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**Feminism, Sexuality, Gender, Labour:
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Mandal, Soma¹

Abstract

This article attempts a feminist analysis of understanding sex workers' limitation to command holistic living practices at all points in their life, based on degenerative quality of sexual labour and degree of violence involved. Combined with the practical limitation of bodies' usage and experiential ways of negotiating routine sexual tasks, the intersecting issue of menstruation in sex workers' lives stands as one of the fundamentally neglected aspects of women's health care service in red light areas. Based on assumptions of the degenerative notion of labour, the stigma associated with sex work and menstrual-related pollution it will explore how gendered, informal labour economies survive in marginal and dominant social spaces. Based on an ethnographic study in the red-light areas of Sonagachhi in Kolkata, the paper will conceptually highlight how sex work and menstruation involve intersectional dimensions of invisible labour processes that remain categorically as unpaid or low-paid labour wages. In both cases, in the absence of labour rights, labour which is categorized as informal work and seen as reproductive rather than productive generates exploitative labour regimes and indiscriminate precariousness. Although the recent debate on sex work has centered sexual labour as work, India's current labour laws and policies lack the labour standpoint for sex work and menstrual work produced within the informal household economy. In this context, the paper examines some of the problems that create intersecting inequalities based on de-recognition of these workers' rights. Menstruation involves reproductive sexual labour, while sex-work is often violent and transgressive, causing bodily harm and injury. Menstrual and sex work-related care is often ignored, and the two discourses represent secrecy, silence, and shame, concepts that link us to marginality, and discrimination. There is a need for feminism to analyze how the common ground of labour expressions arising out of menstruation and sex-work creates intersectional socio-economic discrimination. The paper will reveal embodied expressions of menstrual and sexual labour mediating secondary and inferior labour identities in women's employment. Exclusionary working conditions define, regulate, and govern these informal economies' sexual and gender character, has severe consequences and, therefore, needs the protection of these communities' rights.

Keywords: Sex-work, menstruation, intersectionality, women's labour, sexuality, Red Light Area, health, India

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Introduction

Can we imagine sex work and menstruation in an interconnected and multi-dimensional as well as intersectional framework while thinking about women's democratic rights? How do we connect the visual imagery of red stain and red light that makes the women's body a thin boundary for differentiating sex work and menstruation? In a significant analysis, the red line of belonging and othering in an ontologically placed body connects to different experiential processes of labour. Can we imagine menstruation as a phenomenon of the 'body in labour' or the 'laboring body'? What does feminist analysis and women's movement tell us about the interconnection between the two and how may we rethink sex work and menstruation from a different standpoint which is a labor standpoint?

Figure 1. Photo source: Times of India (TOI), 16 May 2020



This paper will analyze the interconnection between the two – sex work and menstruation to argue how stigma associated with sex work and menstruation draws similarity and parallels work of invisible labour processes that remain fundamentally neglected under women's health care and employment service. Based on de-recognition of these workers' rights menstruation involves reproductive sexual labour, while sex-work is often violent and transgressive, causing bodily harm and injury. Menstrual and sex work-related care is often ignored, and the two discourses represent secrecy, silence, and shame, concepts that link us to marginality, and discrimination.

However, in a particular fashion, the debate existing in the feminist movements over prostitution and sex work has problematized body rights to a great extent. While prostitution is indicative of the practice of engaging in sexual activity in a consensual or unlawful manner, sex work takes off the stigma attached to sex, considers it a service industry and gives the 'sexual body' a commodified value in terms of economic exchange, similar to other kinds of work. Indeed, the feminist dilemma of reconciling two divergent and opposing debates towards partial criminalization or decriminalization of prostitution has resulted in a middle ground that apart from theorization or binarization cannot do much on the functional level. Because of the absence of other professions, the criminalization of sex work can jeopardize lives living in abject poverty, while decriminalization can massively increase the rate of trafficking and prostitution growth. The theoretical position of partial criminalization suggests that while selling sex is not a crime, it is punishable by law to buy sex, lure sex, maintain clients, pimp, expand brothels, rape, kidnap and participate in commercial sex trafficking and child prostitution. Although the redeployment of the legal language seems to be in favor of women's rights, prostitution and sex-work remain synonymized.

Against this backdrop, the question arises what do we do with the millions of women whose supply is taken as a constant and given? The existence of sex workers problematize the availability of sexuality where sex work is performed and practiced in some form or the other despite stringent measures by the state and regulates its way in a more nuanced way than before. Indeed, red light areas have a very diverse existence; it succeeds in thriving and prospering in a self-fashionable way. The complicity of the state machinery provides the prostitution cycle to percolate, infiltrate, and resume its autonomous way. The incentive for bribery comes from the 'system' to keep the 'system' going.

Menstruation has been categorically found to be threat across religious interpretations. In Hinduism menstruation is considered '*brahmana hatya*' or brahmicide (Chawla 1994) following Lord Indra's slaying of Vritya in the mythical Rig Veda. However other ancient and modern religions too discriminate against menstruation heavily and consider it a taboo as in Judaism which considers menstruation as '*niddah*' or polluting. (Leviticus 15:19-30) Other cultures have also pointed out the potential and symbolic threat indicated by menstrual blood as Durkheim (1998), Strauss (1978) Alma Gottlieb and Thomas Buckley (1988), and Charles Knight (1995, 1912) points out a shift from matrifocal to patrilineal structure of societies in the construction of menstruation as 'pollution, sacred or connected to fertility.' In a similar thread of hermeneutic analysis, menstruation connects to sex, sexuality, reproduction and production of women's labour in diverse and complex ways that negotiate the menstrual process either in synchrony with sex or without. Red light area workers connect to menstruation as primarily a term which obstructs the flow of their sex work business. This flow is crucial and critical as the blood flow is replaced by the economic flow of money and capital that the body is sought to bring to a sex worker. Menstruation and sex work are therefore complementarily work processes of the body which denies full labour autonomy according to the labour subject.

Red Light Areas (RLAs) in Kolkata have been instrumental in shaping the self-reflexive stance I presently hold, although with the understanding that construction of perceptions and reflections negotiate and arrive at different timelines and at several moments of critical introspection. Therefore, the positions I assert in it do not demand universality or particularity, but are merely situated attempts to understand the lives of marginalized sections of society that are in complex ways enduring with unflinching grace all the life-threatening circumstances for which the culturally acceptable community is responsible. Most workers' experience with sex work in the red-light areas is indignity, harassment, humiliation and vulnerability to sexual / criminal violence. While my aim is not to blur the boundaries between non-heteronormative identities and conventional sexualities that inhabit these spaces, they all have been blurred nevertheless. I emphasize vulnerability to everyday abuse in sex-work institutions and particular sections of the society to such routine violence (Morgan 1993). The vocabulary of physical intimacy does not symbolize equality in the context of red-light area workers except in some cases, as there is no shared sense of intimate partnership. The structures are temporary, relations transient and routinely subject to sudden changes.

Considering that red light areas are potentially subversive spaces of belonging and survival, this article seeks to analyse the difficulties of women's articulation of expression concerning menstruation and sex-work. As a disruptive sphere, red light areas symbolically reflect subversive sexualities at work (relations existing outside the legal norm) and function as a counter to the cohabiting institutions of normative gender relations that constitute everyday practices of cultural life - marriage and the institution of love. Ideologically red-light areas critique the 'idealized, heteronormative, legitimate institution of marriage and family' (Dhawan 2010 2011a, 2011b, 2012). It also disrupts the 'sexual and intimate norm' of the personal/political, public/private sphere (Chatterjee 1997) thus, revealing alternative and invisible standpoints of societies and communities (Dhawan 2010, 2011a, 2011b, 2012). With its imposed subversiveness, it provides a counter-

narrative to the standardized norm of sexuality and the sex-gender system. As an independent space where multiple sexualities play out in myriad ways and structures conjugality in transgressive terms it defines women's rights in such a space as relatively otherised and exclusionary neither commands attention nor rights-bearing access to basic standards of life.

A feminist study of the field

South Kolkata Hamari Muskan (henceforth SKHM¹), an anti-trafficking non-governmental organization magnified the view of South Asia's vast brothel-based hub, one of the largest sex districts in Sonagachhi, Kolkata. Known as the pleasure city, it is home to 7000 brothels and 9000 of the total 20,000 sex workers living in Kolkata. The entrance marks an almost nude white statue of a woman holding a baby to her bosom, welcoming people into Sonagachhi. The vision posited against a broader framework of limiting rights envisioned the situated marginality of women's enduring suffering, the shameful glorification of her femininity for male lust and enforced patriarchal power. Institutionalized, her body's objectification performed with irresolute certainty her adherence to dangerous labour.

Red light areas have thousands of women and mothers with history of crude abortion and illegitimate children born not from sacramental marriage vows. South Kolkata Hamari Muskan's *Tarun Samiti* (youth center) is just a kilometer from *Sastha Samiti*, (health centre) and located near two most exotic brothel buildings of Sonagachhi - *Neel Kamal* and *Lal Kamal* on Avinash Kaviraj Lane. More such night-houses are named *Night Lovers*, *Nanda Ranir Bari*, *Ganga Yamuna*, *Neel Kamal*, *Lal Kamal*, and *Prem Kamal*. SHKM has never seen the girls of the Aggrawal group. They are closely sheltered, groomed and sent to the best of customers who fetch them 8000-10,000 per hour. Most of them even work in the escort industry. They 'produce the best quality girls' who are sent outside to be trained in the profession' according to SKHM.

An incredibly powerful feminine spatial feature of women in red light areas is the way they regulate and redefine the sexual domains of culture and reject the concept of 'mainstream feminist spaces' as well as the body/mind dialectics in feminist debates focused on the conventional notions of body and sexuality. Red light areas have an inverse political economy; here, women are both labour subjects, constitute sexual labour relations and command themselves as owners, generating a lot of '*kancha taka*' (raw money, here it implies money without tax) for themselves. However, the complex linkages and associations between one type of violence inflicted on the body and other varied types of oppression, ranging from cultural conditions of patriarchy to financial insecurity to later-stages of homelessness, all have raised questions on precarity of red-light area workers as those who negotiate extreme levels of violence on a daily basis. The notion of sexuality, however, which is culturally constructed, is to keep these women continue with sex work, an underpinning that raises feminist issues to larger sexual relations and ideologies of family, marriage, state, market, patriarchy and capitalism at work. (Dhawan 2010, 2011a, 2011b, 2012)

Structural Undercurrents

Various civil society organizations' working in red light areas in Kolkata indicate, there are rapidly transforming fields within which sex workers' evolving and expanding footfall in mainstream society is realized. However, it is a slow, decadal and generational process in which they are locked in. The reasons are first, the expanding base of civil society organization in community transformation work rather than institutional rehabilitation; and second, the generational change in mentality that children and women in red light areas feel due to their increasing familiarity with education and alternative structures of socio-cultural life which would liberate them from the violence involved with the body. These alternative support structures of labour, income, employment and education are essential as sex work involves termination of labour when they cross menopause. The phenomenal undercurrent of systemic changes in the red light

areas over the last few decades is perceptible. However, access to education and alternative means of jobs does not eliminate sex workers' dense precarity and peripheral location. The intersection of poverty, health, unemployment, and abuse has made these workers' lives difficult. These factors inhibit growth and intensify heightened inequality and precaritization of sex workers. During the lockdown, no commendable attention was paid for observance of social distance, quarantine and self-isolation in which their fluid existences converge and function as their lives are increasingly otherised and deviant. However red light areas remained under total lockdown.

Consequently, a red light zone thrives on its internal dynamics and even accommodates the most marginal lives of those pushed to the threshold of depravity. Different non-governmental organisations note the displaced migration that took place in India during the first four phases of the strict lockdown, and during the subsequent period of sporadic lockdown, the only space where a significant section of migrant workers, women, children and men arrived and took shelter were the red-light areas. Women in red light areas outsourced community work with civil society to provide housing and food supplies to these homeless people independent of their food and health service challenges. Similar reports published in April in India suggest that the transgender community in Gujarat, Uttar Pradesh, Baroda, and Chennai were also involved in providing lockdown rations to the poor (Hindustan Times, The Hindu). During this period when community interventions from upper-class sections of society were almost missing, women's sustained engagement in red light areas in care work for others however, critiques Gopal Guru's idea of philanthropy in his *EPW* article, (2020) going beyond to show that philanthropic efforts in most cases indicates a moral push rather than financial freedom.

Legislative and Constitutional History of Red Light Areas in India

The history of India's red light areas goes back to the colonial period of the nineteenth century when imperial passages of European missionaries entering India created urban spaces of interaction and socialisation. The presence of venereal diseases in the colonies of the European cantonment indicated serious consequences for health and labour connecting to sea-ports and urban transport. Starting with the Cantonment Act of 1864, 1895 and the Infectious Diseases Act (1864, 1869), legislative actions promoted state-regulated medicalization of prostitution, rather than focus on implementation of eradication measures. Repeated instances of cholera outbreak compelled the European administration to enact strict colonial laws along with the Epidemic Diseases Act, which was subsequently amended in 1944 in the state of Punjab, and also in 1963 in Dadra and Nagar Haveli. Currently enacted by the Union Government on 11 March 2020, it has been proposed for amendment on 22 April 2020 as Epidemic Diseases (Amendment) Ordinance due to the corona virus pandemic under which the Act aims to prosecute citizens who breach legal norms. Section 188 of IPC 45 of 1860 provides for a punishment for offenders under the said Act.

A red-light area is a heavily trafficked area, and the partial criminalization of sex work (Kotiswaran 2011) allows it to be a place of organized criminal activity that operates between the interstices of law and the outlaw. As noted, it creates ample interconnections between illegal activity, bureaucratic indulgence, and state institutions' complicity to survive and prosper. Article 23(1) provides for the prohibition of trafficking in human beings and persons, and Article 370 of the Indian Penal Code finds sexual intercourse as immaterial and insubstantial due to trafficking-related offenses. Most sex workers mention they landed in a red-light area brought by someone close they knew. Stringent laws and implemented legislation such as the prohibition of immoral traffic in women and girls / Suppression of Immoral Traffic in Women and Girls Act, (SITA 1956) which is now the Immoral Traffic Prevention Act / ITPA (1986) have been legalized time and again to curb sexual corridors of labour trafficking. Some of the more recent legislation includes the Criminal Law Amendment Act 2013 in which child trafficking is criminalized by section 370 and sub-section 370A of the IPC and includes any form of exploitation. There is also the Protection of

Children from Sexual Offenses (POCSO) Act, 2019 which has statutory authority in Red Light Areas to deter sexual abuse of children. It has expanded punishment from 10 to 20 years, including death penalty cases. A number of laws are present, such as Prohibition of Child Marriage Act 2006, Bonded Labour System (Abolition) Act 1976, Child Labour (Prohibition and Regulation) Act 1986, Transplantation of Human Organs Act 1994, Procurement (Recruitment) of Minor Girls (Section 366-A IPC), and Importation of Girls (Section 366-B IPC), Section 372, 373 IPC to purchase and sell girls accordingly. Continuous infringement of these rules, however, reveals institutional and systemic fault lines that operate in different ways across complex routes of negotiation.

The latest National Crime Records Bureau (NCRB) study released on 21 October 2019 pursuant to clause E and F (NCRB, pp. xii) also indicates the perpetration of crimes against women by 'cruelty of husbands or their relatives stood at 31.9%, 27.6% constituted an attack on women intended to outrage their modesty, 22.5% for kidnapping and abduction, and 10.3% for abduction. Crime rate against women was 58.8 per cent in 2018. Crimes against children included kidnapping and abduction (44.2%), 34.7% include POCSO-related crimes, and a crime rate of 31.8% in 2018 from 28.7% in 2017 (ncrb.org). Maharashtra, Nadia district in West Bengal, and Indore in Madhya Pradesh are the top three states where the highest incidence of children and women went missing, followed by the trafficking crime combined. (The Hindu) A report by *The Economic Times* titled '*India can avoid 72% of the projected Covid-19 cases by closing red light areas*' (TOI 16 May 2020) aimed to transfer the stigma and virus to the red-light area and the spatial position it holds in society. Given this discriminatory outlook to the red-light areas, the fragile economic systems of workers working in red light areas are doubly challenged. Social security for dignified workers' lives is important for feminism to address. However, survival is strained with numerous intersections of deprivation and oppression which deprives them of any identity whatsoever.

Menstruation and Sex-work

The pandemic has widened the gender inequality gap resulting in a state of shadow pandemic (The Hindu, *UNICEF*). Health, safety, labour and sanitation issues intersecting with gender, poverty and sexual harassment in the red-light districts of Kolkata, Mumbai, Chennai and other transactional spots of sexualized labour groups have driven these labour workers to near depravity. Phumzile Mlambo-Ngcuka, UN Gender Equality Secretary-General mentions the shadow pandemic of health and gender abuse had challenged the idea of home with women trapped in abusive circumstances. In red light zones, it not only includes living in inappropriate housing conditions in barely proper spaces called homes but also paying a debt-bondage fee to brothel owners known as *chukri*, which leaves women workers without enough income to buy even small accommodation spaces. Business (*dhindo*) and home-related practices coexist representing a common shared space of privacy with multiple sex workers lives trapped within such spaces. Sex workers pay the *chukri* to the brothel owner who in most cases is a woman, as the sum to set them free from the debt-bondage relationship. Therefore, red-light areas do not have the leisure and comfort of free spaces called normative home with most workers' lives subject to drug, sex-abuse, trafficking, violence and crime.

Seven specific health concerns continue to intensify and worsen the existing inequalities for women workers and children, including drug addiction, sexually transmitted disease, maternal health, abortion, pregnancy, fertility, immunization, and finally menstruation. Supervision of all types of health-related problems involve community health workers who undertakes regular health-care activities such as by Accredited Social Health Activists (ASHA), Integrated Child Development Scheme (ICDS) staff and Self-Help Groups (SHGs) in partnership with government, Ministry of Child and Women Development (MCWD), local health departments and civil society

organizations'. Despite this, in personal health practices the stigma of menstruation persists unabated and has a huge effect on their labour relations.

Menstrual growth, menstrual treatment, hygiene and management are often unattended areas in red light areas where lower and marginal caste, trafficked and prostituted female employees do not have access to private spaces, sanitary pads, WASH facilities (USAID) and hygienic home environments. Problems related to menstruation and fertility is often associated with acts of violence committed on women's bodies, and this segment of the population visualizes and embodies sexually vulnerable health. Numerous government services include HIV AIDS prevention, contraception and immunization, but with no emphasis on menstrual health and, in most cases, mental health, except from some recent NGO initiatives including South Kolkata Hamari Muskan (SKHM), and Durbar Mahila Samanwaya Committee (DMSC). Red-light areas include thousands of minors, mothers, and children with histories of illicit abortion, little or no protected access to reproductive health, and illegitimate children born from sex work that leads to serious sexual health problems.

Menstruation is one of women's unmet needs in red light areas, which I place within India's wider policy debate on sanitation, health, and hygiene. There is substantial stigmatization in red light areas. By incorporating the intersectional lens of menstruation; I examine dual stigma among sex workers – first through sex work and sexuality, and secondly through the stigma and shame associated with menstrual active sexualized bodies. Menstruation is addressed only in private spaces, with concepts of non-autonomy, silence, and inviolable confidentiality of private activities related to menstruation. Most women in red light areas are reliant on extensive use of oral contraceptives resulting in irregular or no periods, conditions giving rise to amenorrhea (absence of periods), dysmenorrhea (heavy bleeding), infertility, pre-menstrual syndrome (PMS) and PCOS (Polycystic ovarian syndrome) (Singh 2019). The heavy use of the combined oral contraceptive pill (COCP), which is a mixture of estrogen and progestogen, and the sporadic use of the Norethisterone esthanate (Net-en) pill (Tharu & Niranjana 1994, Chawla 1996, Baxi 2000, Anandhi 2007) to suppress and postpone menstrual cycles without medical consultation has adverse effects on health and work. Although these pills are taken to enhance labour systems, in most cases sexuality is often compromised along with violation of normal index of sexual health. Many of women's gynecological concerns in red-light areas are often handled illegitimately with secrecy. Located at the abject end of poverty and illegal medical treatment, women and girls in red-light areas are beyond the reach of adequate health care services. While modern contraceptive innovations have sparked sexual revolution according to feminist third-wave movements, due to greater medicalization of biological processes of women at the individual level, Lock and Ngyuyen (2010) notes it has also been at the receiving end of much criticism for greater control of women's body by biomedicine and androcentric scientific research in medical fields. Centered on male science models of biomedical research and limited knowledge of the bio-physiological mechanism for women, a constant topic of feminist concern is to do justice to women's health rights.

The colonial conception of hygiene and health began in India in the early eighteenth and nineteenth centuries with the establishment of the first Central Sanitary Department in 1870 (Chatterjee, 1997). In 1817, 1829, 1852, 1863, 1881, 1889, and 1896 respectively, several health commissions were formed in Bengal, Madras, and Bombay to control the spread of infectious diseases and plague outbreaks. In 1930 the All-India Institute of Hygiene and Public Health was established to investigate the neglect in the traditions of public health and hygiene. Swachh Bharat Abhiyan, the political campaign under the Bhartiya Janata Party-National Democratic Alliance government (Clean India Scheme) without being aware of women safai karmacharis (sewage workers/manual scavengers), lower caste marginal groups, and hazardous-waste management health workers has become a politically ill-informed campaign for public health. The state has failed monumentally to build technology-driven sanitation models, a comprehensive health system,

community health networks, and public health literacy that can make less use of dehumanizing human labour to implement sustainable practices, bio-friendly health interventions, and a dignified right to health determinants. Most women also reported rising piling up of garbage in red light areas during the lockdown suggesting sanitation and hygiene problems are privileges of middle to upper-class citizens. As it had become perceptible during the corona virus pandemic, institutions of health were stressed to be on the edge of collapse. Thus, depriving women and children of adequate lives in red light areas towards civic healthcare rights during the pandemic has exacerbated their deplorable situation.

A Gendered Pandemic

According to Archana Patkar, menstrual health and hygiene, WSSCⁱⁱ is not just a women's issue, but a widespread health issue involving holistic health concerns, education, better income generation business practices, development, and sustainability. WASH Unitedⁱⁱⁱ, a German non-profit group, published this year's theme '*Menstrual Hygiene Day*' (28 May) as *Periods in Pandemic*. Nearly 64% (336 million) of the population did not have access to pads during the pandemic. (According to previous data collected from NFHS 2015-16) Forty-two percent of the 15-24-year-old age group did not have hygienic menstrual practices compared with 58 percent (*The Wire*). 82% women lacked access to sanitary sanitation. Moreover, securing schooling to twenty-three million annual school dropouts requires a significant section of menstruating children's access to educational opportunities and awareness of menstrual literacy. Also, combined with poverty and health, an expected baby boom of around 20.1 million predicted births between 11 March and 16 December 2020 is estimated. Furthermore, the recent termination of telecom giant service provider Bharat Sanchar Nigam Limited (BSNL) forcing feminist activist Rehana Fathima to voluntary retire in May 2020, who brought down the period barricade and supported the removal of menstrual ban declared by the Supreme Court verdict in Sabarimala Temple even during the humanitarian crisis all points to the spiraling impact of the gendered shadow pandemic and the deprioritization of women's health and socio-economic rights. The women's movement in Sabarimala around the menstrual ban was a feminist participation by numerous such women workers, devotees, and activists whose identities intersect multiple axes of oppression- religion, sexuality, caste, patriarchy, faith and spirituality.

One of the significant socio-political impacts of the pandemic has been on women's health. A central focus of contemporary feminist movements has been the advocacy campaigns for the right to social determinants of equitable health as wealth. The perpetuation of gendered models of health and social injustices resulting from neo-liberal health facilities is a result of gender issues not being prioritized. Therefore, gender and health are closely linked, and menstruation as a health concern demands nuanced understanding, as it affects women's health and health of gender queer persons. But can we talk freely about this secret pandemic and the consequences in women's lives that have unfolded recently? Is a discussion of menstruation and sex work invited in critical debate? Can we open up the needs of our bodies to menstrual awareness without listening to the scientific and religious taboos, cultural views, family rules and medical interpretations?

With the awareness that menstrual politics includes sexual politics, population control strategies, family planning, control of sexuality and hierarchies of power structures that regulate and govern female sexuality, the interconnection between sex-work and menstruation is clear. Menstruation and its embodied expression of female subjectivity construct the body as both a site for experiencing and at the same time going beyond the experiential domain to unfamiliar ways of knowing the menstrual process. Challenging levels of healthcare arose due to restricted travel during the lockdown with the absence of local clinics and hospitals for neo-natal, menstrual and reproductive care services. Red-light areas continue to be the major hotspots of illegal abortions where there is a growing compromise on woman's sexual and menstrual health. Reports of many

NGOs including SKHM show some section of women sex workers during the complete lockdown stopped responding, and there was no communication regarding how they were surviving the pandemic without food and essential services like maternity health, sanitary pads, water, and soap.

The high degree of stigmatization of menstruation also contributed to menstruation being equated with corona virus disease (UNFPA^{iv}) in some countries such as Tanzania. Menstrual Health Alliance India reported that eighty-four per cent of NGOs stakeholders reported no access to sanitary pads with one such space being red light areas. Despite Smriti Irani's move to mark the need for menstrual pads as an essential commodity on 28 March 2020 it did not help to bridge the gaps between supply deficit, transportation logistics, sanitation problems and lack of institutional up-gradation. Institutions and high-potential organizations working in the field of menstruation and women's right to public health such as Aina, Aakar, Innovations, Center for World Solidarity, Eco Femme, Gandhigram Trust, Healing Fields Foundation, Jayashree Industries, Kasturba Gandhi National Memorial Trust, Swayam Shikshan Prayog, Vasudha Vikas Sansthan, and Vatsalya have consistently stressed the necessity to make menstrual health issue a global health issue. It also ensured community group work complied with governmental regulations to offer menstrual assistance to a wide section of the society. Added to the current issues are beliefs and perceptions about menstrual marginality where 70% of mothers believe menstruation is filthy. Eighty-eight per cent of menstruating women use soiled fabrics infested with bacteria such as old rags, sand, dirt, wood shavings, newspapers, dried leaves, hay and plastics. Sixty-three million teenage girls do not have adequate toilet facilities. Twenty per cent of girls miss their education, and seventy per cent have the risk of reproductive tract infection considering the poor hygiene conditions in which they live which include accessing neighbors' toilet, group toilet or open defecation sites. Period poverty thus, constitutes inequality in health and signifies a menstrual health crisis. Psychological impact of menstruation in red light area workers are often related to missed/irregular duration and experiences of trauma over different reproductive functions they encounter and experience on their vulnerable bodies. Discriminatory gender beliefs centered on cultural construction of menstruation and absence of WASH facility has also resulted in cases of toxic shock syndrome and reproductive tract infections in higher degrees in red light areas which have not been recorded in research.

Symbolic Undertones

Sex work and menstruation are complementary, embodied experience of women in red light areas with no formal institution of marriage or family to support them in times of distress. Extreme degrees of inequalities and epistemic violence surround the discourse on menstruation and sex work in society. Partial criminalization of menstruation and sex work has resulted in an awkward position where personal-styled practices and societal perceptions compliment casteist notions of stigma, shame and pollution. They are often tabooed topics of discussion, hidden, repulsive, abhorred, and kept as secret. Menstruation and sex work represent cultures of patriarchy, misogyny, and gender ideologies which are responsible for the construction of gendered symbolism, for example, the symbolism of 'red' colour relates to the taboo of menstrual blood and also its relationship with the 'red' of the red light area. In both cases association of the colour 'red' signals alarm, fear, deviance, subversion, stigma, repulsion, (culture's) wound/disfigurement (red light areas as a blotch/sore), tainted and representing imperfection. Such metaphorical and relative interpretations intersect the two processes - menstruation and sex work. While sex work is demeaning, menstruation is dehumanized and devalued. A significant section of women's groups involved in this phenomenological process do not open up to crucial processes of critical inquiry and self-reflexivity. Experiences of menstruation and sex work have discursive and imaginative limits where the compounding of two marginal discourses creates intersecting marginalities that help to construct the narrative of silence and shame. *Dasra*, a leading non-profit foundation in sanitation, democracy and governance has introduced a four-tiered system that many non-

governmental organizations and social foundations have begun to introduce in partnerships with policy practitioners with a view to streamline menstruation, and that also extends to women workers in red light areas. The phase includes – educating mothers, focusing on schools and menstrual education, offering alternatives to sanitary napkins that are bio-degradable; and promoting health-seeking behavior along with the development of public health systems. Menstruation and sex-work, therefore, command holistic living practices at all stages in their life, based on degenerative nature of sex work and degree of violence involved.

Promising Directions

When the city went into lockdown in Kolkata, non-profit civil society organizations' kept feeding the life systems required for women's health services. South Kolkata Hamari Muskan supplied essential commodities and sanitary kits containing sanitizer, soap and menstrual pads to community women including 50 families in Sonagachhi and 160 families in Bowbazaar red light area and even to women migrant workers distressingly found looking for shelter and food in red light areas. Nirman Foundation and Dhorshok-Tumi-I a feminist network based in Kolkata in collaboration with Jadavpur University Commune, along with Humans of Patuli, SHGs in Latur, Maharashtra produced 7000 packets (56,000 pads) to provide menstrual relief package to mothers and women in Purulia, North and South Kolkata. (Nirman Foundation). Sanjana Dixit of the team Rutuchakra in Bengaluru recently expanded their base in Delhi and Mumbai and distributed 1.2 lakh pads during the lockdown. Bengal's Padman, Sobhan Mukherjee, an MSc student of Ashutosh College, Kolkata have ensured the running of his two menstrual projects, *Tridhara* for transgender, and *Bandhan* for women in community public toilets. Anahat Foundation in Diamond Harbour launched their campaign *Bleed in Peace* and Ananya Chaocharia with her initiative *Paint it Red* distributed 2000 menstrual kits (*The Telegraph*).

Back in 2015, the pad movement in Jadavpur University #padsagainstsexism that snowballed from Jamia Millia Islamia University in Delhi was started in 2015 in Germany by Elone Kastratia on gender sensitization and was what Chris Bobel was witnessing in the Axe Tamp/ax (the tampon tax) and similar movements on menstrual rights. (Bobel 1992). Connecting sexism with shaming and secrecy, it made visible the link existing between gender violence and cultural forces of patriarchy. Through messages written in red on sanitary pads, '*I wish rape culture repulsed you more than my blood*', *Do not make my body the site of honor and shame*, it went on to empower women to break the taboo and talk about sexism and menstruation. University authorities partially suppressed both the movements in Jamia Millia Islamia University and Jadavpur University that sought to set up inquiring bodies to take action against the students, but the spirit of the movement refused to bog down.

Finally, the inequitable socio-economic power relations and sexual politics that do not conceptually hold menstrual labour and the labour of women workers in red light areas as 'work' is due to its marginal situatedness within the hegemonically hierarchized patriarchal capitalist relations according to Marxist feminists. Knowing one's body, bodily experiences, and embodied subjectivities without subjecting physiological processes of body work to stigma and pollution is an individualistic attempt of mindset, mentality and channelization of institutional resources to overcome mental and economic blocks. However, even though Chris Bobel said that menstrual moment has perhaps arrived - in the context of third world countries like India, due to institutional shortcomings, gender relations and conditions imposed by a patriarchal society, menstruation and sex-work have a long way to break the glass ceiling imposed on women, especially women in red light areas.

Notes

ⁱ South Kolkata Hamari Muskan (SKHM) is an anti-trafficking non-profit organisation working in red-light districts of Kolkata.

ⁱⁱ Water Supply and Sanitation Collaborative Council (WSSC), a global, multi-stakeholder is involved in prioritising sanitation, hygiene and menstrual health.

ⁱⁱⁱ WASH: Wash, Sanitation, Hygiene deals with international public health issue based on Sustainable Development Goal 6 (SDG 6)

^{iv} UNFPA: United Nations Population Fund focuses on international reproductive health issues.

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