Chapter –I

INTRODUCTION
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The whole society including government as well as private sectors, well educated, informed people are holding Female sex workers and Gays as solely responsible for HIV/AIDS. Presently HIV/AIDS is a burning issue in the society, the disease which is in itself being discriminated, seen very badly and that which has made lakhs of people to suffer and die.

Everyone feels that unsafe sex practices with Female sex workers and Gays leads to many health problems and adversely affect the society. Apart from the stigma already attached to sex workers, society has further marginalized them as core transmitters of the HIV infection (Meena sheshu, 2007). As a marginalized group, sex workers are normally expected to experience more psychological problems like Aggression, depression, loneliness, frustration, anxiety etc. (Ullibarri, et al, 2009).

A broad definition of sex work would be; the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people and children where the sex worker may or may not consciously define such activity as income-generating (Kakar.D.N., et al., 2001).

Although the word ‘prostitution’ can be used to describe the act of selling sex, it can also mean “using a skill or ability in a way that is considered shameful”. It seems to include a moral judgment, by implying that individuals who sell sex are involved in a practice that is corrupt and so are they unworthy. A far more neutral and respectful alternative is the term “sex work”.

In Kolkotta, the organization of sex workers named Durbar women’s organization had arranged a sex worker’s national sex conference for the first time in which they decided to change the word ‘prostitution’, instead they wanted to use the term ‘sex worker’. Hence in 1995-96, the National Women’s Commission, in
its report Societal Violence on Women and Children in Prostitution, discussed about this word and decided to use the word sex worker. Henceforth throughout this study the word sex worker shall be used regarding the term 'prostitute' and sex work instead of 'prostitution'.

Sex workers, along with other marginalized groups such as Gays and Injecting drug users, are often labeled a "high risk group" in the context of HIV/AIDS. But the debate about sex workers wider role in the global AIDS epidemic often polarizes opinion. Some argue that sex workers are being wrongly portrayed as “transmitters” of HIV, while others claim that HIV transmission through paid sex is ‘driving’ the epidemic. (Upasana Bhatt., 2006).

In truth, the situation differs vastly between different countries and regions. While HIV prevalence is high amongst sex workers in some areas, in others it is relatively low, and they seem to play a fairly minor role in the spread of HIV. For instance, in most parts of Western Europe and North America, HIV transmission through paid sex is not considered to be a major issue. In other regions, however, notably parts of Asia, large number of sex workers are living with HIV, and this is influencing the overall pattern of the AIDS epidemic.

Since the beginning of the epidemic sex workers have experienced a heightened burden of HIV across settings, despite their higher levels of HIV protective behaviors (UNAIDS, 2009). Unfairly, sex workers have often been framed as “vectors of disease” and “core transmitters” rather than workers and human beings with rights in terms of HIV prevention and beyond.

By gaining a deeper understanding of the epidemiologic and broader policy and social context within which sex work is set one begins to quickly gain a sense of the complex backdrop for increased risk to HIV among sex workers. This backdrop includes the critical role of stigma, discrimination and violence faced by sex workers, as well as, the importance of community empowerment and
mobilization among sex workers to address these regressive forces (UNAIDS, 2011).

Globally sex work is legal in Canada, France, Wales, Denmark, Holland, most of South America, including Mexico (often in special zones), Israel, Australia, and many other countries. It’s either legal or tolerated in most of Asia; Australia has a sex-service company whose stocks are traded on the stock exchange.

In India, sex work is legal, but a number of related activities, including soliciting in a public place, keeping a brothel, pimping and pandering are outlawed (Human Rights Report, 2008).

Sex work is one of the oldest professions practiced since the evolution of society. It is prevalent in every country inhabited by any race, religion or community. Though every government projects its concern about the menace of sex work and enacts various laws to curb it but surprisingly the profession is flourishing and expanding its wings. It only conveys that issue is being tackled superficially where as it needs change in our thinking and approach followed by a social revolution not enactment of laws only.

Sex work is 100 billion dollar global industry whose legal status varies from country to country. It is an industry which is unarguable, ubiquitous in all the countries with their own variations. Sex work is legalized in some of the countries and is practiced as per law, which may differ from country to country.

For years, ‘sex work’ has been a major theme in discussions about the global AIDS and HIV epidemic. The media often run stories about HIV that focus on sex workers, individuals who sell sex, and both governments and HIV-related organizations frequently talk about sex workers and sex work in the context of HIV&AIDS.
Why is ‘HIV/AIDS and sex work’ an issue? This topic is significant for several reasons:

- High rates of HIV have been found amongst individuals who sell sex in many different and diverse countries. Even where HIV prevalence is low amongst this group, it is usually higher than the rate found amongst the general adult population.
- Sex workers usually have a high number of sexual partners. This means that if they do become infected with HIV, they can potentially pass it on to multiple clients.
- Preventing HIV infections amongst those involved in the sex trade has been proven to be an instrumental part of many countries fight against AIDS.

Apart from the stigma already attached to sex workers, society has further marginalized them as core transmitters of the HIV infection. It fails to understand and recognize that they are but links in the broad networks of heterosexual transmission of HIV. And that they constitute a community that bears and will continue to bear the greatest impact of the HIV epidemic (Meena sheshu., 2007).

Sex work has always been a major issue in India. Bombay alone is home to one lakh sex workers, the largest sex industry centre in Asia. Often women are forced into this profession due to poverty, human trafficking, illiteracy, desertion etc.

According to Human Rights Watch. (2008) there are approximately 15 million sex workers in India. There are more than 100,000 women sex workers in Bombay, Asia’s largest sex industry centre. An oft-repeated cause of sex work is poverty but poverty is not the only reason, the helplessness of women forces them to sell their bodies. Many girls from villages are trapped for the trade in the pretext of love and elope from home, only to find themselves sold in the city to pimps, who take money from the women as commission. The other causes of sex work include ill treatment by parents, bad company, family sex workers, social customs,
inability to arrange marriage, lack of sex education, media, prior incest and rape, early marriage and desertion, lack of recreational facilities, ignorance and acceptance of sex work. Economic causes include poverty and economic distress. Psychological causes include desire for physical pleasure, greed and dejection.

While human rights violations are common throughout India, they are particularly prevalent in the lives of people involved in sex work. Discrimination against sex workers in India is as much an issue as the discrimination faced by other marginalized groups along lines of class, caste, race or religion. Sex work is not treated as work, but as dirty and immoral lifestyle threatening to taint the "innocent public". The result of this stigma is the denial of basic rights for both sex workers and their families: women cannot access good healthcare and are often subject to abuse violence and exploitation by police and government officials, while their children face harassment in schools and the workplace.

MAGNITUDE OF THE PROBLEM IN INDIA:-

India is a receiving, sending, and transit country for sex work. Due to its geographical proximity to Nepal and Bangladesh as well as Pakistan, all of which are economically less developed than India, the constant illegal movement of people is a perpetual phenomenon. Everyday about 200 girls and women in India enter sex work, 80% of them against their will (CEDPA and PRIDE, 1997). Sex work is widely rampant in India and its main markets are in the big cities. The statistics available on the number of sex workers operating in the country is not exact because there is so much of clandestine sex work, in spite of such undetected sex work the situation is horrifying. A very accurate, comprehensive picture of sex work in India is not available since sexual exploitation and sale of women and children are mostly unreported crimes; since many cruel episodes are caused by middlemen and procurers who act secretly and in a very organized, criminal manner. However, some intensive project studies and research work reveal following facts: According to a recent publication on trafficking (The Coalition
Report, 2003) there are about 2.3 million sex workers in India. This data may seem to be on the higher side but authentic data of a survey of Bombay (Mumbai) city alone indicates an alarming figure of more than 0.1 million sex workers in its 12000 brothels. Approximately 20% women in prostitution are under 18. A sample survey of 12 states and 2 union territories reveals that women who are sexually exploited and sold are usually children (under 18yrs) at the time of their initial exploitation or abduction.

The number of sex workers in India has risen by 50% in less than a decade, according to a new survey. Two million sex workers in 1997 had raised to 3 million by 2003-04, the government commissioned study said, many sex workers are said to be underage, entering the sex trade between the ages of 12 and 15. The study was conducted by an NGO which interviewed 9,500 sex workers in 31 states and federal territories across the country over two years. Government officials, police, journalists, social workers and NGO’s working with sex workers were also interviewed (Mukheijee, K.K, 2006).

Although poverty, illiteracy and ignorance remain the most common factors for women to enter the sex trade, other factors have also emerged. According to Mukherjee, 1997. “New stimulating factors for sex trade are a change in attitudes towards sex, migration, globalization, increase in the hospitality industries and the desire for a physical relationship with multiple partners”.

Sex work is increasing in India where there have been fears over the spread of AIDS and reports of young girls being abducted and forced into sex work (Reuters, 1998). It takes up to fifteen years for girls held in sex work via debt – bondage to purchase their freedom (Friedman, 1996). Children of sex worker are victims of sexual abuse as well. Children are forced to perform dances and songs for male buyers, and some are forced to sexually service the males (Menon, 1997). There are three routes into sex work for most women in India. 1. Deception; 2. Devadasi dedication and 3. Bad marriages or families, for some women their marriages were so violent they preferred sex work. Husband or families introduced
some women to sex work many families knew what the women had to do, but ignored it as long as they got the benefits from it (Karkal, 1997).

India is home today to Asia’s largest red light district Mumbai’s famous Kamathipura, which originated as a massive brothel for British occupiers and shifted to a local clientele following Indian independence. The Mughal Empire (1526-1857) also witnessed sex work. The word “Tawaif” and mujra became common during this era. During the Mughal era in the subcontinent (1526 to 1857) sex work had a strong nexus with performing arts. King Jahangir’s harem had 6,000 mistresses which denoted authority, wealth and power. Even during the British era sex work flourished. The famous kamathipura a red light area in Bombay was built during this era for the refreshment of British troops and which was later taken over by Indian sex workers.

The sex work continued from ancient and medieval India and has taken a more gigantic outlook in modern India. The devadasi system still continues, according to a report of National Human Rights Commission of the Government of India. After initiation as devadasis, women migrate either to nearby towns or other far-off cities to practice sex work. The practice of dedicating devadasis was declared illegal by the government of Karnataka in 1982 and the government of Andhra Pradesh in 1988. However the practice is still prevalent in around 10 districts of north Karnataka and 14 districts in Andhra Pradesh. Districts bordering Maharashtra and Karnataka, known as the “Devadasi belt”, have trafficking structures operating at various levels. The women here are in sex work either because their husbands deserted them, or they are trafficked through coercion and deception. Many are devadasi dedicated into sex work for the goddess Yellamma.

A worrying recent feature of the sex trade in which young girls (and boys) especially are trafficked to cater to the very specific demands of particular clients. The UN supplementary convention on the abolition of slavery, the slave trade and practices similar to slavery, 1956, defines a trafficker (in persons) as somebody who “forces, entices, or leads away, for the purposes of sex work another person
even with the consent of that person”. Traffickers are highly organized and human cargo is easier to transport than guns, arms, drugs or diamonds.

Just like Commercial female sex workers, Homosexuality is another area of grave concern.

Homo-sexual practices are among the most ancient manifestations of human sexuality. Abundant evidence for this fact is found in both the religious and the secular literature of the oldest civilization and in their graphic art as well. Social attitudes in different cultures apparently varied then, as now, from strong condemnation of all homo-sexual practice to tolerance or permissiveness for some. From the beginning of the Christian era in Western Europe ecclesiastical and secular law sought to prevent, control, and eradicate homosexuality by means of severe moral and legal condemnation. By the late nineteenth century, legal penalties were less severe as a result of humanitarian reform, but moral and religious censure had not diminished.

The word homosexual is a Greek and Latin hybrid with the first element derived from Greek homos, ‘same’ thus connoting sexual acts and affections between members of the same sex, including lesbianism. Gay generally refers to male homosexuality, but may be used in a broader sense to refer to all LGBT people. In this present study the researcher has used the word ‘Gay’ to denote ‘Homosexual Men’.

Homosexuality is the behavior of choosing a partner of the same sexual interaction. The term homosexual is used to characterize individuals who prefer romantic attachments and sexual interaction with the same sex and typically are maximally aroused by the same sex erotic imagery. Gay couples who are openly are more satisfied in their relationship (Berger, 1992).

Feldman and MacCulloch (1980) define homosexuality as “sexual behavior between members of the same sex, accompanied by sexual arousal, carried out recurrently and despite the opportunity for heterosexual behavior”.

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Homosexuality historically had been considered a sin and a sexual abnormality. Till the 1970's it was considered a mental aberration and gays were shunned in public life. Thus most gays were afraid to reveal their sexual preference and were called ‘closet homosexuals’. In 1973, the American psychiatric Association removed homosexuality from the list of mental disorders.

Gays are not different human beings and do not have feelings any different from heterosexuals. However, since they are in a minority, they may develop a low self esteem because of the constant shunning by society. Most gays in India have still not been able to come out in the open with their sexuality because of the fear of societal censure. A long period of forced secretiveness about their sexuality may also have a negative impact on their psyche. Some gay men and lesbians may start dressing differently in order to make a statement to those around them. But this is most often a defense mechanism. When in a relationship, gay are known to experience the same feelings as heterosexuals.

The modern world has brought about a fundamental shift in the acceptance of homosexual behavior. Europe and North America have seen growing acceptance of homosexuality as a result of modern liberalism and the gay liberation movement. By contrast, many Middle Eastern and central Asian countries have gone from tolerance to outright hostility. The only nation in the region with significantly different policies is Israel because in Israel same-sex sexual activity was legalized in 1988, although the law was not enforced after a 1993 court decision. Israel became the first in Asia to recognize unregistered cohabitation between same sex couples, making it the only country in Asia to recognize any same-sex union thus far. Discrimination on the grounds of sexual orientation was prohibited in 1992.

Attitudes worldwide vary, from country to country and overtime, with some countries, like the United Kingdom and the Netherlands, accepting openly homosexual individuals into the armed forces, and others, like the United States, and many nations in South America and the Caribbean –eitherquieting or
discharging homosexual people. The United States is known for its “don’t ask, don’t tell” policy, which was seen as a compromise between acceptance and the tactics of marginalization and humiliation that had been used before (Bayer and Ronald, 1987).

According to major studies, 2% to 11% of people have had some form of same-sex sexual contact within their lifetime (Binson, Diane, Michaels, Stuart, Thomas.J., 1995). This percentage rises to 16-21% when either or both same-sex attraction and/or behavior are reported. In a 2006 study, 20% of respondents anonymously reported some homosexual feelings, although only 2-3% identified them as homosexual. A 1992 study reported that 6.1% of males in Britain have had a homosexual experience, while in France the number was reported at 4.1%. According to a 2008 poll, 13% of Britons have had some form of same-sex sexual contact while only 6% of Britons identify themselves as either homosexual or bisexual. Contrastingly, a survey by the UK Office for National Statistics (ONS) in 2010 found that 1.5% of Britons identified themselves as gay or bisexual, and the ONS suggests that this is in line with other surveys showing the number between 0.3% and 3%.

In the United States, according to exit polling on 2008 Election Day for the 2008 (Harford, T.M., 2010) presidential election, 4% of the national electorate self-identified as gay, lesbian, or bisexual, the same percentage as in 2004. According to the 2000 United States Census there were about 601,209 same-sex unmarried partner households.

INDIAN SCENARIO:

The question of homosexuality is a very sensitive issue in the Indian cultural context. In India, notions of gender and power play a dominant role in shaping sexual lives and sexual identities. In a highly patriarchal society, the Indian family remains a crucial institution that defines both gender and sexual relations.
The Indian society is homophobic and men who have sex with men (MSM/GAY) are taboo (Khan.s, 2001). Masculinity in India, it has been claimed, is asserted and publicly acknowledged through marriage and, more importantly, through the production of children (Asthana.S., Oostvogels. R., 2001). Personal desire and choice are immaterial to this biological imperative and the idea of constructing personal identities around sexual orientation is considered alien (the few Indian men who have come out and openly expressed an identity linked with their homo-sexual preference tend to be middle-class and westernized). Though Gays and Commercial female sex worker’s exist, their existence is generally ignored.

In India, ‘homosexuality’ continues to be treated as an unproblematic category by health authorities. HIV/AIDS prevention strategies for Gays are usually based on the North American/West European example of gay men (Asthana, S., Oostvogels, R., 2001). There are important differences between India and the West, not only in the sexual identities and circuits of Gay, but also in their sexual partnerships and practices.

According to rough estimates, some 5% of every population group is considered to be exclusively homosexual in orientation. Further, there appears to be a continuum, rather than a sudden break, between exclusive homosexuality, on the one hand, and exclusive heterosexuality, on the other, with varying degrees of bisexuality in between.

A 1990 report sponsored by the World Health Organization’s Global Program on AIDS, entitled ‘Literature Review on Bisexuality and HIV Transmission’ found a ‘frustrating absence’ of socio-behavioral research on this topic. It also mentioned that, ‘In most societies, the social cultural pressures towards adopting heterosexual lifestyles, including marriage and child bearing, result in significant under estimation of same sex contacts’ (Boulton and Weatherburn, 1990). Since this review, a number of studies of same-sex relations have appeared, but very few of these deal with populations in South Asia.
However, a recent study in Chennai, Tamil Nadu, by Asthana and Oostvogels (2001) indicates that the spread of the AIDS epidemic has resulted in much needed attention to the role of male, same-sex relations in the transmission of HIV.

Despite this vast 2.5 million Indian Gay population, little is known about this most marginalized and invisible minority. Being branded as criminals by an archaic Victorian law, the Section 377 of the Indian Penal Code, spurned by mainstream society as deviants, and condemned by religion as perverts doomed to eternal damnation, most Indian gays lead a life of constant fear and solitude. Only one who is himself gay and has experienced the horrors of growing up as a member of a scorned, condemned, criminalized and completely invisibilised sexual minority in India while struggling to retain his sanity can actually articulate the plight of what it really means to be gay in this country. The barrage of heterosexist images that gays are inflicted with, at school, the workplace, the home, the mass media, religion and so on, results in a profound self-hatred which, being internalized and constantly reinforced, is almost beyond repair for most. Some are driven to suicide, some to terrible depression and mental trauma and most others succumb to family pressure to get married.

Homosexuality is mostly a taboo subject in Indian civil society and for the government. Section 377 of the Indian Penal Code makes sex with persons of same gender punishable by law. On 2nd July 2009, in Naz Foundation V Government. Of NCT of Delhi, the Delhi High court held that provision to be unconstitutional with respect to sex between consenting adults, but the Supreme Court of India overturned that ruling on 11th December 2013, stating that the court was instead deferring to Indian Legislators to provide the sought-after clarity (Shyamantha., Ashokan, 2013).

On 2 July 2009, the Delhi High Court decriminalized homosexual intercourse between consenting adults, and this new stand of decriminalization is applicable throughout the territory of India where Section 377 of the Indian Penal
Code was adjudged to violate the fundamental right to life and liberty and the right to equality as guaranteed by the Constitution of India.

But on 11th December 2013, a bench of justices G.S. Singhvi and S.J. Mukhopadaya set aside the Delhi High Court’s verdict decriminalizing homosexuality. Sec 377 holds that whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal commits an unnatural offence. “Sec 377, which holds same sex relations unnatural, does not suffer from unconstitutionality”. This recent verdict on homosexuality has given a major blow to the Gay, Lesbian, Bisexual and Transgender community, and makes the society look down, discriminate and stigmatize the Gays. Likewise Commercial female sex workers also suffer from stigmatization from the society which in turn leads to many psychological problems like, Depression, Loneliness, Aggression, Anxiety etc. (Altwegg, Grohol, et al., 2009).

Studies indicate that Disassociation, Depression, and other mood disorders are common among women in street, escort, and strip club Sex work. Disassociation in Sex work results from both childhood sexual violence and sexual violence in adult Sex work (Melissa Farley, 2004). It is also found that depression strikes Gay youth four to five times more severely than their non gay peers (Heterosexuals) (Hammelman, 1993).

According to Rebecca A. Allison, Trans people are “particularly prone” to depression and anxiety: “In addition to loss of family and friends, they face job stress and the risk of unemployment. Trans people who have not transitioned and remain in their birth gender are very prone to depression and anxiety.

The recent studies published in the Archives of General Psychiatry found higher rates of psychiatric disorders among homosexually oriented men and women than among the heterosexual population (Herrell 1999 & Fergusson 1999).

Depression is a serious mental health concern that will touch most people’s lives at some point in their life time (either directly or through someone close they
The suffering endured by people with depression and the lives lost to suicide attest to the great burden of this disorder on individuals, families, and society. (John M. Grohol, 2005).

Loneliness is defined as a lack of desired social connection and social support. It is often associated with feelings of isolation, worthlessness, and sadness. Loneliness is not necessarily the state of being alone. One can be utterly lonely in a room full of people who don’t seem to notice, in a college dorm with no special friend, in a marriage with no understanding, living in a society with no identity. Loneliness is not the peaceful solitude we cherish. It is the pain of being without meaningful connection, a feeling of emptiness that entraps us in fears, longing and negative perceptions about ourselves and others.

It is reported that verbal abuse from relatives, friends and neighbors was frequent, leading to isolation and loneliness that impacted on female sex workers psychological well-being (Geetha Suresh., Allen Furr. L. et al., 2009).

Studies show that 80% of gay and bisexual youth report severe problems with cognitive, social or emotional isolation (Hetrick-Martin., 1992).

Not all lonely people are depressed, nor are all depressed people lonely, but the two conditions sharing significant variance in many of the studies that have measured them both. Some people experience transient loneliness, others a more permanent type of loneliness. As indicated above, those suffering chronic forms of loneliness are more likely to also be depressed than those whose loneliness is more fleeting, reactive, and situational.

Because loneliness and depression share some characteristics, differential diagnosis can be challenging. Summarizing the research in an earlier work delineates 4 areas that should be probed prior to making a diagnosis. It is important for clinicians to note that the conditions may well be co-existent and that each patient presents somewhat differently. It should also be noted that these 4 suggested target areas should be considered minimal areas of exploration, that is,
they should be considered the beginning exploratory domains of differential diagnosis.

Living in a society with no identity because they are segregated, discriminated, depressed and lonely the commercial female sex workers and gays seem to have lot of anger, anguish and aggression.

In psychology, the term Aggression refers to a range of behaviors that can result in both physical and psychological harm to oneself, other or objects in the environment. The expression of aggression can occur in a number of ways including verbally, mentally and physically.

Most social psychologists define aggression in terms of the intent and purpose behind the behavior. Aggression involves intentionally inflicting injury or harm on another person (Berkowitz, 1993).

Aggression is thought of as, “A feeling of hostility that arouses thoughts of attack”. It is a “Violent action that is hostile and usually unprovoked” (Wikipedia Organization). Aggression is a behavior directed toward the goal of harming another living being, who is motivated to avoid such treatment (Baron and Byrne, 2004).

Study investigates that female sex workers are having more aggressive nature due to their work type; they are mentally and sexually abused by clients, pimps, police men etc (Mellisa Farley and Vanessa Kelly, 2000). Kakal (1981) writes that “Aggression occurring between members of the same sex is significantly greater than between members of opposite sexes in India”.

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IMPORTANCE OF THE STUDY:

The present study has been done with the aim to understand the psychological problems experienced by Commercial female sex workers and Gays. Commercial female sex workers and Gays are facing stigmatization and discrimination in the society, making them downtrodden in all aspects. And the societal attitude towards this community makes them face many psychological problems. So here in this study we are mainly focusing on the psychological problems like Depression, Loneliness and Aggression.

Commercial female sex workers and gays are more vulnerable classes in the society; the portrayal of sex work in society can vary. For some people, sex work is viewed as a vocational choice and expression of sexual liberation. Subsequently the impact and damage caused by sex work is very often portrayed as a public health issue and a question of public order only. For others, seeing sex work as a form of violence against women and a human rights violation allows for a broader range of impacts to be considered. Society has thought that mainly sex workers enter into this, to earn money and for having a sexual pleasure but the inner truth is that many of them are forcibly put into this sex work, they are cheated by their neighbors’, friends, family relatives etc for financial gains.

The commercial female sex workers and gays are not restricted to some parts of the world, but they are worldwide and become part of the society. The sex work is not a new issue; it has existed from ancient times. With times sex work also got changed. Especially in modern era due to advancement in every field, likewise sex work has been changed into high-tech brothels, nightclub bars, etc. in several metropolitan cities of the world. Due to influence of capitalization and globalization rich people are becoming richer and poor people are becoming poorer and are living below the poverty line. This leads to many young girls being sold to brothels i.e., Red light areas, either forcibly or voluntarily.
Sexually Transmitted diseases (STD), like HIV/AIDS, Cervicitis, Vaginitis, Gonorrhea, Ulcer, Candida sis etc. Most of the sex workers and gays are suffering from many diseases like according to NACO 1995 surveys as well as they are suffering from psychological problems like Depression, Aggression, Loneliness, Stress, Frustration etc. The society looks down, discriminates and stigmatizes the sex workers and as a result the sex workers experience loss of identity and suffer from many above said psychological problems. Even gays are also having the same problem, as they are not accepted in the society which makes their life miserable (NACO, 1995).

Due to the rise of this issue many NGO’s started to work for sex workers and create awareness to have safe sexual practices. And at present even sex workers understood the importance of their right’s assertion to overcome these problems so they have formed their own organization in which thousands of sex workers registered and are fighting for their rights to live a dignified life in the society. So now they are claiming the sex work to be legalized and regularized.

The present study has many policy implications. By highlighting their problems the study pleads for legalization and regulation of sex work as;

1. Regulated sex work shall put a check upon the brutal trafficking of girls where they are trafficked without their consent and are forced to serve the clients. They are compelled to survive in poor living conditions and even basic and essential rights such as right to education, right to freedom, right to form association, right against exploitation etc. are denied to them. Legalization shall mean access to these rights.

2. In India a sex worker is shunned, excommunicated and looked down upon with contempt by the society. She never really gets a chance to join the mainstream and live with dignity. Human rights are supposed to bring every human being dignity, but women who trade their bodies are far from enjoying a dignified life. If the government legalizes the profession,
gradually the outlook of society, who considers sex work a despicable occupation, may change. Also, the women in such trade will be given a place in the closely knit Indian society.

3. The middlemen or ‘Dalaals’ who procure and sell girls for purposes of sex work are a menace. They sell women like cattle in lieu of commission. Legalization and regulation by government shall mean abolition of the undesirable figure of middlemen.

4. Sex workers are highly dependent on police for uninterrupted continuance of their activities. Policemen extort money from brothels and sex workers to let them work in peace. Any sex worker who refuses the bribe is caught ‘red handed’ and put behind bars for charges like public indecency, public nuisance etc under IPC. Due to such acts of police these women have to face monetary exploitation also. If sex work is legalized and regulated such exploitation shall come to end. Due to no effective legislation to curb child trafficking, if sex work is legalized, brothels indulging in child sex work could be penalized. This shall put a check a child trafficking and sex work. Children of sex workers cannot expect a better life. Due to poor life conditions they are bound to enter in the same trade. Regulation of sex work shall promise a better life for such children.

5. Present Labour laws do not extend to sex workers. Though rehabilitation facilities can be made available by the government. If the profession gains a legal status the Labour laws could be extended to sex workers who are working with brothels.

6. Legalizing sex work shall be a primary channel to vent out the sexual energies of men who otherwise content themselves by means of rape and other sexual violations of women in their vicinity.

Similarly in case of Gays,

Section 377 of the Indian Penal Code (IPC) dating back to 1861 (Malavika Vyawahare., 2013) makes homosexual sex punishable by law.
However in September 2006, Nobel Laureate Amartya Sen and acclaimed writer Vikram Seth and other prominent Indians publicly demanded the repeal of section 377 of the IPC (Ramesh., Randeep., 2006). The open letter demanded that 'In the name of humanity and of our Constitution, this cruel and discriminatory law should be struck down.' On 30 June 2008, Indian labor minister Oscar Fernandez backed calls for decriminalization of consensual gay sex, and the Prime Minister Manmohan Singh called for greater tolerance towards homosexuals (Vikram Doctor., 2008). On 23 July 2008, Bombay High Court Judge Bilal Nazki said that India's unnatural sex law should be reviewed (Shiber Thomas., 2008). The Law Commission of India had historically favoured the retention of this section, but in its 172nd report, delivered in 2000 it recommended its repeal.

On 9 August 2008, then health minister, Anbumani Ramadoss campaigned for changing "Section 377" of the Indian Penal Code, which makes homosexuality an unnatural act and thus illegal. At the International AIDS Conference in Mexico City, he said, "Section 377 of IPC, which criminalizes men who have sex with men, must go" (Kounteya Sinha., 2011). His ministerial portfolio had put him at odds with the Indian Home ministry in seeking to scrap Section 377(Kounteya Sinha., 2008). In late 2008, he changed his argument saying he does not want the "scraping" of Section 377 but a mere "modification" of the law treating homosexuality as a criminal offence punishable up to life imprisonment. He said he wants Prime Minister Manmohan Singh to resolve the matter, while he wanted to avoid discord with the home ministry, who said the altered law would then result in an increase in criminal incidences of sodomy or offences involving sexual abuse of children, particularly boys. In doing so he alleged that the law even penalizes health workers for "abetting," while making this a cognizable and non-bail able offence.

The United Nations urged India to decriminalize homosexuality by saying it would help the fight against HIV/AIDS by allowing intervention programmes, much like the successful ones in China and Brazil. Jeffrey O'Malley, director of the
United Nations Development Programme (UNDP) on HIV/AIDS, said "countries protecting homosexuals from discrimination had better records of protecting them from getting infected by the diseases. But unfortunately in India, the rates of new infections among Gays continue to go up. Until we acknowledge these behaviors and work with people involved with these behaviors, we are not going to halt and reverse the HIV epidemic. Countries which protect Gays have doubled the rate of coverage of HIV prevention services — as much as 60%".

The recent verdict given by the Supreme Court of India on homosexuality is “Section 377 holds that whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal commits an unnatural offence”. This is a major blow to the homosexual communities, making their life more pathetic and stigmatized. This verdict upholds the stigma attached to the community causing them immense psychological trauma.

After hearing this verdict many protests were going in the country by Gay community along with many non-governmental organizations, social thinkers, writers, and film actors etc who are supporting them. And petition was given to relook into the statement and to give justice to the homosexual community. So the present study highlights their problems, thereby attempting to make the policy makers to relook into the matter.