

Regional Disparities and Its Impact on Female Sex Workers (FSWS) in Karnataka

Prahlada G¹, Dr. Chidanand U Dawleshwar²

¹Research Scholar, Department of Social Work, Rani Channamma University, Belagavi

²Assistant Professor, Department of Social Work, Rani Channamma University, Belagavi

Abstract:

Karnataka, a state with wide-ranging economic and cultural landscapes, things to see the regional disparities faced by female sex workers (FSWs). These disparities understandable in their economic opportunities, access to healthcare, and exposure to stigma and violence. This paper examines the socioeconomic and health challenges of FSWs across urban hubs like Bengaluru and rural regions of Karnataka, drawing on secondary data from government reports, academic studies, and NGO interventions.

The findings reveal significant differences in earnings, living conditions, and access to health services between urban and rural areas. While urban FSWs may have better access to healthcare and legal resources, they face heightened risks of exploitation and violence in an increasingly commercialized environment. In rural Karnataka, limited livelihood opportunities, pervasive stigma, and inadequate healthcare infrastructure exacerbate the vulnerabilities of FSWs. The paper advocates for region-specific interventions, emphasizing the need for decriminalization, healthcare outreach, and community-driven support systems to address the inequalities faced by FSWs in Karnataka.

Keywords: Female Sex Workers(FSW), Stigma, and Regional Disparities.

1. Introduction

Karnataka, a state in southern India,(Guha, 2017) presents significant regional disparities that intensely influence various socio-economic groups,(2023 & Survey, 2022) as well as female sex workers (FSWs). These disparities, well-established in sequential, cultural, and economic contexts, outline the lived experiences of FSWs across different districts. Karnataka has one of the highest HIV occurrence rates among FSWs in India,(Willis et al., 2022) more than 25% in some areas. This frightening statistic underscores the dangerous need for targeted health interventions and tactic reforms.(McGowan et al., 2022)

For many FSWs in Karnataka, sex work is not a choice but a survival strategy driven by economic necessity and a lack of viable alternatives. A huge amount of these women come from marginalized backgrounds(Olawore et al., 2020), as well as lower-caste and inexpensively disadvantaged communities. The lingering influence of the devadasi(Baruah & Borooah, 2017) system a traditional practice linking certain caste groups to ritualized sex work continues to perpetuate cycles of poverty,(Tiwari et al., 2022) stigma, and systemic exclusion. These socio-economic constraints not only limit opportunities for economic mobility(Goldenberg et al., 2021) but also expose FSWs to heightened risks of violence, exploitation, and health vulnerabilities.

Stigma surrounding sex work remains (Santos et al., 2023) a formidable barrier to health and well-being for FSWs in Karnataka. Discrimination by healthcare providers often discourages women from seeking necessary services, including preventive care for sexually transmitted infections (STIs) and HIV. Moreover, the widespread violence faced by FSWs—whether from clients, intimate partners, or law enforcement—exacerbates their vulnerability, diminishing their capacity to negotiate safer sex practices and secure their basic rights.

Addressing these challenges requires a nuanced understanding of the regional disparities that impact FSWs in Karnataka. Comprehensive interventions must include legal reforms to make legal sex work, (Ochako et al., 2018) improved healthcare access tailored to the needs of FSWs, and community initiatives aimed at reducing societal stigma. This introduction establishes the context for exploring the multi-faceted challenges faced by female sex workers in Karnataka and emphasizes the urgency of addressing these regional disparities to improve their health outcomes and quality of life. (Grinde, 2022)

2. Methodology

The methodology for studying regional disparities and its impact on female sex workers (FSWs) in Karnataka will primarily rely on secondary data sources. These include government reports such as those from the Ministry of Women and Child Development, the National AIDS Control Organization (NACO), and regional welfare programs targeting sex workers. Health data from the Karnataka Health Department and reports from NGOs like Sangram and VAMP will provide insights into healthcare access and health disparities. Additionally, academic studies on the socio-economic conditions of FSWs and the impact of regional disparities will be reviewed. Data from comparative international studies on sex work, as well as socio-economic statistics from the Indian Census and Karnataka's Economic Survey, will help analyze the broader economic disparities. These secondary data sources will offer a foundation for understanding the challenges faced by FSWs in different regions and guide policy recommendations for improvement.

2.1 Objectives of the study

1. To analyze the impact of regional disparities on the socio-economic conditions of female sex workers (FSWs) in Karnataka.
2. To assess the barriers to healthcare access and the influence of stigma on FSWs across different regions.
3. To recommend policy interventions to improve the welfare and rights of FSWs in Karnataka.

3. Discussion:

Regional disparities significantly influence the experiences and well-being of female sex workers (FSWs) in Karnataka, (Ummah, 2019) India. These disparities manifest in economic inequalities, healthcare access, and social stigma, shaping the socio-economic conditions and health outcomes (Jorjoran Shushtari et al., 2022) of FSWs. Understanding these disparities is essential for designing effective interventions that address the unique challenges faced by FSWs in diverse regions.

Economic Disparities

Economic conditions across Karnataka vary widely, impacting the income and financial stability of FSWs. Research highlights that an FSW in Pune earns about \$4.40 per encounter (adjusted for local cost of living), compared to \$18.77 (Gore & Patwardhan, 2022) in Bangkok and approximately \$101.79 in Washington D.C. (Gore & Patwardhan, 2022). This disparity underscores how regional economic

inequalities influence the earning potential of FSWs(Gore & Patwardhan, 2022), mainly in lower-income areas where they often struggle to meet essential needs. The economic pressures that force women into sex work are exacerbated in regions with limited employment opportunities. In rural areas, where conventional livelihoods may be moribund,(Brooks et al., 2023) sex work becomes a survival strategy. This economic vulnerability increases the risk of exploitation, as FSWs may feel obliged to accept insecure working conditions or engage in unprotected sex to secure income.

Health Disparities

Healthcare access is another dangerous area where regional disparities considerably impact FSWs. In Karnataka, stigma and discrimination from healthcare providers often deter FSWs from seeking necessary medical care(Borman, 2022). Studies indicate that fear of judgment or mistreatment leads many FSWs to avoid healthcare facilities, ensuing in untreated sexually transmitted infections (STIs) and higher rates of HIV(NACP, 2007) .In addition, the accessibility of specialized healthcare services for FSWs is partial. Many health programs not succeed to adequately address their unique needs, such as reproductive health and mental health services. The lack of integrated healthcare services (NACP, 2007)forces FSWs to navigate multiple facilities to address different health issues, which is often logistically and financially challenging.

Social Stigma and Violence

Social stigma relics a important barrier to the well-being of FSWs in Karnataka. This stigma leads to discrimination in healthcare settings, communities, and other social spheres, isolating FSWs from support networks .(Hoffman et al., 2021) Marginalization increases their vulnerability to violence from clients, intimate partners, and law enforcement. Reports show that many FSWs knowledge physical and sexual violence, which harshly affects their mental and physical health . In regions where stigma is particularly high, fear of violence deters FSWs from looking for help or reporting incidents to authorities. Criminalization (Goldenberg et al., 2021)of sex work exacerbates this issue, as it fosters an environment where FSWs avoid law enforcement due to fears of arrest or harassment.

The regional disparities impacting female sex workers in Karnataka highlight the need for targeted interventions to address their sole challenges. Recommended strategies include:

Decriminalizing sex work to provide FSWs with legal defense and reduce their vulnerability to exploitation and violence, and Improving healthcare access by offering specialized, non-discriminatory services modified to the needs of FSWs, also reducing stigma through community consciousness programs and training for service providers to promote a supportive environment for FSWs. Recognizing the interplay between economic conditions, healthcare access(Goldenberg et al., 2021), and social stigma is crucial for developing comprehensive policies that support the rights and well-being of female sex workers. Addressing these disparities not only improves the lives of FSWs but also advances public health goals by reducing STI(Daniel et al., 2023) transmission and promoting social inclusion.

The socio-economic status of female sex workers (FSWs) in Karnataka

The socio-economic status of female sex workers (FSWs) in Karnataka is shaped by a combination of economic hardships, societal stigma, and health-related challenges(Ochako et al., 2018). In a state marked by pronounced gender disparities and economic inequalities, FSWs face a unique intersection of marginalization(Santos et al., 2023) and exploitation. Below is an overview of the primary factors influencing their socio-economic conditions.

Economic Vulnerability

A significant number of FSWs in Karnataka enter sex work due to limited economic opportunities and

the need to sustain their livelihoods(2023 & Survey, 2022). Originating predominantly from economically disadvantaged backgrounds, many lack access to quality education and formal employment options. Their earnings often fluctuate, influenced by factors such as geographic location(2023 & Survey, 2022), client demographics, and individual circumstances. Despite these earnings, they frequently struggle to meet basic needs, resulting in persistent financial instability and dependence on clients.

The broader economic challenges faced by Karnataka compound this issue. A decline in the state's GDP growth rate and a decrease in foreign direct investment (FDI) (UNAIDS, 2014) have heightened financial pressures on marginalized communities, including FSWs. Rising unemployment and stagnating economic growth further constrain the environment for improving their economic conditions.

Social Stigma and Discrimination

The pervasive stigma surrounding sex work adversely affects the social(Almeida et al., 2016) and emotional well-being of FSWs in Karnataka. This stigma not only erodes their self-esteem but also manifests as discrimination in critical areas such as healthcare(Terrence et al., 2018). Reports indicate that many FSWs are subjected(Ummah, 2019) to poor treatment by healthcare providers, discouraging them from accessing essential medical services. This results in higher rates of untreated sexually transmitted infections (STIs) and HIV(NACP, 2007) within this population.

Societal attitudes further isolate FSWs from community and familial support(Jorjoran Shushtari et al., 2022) systems. Rejection by families or local communities often exacerbates their socio-economic challenges. The internalization of such stigma can lead to mental health issues, including anxiety and depression, creating additional barriers to social and economic stability.

Health Challenges

The health conditions of FSWs are deeply intertwined with their economic and social realities. High incidences of violence perpetrated by clients and occasionally law enforcement pose severe risks to their physical and psychological well-being. Research has established a link between violence and reduced condom usage(UNFPA & ASWA, 2023), contributing to a heightened risk of STIs, including HIV. (Count Me In!, 2024)Addressing violence against FSWs is thus pivotal for improving both their health outcomes and broader HIV prevention efforts.

Access to healthcare remains another significant challenge. Due to stigma and systemic discrimination, many FSWs lack access to adequate(Daniel et al., 2023) reproductive healthcare and preventive services for STIs. This gap in healthcare access often results in long-term health complications, further marginalizing them.

The socio-economic status of female sex workers in Karnataka underscores systemic issues of poverty, stigma, and health disparities.(Tiwari et al., 2022) Addressing these challenges necessitates a multi-faceted approach, including: Decriminalizing sex work to reduce exploitation and enhance their legal protections. Establishing inclusive and stigma-free healthcare services tailored to FSWs' needs. (Ummah, 2019)And implementing community-driven programs to combat societal stigma and promote inclusion.

These strategies, combined with targeted interventions, can significantly improve the socio-economic conditions of FSWs in Karnataka, fostering dignity, safety, and empowerment for this vulnerable group.

Violence and Safety Concerns Among Female Sex Workers

Female sex workers (FSWs) face profound violence and safety concerns that significantly impact their physical, mental, and emotional well-being.(McGuine et al., 2021) The criminalized and stigmatized

nature of their work often places them in situations where they are vulnerable to various forms of violence, including physical, sexual, and emotional abuse.

Prevalence of Violence

Globally, research highlights a high prevalence of violence against FSWs. Studies estimate that 45% to 75% of FSWs experience sexual violence during their careers (Ryan, 2019). For instance, research in the United States found that 80% (Beattie et al., 2010) of street-based sex workers had encountered violence, with a substantial number reporting law enforcement as perpetrators.

Types of Violence Faced

Physical Violence: Many FSWs report being physically assaulted by clients or intimate partners. Studies reveal that approximately 24% (Bhattacharjee et al., 2023) of female sex workers experienced severe physical or sexual violence from intimate partners over six months.

Sexual Violence: Coerced or forced sexual encounters are alarmingly common. (Panchanadeswaran et al., 2010) Such incidents often occur without protection, heightening the risk of sexually transmitted infections (STIs) and HIV (NACP, 2007).

Emotional Abuse: Emotional and psychological abuse, including coercion and verbal humiliation, is also widespread. Nearly 49% of FSWs report experiencing emotional violence from intimate partners (Javalkar et al., 2019).

Factors Contributing to Violence

Criminalization: Laws criminalizing sex work foster an environment of fear and vulnerability. FSWs often avoid reporting crimes or seeking help from law enforcement due to fear of arrest or further victimization (Footer et al., 2020). This lack of legal recourse emboldens perpetrators, leaving workers exposed to unchecked violence.

Stigma and Discrimination: The societal stigma surrounding sex work leads to marginalization, making FSWs frequent targets of violence (Hoffman et al., 2021). Discrimination from healthcare providers and law enforcement further discourages them from accessing services. Internalized stigma can lower self-esteem, increasing vulnerability.

Economic Instability: Many women enter sex work due to economic necessity, often accepting higher-risk situations to meet financial needs. Financial dependence (Ummah, 2019) on clients can limit their ability to negotiate safe practices during interactions.

Health Implications

Increased Risk of STIs and HIV: Violence, particularly sexual violence, is strongly associated with higher rates of STIs and HIV (Platt et al., 2018). Forced unprotected encounters not only increase transmission risks but can also result in injuries that complicate health outcomes.

Mental Health Challenges: The trauma of violence often leads to mental health issues such as depression, anxiety, and substance abuse (Grinde, 2022). Many FSWs turn to drugs or alcohol as a coping mechanism to manage the stress and trauma they experience.

Addressing the violence and safety concerns of female sex workers requires urgent and comprehensive action. Decriminalizing sex work, improving access to healthcare, and creating legal protections against violence are critical. Equally important are initiatives to reduce societal stigma and provide safer working conditions for FSWs. Recognizing the systemic and structural factors that contribute to their vulnerability is essential in creating a safer, more equitable environment for female sex workers worldwide.

In Government Initiatives and Policy Gaps Regarding Female Sex Workers in Karnataka

Karnataka, various government initiatives aim to address the challenges faced by female sex workers (FSWs). (Ministry of Women and Child Development, 2022) Despite these efforts, critical policy gaps continue to impede their rights and welfare. This overview highlights the existing schemes, their objectives, and the areas requiring improvement for effective intervention.

Government Initiatives

Ujjawala Scheme

The Ujjawala Scheme, launched by the Ministry of Women and Child Development, seeks to prevent trafficking and rehabilitate victims of commercial sexual exploitation. (Ministry of Women and Child Development, 2022) Key components include shelter homes, medical care, legal aid, and vocational training to support reintegration into society. Over 273 projects have been implemented under this scheme, including protective shelters for women.

Muktir Alo Scheme

Although specific to West Bengal, this initiative serves as a model for programs in Karnataka. It focuses on providing alternative career opportunities for sex workers and trafficking survivors (Ministry of Women and Child Development, 2022) through vocational training and entrepreneurship support. The scheme emphasizes dignity and economic independence.

Integrated Child Protection Scheme (ICPS)

ICPS aims to provide care and protection for vulnerable children, including those of sex workers. Services under this scheme include access to education, healthcare, and emotional support to improve their overall well-being (https://en.wikipedia.org/wiki/Violence_against_prostitutes, n.d.).

National Network of Sex Workers (NNSW)

The NNSW is a nationwide advocacy group that fights for the rights of sex workers and promotes their inclusion in social protection schemes. It advocates for the legal recognition of sex work as a legitimate profession to enhance access to benefits and protection for workers. (<http://nnswindia.org/about-us.aspx#:~:Text=NNSW%20envisions%20a%20world%20wherein,%2C%20abuse%2C%20stigma%20and%20discrimination.,n.d.>)

Policy Gaps

Despite the efforts of these initiatives, several gaps limit their impact:

Legal Framework

The Immoral Traffic (Prevention) Act (ITPA) continues to criminalize many aspects of sex work rather than safeguarding the rights of FSWs. This punitive approach fosters stigma, perpetuates violence, (Almeida et al., 2016) and deters workers from seeking assistance or reporting abuses.

Access to Social Protection

FSWs face significant barriers to accessing social welfare programs due to bureaucratic requirements like Aadhaar or other identification documents. Many FSWs lack proof of residence or identity, leaving them excluded from essential services and benefits. (<https://www.indiatoday.in/Diu/Story/Why-Karnataka-Finances-Should-Worry-the-Government-2571406-2024-07-24>, n.d.)

Stigma and Discrimination

Widespread societal stigma against sex work leads to discrimination in healthcare and social services. Many FSWs receive substandard or inadequate care for critical health issues such as STIs or mental health conditions. (Grinde, 2022) Stigma also reduces their willingness to seek necessary support.

Vocational Training Gaps

Although some schemes offer vocational training, most fail to account for the unique challenges faced by FSWs. (Upadhyay & <https://www.livelaw.in/news-updates/prostitution-not-an-offence-adult-woman-has-right-to-choose-her-vocation-bombay-hc-orders-release-of-3-sex-workers-from-corrective-institution-163518>, 2020) Tailored programs that address their specific circumstances and provide ongoing support for transitioning into alternative livelihoods are largely absent.

Lack of Comprehensive Data

The absence of detailed data on the socio-economic and health conditions of FSWs in Karnataka limits effective policy design and resource allocation. Improved data collection is essential for targeted interventions that address the needs of this population.

While Karnataka benefits from government initiatives supporting female sex workers, addressing policy gaps is essential to improve their effectiveness. This requires: Decriminalizing sex work to reduce stigma and ensure legal protections for FSWs, Simplifying processes for social protection services to make them more accessible to FSWs, Designing vocational training initiatives that consider the unique challenges of FSWs, Increasing public awareness to reduce societal stigma and improve access to quality services, and Gathering accurate data to inform evidence-based policymaking (Smart & Worker, n.d.). By implementing inclusive policies that uphold the rights and dignity of FSWs, Karnataka can foster a more equitable and supportive environment for this vulnerable population.

4. Recommendations and Conclusion

Recommendations

To improve the socio-economic status and health outcomes of female sex workers (FSWs) in Karnataka, a multi-dimensional strategy is essential. The following recommendations are designed to address existing challenges and bridge policy gaps:

Decriminalization of Sex Work

Implement legal reforms to decriminalize sex work, enabling FSWs to work in safer conditions. Provide legal mechanisms for FSWs to report violence and exploitation without fear of arrest or stigma. (<https://www.indiatoday.in/Diu/Story/Why-Karnataka-Finances-Should-Worry-the-Government-2571406-2024-07-24>, n.d.)

Enhanced Access to Healthcare

Establish dedicated healthcare services tailored to the needs of FSWs, ensuring comprehensive, non-discriminatory care. Offer regular health screenings for sexually transmitted infections (STIs), mental health support, and reproductive health services.

Train healthcare professionals to understand and address the unique challenges faced by FSWs, reducing bias and improving care quality.

Social Protection Programs

Simplify access to social welfare schemes such as financial aid, housing support, and vocational training for FSWs. Create skill development programs that cater to the specific interests and circumstances of FSWs, supporting their potential transition to alternative livelihoods.

Community Awareness and Education

Launch public awareness campaigns to reduce stigma around sex work, targeting both the general public and service providers. Conduct community education on the rights and safety of FSWs to foster a more inclusive and supportive environment.

Data Collection and Research

Invest in systematic data collection on the socio-economic and health conditions of FSWs to inform policy decisions effectively. Promote research focused on the lived experiences of FSWs to develop targeted, evidence-based interventions.

Strengthening Support Networks

Encourage partnerships between government agencies, NGOs, and community-based organizations to create comprehensive support systems for FSWs. Facilitate peer-led initiatives where FSWs can support and mentor each other, enhancing community resilience.

Conclusion

The socio-economic and health challenges faced by female sex workers in Karnataka result from a combination of legal, economic, and societal factors that exacerbate their marginalization. Although government programs exist to assist this vulnerable group, substantial gaps limit their efficacy. By adopting a holistic approach that includes legal reforms, improved healthcare access, expanded social protection, public education, comprehensive research, and robust support networks, stakeholders can significantly enhance the well-being of FSWs.

These efforts will not only improve the lives of female sex workers but also advance broader societal goals, including reducing STI and HIV transmission, promoting gender equality, and fostering social inclusion. Prioritizing the rights, health, and dignity of FSWs will contribute to building a fairer society where all individuals are valued and empowered to thrive.

References

1. 2023, E. S. R., & Survey. (2022). Survey 2022-23. Govt, Gazate. <https://des.karnataka.gov.in/storage/pdf-files/Economic Survey 2022-23 English.pdf>
2. Almeida, C. S. de, Miccoli, L. S., Andhini, N. F., Aranha, S., Oliveira, L. C. de, Artigo, C. E., Em, A. A. R., Em, A. A. R., Bachman, L., Chick, K., Curtis, D., Peirce, B. N., Askey, D., Rubin, J., Egnatoff, D. W. J., Uhl Chamot, A., El-Dinary, P. B., Scott, J.; Marshall, G., Prensky, M., ... Santa, U. F. De. (2016). No 主観的健康感を中心とした在宅高齢者における 健康関連指標に関する 共分散構造分析 Title. *Revista Brasileira de Linguística Aplicada*, 5(1), 1689–1699. <https://revistas.ufrj.br/index.php/rce/article/download/1659/1508%0Ahttp://hipatiapress.com/hpjournals/index.php/qre/article/view/1348%5Cnhttp://www.tandfonline.com/doi/abs/10.1080/09500799708666915%5Cnhttps://mckinseyonsociety.com/downloads/reports/Educa>
3. Baruah, R., & Borooah, P. (2017). *Perceived Social Support and Quality of Life in Female Sex-Workers of Assam*. 6(10), 1–8. www.ijhssi.org
4. Beattie, T. S., Bhattacharjee, P., Ramesh, B., Gurnani, V., Anthony, J., Isac, S., Mohan, H., Ramakrishnan, A., Wheeler, T., Bradley, J., Blanchard, J. F., & Moses, S. (2010). Violence against female sex workers in Karnataka state, south India: Impact on health, and reductions in violence following an intervention program. *BMC Public Health*, 10, 1–11. <https://doi.org/10.1186/1471-2458-10-476>
5. Bhattacharjee, P., Isac, S., Musyoki, H., Gichangi, P., Ma, H., Becker, M., Hontelez, J., Mishra, S., Blanchard, J., Moses, S., Boily, M. C., Pickles, M., Pavlova, D., Balakireva, O., Gelmon, L., Kimani, J., Muinde, F., Sirengo, M. W., Washington, R., ... Cheuk, E. (2023). Changes in context, typology and programme outcomes between early and recent periods of sex work among young

- female sex workers in Mombasa, Kenya: A cross-sectional study. *PLoS ONE*, 18(7 July), 1–15. <https://doi.org/10.1371/journal.pone.0288717>
6. Borman, A. J. (2022). The Role of ASHA Workers in Women's Health Protection: A Case Study of Mandakata Gaon Panchayat in Assam. *International Journal of Mechanical Engineering*, 7, 974–5823. <https://www.mohfw.gov.in/>
7. Brooks, S. K., Patel, S. S., & Greenberg, N. (2023). Struggling, Forgotten, and Under Pressure: A Scoping Review of Experiences of Sex Workers During the COVID-19 Pandemic. In *Archives of Sexual Behavior* (Vol. 52, Issue 5). Springer US. <https://doi.org/10.1007/s10508-023-02633-3>
8. Count Me In! (2024). *SEX WORKERS' RIGHTS BASED INPUTS ON UN REPORT FOR VIOLENCE AGAINST WOMEN 2024 | Count Me In! Cmi*, 1–4. <https://cmiconsortium.org/cmi-publications/sex-workers-rights-based-inputs-on-un-report-for-violence-against-women-2024/>
9. Daniel, T., Lamb, J., & Campbell, C. (2023). Avoidance and empowerment: How do sex workers navigate stigma? *Sexualities*, 0(0), 1–22. <https://doi.org/10.1177/13634607231201736>
10. Footer, K. H. A., Silberzahn, B. E., Lim, S., Huettnner, S., Kumar, V. A., Loeffler, D., Peitzmeier, S. M., & Sherman, S. G. (2020). “an ethnographic exploration of factors that drive policing of street-based female sex workers in a U.S. setting - Identifying opportunities for intervention.” *BMC International Health and Human Rights*, 20(1), 1–13. <https://doi.org/10.1186/s12914-020-00232-0>
11. Goldenberg, S. M., Thomas, R. M., Forbes, A., & Baral, S. (2021). Sex work, health, and human rights: Global inequities, challenges, and opportunities for action. In *Sex Work, Health, and Human Rights: Global Inequities, Challenges, and Opportunities for Action*. <https://doi.org/10.1007/978-3-030-64171-9>
12. Gore, M. N., & Patwardhan, A. R. (2022). Disparities in the Cost of Living Adjusted Earnings of Female Sex Workers in India, Thailand, and the USA: A Need to Create an Equitable Economic Survival of Female Sex Workers. *Journal of Primary Care and Community Health*, 13, 1–5. <https://doi.org/10.1177/21501319221101857>
13. Grinde, B. (2022). The Contribution of Sex to Quality of Life in Modern Societies. *Applied Research in Quality of Life*, 17(1), 449–465. <https://doi.org/10.1007/s11482-021-09926-6>
14. Guha, M. (2017). *Negotiations with everyday power and violence: A study of female sex workers' experiences in Eastern India*. May, 355. <https://ueaeprints.uea.ac.uk/id/eprint/66489/1/2017GuhaMPhD.pdf>
15. Hoffman, I. F., Hosseinipour, M. C., Zalira, E., & Lungu, T. (2021). *Workers at risk for HIV in Malawi*. 33(4), 290–302. <https://doi.org/10.1521/aeap.2021.33.4.290>. Stigma
16. <http://nnswindia.org/about-us.aspx#:~:text=NNSW%20envisions%20a%20world%20wherein,%2C%20abuse%2C%20stigma%20and%20discrimination.> (n.d.).
17. https://en.wikipedia.org/wiki/Violence_against_prostitutes. (n.d.).
18. <https://www.indiatoday.in/diu/story/why-karnataka-finance-should-worry-the-government-2571406-2024-07-24>. (n.d.).
19. Javalkar, P., Platt, L., Prakash, R., Beattie, T., Bhattacharjee, P., Thalinja, R., Kavitha, D. L., Sangha, C. A. T. M., Ramanaik, S., Collumbien, M., Davey, C., Moses, S., Jewkes, R., Isac, S., & Heise, L. (2019). What determines violence among female sex workers in an intimate partner relationship? Findings from North Karnataka, south India. *BMC Public Health*, 19(1), 1–14. <https://doi.org/10.1186/s12889-019-6673-9>

20. Jorjoran Shushtari, Z., Mirzazadeh, A., SeyedAlinaghi, S. A., Hosseini, S. A., Sajjadi, H., Salimi, Y., & Snijders, T. A. B. (2022). Social Support Associated with Condom Use Behavior Among Female Sex Workers in Iran. *International Journal of Behavioral Medicine*, 29(3), 321–333. <https://doi.org/10.1007/s12529-021-10017-x>
21. McGowan, M., Roche, S. D., Nakitende, A., Wachinger, J., Nanyiri, E., Amongin, J., Nakabuye, A., Musoke, D. K., McMahon, S. A., Bärnighausen, T., & Ortblad, K. F. (2022). Understanding how social support influences peer-delivered HIV prevention interventions among Ugandan female sex workers: a case study from HIV self-testing. *BMC Public Health*, 22(1), 1–10. <https://doi.org/10.1186/s12889-022-12836-3>
22. McGuine, T. A., Biese, K. M., Petrovska, L., Hetzel, S. J., Reardon, C., Kliethermes, S., Bell, D. R., Brooks, A., & Watson, A. M. (2021). Mental health, physical activity, and quality of life of us adolescent athletes during COVID-19-related school closures and sport cancellations: A study of 13 000 athletes. *Journal of Athletic Training*, 56(1), 11–19. <https://doi.org/10.4085/1062-6050-0478.20>
23. Ministry of Women and Child Development, G. of I. (2022). Press Information Bureau Government of India Ministry of Women and Child Development. *Ministry of Women and Child Development*, d, 6–8. <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1846133>
24. NACP. (2007). Targeted interventions under NACP III: Operational guidelines. *Nacp*, I, 536.
25. Ochako, R., Okal, J., Kimetu, S., Askew, I., & Temmerman, M. (2018). Female sex workers experiences of using contraceptive methods: A qualitative study in Kenya. *BMC Women's Health*, 18(1), 1–10. <https://doi.org/10.1186/s12905-018-0601-5>
26. Olawore, O., Astatke, H., Lillie, T., Persaud, N., Lyons, C., Kamali, D., Wilcher, R., & Baral, S. (2020). Peer recruitment strategies for female sex workers not engaged in hiv prevention and treatment services in Côte D'Ivoire: Program data analysis. *JMIR Public Health and Surveillance*, 6(4). <https://doi.org/10.2196/18000>
27. Panchanadeswaran, S., Johnson, S. C., Sivaram, S., Srikrishnan, A. K., Zelaya, C., Solomon, S., Go, V. F., & Celentano, D. (2010). A descriptive profile of abused female sex workers in India. *Journal of Health, Population and Nutrition*, 28(3), 211–220. <https://doi.org/10.3329/jhpn.v28i3.5546>
28. Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S. G., Sanders, T., Mwangi, P., & Crago, A. L. (2018). Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. In *PLoS Medicine* (Vol. 15, Issue 12). <https://doi.org/10.1371/journal.pmed.1002680>
29. Ryan, A. E. (2019). The Sanctions of Justice A Comparative Study of the Lived Experiences of Female Sex Workers in Scotland and New Zealand. *University of Glasgow*. <https://theses.gla.ac.uk/41136/>
30. Santos, P. L., Porcino, C., da Costa Pereira, S. S., da Silva Flores, T., Vilela, A. B. A., Gomes, A. M. T., Suto, C. S. S., de Oliveira Silva, D., & França, L. C. M. (2023). Perceptions of quality of life "by female sex workers from the rural area of the Sertao Produtivo Baiano, Brazil: a phenomenological study. *Rural and Remote Health*, 23(3). <https://doi.org/10.22605/RRH6808>
31. Smart, T., & Worker, S. (n.d.). *Social Protection and Sex Work The Smart Sex Worker 's Guide Only Rights Can*.
32. Terrence, T. J., Walsh, M. E., Raczek, A. E., Vuilleumier, C. E., Foley, C., Heberle, A., Sibley, E., & Dearing, E. (2018). The Long-Term Impact of Systemic Student Support in Elementary School: Reducing High School Dropout. *AERA Open*, 4(4), 1–16.

<https://doi.org/10.1177/2332858418799085>

33. Tiwari, C., Goli, S., Siddiqui, M. Z., & Salve, P. S. (2022). Poverty, wealth inequality and financial inclusion among castes in Hindu and Muslim communities in Uttar Pradesh, India. *Journal of International Development*, 34(6), 1227–1255. <https://doi.org/10.1002/jid.3626>
34. Ummah, M. S. (2019). No 主観的健康感を中心とした在宅高齢者における 健康関連指標に関する 共分散構造分析 Title. *Sustainability (Switzerland)*, 11(1), 1–14. http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_PEMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI
35. UNAIDS. (2014). *The Gap Report 2014 on sex workers*. 14. <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>
36. UNFPA & ASWA. (2023). *Advancing sex workers' health and welfare programming in East and Southern Africa: A Joint United Nations, Sex Workers and Civil Society Advocacy Framework*. 10(19), 12.
37. Upadhyay, S., & <https://www.livelaw.in/news-updates/prostitution-not-an-offence-adult-woman-has-right-to-choose-her-vocation-bombay-hc-orders-release-of-3-sex-workers-from-corrective-institution-163518>. (2020). *Prostitution Not An Offence; Adult Woman Has Right To Choose Her Vocation": Bombay HC Orders Release of 3 Sex Workers From Corrective Institution [Read Judgment* <https://www.livelaw.in/news-updates/prostitution-not-an-offence-adult-woman-has-right-to-choose-her-vocation-bombay-hc-orders-release-of-3-sex-workers-from-corrective-institution-163518>
38. Willis, B., Perttu, E., Fitzgerald, M., Thompson, H., Weerasinghe, S., & Macias-Konstantopoulos, W. (2022). Causes of mortality among female sex workers: Results of a multi-country study. *EClinicalMedicine*, 52, 1–11. <https://doi.org/10.1016/j.eclinm.2022.101658>