affecting multiple domains of people's lives...recognizing stigmas beyond the personal level—in other words, as a personal tragedy or form of individual deviance—allows for exposure of the underlying cultural norms of shame and blame and is vital to understanding how they play out in the daily lives of those who are stigmatized"

^[1].

Delineating how stigma is felt and negotiated is essential for the development of destigmatization policies and programs especially for marginalized and underserved populations. Stigma is noted to have similar impact to factors like race, class, income, gender and education in precipitating inequality ^{[2][3][4]}. Stigma "not only affects various aspects of identity formation and social interaction but also access to a range of resources and opportunities, including judicial and health care services" ^[1].

Among commercial sex workers, stigmatization can exacerbate structural inequities that limit their access to education, healthcare and other sociopolitical resources. Stigmatization legitimizes discrimination against sex workers, enables structural violence against the latter and perpetuates oppression, marginalization and poverty ^{[5][6][7]}. Stigma against sex work is often precipitated by the criminalization of the profession as it is deemed as an illegal and criminal vocation in many parts of the globe and in India.

Indian legislation gives limited legality to sex work itself while rendering illegal aspects of the profession such as soliciting, pimping and running brothels. Consequently, sex workers are criminalized themselves as well as their clients, pimps and brothel owners subjecting them to a fine and imprisonment of three to five years upon prosecution. The clause 2(f) of the Immoral Trafficking (Prevention) Act (ITA) of India defines sex work as prostitution which is "sexual exploitation or abuse of persons for commercial purposes or for consideration of money or in any other kind" ^[8]. The clause 4(a) of the ITA also criminalizes sustenance off a commercial sex worker's earnings which creates a precarious situation for their offspring and family members. The ITA owes its origin to the Calcutta Suppression of Immoral Traffic Act passed in 1923 by the British colonial government. The Calcutta Suppression of Immoral Traffic Act was supported by the League of Nations Committee on Traffic in Women and Children. The Act criminalized prostitution and conflated trafficking with sex work. Homosexuality has been decriminalized in India since the Supreme struck down the colonial-era sodomy law (Section 377

of the Indian Penal Code) in 2018. However, the repercussions of ITA affects both cisgender females and transgender sex workers in India. For the transgender and cisgender male sex workers catering to male clients, the choice of their profession causes hyper-marginalization by adding to the stigmatization caused by their gender non-conformity.

The articulation of sex work as an unlawful and oppressive vocation leaves the individuals in the trade with little rights or opportunities and no legal recourse against violence perpetrated against them ^[9]. In fact, violence perpetrated against them is often deemed as legitimate violence to discipline a criminal community, and the violence perpetrated by law enforcement is often perceived as a necessity to conserve the society's moral fabric ^[7].

2. Stigmatization of the Sex Worker in Popular Indian Imagination

The sex worker is framed by Indian popular culture as primarily a woman and a disreputable woman, who is a social deviant inhabiting circumscribed and forbidden spaces ^{[10][11]}. According to Basu (2010, p. 422), the sex worker is a woman who subverted "Indian middle-class moral strictures that call for the purity of womanhood before marriage and a monogamous servitude to one's husband after marriage... Serial coitus, and for money, makes sex workers liable for serious and lifelong moral, spatial, structural, economic, and symbolic sanctions by the larger society" (Basu, 2010, p. 422) ^[12]. In Indian popular imagination, the stigmatization of sex work materializes in physical marginalization of the spaces in which they live and ply their trades ^[12]. These include overcrowded red-light areas that are ghettoized and distinctively demarcated from residential spaces. As Basu (2010, p. 423) noted, "The social framing of stigma associated with sex work shifts from the discursive realm and overlaps with the geographical contexts of life and living associated with the profession. The meanings related to such work and the stigma associated with its meanings situate sex work as a cultural and structural symbol for stigma and spatial peripheralization" ^[12].

The demarcation of geographical spaces of "red light neighborhood" and "domestic neighborhood" is a key distinction used to demarcate the work spaces of sex workers in Indian popular imagination ^{[13][14]}. Belonging to the realm of sex work is seen to preclude the possibility of concurrently existing in the sphere of domesticity. Cornish (2006, p. 465) comments, "just as spoiling of food is irreversible, so it is considered extremely difficult for a woman to lose the stigma of sex trade. Sex workers thus learn that they cannot regain a respectable identity, but must expect and accept stigmatization and discrimination" ^[13].

However, commercial sex workers in India are not a monolith. Inaccurate tropes and popular narratives about sex workers often result in essentializing their identities as being cisgender females and being brothel-based and sequestered in a red-light area. However, as prior research—including a study by Azhar et al. (2020) focusing on the diversity of sex work in India—indicates, a significant section the population is composed of independent actors unaffiliated with brothels ^[15]. Identity negotiation and, consequently, stigmatization can vary according to the location and characteristics of the profession.

3. Brothel-Based vs. Transient Sex Workers

In India, sex workers in brothel-based settings, especially in big, well-renowned red-light districts in metropolitan areas like the Sonagachi in Kolkata ^[16] and the Kamathipura in Mumbai ^[17] are supported by community led structural interventions and development projects. They have access to healthcare information—including information pertaining to safe sex practices—provided by government and non-governmental agencies and community-based peer outreach projects. They enjoy the social support of their peers to negotiate healthcare systems and voice their demands for collective rights and resistance against oppression ^{[18][19]}.

Research however highlights that a significant percentage of sex workers in India operate clandestinely from non-brothel-based settings ^[20]. However, there is a serious gap in research on the differences of the impact of stigmatization on identity negotiation and support-seeking among brothel-based and transient sex workers and for the visibility of stigmatization of transient, non-brothel-based sex workers as well the effect on the patterns of health information access, support-seeking and service uptake ^{[18][19]}. It is important to note here that brothel-based sex workers and non-brothel-based sex workers are not mutually exclusive categories, as considerable overlap exists between these groups ^[21]. However, the variations in the work setting have significant implications on their health and overall well-being. Non-brothel-based sex workers have no fixed place and time of operation. They solicit their clients from varied public places, such as cinema halls, parks, bus stands, railway stations, hotels/lodges, streets and highways. They are a transient, peripatetic population and use their mobility strategically to escape being labeled as sex workers and the stigma associated with residing in brothels ^{[20][21][22]}.

Unlike their brothel-based counterparts, studies have found that non-brothel-based sex workers are more vulnerable to contracting sexually transmitted infections (STIs). Their frequently changing work environments render access to STI preventive equipment challenging, and they are more likely to experience sexual violence due to their clandestine operations ^{[18][19][23]}. Sex workers' unions require their members to self-identify themselves as a 'sex worker' in order to become a member of the organization and to avail themselves of critical support services. Brothel-based sex workers who are union members often have access to health care clinics, co-operative banks providing loans for community business enterprises (e.g., in Sonagachhi), residential schools and children's day-care shelters set up in close proximity to the brothels (e.g., in Sonagachhi and Kamathipura). On the contrary, individuals operating from non-brothel-based settings and living with their families are reluctant to seek membership in support groups that require them to register as sex workers. Several studies show that the targeted programs or sex worker support groups have had a limited outreach and impact on transient sex workers ^[18]. The latter avoid these services due to fear of being labeled as sex workers and the resultant stigmatization. Transient sex workers thus negotiate visibility and stigmatization differently from brothel-based sex workers. Hence, in this context the study of location and visibility is simultaneously the study of stigmatization, agency and health.

The location of sex work and the resultant visibility or invisibility of the sex workers themselves have only sporadically appeared as a relevant concept while studying stigmatization. Kotiswaran (2011) shows that sex workers operating from designated brothels or red-light areas in India are more visible than transient sex workers and often form a unique and distinct labor force ^[20]. However, they are more readily recognized as sex workers owing to their location, and consequently they face intense scrutiny, surveillance and stigmatization. Ham and Gerard (2014) noted that brothel-based sex workers often register themselves as members of their professional group in order to gain access to externally provided support services including harm reduction programs ^[24]. However, registering as sex workers exacerbates the stigmatization against them. Such stigmatization often intersects with their location within red-light areas and increases the chances of eviction during occasional gentrification drives especially in urban areas ^[24]. Anticipated transactional sexual activity within these designated spaces create an intersection between spatialization and stigmatization, by varying socio-legal and moral surveillance and condemnation, besides creating an intersection between location, gender and sexuality. Additionally, the different groups within sex worker populations—e.g., brothel-based versus transient or cisgender versus transgender—often face structural racism and discrimination at multiple levels that further shape their daily survival strategies. Hence, an application of an intersectional lens to understand stigmatization among the diverse populations of sex workers is necessary. Intersectionality theory posits that multiple social identities intersect at the micro level of individual experience to reflect multiple interlocking systems of oppression at the macro, social-structural level ^[25]. Intersectionality thus refers to the multiple and complex ways in which systems of oppression and inequality connect.

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