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Navigating Crisis: Psychosocial Effects of the COVID-19 Pandemic on Street-Based Sex Workers in Bangladesh

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ABSTRACT

This paper examines the life experiences of street-based sex workers in urban Bangladesh in terms of identity negotiation, economic survival, state power, health, and social integration. Street-based sex workers are individuals who solicit clients from streets to engage in sexual acts in public, private, or quasi-public outdoor spaces. This study employs a comprehensive qualitative analysis to show the ways women can work around the ubiquitous stigma and create a parallel identity as a means of dealing with publicity and maintaining self-worth. The informal labor markets, such as the sex worker industry, create economic precarity, which necessitates resourcefulness, and women have been learning bargaining, trust networks, and informal cooperatives to survive due to unpredictable incomes and exploitative working environments. The interaction with law enforcement shows that there is a complicated politics of control, which combines protection and persecution with the absence of legalization. Collective coping and micro-level autonomy reduce health vulnerabilities, lack of bodily autonomy, and emotional strain. Motherhood and alternative family systems also demonstrate resilience, care, and belonging, provoking mainstream moral discourses. The findings emphasize the relevance of structural intervention as an intervention to advance dignity and agency among urban street-based sex workers through the social protection of vulnerable groups, legalization, healthcare accessibility, and reduction of stigma. The vulnerable position of sex workers in Bangladesh is further exposed in the context of the COVID-19 pandemic, where sex workers faced enormous challenges due to the collapse of economic processes, restrictions on mobility, and inability to access physical and mental health assistance and social services. It is a clear indication that there is an urgent need for inclusive crisis response policies that specifically address the precarious circumstances in which female street-based sex workers find themselves.

1. Introduction

Coping strategies and impact the COVID-19 pandemic was not circulated equally among social classes, including sex worker communities, but instead it fell on those whose lives were already strained, those whose health access and social safety nets were already frayed, and those whose occupation places the street based sex workers of Bangladesh in an exceptionally vulnerable position where the interplay of homelessness, criminalization, gender stigmatization, and seasonal or transactional income combined to produce a cascade of interlocking vulnerabilities that the pandemic exacerbated but did not create and left this population not just economically dispossessed but in an acutely vulnerable state (USAIDS, 2020). Early pandemic evidence, including that of Bangladesh and similar environments, indicates that, when movement restrictions and the fear of contagion made in person transactions nearly impossible, many sex workers lost nearly all client income almost overnight, food insecurity and eviction became an immediate threat to those leaving without savings or stable housing, and that informal and frequently criminalized nature of sex work left many out of the very cash transfers and social protections designed to cushion the impact of

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COVID 19, a trend that was repeatedly repeated in national reports and civil society briefs in 2020 and 2021 (UNAIDS, 2020; UN Women, 2020).

In addition to the quantifiable economic losses, an emerging literature of interdisciplinary inquiry indicates a complex psychosocial trajectory with sex workers in the pandemic period having many more causes of anxiety, depression, grief, and heightened existential precarity that in most cases accumulates with each new risk of losing income, facing health care access, heightened police presence, who also took advantage of them and their desperation, or forced migration, a cumulative risk that systematic reviews and qualitative interviews have characterized as a compounding of stressors in which each additional risk such as the loss of income, inability to access health care, high-density policing, or forced migration (Brooks et al., 2023; Wang et al., 2022). The psychosocial impact should be interpreted through overlapping prisms of gendered marginalization, deficient public mental health systems, and the social meanings that surround sex work that often turn these women and gender-diverse people into nonexistent policy agents and service delivery mechanisms; in rapid gendered analysis and field reports of national organizations reported that most sex workers had suffered dramatic income losses, many had lost access to their families due to stigma, and mental health was seldom a priority in relief programming, leaving counselling and psychosocial support to community-based organizations and sex workers networks themselves (Freedom Fund, 2023).

Street-based sex workers are those who go out into the street to offer their services to clients, and they tend to work on their own or to work under informal managers, but not in brothels. It is significant to distinguish between them and the workers of a brothel since street-based work is associated with more violence, police pressure, less stable income, lower bargaining power, and lower access to health services, whereas brothel conditions can offer a semi-structured environment with mediating factors or filtering (Cai et al., 2024; Dasgupta, 2023). The identification of these differences facilitates specific health, legal, and social interventions that will serve the unique needs and vulnerabilities of each group in a more effective manner (Johnson et al., 2023).

Time as a variable is also the most prominent, since the psychosocial impacts on street-based sex workers amid the COVID-19 pandemic are not confined to the acute stage of income deprivation, fear of contagion, and disrupted livelihoods, but they are spread over time and become embedded in transgenerational patterns and patterns that affect parenting abilities, educational access by children, and the cyclical nature of psychological distress associated with indebtedness, exploitation, and societal exclusion (Wang et al., 2022). Based on it, the study situates itself to examine not just the immediate effects of anxiety, depression, and emotional exhaustion but also the more enduring socio-structural processes that sustain instances of psychological distress over the long term and ultimately produce evidence that can inform trauma-sensitive and rights-oriented policy responses that are true to the lived conditions, coping mechanisms, and subtle realities of street-based sex workers in Bangladesh instead of reducing them to a homogenized or simplified set of constructs (Wang et al., 2022; Abir et al., 2021).

This study is guided by the goal and aspiration to expose the mainly and largely suppressed psychosocial conditions of street-based sex workers in Bangladesh during and throughout the COVID-19 pandemic, to go beyond the easy discourse of economic deprivation, and to intersect social, cultural, and institutional contexts that influence the mental health of sex workers and their coping processes. The research aims to explore the lived experiences of this marginalized population in a subtle and context-based manner that defines the short-term and long-term psychological impacts of the pandemic and places it in the framework of gendered inequality, criminalization, and social stigmatization. In this way, the study will deliver empirically robust contributions that not only deepen the scholarly knowledge on mental health effects of the crisis on marginalized workers but also guide inclusive, rights-respectful, and trauma-informed policies that can support specific psychosocial needs of sex workers. The purpose of the research is to help the audience comprehend the lives of street-based sex workers and how they are still suffering, although the pandemic occurred many years ago.

1.1 Research Objectives

The main aim of the study is to examine the psychosocial impacts of the COVID-19 pandemic on street-based sex workers in Bangladesh, with a particular focus on comprehending how the pandemic interrupted the mental health, social relationships, and social security of street-based sex workers in Bangladesh. In particular, the research will determine the main stress factors that led to anxiety, depression, and trauma in this group of people, and the coping strategies that they employed to overcome such difficulties in the framework of the lack of formal institutional support. Moreover, the study aims to investigate how structural inequalities, including criminalization, social stigma, gender discrimination, and exclusion of sex workers by means of public health services, interact and affect the psychosocial well-being of sex workers. Through the expression of these dimensions, the study hopes to offer an evidence-based basis for the design of responsive and rights-oriented mental health and social protection initiatives that acknowledge the individual vulnerability and resilience of street-based sex workers in Bangladesh.

2. Literature Review

The COVID-19 pandemic started in December 2019 when an outbreak of pneumonia cases in the city of Wuhan, China, was associated with a seafood market. This is a novel coronavirus, dubbed SARS-CoV-2, that is highly transmissible and is mostly transmitted by respiratory droplets and close contact (Baloch et al., 2020). On March 11, 2020, the World Health Organization

declared that COVID-19 was a pandemic, and the virus has spread to more than 200 countries, infecting millions of people and causing serious deaths (Shi et al., 2020). The clinical manifestations are fever, dry cough, and severe pneumonia, and, in the early stages of the pandemic, there were no approved vaccines or specific antiviral treatments. The response to the outbreak has involved quarantine, social distancing, increased research on vaccines and therapeutics, and international public health actions to reduce the number of cases in healthcare systems and economies (Ciotti et al., 2020).

The COVID-19 pandemic has had a great impact on marginalized groups in the world population in terms of its psychosocial consequences, and street-based sex workers are particularly vulnerable. A study found that up to 18.8% of street-based sex workers faced a major negative impact on their lives due to the COVID-19 pandemic (Roger et al., 2021). Even though no direct research has been done on street-based sex workers in Bangladesh, prior studies that have been carried out on South Asian as well as literature in general on marginalized groups in Bangladesh, offer some crucial and limited information. Street-based sex workers have always lived under scrutiny, but the financial strain, food insecurity, and loss of bargaining power got worse during the time of the pandemic. When combined with other stressors, all these leads to significant mental health consequences, including depression and anxiety. The Gendered Stress Proliferation Model highlights the importance of the primary stressors (lockdowns, loss of clients) becoming secondary stressors (social isolation, financial hardship) and affecting the psychosocial outcomes (Lewis et al., 2025). This was more damaging to street-based sex workers, who were more susceptible to police harassment and lacked easy access to services, and the difficulties were more severe, leading to additional mental health issues, such as anxiety, depression, loneliness, and post-traumatic stress disorder (Brooks et al., 2023).

Although studies conducted are specifically in Bangladesh concerning street-based sex workers, studies on other marginalized groups of people and on the entire population show that most of the population and marginalized groups are psychologically unstable due to the pandemic. Depression, anxiety, loneliness, and sleep issues were common in the general population, and so were among women, the unemployed, and people who live alone (Mamun et al., 2020; Das et al., 2021; Haque et al., 2022). Anxiety and depression were highly prevalent among street vendors, including informal workers, particularly those whose incomes were one-sided or those who contracted COVID-19 (Rezvi et al., 2022). Women employed in Dhaka have complained of depression, anxiety, and stress, which have largely been linked to monetary insecurity and social incompetence (Shindaini et al., 2024). It is also a matter of concern that mental health problems are not considered as a serious health issue in societies in Bangladesh due to a lack of information and awareness regarding mental health issues. Sex workers find it most challenging to gain knowledge about mental health problems and seek help from medical professionals, as there are very few mental health awareness programs (Rahaman & Shamma, 2025).

This has been made clear by a report that indicates that both street-based and brothel-based sex workers in Bangladesh have been affected even more deeply by the pandemic, and that the pandemic has only increased their economic, social, and psychological vulnerabilities. Little and unpredictable information about the virus, along with the abrupt loss of revenue and customers in lockdowns, plunged many into deep financial troubles, which led to food insecurity and the inability to afford basic needs, including housing, health care, and hygiene. Mental health issues, such as increased anxiety and psychosomatic symptoms, became rampant, and children of sex workers endured educational and emotional distress. The privilege to access healthcare was also minimal, especially for pregnant and elderly employees, and increasing crime, violence, and superstition posed an even greater threat to this marginalized group. Although there have been occasional attempts by the government and NGOs, funding was still very inadequate and misplaced. Sex workers have hence indicated that they are in dire need of long-term financial aid, better access to healthcare services, and education support for their children to enable them to heal the long-term effects of the pandemic (Rahman et al., 2020).

The lack of means of subsistence as a result of lockdowns left street-based sex workers unable to cover the most basic of needs, including food, housing, and medical care. This economic uncertainty proved to be the major cause of mental stress, worsening the feeling of fear, powerlessness, and doubt regarding survival (Rezvi et al., 2022). The restriction on movement destroyed social and peer support systems upon which most sex workers depended to find emotional and material stability. Meanwhile, the level of stigma in society only increased, and they were more vulnerable to discrimination and deprivation of rescue or community support (Brooks et al., 2023; Gautam et al., 2021). The pandemic provoked an increase in depression, anxiety, and chronic stress among marginalized populations, especially sex workers who were deprived of counseling or psychosocial assistance, as their profession prevents them from obtaining help. Their psychological distress remained unidentified because of the inadequate mental health system and social disregard (Das et al., 2021; Shindaini et al., 2024). Female sex workers of non-traditional gender faced a stratified marginalization based on gender inequality, poverty, and criminalization. All these overlapping identities increased their vulnerability to violence, exploitation, and mental decay during the crisis (Lewis et al., 2025). Very few studies have utilized quantitative instruments or any standardized psychological scale to measure the mental health of sex workers in Bangladesh. Additionally, it has long-term consequences and unique experiences of individuals of diverse genders that are acutely under-researched in the literature (Brooks et al., 2023).

3. Methodology

The study is guided by a qualitative research design to address the psychosocial impacts of the COVID-19 pandemic on street-based sex workers in Bangladesh. A qualitative approach is especially appropriate to use in this study because it will enable a profound one-on-one insight into the lived experiences, feelings, and coping strategies of marginalized people whose voices are rarely heard in official research and policymaking. The study will seek to represent the multidimensional impacts the pandemic has on the mental health, social conditions, and economic survival of the participants by focusing on their accounts and subjective realities.

An unstructured questionnaire was formulated to involve open-ended interviews with street-based sex workers to collect primary data. The unstructured format granted flexibility, and it gave the participants the freedom to express their experiences in their own words in a more relaxed manner, therefore facilitating natural conversation and building trust. The interviews were performed by trained female researchers who were aware of the social stigma and vulnerability that are linked to sex work. Purposive sampling was used with a sample of fifteen respondents in various urban areas of Dhaka, such as Mirpur, Mohakhali, Asad Gate, Mogh Bazar, Karwan Bazar, and Jatrabari, to ensure that all the different age groups, family situations, and working conditions are represented. To guarantee the confidentiality of all the participants, they received pseudonyms to secure their identities. Before every interview, verbal informed consent was obtained, and all of them were informed about the purpose of the study, their voluntary participation, and that they could withdraw at any time with no harm.

The duration of each interview was around 45 to 60 minutes, and the interviews were held in Bengali, the native language of the respondents, to allow a free and natural flow of answers. The interviews were carried out through telephonic conversation while maintaining security. A period of four weeks was used in data collection. In most cases, the interviewer and the transcriber were the same individual to ensure that contextual meanings and non-verbal cues were not compromised. The interviews were conducted through telephonic conversations due to restrictions on physical contact during the COVID-19 pandemic.

Following the data collection phase, transcription was done word-for-word and translated into English to ensure that the interviews were analyzed using the same method. The analysis of data was done using a thematic analysis method as described by Braun and Clarke (2006) to establish recurrent trends and themes in the stories. Several iterative steps were involved in the analysis: (1) familiarization with data by repeatedly reading transcripts, (2) the first codes were formed to identify significant statements and emotions, (3) the initial codes were sorted into broad themes according to the effects of economic instability, stigma, mental health distress, gendered vulnerabilities, and access to support, (4) the preliminary themes were reviewed and refined to achieve internal consistency and external differentiation, and (5) final themes were defined and named to reflect the most significant psychosocial consequences of the pandemic among the population in question. NVivo software was used to help the systematic processing and coding of textual information so that there is systematic treatment of big qualitative information.

Ethical considerations were put at the forefront during the research process. The sensitivity of sex work and the possibility of re-traumatizing the respondents necessitated a non-judgmental attitude toward the study and emotional support for the respondents in case there were signs of distress during the interviews. No personal information could be stored, and all the records and transcripts were kept with limited access. The research was conducted in line with the ethics of international qualitative research with regard to confidentiality, whereby the dignity and anonymity of the participants were promptly honored.

The combination of the qualitative design and the thematic analysis enabled the study to go beyond the superficial description of the events and discover the deeper psychological and social consequences of COVID-19 in the lives of sex workers. Such a methodological strategy had the advantage of ensuring that the findings are authentic, participant-driven, and represent how economic deprivation, social isolation, and stigma coexist to determine mental health outcomes. The study will be able to make contributions to policy frameworks that appreciate the unique psychosocial needs of street-based sex workers and encourage recovery-inclusive and trauma-informed approaches in post-pandemic Bangladesh by basing its analysis on lived experiences.

4. Results

4.1 Identity Crisis and Survival of Street-based Sex Workers in Bangladesh

The sex workers in the urban areas in Bangladesh negotiate their identity all the time in a stigmatized, marginalized, and barely surviving environment. Their lives are characterized by two worlds: a social one, which is not visible in the formal society, and one that is required in the informal city economy. Stigma is a social and structural process that suppresses voices, narrows choices, and imposes moral inferiority on the people who fail to match the criteria of femininity and respectability. This stigma is internalized by most women, perceived as shame and blame, emotional baggage, and some women struggle with it by redefining their value through solidarity, self-reliance, and small acts of dignity in their daily lives (Mahzabin et al., 2025).

It is not constituted as a negotiated position that is set in stone throughout the entire process of engagement; it is created whenever engaging in an interaction with clients, law enforcement, healthcare personnel, or neighbors. Especially, the idea of the public space becomes the location of the conflict, where identity is never undisguised or disguised in this or that situation. The self-presentation process becomes a kind of survival strategy, concealing what one is doing, as well as simultaneously having an opinion that it is her right to live. This naming, hiding, and renaming oneself is thus a very psychological and political activity. Saba expresses, "One time I told my real name, and the police ended up finding me and ended up harassing me and demanded services for free for days; it was torture". Her experience can be identified as a reflection of their practice of remaining an outcast in society as a shadow. An identification of a sex worker can lead to dangerous consequences. Hence, sex workers establish parallel identities that help them to cope with their exclusion and erasure, and find the fragments of social identity in a world that has been arranged to ignore them. A double identity keeps them safe. Their desperation to get basic human rights led them to compromise themselves and push themselves into this occupation to live.

Survival became more critical due to misinformation and limited knowledge about COVID-19. Selina, a twenty-year-old street-based sex worker, expressed, "I believe that to stay away from coronavirus, one must have a good heartbeat. Corona only attacks people with a weak heart and people who are old. People like me, who are young and do not have heart problems, are totally safe and can lead a normal life. So, I am not that worried about it." Selina believes immunity is determined by physical strength, age, and heart condition, which shows a misconception that young and healthy people are not at risk at all. Shama, on the other hand, believes that the virus has an impact based on class and environmental differences, as she claimed, "Rich people, who use AC (air conditioning), are mainly being attacked by this virus. Many people are living in a slum and sharing rooms, but no one has been infected by this virus. It spreads only in cold places. That is why people who use AC are being infected more. I have heard that during the winter, more people will be infected. We are poor people and do not use AC, so we are not in danger of this virus." Her perception is shaped by her observation that wealthy people are more affected by COVID-19 that opposes scientific understanding. Lastly, Saima explained, "COVID-19 and corona are two different things; corona hurts people in China, and COVID-19 hurts old people and people with lung problems in our countries, but ok if we wear masks." Saima showed conceptual confusion between the different titles of the virus. While she acknowledges the importance of using masks, she is misinformed about the effects of the virus. Her understanding is fragmented and filled with misinformation.

4.2 Economic Survival and the Informal Labor Struggle

Urban Bangladesh sex work constitutes one of the most precarious but adaptive types of work in the informal economy. It can be a matter of survival or death for many people. Women are displaced, abandoned, and uneducated, and that places them in a labor market that leaves them with little to offer. The fight is not only about making money every day, but coping with uncertainty: unstable earnings, abusive middlemen, and the danger of being evicted or having the police raid the house. A sex worker quoted, "I was unable to pay rent, so the landlord kicked me out. I am still unable to give 2 months' rent."

Khaleda, a thirty-year-old street-based sex worker, highlights long-term economic inactivity after lockdown during the COVID-19 pandemic, as she quoted, "The situation is still the same for my husband and me. I met only 2 clients during the lockdown. After the lockdown, I got a call to meet a client, but my daughter was sick. So, I could not go to meet him. There are not as many clients as before. People fear meeting us. My husband is also jobless. After lockdown, nothing has changed for us". Her statement reflects her fear and reduced client interaction that influenced her livelihood. Again, Shahana said, "Due to the coronavirus, no one wants to work anymore. I used to get 6-7 or 8 hours of work daily; now, because of the fear, it's difficult to manage even 1 client. Now, sometimes one client in a day, sometimes two. Sometimes, there is no work for the whole week. This is how we are living". According to Shahana, a street-based sex worker from Cumilla, there was a massive decline in employment opportunities for street-based sex workers. She faced irregular or no income due to ongoing fear among her clients and instability in other labor markets.

This precarity notwithstanding, their work is characterized by an advanced sense of urban economies. They are bargaining prices, acquiring recurring clients, and controlling financial resources so skillfully that rent, food, childcare, and healthcare can be resolved from unstable circumstances. However, their work is not considered to be legitimate work. This invisibility strengthens the patterns of exploitation, and they have no labor rights, social protection, or decent payment. Nevertheless, their struggle does not disappear. They are creative in these situations when constrained, organizing informal co-operations and developing trust networks to ensure their survival. This kind of resilience shows how the urban street-based sex workers, filled with economic hardship, keep alive the moral and economic contradiction of cities that depend on their labor and disown their legitimacy. Tania from Kamrangirchar expressed, "Although places are open for work, no one is even willing to help or pay us. Rent is our big problem nowadays. When we try to tell our landlord to help us or to excuse the rent since we are unable to pay, they ask us, If I do not give them rent, how will they survive? Because our rent is their livelihood". Her statement showcases the burden of rent and lack of social support, as people decline her to do other jobs. The landlords were unable to help them as they were also helpless. These landlords survived by collecting the rent from the tenants. It shows the struggle of every class and industry, where the poorest bear the harshest consequences.

4.3 State Power, Police Brutality, and the Politics of Control

The police are one of the most conspicuous contacts of state power in the lives of sex workers. Their relationships with the police and other authorities in the area show that moral governance and institutional neglect are used to control them, as opposed to protecting them. A lot of them are victims of arbitrary arrests, harassment, and extortion in the name of the so-called public order or anti-trafficking activities. Such experiences tend to reduce the boundary between protection and persecution, wherein the law structures that are designed to protect end up criminalizing. Alia, a twenty-seven-year-old sex worker from Dhaka, quoted, "We had our friend, who was also in the same business; she was murdered when asked for money from her client. The police did not do anything; it happened during COVID-19. He was a regular, but maybe the pandemic made him anxious." Her statement highlights the violence they faced due to the pandemic, because of stress. The absence of police action reflects deep-rooted impunity and a lack of legal protection for sex workers. Joulie, a thirty-five-year-old sex worker, mentioned that she and her colleague faced violence and physical abuse from law enforcement officials because of their profession, leading to discrimination, where authority exploits power. Saba's story was mentioned earlier about how her identity was exploited by police; such examples were shared by many sex workers in many of the places.

The lack of legal status exacerbates their vulnerability. Sex workers do not have any formal identities or safe places to live, and it is, therefore, a constant threat that they can be displaced at any moment. The risk of being kicked out of their urban settlements acts as a punishment, reminding them that they are dispensable in the urban planning agenda that gives more priority to clean city images than human rights.

Meanwhile, the micro-politics of power is also manifested during negotiations with state actors. There are those women who established informal agreements with the police so that they can be safe or to continue operating. Such arrangements, although full of exploitation, domestic violence, rape, and emotional abuse, are an indication of rational accommodation to systemic injustice, a kind of political action within the parameters of coercion.

4.4 Health, Emotional Well-being, and Bodily Autonomy

Physical and psychological health becomes a major point of exposure. Poor access to medical services, along with the social stigma of medical practitioners, tends to drive sex workers to self-treat or use informal providers. The problem of bodily autonomy is bound to the issue of reproductive and sexual health concerns, such as infections, unsafe abortions, and contraception. Their trade is their physical entity, but it is seldom considered with care, respect, and acknowledgment as a place of rights.

One of the sex workers was experiencing serious health issues, such as heart illnesses, high blood pressure, and sometimes oral infections, yet was incapable of affording medical care. Hygiene was not easy to maintain. She would sometimes use sand in place of soap or disinfectants because of the financial limitations, but she did not receive NGO or governmental support on the matter, even though it was promised. She said, "Once BRAC and some government people, I think, came and they took our ID cards and phone numbers to contact us and give some money, but nothing happened." A sex worker, Nipa, expressed her exclusion from aid distribution as it was insufficient. She replied, "We got packages of rice, potatoes, lentils, and oil. I went to collect them, but they didn't know I was a sex worker; if they did, they would not have given it to me. 1kg of rice is not enough; I mean, it is just one meal of the day for my family. Tell me, how can we get enough from this?" She feared exposing her profession to access the basic support from NGOs. Selina experienced repeated deception from clients and NGOs, as she said, "We were deceived so many times, not just by clients but also by NGO workers. I had another NGO worker who talked to us and told us they would meet in Komlapur. But then they never called." Her expressions reflect broken promises and the limited responsibility of social workers.

The emotional price of such work is also deep-rooted. Self-worth is broken by exposure to violence, rejection, and emotional manipulation many times. Most people report numbness or emotional exhaustion, which is a survival strategy to survive everyday humiliation and physical danger. Nevertheless, in these vulnerable spaces, they too develop collective healing, food, jokes, or even times of solidarity, which also become a kind of self-prescription. Selina, a sex worker from Matuail, relies on herbal medicines and spiritual practices to protect herself from COVID-19, as she elaborated, "Having leaves of Indian Pennywort or Neem leaves can make you immune to Corona. I also got some and drank it, but nothing really happened. It feels the same. I heard there is a Surah (religious verse), which you recite every night at 2 AM, in the morning, and you can be free from Corona forever." She suggested a religious coping mechanism in the absence of accurate and trustworthy medical information. However, she has a disbelief in herself as her lived experience is different from her belief.

Their notion of autonomy does not signify absolute freedom but means micro-choices, including the selection of clients, the ability to control the terms of engagement, health protection, and keeping small islands of control in an otherwise controlled life. Their health stories tell of the conflict between the need to survive and the need to be oneself, between physical survival and emotional failure. Many sex workers believe that the effect of COVID-19 is based on social class, as Salma said, "It only catches the rich and corrupt people, and the people living in Dhaka."

One of the most interesting findings, and the most haphazard and dangerous one, was when Rabeya from Jatrabari shared how to stay "germ-free" and COVID-free. She applied antiseptic cream in and around her intimate areas when she was providing service, and that kept her safe, according to her statement. When asked if she felt any pain, burns, or physical discomfort because of it, she replied, "I got used to it, and it is also a requirement of one of my regular clients for precautions. I don't mind". This healthcare practice was not supported by any guidance from any medical professional, as it was her own experiment or belief. Using antiseptic cream without any medical consultation could be hazardous to her health. However, a lack of opportunity to consult a doctor led her to make this decision. At the same time, her client's lack of knowledge and ignorance regarding COVID-19 can be explained by her statement. Both sex workers and their clients had misconceptions about the virus, and they were highly misguided in terms of healthcare protection.

4.5 Motherhood, Belonging, and the Search for Social Integration

Motherhood among sex workers removes the boundaries that exist between ethical considerations and emotional strength. To educate and protect their children, a lot of mothers join or remain in sex work, and this negates the moral deviance that people depict in them. Nevertheless, motherhood is hurtful as well; it is the fear of being socially discovered, being alone, and the intergenerational stigma.

Their contact with children reveals the hopelessness and promise. It gives a feeling of their misery and subjects them to more scrutiny and shame. However, among the structural factors, there are many ways in which individuals invest in creating alternative family systems in society, such as taking care of each other, popularizing education, and creating a moral world, which cannot be socially rejected. The psychological growth of the children is at risk as they may find it difficult to accept the profession of their mother in the past. There was a case when a sex worker had to deal with her client when her child was sleeping beside her. The mother expressed her deepest sorrow after this incident.

These acts enable them to articulate the sense of belonging which goes against the mainstream ideals of virtue. They are not influenced by strict moral codes but motivated by feeling, conscience, and the necessity to survive in the day-to-day ethics. In these reformed families, love and solidarity are resistance and prove their humanity by caring, even though their personhood is often denied in society. Most sex workers had a hard time dealing with increased physical and mental health problems during the pandemic due to inadequate NGOs and government support. A medical care deficiency drove some to questionable medications and superstitions that weakened their positions and frequently caused agonizing family breakups.

5. Discussion

The stories presented illustrate that stigma is not just an individual problem, but a relational and structural process around which sex workers in urban Bangladesh are constantly bargaining. The women experience an unrelenting feeling of moral inferiority and invisibility in society since their work and identity are not inherent to what is considered to be respectable femininity. Since the stigma has been described by one study in Bangladesh as the choking of voices, a narrowing of options, and a moral status of inferiority, women whose lives do not fit the gender expectations of the dominant gender are suppressed. This aligns with the larger literature on sex work and stigma that focuses on the internalization and transformation into shame and the location of struggle in which women are trying to renegotiate their worth. As an illustration, identity construction among Bangladeshi sex workers is explained as the deconstruction of the term fallen women and the reconstruction of identity into activist or rights-bearing subjectivities (Chowdhury, 2006).

This can be applied in practice by the fact that most sex workers form parallel identities: in the informal economy, they can be sex workers bargaining with clients; in the public space, they can act as respectable women, neighbors, or mothers. The street is turned into a location of continuous self-representation and disguise; as the result section states, one of the survival tactics is to name, conceal, and rename oneself. This can be embodied in the concept of some invisible mobilities: women travel, conceal, and negotiate their bodies and identities in the city (such as in hotel- or residence-based sex work in the capital) to ensure they are not spotted, yet it is precisely this invisibility that ends up enforcing marginalization (Shewly et al., 2020). Women also tend to come in as displaced, abandoned, or uneducated, and are provided with few options in the labor market. It is the order of the day, including the perpetual precarity of unsteady incomes, the destructive middlemen, and the danger of losing the apartment or being seized by the police. It can be compared to the current research: as one report on social protection confirms, sex workers are not subject to formal labor rights or social protection, so they are particularly vulnerable (Social Security Policy Support Programme, 2023).

The third dimension of the discussion concerns the politics of control, state power, and policing, which have deep-seated psychosocial implications for sex workers. Rather than being a source of protection and security, interactions with law enforcement tend to produce fear, anxiety, and emotional distress. Harassment, extortion, and intimidation are some of the experiences that lead to a profound feeling of social exclusion and distrust of state institutions. The effects of such dynamics extend beyond their safety and livelihood to include a loss of their psychological well-being, and this serves to reinforce the

feelings of marginalization and powerlessness in a system that is supposed to protect their rights and dignity. This is exacerbated by the fact that sex work is not legal; sex workers are left to do the business in fear of eviction, destruction, or forced migration as urban beautification or clean-up exercises sweep across the city. These forces re-establish exclusion under the pretext of the public order. The research confirms this: in Bangladesh, many sex workers state that stigma and discrimination are the reasons why they want justice; the issue of non-reporting of violence is a common problem, as they do not perceive themselves as the people who need protection (The Business Standard, 2020).

Stigma, poverty, as well as risk are combined and reflected in the findings that have been provided in the context of health, emotional wellbeing, and body autonomy. The unattended medical care, internalized stigma contributing to avoidance of medical care, unsafe sexual and reproductive practices, and the emotional cost of surviving every day are all contributors that put sex workers in greater jeopardy of ill health. Empirical findings confirm this fact: in a study conducted in Dhaka, 41.6% of female sex workers (n=731) had symptoms of sexually transmitted infections (STIs), 15.5% had an abortion, and 8.3% delivered children (Wahed et al., 2017). The research discovered that street-based female sex workers were making an average monthly income of TK 14,400, with a slightly higher income of TK 14,800 for brothel-based female sex workers. Comparatively, hijra sex workers in Dhaka received a lower average income of approximately Tk. 12,600 monthly. Hence, the more stereotyped and tabooed an individual is, the less income they generate. Almost all of the workers in brothel-based (97.7%) and a significant portion of the street-based workers (79.6%) said their incomes had reduced sharply during the COVID-19 pandemic. This reduction in income was largely caused by a high number of movement restrictions and a massive reduction in the number of clients during the lockdown (Khan et al., 2022).

Lastly, the debate on motherhood, belonging, and social integration introduces a humanizing aspect. The moral stigmas are made more complex by motherhood: such bonds of responsibility, care, and belonging determine the image of the immoral sex worker. Simultaneously, motherhood also emphasizes vulnerability, which is the fear of being outed, the stigma between generations, and children who have to feel excluded. However, there are a lot of sex workers who invest in the education of children, form alternative family structures (care of one another), and they are trying to assert a place in a society orchestrated to shun them. The power of such acts is that love, solidarity, and care are turned into resistance.

Sociologically, such performances of care and belonging are not just adaptations, but a challenge to the mainstream discourse of virtues, which would exclude them from citizenship, moral membership, and rights. They recreate moral worlds in their everyday life and are not mere commodified bodies, but women, mothers, members of the community.

5.1 Recommendations

The urban Bangladeshi sex workers who operate in the streets reside and labor in an environment filled with high insecurity, stigma, and institutional neglect. They are victims of violence, economic insecurity, and inaccessibility to healthcare and legal protection, which define their daily lives. Following the results of the study, the recommendations presented below would facilitate their dignity, agency, and safety by means of inclusive social, economic, and policy responses.

Street-based sex workers need targeted financial protection programs along with social protection programs. The majority of them work outside brothels, which implies that they do not have any source of income, nor do they have formal labor benefits. Street-based sex workers should be included in the urban poverty reduction and social safety net programs by government agencies, especially the Ministry of Social Welfare. Monthly allowances, food support, and emergency grants can be used to curb the extreme vulnerabilities that drive street-based sex workers towards exploitative arrangements. Microcredit projects should also be developed with the help of partnerships with NGOs, through which they should be empowered to become financially independent and less reliant on middlemen or abusive clients.

Extensive healthcare policies should be formulated so as to provide equity in physical and mental health services. Medical practitioners have stigmatized street-based sex workers who tend to self-medicate. NGOs and the public health departments might set up community-based health camps and mobile clinics that would provide much-needed sexual and reproductive health resources in their work locations. It is important to train the healthcare workers to provide nonjudgmental care, confidentiality, and sensitivity to make women feel free to obtain help without the fear of discrimination. Mental health assistance is also essential because a great number of women are characterized by anxiety, depression, and violence-induced trauma due to their consistent displacement, loneliness, and isolation. Peer support networks and counseling should be offered through Drop-in Centers (DICs) in order to support their emotional health.

Policing should also be repackaged through law enforcement and legal systems that encourage policing as a safeguard, and not as persecution. The existing state of harassment, extortion, and arbitrary arrest not only poses a threat to sex workers but also kills the confidence between them and the state. Violence and corruption can be adopted by continuous training and sensitizing of the police officers regarding the rights and dignity of sex workers. The relationship between them and the state can be changed by legally defining solicitation as a type of labor and decriminalizing solicitation in the street. The provision of legal aid

programs for street-based sex workers should be increased to enable sex workers to receive justice without fear of being identified or being punished. There should be a proper legal environment for street-based sex workers so that they can get justice in rape cases or sexual violence.

The needs of this marginalized group in urban Bangladesh cannot be met without community-based interventions, institutional change, and long-term policy adherence. The partnership between NGOs and government agencies should be used to establish a community-based mental health support system. This system is capable of offering accessible peer support, counseling, and trauma care to help women endure stress, stigma, and the daily uncertainty. It is important to create safe healing spaces. Such spaces would enable women to discuss their experiences freely, exchange coping mechanisms, and regain their dignity and sense of belonging. When citizens have a voice, it empowers individual strength and communal unity.

Financial anxiety can be greatly alleviated by increasing emergency cash transfer and savings programs. Constant and direct funding would not only assist in satisfying basic needs but also offer a feeling of stability so that women can make safer and more informed decisions. Advocacy at the policy level is essential to acknowledge their rights. These involve advocating for legal protection, equal treatment, and enrolment in national social protection programs. Short-term interventions will not be effective without structural change. Lastly, special programs should be launched to assist the victims of sexual harassment and exploitation. This must comprise confidential reporting, legal assistance, and counseling services. A combination of these solutions can establish a more inclusive and welcoming atmosphere in which marginalized women will not only be safeguarded but also empowered to restore their lives.

There should be campaigns to enhance cohesion and joint organizing among the street-based sex workers. The support groups and informal cooperatives have already become the arena of mutual care and sharing of resources. Such initiatives should be identified and financed to provide a platform on which sex workers would be able to champion themselves. Such networks may as well be bridges between NGOs, government institutions, and the local authorities so that the policies can be informed by the voices of the most affected.

Stigma will be broken by long-term advocacy and education of the population. Society can change its views over time with awareness campaigns that emphasize that sex workers are human beings who make a contribution to the urban economy, and that they deserve dignity. Cooperation with media, artists, and teachers can help create the scripts of inclusion as opposed to shame. An actual transformation will need a societal willingness to provide street-based sex workers with a sense of citizenship, rather than as an object of moral concern. Through economic insecurity, health disparities, police violence, and social stigma, Bangladesh can be transformed into a model of inclusive urban governance that recognizes sex workers as constituents of society and not as outsiders of it.

5.2 Limitation of the Study

While this study has contributed to understanding the psychosocial experiences of street-based sex workers during the COVID-19 pandemic in Bangladesh, there are certain limitations that need to be taken into consideration when interpreting the findings. The study sample was a relatively small number of 15 street-based sex workers selected and targeted by purposive sampling at selected locations. While this allowed the researchers to delve deeper into participants' experiences, the small number of participants and geographical area covered may not be representative of the wider situation of street-based sex workers in other areas of Dhaka or in Bangladesh more broadly. The findings are thus not meant to represent the experiences of the larger population but rather context-specific qualitative information. As, data were obtained using telephone interviews, this method could have limited the ability to build rapport and to see the non-verbal cues, emotional reactions, and other contextual factors of the participants' experiences.

Some participants may not have discussed certain aspects of their lives due to experiences of social discrimination or fear of being judged, privacy issues, or the potential consequences of disclosing personal information. Therefore, it is possible that some experiences or concerns were not fully documented in the interviews. Further, the study was largely based on the self-reports of participants' experiences during the pandemic. These accounts may have been influenced by recall bias, especially when the participants were asked to remember events, feelings, and socio-economic difficulties during a specific time.

Nevertheless, this study provides contextually rich understandings of street-based sex workers' experiences in the COVID-19 pandemic. The results add to the knowledge of the public health emergency, socio-economic vulnerability, social stigma, and psychosocial health of a marginalized population in Bangladesh. Future studies should overcome these limitations by including larger and more geographically representative samples of sex workers, as well as including various types of sex workers and using a combination of qualitative interviews and appropriate standardized psychological assessment instruments. Longitudinal studies may also be useful in analyzing the socio-economic and psychosocial impact of the pandemic over time.

5.3 Future Research

Future studies should be conducted to explore the long-term psychosocial and socioeconomic impacts of the COVID-19 pandemic on street-based sex workers in Bangladesh. Larger and more geographically representative samples might offer a more comprehensive picture of their experiences in diverse urban and rural environments. Additional studies could also examine the differences in vulnerability, access to health services, and social support among street-based, brothel-based, and hotel-based sex workers. The use of a standardized psychological assessment and the inclusion of a personal narrative might be useful to study the prevalence and severity of anxiety, depression, and psychological distress, as well as the participants' personal narratives. A longitudinal study would also be useful to help understand if the psychological and economic issues that arose while the pandemic was in effect continued after the easing of restrictions. On the practical side, future research should examine the effectiveness of making mental health services, social protection initiatives, livelihood support and stigma reduction more accessible, in order to influence the well-being and resilience of sex workers in health crises.

6. Conclusion

The paper emphasizes the complex challenges and survival of urban street-based sex workers in Bangladesh, demonstrating how stigma, economic insecurity, state regulations, health insecurity, and maternity enter their lives. Yet, these women show agency in the context of marginalization and parallel identities, informal networks, and micro-choices that keep these women alive and respectable, despite systemic marginalization. The experiences they go through expose naive ideas of victimhood, showing that care, solidarity, and resistance are core to their daily lives. Identification of their roles and elimination of structural obstacles, such as rights to labor, legal, health, and social inclusion, are also key to promoting dignity, equity, and human rights of this marginalized community.

Ethical and Informed Consent: All the participants participated in this study with full consent while being aware of the purpose and vision of the project. The names of the participants in the in-depth interview have been changed to protect their identities and to ensure ethical and informed consent. No person was harmed during the interview process. Everything was performed following the local and international guidelines while conducting the interviews, analysis, and report writing.

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