

The Impact of COVID-19 on the social, economic, and psychosocial wellbeing of Sex-Workers in Bangladesh

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INTRODUCTION

The aim of the following research is to examine the impact of COVID-19 on the sex-worker individuals and community in Bangladesh. The pandemic has exacerbated pre-existing vulnerabilities and inequities inflicted on sex-workers, a community already burdened with stigmatization and violence. The sex-workers who participated in the study, a mix of brothel and street-based, have been highly exposed to social, economic, physical, and mental consequences of the pandemic. This report focuses on the financial, behavioral, mental affects brought on sex-workers by the COVID-19, and aims to outline recommendations for future assistance as the COVID-19 pandemic unfolds in Bangladesh. This report illustrates the specific types of challenges sex workers face, as the COVID-19 pandemic unfolds.

METHODS AND METHODOLOGY

Semi-structured interviews were conducted with 40 sex-workers, from a diverse background in age, geographic setting, and categorization in sex-worker (brothel and street-based). This report includes findings and analysis of the interviews with sex-workers (6 brothel-based and 34 street-based). Ages of participants ranged from 20-55 years of age. The rapid research assessment timeline focused the data collection over a one-month period in October 2020. Given the pandemic parameters, all 40 interviews were conducted over the phone. The interviews conducted, were recorded in Bengali, were then transcribed and translated to English. The transcripts were tabulated into a data matrix constructed with the primary themes of the interviews. This report highlights the key findings from the data collection pertaining to perception and knowledge of coronavirus among sex-workers, economic challenges, impact on livelihoods, mental and physical wellbeing, stigma and violence, as well as NGO and government assistance.

INFORMED CONSENT AND ETHICS

Before the interviews, each participant was informed of the purpose of the research. They were informed that they could refuse to answer any question, with particular awareness given the sensitive social implications of their employment. Researchers have removed the original names of participants to ensure their safety and anonymity. Ethical approval was taken from an independent IRB board, established at the School in 2006.

BACKGROUND

In Bangladesh there are 11 brothels in the country; alongside the sex workers in brothels, there are many private sex workers¹ and their identities are hidden. With all forms of sex-work--brothel, street, and private--accounted for, the 2016 UNAIDS projected sex-worker population in Bangladesh at approximately 140,000². Sex workers are among the most stigmatized, and marginalized populations, despite the legal conditions of sex work in Bangladesh³. Poverty is the primary circumstance that pushes a woman into sex work. Other prominent factors are family pressure, abuse, illegal trafficking of women for selling to brothels, debt bondage, loss of identity etc⁴.

Along with economic and social disadvantages that force women into the industry, sex-workers are particularly vulnerable to heightened violence and stigma. Society identifies their presence and work as a violation of the social and moral order. This stigma permeates through healthcare providers, law enforcement, and social structures of families and villages. Out of fear of discrimination and recognition, female sex workers often do not seek external health services, especially when healthcare providers probe into their sexual history. Law enforcement heavily monitors and raids the population, furthering the fear and distrust held sex-worker communities (Wahed et al. 2017). The stigma and violence prime the mental and physical health of sex workers into a compromised state. Law enforcement heavily monitors and raids the population, furthering the fear and distrust held against sex-worker communities⁵. Given these social

¹ Corinne Redfern, 2019. The living hell of young girls enslaved in Bangladesh's brothels.

<https://www.theguardian.com/global-development/2019/jul/06/living-hell-of-bangladesh-brothels-sex-trafficking>

² Sex workers: Population size estimate - Number, 2016". <https://www.aidsinfoonline.org>. UNAIDS. Archived from the original on 4 April 2019. Retrieved 21 July 2018

³ Huq S. (2005, September) "Sex Workers' Struggles in Bangladesh: Learning for the Women's Movement". Bridge.

https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/8359/IDSB_37_5_10.1111-j.1759-5436.2006.tb00315.x.pdf?sequence=1

⁴ Sex Workers Network (SWN), Bangladesh & Sex Workers and Allies in South Asia (SWASA), Bangladesh Chapter. (2016, November).

Status of Sex Workers in Bangladesh. UN Committee on the Elimination of Discrimination against Women (the Committee).

https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/BGD/INT_CEDAW_NGO_BGD_25667_E.pdf

stigmas, the sex-worker community is highly vulnerable to the harsh realities of the COVID-19 pandemic in Bangladesh.

The COVID-19 pandemic, and consequent lockdown, endangered the already vulnerable sex-workers of Bangladesh. As of November 2020, Bangladesh has reported 445,281 confirmed cases of COVID-19, and 6,350 deaths⁵. The pandemic has widely disrupted the economy and livelihoods of Bangladeshis across professions; reportedly, a rapid research study concluded the average decline in family income was 75% after the COVID-19 pandemic hit⁷. The economic decline is a symptom of the abrupt lockdown in March 2020. The COVID-19 lockdown closed the brothels leaving 20,000 enlisted sex workers (including the 8,000) in the capital jobless⁸. Street-based and private workers had no clients since the lockdown emptied the streets. Income for these women suddenly collapsed, reducing accessibility to basic necessities like food and housing. Sex workers remain at risk of the COVID-19 virus compounded with the danger of starvation from a diminished income. Government aid was extended to the country's commercial sex industry, but only to brothel-based workers. The relief package includes basic food and hygiene products (masks and soap)⁹. This government relief excludes the large proportion of private and street-based workers. The sex-workers' social stigmas have left their economic, mental and physical needs forgotten. This research explores the ways in which the coronavirus has altered sex workers livelihoods and impacted on their personal lives and behaviors. It identifies the primary challenges to sex-worker's economic, mental, and medical wellbeing. The research also gave an opportunity for sex-workers to share their opinions for improving assistance and interventions, to better fit their needs. This report addresses a stigmatized population, and prompts an urgent conversation amidst the pandemic.

Key Findings

PERCEPTION AND KNOWLEDGE ABOUT CORONA

While the nation is aware of Coronavirus and declared lockdown to stop the spread of the virus, we have encountered multiple sex workers, who reported very minimal knowledge about corona virus and its origins. One of the most interesting key findings of this rapid research was that many of the participants were not even aware of the term "COVID 19." We interviewed many sex workers, who confidently reported that there is a difference between Corona and COVID 19, despite their uncertainty of what the difference is. Such misunderstanding and uncertainty are evidence of the lack of accurate perception and knowledge about the pandemic among the sex workers in Bangladesh. Liza does not know the difference between Corona and COVID-19 but she thinks there is a difference between these two terms.

It has been revealed that the weak knowledge and confusion of corona among the sex workers, about between the term Corona and COVID 19, is not the only gap, but they seem to also have minimal information as to who can be infected by COVID-19. While most of the sex workers believed that there was a difference between the terms Corona and COVID-19, we also asked a participant, Joulie, who confidently stated the main difference between the two terms are one to be used in case of patient, who has been tested positive for Corona and one term used to refer to a patient, who has been tested negative of Corona.

Most of them were aware of the basic symptoms of Corona, such as: their fever, sore throat, and cough. Laboni, who is 33 years old, mentioned that she knows about Coronavirus but she doesn't know about COVID-19. She knows this is a contagious virus that spreads from human to human and sneezing, coughing, high fever and breathing problems are common symptoms of this disease. The majority were

⁵ Wahed T, Alam A, Sultana S, Rahman M, Alam N, et al. (2017) Barriers to sexual and reproductive healthcare services as experienced by female sex workers and service providers in Dhaka city, Bangladesh. PLOS ONE 12(7): e0182249. <https://doi.org/10.1371/journal.pone.0182249>

⁶ "Bangladesh: WHO Coronavirus Disease (COVID-19) Dashboard." World Health Organization, World Health Organization, 2020, covid19.who.int/region/searo/country/bd.

⁷ Economic Impact COVID19 Awareness and - BRAC. Apr. 2020, www.brac.net/program/wp-content/uploads/2020/04/Rapid-Perception-Survey-On-COVID19-Awareness-and-Economic-Impact.pdf.

⁸ Covid-19 renders 8,000 sex workers homeless in Dhaka. (2020, May 1). Dhaka Tribune.

<https://www.dhakatribune.com/health/coronavirus/2020/05/01/covid-19-renders-8-000-sex-workers-homeless-in-dhaka>

⁹ Ahmed, R. (2020, July 1). Bangladesh sends food aid to brothels as women fight to survive lockdown. The Guardian.

<https://www.theguardian.com/global-development/2020/apr/06/bangladesh-sends-food-aid-to-sex-workers-as-industry-goes-into-lockdown>

aware that it can be transmitted if they come into close contact with an infected person. Yet, the bulk of these participants were unsure about the details of effective precautions to keep them safe from this virus. For example, many participants only knew that covering their face with something is the way to protect themselves from Coronavirus, regardless of whether it is a mask or whether it is any regular medium of cloth. As Moushumi, who is 22 years old stated, she does not need to wear masks all the time, as her face is always covered. Sometimes, it is covered with a mask but most of the time with her scarf (orna).

The majority of the information they received were from other people discussing it near them and via radio, televisions and social media such as Facebook, YouTube video etc. There were participants, who still have no access to a smart phone or the internet. Therefore, those people are prone to be misinformed about the pandemic, risking their health and lives. One key finding that can be concluded from the sex-worker perception is how the access to information also varies because of a generation and age gap. The young sex workers, who are aware of smart phone and internet usage, are able to absorb some information regarding Corona Virus. But the older generation, who are not literate and have minimal knowledge regarding the world of internet and technology, and therefore limited means to access information. Sex workers, who are not well informed about the modern technology and do not know how to use smart phone and internet appeared to have less knowledge related to the COVID-19 and pandemic, this is illustrated in the statement of Asma.

From the TV news, I learned that corona is a transmissible disease through cold and sneezes. Videos on Facebook and YouTube are saying that the cases of coronavirus is still rising worldwide, though comparatively Bangladesh has lower cases. We cannot go near a corona patient. If we maintain our own safety, and do what doctors tell us to do, I think we can lower the number. But, I don't think the situation will be better anytime soon; I think the situation will worsen before everything turns normal (Hashi, 38-years-old, Rangpur).

I do not know how it spreads or what the symptoms are. I heard it came from outside Bangladesh. Now, because of Corona people are dying in our country. I learned this information from others, who use the internet and a good mobile phone. I am an old person, I do not use a mobile or the internet, so I do not get information about it (Asma, 55-years-old, Nakhalpara).

The majority stated that, even though they want to implement the necessary precautions and maintain social distance, their profession does not allow them to do so. Social distancing is very difficult for the sex workers to preserve as their profession requires very close and intimate contact with their clients. Even their living quarters tend to be congested, as many live in slums. Some of the respondents shared that they are not the only vulnerable group, and there are other people more vulnerable to coronavirus than them. When the participants reported assumptions as to being less vulnerable to the virus, it appears these assumptions were made by participants to shield themselves from fear of the pandemic.

I believe, to stay away from corona, one must have a good heartbeat. Corona only attacks people with a weak heart and people who are old. People like me, who are young and do not have heart problems are totally safe and can lead a normal life. So, I am not that worried about it (Selina, 22-years-old, Matuail).

Rich people, who use AC (air conditioning), are mainly being attacked by this virus. We are many people living in a slum and sharing rooms, but no one has been infected by this virus. It spreads only in cold places. That is why people who use AC are being infected more. I have heard that during the winter more people will be infected. We are poor people and do not use AC, so we are not in danger of this virus (Shama, 40-years-old, Dhaka).

The COVID-19 testing rate among the slum dwellers is exceptionally low¹⁰. Many of them suffer from fever and take regular medicine to get cured. They might have mild symptoms of COVID-19, but as they are not getting tested, most of them remain out of the list¹¹. Many of our participants are living in the slum, shared that they are reluctant to get tested like other slum dwellers and believe that poor people are out of danger, similar to Shama. In addition, there is a popular belief that only old and immunocompromised people are in danger of infection. Young people are safe and can lead a regular life as before. These misconceptions are feeding the distorted perception of the coronavirus among sex-workers. Those who have limited access to knowledge regarding the pandemic is also supported by our literature review, where it has been mentioned that such misconception are the consequences of incomplete information from unsupported sources floating on online platforms and being shared by the users¹². Sex workers have limited knowledge, of varying degrees, regarding the pandemic and they did not seem to believe that this was a serious threat to them.

¹⁰ Dhaka slum dwellers develop herd immunity, 2020.

<https://tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/45-dhaka-population-develops-covid-19-antibodies-144205>

¹¹ (Why do slums appear to have fewer Covid-19 cases?, 2020)

<https://tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/why-do-slums-appear-have-fewer-covid-19-cases-104635>

¹² Social media firms fail to act on Covid-19 fake news, 2020. <https://www.bbc.com/news/technology-52903680>

There is also incomplete knowledge regarding quarantine and self-isolation, and the parameters of poverty prevent the sex workers from taking proper isolation measures. All the participants reported their residence in slums or in small houses with maximum two rooms. Even those who managed to live in a residence with more than one room, most still have to share one bathroom with other residents in their neighborhood. The existing physical space and environment in which sex workers living stands as a barrier to maintaining self-isolation and quarantine. Their houses are filled with family members, including other workers, as well as their children and senior citizens, which also eliminates the possibility of any possible COVID patient being able to isolate or quarantine themselves. However, most of the participants believe that isolation is required for the infected person and they claimed they will arrange it, if needed. However, for most the reality was that it was practically impossible to manage given their current environment:

I know that the patient needs to be locked up for 14 days alone in a room. How will we provide her a separate room? Maybe we can arrange a room for her and share our food with her, but we cannot arrange a separate toilet and bathroom. The patient has to do it inside the room, no problem. A bucket can be provided as her toilet (Asha, 35-years-old).

We and everyone I know, share rooms with other family members. So, for us, it is not possible to maintain quarantine or self-isolation. I have only one room and us 4 people share that room, how can I maintain self-isolation? For people like us, there should be isolation facilities offered by the hospitals (Shahina, 29-years-old, Rajshahi).

The situation of the community of sex workers, who suffer from homelessness live in the streets and railway stations, is far worse. In their cases, they are so used to living a life of sickness, discomfort, and struggle that the concept of self-isolation and quarantine does not even come across their mind. Monsukhi, who is a leader of a street sex workers' community shares that almost 1000 sex workers live in Batali railway station area. They sleep on the streets and do not have any idea about isolation. In this study one of the common findings from all of our participants that self-isolation and quarantine are added burdens for all low-income sex workers who live in the street, slum or in the brothels. There should be support and institutional quarantine and isolation facilities for them to address this issue.

FINANCIAL CRISIS

The coronavirus shut down the economic lifelines within the sex workers community. The community are victim to pre-existing social stigma, which are compounded by the new economic challenges of the pandemic. All of our participants shared that the number of clients has reduced drastically since lockdown was imposed. Even after the lockdown was lifted, the number of clients has not been able to cover their basic living expenses. Despite their fear of working closely with clients amidst the pandemic, their financial situation leaves them with no other option but to face their fears in order to get food on the table.

The situation is still the same for me and my husband. I met only 2 clients during the lockdown. After the lockdown, I got a call to meet a client, but my daughter was sick. So, I could not go to meet him. There are not as many clients as before. People fear to meet us. My husband is also jobless. After lockdown, nothing has changed for us (Khaleda, 30-year-old, Kamrangirchar, Dhaka).

Due to the coronavirus, no one wants to give work anymore, before I used to get 6-7 or 8 work daily, now because of the fear, it's difficult to manage even 1 client. Now, sometimes one client in a day, sometimes two. Sometimes, there is no work for the whole week. This is how we are living (Shahana, 25-year-old, Cumilla city).

Jaheda shared an important scenario of the correlation between economic situations and standard of living; more specifically, how the crisis of one profession is affecting the people of another profession. The clients from different professions are struggling, and many had to leave the city to manage their living expenses. This created a vacuum in the business for the sex workers. The requirement of social distancing is another reason for limited clients. Of the limited clients, who these sex workers manage to get, take advantage of the pandemic and pay half of their previous rates. As there is no other option, sex workers accept their reduced fee offered.

After the lockdown, now we are getting clients, but they are offering less payment. Many people lost their job, and many companies are not even paying minimum salary to their employees. As our clients do not have a good income, they are not ready to pay us like before. For example, we used to charge 100 taka but now they offer us 50 taka. But we have to earn anyhow, so we try to convince them to pay at least 60 taka or 70 taka. But, we end up accepting the original offer since we do not have any other options either (Monsukhi, 35-year-old, Chittagong).

I was not able to do any work during the lockdown. I did not have any income during that time, and I had to borrow money from relatives and local NGOs. Still I am borrowing money to manage my daily expenses. Government mentioned that we must maintain social distancing, but it

is not possible to maintain social distancing in sex work. There is no lockdown in other professions right now, but the lockdown still exists for sex workers. I cannot see any chance to go back to our work in recent time (Nahar, 38-year-old, Savar, Dhaka).

The statement given by Nahar above shows how the sex workers are mentally pushing themselves to maintain the physical work, despite knowing their health is at risk. Because of the pandemic, income dropped 80 per cent in the low-income populations; most of them are restaurant workers, maids, transport workers, agriculture laborers, construction and factory workers, petty businessmen, shop assistants, rickshaw pullers and many more¹³. Social distancing is the primary precaution against Coronavirus, which implicates yet another burden for many in the informal sector, including sex workers to continue their work.

Another primary stress factor in their lives was the ability to pay rent, even the most minimal amount. Moreover, the landlords are not inclined to excuse rent due to the pandemic. This fear of being evicted and becoming homeless exacerbates the uncertainty of their personal and financial future.

I stay outside, in the streets, all day long in search of food. When I manage some, I bring it back and that becomes the night's food for my children. If the landlord senses I am home, the landlord comes to catch me again for the rent. I live in the slum, I cannot even manage one meal a, and my landlord keeps hounding me. I don't stay home all day and only return at night just to dodge the landlord (Rina, 40-year-old, Savar, Barishal).

Although places are open for work, no one is even willing to help or pay us. Rent is our big problem nowadays. When we try to tell our landlord to help us or to excuse the rent since we are unable to pay, they ask us, if I do not give them rent, how will they survive? Because, our rent is their living (Tania, 32-year-old, Kamrangirchor).

As expressed in the statement above given by Tania, while there are sex workers who were disappointed and fearful of their landlords, there are participants who sympathized with the landlord's situation, who they recognized that they need to maintain their source of income which is the sex workers' rent. Rina revealed similar thoughts. For this study, we also interviewed sex workers, who are living in different brothels around Bangladesh and experienced different scenarios in some cases. Since the beginning of the lockdown all the brothels are closed, and local administration were providing them with support¹⁴.

Room rent was exempted by brothel landlords for the lockdown period, since there was no business. Some landlords also came into an agreement about double payment, when the brothels are open. After 3 months since the lockdown has started, the brothels are open now but due to the infectious nature of COVID-19 the clients are not coming to the brothels. As a result, the brothel sex workers are still struggling with their income and in addition they need to pay the room rent now. As they were exempt during the lockdown, landlords are unwilling to offer any kind of exemption now when there is no lockdown. So, while the brothel-based sex workers were relieved of rent payment during the lockdown, they now needed to pay double even though their business has not yet returned.

Beauty is a 30-year-old brothel-based sex worker dealing with such rent issues. After the lockdown, she went to visit her family and stayed for 1 month. She is now back at work, but there are not enough clients nor income to manage her food and living costs. Her regular room rent is 250 taka per day, but since she was with her family for 1 month, she now needs to pay 500 taka per day to adjust the previous due. She has not returned to her previous income flow, and it is very often that she fails to pay the regular rent. She is gradually being trapped into a cycle of debt.

The sex workers community in Bangladesh is already a vulnerable community, one which struggles to economically sustain themselves in general. The community is now struggling more under the realities of the pandemic; under the lockdown and financial crunch, our participants are looking for new strategies for survival and some sex-working income is now entering virtual platforms for a few of the younger sex workers who were familiar with and had access to technology:

Before I had a good phone and I used to video call, but I cannot now. I would have done it now as well, but I had to stop video calling since last month my smartphone stopped working. The phone I am now using is old and does not have a camera (Lamia, 35-year-old, Mirpur-Dhaka).

I think limited job offers can lead girls to do such a thing [virtual work]. But, I am old so it is challenging for me and I don't even know how to operate a phone properly. I use a button phone and do not have money to buy a smartphone for video calling or to use internet/social media platforms (Nila, 30-year-old, Dhaka).

¹³ Coronavirus: Poor income drops 80% in Bangladesh, 2020).

<https://bigd.bracu.ac.bd/news/coronavirus-poor-income-drops-80-in-bangladesh/>

¹⁴ Bangladesh's largest brothel shut due to COVID-19, sex workers to get govt assistance.

<https://www.theweek.in/news/world/2020/03/21/bangladeshs-largest-brothel-shut-due-to-covid-19-sex-workers-to-get-govt-assistance.html>

When I am with my clients, be it day or night, it stays hidden from the public eye. We go somewhere and do it, and it stays between me and my client, no one else knows. But if I send a photo, or if someone else sends a photo or video, that photo stays on his phone which he then shares among his friends, and those friends also keep sharing. The photo becomes a public property. So, no, I don't support this (Hashi, 38-year-old, Rangpur).

Many participants revealed growing the virtual demands for sex-work; almost all participants were approached with such demands. To meet clients virtually requires a good smartphone and internet connection for video and audio calling. There were participants who expressed that they want to meet clients via technology, but do not know how to use or could not afford a device with which they can record and send videos or pictures to their clients as demanded. In addition, the use of smart phone appears complex for many of the older sex workers who lack the required knowledge of the internet and social platforms, to connect with clients, as mentioned by Lamia and Nila.

Participants reported a number of financial coping mechanisms and branches of support in the severe financial crisis. Some relied on a singular support option, and others had multiple support options. A few participants reported taking out official loans, but most participants received loans from community and family members. Lucky stated that she took a loan from a fellow sex worker, as well as one from her house owner. Like Lucky, a few participants leaned on close family and/or clients for the support. Jaheda had a more personal and supportive clientele relationship in which she calls herself the “mistress” of a man who provided her with money as compensation for their relationship. Beauty described a similar relationship in greater detail; she is in a romantic relationship with a man, who gave her whatever leftover money he could manage. For women like these two participants, their sex-work offered deeper long-term relations as support.

It depends, sometimes it was Tk.500, at times I needed more. Sometimes it was Tk.1500. He used to help me out, he still does. However, even though someone helps out, it's impossible to live off like this, one still needs one's own business. That man used to support me, but he has a family of own. One can't put so much pressure on one person (Beauty, 30-year-old, Faridpur).

As Beauty identifies, there is a limit to the assistance their clients or family members can offer. Another participant, Selina, used to get help from her mother to pay her rent and food bills, but says that her mother is now helpless and can no longer intervene with support. These social loans can only go to a certain extent, given the widespread financial hardships.

Beyond the reliance on external loans and stipends, many participants are coping independently with the means and tools available to them. Many sex workers scavenged additional streams of income; participants reported selling or mortgaging their belongings. The belongings ranged from gold jewelry, TVs, dining tables and chairs. Shabnam recognized that this method of selling items is a common solution in the current crisis, she sold a pair of gold earrings for Tk.6600. The dire situation is forcing sex workers to value their belongings in a new way; the items are not as necessary as the urgent need for survival - food and housing.

Many participants have pursued vocations beyond sex work to supplement their income. This financial coping mechanism has skill and resource barriers. Many women found small crafts and “mini-businesses” to help them through the crisis. Hashi had a sewing machine at home; hence, she started sewing simple items such as normal blouses and petticoats to sell. A few participants started, or considered, running a street-side tea stall. This tactic of selling low-cost and low-skill goods was popular among sex-workers. The participants acknowledged that these informal, short-term economic ventures are unpredictable and require flexibility, creativity and patience. Even though these independent ventures offered some financial relief, they were stressful and challenging for the sex-workers.

Presently what I do is sell tea on the street sides. It is very rare that I stand across the streets looking for clients (Bijori, 35-year-old, Chottogram).

BASIC CHANGES IMPOSED IN THEIR LIVES DURING THE PANDEMIC

Changes in supply of food and necessities:

The pandemic has caused a drastic change in everyone's lives all over the world, but when it comes to the changes in the lives of the sex workers living on the streets and in the brothels of Bangladesh, the intense consequences have not been acknowledged. The sex workers are not only suffering by loss of employment, but in other basic scenarios of their lives as well.

Almost all the participants have admitted that the pandemic has severely affected their starvation. In case of sex workers in Bangladesh, the lockdown and restricted traffic of people on the streets of Bangladesh have caused them to lose clients. The loss of clients has led to loss of income, which directly increases the risk starvation of the sex workers and their families. Meherun, a 35-year-old sex worker did voice her frustration during the interview where she said local vegetables like spinach is so expensive that they are looking for cheaper substitute for spinach, which is also impossible since everything in the local market is getting expensive. The participant fears that the rise in price of local food such as vegetables can lead them to starvation soon. The pandemic economic reality is leading to a rise in prices of necessities for the public, specifically food. When it comes to the lower paid community, which includes the sex-workers, their food source relies on the local market's availability of vegetables, rice, local meat and dairy products. Majority of the participants have shared that the most simple and local vegetables are the primary portion of their meals, and the vegetable prices have increased so rapidly that they are concerned that the inflation will lead to starvation. The affordable prices of the vegetables, their primary source of nutrition, are now exceeding their income which is a major concern.

Everything is expensive now! Before, masks were 10 taka each, now it is 20 taka. Food is extremely expensive. We could afford to buy vegetables before, especially spinach, now it is very expensive. Spinach is now 30 taka and we used to pay 20 taka for a good amount of spinach. A handful of green chilly is 10 taka, so are we going to buy chillies with 10 taka or get some potatoes with 20 taka to have a more filling stomach for the day? (Joulie, 35-year-old).

While most participants reported a lack of clients and consequentially, starvation as the big problems in their lives, some participants expressed that the major struggle is the allocation of their limited income.

A sizable proportion of their income goes towards work necessities such as condoms, injection or

contraceptives, whose prices have also risen in the market.

The increase in price does affect the business, because half of earned income moves to buying condoms (Lamia, 35-year-old, Mirpur).

Price of condoms have increased. Before we could get 2 or 3 with 200 or 500 taka, but now they are expensive, you need to spend 700 or 900 taka for condoms, then there is transport cost, so I barely get anything from what I earn (Selina, 25 year-old, from Mirpur).

I think the price of condoms is the same, but the problem is I do not have enough money to buy them. The injection to prevent pregnancy used to be 50 now it is 70 taka (Joulie, 35-year-old, Matuail).

While some expressed concern for the increased price of condoms, there were participants who held the opposite opinion. According to some participants, purchasing a box of condoms that cost between 300 Taka to 500 Taka can last for days, therefore it should not be an obstacle while working. While the increased prices of condoms was a prevalent issue for some sex workers, there are sex workers who receive discounts and free boxes of condoms from different NGOs and other organizations.

NGOs can give access to free condoms. The organization I am with is Parash Mahila Unnayan; from there I get many free condoms, which I distribute among my colleagues as well. So, it is possible to access condoms, the price should not be used as an excuse to not use it. Still, I did hear that many found it difficult to find condoms during lockdown, it became less accessible, so I told them that save your life first, don't work in these times (Hashi, 38-year-old, Rangpur).

When participants were discussing the increased price of necessities in the market, they pointed to the rise in prices of cleaning supplies including soaps, bathroom cleaners etc. This is a matter of concern since hygiene products (masks, soaps and other cleaning supplies) should be accessible amidst the pandemic. Not only the prices have become a barrier, but because of the lockdown the closures of local markets and some of them permanently being closed, have also created a struggle for the sex workers to get a hold of adequate number of masks, soaps and cleaning supplies. A substitute of cleaning material that was revealed during the research was the use of sand and charcoal for those who cannot afford to purchase soaps and bathroom cleaners. Some participants also revealed that even if they do not personally use masks since they cannot afford them, they still have to end up buying soaps and masks to engage with their clients. Local markets used to be open only at a limited time. So it was a problem (Nahar, 38-year-old, Savar).

A mask itself is expensive. Before we used to buy 1 mask with 50 Taka, now one is almost 100 Taka, the ones that are of good quality (Liza, 21-year-old, Kamrangirchar).

Lifebuoy soaps are still 10 to 12 taka. We do use charcoal, but now charcoal is harder to get than soaps since poor people who cannot afford soap are buying it all (Joulie, 35-year-old).

Around 7 to 8 people use one bathroom. We clean the bathrooms and rooms with Savlon, but when we cannot buy Savlon we use sand to clean (Meherun, 40-45-year-old).

One of the key findings was the fear of using a shared toilet. Most of the participants lived in slums and small rented rooms, with outdoor bathrooms that were shared with the neighbors. Only 2 out of 40 participants reported access to individual toilets in their rooms. The fear of germs being dispersed from one individual to another via toilet sharing have increased among the concerned sex workers and they continue to live with this fear since they have no other option.

Yes, we have a sanitary toilet in our rented house. 10 families are using 1 toilet which is dangerous (Monsukhi, 35-year-old, Chittagong).

No comments were made regarding access to amenities such as electricity, gas and water. Some participants reported that their landlords took advantage of their inability to pay the rent, and as a compensation or punishment would cut their water or electricity supply to pressurize the renters to pay the rent on time. This not only deprives sex-workers of another necessity, but also elevates their mental and stress level since it is a basic necessity which they are unable to access unless they pay their rent. Overall, access to basic utilities and amenities was revealed to have a massive impact on the daily lives of the sex workers.

Things did get expensive, but we have to live. I honestly focus on buying food more than masks or cleaning supplies. I cannot afford it. Whenever I am unable to pay my bill, to punish me the landlord stops the water motor so that we do not get any water (Selina, 20-22-year-old, Matauil).

We do have current problems. Water supply is limited now and we need to buy gas, which is also expensive now (Komola, 45-year-old, Chottogram).

The landlord ordered if they run the water motor in the morning, then they will turn it off in the afternoon. If they run water in the afternoon, then they will turn it off in the evening. It is not sufficient for us and we end up buying water bottles from the local markets for us to drink which is expensive. In our slum, we have only two gas stoves for all the tenants to use which is a massive problem for all of us living here (Sabnur, 35-year-old, Rajshahi).

Unlike statements made by the respondents regarding the availability of healthcare and doctor services, all participants reported that, even during the lockdown, the pharmacies or local drugs shops as they are called, are always open. During the lockdown, pharmacies were open until a certain hour; but when the lockdown did ease up, the pharmacies were open 24/7. Although the pharmacies were open, some participants mentioned that they felt ignored by the pharmacist; the pharmacist would not want to assist them, or would recommend a basic paracetamol such as Napa without considering the symptoms the person was facing. This is a big problem since the pharmacy is the primary resource for medical advice and explanation, when the hospitals and clinics are closed. Almost all the participants stated they have not heard of any “Kobiraj” (the person who cures illness via prayer) or “Homeopathy” remedy to treat the Corona Virus.

Pharmacies do not give any other medicines except Napa now, which is also a problem, no matter what symptoms you show. You have to be very convincing and push them, they do not want to talk to us. If we have loose motion, or nausea they ignore us, so we have to convince them and tell them, and then they give it (Tania, 32-year-old, Kamrangirchar).

MENTAL AND PHYSICAL WELLBEING

The pandemic has not simply diminished the living standards of sex workers, but these conditions have put immense stress on the community's mental and physical wellbeing. In Bangladesh before COVID-19, the sex worker community reported high pre-existing cases of anxiety disorders and major depression disorders. In a study of sex workers in Chittagong, the 12-month prevalence rate for any mental disorder was 38.6%, meaning that more than one of three sex workers suffered from severe psychopathology¹⁵. Considering the high rates of anxieties and depressions, the mental health implications for sex workers under COVID-19 conditions seemed to have risen. Interviews inquired participants whether they suffered heightened anxiety and depression under coronavirus conditions. 37 of the 40 participants reported heightened mental distress, of varying degrees. Their mental state was described through the terms: tension, stress, depression and anxiety. The overwhelming majority of participants expressed a panicked urgency about the quality of their mental state. A participant exclaimed that she would cry while explaining her situation because of the trauma and pain she was undergoing. Her mental distress in the COVID-19 reality was so extreme, that she had a difficult time containing her emotions during the interviews. Such sensitivity was expressed by a large proportion of the participants.

I feel like this all the time. I am struggling to stay alive, provide food for my children. I have no one. I live alone so I feel depressed and stressed all the time. I pray to Allah and cry to him when will all this end? And when will I be given justice, so I cry all day and pray to Allah asking for forgiveness (Amena, 28-29-year-old).

The fundamental mental stressor for sex-workers was their economic situation; our research above highlighted the exploding financial distress in the sex worker community. This feeling of anxiety in the financial distress was expressed by the overwhelming majority of the participants. Financial stress is constantly reinforced by hunger pangs, and anxieties about managing landlord rent payment requests.

My mental condition is not good now. I am always tense about money. If you have money then you can manage everything and can feel better. With these financial problems, I don't find anything to manage my stress (Nahar, 38-year-old, Savar).

The current situation rendered everyone to have tensions and stress. No one can sleep because their mind is filled with worry and their stomach empty (Akhi, 32-year-old, Mymensingh).

Entangled with the financial stress, was health stress surrounding the coronavirus. A number of participants seriously fear the virus, and health risks of returning to work, if work was available. Sex work requires the voluntary disregard for COVID precautions; the sex-worker has to risk being with clients potentially infected with coronavirus. The risky sex-work increased feelings of endangerment and consequently increased feelings of anxiety. A number of participants indicated that the fear of the virus was a major stressor; and that fear of contracting the virus inflamed the stress surrounding their sex work.

We are scared of everything. We fear the germs, we fear going outside, everything. You wouldn't understand the situation we live in even if we describe it... (Rina, 40-year-old).

I was in constant fear and paranoia. I had to go outside, meet clients in hotels or houses, all while being afraid. The fear still is present but there's nothing to do. We were starving (Laboni, 32-33-year-old, Cumilla).

Childcare, preparing food, and struggling with employment imposed additional mental burdens on the women. Participants, who lived with family members, reported high mental stress with household demands under COVID-19 conditions. Most participants resided with family: husbands, parents, and children of whom were young and of schooling age. Many women are confronted with the overwhelming maternal and household anxieties; sex-workers are balancing responsibilities keep up a household (cooking, affording food and rent, taking care of their children) while trying to maintain their income. The maternal stress of protecting the needs, and the mental and physical health of their families caused intense stress.

I constantly worry about the situation. There's always a fear working, when my children show symptoms of a little fever or cold, fear grips me. I am a mother, so these kinds of fear are always there (Shahina, 29-year-old, Rajshahi).

I am angry, and frustrated being at home all the time. I have to cook, I have to clean, I have to work, take care of my children, my mother; I am very stressed and overwhelmed (Lamia, 35-year-old, Mirpur).

A striking number of participants described new physical symptoms, which they credited to mental distress. The reported physical experiences stemming from mental tension were: fever and cold, hair fallout, headache, sleeplessness, and nightmares. The participants pointed to these symptoms as direct consequences of their new stress. Much like Komola,

¹⁵ Hengartner M, Islam N, Haker H, and Rössler W. (15 December 2015). "Mental Health and Functioning of Female Sex Workers in Chittagong, Bangladesh" Front. Psychiatry. <https://doi.org/10.3389/fpsy.2015.00176>

other sex-workers experienced physical changes under the new stress. The expression of these physical symptoms points to the extreme mental toll brought on by the coronavirus conditions.

There were always anxieties about where to go, what to eat. I never had hair fall out before, but during the past few months out of stress and tension I had severe hair fall (Komola, 45-year-old, Chottogram).

I was sick for some time physically, did all kinds of tests, they inserted pipes through my mouth and stuff, but now by the grace of Allah I am okay. It's the mental pressure, like tension and stress that increased, especially during lockdown. There is no money, no stable income, and the bills keep coming, but that's life and I push through. What can we do (Jaheda, 40-year-old, Kamrangirchar)?

In Bangladesh as of May 2020 there have been at least eight COVID-19 reported suicide cases; and the number is likely undercounted due to the social complexities and stigmas around suicide¹⁶. Of the participants in this research there was only one, who expressed suicidal thoughts or concerns: Shama questioned her life when asked about her mental state. She expressed that she felt that her life had no value, and she should not continue it. Another participant knew of a young sex worker, who took her life in the beginning of the lockdown. The direct mention of suicide was not made by any participant, but the research did reveal that the new struggles from coronavirus prompted feelings of a diminished value of self and life.

To overcome mental struggles, the most common practice was socializing; its overwhelming popularity among the participants points to its effectiveness. The women reported feeling lighter after verbalizing their troubles, Khaleda explicitly stated that after speaking to her friends and relatives and when she talked to them she felt better. The method for this socializing varied. Some called through telephone, while others socialized in person. Street-based workers primarily socialized with family, friends and neighbors. Shabnur, a street-based worker, even reported speaking with old clients over the phone to quell anxieties. It is worth noting, that a few participants expressed concerns over the financial limitations of calling when their community was far away.

You can talk to your mother, sister or father to relax your mind, to relieve stress but I can't do that because if I don't have (account) balance on my phone, how will I talk for hours over the phone? We can't use the money kept for food over this (Akhi, 42-year-old, Mymensingh).

When the community was close-by and accessible, women relied heavily on it as a social resource. Brothels, are composed of clusters of small rented rooms, often comprised of shared cooking spaces, shared restrooms, and close quarters¹⁷. Those who reside in the brothels not only share space, they share experiences in the same line of work. As opposed to street-based workers who conduct their work independently, and who reside further from people in the industry. The brothel conditions offer limited space for privacy, but the physical proximity and shared space is a built-in community, which became a support system for the sex-workers in this pandemic. The brothel workers were among women who shared similar experiences, professionally and socially. Brothel-based participants most often reached out to friends and neighbors in the brothel when distressed.

We go to the girls houses who are sad and talk to them, talk about funny stories. They start to feel lighter when we are all together laughing and talking. I am poor but anywhere I go the girls love me because I am good at conversation and making people laugh (Shirin, 45-year-old, Faridpur).

Sex-workers reported a variety of activities overcome mental tension. These were accessible and low-cost activities: watching TV, drinking tea, and taking a moment to themselves outside the house. One sex-worker played Ludo¹⁸ with her children when stressed. This is worth noting, given that lower-income parents in Bangladesh do not commonly play with their children. But heightened stress might account for seeking increased time with children. Another notable, and unhealthy tactic was shared by Tasnuva, who drinks alcohol to relieve her stress. This is the only report of an unhealthy outlet to cope with the stress. Although, the unavailability of alcohol (brought on by the lockdown) forced her to look elsewhere for comfort.

I drink to ease my stress. I didn't get access to it during the lockdown. It's not as severe as before, I have almost given up drinking. Whenever I come home and see my kids, I automatically feel better (Tasnuva, 35-year-old, Faridpur).

Among the sex-workers, there were mixed recommendations for a mental health counselling service. Many women felt the service would be useful, but that it was not the most practical model for their community. Along this concern of pragmatism, many expressed a more urgent need for more tangible assistance in the forms of money, food, coronavirus information, and masks/soaps over mental health counselling. A notable proportion of the women expressed a need and prioritization for the mental

¹⁶ Bhuiyan, A.K.M.I., Sakib, N., Pakpour, A.H. et al. COVID-19-Related Suicides in Bangladesh Due to Lockdown and Economic Factors: Case Study Evidence from Media Reports. *Int J Ment Health Addiction* (2020). <https://doi.org/10.1007/s11469-020-00307-y>

¹⁷ Islam A., Smyth R., (2010) The Economic Returns to Good Looks and Risky Sex in the Bangladesh Commercial Sex Market Melbourne: Monash University Department of Economics, p.5.

¹⁸ Ludo is a popular local board game.

health services. Many sex-workers liked the idea of mental health counselling and, recommended it as a form of assistance moving forward. Shahina, felt that it would be a practical resource to help them feel better. They expressed a need for the ability to talk through their struggles and recommended the implementation of structured mental counselling for sex-workers.

Yes, definitely we need counselling. It really helps to manage our mental health. More counsellors during this time could help our girls manage their stress (Monsukhi, 35-year-old, Chittagong).

EFFECT ON FAMILY MEMBERS OF SEX-WORKERS

The pandemic does not only individually affect the sex workers, it is consequential for their family as well. Almost all the participants we talked to were married, widowed, have children or their parents living with them.

COVID19 and the lockdown pushed school closures, which led to online schooling and home tutoring. The online class arrangement is still not accessible or arranged for the children of low-income families. Schools are closed (rumored to reopen after end of January 2021) and the pandemic forced children, especially of low-income families to stay indoors. They are mentally getting frustrated about missing education and social life. Almost all the mothers expressed the negative impact the pandemic had on their children, physically and mentally. There are many families who still do not own a smartphone, indicating that it would be difficult for them to afford a computer on which they cannot be properly homeschooled. For those children, the opportunity to go to school and develop their social life has completely shut down along with the lockdown.

The teacher did call and offer virtual lessons, but I could not afford it. I also do not have a smartphone, so it was not possible (Amena, 28-29-year-old).

The strict halt on their chance of going to school and meeting their friends, or simply be outside to play have all stopped. The participants expressed how their children are increasingly getting restless and frustrated as they want to meet their friends, go to school and study. Majority of the respondents mentioned that the schools have promised to create an alternative arrangement for the children to study or keep them connected with their studies either by calling them or instructing them online, but that is not happening, at least the school authority has not been consistent with their initiatives.

No more school and I cannot afford private tutors now. At first, they called a parent-teacher meeting and said they are going to start a kind of online class. I didn't understand any of it, how will the children understand? After that no follow-up (Shabnur, 35-year-old, Rajshahi).

Some of the sex workers worried about the future of their children and their education being at halt for the pandemic, there are still others who were relaxed and at ease to have their children at home. They prefer their children to be home since it is hard to track them and make sure they are maintaining social distancing and wearing masks. Some of them also voiced whether the pandemic existed or not, they are fine with their young children being home all day. They also stated that it is difficult to always track their safety and hygiene and ensure they are wearing masks since they are young children. Some of them shared that often they are so occupied with worry and finding ways to earn that sometimes it slips out of their minds.

I am OK with my daughter being at home now. I can hardly make her wear masks when I am with her, I do not think she will wash hands or wear masks if she goes to school or away from me (Rina, 30-year-old).

In contrast to the previous statement made by some of the participants who are fine with their children being home during the pandemic, there are those who have teenagers and adolescents, and are worried about the amount of time they are spending at home. The parents are concerned about their children's' future, their mental and physical health. One of the participants during the interview expressed her concern for her son being home continuously without any school or employment. She fears her son is losing his purpose in life as he is getting used to this lifestyle of staying indoors and being idle. She has been pushing her son to go out and find work to support his family but he is making the pandemic an excuse to stay indoors. Many of the participants expressed concern about how school closures have increased the time for many male adolescents to harass the neighborhood, engage in gang activity and crimes like theft and pickpocketing.

My son is old now, he is 17 years old and is supposed to go out and earn for the family! What is the point of making him go to school? He is now making Corona an excuse for being lazy, sitting at home. It is not good, he is getting used to staying home so I always scold him, to carefully go out, look for a job and earn for the family. He still does not realize how difficult it is to earn money and lockdown made him idle. If this continues this generation will have a difficult future (Lamia, 35-year-old, Mirpur).

Adolescents are bored and have nothing better to do so they are getting involved in minor crimes and gang activity disturbing the neighborhood, they are ill-mannered! Recently, someone stole all of the money from the donation box inside the mosque, and someone's cycle got stolen away. But these kinds of things happened before lockdown as well (Moushumi, 22-year-old, Comilla).

Some of the participants still have their parents or their parents-in-law living with them. While some senior citizens are having trouble adjusting to the lockdown life (wearing masks and being extra careful while getting in and out of the house), there are senior citizens, who have accepted the pandemic as a lesson being taught by Allah to be careful and be grateful for what the Almighty has given.

She is always cranky but she is irritated and frustrated. She does not like wearing masks, she says, 'I am done with all this, I want to die.' They are old people and not mentally capable to understand all this. They do not understand what is going on, how serious Coronavirus is and they do not even want to know (Monsukhi, 35-year-old, Chittagong).

What is the point of all this, those who Allah willed to have the virus, will have it, but the virus won't harm us poor (Shabnur, 35-year-old, Rajshahi).

We also had a participant, who revealed an interesting family dynamic. The financial crisis during the pandemic has prompted her husband to encourage her to do sex-work, to the extent that he began managing places for her to work or meet her clients. The husband was not openly supportive with her sex work in the past, until the pandemic struck, and his own income as a was slashed. This decrease in income contributed to her husband's newfound intentional accommodation and support of her sex-work. During the data collection, this participant's husband joined part of the interview call and actively engaged in the conversation, admitting the recruitment of his wife's clients.

My husband was not as accepting about my work before, so when a client comes he allows them in and takes my daughter away to leave the room for my work, what can he say? We have no option to survive, to earn and things got worse with corona (Bijori, 35-year-old, Chottogram).

LIMITATIONS WITHIN THE ACCESS TO HEALTHCARE

Many participants have expressed that doctors do not treat patients with the care nor with concern as they used to, before the pandemic. Several participants experienced doctors who would not touch them, and would only prescribe medicines by listening to their problem from a distance. These experiences made them believe that doctors and health service providers are not present, both mentally and physically, to provide the required services. This perception stops them from reaching out to the doctors even in an emergency.

The doctors are very rude. They stand far away from us, and often do not want to treat us. I went to the doctor the other day, he literally kept barking at me to back up, like I was a street dog, and refused to treat me properly. They bark at us like dogs, what's the point of visiting the doctors then (Jaheda, 40-years-old, Kamrangirchar).

They placed two chairs in the doorway, and sealed the entry with ribbons. Beyond the room at the far end was the doctor, shouting at me to tell my problems. Now, I get you have to take protective measures, but I don't have corona, if you have to make sure, then take my test. They don't do that, no one was tested for corona. If the doctors treat their patients like this, where will we go? How can you consult us without properly doing a check up on us? They wrote a prescription without even looking at me (Hashi, 38-years-old, Rangpur).

The current treatment process has led to a public lack of faith, especially sex workers, in the treatment and behavior of the doctors. The fear is also fed by their misconception that if they state their sickness as fever or cough, the main indicators of COVID-19, the doctors might send them into self-isolation. Doctors were sitting from a certain distance, and Hashi had to shout to describe her problem. The experience was unpleasant for Hashi, and she thinks there should be a COVID-19 test facility for all so that the doctors could see the patients, who are COVID-19 negative without any hesitation. The sex worker community is already stigmatized, and faces obstacles to get medical attention facilities because of their industry. These experiences are testimony to the ways sex workers community faced obstacles to get health facilities. Most of the time they need to hide their profession to see a doctor, as they reported that there are hundreds of incidents where the health service providers refused to provide service to the sex workers.

When it comes to stigma, there is no newly developed stigma related to coronavirus that the participants have expressed or shared. Although there have been many speculations made as to why an affected corona patient does not reveal they are sick since they are

scared they might be locked up or imprisoned by medical administrators and hence remain quiet. Overall, the sex workers do share that the number of clients did reduce not because they believe sex workers are more vulnerable to COVID19, but because they are generally fear that corona virus can spread from anyone and should maintain precautions and social distancing as needed.

I did not tell anyone when I had fever and a sore throat, because I was scared I would be locked and taken away from my family. So many people are scared they will be trapped or tortured by doctors so they do not confess if they have symptoms (Shabnur, 35-year-old, Rajshahi).

The degree of obstacles for access into the hospitals have increased for the sex workers community. They prevent the most vulnerable, the pregnant sex workers, to access the health services when they need.

Seeing the doctor has become a problem because it's now difficult to get doctors, even in the hospital. No doctors are giving services that easily. Maybe the private hospitals are managing treatments. The girls cannot afford treatment costs in the private hospitals. Those who are pregnant are in a bad place. They are not getting any kind of support. We try to care for them as much as we can (Akhi, 42-years-old, Mymensingh).

During the first months of lockdown, many girls didn't go to the doctors because they feared they might catch the virus if they do. Only those who really needed to see doctors went. One pregnant lady went to the doctor, and the doctor said that he won't do a proper checkup. Then we said, 'why can't you, do we have the virus (Mina, 45-years-old, Faridpur)?

Akhi and Mina are both brothel-based sex workers and spoke about their struggle to get healthcare during the pandemic for pregnant colleagues. Akhi mentioned the insufficient doctors in government hospitals, and how difficult it is to get treatment from a doctor during the pandemic. She thinks it might be easy to get treatment in private hospitals, but they are not able to bear such huge cost to get health services, so the other sex workers are supporting the pregnant women. Mina spoke about how the fear of virus stopping the pregnant sex workers to go to the hospitals to get health service. In addition, the fear of infection is also stopping the doctors from the required checkups with the pregnant sex workers when this is a fundamental service they need during their pregnancy.

It is evident from these quotes that the lockdown and pandemic has exacerbated the inaccessibility to health services that the sex workers community had been experienced for years. The safety measures of the hospitals and the doctors are discouraging the sex workers to reach out for services. Their narratives are yet another example of street and brothel-based sex workers who are so economically unstable, that they

cannot access the private health services even in the suburban areas. Negative experiences about the health services seem more common among the brothel-based sex workers and more prevalent for pregnant sex workers.

ALTERNATIVE 'DUBIOUS' TREATMENTS AND SUPERSTITIONS DURING THE PANDEMIC

The pandemic has changed everything, from the economy, to lifestyle, and to the ways the frauds can scam desperate people looking for ways to make them immune from COVID-19. While there are people, who believe in these rumors of sources of curing Coronavirus, there are participants who shared their experience and learnt their lesson when they tried the imaginary remedies and saw no changes. The most popular superstition that was reckoned during the research was the consumption of 'Thankuni Leaves' which is a local name for the leaves famously known as 'Indian Pennywort' or 'Asiatic Pennywort'. The way these leaves are consumed varied from person to person. While some say they are simply chewed, there were participants, who claimed it has to be crushed and be mixed with warm water and the mixture to be drunk late night around two AM at night facing Kibla (the direction towards which Muslims pray). One of them also mentioned a special honey that is being sold in the name, "Magic Honey" which is said to cure Corona.

Having Thankuni leaves or Neem leaves can make you immune from corona, I also got some and drank but nothing really happened. It feels the same. I heard there is a Surah (religious verse), which you recite every night at 2 AM in the morning and you can be free from Corona forever (Selina, 22-year-old, Matuail).

Selling Thakuni leaves is a scandal itself now, Thankuni leaves are very expensive now! A lot with 20 taka per set of leaves (Monsukhi, 35-year-old).

Mainly, we heard about having warm water and drinks to stay fit. I heard about the magic honey that also cures corona; I did not buy it, but people do (Tasnuva, 35-year-old).

While there are rumors regarding the consumption of leaves and herbs of various kinds that can cure, and immunize individuals from COVID 19 completely, there are some people, who are completely relying on their religion to keep them safe and away from the Coronavirus. There are people wearing special

"blessed" wristbands known as "Tabeej" that are consecrated by a religious leader so that they do not get the virus. There are also special verses which are instructed to be recited at specific times so that they do not get Coronavirus.

I heard there is a Surah (religious verse) which you read and can be free from Corona (Selina, 22-year-old, Matuail).

I do believe if someone is loyal to Allah will definitely be protected from it no matter what. I also got myself and my son a Tawiz and it makes me feel confident that I will not have corona (Sonali, 35-year-old, Faridpur).

While there are rumors and superstitions circulating related to herbs that can supposedly cure the virus or reading religious verses can make an individual immune from COVID 19, there was particular participant, who mentioned that she believes that the pandemic is a way of Allah trying to teach a lesson to the corrupted and rich public for which they are safe from the virus.

People who live in slums do not believe that this virus exists. They say, people are lying. Poor people do not get infected by this virus. This virus attacks only the rich and corrupt people (Shama, 40-year-old, Dhaka).

Faith coupled with a lack of support from the formal health sector and rumours of alternative treatments as a source of managing COVID 19 seem to be rife during this pandemic.

STIGMA AND VIOLENCE

One of the biggest issues during this pandemic is not just unemployment, but also the direct effect unemployment has on the rise in crime and violence in Bangladesh¹⁹. As unemployment is increasing, so is the desperation among people who lost their jobs to find new ways to feed themselves and their families. Additionally, there are more people with time on their hands, given the lockdown which allows them to get involved in petty theft, from pickpocketing to murder. Majority of the respondents have shared this in the interviews. A few of the respondents have mentioned that the closing of school and unemployment have led to many laundering adolescent males to do minor crimes such as pickpocketing and simply harassing the neighbors.

Of course, one day my son gave his phone to charge near the window, and someone just noticed and took it! It was worth 30,000 Taka. The thing is everyone is unemployed, bored and desperate so people are committing theft and crime to survive now (Lamia, 35-year-old, Mirpur).

¹⁹ Hasan, M. K., & Khatun, M. (2020). The Investigation of the Rising Crime and the Reason for People to Indulge in the Crime in Bangladesh. *Advances in Applied Sociology*, 10, 421-434. <https://doi.org/10.4236/aasoci.2020.1010024>

I think people all over are jobless so they are committing crimes to earn their living. Robbery and pick pocketing has increased a lot. People are starving, people are jobless. Children are stuck at home and bored so this is how they are passing their time. There are also bad boys in the area, who do drugs so for their addiction they do such crimes as well. I heard a girl was raped and murder during time of corona in the neighborhood area (Selina, 20-22-year-old, Matuail).

The participants also share that unemployment, mental stress, trauma and more time of house-bound family members during the pandemic has increased domestic abuse of women. They reported that they have seen and heard of husbands and fathers are physically assaulting their children, wives or any other members of the family. Many of the participants believed that the pandemic has caused a rise in the number of rape cases in nearby neighborhoods. One participant shared a tragic story that occurred during a pandemic, where a frustrated unemployed father took advantage of the absence of his wife going out to work and used to rape his young daughter.

A month ago in the neighboring part of the village, I heard that one father raped his daughter, his own daughter. The mother worked all day, so the daughter had to stay with the father alone in the home. He used to feed his daughter sleeping pills and then rape her, the mother did not know. After days, the girl finally understood what was happening and told her mother. The girl was in 5th grade. The mother then said to the girl not to mention it to anyone, and it to keep to herself, that this was nothing. Then, the mother and father planned at night to kill off the daughter, thankfully the daughter heard this and went away to her uncle and aunt and told them everything. Then they called the police, and the police arrested both the mother and father and took them away. They are in jail now (Joulie, 35-year-old).

Another respondent shared a disastrous murder story that occurred in her neighboring area. A girl in the neighboring area, who also worked as a sex worker, was called by a client. She was reported missing since then. A few days' later police found her bare body near a lake. The evidence from the body revealed that she was raped. The participant did not see the body herself but revealed some of the rumors that circulated in the community along with the news of the victims' death. The participant expressed her condolences and that she understood the victim's situation. The victim was so desperate for money that she could not resist the offer and agreed to meet a client outside their area where he or a group of men took advantage of her. She also mentioned that the police stated that the victim was gang raped and was thrown into the lake afterwards. Rumors also say that the perpetrators tortured her and used bottles and damaged her internal organs as well. It was one of the most brutal incidents during the pandemic reported during the research. This is a real fear that most sex workers live

with, but with the pandemic and the given uncertainty, their vulnerability has greatly increased.

Besides such extreme cases, it has also been revealed that the helplessness of the sex workers, especially street sex workers who search the streets at night for clients, are also bullied, harassed and abused by the police. The police, who are supposed to protect the public at night, takes advantage of the empty streets and use their power to harass sex-workers; either asking for free sex or simply hit them physically for no reason.

Yesterday I and my colleague were beaten up by the police for no reason. We were standing at a corner of the street when two policemen approached us and asked why we were there? They knew why we were there but still they asked. So we ignored them and just stood there, and they started hitting us and pushing us away from there. They are strong, big men and they use sticks, and it hurts (Joulie, 35-year-old).

The policemen who do night duties, they demand free sex, or else they end up putting us in jail for the night or harass us. And this happens almost every night of our lives even during nights of Corona (Shabnur, 35-year-old, Rajshahi).

NGO AND GOVERNMENT ASSISTANCE

Amidst widespread suffering under coronavirus realities, aid was extended to sex-workers across different conditions and contexts. Government aid was only offered to brothel workers; therefore, since we had more street-based participants, NGO aid was reported more often than government aid in our research interviews. Some sex-workers received monetary and/or food aid from the government or from NGOs and organizations. The assistance aid packages were iterations of food staples (rice, lentils, potato etc.), hygiene necessities (soap, hand sanitizer, and masks), and occasionally monetary handouts. One notable form of aid was reported by one woman: a new trade for employment. Shahina describes how an NGO, trained her and other sex-workers on how to do tailoring work. The NGO incentivized the tailor work through money, while offering these women a new skill to manage an income source. This assistance of extra employment was a rarity, as the remaining majority of participants received assistance in the form of food or money.

We got packages of rice, potatoes, lentils and oil. I went to collect them, they didn't know I am a sex worker, if they did, they would not have given it to me. 1kg rice is not enough, I mean it is just one meal of the day for my family. Tell me, how can we get enough from this (Nipa, 24-year-old, Rajshahi)?

There was disparity reported in the quantity and reliability assistance across brothel and street-based participants. Government aid was extended to the brothel-based workers, but not the street-based workers according to the interviewed sex workers. The government relief package includes basic food and hygiene products. The brothel-based workers reported more consistent aid from the government. The brothels had the advantage of legal recognition, which allowed for direct government channels for food and money supply. A few brothel-workers reported getting weekly aid packages of food and/or money through the brothels; Beauty in the Faridpur brothel received rice, lentils, oil, potatoes, onion, salt, milk, sugar, semolina, and biscuits for the children. This weekly arrival of food goods was commonly reported by other brothel-based participants.

During the 4-month lockdown, we used to get relief every week. We used to survive on those (Sonali, Faridpur).

Research revealed that street-based workers reported unreliable aid. No street-based workers received government aid. Six of the forty participants, all street-based, received no aid in any form. The street-based workers got assistance from NGOs. Monsukhi explained that she received, unpredictable varying sums of money from NGOs that she was asked to distribute among sex-workers in her area. This experience of distribution, and its unpredictability, highlights unreliable support. The inconsistency of NGO aid prompted a few participants to seek help from old clients; Shahana explains that the wealthier clients helped her out in the form of money, food, and soap. Shahana's financial support from clients was not common, and some women received monetary or food handouts from their landlords. These details exposed multiple avenues for support that these women are forced to turn to without the proper NGO aid.

We received nothing. If help was received, we would not be in such a horrible situation (Meherun, 40-45-year old).

Satisfaction with assistance was mixed. A few participants were content with the aid they received, and this was primarily reported by brothel-workers. There were a minority of street-workers who felt they received enough support. Rina, a street-based worker described, that with a package of rice, lentils, potatoes, oil, biscuits, semolina, and sugar her family survived for three months. Rina was lucky to receive substantial support for that period of time. The analysis of reveals that few sex-workers reported satisfactory aid. The majority of sex-workers were unsatisfied, reporting the aid was insufficient and poorly distributed. This sentiment was primarily among street-based workers, who relied on NGO aid. Rahima expressed frustration about the mismanagement of the distribution process, that even when help arrived, many political leaders would keep it for themselves. Reports of the NGO aid

highlighted that it was less-centralized and more inconsistent than the government assistance. The NGO packages relied on third-parties to distribute the aid, and no aid was directly transmitted. This system prompted diluted distribution and decrease the quality and quantity when it reached the intended sex-workers. These reports of mismanagement and corruption in the distribution of relief materials, are an unfortunate reality for many sex-workers amidst the pandemic.

Many participants expressed frustration at empty promises of support. Some means of assistance were promised to the sex-workers, but were then never followed through. An unfulfilled support promise reported by street-based workers was that NGOs and landlords took photocopies of their national ID cards, promising to send direct aid. But this action was never fulfilled as Tulip describes; "the house owner did take our I.D Card and will give us money, but till now we did not get anything. This was in the beginning when Corona started, but nothing happened so far" (Tulip, 30-year-old, Dholpur). Tulip's experience is another example of ineffective resources extended to sex-workers. Many participants expressed pain and distrust of the aid offered to them. Selina even described that sex-workers were "deceived" by NGO workers in this crisis. Another participant, Mina, reached out for assistance, using the helpline provided to her, but her calls were unanswered. The number of such reports in the research, displays the ways assistance for sex-workers have failed in this coronavirus crisis.

The government has never been helpful. I tried calling their mobile many times. When you make a call you will hear, if you are in a horrible situation, you need money or a food call in 333 number. We did so many times, no one picks up it is worthless (Mina, 32-year-old, Faridpur)!

We were deceived so many times, not just by clients but also NGO workers. I had another NGO worker who talked to us, and told us they would meet in Komlapur but then they never called (Selina, 20-22 year old, Matuail).

Effective assistance for sex-workers, requires listening to the community's recommendations. The conversations revealed that sex-workers urgently ask for financial assistance; and an overwhelming majority of participants recommended financial assistance as the most efficient and useful form of aid. The lack of government involvement among sex-workers, particularly street-based, has made them frustrated, and they want the government to listen to their pleas for financial aid. Their explicit and desperate financial requests call on the international, national and NGO stakeholders to recognize sex workers, and to focus on direct assistance. The sex-workers express the need for responsive and forms of aid that will allow them to be financially secure. They want the government, and

NGO's to specifically create systems for sex-workers, with the understanding that stigmas and violence prevent them from utilizing main frames of support.

Everyone thinks about the poor people but no one thinks about us. We are poor as well, and we need support. The government and other stakeholders should create a separate support system for the sex workers. Normally people do not think about us and do not come to us. We cannot go to general places for support, which is why we need a separate system of support (Khaleda, 30 years old, Kamrangirchor).

An element of this financial assistance, strongly emphasized by sex-workers, is that the financial support be given to them directly. Shikha elaborates, and emphasized the need for direct channels of assistance, which is a response to the diluted aid they received from third parties (ie. various brokers, political leaders, etc) in the past several months. The sex-workers make clear, that direct financial assistance is most effective way of reaching them and needed. Specifically, direct financial aid in the form of cash or mobile deposit. Tasnuva recommends this model because the cash offers flexibility to spend money on their particular needs and to take out the money whenever they need. As Tasnuva states, many other sex-workers recommended this digital transfer model for aid because of its flexibility to their particular financial strains, and its empowering qualities to address their livelihood needs on their own priorities and terms.

Every girl wants their support to be given to them directly. They don't get it, or they don't get the entire amount when sent via a third party (Shikha, 25-year-old, Comilla City).

Under the same call for financial assistance, a number of sex-workers recommended alternative and specific channels: alternative employment and business loans, Shahina recommends that, "if the government cannot give out food, maybe jobs that we can do from our home. If they had done these, that would've been helpful" (Shahina, 29-year-old, Rajshahi). Calling on the assistance stakeholders to consider alternative and specific channels of financial assistance for sex-workers, and the vulnerable members within the community (the elderly in particular). Sex-workers want channels for employment and for business ventures.

Financial support can help us now. There are many old sex workers who do not get even one client in a day, they are suffering a lot. There should be a support system for them, to buy their food and medicine. Actually, for old sex workers we need a permanent solution. If they could get a certain amount of money to start a small business then it will help them to survive for the rest of their life. After the age of 40, it is difficult for the sex workers to get client (Monsukhi, 35-year-old, Chittagong).

Below we outline some recommendations by the sex workers interviewed in order to improve their situation during COVID-19 and beyond.

RECOMMENDATIONS

- International donors and local NGOs, who are working to improve the life of the sex workers, and Bangladesh government should make separate interventions to provide direct and sufficient financial support for the street sex workers.
- During the research it has been expressed by majority of the sex workers that most of the limited income they earn contributes to the purchase of necessity items in their profession such as condoms and emergency contraceptives. Such accommodations should be provided to the sex workers either by the government, NGO or other organizations since it is very important when it comes to maintain their and the public's safety and health concern.
- Government, and NGOs should focus on alternative forms of financial assistance, such as; small loans for business, temporary rent compensation, utility waivers, and introducing a "food stamp" system that can give the sex workers community and opportunity to obtain free groceries. They should take the sex workers in account as their beneficiaries so that they can start their small business as secondary profession to survive during the emergency time such as COVID-19 pandemic.
- Cash payment or mobile banking should be used to provide financial support directly to the sex workers.
- Brothel based participants revealed that they have a midwife inside their brothel who delivers their children in need since most of them are not allowed or treated in local hospitals. Some participants also shared stories of abortions, infants and mothers dying during giving birth to their child. Therefore, it is very important for the government to take action immediately or any other organization to set an intervention to take care of pregnant mothers, their delivery or arrange a well-trained nurse during the time of delivery of the baby available when a mother is giving birth. An action or policy must be made for doctors to attend a mother in need. Not just mothers, senior citizens also have the right to have priority ahead of everyone as well. Most of them are weak, unsupported and sick and require care. More accessible medical care for the sex workers, especially for the pregnant and elderly. Government should try to arrange transportation to commute to the nearest hospitals.
- While there is a continuation of homeschooling via online in various schools nationwide, the sex workers' families cannot afford home schooling since they

cannot afford a smartphone or a laptop though which their children can virtually communicate with their teachers and get home schooled. Many parents complained that the school authorities promised they will try to arrange a way to communicate with the students but were not successful to do so, and hence the Government and organizations should design intervention and methods to let these children continue with their education and if possible fund sex worker's children's education.

- Although limited, but many of the sex worker participants did express that they do receive a certain amount of mental peace when an “NGO” representative or a counsellor comes and talks to them. Once talking to representatives they feel positive and feel cared for, and believe that the public is also aware of their feelings and dire situation. Therefore, it is very important for Government, NGOs and other organizations to promote and develop psychosocial and mental wellbeing counselling services for the sex workers to support them to manage their depression and anxieties.
- Harassment and violence by police have been mentioned several times by the participants and they think it should come to an end. Government and other stakeholders must make interventions to sensitize police and other law enforcement agencies to accommodate the safety of sex workers and reduce harassment against them.

CONCLUSION

This report aimed to show the COVID-19 impact on the sex-worker communities, both street and brothel-based, in Bangladesh. The analysis in this report shows that COVID-19 has altered and worsened the social and economic realities of sex-working communities. Knowledge about the coronavirus is relatively limited and inconsistent among sex-workers. The economic crisis, brought on by lockdowns and loss of clients, is the primary issue for sex-workers in this new reality. Food and basic necessities (housing, utilities, toilet usage, personal care items, and condoms) are increasingly unavailable to sex-workers, due to the financial situation. High numbers of sex-workers experienced mental anxieties, since the beginning of the coronavirus. For some participants, mental distress was so intense that it manifested as physical symptoms. Family members, especially sex-worker's children, are vulnerable to the coronavirus economic and emotional realities. The accessibility and quality of healthcare for sex-workers is weak; which is most apparent, for the most vulnerable sex-workers (the pregnant and elderly). Many reports of high rates of crime and abuse in the community reveal that stigma, violence and superstitions specific to the sex-worker community has not improved. The circulation of new superstitions and fraudulent crimes also take advantage of the vulnerable women. It is apparent that the government and NGO assistance has been inconsistent and ineffective for the specific needs of sex-worker. Therefore, it can be concluded that Sex-workers explicitly demand more consistent, and sex-worker targeted financial assistance. Along with financial assistance the sex workers are also hopeful for some form of assistance that can help their children to continue with their education and schooling. They are also expecting to have access to feasible medical services when required during the time of the pandemic.

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