

SOCIAL AND HEALTH ISSUES OF SEX WORKERS IN THE VIDARBHA REGION OF MAHARASHTRA

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Abstract :

Sex workers in India occupy a paradoxical position: central to the sexual economy yet marginalized in law, morality, and public policy. In the Vidarbha region of Maharashtra—historically marked by agrarian crisis, underdevelopment, and high levels of poverty—the vulnerabilities of sex workers are intensified by regional structural inequalities. This paper examines the social and health issues of sex workers in Vidarbha, with particular reference to districts such as Nagpur, Chandrapur, and Yavatmal. Drawing on secondary data, public health research and socio-economic profiles, it explores stigma, caste and class marginalization, police violence, economic precarity, and the impact of criminalisation. It then analyses the health burdens of HIV and other sexually transmitted infections (STIs), reproductive health problems, mental health concerns, and barriers to accessing healthcare. Finally, it considers the role of targeted HIV interventions, community-based organisations, and structural reforms needed to secure social and health justice for sex workers in Vidarbha.

Keywords : sex work, Vidarbha, Maharashtra, HIV/AIDS, stigma, public health, gender, caste, etc.

Introduction :

Sex work in India is shaped by the intersection of gender, caste, class, and law. While the Immoral Traffic (Prevention) Act (ITPA) does not criminalize the act of selling sex per se, most activities surrounding sex work—soliciting in public places, brothel-keeping, living off the earnings of sex work—are criminalized, allowing the police wide discretionary powers that translate into routine harassment and violence against sex workers. Health interventions often focus narrowly on HIV prevention, leaving aside the broader social determinants that make sex workers vulnerable.

Vidarbha, the eastern region of Maharashtra, comprises eleven districts, including Nagpur, Amravati, Yavatmal, Chandrapur, Gadchiroli and Gondia. (Wikipedia) Socio-economic studies show that Vidarbha is relatively underdeveloped compared to western Maharashtra, with lower income levels, weaker infrastructure, and fragile social indicators, including high levels of poverty and malnutrition. (Wikipedia) The well-publicised farmer suicides linked to agrarian distress have further exposed the region's structural vulnerabilities. In such a context, women and other marginalized genders turn to sex work as a survival strategy



in urban centres like Nagpur and industrial/mining districts such as Chandrapur. This paper focuses on the social and health issues faced by sex workers in Vidarbha. While district-specific, large-scale studies on sex workers in Vidarbha are limited, data from Nagpur-based research, Maharashtra-level epidemiological reports, and national studies on female sex workers (FSWs) help illuminate the regional situation. The argument advanced here is that social marginalization and health vulnerability are mutually reinforcing, and that any meaningful policy response must address both simultaneously.

Vidarbha: Socio-economic Context and the Location of Sex Work :

Vidarbha accounts for about 31.6% of Maharashtra's area but only about one-fifth of its population, with a significant share of Scheduled Caste, Scheduled Tribe, and landless agrarian communities. (Wikipedia) Economic surveys and regional analyses emphasize that Vidarbha has lagged behind in industrialization and public investment, leading to persistent regional disparities in employment, infrastructure, and basic services. (the News Dirt) Agriculture—especially cotton and orange cultivation—is highly dependent on variable monsoons, and recurrent droughts have contributed to farmer indebtedness and suicides. (Wikipedia)

These structural features create a backdrop of economic precarity for rural and small-town households. Migration to cities such as Nagpur, Amravati and Chandrapur is often driven by loss of land, crop failure, or the lack of non-farm employment. For some women, sex work emerges as one of the few income-generating options available, particularly in informal settlements, around transport hubs and market areas, or near industrial and mining sites. Brothel-based sex work in Nagpur and more hidden, home-based or street-based sex work in smaller towns reflect this pattern. Studies on brothel managers (“gharwalis”) in Nagpur show that many women enter sex work via networks of relatives, acquaintances, or labour migration, often after experiences of domestic violence, abandonment, or economic crisis.(PMC)

National programmatic mapping studies indicate that Maharashtra is among the states with a relatively high burden of female sex workers and high HIV prevalence among them. (Indiaspend) While these studies do not break out Vidarbha separately, the concentration of urban centres like Nagpur and truck routes through the region suggests active sex work networks. NACO's district epidemiological profiles identify Nagpur as a key urban district with HIV vulnerability linked to high-risk groups, including FSWs. (NACO)

Social Issues Faced by Sex Workers in Vidarbha: Stigma, Morality, and Social Exclusion

Sex work is heavily moralized in Indian society. Sex workers in Vidarbha, as elsewhere, confront intense stigma, being labelled as “dirty,” “immoral,” or “fallen women.” This stigma operates at multiple levels—within families, in neighborhoods, and within institutions like hospitals and the police. Qualitative research on sex workers in Maharashtra documents that many women conceal their occupation from relatives and landlords to avoid eviction, loss of custody of children, and physical violence. (Indiaspend) For Dalit and Adivasi women in Vidarbha, this occupational stigma intersects with caste and tribal marginalization, deepening social exclusion.

Stigma also affects their children. Sex workers' children frequently face bullying in



schools, denial of admission, or refusal of school staff to engage with them, which reproduces intergenerational disadvantage. Community “respectability” politics often isolate sex workers in specific neighborhoods near red-light areas or transport hubs, reinforcing spatial and social segregation.

Caste, Class, and Gendered Vulnerability :

The caste composition of Vidarbha, with a significant Buddhist (ex-Dalit) population and large Adivasi settlements, shapes the social profile of sex workers. Dalit and Adivasi women, already subject to labour exploitation and sexual violence in agrarian and domestic work, find themselves at the bottom of local hierarchies. (Wikipedia) When they enter sex work, they encounter a double stigma: as “low caste” and as sex workers. This makes it harder to access community solidarity and legal recourse. Poverty and class position are equally central. IndiaSpend’s analysis of sex workers across high-HIV states records that around one-third of sex workers in states like Maharashtra remain financially insecure despite targeted programmes, indicating persistent economic fragility. (Indiaspend)

In Vidarbha, with its chronic agrarian distress and limited formal employment, sex workers are often sole earners supporting children and extended family members. Short-term income from sex work may be comparatively higher than casual labour wages, but absence of social security, savings, or pension leaves them extremely vulnerable to shocks such as illness, police raids, or loss of clients.

Police Harassment, Violence, and Legal Insecurity :

Because brothel-keeping, solicitation, and related activities fall under the ITPA, sex work in practice is criminalised. Field studies in Nagpur and other urban sites show that sex workers face frequent police raids, arbitrary detention, confiscation of earnings, and extortion. (PMC) Gharwalis and other intermediaries negotiate with police to reduce raids, but this often means that sex workers must pay bribes or provide free services, deepening their exploitation.

Violence from clients—physical assault, refusal to use condoms, non-payment, gang rape—is under-reported because sex workers fear being blamed or arrested if they approach the police. Evidence from national-level work on female sex workers demonstrates that violence, especially from police and clients, is strongly associated with higher HIV risk, lower condom use, and decreased access to healthcare. (ijtmrph.org) There is no reason to assume Vidarbha is an exception; rather, the region’s weaker institutional presence may make such violence even harder to contest.

Lack of Formal Labour Rights and Social Protection :

Sex work is structurally excluded from the ambit of labour law. Sex workers in Vidarbha lack access to minimum wages, safe working conditions, maternity benefits, or occupational health protections. They are largely absent from official labour statistics and social security schemes, limiting their access to pensions, health insurance schemes, or housing benefits. Some sex worker collectives in Maharashtra have pushed for inclusion in welfare schemes, but such efforts have been more visible in larger metropolitan centres like Mumbai and Pune than in Vidarbha. (Indiaspend) In smaller cities like Nagpur or in district headquarters such as Chandrapur, sex workers may be registered as “women in difficult circumstances”



rather than as workers with rights, reinforcing a charity/welfare approach rather than one based on labour and citizenship.

Health Issues of Sex Workers in Vidarbha :

HIV and Sexually Transmitted Infections :

Maharashtra has consistently been one of the high-burden states for HIV among female sex workers. Sentinel surveillance data and analytical studies show that the HIV prevalence among FSWs in Maharashtra has historically been among the highest in India. (Wiley Online Library) A study of female sex workers in a high-prevalence district of Maharashtra reported an overall HIV prevalence of about 6.6%, with higher risk among brothel-based and street-based sex workers.(PMC)

In Nagpur district, which lies at the heart of Vidarbha, earlier surveillance data reported HIV prevalence among FSWs at over 17% in the late 2000s, though targeted interventions later contributed to declines.(jcmad.com) National HIV estimates and NACO's 2023 technical report affirm that, while prevalence has declined due to large-scale interventions under NACP and Avahan, FSWs remain a designated "key population" due to higher risk exposure. (NACO)

Beyond HIV, sexually transmitted infections such as syphilis, gonorrhoea, chlamydia, and trichomoniasis are common but often underdiagnosed and under-treated. Limited access to regular STI screening, stigma in public health facilities, and self-medication from informal providers exacerbate the problem. Studies across India show that FSWs with limited knowledge of STI transmission, inconsistent condom use with regular partners, and high client volume are more vulnerable to infection—a pattern likely mirrored in Vidarbha.(PMC)

Reproductive and Sexual Health :

Sex workers in Vidarbha face multiple reproductive health concerns: unintended pregnancies, unsafe abortions, complications from repeated deliveries or abortions, and lack of access to contraception other than condoms. While HIV interventions stress condom use with clients, contraceptive counselling for sex workers' own fertility choices is patchy. In many cases, sex workers avoid public health facilities due to anticipated stigma from staff who moralise their occupation.

Research in Maharashtra and central India suggests that reproductive health services rarely acknowledge sex workers' rights to motherhood and dignified care. (Indiaspend)

Women who wish to continue their pregnancies may face pressure from brothel managers or economic compulsions to return quickly to work, compromising post-natal care. Those seeking abortion may resort to unsafe providers because of fear of exposure in government hospitals.

Mental Health and Substance Use :

The mental health burden among sex workers—depression, anxiety, trauma symptoms—is closely linked to violence, chronic stigma, and economic stress. Studies from high-HIV states highlight high rates of depressive symptoms and suicidal ideation among FSWs, especially those living with HIV. (ijtmrph.org) In Vidarbha, where farmer suicides and



rural distress are already high, this psychological burden is likely intensified by regional economic insecurity.

Substance use (alcohol, tobacco, occasionally injected drugs) can be both a coping mechanism and a risk factor. Clients sometimes insist that women drink alcohol to “entertain” them; in turn, intoxication can lead to reduced condom negotiation power. While there is limited Vidarbha-specific data on substance use among sex workers, broader Indian studies show that alcohol use among FSWs correlates with higher HIV/STI risk and violence exposure.

(Wiley Online Library) Mental health services are rarely integrated into targeted interventions, leaving these issues largely unaddressed.

Barriers to Healthcare Access :

Stigma in healthcare settings is a major barrier. Sex workers report being scolded, refused treatment, or made to wait excessively once their occupation is known. (Indiaspend)

In smaller Vidarbha towns with limited anonymity, fear of being recognized by neighbours or relatives further deters sex workers from visiting government facilities. For women living with HIV, accessing ART centers may involve long travel distances and lost income.

Targeted Interventions (TIs) run by NGOs and community-based organizations often provide STI treatment, HIV testing, counselling, and referral services; however, the coverage and continuity of these programmes in smaller Vidarbha districts can be uneven, especially when funding cycles end or NGOs lack local capacity.

Targeted Interventions, Community Organising, and Their Limits :

India’s National AIDS Control Programme (NACP) pioneered targeted interventions among female sex workers through condom promotion, peer education, STI services, and community mobilization. The Avahan initiative further strengthened such work in high-burden states, including Maharashtra.(NACO) Studies in Nagpur and other urban centres suggest that TIs have contributed to increased condom use, regular HIV/STI testing, and declines in HIV prevalence among FSWs over time. (jcmad.com)

Community-based organisations (CBOs) of sex workers play a crucial role in these successes. They facilitate peer education, negotiate with brothel owners and police, and support women in accessing health and welfare services. Although better documented in metropolitan areas, there is evidence of similar community-led efforts emerging in central India. (Indiaspend)

TIs in Nagpur and surrounding districts often depend on such peer networks for outreach.

Yet these interventions have limitations :

Narrow Health Focus:

Most programmes centre on HIV/STI control rather than a holistic conception of health



that includes mental health, reproductive rights, and non-communicable diseases.

Insecure Funding and Coverage Gaps :

TI projects are subject to funding cycles; when grants end, outreach may shrink or discontinue, leaving sex workers without sustained support, particularly in smaller towns and rural highway hotspots.

Limited Structural Change :

While CBOs may negotiate with local police to reduce harassment, the larger legal framework remains unchanged. Without decriminalization or at least meaningful legal reform, sex workers continue to live under threat of raids, eviction, and arrest.

Marginal Attention to Non-Cisgender Women :

Transgender and gender-diverse sex workers, who may also be present in Vidarbha's sex trade networks, face compounded discrimination yet often receive less focused support within FSW-centric programmes. (ijtmrph.org)

Towards Social and Health Justice: Policy Recommendations :

Given the interlinked nature of social and health issues, any serious response to sex workers' situation in Vidarbha must pursue changes on multiple fronts.

Legal and Policing Reforms :

Decriminalize aspects of sex work that directly target workers—such as solicitation—and shift focus to combating coercion and trafficking. Implement clear protocols for police interactions with sex workers, including human-rights-based training, to reduce violence and extortion. Establish accessible complaint mechanisms in Vidarbha districts (e.g., Nagpur, Chandrapur, Yavatmal) where sex workers can report abuse without fear of retaliation.

Comprehensive Health Services :

Integrate HIV/STI services with broader primary healthcare, including reproductive health, mental health, and non-communicable disease screening. Ensure sex-worker-friendly services in district hospitals and primary health centres, with staff sensitisation to reduce stigma. Expand mobile clinics and community clinics in red-light and high-migration areas to reduce travel and opportunity costs.

Mental Health and Violence Support :

Embed counsellors trained in trauma-informed care within TIs and ART centres serving sex workers. Create crisis support systems—helplines, shelters, legal aid—for survivors of intimate partner and client violence. Recognise the specific psychological distress produced by debt, agrarian crisis, and regional underdevelopment in Vidarbha.

Social Protection and Economic Security :

Include sex workers as a recognised category in social welfare schemes for housing,



pensions, health insurance (e.g., state insurance schemes), and food security. Facilitate identity documentation (Aadhaar, ration cards, bank accounts) without requiring “respectable” occupation proof. Offer voluntary, non-coercive livelihood diversification options—skill training, small credit, and self-help groups—without framing sex work itself as illegitimate labour.

Strengthening Community Organisations in Vidarbha :

Support the formation and strengthening of sex-worker-led CBOs in Vidarbha districts through flexible funding, capacity building, and participation in district health planning bodies. Involve sex workers in monitoring TIs and HIV programmes, ensuring that interventions respond to on-the-ground realities in both urban and peri-urban settings.

Research and Data for Vidarbha-Specific Planning :

Encourage ethical, participatory research on sex work in Vidarbha, including mapping of hotspots, modes of entry into sex work, and the situation of transgender sex workers. Use district-level HIV and socio-economic data to tailor interventions rather than importing models from metropolitan contexts that may not fit smaller towns or mining belts. (NACO)

Conclusion :

The social and health issues faced by sex workers in Vidarbha are not merely the product of individual choices or “immoral lifestyles.” They are rooted in the region’s structural underdevelopment, agrarian crisis, gendered labour markets, and a legal regime that criminalizes and stigmatizes sex work while failing to provide formal labour rights or adequate social protection. Within this context, sex workers experience layered marginalization—through caste, poverty, gender-based violence, and moral condemnation—which in turn heightens health vulnerabilities such as HIV, STIs, reproductive health problems, and mental distress.

Targeted HIV interventions in Maharashtra, including those in Nagpur and other Vidarbha districts, have achieved important gains in reducing HIV prevalence and increasing condom use. Yet these achievements are fragile so long as legal insecurity, police violence, and economic precarity remain unaddressed. A shift from viewing sex workers primarily as “vectors” of disease to recognizing them as workers and citizens with rights is essential.

For Vidarbha, with its history of neglect and regional disparity, addressing the situation of sex workers is part of a broader struggle for social justice. Policies that integrate comprehensive health care, social protection, legal reform, and community-led organizing can help transform sex workers’ lives from one of survival at the margins to one of dignity, agency, and substantive citizenship.

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