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REFORMING SEX WORKER'S POLICY TO COMBAT SEXUALLY TRANSMITTED DISEASES: A CALL FOR PUBLIC HEALTH ACTION IN INDIA

Riya Kanwar

Ph.D. Scholar, Manipal University Jaipur, Working as Assistant Professor, Faculty of Law, GLS University

Dr. Kiran Raj

Assistant Professor, Faculty of Law, Manipal University, Jaipur

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Abstract:

Sex work remains a contentious issue globally, with significant implications for public health, particularly concerning the spread of sexually transmitted diseases (STDs). In India, where STDs rank among the top communicable diseases, addressing the health needs of sex workers is paramount. This paper advocates for a reform in sex worker policy as a crucial step in combating STDs and safeguarding public health. By examining the complex intersection of sex work, STDs, and public health in India, this paper highlights the urgent need for comprehensive strategies that prioritize the health and rights of sex workers. Drawing on evidence-based approaches and emphasizing the importance of destigmatization, empowerment, and access to healthcare services, this paper underscores the imperative for policy reform to effectively address the challenges posed by STDs among sex workers in India.

Keywords: Sex work, Sexually Transmitted Diseases (STDs), Public Health, Policy Reform, India, Empowerment, Stigma, Healthcare Access, Marginalized Populations

Understanding the Interplay and Implications for Sex Workers' Health

In India, the prevalence of Sexually Transmitted Diseases (STDs) is a pressing public health concern, ranking among the top three categories of communicable diseases alongside malaria

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and tuberculosis. The escalation of HIV infections adds to this urgency, with projections suggesting that India may soon harbor the largest HIV-infected population globally. Notably, the incidence of HIV infections among individuals with STDs is experiencing a worrying surge.

Before delving into the discussion on STDs and their prevalence among sex workers, it's crucial to understand the major types of STDs. Examination of patients attending STD, infertility, antenatal, and gynecology clinics reveals syphilis as the foremost sexually transmitted infection (STI) among women. Additionally, trichomoniasis and candidiasis are prevalent, with gonorrhea also noted, although accurately estimating its prevalence presents challenges. Recently, emerging concerns include Chlamydia, herpes, and genital warts—both viral STDs—particularly among women.

This scenario underscores the complex landscape of STDs in India, necessitating comprehensive strategies to address their prevention, detection, and treatment. It's imperative to recognize the multifactorial nature of STD transmission, influenced by social, economic, and behavioral factors. In addition to sex workers, marginalized populations such as LGBTQ+ individuals, intravenous drug users, and migrant populations are disproportionately affected by STDs due to various structural inequalities and lack of access to healthcare services.

Effective intervention strategies must prioritize awareness campaigns, promote regular screening, and ensure access to affordable and stigma-free healthcare services. Furthermore, comprehensive sex education programs are essential to empower individuals with knowledge about safe sex practices and STD prevention. Targeted efforts to reduce stigma and discrimination against individuals with STDs can encourage more people to seek testing and treatment, thereby curbing transmission rates.

Additionally, strengthening healthcare infrastructure, particularly in rural and underserved areas, is critical for expanding access to STD testing and treatment services. This includes training healthcare professionals to provide culturally sensitive and non-judgmental care, as well as investing in diagnostic technologies and treatment options.

Moreover, addressing the social determinants of health, such as poverty, gender inequality, and lack of education, is fundamental to reducing the burden of STDs in India. By addressing these underlying factors, policymakers can create an enabling environment for effective STD prevention and control initiatives.

The existing policy landscape regarding prostitution significantly contributes to the escalation of Sexually Transmitted Diseases (STDs) among sex workers and the wider community. With no legal recognition or support, sex workers often operate in clandestine settings, lacking access to essential healthcare services. This deficiency not only perpetuates the prevalence of STDs but also hampers early detection and treatment, consequently facilitating their transmission within communities.

Furthermore, societal stigma and discrimination exacerbate the marginalization of sex workers, impeding their ability to seek medical assistance without fear of judgment or persecution. Consequently, many sex workers engage in risky behaviors, such as unprotected sex, to fulfill financial needs, thereby heightening their vulnerability to STDs and HIV.

Addressing the intricate relationship between prostitution and STDs requires a multifaceted approach that prioritizes the health and well-being of sex workers. This entails the implementation of comprehensive healthcare programs tailored to the unique needs of this marginalized population, including access to regular screenings, education on safe sex practices, and provision of contraceptives. Additionally, destigmatizing and decriminalizing prostitution can empower sex workers to access healthcare services without fear of retribution, ultimately mitigating the spread of STDs and safeguarding public health.

Sexually Transmitted Diseases (STDs) represent a significant global public health concern, with India grappling with particularly alarming rates of infection. Among the array of STDs, syphilis emerges as one of the most serious and consequential, despite not being the most common. Caused by the bacterium *Treponema pallidum*, syphilis poses a severe threat due to its progressive nature and potential for severe complications if left untreated.

The transmission of syphilis primarily occurs through sexual intercourse with an infected individual. Notably, even before visible symptoms manifest, thousands of syphilis germs may already be present in the victim's body. This rapid proliferation underscores the urgent need for early detection and treatment. Syphilis progresses through four stages, each more detrimental than the last.

Gonorrhea, another prevalent STD, is caused by the bacterium *Neisseria gonorrhoeae* and primarily affects the genito-urinary organs. In men, it typically presents as inflammation of the urethra, accompanied by a discharge of greenish-yellow matter and a burning sensation during urination. However, many infected women remain asymptomatic in the early stages, serving

as carriers and contributing to the spread of the disease. If left untreated, gonorrhoea can lead to severe complications, including permanent sterility, particularly in women.

Trichomoniasis, caused by the protozoan *Trichomonas vaginalis*, is transmitted through sexual intercourse and affects a significant percentage of sexually active women. While not all infected women exhibit symptoms, those who do may experience abnormal vaginal discharge. Men, on the other hand, often remain asymptomatic carriers, complicating diagnosis and treatment. If left untreated, trichomoniasis can lead to extensive inflammation and discomfort.

Non-specific urethritis, often attributed to the bacterium *Chlamydia trachomatis*, presents symptoms similar to gonorrhoea but lacks a specific causative agent. This condition primarily affects men and is becoming increasingly prevalent, posing challenges for diagnosis and treatment. Complications of non-specific urethritis can be severe, including arthritis and vision impairments, highlighting the urgency of effective management strategies.

Chlamydia, once considered a relatively minor concern, has emerged as a significant infection in recent years. Although less transmissible than gonorrhoea, chlamydia often co-occurs with other STDs and disproportionately affects women. Given the widespread prevalence of HIV/AIDS and other STDs, engaging in sex work poses considerable risks. With over 90% of HIV transmission occurring through sexual activity, sex workers, who often have multiple partners, face heightened vulnerability to infection.

The escalating rates of HIV/AIDS and STDs in India underscore the critical need for comprehensive prevention and intervention strategies. These strategies must encompass accessible healthcare services, education on safe sex practices, and efforts to destigmatize and empower marginalized populations such as sex workers. By addressing the root causes of STD transmission and prioritizing early detection and treatment, India can mitigate the devastating impact of these diseases on individuals and communities alike.

The established link between Sexually Transmitted Diseases (STDs) and HIV/AIDS highlights the urgency of addressing both simultaneously. Untreated STDs significantly increase the risk of HIV transmission during unprotected sexual intercourse. Scientific evidence indicates that untreated STDs enhance inflammation and bleeding in the genital area, creating a conducive environment for HIV transmission. Moreover, individuals with pre-existing STDs are more likely to shed the HIV virus in their genital tract, further amplifying the risk of transmission.

Men are identified as particularly effective transmitters of STDs and HIV infection, exacerbating the spread of these diseases. Prolonged duration of STDs can also contribute to increased incidence within communities, emphasizing the urgent need for effective STD control measures as a priority in public health agendas.

Sex workers face unique vulnerabilities to acquiring STDs due to various factors inherent in their profession. The exploitative nature of brothel work, coupled with indifferent attitudes of health workers and non-responsive clients, compounds their susceptibility to STDs. Coercive power dynamics within the sex trade often leave sex workers with limited autonomy to negotiate condom use or seek healthcare for symptoms of infection. Additionally, alcohol dependency among some sex workers further impairs their ability to ensure condom use, perpetuating their vulnerability to STDs.

Despite increasing awareness among sex workers about the importance of condoms and interventions promoting their use, systemic barriers persist, hindering their ability to protect themselves effectively. Stigmatization in public healthcare facilities often compels sex workers to seek treatment from unreliable private practitioners or resort to self-medication, leading to inadequate or incorrect treatment.

Furthermore, the perception of STDs as inevitable occupational hazards further perpetuates the vulnerability of sex workers, who may resign themselves to these conditions as part of their fate. Even when experiencing symptoms, many sex workers may feel discouraged or prohibited from seeking treatment, exacerbating their suffering and perpetuating the cycle of infection within their communities.

Similarly, sex workers face heightened vulnerability to acquiring AIDS (Acquired Immune Deficiency Syndrome), a deadly disease caused by the Human Immunodeficiency Virus (HIV). The gradual deterioration of the immune system in individuals with HIV renders them increasingly susceptible to opportunistic infections, ultimately leading to an AIDS diagnosis.

The origin of HIV remains a subject of debate among scientists, with various theories proposed but none conclusively proven. The emergence of AIDS cases dating back several decades suggests that the virus may have circulated unnoticed for some time before its identification. HIV transmission primarily occurs through sexual intercourse, both homosexual and heterosexual, with unprotected sex posing the greatest risk. Other modes of transmission include blood contact, intravenous drug use, and mother-to-child transmission.

Addressing the spread of HIV/AIDS requires comprehensive strategies that tackle the socio-economic factors contributing to vulnerability, promote safer sexual practices, and ensure access to healthcare services. By prioritizing STD control measures and empowering marginalized populations like sex workers, we can effectively mitigate the impact of these diseases and safeguard public health.

The landscape of HIV/AIDS in India presents a complex scenario with significant challenges and opportunities for intervention. According to the National AIDS Control Organisation (NACO), the estimated national adult HIV prevalence in India stood at approximately 0.36 percent in 2006, translating to a population of 2 to 3.1 million individuals living with HIV/AIDS. Notably, more men are HIV positive than women, with a prevalence rate of 0.43 percent for males compared to 0.29 percent for females. The highest prevalence is observed in the 15-39 age group, posing a significant threat to the productive segment of society.

High-risk groups, including Injecting Drug Users (IDUs), men who have sex with men (MSM), and Female Sex Workers (FSW), exhibit even higher prevalence rates, reaching up to 8.71 percent among IDUs. The emergence of sex work as a public health concern gained prominence following the detection of the first Indian case of HIV infection in sex workers from Chennai in 1986. Since then, the AIDS epidemic has drawn attention to the vulnerability of sex workers, particularly female sex workers, who face disproportionately high rates of HIV infection.

The responsibility of clients of sex workers in perpetuating the spread of HIV/AIDS cannot be overstated. Many clients either transmit the virus to sex workers or acquire it from them due to reluctance to use condoms, citing reduced sexual pleasure as a primary concern. This attitude not only endangers sex workers but also exposes their families and other sexual partners to the risk of infection. Despite efforts to promote condom use among sex workers, the reluctance of clients remains a significant barrier to effective prevention strategies.

Awareness among sex workers regarding HIV/AIDS is generally high, but misconceptions and myths persist, hindering prevention efforts. Practices such as washing the vagina after sex with substances like dettol or turmeric demonstrate the need for targeted education to dispel misinformation and promote safer practices. Additionally, the prevalence of condom use varies, with some sex workers using condoms inconsistently, particularly with regular partners.

Targeted interventions aimed at addressing HIV/AIDS among marginalized populations like sex workers face numerous challenges. Programs often prioritize reaching sexually active male populations rather than focusing on the specific needs of sex workers themselves. Lack of

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community ownership and control over intervention programs further undermines their effectiveness. Peer education initiatives, while promising, face obstacles such as police harassment and lack of recognition for their life-saving work.

Trafficked women engaged in sex work are particularly vulnerable to HIV/AIDS due to factors such as sexual abuse, lack of access to healthcare, and fear of legal repercussions. The intersection of trafficking, sex work, and HIV/AIDS underscores the need for comprehensive approaches that address structural inequalities and empower marginalized communities.

Furthermore, the diversion of funds to fake NGOs undermines efforts to combat HIV/AIDS effectively. Despite guidelines requiring NGOs to demonstrate credibility, transparency, and expertise in community work, many organizations fail to meet these criteria, compromising the integrity of HIV/AIDS control programs.

The discussion on sex work and HIV/AIDS highlights the urgent need for policy reform and comprehensive strategies that prioritize the health and rights of sex workers. Legal approaches that stigmatize or criminalize sex work only serve to drive the profession underground, impeding access to healthcare and prevention services. Instead, efforts should focus on promoting mass awareness, community-based interventions, and addressing systemic barriers to healthcare access for marginalized populations.

In conclusion, addressing HIV/AIDS among sex workers in India requires a multi-faceted approach that addresses social, economic, and legal factors contributing to vulnerability. By empowering sex workers, promoting safer practices, and combating stigma and discrimination, India can move towards a more inclusive and effective response to the HIV/AIDS epidemic.