

STIGMA AND FEMALE SEX WORKERS: A SOCIOLOGICAL STUDY IN ASSAM.

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Abstract

Sex work is one of the irresistible stereotypes depicting as immoral and psychological ill. Since past, it is either considered as necessary evil or immoral dirt of society. Their position in society is always underprivileged, invisible and outside the mainstream which resulted in being remain as ignorant aspect of society. The ignorance and underprivilege positions made them to live in more vulnerable conditions. However, stigma attach to them has always been a barrier in the path of their development. Thus, the study made an attempt to explore the stigma and their responses towards them. The study found types of stigma namely, felt stigma and enacted stigma. It has three mechanisms adopted by female sex workers as responses to stigma like internalisation, controlling of information and reframing.

Keywords: Stigma, Female sex worker, internalisation, controlling the information, reframing.

Introduction

Throughout history, sex work has been linked with tolerance and prohibition. In ancient societies, sex work is accepted as a religious, social, and cultural component of life. For example, during 2400 BC, evidence of sex work as a service is found in the temples of Mesopotamia (Learner, 1986). In 600 BC, sex work was accepted as a means of legitimate economic activity in China (Bullough and Bullough, 1987). However, sex work is not observed in all societies and cultures (Ringdal, 1997), although diverse civilisations documented the existence of sex work since early history. The prevalence of sex work in different societies is diverse. The role and social status of sex workers depend on the particular social, political, and legal systems, gender, health conditions, and spiritual climate of each society. Sex workers are subjected to various forms of surveillance due to differences in cultural and societal attitudes, perceptions, and interpretations towards them (Bullough and Bullough, 1987).

It is an irresistible stereotype over half a century depicting immoral as well as psychological ill (Savitz and Rosen, 1988). From necessity to cultural evil, attitudes towards sex work have been changing. Diverse society's perception is diverse. At one extreme it is considered as necessary evil and at other extreme, it is as immoral dirt of society. Nevertheless, with an economic and ideological basis, it is an important labor transformation process (D'Cuhan, 1992). Leisure studies scholar defines sex work as leisure for men and work for women (Jeffreys, 2008). Also, there are variations regarding their reasons for entry, access to resources, types and number of clients, specific sexual acts, dependence on third parties, exploitation of third parties, public visibility, and influence on community surroundings. However, the impact on the psyche and self-image of the sex workers is also not uniform (Weitzer, 2005).

In India, sex work is always viewed as a serious social issue that needs to be eradicated though it can be traced from the Brahminical period of 1500 BC (Kotiswaran, 2001). During the reign of Pandavas and Kauravas, sex work was very common. The reference to sex work as organized and established institution was also there in the earliest Indian Literature, the Vedas. Even in Indian mythology high-class sex work in the form of heavenly deity acts referred to Menaka, Rambha, Urvashi, and Thilothamma as prostitutes (Bala, 2016). The Medieval period flourished the profession under royal patronage. Since the 1850s the practice has been changed to criminalization. Simultaneously, it has become a necessary evil during the period of the British to satisfy the sexual desire and to make Indian women available for soldiers

(Kotiswaran, 2001). In the modern era, it exists in every state of India, and Kamatipura which is located in Mumbai is considered as the largest red light area of Asia. There are about 3 million sex workers in different places in India (Bhardwaj, 2000). Girls from Japan, Arabs, Russia, Sri Lanka, Bangladesh, and many other places work in India as sex workers (Bala, 2016). In Assam, it is highly linked with women and child trafficking. An average of 50 cases are registered every day in North East India where Assam becomes the hub for it. Assam is vulnerable to this situation because of its international borders with Bhutan, China, Myanmar, and Bangladesh (IANS, 2008). In Assam, an organized red light area is in Silchar blooming the business of sex work. There is no specific red-light area in Guwahati but sex work racket is there (Goswami, 2017). Children of poor parents are forced to become sex workers to earn money for the family. Initially, many of them are the victims of physical torture like being raped and flogged to take up the profession (IANS, 2008). Most of the girls from poor families are lured by trafficking agents with the promise of jobs. They are trapped and sold to agents of brothels in West Bengal, Mumbai, Goa, and Hisar in Haryana (Boruah, 2012).

Perhaps, the word 'sex worker' constitutes negative stereotypes. Sociologists examined it as a deviant behaviour a type of gender relation and as a distinct professional sector (Weitzer, 2007). Female sex workers are termed as 'othered' (Sayers 2013; Vanwesenbeeck, 2001), taken away citizenship from the community (Campbell, 2015), and branded negatively by society (Scambler, 2007). Besides, stigma is the major contributor to violence experienced by sex workers (Lewis et al., 2013; Sanders and Campbell, 2007; Seshia, 2010; Vanswesenbeeck, 2001). The exchange of sexual activity for money or kinds between two adults is termed sex work (Desyllas, 2013; Sloan and Wahab, 2000). Power, agency, and agreement are the nexus of sex work, where individual choice and control of sexual exchange (British Columbia Coalition of Experimental Communities, 2009). Despite the differences between sex workers concerning their identities and experiences, stigma is the commonality surrounding their profession. The social stigma made them needless and disrespectful which justifies marginalisation and discriminatory treatment of sex workers (Lewis et al., 2013).

Stigma is the production of negative stereotypes. It legitimates discrimination, social exclusion, and less access to healthcare, housing, and social support (Link and Phelan, 2014). Stigma affects identity formation and social interaction, distress in the workplace, and limits access to social resources (Pescosolido et al, 2018; Stenger and Roulet, 2018). Stigma theorists opined that stigma is a major factor in health, socio-economic status, gender, and race inequality (Hatzenbuehlar, 2016). Goffman argued that the element of social identity is closely related to

a person's profession. The stigma attached to undesirable social attributes like polluting and blemish identities. The stigmatised people are considered inferior to others, abnormal, defective, and imperfect. Consequently, they remain marginalised and repudiated from society. According to Goffman, stigma occurs as a divergence between the virtual social identity and actual social identity that is between the characterisation of the individual by society and the remark actually, he or she possessed (Goffman, 1963). Corrigan divided stigma into public stigma and self-stigma. Public stigma discriminates and restricts social opportunities to the stigmatised individual while self-stigma is the internalisation of negative social perceptions, creating shame that harms self-esteem and self-worth (Corrigan, 2004). Thus, stigma is a powerful social mechanism to control socially non-accepted behaviour of individuals and is enforced by social, cultural, economic, and political power (Scambler, 2009). However, despite of harmful impact of stigma, many stigmatised groups of people resist, revolt, and reframe stigma by not accepting the identities and social exclusion created by stigma (Benoit et al., 2018).

Sex workers as social outcasts

Categories as 'symbolically dirty', sex workers are labeled as irresponsible, criminals, or carriers of disease and threats to self as well as the public (Abel, 2011). Sex workers who are forced into sex work deserve rescues and pity (Agustin, 2005), while those who choose out of coercion are judged and termed as deviant (Koken, 2012). The attribute of dishonor gave legal consequences to the sex workers. Women are allowed to have sex but not to negotiate sex. In common parlance, sex work by women or earning money through sex is termed as selling her honour. The term 'whore' is used to mean sex workers. They are the traditional female dishonour who are often denigrated. The identification of society as whore dishonour comes under certain activities like engaging in sex with strangers or many partners, as a woman taking the sexual lead, controlling, sexual fantasies, satisfying impersonal males, and being dressed to attract males (Pheterson, 1993). According to moralists, sex workers are sinful beings who need to be banned from civilised society. Engaging in sex work signifies a loss of character. They argued whoredom is the greatest social evil, a threat to the family, and destroys the young (Ericsson, 1980). The holistic perspective holds that sexual institutions are accepted in their relation to reproduction. Moreover, the sexual relations within monogamous marriage received support from law and mores. Sexual practices other than bearing and rearing children are not legitimised. Therefore, sexual relations for commercial reasons with pleasure and not procreation is the opposite of social approval (Davis, 1975). On the other hand, paternalists

believe social outcasts are sex workers and thus they are in degradation. Thus, the contemplation of society is justified as the earner is not doing a socially valuable job. Paternalists conclude that sex work is undesirable and intervention of society is needed for the good of the sex workers themselves (Ericsson, 1980).

Significance of the study

The study will be significant to grasp an understanding of the various sources of stigma on female sex workers. In a traditional Hindu society like Assam, certain professions are always looked down upon, and being attached to such professions lacks opportunities and privileges. Sex work is one of them. Moreover, the sources of stigma depend on the cultures of the societies. Therefore, the study will be an occasion to know the sources of stigma on female sex workers in Assamese society as it would open up a window to help them to get rid of their stigmatised position in Assamese society. Besides, the knowledge of the experiences of the female sex workers is significant for the policymakers, social workers, and scholars to make an opportunity to help them to live respectfully.

Objectives

- i. To explore the stigma attached to the female sex workers of Assam.
- ii. To explore the responses of female sex workers on stigma.

Methodology

Qualitative method: This study employs purely qualitative approach to explore the stigma attach to female sex workers and the responses of them on stigma.

Research design: The study adopts an explorative research design to investigate the stigma of female sex workers.

Sampling: A total number of 120 (50 from Guwahati and 70 from Golaghat) samples have been taken for the study. Snowball and convenience sample techniques have been used to select samples for the study. In both districts, female sex workers are contacted through Government government-registered NGO (name cannot reveal) which works for the High Risk Groups (HRG), and also through personal contacts based on Snowball. The sample consists of registered sex workers as well as non-registered sex workers. The criteria for selection of the sample were that she must be an adult and provide sexual services as a profession.

Field of the study: The study was carried out in the Golaghat town and Guwahati city of Assam. Guwahati is a settled city with authentic modern comfort life. It is an illustration of the ideal urban place of Assam located on the banks of the Brahmaputra River on the other hand, Golaghat is a small town in Assam surrounded by the river Brahmaputra to the north, the state Nagaland to the south, Jorhat to the east and Karbi Anglong and Nagaon to the west. The selection of the field is based on the following criteria- (i) Guwahati is a fast-developing metropolitan city and Golaghat is one of the backward towns of Assam in terms of infrastructural development. So, the social norms and stigma on sex workers prevailing in a developed city as well as in a backward town can be helpful to explore a complete picture of the stigma attached to sex workers in Assam (ii) In both the districts the sufficient numbers of sex workers (both registered and non-registered) are available.

Tools and techniques of data collection: Data has been collected through the interview method, observation method, and focus group discussion. Questions were asked with the help of a semi-structured interview schedule with a pre-defined set of questions and criteria. Focus group discussion, consisting of six respondents in a group, helps to dig out the personal feelings, experiences, and insights on the stigma attached to them. In this study, sex work ranges from survival sex to sex work as the choice of profession.

Findings

Sex workers and stigma

In society, the stigma is associated with being a sex provider in return for money or some kind. Sociologically, in a socio-cultural context, stigma recognises social processes that have an impact on the individual. Sex workers confront universal stigma. Pheterson asserts sex work stigma as unchastity which centred on social anxiety, and uninhibited female sexuality (Nussbaum, 1999). The stigma of sex work is based on the social organisation of sexual expression, sexuality, naturalised gender roles, and hierarchies (ICSR, 2015). In a way, the target behind female sex workers implicit the control of women. Subsequently, sex work is considered a job, unlike other professions, for being attached to stigma (Jeffrey, 2015). Various psychological research documented the subjective experience of stigma and its impact on psychological well-being. Goffman in his study of stigma, repeatedly uses sex workers as stigmatised population. Research (Bardley, 2007) also suggested stigma experiences of sex workers as a basic condition derived from their profession and as evidence of societal mores. The act of selling sexual services is so ingrained in public institutions and public interaction

that it is sometimes unrecognised by stigmatisers (Benoit et al., 2017). Stigma related to the occupation of sex workers is called 'whore stigma' (Pheterson, 1989). Pheterson notes, the whore stigma act as social and legal branding of women who work as sex workers. It is the primary obstacle to achieving rights throughout the world (Pheterson, 1990).

Occupational stigma changes a person from an individual (discredited as a sex worker) into a group experience of management and regulation. Association of sex worker stigma coexists with other stigma like racism, homophobia, and transphobia (Benoit et al, 2018). High rates of violence and discrimination faced by sex workers with racial stereotypes (Hunt, 2013). Studies show that transgender sex workers have suffered greatly from the stigmas of gender, sexuality, and sex work. In terms of men, stigma intersecting with heteronormative sexual strips by gay clients is a hefty burden (Berstein, 2007; Ganju and Saggurti, 2017; Lyons et al 2007).

Derogatory labels on sex workers such as whore, hooker, and prostitute are used to describe in-laws, social policies, media, everyday interactions, and even in literature, showing common attributes of disgrace (Pheterson, 1989; Scambler, 2007). Weitzer argued that sex work stigma varies across work locations and different genders (Koken, 2012; Smith, 2012; Weinberg et al., 1999). Sex work stigma layered with transphobic and homophobic stigma. Many times, sex workers accept and apply negative beliefs to themselves and their work (Carrasco et al., 2017; Ngo et al., 2007; Sallmann, 2010). Moreover, they believe that violence and discrimination are deserved and come with the territory (Bruckert, 2002; Cornish, 2006, Gorry, Roen, and Reilly, 2010). Such internalisation of stigma formidable barriers to services from police, health care providers, accepting poor treatment (Ganju and Saggurti, 2017) and also linked to low self-esteem (Benoit et al., 2017). Few studies found that the perceived stigma is more pronounced in sex work in comparison to other low-prestige occupations. The association between sex work, depression, and discrimination is higher (Benoit et al., 2015).

Such cyclical nature of stigmatisation fosters an environment of disrespect, devaluation, and violence which are even accepted by sex workers. It often leads to ineffective, inappropriate, and harmful policy choices that negatively impact their working conditions, experiences, and well-being (Shannon et al, 2009). In different cultural and social contexts, sex work stigma varies though it is immutable (Weitzer, 2018).

Despite as a legitimate source of income in India, sex workers frequently experience stigma as a group identity (Goffman, 1968) and discrimination due to the nature of the profession (Pheterson, 1993; Selvey et al., 2018; Wolf, 2019). In Australia, a study reported them as the

most stigmatised group after drug addicts (Broady et al., 2018). This is attributed to the seriousness of the stigmatised attribute which is considered to be the outsider of the social norms (Pescosolido et al., 2008). The sociological definition of stigma, proposed by Link and Phelan (2001) interrelated the components of labeling, cognitive separation, stereotypical, emotional reactions, status loss, and discrimination (Kleinman et al., 2007). The origin of stigma is a piece of debate among scholars, although, agree on their linked to the threats to the social order, survival of the population, and the outcome of the power struggles (Hallgrimsdottir et al., 2008; Phelan, Link and Dovidio, 2008). Stigma is a complex process that involves the community and individual factors.

Socio-economic background of the respondents

The study is made based on the data from female sex workers of Assam comprising of age between 18 to 44 years of age. The respondents belonged to the General, OBC, Scheduled Caste, and Scheduled Tribe categories. 68% are literate with 45% in HSLC Passed, 11% Graduates, and the remaining 12% HS passed. 48% are married, 19% are separated, 4% are divorced, 4% are widowed and 25% are unmarried. Their monthly income ranges from 5000-45,000. They provide sexual services at home and lodges. 29% of sex workers are in the profession for two to five years, 66% are between five years to ten years, and 5% are above ten years.

Sources of stigma

Pescosolido et al., (2008) developed a framework integrating normative influences on stigma (FINIS) to analyse the sources of stigma at different levels (macro level, meso level, and micro level) of social life (Benoit et al., 2017). The institutional sources of stigma on sex workers come from multiple systems like government, legal, academia, media, healthcare, and financial. Any form of regulation on sex workers perpetuates stigma. For example, stigma in a criminalised and partially criminalised nation is experienced to a greater extent. However, within legalised nations, their movements and health status are monitored (Ham and Gerard, 2014). The present study found several types of sources of stigma on sex workers. They are broadly categories into enacted stigma and felt stigma.

Enacted stigma or socio-cultural sources of stigma

Negative labeling from family, friends, community, and clients as sex workers is witnessed (Begum et al., 2013). Social exclusion negatively impacts accessing heart care (Lazarus et al.,

2012), support services (Oselin, 2010), and various employment (Begum et al., 2013). Stigma also leads to isolation (Revee, 2013), as well as insecurity in the working environment (Benoit et al., 2018). Respondents, though reported being angry or hurt by negative comments and responses towards them, but don't want to accept the labels as drug addicts, dirty and judge their morals, character, and capacity to for a family. They said of experience stigma from many sectors like police, healthcare providers, family members, clients, shop-owners, society's members, etc.

Police: The majority of the sex workers (78%) argued that their interaction with police made them feel like a neglected group. In many circumstances, after being recognised as sex workers the policemen usually used slang words in front of them, not taking complaints seriously. Fear of abuse against themselves, the sex workers are reluctant to interact with the police. They are also fear of revealing their identities to the police by the calling media and revealing their privacy on television or social media. However, some registered sex workers reported that if they go with the NGO members, then the police behave politely to them.

Healthcare providers: Out of all healthcare providers, the doctors do not deny providing health care or do not stigmatise or insult them. However, 16% of the sex workers experienced discrimination from nurses and other healthcare providers. However, the doctors used to take precautions like wearing double gloves while treating them.

Family members or relatives: Many of the sex workers said that their relatives are not aware of their sex work. But the husbands of some sex workers (42%) are informed. Out of 42%, 12% of the sex workers received support from their husbands and boyfriends, and the remaining 30% lived separately without any contact. Besides, they are also stigmatised by their non-sex worker's friends.

Community or public: Society or members of society is a dominant source of stigma on sex workers. Each of the sex workers argued that in many situations, they have to be subject to abuse by the members of society where they belong. The public or society's members are termed as dirty, polluted, shameless, characterless, and mostly as sinners. Besides, many men also ask for sexual intercourse and on refusal abuse or harassment by using inappropriate words.

Shop-owners: Sex workers are also highlighted as being ignored by the shop-owners. However, many times, they do not feel neglected or insulted by their regular shop owners. But in many

cases, if they pass through or visit a different shop, of which they are not regular customers, make unpleasant remarks to abuse or harass them.

Clients: 32% of the sex workers also face disrespect as stigmatised group from their clients. Though there are fewer in numbers of sex workers experiencing abuse from clients, those who reported said that after having sex, the clients do not want to talk to them and are treated as dirt. In public places, their clients act as if they don't recognise the sex workers. Moreover, some clients do not want to kiss on the lips as sex workers are believed to be as dirty people. Some treated them as commodities or sex aid and since they paid, they thought to have every right to their body, including oral and anal penetration.

Felt stigma and discrimination

Felt stigma encompasses shame and fear of being outed from the group. It is the awareness of the culturally devalued identity that might lead to anticipatory behaviour against negative interaction (Herek et al. 2009). The study found that the sex workers anticipated being stigmatised and discriminated against if others were aware of their work. And thus, they described themselves as being worried. They are believed to have received little help from police and healthcare providers. Mostly, the nonregistered sex workers do not go to the police to report crimes or any anti-social behaviour for fear they would be charged for selling sex. Similarly, in some situations, they also do not want to disclose their work to any healthcare providers.

Most of the sex workers are scared of look down upon by society. They have also tried to modify their behaviours to conceal their identities and are not willing to accept their work status. One respondent expressed the stigma she experienced among her family members and relatives and consequently choose to hide her work. They blamed the social structure and social contexts as the source of stigma. There is a differentiation between those who concealed their professions from everybody and those who choose to disclose to specific family members. For example, a lady opened up to her sister but not to her parents and husband. She reported of being humiliated by her sister and thus did not disclose to other members. Similarly, one lady received support from her husband and informed that she had been taken by her husband to the clients but her in-laws and parents did not know. They have also reported adopting different strategies to conceal their identities from family members and others. In adverse responses, they have to live separately from other family members, working in the client's house and drinking tea or mouth fresheners before going home, if they live with family.

Response to stigma

Internalisation

Some (43%) of the respondents accepted the fact of being stigmatised and negatively labeled them. A respondent said of prayed to God to bear her for her work. Some argue for admitting themselves as different from conventional society and feel shame for the same. One of the respondents reported that she didn't disclose her work to her son and husband but she is doing it for themselves. The study found that a section of sex workers is aware of their status in society and accepts themselves as whore and dirty due to their engagement in sex work.

Controlling the information

Control of information is a strategy where the respondents are being observed to partially disclose or hide their profession from others. Sex workers through a variety of strategies counter and distance themselves from stigma (Reeve, 2013). The respondents (100%) choose not to disclose their work to get rid of poor treatment and bad experience. They claimed that sex work is heavily stigmatised in Assam, particularly in their societies, thus, disclosing it would bring shame to themselves and their families. Due to unfavorable past experiences, many respondents did not want to disclose their profession unless it was relevant or essential. The extent to which they disclose their profession to their friends, relatives, and intimate partners depends on their acceptability of the information. If they feel of not being judgemental, they like to disclose. According to them, a fellow sex worker will understand their life situation. The respondents also said that it is difficult to not able to disclose their work in many situations like forming new friendships outside the industry. Moreover, their disclosure also leads to a decrease in their existing friendships. The sex workers also feel that their partners would not understand the distinction between non-emotional and emotional sex and therefore, might end the relationship. Some also explained of being positive reactions from partners, family members, and friends. Mostly, the respondents choose selective disclosure and thus live double lives to separate between personal life and work life. But in many cases, they choose to hide due to the existing stigma of the society.

Reframing

To resist stigma, sex workers used to reframe sex work. Sex workers highlight the positive aspects of sex work by encountering the dominant discourses (Levey and Pinsky, 2015). Some of the respondents (57%) responded to stigma by positively reframing the meaning and

consequences. Reframing includes creating a connection between sex work and empowering, focusing on positive outcomes in their lives as well as for the society at large. They emphasised the personal benefits of being a sex worker. On being asked about the positive aspect of sex work, many argued about easily getting financial independence, reduction of rape cases, and satisfying self-pleasure (who are single). Some of them also argued for seeking sexual pleasure and autonomy in sex. In this context, one of the respondents said that after her husband's death, there was no one to look after her and her son, and thus after engaging in sex work her clients not only provided her with necessary things but also looked after her and her son. She can also satisfy her sexual desire even after her husband's death. The sex workers expressed gratification in being appreciated by their clients which boosts their self-confidence.

Discussion

The present study collected data from sex workers of Assam from diverse socio-economic backgrounds, educational qualifications, caste groups, and experience in sex work. Regardless, everyone reported stigma. This article demonstrates the stigma a sex worker faces in different contexts due to the profession and also the mechanism of the responses to such stigma. The stigmatisation experienced by sex workers comes with variations in nature and degree, albeit, they mostly suffer as coming from low grades, abuse from others in the community, disrespect, humiliation from clients, and abuse from police and legal bodies.

The negative attitudes towards sex workers have direct implications on women's health and safety. Sometimes, in addition to it, stigmatisation is also linked with violence against sex workers (Penfold et al., 2004; Lowman, 2000), from the community, from partners, and from clients (Church et al, 2001; Warr et al., 1999). Although, in the present study, reference to violence is limited mostly to the registered sex workers.

The most commonly reported instances of stigmatisation and discrimination of the respondents were abuse and harassment with negative labeling. Such labelling is the basis of stigma experienced by sex workers closely related to the theoretical analysis of the whore stigma and the social, cultural, and moral norms which underline it (Pheterson, 1993; Scambler and Paoli, 2008). Link and Hatzenbuehler (2016) argued that policies play a major in stigma for multiple groups in multiple ways. The stigma on sex workers is itself in the laws, regulations, and social policies (Meulen, Durisin, and Love, 2013) aimed at keeping them down and away (Link and Phelan, 2014). In the Indian context, though sex work is a legal profession, its acceptability in society is still questioned. Legislation in different nations mostly works on the prohibition on

the assumption that sex work is harmful to the one directly involved, in the form of violence, sexual abuse, or threat to STIs or as a public nuisance. Cusick (2006) found that, rather than such harms, sex workers are heightened vulnerability and inability to resist social and contextual forces. Therefore, the policymakers rely on mixing sex work with other social issues such as drug use, child abuse, trafficking, and slavery when arguing for prohibition (Cusick and Berney, 2005), or focusing on issues of public order (Penfold et al., 2004), which are the product of same moral and social norms. Therefore, the prohibition of sex work identified as both facilitator and perpetrator of stigma and the stereotypes (moralistic and negative) associated with such a profession (Wong, Holrody, Bingham, 2011).

Felt stigma generated distress and anxiety that has been linked to self-doubt, lower self-esteem, and depression (Berger et al., 2001; Deacon, 2009). The present study also documented this. The effects of humiliation and ill-treatment create a sense of inferiority and shame. Besides, the fear of getting exposed to the ones they do not want to disclose identified risks. Precious studies highlighted a hierarchy of risks arising from their work. The enacted stigma identified risks and problems ranging from physical, emotional, and sexual. The psychological processes required by sex workers beyond the premises and hours engaged in sex work into their private lives (Sander, 2004). As in this study, it is particularly true concerning the need to conceal their identity as sex workers. Women identified with enacted and felt stigma are mostly affected by managing their identity as sex workers and susceptible to lack of access to various services. They are in the process of suffering from active social exclusion with negative effects.

A silent feature among sex workers was observed that they are in dilemma over disclosing their work to friends, family, and service providers. This is documented among sex workers working in various frameworks of legislation settings (Benoit et al., 2018). The respondents had varying levels of disclosure ranging from completely hidden to disclosure on special cases following risk assessment. Respondents choose complete concealment described as covering stories and information to safeguard themselves and others in the same networks, known as 'courtesy stigma' (Benoit et al., 2018). Besides, in regards to maintaining intimate relationships (Jiao and Bungav, 2019; Murphy et al., 2015) contributed to the feelings of fear, stress, and isolation, impact accessing social support (Koken et al., 2004) and chances to the industry (Koken, 2012). The study found that the sex workers felt like living a 'double life' is similar to the reports of sex workers in other settings (Abel, 2011; Begum et al., 2013).

The sexual, verbal, and physical violation of sex workers by police is well documented (Benoit et al., 2018; Harcourt et al., 2001). Similarly, in this study, many sex workers expressed hesitation in reporting abuse or harassment to the police for fear of discrimination, abuse, or prosecution. They also experience humiliation, inappropriate questioning, lack of regard and respect. Similarly, regarding healthcare providers, respondents in fear of judgment, tried to conceal their profession if they visited alone or without any NGO person. Studies also found such fears as the primary determinant for unmet healthcare needs of sex workers (Benoit, Ouellet, and Jansson, 2016; Lazarus et al, 2012).

The present study aligned with the other research (Benoit et al., 2018; Wong, Holroyd, and Bingham, 2011), on respondents' adoption of negative beliefs about themselves and their work. Such negative beliefs lead to the acceptance of poor treatment while accessing various services (Benoit et al., 2018). The internalisation of stigma resulted in stress, disempowerment, self-harming behaviours, reduced self-confidence, and poor self-esteem (Bowen and Bungay, 2016). Therefore, through compartmentalise their personal and professional lives, dehumanizing their profession, and accepting their clients as a source of income, the sex workers response to cope with the stigma. In this context, Sander (2005) discusses how sex workers manage stigma by creating emotional management strategies as a self-protection mechanism.

Yet, some research documented that stigma does not always mean to be internalised and has effects on individuals. It is not absolute (Weitzer, 2018) but rather a temporal and socially sensitive variable (Benoit et al., 2018; Hallgrimsdottir et al., 2008; Stenger and Roulet, 2018). In the present study, the majority of the respondents were found to be reframing the concept of sex work and rejected the public view of sex work as the basis of identity formation or sense of self. Reframing involves reflexive thinking and understanding of the limitations but also the benefits of sex work (Koken, 2012; Koken et al., 2004; Morrison and Whitehead, 2005). By rejecting the negative stereotypes, and drawing emphasis on the personal and societal benefits of sex work. Many respondents noted sex work as an economic activity and they accepted it as one of the aspects of their social identity. Some respondents found a sense of power through sex work, economic benefits, increased confidence, and empowerment. Koken (2012) documented that by sharing positive aspects of sex work, such as reframing stigma, workers can take pride in their services.

On the other hand, Scambler and Paoli (2008) suggested that information control is one of the major tactics of stigmatised groups to avoid public disapproval. They are careful about to whom to reveal their sex work (Begum et al., 2013; Forsyth and Deshotels, 1998; Koken et al., 2004). In the study, the respondents seem to use this technique to mitigate the impact of stigma on their professional and personal lives. In most settings, with cognitive and emotive distancing they separate their work identity and personal lives (Abel, 2011; Forsyth and Deshotels, 1998; Jiao and Bungay, 2019).

Rejection is also a common response to occupational stigma (Benoit et al., 2015; Koken et al., 2004). It involves the critical awareness of society's perception of sex workers and, at the same time, refusal of them to accept such perceptions. The components of stigma: stereotypes, labels, loss of status, discrimination, and alienation (Link and Phelan, 2010), through this tactic, enable the stigmatised groups to talk back to these processes (Sullivan, 2010) and to challenge the misinformation of society drawn upon sex workers to rationalise the poor treatment (Pheterson, 1998). The present study rejects the notion of rejection as the respondents do not use this tactic.

From the study, it is observed that many times, sex workers feel helpless and inevitable regarding their work and make sacrifices as a response to the stigma attached to their work. Many respondents talked about social structure and norms prevailing in the social system as the generator of stigma. Further, they perceived the moral dilemma of sex work being compared to another profession, as having deteriorated society. Cornish (2006) recommends of comparing oppressed groups turned into political success, such as trade unions. To attain a successful alternative way of life, mobilisation of sex workers is important. The immediate need for the psychological, physical, and emotional health of sex workers cannot be ignored.

Conclusion

The study explores the association of stigma and the sex work profession as a real phenomenon. The experiences of stigma by a sex worker who is an active service provider accompany various dimensions of her life. The stigma reflects the value of society. The reaction to stigma varies from one individual to another (Major and O'Brien, 2005) which identified differences in responses, in the study, among the respondents.

Sex workers in Assam are subject to various stigmatising forces in their daily lives through social interaction with others. Such forces can hurt the way of living of the sex workers through verbal or physical abuse, compel them to conceal their identities of work, and draw out from

social networks. The study highlighted how the sex workers of Assam continue to live under the burden of stigma. However, the experiences of stigma are more in terms of non-registered sex workers due to their vulnerability status in society.

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