**HEALTHCARE ACCESSIBILITY AND THE WELL-BEING OF MINOR FEMALE SEX WORKERS: A REVIEW OF POLICIES AND PRACTICES**

**AUTHOR NAME:- Indu Yadav**

**UNIVERSITY NAME:- Noida International University**

**SUPERVISOR:- Sr. Prof. (Dr. ) Quaisar Alam,**

**SLA, Noida International University**

**Introduction**

This paper focuses on the health and social rights of minor female sex workers in India as a significant concern. This demographic has a lot of hurdles which make them less privileged when it comes to a chance to access an appropriate healthcare, their plight worsens and their welfare is impacted negatively. Another aim of this review paper is to examine the challenges faced in attaining healthcare, the existing policies and practices concerning minor female sex workers in India. Based on a review of the current literature, this paper seeks to identify the areas of research that require further attention and provide recommendations to achieving the desired healthcare transformation for these people.

**Barriers to Healthcare Accessibility**

Minor female sex workers in India are subjected to a number of hurdles when it comes to health care services. Hence, these barriers could be classified as social, economical and structural.

**Stigma and Discrimination**

This type of work is considered a taboo and the people that engage in it are portrayed in a very negative light. The studies show that discrimination from the medical personnel is rampant, an aspect that keeps minor female sex workers from seeking medical attention (Misra et al., 2000).

**Lack of Awareness and Education**

Most of the minor female sex workers have poor knowledge on health rights and accessible health services. Such ignorance hinders their chance of receiving adequate and timely care (Duvedi & Dhikkar, 2021).

**Economic Barriers**

The economic challenges that minor female sex workers experience also reduce their chances of accessing medical services. Healthcare remains inaccessible to many due to lack of funds for health care or means of transport to the health facilities (Kaloga et al., 2019).

**Legal and Policy Barriers**

To this, one has to also factor in the legal situation of sex work in India. The possibility of being arrested and facing legal consequences keeps many minor female sex workers from seeking health care (Vinod, 2019).

**Current Policies and Their Impact**

There are various policies and programs implemented in India for the health needs of the sex workers though the success rate of such policies and programs is not the same.

**National AIDS Control Program (NACP)**

This scheme is designed to help curb the transmission of HIV/AIDS especially among the most vulnerable persons such as sex workers. Although it has its achievements in reaching out and delivering health services to the adult sex workers, the minors continue to be excluded (O’Brien et al., 2022).

**Integrated Counselling and Testing Centres (ICTC)**

These are specialized centres where individuals may go for HIV testing and counselling. However, for minor sex workers, it is challenging to access health, drugs, and other necessities since there is no or little outreach due to stigma (Gore & Patwardhan, 2022).

**Healthcare Initiatives by NGOs**

There are many NGOs that are involved in advocating for changes that would enable sex workers to access better health care services. These organizations aid in carrying out or supplement the government work as they offer mobile clinics, health literacy, and legal advocacy (Misra et al., 2000).

**Practices Affecting Well-being**

Several practices in the health context and beyond affect the well-being of minor female sex workers in different ways.

**Community-Based Interventions**

There is literature evidence that shows that community-based programmes can effectively target minor female sex workers. It was seen that community-based educational programs with peer educators from the sex worker population are useful in spreading health information and services (Birger et al., 2023).

**Holistic Health Services**

It is important to offer a comprehensive approach that can effectively treat not only the body, but also the mind of patients. These are services in STIs, reproductive health, and mental health (Faissner et al., 2024).

**Confidentiality and Trust**

It is crucial that health care providers make sure that their communication is protected and that they develop trust from minor female sex workers. They are likely to seek healthcare facilities that respect their privacy and are sensitive to their profession (O’Brien et al., 2022).

**Recommendations for Improvement**

To enhance the health care access and the health of minor female sex workers in India, the following interventions can be advocated for:

**Policy Reforms**

Policies must be reformulated here in order to include minor female sex workers as targets of healthcare programs. This entails that the sex worker should be protected by the law and that they should be protected from the law, meaning that they should not be arrested or charged for their work.

**Targeted Outreach**

Incorporating gender and age appropriate targeted interventions to address the needs of the minor female sex workers can improve their access to health services. There is also the need to increase the coverage of using mobile clinics and the peer educator models.

**Training for Healthcare Providers**

Ensuring that healthcare providers are trained through programs on minor female sex workers can help in eliminating prejudice and enhance the provision of services to the targeted group.

**Economic Support**

On the economic aspect it is important that they get support in terms of economic needs and vocational training to get other sources of income instead of turning to sex work to get the expenses for doctors’ visits while being pregnant.

**Research and Data Collection**

Addressing the health needs and the challenges faced by females below the age of eighteen involved in sex work requires increased research and data collection. This will involve using longitudinal studies to assess the impact on the test subjects’ health status.

**Conclusion**

Taking into consideration the above-stated findings and discussions, it is clear that the issue of healthcare accessibility and well-being of minor female sex workers in India cannot be explained or addressed through a single factor or approach. Understanding and mitigating the social factors that lead to poor health among this population coupled with policy improvements and effective intervention measures can go a long way in enhancing the health of the population. Engaging the government agencies, NGOs and the community in supportive care patterns are important in establishing an environment that ensures that the minor female sex workers can easily access the health care services which they need most without any form of discrimination.

**References**

Birger, L., Peled, E., & Benyamini, Y. (2023). Stigmatizing and inaccessible: The perspectives of female sex workers on barriers to reproductive healthcare utilization – A scoping review. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.16010

Duvedi, A., & Dhikkar, M. (2021). Understanding Sociology of Health among Prostitution Workers in India. *International Journal of Public Sociology and Law*. Retrieved from https://ijpsl.in/wp-content/uploads/2021/10/Understanding-Sociology-of-Health-among-Prostitution-Workers-in-India\_Ashiv-Duvedi-Mansha-Dhikkar-merged.pdf

Faissner, M., Beckmann, L., Freistein, K., Jungilligens, J., & Braun, E. (2024). Healthcare for sex workers—access, barriers, and needs. *Ethik in Der Medizin*, *36*. https://doi.org/10.1007/s00481-024-00815-8

Gore, M. N., & Patwardhan, A. R. (2022). Disparities in the Cost of Living Adjusted Earnings of Female Sex Workers in India, Thailand, and the USA: A Need to Create an Equitable Economic Survival of Female Sex Workers. *Journal of Primary Care & Community Health*, *13*, 215013192211018. https://doi.org/10.1177/21501319221101857

Kaloga, M., Karandikar, S., Gezinski, L. B., & McCloskey, R. J. (2019). Health Concerns and Access to Services: Female Sex Workers’ Experiences in Mumbai, India. *World Medical & Health Policy*, *11*(2), 148–162. https://doi.org/10.1002/wmh3.298

Misra, G., Mahal, A., & Shah, R. (2000). Protecting the Rights of Sex Workers: The Indian Experience. *Health and Human Rights*, *5*(1), 88. https://doi.org/10.2307/4065224

O’Brien, M., Kistmacher, O., Stephen, S. M., & Flaherty, G. T. (2022). Challenges and opportunities in female commercial sex worker health care: a critical literature review. *International Journal of Human Rights in Healthcare*, *17*(3), 330–339. https://doi.org/10.1108/ijhrh-03-2022-0021

Vinod, M. (2019). An Account of Healthcare Policies for Prostitutes in India. *IOSR Journal of Economics and Finance*, *10*(1), 69–74. https://doi.org/10.9790/5933-1001016974