



# Comparative Analysis Of Health Risks And Access To Healthcare For Sex-Workers In India And Thailand

***The physical demands and occupational hazards of sex work.***

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## ❖ Abstract

Apart from the availability of healthcare in India and Thailand, this research article presents a thorough assessment of the health hazards encountered by sex workers in both of these nations. The study looks at the several health problems sex workers usually deal with: physical aggression, mental health problems, drug use concerns, higher vulnerability to HIV/AIDS, sexually transmitted diseases (STIs).

The study also carefully goes over the healthcare initiatives accessible to foreign sex workers. It points out that access to high-quality healthcare is hampered by society stigma, poorly focused healthcare services, limited budgets, and legal liability concerns. Emphasizing development in community-led programs, non-governmental interventions, and foreign support campaigns, the study also underlines existing activities aiming at lowering these healthcare barriers.

## ❖ Introduction

The major difficulties to acquire suitable treatment, sex workers in India and Thailand expose various significant health concerns. Although the legal, social, and cultural contexts of these two nations vary, sex workers in each deal with a spectrum of shared issues endangering their general well-being and health. Their marginalization in society aggravates these health issues; usually this results in stigmatizing, neglect by healthcare systems, and vulnerability to violence and exploitation. Their bodily state as well as their psychological and emotional one suffers from this marginalization.

Legal systems in India and Thailand controlling sex work help to explain the particular difficulties sex workers have getting treatment. Although prostitution is not illegal as such, sex work is legal in India in a legal gray area whereby many associated activities are criminalized. For sex workers who might be unwilling to seek medical attention due of fears about legal repercussions, discrimination, or social shame, this results in an environment of anxiety and uncertainty.<sup>1</sup>

<sup>1</sup> [https://journals.law.harvard.edu/jlg/wp-content/uploads/sites/88/2017/10/HLG202\\_crop.pdf](https://journals.law.harvard.edu/jlg/wp-content/uploads/sites/88/2017/10/HLG202_crop.pdf)

To find both parallels and differences, this study will assess the health hazards experienced by sex workers in India and Thailand. It will also take into account the interventions and healthcare facilities in place to evaluate how effectively present policies and initiatives meet the requirements of sex workers. At last, the paper will provide suggestions for using legal, social, and medical systems to improve healthcare access and lower health disparities among this underprivileged group.

## ❖ Health Risks for Sex Workers

### ➤ India

India's sex workers are more likely to have HIV/AIDS and other sexually transmitted diseases (STIs) in significant part from irregular condom use and limited access to required healthcare facilities. One can better understand sex workers' susceptibility by considering their socioeconomic background, power relations in their connections with clients, and stigma around their line of work.

Condoms are used for a variety of reasons among Indian sex workers, usually not very clear. Clients who urge sex workers to engage in unprotected sex—either under financial incentives or coercion—cause stress. Some clients pay extra for unprotected intercourse; the unstable financial condition of many sex workers could cause them to be at danger. Moreover, complicating the problem in some places are ignorance of sexual health and lack of education, which reduces condom use and increases HIV and other STIs risk.

Sex workers in India still have limited access to healthcare facilities largely due to social and legal stigma attached with their employment. Activities related to sex, including soliciting and brothel operating, should be illegalized in order to generate an environment whereby sex workers are stigmatized and fearful of receiving medical attention. Many seeking medical advice concern criticism, discrimination, or even arrest—which causes delayed or avoided treatment. Public health initiatives cannot be created to especially meet the requirements of sex workers, therefore further restricting their access to curative and preventive therapy. Sex workers so usually have untreated infections, which raises their health risks.

Apart from these health problems, sex workers in India often experience physical and sexual abuse from customers, police enforcers, and even personal partners. Many times, this violence is a daily reality; sex workers are targets since of their difficult circumstances. Whether they refuse to pay, advocate unsafe sex, or physically confront the staff members, disagreeing customers could be abusing their position. Law enforcement agents, who are meant to protect their fellow citizens, could harass or threaten sex workers using their lack of legal protection. Often driven by envy, control, or aggravation with the uncertain financial circumstances, personal partners of sex workers also use violence.

The continuous stress and violent events aggravate the mental health issues of sex workers even more. Many people surviving trying circumstances battle with posttraumatic stress disorder (PTSD), sadness, and ongoing anxiety. On these mental health issues, the societal shame and loneliness sex workers go through adds even more aggravating influence. Discrimination they experience over time leads to worsened circumstances; sex workers may lack supportive social networks and might be reluctant to seek professional therapy for mental health problems.<sup>2</sup>

Among Indian sex workers, drug use is also prevalent and a coping strategy employed to enable them navigate the pressures of their life. Many turn to narcotics, alcohol, or other drugs to help with daily emotional and physical pain. Alone, substance abuse can harm their health, skew their judgment, and increase their likelihood

<sup>2</sup> <https://www.apa.org/pubs/journals/special/6041905>

of unsafe behavior—including unprotected sex. When the need for drugs drives sex workers to engage in more risk-taking to pay for their addiction, it can also lead to a cycle of dependence.

## ➤ Thailand

Despite efforts to lower their dangers, sex workers in Thailand still have somewhat high possibilities of getting HIV/AIDS and other sexually transmitted diseases (STIs). Particularly in cities and licensed entertainment venues, the country's well-known "100% Condom Use Program" has proven rather important in reducing the HIV and STIs' spread. Still, there are some challenges, especially for sex workers working in unofficial or uncontrolled surroundings. While drug use is both a symptom and a coping method for the difficulties related to sex work, assault, society stigma, and mental health issues remain basic concerns.<sup>3</sup>

Originally launched in the 1990s, Thailand's 100% Condom use Program mandates that sex workers and visitors of approved entertainment venues always use condoms. Some areas of the sex trade acknowledge the effort for noticeably reducing the HIV/AIDS transmission rates. Working with brothel and bar owners, health officials, and non-governmental organizations (NGOs) promotes condom use and delivers continuous STD prevention. From this initiative, more managed metropolitan areas where enforcement is more realistic have especially experienced success. Notwithstanding these successes, the program has restrictions—especially in rural areas, street-based sex work, or uncontrolled environments with less thorough monitoring. Many sex workers outside of the designated fields would not benefit from the program's protections and so run increased risk of infection.

Like in India, sex workers in these chaotic settings could still be under pressure from clients to have unprotected intercourse. Moreover, unprotected sex offers financial advantages especially for independent and street-based sex workers who would struggle to meet daily expenses. They so have increased opportunity of acquiring and disseminating HIV and other STIs. For migrant sex workers, who often operate in more insecure and covert circumstances, language barriers, lack of access to healthcare services, and fear of deportation heighten these risks even more.

Violence is a big concern for Thai sex workers even with legal justification for their industry. From consumers, law enforcement agents, and sometimes their own businesses, sex workers negotiate physical and sexual assault from numerous angles. Because of their quasilegal position, many sex workers have little option when violence occurs; they fear job loss or legal repercussions should they report abuse. Corrupt law enforcement officials that could harass, mistreat sex workers, or even engage extortion increase their vulnerability even more. Apart from jeopardizing their physical security, regular exposure to violence also impacts the mental health of sex workers.<sup>4</sup>

Still, the humiliation connected with the sex industry greatly lowers the welfare of Thai sex workers. Sex labor is socially stigmatized even if it is somewhat tolerated and popular in the travel and entertainment industries. Discrimination against sex workers both inside the healthcare system and in their daily life results in guilt, loneliness, and unworthiness. Out of the mental health problems sex workers handle—trauma, anxiety, depression, and chronic stress—this stigma aggravates them.<sup>5</sup>

Driven by trauma, stress, and marginalization connected to their occupations, drug use is also a growing problem among Thai sex workers. Many sex workers turn to drugs, alcohol, or other medications to aid with the psychological and physical demands of their employment. Especially prevalent in environments where sex workers handle frequent violent exposure, significant client turnover, and long hours is substance abuse.

<sup>3</sup> <https://www.scirp.org/journal/paperinformation?paperid=119919>

<sup>4</sup> <https://www.svri.org/ending-the-invisible-violence-against-thai-female-sex-workers/>

<sup>5</sup> <https://swp.urbanjustice.org/wp-content/uploads/sites/14/2020/08/Fact-Sheet-Sexual-Violence-Against-Sex-Workers-1-1-1>

Although drugs or alcohol could give sex workers a brief break from their demanding life, they also increase their vulnerability to several health risks including hazardous sex, overdose, and addiction. Furthermore, drug or alcohol use can lead to a vicious cycle whereby depending on them produces riskier conduct needed to sustain the habit, hence worsening their marginalization.

Working in sex companies, immigrants face far greater difficulties in Thailand. Many from nearby countries such Myanmar, Cambodia, and Laos come driven by poverty and the possibility of more wealth in Thailand. Their illegal status does, however, expose them more to mistreatment, exploitation, and negative effects on health. Many times, persons living and working under unstable conditions lack legal rights or access to healthcare. Language challenges and fear of deportation exacerbate their problems; they are left alone and more prone to suffer health problems, including HIV, STIs, and mental health issues.

## ❖ Comparative Insights

### 1. Legal and Policy Environment:

Legal uncertainty concerning sex work that hinders healthcare access for sex workers exists both in Thailand and India. Although prostitution is not illegal in India, the Immoral Traffic (Prevention) Act (ITPA) criminalizes several related acts, including soliciting or operation of brothouses. This puts sex workers in a dangerous situation because they have to function in covert environments, usually avoiding healthcare for fear of legal implications, harassment, or law enforcement extortion. Similar in Thailand is the illegal character of prostitution underlined by the Prevention and Control Policy. Still, Act of 1996 forbade prostitution is rather acceptable in reality. Then, though Thailand's more active application of healthcare programs has resulted in better health results for urban sex workers—especially those in regulated sectors. This includes projects like the 100% Condom Use Program, which has been credited for halting the HIV and other STIs' spread. While both countries deal with legal concerns affecting the availability of healthcare for sex workers, Thailand's approach has been far more advanced in cities, which yields more effective health projects.<sup>6</sup>

### 2. Healthcare Programs:

Particularly in the urban and structured sectors, Thailand's healthcare projects—notably the 100% Condom Use Program—stand out as systematically controlled efforts that have definitely benefited the health of sex workers. Promoting condom usage and regular STIs supports the endeavor to slow down the development of HIV/AIDS and other sexually transmitted diseases in Bangkok, Pattaya, and Phuket. Unlike India's scattered and unequal programs, where healthcare initiatives targeting at sex workers are usually fragmented and vary greatly depending on the area, these efforts have been more consistent and thorough. Though coverage is patchy, especially in rural areas, NGOs and government projects—including those under the National AIDS Control Organization (NACO)—try to tackle health issues for sex workers in India. Many sex workers in India still suffer with restricted access to healthcare, combining legal challenges, stigma, and inadequate infrastructure. Though both countries have programs targeted at sex workers in their healthcare systems, Thailand's more comprehensive and methodical approach has so shown better results, especially in cities

<sup>6</sup> <https://www.hivlawandpolicy.org/resources/evidence-decriminalizing-sex-work-critical-public-health-anna-forbes-and-sarah-elsbeth>

### 3. Barriers:

For sex workers in Thailand and India, stigma and discrimination offer relatively severe challenges to access to healthcare. Medical practitioners' moral judgments occasionally come across Indian sex workers, which either results in insufficient treatment or total rejection of services. Many sex workers—especially for sensitive medical issues like STIs, HIV, or mental health support—refrain from seeking treatment out of fear of being branded or judged against. Though discrimination and stigma still exist in Thailand, the country has made great progress toward eliminating these barriers—especially in cities. Run by both governmental and non-governmental organizations, targeted public health campaigns and outreach activities aim to educate healthcare professionals on the importance of non-discriminatory treatment for sex workers. These initiatives have helped to reduce stigma in some cities where sex workers are more eager to seek therapy free from worry about stigma. Still, stigma exists—especially in rural areas or among unofficial sex workers—and it affects healthcare availability for many sex workers in both countries.<sup>7</sup>

### 4. Violence and Mental Health:

In India and Thailand equally, sex workers face with major issues including mental health and assault. From consumers, law enforcement, and intimate partners of both physical and sexual violence, sex workers in both countries incur enormous risk from all sides. This violence greatly affects their mental health; stress, anxiety, depression, and trauma follow. Lack of legal protection for sex workers in India raises their exposure to assault; mental health therapy is sometimes infrequent or challenging as well. While many government programs and NGOs offer mental health treatment, their approaches differ widely and typically center on metropolitan regions. Though they are still far from all-encompassing, initiatives in Thailand focusing at reducing violence against sex workers have become increasingly important. Programs like the 100% Condom Use Program formalize aspects of the sex business, therefore indirectly lowering violence; nonetheless, there are still clear gaps, particularly in rural regions and unorganized companies. Both countries need more forceful programs targeted at the confluence of violence, mental health, and healthcare availability for sex workers.

### 5. Substance Abuse:

It is a major issue for sex workers in Thailand and India, who frequently find coping strategies in drug usage. Many sex workers take drugs or alcohol to control the physical and psychological demands of their work as well as to lessen the suffering of abuse, prejudice, and social isolation. Particularly in unofficial sectors where workers suffer extreme poverty and exploitation, substance abuse among sex workers is rather frequent in India. Few centers for addiction treatment and recovery exist, and many sex workers are still locked in cycles of dependence compromising their health and well-being. Thailand also issues with drug usage among migrant workers more cut off from healthcare facilities and among sex workers, particularly in rural areas. Substance addiction aggravates other health issues, including unprotected sex and violence exposure, therefore creating a vicious cycle hard to break. Both countries do, however, view drug use as a threat. Among sex workers, attempts to provide targeted treatment and assistance still fall short; more comprehensive programs are needed to lower the fundamental reasons of drug use in this demographic.

<sup>7</sup> <https://hardstories.org/stories/empowerment/swing-redefines-healthcare-for-sex-workers>

## ❖ Recommendations for Improvement

### 1. Policy Reform:

One of the main challenges to healthcare access for sex workers in India is the hazy legal framework around their activity. Reform of policies is much needed to improve and define legal rights for sex workers. This would need reviewing laws such as the Immoral Traffic (Prevention) Act (ITPA) to ensure that actions linked to employment do not criminalize sex workers. Decriminalizing sex work and sheltering sex workers from harassment, extortion, and incarceration will assist them to seek medical treatment free from legal considerations.

### 2. Expand Healthcare Access:

India has to strengthen and extend healthcare services primarily targeted at sex workers, especially in rural areas and among unofficial or unregulated sex workers who are usually excluded from urban-centric healthcare projects. Under programs like the National AIDS Control Organization (NACO), this can imply gathering money and resources for public health projects under which their authority includes thorough healthcare services outside HIV/AIDS prevention, including sexual health, mental health, and addiction treatment.

### 3. Anti-Stigma Campaigns:

Always prevalent in healthcare settings, stigma and discrimination prevent sex workers from receiving the necessary therapy. Working with NGOs, the Indian government should start major anti-stigma campaigns aimed to reduce discrimination against sex workers in healthcare. Emphasizing the requirement of providing nonjudging, sympathetic treatment, these initiatives should concentrate on teaching doctors about the rights and needs of sex workers, hence promoting empathy. Starting medical professionals' training programs also helps to eradicate unconscious biases and promote inclusive advance medical treatment.<sup>8</sup>

### 4. Community-Based Programs:

Particularly in places where centralized healthcare facilities are hard to reach, community-based programs are absolutely vital for providing sex workers with regional support and healthcare access. Leading these initiatives can be peer teachers or community health workers who understand the specific challenges faced by sex workers and can offer tailored assistance in a non-stigmatizing and easily available manner. Expanding these projects would assist to create a community and unity as well as provide ongoing education on sexual health, HIV prevention, and mental health treatment for sex workers. Community-based organizations can also be quite successful in offering harm reduction services including condoms and clean needles, mental health support, and referral to addiction treatment and rehabilitation centers.<sup>9</sup>

### 5. Mental Health Services:

Any healthcare intervention—including mental health treatment—has to be given first importance as a basic component for sex workers. Sex workers in India are driven to suffer extreme degrees of psychological stress, trauma, and mental health issues by daily abuse, exploitation, and shame. Sex

<sup>8</sup> <https://calgaryjournal.ca/2021/03/30/7-anti-stigma-health-campaigns-we-like/>

<sup>9</sup> <https://www.mdpi.com/2076-0760/9/1/>

workers should have immediate access to specialized mental health therapies including counseling, therapy, and trauma-informed treatment by means of both public healthcare systems and community-based groups.

## 6. Collaboration with NGOs and Local Governments:

Effective implementation of healthcare schemes targeting at sex workers depends on cooperation among the Indian government, NGOs, and local administrations long necessary for providing healthcare to poor areas, NGOs might be applied to improve treatment for sex workers leveraging their expertise. Working with NGOs, the government can design more comprehensive outreach efforts to ensure that persons most in need of healthcare treatments receive them.<sup>10</sup>

## 7. Legal Support and Advocacy:

Apart from reforms in healthcare, sex workers in India demand more legal aid and advocacy to preserve their rights and welfare. Legal aid programs should be easily available to sex workers so they may negotiate the complexity of the legal system and guard themselves against abuse, exploitation, and prejudice. Another area of focus for advocacy initiatives on increasing knowledge of their rights is making sure sex workers—inside the legal system as well as among the public—are treated with dignity and respect.

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## ❖ Conclusion

Sex workers in both India and Thailand confront significant health risks and barriers to accessing healthcare, shaped by complex legal, social, and economic factors. In both countries, sex workers experience elevated rates of sexually transmitted infections (STIs), including HIV/AIDS, face substantial physical and sexual violence, and endure considerable mental health challenges. These issues are compounded by stigma, discrimination, and, in many cases, inadequate healthcare services.

Both countries share common challenges that need to be addressed through comprehensive policy reforms and enhanced healthcare programs. In India, clarifying and improving legal protections, expanding healthcare access to underserved areas, and implementing widespread anti-stigma campaigns are crucial steps toward creating a more inclusive healthcare environment for sex workers. Meanwhile, Thailand should focus on expanding its successful urban healthcare programs to rural regions, improving legal protections to reduce harassment, better integrating sex worker-specific services into the general healthcare system, and increasing mental health support tailored to the needs of sex workers.

<sup>10</sup> <https://www.cgshe.ca/press/2021/04/sex-workers-globally-face-human-rights-violations-health-inequities/>

<sup>11</sup> <https://www.undp.org/thailand/press-releases/undp-collaborates-community-organizations-support-sex-workers-during-covid-19>

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