

Study Report

ASSESSMENT ON THE LIVELIHOOD AND HUMAN RIGHTS SITUATION AMONG THE FSWs TO UNDERSTAND THE BARRIERS TO ACCESSING HEALTH, SOCIAL AND LEGAL SERVICES TO ADDRESS THEIR INDIVIDUAL WELL-BEING IN SELECTED AREAS OF BANGLADESH.



**Conducted by:
Sex Workers Network of Bangladesh
Community Forum of Bangladesh**

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Assessment on the livelihood and human rights situation among the FSWs to understand the barriers to accessing health, social and legal services to address their individual well-being in selected areas of Bangladesh.

Conducted by:

Community Forum of Bangladesh
Sex Workers Network, Bangladesh

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Consultants:

Furkan Hossain, E-mail: furkan@rm-consultants.asia
Mahfuza Rahman, E-mail: mahfuza@rm-consultants.asia
Aleya Akter Lily, Email: showshg@gmail.com

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Acronyms and Abbreviations

ASP	: AIDS/STD Programme
BSMMU	: Bangabandhu Sheikh Mujib Medical University
CBPR	: Community-Based Participatory Research
CESI	: Community Engagement Strategic Initiative
DICs	: Drop in Centers
FSW	: Female Sex Worker
FGD	: Focus Group Discussion
GoB	: Government of Bangladesh
HIV	: Human Immunodeficiency Virus
icddr,b	: International Centre for Diarrhoeal Disease Research, Bangladesh
IBBS	: National Integrated Biological and Behavioural Surveillance
KII	: Key Information Interview
KP	: Key Population
NIMH	: National Institute of Mental Health
NGO	: Non-government Organization
SC	: Save the Children
SME	: Small-Medium Enterprise
SRH	: Sexual and Reproductive Health
STD	: Sexually Transmitted Disease
STI	: Sexually Transmitted Infection
UNDP	: United Nations Development Programme
UNAIDS	: Joint United Nations Programme on HIV/AIDS

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Executive Summary

The study was conducted from the period of May 2023 to October 2023. The assignment aimed to contribute to the Global AIDS Strategy and support the implementation of the Global Fund Grant in Bangladesh by promoting evidence-based interventions to reduce HIV vulnerability among FSWs and improve their overall well-being.

The study aimed to conduct a qualitative assessment to understand the livelihood and human rights situation of female sex workers (FSWs) in Bangladesh. The study was focused on identifying the barriers they face in accessing health, legal, and social services, including HIV prevention and treatment. The target population includes FSWs aged 19-24 years and those aged 25 years and above residing in eight divisional cities and five brothel complexes in selected districts of Bangladesh.

The data collection was carried out using qualitative methods, including Focus Group Discussions (FGDs), In-depth Interviews (IDIs), and Key Informant Interviews (KIIs). A total of 42 IDIs and 26 FGDs were conducted with female sex workers, and 20 KIIs were conducted with various stakeholders, including government officials, program implementers, self-help groups, network leaders, community leaders, and potential community representatives. Additionally, three case stories were documented to provide more context and depth to the research findings. A total of 248 FSWs participated in this study through FGD and IDI, and another 3 participated in the case study.

The lead consultant ensured Data quality through multiple levels of supervision, monitoring, and random checking. Ethical considerations were considered during the study, with informed consent obtained from participants and COVID-19 safety measures implemented. The data analysis followed a thematic approach, identifying patterns and themes in the participants' experiences and beliefs. The study's expected outcomes included an improved understanding of FSWs' socio-economic conditions, identifying barriers to accessing healthcare, including prevention services outside clinical settings, legal services, and social protection, and developing policy recommendations and an action plan to address these barriers and improve the well-being of FSWs. The key findings of the study reveal a complex and challenging landscape for Female Sex Workers (FSWs) in Bangladesh, encompassing issues of social stigma, violence, human rights violations, health care access, legal challenges, and economic difficulties.

FSWs in Bangladesh confront considerable social stigma and discrimination, profoundly impacting their lives. A significant proportion (227 in 248 FSWs) of these women endure emotional abuse and societal violence, often defined by society in a stigmatizing manner as "degraded women." The challenges extend to securing housing, where landlords and community members harass them upon learning of their profession. Financial exploitation is also widespread, particularly from intermediaries in residences and hotels and brothel owners.

Violence and abuse against FSWs are widespread and multifaceted. Physical and emotional trauma from clients and family members is a shared experience. Moreover, social media has introduced new forms of harassment and violence, including threats and non-consensual sharing of intimate images. The Police and legal system often fail to respond to their requests for help, leaving many FSWs vulnerable to being sold or trafficked against their will.

Children of FSWs face significant challenges, including societal abuse, educational barriers, and physical violence. Most FSWs reported that their children endure distressing challenges because of their profession. These children are often stigmatized and abused, and due to unstable living environments and financial constraints, some girls end up following their mothers into sex work.

Female sex workers always hide their professional entity while receiving healthcare services (except at DICs). FSWs are receiving the HTS services from a peer-led HIV Prevention program in Bangladesh, which covers about 20% of the estimated FSWs. Once their profession is known, they face severe neglect and are routinely denied necessary medical treatment. Mental health issues, particularly depression and substance use, are exacerbated by the lack of professional counseling and support services. An earlier study shows condom use is inconsistent, with only 50.3% reporting use during their last encounter with new clients. Healthcare access is hindered by stigma and discrimination; approximately 4.4% and 10.5% of FSWs in intervention and non-intervention districts, respectively, avoid seeking healthcare due to these factors.

FSWs face widespread abuse and mistreatment within the legal system. A few have experienced physical harassment and sexual abuse at the hands of law enforcement members. The lack of legal protection and support for sex workers underscores the urgent need for comprehensive legal reforms. Due to negligence and possible further abuse, the FSWs were unwilling to go to the police station with a complaint.

Economically, FSWs face pronounced struggles. Many rely solely on sex work for their income, with limited awareness and access to social safety net programs and government services. The study found an intense desire among FSWs for skills development training and alternative employment opportunities, indicating a critical need for economic empowerment initiatives. Despite government efforts to provide housing to disadvantaged families, FSWs often do not utilize these services due to a lack of awareness and access.

The lack of social protection or alternative income sources impedes their capacity to negotiate safe sex practices or choose clients. Older FSWs face a decrease in client numbers, affecting their negotiating power for condom use and client selection. These factors contribute to social marginalization, heightened health risks, and limited economic security. The inability to access HIV prevention services is often exacerbated by socio-economic barriers, especially concerning food and shelter. Furthermore, unfair practices by third parties involved in the sex industry, such as brothel managers and resident supervisors, severely affected the economic abuse of FSWs.

These findings, grounded in the real experiences and statistics from the study, highlight the multifaceted adversities faced by FSWs in Bangladesh, calling for comprehensive interventions to address their rights, health, safety, and economic empowerment. By conducting this research, the Sex Workers Network of Bangladesh and Bangladesh Community Network aims to use evidence-based information to advocate for better support and services for FSWs and work towards reducing their vulnerability to violence and improving their overall quality of life.

The extensive findings of the study on Female Sex Workers (FSWs) in Bangladesh highlight the urgent need for a comprehensive and coordinated approach to address their multifaceted challenges. Central to these recommendations is the reform of legal and policy frameworks. Additionally, the establishment of non-discriminatory healthcare services. These services should provide non-discriminatory and respectful treatment, with a strong focus on mental health, including counseling and support for substance abuse issues. Such healthcare accessibility is vital for addressing the unique health challenges faced by FSWs.

Furthermore, the study emphasizes the importance of economic empowerment and skill development for FSWs. Providing them with skill-building training and financial support to pursue alternative livelihoods could lead to better lives. Concurrently, the welfare and education of the children of FSWs must be prioritized to break the vicious cycle. This involves ensuring their right to education and protection from abuse and stigma. Community sensitization and advocacy play a crucial role in reducing the stigma associated with sex work and advocating for the rights and needs of FSWs at various societal levels. Strengthening social safety nets and improving access to tailored government programs are also essential measures. Moreover, comprehensive support systems for reporting violence and abuse and ensuring access to basic health services, including HIV and sexual and reproductive health, are vital. The successful implementation of these recommendations demands collaborative efforts from government agencies, NGOs, healthcare providers, and the community, aiming to enhance FSWs' living conditions, health, and social standing, thereby fostering a more equitable and just society.

Section 1: Introduction

1.1 Introduction

In Bangladesh, the estimated¹ The Female Sex Worker (FSW) population is 113,106; it encompasses a diverse group operating in various settings, including streets, residences, hotels, and brothels. The Integrated Biological and Behavioral Surveillance (IBBS) findings from 2020-21 indicate a relatively low HIV prevalence of less than 1% among FSWs². However, several behavioral and social factors suggest a high risk of increasing HIV prevalence and associated vulnerabilities within this group. According to the Stigma Index Study³, 64% of FSWs reported to have experienced more stigma and discrimination from the general People Living with HIV (PLHIV).

A similar study shows, Condom usage, a critical factor in HIV prevention, is inconsistent, with only 50.3% reporting use during their last encounter with new clients. Alarming, about 64.4% of FSWs experienced sexual initiation before the age of 15, and 53.9% are either separated, divorced, or widowed. A further 15.9% have never been married. For the vast majority (99%), sex work is their sole source of income. Entry into the sex work industry occurs at an average age of 14.6 years, with FSWs servicing an average of 22.7 clients per week.

Stigma, discrimination, and violence, compounded by punitive legal and social environments, significantly increase HIV vulnerability among FSWs. These conditions limit their access to and uptake of essential HIV prevention, treatment, care, and support services. IBBS data from 2020-21 reveals that 16% of FSWs in districts with HIV prevention interventions and 24% in non-intervention districts experienced exclusion from family activities due to their profession. Healthcare access is hindered by stigma and discrimination; approximately 4.4% and 10.5% of FSWs in intervention and non-intervention districts, respectively, avoid seeking healthcare due to these factors. Additionally, about 100% of FSWs reported experiencing physical harassment or harm in their lifetime⁴, and a significant portion reported being forced into sex and arrests, with notable differences between intervention and non-intervention districts. The similar study indicates that 79.5% of FSWs reported being compelled to relinquish part of their earnings in their lifetime. 74% reported being coerced by intermediaries, known as 'Dalal,' while law enforcement officials reportedly extorted 19% of respondents.

Social and economic factors influencing gender norms pre-dispose to girls and women being exploited and used for sex work. Programmatic experiences show that older FSWs, with decreasing numbers of clients and, consequentially, reducing negotiating capacity with clients,

¹ AIDS/STD Programme, BSMMU. Mapping and Size Estimation of Key Populations and HIV Risk Behaviors in Bangladesh, 2023

² AIDS/STD Programme, BSMMU. Integrated Biological and Behavioural Survey (IBBS) amongst Key Populations at Risk of HIV in Bangladesh, 2020-21

³ Network of PLHIV, Bangladesh (NOP+). HIV/AIDS Related Stigma and Discrimination against PLHIV in Bangladesh: 2nd National Stigma Index, Bangladesh. 2017

⁴ Furkan Hossain, et al. Study on Violence among the female sex workers in Dhaka City. Sex Workers Network of Bangladesh, 2022

are themselves more vulnerable to HIV. On the other hand, younger FSWs are dealing with more clients and also having less negotiation power for condom use because of client refusal and pressure from the power structure within the trade. Country program experience also shows that socio-economic barriers, especially in relation to food and shelter, hamper access to HIV prevention packages. In addition, it is observed that in situations where a third party is involved in the selling of sex, in most cases, the money charged by the third party is crucially exploitative.

In Bangladesh, where selling sex is currently illegal (except in brothel settings), access to legal, health, and social safety services for female sex workers can be limited. However, few organizations and initiatives strive to provide support within the existing legal framework.

1.2 Target Population

Female sex workers (FSW) in 4 settings: Residence-based FSWs, Hotel-based FSWs, Street-based FSWs, and Brothel-based FSWs.

1.3 Objectives of the Study

1.3.1 The assignment aims to

- Provide evidence-based information on the needs of FSWs, which would be considered as a baseline, based on which means to improve equitable, non-stigmatizing, and non-discriminatory access to health, legal, and social services, enabling sex workers to protect their health and well-being.
- Develop an evidence-based policy brief and implementation plan for the 'Sex Workers Network of Bangladesh' so they may conduct the necessary for FSWs to avail health, legal, and social well-being services by addressing barriers to access.

1.3.2 The specific objectives of the study are:

- Carry out a qualitative assessment of the livelihood and human rights situation of Female Sex Workers and the barriers they experience in accessing health, legal, and social services, including HIV prevention and treatment services.
- Prepare a report related to the needs of FSWs:
 - Seeking government social safety-net programs (home with land, cash transfer),
 - Alternative livelihood skill-building training
 - Entrepreneurship development under the SME sector
 - Access to health services
 - Access to legal services
- Prepare a Policy Brief to sensitize key government officials, policy and decision-makers, and law enforcement personnel on sex worker's livelihood and human rights-related issues.

- Recommend an action plan and service package to reduce barriers to accessing social, legal, and health services, including HIV prevention services, which would complement existing interventions.

Chapter 2: Approaches and Methodology

The study was conducted between May 2023 and October 2023 and spanned eight divisional cities of Bangladesh - Dhaka, Rajshahi, Sylhet, Mymensingh, Barisal, Rangpur, Chittagong, and Khulna. Adopting a qualitative methodological approach, the study employed various techniques for data collection, including Focus Group Discussions (FGDs), In-Depth Interviews (IDIs), Key Informant Interviews (KIIs), and Case Studies. To capture a broad spectrum of experiences, FGDs and IDIs were segmented into two age categories: those aged 24 and below and those aged 25 and above. This diverse methodological approach enabled a comprehensive and multifaceted exploration of the issues faced by FSWs, offering rich, triangulated insights into their lives and systemic challenges.

2.1 Geographical coverage

The study was conducted in eight Divisional cities throughout Bangladesh, namely Dhaka, Rajshahi, Sylhet, Mymensingh, Barisal, Rangpur, Chittagong, and Khulna, and eight brothels at Jessore (Marwari Mandia and Jhalaipatti), Bagerhat (Baniashanta), Faridpur (Rathkhola), Rajbari (Dauladia), Mymensingh (Ganginapar), Jamalpur (Raniganj) and Patuakhali.

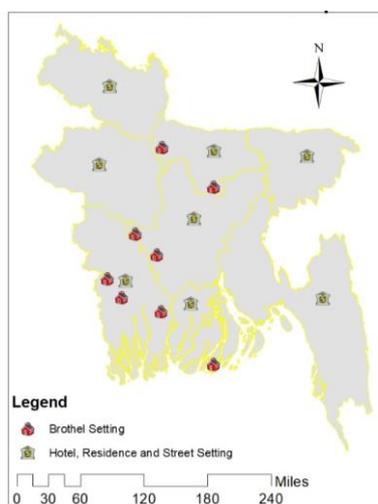


Fig-1: Data Collection Location Map

2.2 The approaches

Study data were collected through a qualitative approach followed by Focus Group Discussions (FGDs), In-depth Interviews (IDIs), and Key Informant Interviews (KIIs). 42 in-depth interviews and 26 FGDs were conducted with the FSWs covering street-based/hotel/residence-based and brothel-based FSWs. Key informant interviews were conducted with government officials, Program implementers, self-help groups, network leaders, and community representatives. Separate qualitative data collection tools were used for capturing the

information about social insecurity, rights of FSWs, rights of children of sex workers, stigma, discrimination, health services, mental health services, and law services.

2.2.1 Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) allowed participants to openly express their views, experiences, and perspectives on a specific topic. Through group interactions, FGDs enable researchers to gather valuable insights and qualitative data, fostering a deeper understanding and uncovering diverse perspectives on the subject matter. Under the study, 26 Focus Group Discussions (FGDs) were conducted with the three categories of FSWs i.e. street-based, hotel/residence, and brothel-based. Out of them, 16 FGDs were conducted with street and hotel/residence-based FSWs at eight Divisional cities (Dhaka, Rajshahi, Sylhet, Mymensingh, Barisal, Rangpur, Chittagong and Khulna). 10 FGDs were conducted with brothel-based FSWs at five brothels.

2.2.2. In-depth Interviews (IDIs):

The in-depth interviews (IDIs) provide insights into the experiences of individuals. In this study, information was collected through IDIs from FSWs regarding the human rights of FSWs and their babies, stigma & discrimination, barriers they experience in accessing health, including HIV prevention and treatment services, and access to legal and social protection programs and services. A total of 42 IDIs were conducted with FSWs. Out of them, 32 IDIs were conducted with street-based and hotel/residence-based FSWs in 8 divisional cities (4 from each city), and 10 IDIs were conducted at five brothel complexes.

2.2.3 Key Informant Interviews (KIIs):

A total of 20 Key Informant Interviews were conducted with a diverse group of stakeholders, such as government officials, Program implementers, Self-help group leaders, Sex Worker network leaders, and community representatives. The selection of participants was purposeful, considering extensive working experience with policy formulation involvement and hands-on engagement in program implementation. These interviews aimed to gather valuable insights and perspectives from key individuals directly involved in addressing the needs of FSWs and shaping relevant policies and programs.

2.3 Development of data collection tools

Based on the study's objectives, qualitative guidelines, and checklists for collecting qualitative information. The instruments were tailored for specific specific types of respondents. The research team piloted the draft tools to check the language, wording, consistency, and integrity. The technique also facilitated the development and design of the instruments so that they became user-friendly and understandable to the respondents. However, technical support and guidance were taken from UNAIDS to finalize the guidelines and checklists. The guidelines and checklists developed for qualitative data are:

- FGD guidelines for conducting FGD with FSWs
- In-depth interview guidelines and checklists for FSWs
- Key informant interview guidelines for the stakeholders and influential
- Case studies

2.4 Data Collection

The homogeneity of the FGD participants was considered and ensured during their selection. At the end of each day, the study team summarized the findings. Each FGD session was also recorded by audio recorder with prior approval from the respondents, and proper confidentiality was maintained for audio recording. After transcription, all audio records were destroyed.

IDIs were compiled and analyzed according to the categories of FSWs. The researchers identified potential participants for conducting IDIs during rapport building. An interview schedule was prepared considering the convenience of each interviewee. The interviews conducted with prior consent in a quiet place and were lasted between 25-30 minutes. A total of 42 IDIs were conducted with the FSWs.

Overall, 248 FSWs participated in the study via the FGDs and IDIs, while three FSWs contributed their personal stories as case studies.

The KIIs were conducted by the consultant team following the defined tools. A total of 20 KIIs were conducted with government officials, Program implementers, self-help groups, network leaders, and community representatives. Table 1 shows the summary of the number of FGDs, IDIs, and KIIs with the type of respondents as follows:

Table 1: Number of FGDs, IDIs, and KIIs with type of respondents

Method	Number	Type of Respondents	Remarks
Focus Group Discussions (FGDs)	16	Street-based and hotel-based/ residence-based FSWs	<ul style="list-style-type: none"> ▪ 8 Divisional cities* 2 age groups (24 years and below and 25 years and above) ▪ 5 Brothel complex* 2 age groups (24 years and below and 25 years and above)
	10	Brothel-complex based FSWs	
In-depth Interviews	32	Street-based and hotel-based/ residence-based FSWs	
	10	Brothel-complex based FSWs	
Key Informant Interview (KII)	7	Government officials	<ul style="list-style-type: none"> ▪ Ministry of Women and Child Affairs ▪ Ministry of Social Welfare ▪ AIDS/STD Programme (ASP), Ministry of Health and Family Welfare
	4	Program implementers	<ul style="list-style-type: none"> ▪ Save the Children (SCI) ▪ Dhaka Ahsania Mission (DAM) ▪ Ashar Alo Society (AAS)
	3	Network leaders	<ul style="list-style-type: none"> ▪ STD/AIDS Network of Bangladesh ▪ Sex Workers Network, Bangladesh
	4	Self-help groups	<ul style="list-style-type: none"> ▪ Nari Mukti ▪ Brothel Based CBO -3
	2	Community representatives	

2.5 Data Quality Control, Supervision and Monitoring

To maintain the quality of the research work, the lead consultant randomly supervised and monitored the fieldwork as planned. The Lead Consultant had multiple levels of supervision, ongoing qualitative data was achieved, and other consultants maintained their quality.

2.6 Data Analysis

Qualitative data analysis looked for patterns and themes in reports on the experiences or through anecdotal reporting. Direct quotes were used whenever possible to give voice to the perceptions and beliefs of the participants. Case studies of participants were also used to illustrate further.

2.7 Ethical Issues Consideration

The assessment is guided by ethical standards when interacting with the respondents. Ethical standards were strictly followed during the study implementation. In addressing the ethical considerations for the study, importance was placed on safeguarding, confidentiality, and ensuring the highest standards of behavior towards the respondent. Participants were informed about the type of information being sought from them, why it was being desired, what it would be used for, the nature of their expected participation in the study, and the outcome of the research for them. The research team has consulted with the local communities regarding the study and information about the nature and purpose of the research. It also has paved the way for contact with local community members. It was ensured that data collection methods were age and gender appropriate. Besides, the study activities have provided a safe and completely maintained confidentiality. Moreover, consent was obtained from everyone in the study.

Chapter 3: Study Findings

This study revealed the experiences faced by Female Sex Workers (FSWs) in Bangladesh. The majority of FSWs enter this profession mainly due to poverty and associated with other factors. The study's primary focus was to assess the human rights situation of FSWs and to identify the barriers they encounter in accessing health care, legal assistance, and social protection programs and services in Bangladesh. It also underscores the critical need for enhancing social services and ensuring the security of these communities.

This study revealed the experiences faced by Female Sex Workers (FSWs) in Bangladesh. The majority of FSWs enter this profession due to factors such as poverty, by unscrupulous elements in society. The study's primary focus was to assess the human rights situation of FSWs and to identify the barriers they encounter in accessing health care, legal assistance, and social protection programs and services in Bangladesh. It also underscores the critical need for enhancing social services and ensuring the security of these communities.

Commented [CE1]: The UNAIDS' definition of sex work is something that is entered into voluntarily. If someone is trafficked or coerced then it is not sex work.

3.2 Key findings from IDIs and FGDs

3.2.1 Status of social stigma, discrimination, and challenges

The study explores the social stigma, discrimination and challenges faced by FSWs and their limited access to social services and support programs in Bangladesh.

During the group discussions and individual interviews conducted with Female Sex Workers (FSWs), a unanimous sentiment of personal insecurity linked to their profession was expressed. They indicate, poverty was a more significant cause to be involved in this profession. The FSWs shared their experiences of facing multiple forms of harassment and discrimination due to the societal, religious, and legal stigmatization attached to their work. Additionally, FSWs encountered significant difficulties in their interactions with landlords. Securing housing emerged as a particularly challenging aspect, with landlords often reluctant to rent to them.

	<ul style="list-style-type: none">• Suffer physical abuse and discrimination from family members, community and society.• Struggle with housing due to landlords' reluctance and extortion, often hiding their profession to secure accommodation.• Experience humiliation and degradation by society, leading to emotional distress.• Vulnerable to cybercrimes, including non-consensual recording and threats of social media exposure.• FSWs report police unresponsiveness to their requests for help against violence and cybercrime.
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FSWs resorted to concealing their profession to obtain housing, but upon discovery, they faced eviction threats and extortion from landlords.

The social isolation experienced by FSWs extended to everyday interactions as well. Many described instances where other women in their communities would deliberately avoid them or maintain a distance, further exacerbating their sense of isolation and marginalization. This feedback from the FSWs highlights the pervasive nature of the discrimination they face, not only in legal and professional contexts but also in their personal and community interactions.

A participant highlighted a concerning issue, stating, "Frequently, the madams or female supervisors at the residence financially exploit young sex workers. They could not provide appropriate wages to young sex workers."

The participants reported significant challenges in conducting their work at hotels, primarily due to harassment from hotel owners, managers, and the Police. They faced financial exploitation, with hotel owners/ managers charging them exorbitant rates upon learning of their profession. This situation led to inflated costs for the FSWs, severely impacting their earnings. Furthermore, the hotel owners often colluded with the Police, creating an environment where the FSWs were unable to contest these unfair charges. This manipulation by the hotel owners and the involvement of law enforcement highlights a deliberate effort to exploit and deceive these vulnerable workers.

They faced violence from family members such as stepfathers, stepmothers, and husbands. They experienced physical harassment by them in many instances. The majority of the family members do not know about their profession. Social discrimination is a significant issue, and one participant shared a troubling experience, stating,

"When my uncle-in-law discovered my profession, he made an inappropriate proposition for a sexual relationship, which I firmly rejected. In retaliation, he revealed my profession to the community. Consequently, one night, I felt compelled to leave the area due to unexpected circumstances."

Almost all of them (227 of 248) shared that they are suffering emotional abuse. They are humiliated and disgraced by societal attitudes, stigma, and discrimination, with people referring to them as dishonored women.

One participant shared a distressing experience, "We often encounter groups of young clients who hire us at night. Without our consent, they secretly record videos of intimate moments. They have repeatedly threatened to share these videos on social media platforms like Facebook. This form of exploitation profoundly impacts our lives and work."

All of the FSWs opined that due to their occupation, the Police have not been responsive to their request for help in the context of cybercrime, threats, exploitation, and violence. Some clients have gone to the extent of seizing their earnings. Moreover, performing sexual services

at clients' prepared locations exposes them to threats as safety concerns escalate. Some FSWs also reported that rejecting unprotected intercourse can lead to further abuse by hostile clients.

Most of the FSWs (186 out of 248) shared that the vulnerability of sex workers is further amplified by instances where a customer arranges for group sex, which causes physical and mental strain as well as increases the likelihood of abuse. These dire circumstances underscore the urgent need for more protection, rights, and support for sex workers who endure such injustices.

One FSW states, "Youths are forcibly hiring them to do group sexual intercourse. I disagreed with them; they threatened to kill or beat me. After the group sex, they do not pay me the actual amount. I became so sick, and till five days, I could not move anywhere for the pain of the body".

A proportion of 242 of 248 Female Sex Workers (FSWs) reported experiencing frequent denial of fundamental human rights and discrimination, which severely limits their ability to voice concerns and leaves them in a vulnerable condition. Their exposure to constant risks and exploitation undermines both their physical and emotional security. The study highlights their dire living conditions, marked by a lack of respect and decent housing, underscoring significant human rights violations and perpetuating their marginalization. These FSWs universally express a need for respect, rights, and safety.

In examining the experiences of brothel-based Female Sex Workers (FSWs), some distinct perspectives emerged. Many FSWs conceal their profession to avoid societal exclusion and to protect their children. Many resort to arranging early marriages for their daughters as a protective measure. Within brothels, FSWs initially faced restrictions like not being allowed to wear shoes, a measure intended to make them identifiable as sex workers by the broader society. Outside the brothel, they often endure derogatory comments and unwelcome advances, usually reporting such incidents to their female leader. Interestingly, a majority of brothel-based FSWs (75 of 90) reported not receiving derogatory comments from customers, who, in contrast, often exhibit fear and pay them for their services. However, they face rudeness and sometimes even torture from their managers ('Babu'), with the specific nature of this mistreatment often left undisclosed.

Many FSWs aspired to transition to alternative livelihood and expressed the financial and training support requirement. Some have already initiated their businesses, and some are eager to acquire skills for job opportunities. A significant aspiration among them is to own land with a home under the government 'Ashrayan Project', with some having submitted applications to the concerned authority for housing assistance. This demonstrates their active efforts to improve their living conditions and seek opportunities for better lives.

Table: Summary of the findings related to social stigma, discrimination, and challenges

Area	Key findings
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Social Stigma and Discrimination	<ul style="list-style-type: none"> • FSWs face significant social stigma and discrimination. • Challenges include harassment from landlords, hotel owners, and community members and financial exploitation by supervisors. • Prevalent societal rejection and family violence based on their profession
Violence and Abuse	<ul style="list-style-type: none"> • Widespread physical and emotional abuse from clients and family members. • Exploitation through social media and non-consensual sharing of intimate images. • Police and legal systems are often unresponsive, leading to trafficking risks.
Human Rights Violations	<ul style="list-style-type: none"> • The majority report denial of fundamental human rights and discrimination, impacting physical and emotional security. • Mixed experiences of brothel-based FSWs in terms of societal treatment. Some respondents informed that they feel safer inside the brothel setting.
Children of Sex Workers	<ul style="list-style-type: none"> • Children face societal abuse, educational barriers, and physical violence. • Many girls end up in sex work due to unstable environments and financial constraints.
Access to Health Services	<ul style="list-style-type: none"> • Many FSWs struggle to access quality and affordable healthcare due to discrimination. • Prevalent mental health issues, such as depression and drug addiction, are worsened by a lack of professional support.
Legal Challenges	<ul style="list-style-type: none"> • Widespread abuse and exploitation within the legal system. This includes additional legal fees charged by the advocates. • There are instances of torture, sexual abuse, and bribery by law enforcement. • Lack of legal awareness and protection services for sex workers.
Economic and Social Services Access	<ul style="list-style-type: none"> • Many FSWs solely rely on sex work for income, facing financial struggles. • Limited awareness and access to social safety-net programs and government services. • Strong desire for skills development and alternative employment opportunities.

3.2.2 Specific Challenges and Risks Associated with HIV/AIDS among Female Sex Workers (FSWs)

The study revealed critical challenges and risks related to HIV/AIDS, rooted in a complex mix of social, economic, and healthcare factors. Key among these is limited access to preventive services like HIV testing and counseling, primarily due to prioritization of program coverage and resource constraints. Additionally, inconsistent condom use, driven by client refusal, economic pressures, and limited access to condoms, significantly heightens the risk of HIV transmission. Moreover, a high prevalence of co-occurring sexually transmitted infections (STIs) and a lack of access to appropriate treatment compound this risk.



- Resource shortages and program focus limit FSWs' access to HIV testing and counseling.
- Economic strain and client resistance contribute to inconsistent condom use, elevating HIV risk.
- Untreated sexually transmitted infections among FSWs further increase HIV vulnerability.
- Economic dependency on sex work compels FSWs into riskier sexual behaviors.

Compounding these healthcare challenges are socio-economic vulnerabilities, including poverty and reliance on sex work as the sole income source, which reduces their ability to negotiate safer sex. Younger FSWs face increased risks due to inexperience and reduced negotiating power. Furthermore, the legal environment surrounding sex work and the absence of legal protection impede FSWs' access to HIV prevention and treatment services or police protection in cases of violence, exploitation, and theft. Stigma and discrimination, both in society and healthcare settings, isolate FSWs, limiting their access to support and information.

3.2.3 Rights of Children of Sex Workers

The majority of FSWs (202 out of 248 surveyed) have children, often serving as the sole breadwinners and supporting their children through sex work. They lived with them or at a safe home or with family. Most of them said that their children are unaware of their profession. They also hide it from family and society. Some FSWs said their children endure distressing challenges because of their profession. These innocent children are harassed and stigmatized by society. Accessing education becomes a struggle as some schools reject their admission due to their background. Even if enrolled in school, the children face physical and mental challenges. FSWs do not get proper support for the children with special needs. Their children are deprived of access to education, so they are engaging in child labor. They desire for their children to receive an education and to be safe.

One female sex worker states, "My children have had to hear harsh words from their school friends when they came to know about my profession. Our children are faced with abuse and neglect. Because of this, mental and physical abuse affects our children."

Their children sometimes hear derogatory comments from other people. They said that they are the children of prostitutes and may end up following the same path. The boys, in particular, often face physical violence, which leads to feelings of sadness and vulnerability. It is deeply distressing to learn that one of them has been a victim of rape. Supporting and caring for these children is essential, ensuring their safety and emotional well-being. They also shared that the daughters of FSWs sometimes get involved in the same profession because of a lack of education and the required skill set to enter the job market. Their mothers cannot afford the charges for a safe home. Consequently, they cannot provide a stable living environment for their children.



- Most of the children of FSWs often don't know their mothers' profession, which is hidden for privacy.
- Disclosure leads to children facing stigma and abuse.
- Such stigma affects their access to education and leads to an everyday life.
- Educational barriers sometimes result in child labor.
- Girls are particularly at risk of sexual exploitation and early marriage.

Some of them shared that their children are not abused due to their profession because they are very young. They are placed in madrasas, with families, or in safe homes when they grow up. A few shared they did not face any issues securing admission for their children in schools, and some got scholarships. However, in some instances, some sons of sex workers become involved in anti-social activities. The financial problem leads sex workers to leave their children with friends and family.

A respondent said, "Our children don't live with us; most of them live with relatives or safe homes. So, our children don't have problems with school admissions; we keep our occupation a secret."

They also shared that the daughters of FSWs sometimes get involved in the same profession because of a lack of education and the required skill set to enter the job market. NGOs can play a vital role in caring for these children and providing them with the necessary support and assistance.

They suggested that to break this cycle, a comprehensive approach is needed. By addressing the discrimination faced by the children, society should ensure their right to education and provide the necessary support for their physical and mental well-being. Schools must establish anti-bullying policies and foster inclusive settings that protect all students' rights and dignity. Furthermore, public awareness efforts and community education can assist in reducing the stigma associated with sex work and its impact on children.

3.2.3 Access to Health Services

Access to healthcare, a fundamental right, remains a significant challenge for Female Sex Workers (FSWs). In the study, a vast majority (225 out of 248) reported difficulties in accessing healthcare services in their lifetime. FSWs commonly seek treatment at government or private hospitals and local pharmacies. However, they say facing discrimination in these settings once their profession is known leads to substandard care and overlooking of their health needs. This has led to a call for acceptable, non-stigmatizing healthcare services that respect their privacy and dignity. In Bangladesh, Peer-led Outreach services are implemented in different locations, and about 20% of FSWs are getting peer-led services.



- Most FSWs struggle to access healthcare, with a vast majority reporting challenges.
- FSWs face discrimination in both government and private healthcare settings.
- NGO healthcare services for FSWs need to be more consistent in quality and experience.
- Pharmacies often serve as the initial healthcare point for

FSWs express a need for healthcare institutions that offer non-judgmental and confidential services. Such facilities would ensure they receive proper medical attention while safeguarding their identities. While they utilize government, private, and NGO facilities for healthcare, confidentiality remains paramount to avoid discrimination. Experiences with NGO assistance vary; some FSWs reported satisfactory service without extra fees, while others have differing experiences.

Many FSWs report preferring private hospitals for comprehensive healthcare and medical services, seeking anonymity and better treatment. For immediate health concerns, pharmacies are often their first point of contact for necessary aid. This preference underscores the need for more accessible and respectful healthcare options for FSWs, free from judgment and discrimination.

Mental Health Services

The study reveals that a significant number of Female Sex Workers (FSWs) (207 out of 248) grapple with mental health issues primarily attributed to the stressors of their profession. Financial insecurity, high living costs, and concerns about their children's education contribute to heightened levels of stress and depression. Moreover, many endure ongoing mental health struggles, including depression and frustration, often exacerbated by physical and psychological abuse from family members and partners. This trauma leads to suicidal thoughts in some FSWs. In search of relief, a majority of FSWs (201 out of 248) resort to substance use, including cannabis, heroin, and alcohol. Some engage in self-harm, such as cutting their hands or hitting their heads against walls, and reliance on sleeping pills is common.



- Over 80% of FSWs battle mental health issues from financial stress, identity exposure, and familial worries.
- Substance use and self-harm are prevalent coping strategies among FSWs.
- There is an urgent need for accessible, specialized mental health care and counseling.
- FSWs voice a need for specialized counseling to combat depression.
- A lack of accessibility to mental health support amplifies their mental health struggles.

Recognizing the need for professional support, FSWs express a critical demand for accessible mental health treatment and counseling, including for their children, who also face substance use risks. Access to mental health services tailored to their specific needs that are non-stigmatizing is seen as crucial for improving their emotional well-being and helping them manage their various challenges. Such services have the potential to not only enhance their lives but also to disrupt the cycle of vulnerability and marginalization they experience.

While some NGOs provide temporary mental health services, there is a lack of sustained support post-project completion. However, the overall lack of professional counseling and mental health support remains a significant barrier, leaving many FSWs to contend with depression and despair in their profession. Addressing this gap is essential for improving FSWs' well-being and mental health in Bangladesh.

One of the respondents stated "Most of us suffer from depression. Then, we take various addictive substances. We need counseling but don't know where it is given."

Another respondent stated

"When I'm upset, I cry. I need counseling and motivation to get relief from my monotonous life. When I became depressed, I used drugs as well, but I did not want it longer. I need mental health services."

3.2.4 Access to Legal Services

Female Sex Workers (FSWs) in Bangladesh face a stressful landscape of abuse, harassment and bribery within the law enforcement and administrative systems. An overwhelming majority (238 out of 248) have reported experiencing physical harassment and sexual abuse at the hands of law enforcement agencies in their lifetime. The Police, who should be protectors, often become perpetrators and exploit the fear of litigation to extort money from FSWs. This creates a perpetual cycle of harassment where FSWs, arrested and taken to police stations, find themselves entangled in the court system, often leading to imprisonment. There are instances where police officers have exploited FSWs by extorting money from their clients as well.



- Nearly all FSWs report abuse by Police at some point.
- Police often demand bribes from FSWs' clients.
- FSWs rarely report abuses due to systemic distrust.
- Legal support is inaccessible, with lawyers charging FSWs excessive fees.
- Sex worker face constant threats of arrest and harassment.
- FSWs are unjustly implicated in unrelated crimes, deepening their marginalization.

This environment underscores a dire need for systemic legal protection to put an end to the economic vulnerability and harassment these women endure within these structures. The study revealed that FSWs rarely utilize available hotline numbers to file complaints, mainly due to a lack of trust in the system. Furthermore, when seeking legal assistance, they face additional economic discrimination, with lawyers demanding higher fees upon learning of their profession as sex workers. This situation highlights the urgent need to create a more supportive and non-discriminatory administrative and legal framework and service provision for FSWs, ensuring their rights and dignity are respected and protected.

A FSW stated, "Police harassed me. I was beaten without any reason and falsely accused. I have to pay more money."

Another FSW stated, "I was bothered by mischievous guys, and I contacted the Police to help. However, the cops did not listen to me or take any action. Instead, point the finger at me. I don't feel safe anywhere."

These narratives paint a distressing picture of the struggles endured by sex workers in their pursuit of justice and protection under the law. It underscores the urgent need for comprehensive support systems to ensure the safety, rights, and dignity of sex workers are upheld. Addressing the exploitative practices, violence, and lack of access to justice is crucial in fostering a more equitable and just society for all individuals, regardless of their occupation.

One sex worker was caught by the Police and faced imprisonment. As she sought her release, she was further victimized due to her profession. The lawyer handling her case demanded additional money, adding to her burden and highlighting the vulnerability and mistreatment faced by sex workers in the legal process.

Sex workers in Bangladesh live in continual danger of arbitrary arrests. Authorities frequently use these laws to harass and jail of FSWs, maintaining an unjust and vulnerable cycle. The abuse of these laws is most visible when sex workers are wrongly implicated in situations such as drug-related charges. This manipulation exacerbates their problems and further marginalizes them.

3.2.5 Access to National Identification (NID)

The majority of Female Sex Workers (FSWs) in the study (198 out of 248) reported successfully obtaining National ID (NID) cards without facing harassment, following the standard procedure applicable to all citizens. Some FSWs noted a significant change from the past when their addresses were labeled as "Prostitution Area" on their NID cards; this has since been updated to reflect the actual name of their area.

However, a minority (25 of 248) encountered substantial difficulties in acquiring their NID cards, which impeded their access to fundamental citizenship rights, including the ability to vote. This exclusion hinders their full participation in civic life and underscores the need for

measures to ensure their democratic rights are protected and they are recognized as equal community members.

FSWs face challenges accessing essential services like low-cost commodity assistance, especially in urban areas like Dhaka. To navigate these challenges, they often rely on local networks within the sex worker community for support and to share their problems. These networks serve as a crucial platform for collective advocacy and voicing concerns.

Addressing these issues demands a comprehensive strategy involving collaboration with local authorities, advocacy groups, and non-governmental organizations (NGOs). By affirming their rights and providing essential support, society can work towards ensuring that FSWs, like all citizens, have access to necessary resources and services. This inclusive approach is vital to integrating them fully into the community and recognizing their rights and needs as equal citizens.

3.2.6 Access to Social Services

3.2.6.1 Support services from the Department of Social Services:

In the study, the majority of Female Sex Workers (FSWs) (198 of 248) reported a lack of awareness about the Department of Social Services' (DSS) Social SafetyNet program. Among the participants, only 50 FSWs had accessed services from this program, indicating a gap in their inclusion and access to essential support. Many FSWs experienced delays and challenges in obtaining these services, with some unable to access them despite efforts.

FSWs frequently find themselves marginalized from social service support systems. This exclusion leaves them without critical resources necessary for their well-being and advancement. Additionally, they are often deprived of financial allowances, exacerbating their vulnerability and hardships.



- The majority of FSWs are unaware of DSS's Social SafetyNet programs.
- Only a tiny fraction of FSWs have utilized DSS services, highlighting a substantial gap.
- Systemic barriers lead to FSWs often being excluded from social service support.
- Biases prevent FSWs from receiving government benefits like lactating or widow allowances.
- FSWs face bureaucratic hurdles and discrimination when applying for services.
- FSWs were significantly overlooked in receiving social aid during the pandemic.

Despite being aware of various government allowances, like child, old age, widow, and pregnancy allowances, FSWs rarely receive these benefits due to perceived biases in the

system. Many believe such services are earmarked for more influential members of society. Efforts to apply for services from public and private agencies have been met with obstacles, including requirements for certificates from commissioners, who often respond harshly or deny assistance.

This situation underscores the need for social service authorities to adopt a more inclusive approach, recognizing and catering to the unique needs of FSWs. Bridging this service gap is essential for enabling FSWs to overcome their adversities and improve their living conditions. Moreover, the study found that while Ward Councilors sometimes offer favorable amenities, such support is conditional and often requires alignment with political interests. This suggests the necessity for unbiased and unconditional assistance from social service systems.

A participant voiced their perspective, stating, "We are genuinely interested in availing government services. However, we are deprived of these benefits due to the demands and expectations of government party leaders and their workers."

Another participant stated, "We have not received any allowance from the Department of Social Services. We have applied for an allowance but have yet to receive one. Chairman and members have yet to help us in this regard".

Another participant expressed, "The Government of Bangladesh offers various forms of support for disadvantaged women. However, we often do not find ourselves able to access these entitlements and rights."

Throughout the COVID-19 pandemic, Female Sex Workers (FSWs) have faced significant neglect regarding social aid. Both government and non-governmental organizations fell short of providing necessary assistance during this challenging period. The pandemic has underscored the need for targeted interventions to address FSWs' specific challenges. FSWs are urgently calling on the Directorate of Social Services to expedite the provision of these essential services, emphasizing the importance of recognizing and fulfilling their fundamental rights and needs.

Despite available free shelters, FSWs encountered barriers in accessing these facilities, further exacerbating their marginalization and limiting their access to essential services. In response to these difficulties, FSWs advocate for a government initiative, the "One House One Farm" scheme or land and home under the Government Ashrayan Project. Such a program would provide them stable housing, ensuring secure and dignified living conditions. Implementing these could reduce their vulnerability and enhance their overall well-being.



- FSWs struggle to access free shelters due to information gaps and lack of support systems.
- FSWs call for inclusion in government housing for secure living.
- Financial constraints and skill deficits prevent FSWs from leaving sex work.
- They are keen on vocational training for garment work or beauty services.
- FSWs need government grants and stable housing for sustainable livelihoods.
- Resource shortages often thwart attempts at skill acquisition for FSWs.

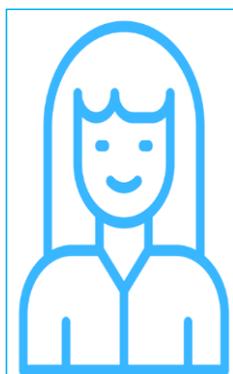
3.2.6.2 Support services from the Ministry of Women and Children Affairs:

The study highlights a notable gap in knowledge among Female Sex Workers (FSWs) about the resources and support offered by the Ministry of Women & Children Affairs, with 223 out of 248 FSWs reporting a lack of awareness. This gap includes a limited understanding of the Department's services, particularly those related to maternity, response to gender-based violence, skill development training, etc.

Among the few aware of these services, experiences of attempting to access allowances are often discouraging, marked by humiliation and denial of support. Only a small number (6 FSWs) have reportedly received pregnancy allowances. It was observed that access to support is often linked to personal connections with local chairpersons, creating an inequitable distribution of resources.

One participant shared, "Many of us applied for the maternity allowance, but most haven't received it. We face insults instead of assistance when approaching the organization for this allowance." This testimony reflects the broader issue of inaccessible and inequitable support systems.

The study underscores the lack of awareness and accessibility to vital resources and support from the Ministry, exacerbating the financial and social challenges for marginalized communities. The need for inclusive policies and assistance from the Ministry of Women and Child Affairs is critical. Such support would provide essential aid and affirm the rights of these women, helping to alleviate their financial burdens and contribute to breaking their cycle of adversity. Effective implementation of these policies requires a holistic approach that ensures FSWs receive equal benefits and assistance as other members of society.



- Adolescent FSWs face heightened vulnerability to HIV/AIDS and sexual exploitation.
- They are often financially exploited and underpaid by intermediaries.
- Economic necessity drives many into sex work to support their families.
- Stress, depression, and substance use are widespread among adolescent FSWs.
- They rarely seek legal help due to mistrust and fear of further harm.
- Limited access to education perpetuates their poverty and employment options.

32.6.3 Skills Development Training

Female Sex Workers (FSWs) across the study unanimously expressed a strong desire to transition to professions beyond sex work. Despite their eagerness, financial constraints and a lack of vocational skills hinder their ability to explore an alternative livelihood. They highlighted a need for income-generating activities such as industrial sewing machine operating training to serve the garment industry, beauty parlor management, tailoring,

dressmaking, block-batik, poultry farming, small business operation, access to financial resources, financial management training, etc.

A sex worker from the Bania Shanta brothel voiced frustration over the lack of support from organizations and local leaders, stating, "Our lives are getting harder. We want to benefit from various organizations and receive training."

FSWs are particularly interested in government grants for capacity building, seed funding, and stable housing to support sustainable livelihoods. They advocate for a regular monthly allowance from the government for professional transition management rather than occasional assistance. Engaging in vocational training and job/business support would facilitate their gradual move away from sex work. They seek financial support or capital for new ventures and are open to alternative employment opportunities.

58 FSWs reported attempts to enhance their skills and seek alternative employment. They pursued skill development in tailoring, block-batik, and beauty parlor. Still, they faced setbacks due to insufficient financial resources, highlighting the need for more robust support systems to aid their transition to new livelihoods.

3.3 Findings from Key Informant Interview:

The Key Informant Interviews (KIIs) conducted with diverse stakeholders offered a deeper understanding of the multifaceted challenges faced by Female Sex Workers (FSWs) in Bangladesh. The stakeholders included government officials, program implementers, leaders of self-help groups and sex worker networks, and community representatives, each providing unique perspectives on the issues FSWs encounter. The key findings are given below-

Economic Hardships: Economic challenges emerged as a primary concern. FSWs often find themselves detached from their families and burdened with the sole responsibility of supporting their children financially. The COVID-19 pandemic has further aggravated their predicaments, leading to a decrease in clientele and a surge in living costs. Consequently, many have turned to sex work driven by sheer financial necessity, exacerbating competition in the industry. Additionally, few FSWs employed by NGOs often earn insufficient salaries, forcing them to continue sex work alongside their NGO roles.

Social Struggles and Stigma: The interviews highlighted the pervasive verbal and physical abuse FSWs face, beginning within family settings and extending into their professional lives. Partners, clients, and community members often perpetuate this abuse. The illegal status of sex work in Bangladesh significantly contributes to their social marginalization and stigmatization, reinforcing a cycle of abuse vulnerability.

Human Rights Violations: FSWs frequently encounter human rights abuses and feel silenced within society. A general reluctance to report incidents of violence or abuse stems from a deep-seated skepticism about the likelihood of receiving justice, coupled with discriminatory practices by law enforcement.

Healthcare Access and Treatment: Discriminatory attitudes in some public healthcare settings prompt many FSWs to seek care from NGO facilities or private hospitals, where they often conceal their identities to avoid stigma. However, the range of services NGOs provide is typically limited, leaving a gap in holistic healthcare provision.

Mental Health and Substance Use: FSWs face significant mental health challenges, including stress, substance use, and other psychological issues. Rehabilitation services, proper mental health management, and regular counseling are paramount for their mental and emotional well-being.

HIV Program: Key Informant Interviews (KIIs) highlighted critical gaps in resource allocation for addressing FSWs in HIV prevention programs. A major issue identified was the uneven prioritization of districts, resulting in service gaps across more than 50 districts, whereas FSWs are present everywhere. This disparity leads to a lack of comprehensive HIV prevention activities in these areas. Additionally, there needs to be more functional collaborations with civil society organizations, local NGOs, self-help groups, and networks, which are crucial for implementing effective prevention strategies at the grassroots level. Some key informants suggested leveraging the existing network of NGOs enlisted by the Department of Social Services (DSS) for the HIV program. This approach could be a cost-effective strategy to broaden the reach and impact of HIV prevention efforts, ensuring more equitable and widespread service provision across various districts.

Law Enforcement Issues: In some cases, police harassment and bribery of FSWs are commonly reported, though some improvements have been observed following advocacy and sensitization efforts with law enforcement.

Challenges for Different Age Groups: The post-COVID-19 era has seen younger FSWs increasingly enter the profession. In contrast, older FSWs face diminishing clientele and various health issues, leading some to engage in drug sales and become intermediaries in the sex work industry.

Impact on Children: The children of FSWs often grow up without adequate parental care, due to the need for their mother to work long hours to support the family, and lack of social support, making them vulnerable to substance use and exploitation. FSWs occasionally resort to early marriages for their daughters as a perceived protective measure. Some of the FSW's daughters entered sex work because they had no alternatives for livelihood.

Integration with Social and Government Services: There is a pressing need for services tailored to the specific needs of FSWs, including vocational training, financial assistance for business endeavors, and access to government benefits and housing projects. However, bureaucratic hurdles frequently obstruct their access to these vital resources. The Key informants emphasized the functional engagement of the Ministry of Social Welfare and the Ministry of Women and Children Affairs to serve these underserved.

Utilization of the DSS Initiatives: The Department of Social Services (DSS), operating under the Ministry of Social Welfare, oversees six Training and Rehabilitation Centers for women facing social disadvantages. However, according to key informants, these centers still need to be fully utilized. The primary reasons for this underutilization include the stigmatizing label of 'Socially Handicapped Girls' used in their nomenclature, training programs that do not align with current market demands, and the lack of financial support or linkages for the women who complete these courses.

Community Response: Key Informants have emphasized the importance of proactive engagement by community-based organizations (CBOs) and networks in addressing their specific challenges and proposed solutions. These community groups must be actively responsive and involved in efforts aimed at their betterment. Additionally, community leaders are pivotal in shaping a positive perception among a broader range of stakeholders. By fostering a constructive image and establishing solid relationships with external entities, community groups can facilitate the creation of sustainable and long-term programs.

These KII findings underscore the complex and interlinked nature of the challenges FSWs face in Bangladesh, highlighting the need for multi-pronged, empathetic, and effective interventions to improve their living conditions and ensure their rights.

Chapter 4: Discussion of Key Findings

The study uncovered that FSWs in Bangladesh face considerable social stigma and discrimination, profoundly impacting their lives. The extent of societal stigma shows that 227 out of 248 FSWs endure societal violence and emotional abuse. The discrimination extends from housing to financial abuse. The progress of social media has introduced new forms of harassment, discrimination and violence, including threats and non-consensual sharing of intimate images.

The study indicates a pervasive societal perception of FSWs as marginalized and stigmatized individuals. Media representations often exacerbate this perception, which tends to reinforce negative stereotypes. Addressing these societal views is critical in reducing the stigma attached to sex work.

The study revealed that children of FSWs face societal abuse, educational barriers, and physical violence. The unstable financial constraints sometimes lead these girls to follow their mothers into sex work. Special attention must be given to the children of FSWs who face their own set of challenges. Initiatives to support their education, provide stable living conditions, and protect them from abuse are essential for breaking the cycle of intergenerational involvement in sex work.

FSWs often hide their profession when seeking healthcare services, facing severe neglect and routine denial of necessary medical treatment. Mental health issues, particularly depression and substance dependency, are exacerbated by the lack of professional counseling and support services. The study sheds light on the prevalent mental health issues, particularly depression and substance use among FSWs. These issues are often neglected in health care services, underscoring the need for specialized mental health support and substance dependency treatment programs tailored to the unique challenges FSWs face.

Moreover, they face widespread abuse within the legal system, including physical harassment and sexual abuse by law enforcement members. A significant barrier for FSWs is their limited access to justice and legal aid. Many do not report abuses for fear of further victimization or mistrust in the legal system. There is an urgent need for legal reforms that ensure the rights of FSWs are protected and that they have access to fair legal representation. The study found almost all respondent FSWs suffered from societal violence and emotional abuse. It also reports on abuses within the legal system, including bribery and lack of legal support, underscoring the urgent need for comprehensive legal reforms.

Economically, FSWs are reliant solely on sex work for their income, with limited awareness and access to social safety-net programs and government services. There is an intense desire among FSWs for skills development training and alternative employment opportunities, indicating a critical need for economic empowerment initiatives. The desire for alternative employment opportunities among FSWs highlights the necessity for skill development and vocational training programs. Such initiatives can provide FSWs with the tools to seek alternative livelihoods, thereby reducing their economic dependency on sex work. The study reveals that FSWs' financial struggles are profound, with many solely relying on sex work for income. It emphasizes the critical need for economic empowerment and skills development training for FSWs.

While government efforts exist to support disadvantaged groups, the study reveals that FSWs often do not utilize these services due to a lack of awareness and access. This underscores the need for effective policy implementation and outreach programs targeting FSWs. Community-based interventions can play a crucial role in changing societal attitudes towards FSWs. These interventions can include awareness campaigns, community dialogues, and the involvement of community leaders in advocacy efforts.

This comprehensive study of Female Sex Workers in Bangladesh reveals a deeply entrenched cycle of societal stigma, human rights violations, and economic hardships that profoundly impact the lives of these women and their children. The study uncovers the harsh reality of widespread societal violence, emotional abuse, and neglect FSWs face, not only from society at large but also within legal and healthcare systems. The economic struggles, highlighted by the fact that many FSWs rely solely on sex work for their income, are compounded by the lack of access to alternative employment opportunities and social safety-net programs.

This study is a stark reminder of the urgent need for systemic change, emphasizing the critical necessity for comprehensive legal reforms, improved healthcare access, and economic empowerment initiatives. The findings underscore that addressing these issues is not just a matter of improving the conditions for FSWs but is crucial for advancing human rights, gender equality, and social justice. The hope and call to action lie in recognizing that these women are not merely subjects of violence, harassment and discrimination but are rightful bearers of dignity and agency, deserving of equitable opportunities and a life free from violence and stigma.

This study calls for policymakers, civil society, and the broader community to reevaluate and transform their approach towards FSWs, transitioning from a marginalization perspective to empowerment and support. The well-being of FSWs and their children is intrinsically tied to the health and progress of society, making their empowerment a paramount objective not just for individual welfare but for national development and social harmony.

Chapter 5: Conclusion and Recommendations

The study's comprehensive examination of the lives of FSWs in Bangladesh has revealed a multifaceted and profoundly concerning situation. The findings underscore the significant social stigma and discrimination faced by FSWs, which manifests in various aspects of their lives. These women confront challenges in securing housing, face financial abuse, and experience societal rejection and family violence mainly due to their profession. The prevalence of violence and abuse, both physical and emotional, further exacerbates their difficulty.

The situation is further complicated by the denial of fundamental human rights and discrimination, impacting their physical and emotional security. The study emphasizes the mixed experiences of brothel-based FSWs, indicating variability in the level of rights violations across different environments. Additionally, the challenges faced by the children of FSWs, including societal abuse, educational barriers, and physical violence, are alarming.

Economically, FSWs are in a precarious position, relying predominantly on sex work for their livelihood. The study reveals a lack of access to non-discriminated healthcare coupled with prevalent mental health issues such as depression and drug use. The economic challenges are compounded by limited access to social safety-net programs and government services.

Recommendations:

Based on these findings, the study proposes several key recommendations to address the challenges FSWs face in Bangladesh. Each of these should be developed in partnership with FSWs in Bangladesh and implemented in partnership, with funding to sex worker networks required to participate as equal partners:

1. **Legal Support System:** Systematic legal support and awareness of legal rights are needed to protect the rights and dignity of FSWs. This includes ensuring access to justice and legal representation for FSWs. Training with law enforcement agency members on sensitization about sex workers and their human rights issues.
2. **Healthcare Accessibility:** Non-stigmatizing healthcare facilities and services should be available through training healthcare workers and developing accountability mechanisms, ensuring non-discriminatory and respectful treatment. Mental health services, including counseling and support for substance abuse, should be integral to these services.
3. **Economic Empowerment and Skill Development:** There should be a focus on skill-building training and financial support to enable FSWs to pursue alternative livelihoods for those who wish to supplement their current income or transition out of sex work. Government grants and support programs should be made accessible to facilitate the transition out of sex work for those who are interested. It is also crucial to the functional engagement of the Ministry of Social Welfare and the Ministry of Women and Children Affairs to serve these underserved.

4. Tailored livelihood program: Develop programs aimed at economic empowerment to reduce the economic pressures that may lead to unsafe sex practices. Include vocational training and financial literacy programs as part of the support.
5. Optimizing utilization of DSS initiatives: Revamp the training and rehabilitation centers under DSS to align with market demands and remove stigmatizing labels. Provide financial support and linkages to ensure a successful transition for women completing these courses.
6. Strengthening Social Safety Nets: Improving access to social safety-net programs for FSWs is vital. This includes enhancing their awareness of these programs and simplifying the access process. Engagement in community networks with tailored Social Safety Net programs, including access to housing support under the government 'Ashrayan Project,' is essential. The social safety-net programs need to include their livelihood and shelter.
7. Child Welfare and Education Support: Special care and educational support for the children of FSWs are crucial. Measures should be taken to ensure their right to education and protection from abuse and stigma.
8. Community Engagement and Support Networks for HIV Prevention: Develop and implement meaningful community engagement HIV prevention programs where community-based organizations (CBOs) can be trained to educate and support their members in HIV prevention. Create support networks for FSWs to share experiences and best practices for HIV prevention.
9. Community Sensitization and Advocacy: Awareness campaigns are needed to reduce the stigma associated with sex work. Advocacy for the rights and needs of FSWs at community, policy, and government levels is essential to foster a more inclusive and supportive environment in the education, health, and law enforcement sectors.
10. Strengthening Community Engagement: Empower community-led organizations and networks to address the challenges FSWs face proactively. Encourage community leaders to foster positive relationships with external entities to facilitate the creation of sustainable and long-term support programs for FSWs.
11. Combating Social Stigma and Abuse: Launch awareness campaigns at the community level to combat the stigma and abuse faced by FSWs. These campaigns should focus on changing societal perceptions and reducing the cycle of abuse and discrimination. Develop support programs within communities to provide safe spaces for FSWs to seek help and counseling without fear of stigmatization.

12. Accountability of community: Accountability mechanisms need to develop with the community to report harassment, discrimination, and stigma - by Police, healthcare, education, and others.

Successfully implementing these recommendations requires a coordinated effort from various stakeholders, including government agencies, NGOs, and the community. Addressing these critical areas will improve FSWs' living conditions, health, and social standing and contribute to creating a more equitable and just society.