



Commercial Intimacy, Systems of Inequality and Social Justice

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Abstract: *Commercial intimacy operates within broader systems of inequality shaped by economic deprivation, gender hierarchies, and migration dynamics. Engagement in sex work is frequently influenced by limited livelihood opportunities and structural marginalization, which shape both entry into the sector and the conditions under which individuals work (Kerrigan et al., 2013; World Health Organization [WHO], 2012). These intersecting inequalities highlight how economic and social structures constrain agency while reinforcing vulnerability.*

Situated largely within informal and often criminalized economies, sex work is marked by persistent stigma, discrimination, and legal ambiguity. Such conditions restrict access to essential services, including healthcare, legal protection, and social welfare, while also increasing exposure to violence and exploitation (Scorgie et al., 2013). These patterns reflect broader systemic exclusions that reproduce inequality and limit opportunities for social mobility.

From a social justice perspective, addressing commercial intimacy requires a shift from punitive and moralistic frameworks toward rights-based approaches that recognize sex workers as individuals entitled to dignity, safety, and equal access to services. Evidence indicates that interventions emphasizing community participation and human rights are more effective in improving health outcomes and reducing vulnerabilities (WHO, 2012; Overs & Hawkins, 2011). Understanding commercial intimacy through the lens of inequality and justice is therefore essential for developing inclusive and sustainable policy responses.

Keywords: *Commercial Intimacy, Structural Inequality, Social Justice, Gender Inequality, Informal Economy, Marginalization, Human Rights, Public Health, Stigma And Migration Dynamics, Public Health, Dignity, Social Policy.*

1. Introduction: Commercial intimacy is deeply embedded within broader systems of inequality shaped by economic deprivation, gender hierarchies, and migration processes. While often framed narrowly through moral or legal lenses, contemporary scholarship situates sex work within structural conditions that influence both entry into and experiences within the sector (Kerrigan et al., 2013; World Health Organization [WHO], 2012). These intersecting inequalities demonstrate how constrained economic opportunities and social marginalization shape agency and reinforce vulnerability.

Historically, commercial intimacy has taken diverse forms across societies, reflecting variations in cultural norms, labour markets, and governance structures (Kotiswaran, 2011). In recent decades, academic discourse

has shifted toward recognizing sex work as a site of labour, rights, and public health concern rather than solely deviance or exploitation (Overs & Hawkins, 2011). Despite this shift, sex workers continue to face stigma, discrimination, and exclusion from institutional systems, including healthcare, legal protection, and social welfare (Scorgie et al., 2013).

Legal frameworks governing sex work vary widely, ranging from criminalization to partial legalization and decriminalization. These frameworks significantly influence working conditions, access to justice, and exposure to violence (Kotiswaran, 2011). Within public health discourse, sex workers are recognized as a key population in HIV prevention, with evidence supporting community-led interventions as effective strategies for improving health outcomes (Kerrigan et al., 2013).

This article adopts an interdisciplinary approach to examine commercial intimacy through the lens of inequality and social justice, with particular focus on India. It integrates socio-economic, legal, and public health perspectives to identify pathways for inclusive and rights-based policy frameworks.

1.1 Conceptual and Analytical Framework: This study is grounded in an intersectional framework that examines how overlapping systems of inequality such as class, gender, and migration status shape experiences within commercial intimacy. It draws on socio-economic and human rights perspectives to analyze structural determinants and their implications for justice and inclusion.

1.2 Understanding Sex Work as Labour: Contemporary research increasingly conceptualizes sex work as a form of labour situated within informal economies. This perspective shifts the focus from moral judgment to economic realities, highlighting issues of income generation, working conditions, and labour rights (Kotiswaran, 2011). Recognizing sex work as labour allows for more nuanced policy discussions that address exploitation without denying agency.

1.3 Legal and Rights-Based Dimensions: Legal frameworks play a critical role in shaping the lived experiences of sex workers. Criminalization and ambiguous regulations often exacerbate vulnerability by limiting access to justice and legitimizing discriminatory practices (Overs & Hawkins, 2011). Rights-based approaches emphasize dignity, autonomy, and equal protection under the law, advocating for policy reforms that reduce harm and promote inclusion.

1.4 Health and Well-being: Health outcomes among sex workers are closely linked to structural conditions, including access to healthcare services and social protection. Public health interventions that integrate prevention, treatment, and awareness have shown significant success, particularly when grounded in community participation (WHO, 2012; NACO, 2021). However, barriers such as stigma and discrimination continue to hinder access to care.

1.5 Social and Cultural Contexts: Gender norms, power relations, and cultural attitudes significantly shape the experiences of individuals engaged in commercial intimacy. Stigma and moral judgments often reinforce marginalization, limiting access to opportunities and institutional support (Saggurti et al., 2012). These dynamics reflect broader societal inequalities that extend beyond the sector.

1.6 Economic and Structural Drivers: Economic precarity, migration, and lack of viable employment alternatives are key drivers of participation in sex work. These factors underscore the connection between commercial intimacy and broader development challenges, including poverty and labour market exclusion (Chattopadhyay & McKaig, 2004).

2. Literature Review: India:

2.1 Public Health Interventions: India's HIV/AIDS response has significantly shaped research and policy related to sex work. Programs such as the Sonagachi Project demonstrated the effectiveness of peer-led

outreach and community mobilization in improving health practices (Jana et al., 2004). Similarly, large-scale initiatives like Avahan have highlighted the importance of structured interventions and institutional collaboration (Kerrigan et al., 2013).

2.2 Legal Framework: The Immoral Traffic (Prevention) Act, 1956 (ITPA) remains the primary legislation governing sex work in India. While aimed at preventing exploitation, its implementation often results in indirect criminalization, increasing insecurity and limiting access to legal protection (Kotiswaran, 2011).

2.3 Health Outcomes: Interventions led by the National AIDS Control Organisation (NACO) have contributed to improvements in condom use and reduction of sexually transmitted infections. However, disparities persist across regions and populations, reflecting uneven access to services (NACO, 2021).

2.4 Stigma and Exclusion: Stigma remains a significant barrier to accessing healthcare and social services. Negative attitudes within institutions discourage sex workers from seeking support, reinforcing cycles of marginalization (Sharma & Saggurti, 2020; Scorgie et al., 2013).

2.5 Violence and Policing: High levels of violence against sex workers are frequently reported, often exacerbated by policing practices such as raids and harassment. These measures can displace sex work into more precarious and unsafe environments (Saggurti et al., 2012; Ramesh et al., 2012).

2.6 Digital Transitions: The rise of digital platforms has transformed aspects of sex work, providing new opportunities for autonomy while also introducing risks such as surveillance, financial exclusion, and regulatory uncertainty (UNAIDS, 2014).

3. Methodology: This study employs a qualitative research design based on a systematic review of secondary sources, including academic literature, policy documents, and reports from national and international organizations (Creswell, 2014).

A thematic analysis approach was used to identify recurring patterns related to legal structures, health outcomes, stigma, violence, and digital transformations (Braun & Clarke, 2006).

While this method enables comprehensive synthesis, it is limited by the availability of existing data and the underrepresentation of certain groups within the literature.

4. Discussion: The findings indicate that commercial intimacy in India is deeply embedded within structural inequalities. Legal ambiguity under existing frameworks contributes to precarious working conditions and limited access to institutional protections (Kotiswaran, 2011).

Public health interventions, particularly those driven by community participation, have demonstrated effectiveness in improving outcomes such as HIV prevention (Jana et al., 2004; Kerrigan et al., 2013). However, sustaining these gains requires consistent policy support and resource allocation.

Stigma continues to shape interactions with healthcare systems and public institutions, limiting access to essential services (Sharma & Saggurti, 2020). Additionally, violence often linked to punitive policing practices remains a significant concern affecting safety and well-being (Saggurti et al., 2012).

The increasing digitization of sex work reflects broader labour market transformations but also introduces new challenges related to regulation and financial inclusion (UNAIDS, 2014). These dynamics highlight the need for integrated policy approaches addressing both immediate risks and underlying structural inequalities.

5. Critical Review: Existing research in India has made significant contributions, particularly in the domain of public health. However, there is a tendency to prioritize disease prevention over broader socio-economic issues such as labour rights, economic security, and ageing (Kerrigan et al., 2013; Kotiswaran, 2011).

Methodological limitations are also evident, with a reliance on cross-sectional studies that restrict understanding of long-term impacts (Creswell, 2014). Furthermore, marginalized groups—including male, transgender, and migrant sex workers remain underrepresented, limiting the scope of intersectional analysis (Scorgie et al., 2013).

5.1 Conclusion: Commercial intimacy must be understood as a complex phenomenon shaped by intersecting systems of inequality. Evidence suggests that punitive approaches tend to exacerbate vulnerability, whereas rights-based and community-led interventions produce more sustainable and positive outcomes (WHO, 2012; Kerrigan et al., 2013).

Recognizing sex workers as rights-bearing individuals is essential for promoting dignity, safety, and inclusion (Overs & Hawkins, 2011). Policy frameworks should prioritize decriminalization, access to social protection, and equitable service delivery.

Future research should adopt participatory and intersectional approaches to better reflect the diverse experiences within sex work and to inform more inclusive and effective policy responses.

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Chattopadhyay, S., & McKaig, R. G. (2004). Social development of commercial sex workers in India: An essential step in HIV/AIDS prevention. *AIDS Patient Care and STDs*, 18(3), 159–168.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.
- Jana, S., Basu, I., Rotheram-Borus, M. J., & Newman, P. A. (2004). The Sonagachi Project: A sustainable community intervention program. *AIDS Education and Prevention*, 16(5), 405–414.
- Kerrigan, D., Kennedy, C. E., Morgan-Thomas, R., Reza-Paul, S., Mwangi, P., Win, K. T., McFall, A., & Butler, J. (2013). A community empowerment approach to the HIV response among sex workers: Effectiveness, challenges, and considerations for implementation and scale-up. *The Lancet*, 13(6), 1–14.
- Kotiswaran, P. (2011). *Dangerous sex, invisible labor: Sex work and the law in India*. Princeton University Press.
- National AIDS Control Organisation. (2021). *Annual report 2020–21*. Ministry of Health and Family Welfare, Government of India.
- Overs, C., & Hawkins, K. (2011). Can rights stop the wrongs? Exploring the connections between framings of sex workers' rights and sexual and reproductive health. *BMC International Health and Human Rights*, 11(Suppl 3), S6.
- Ramesh, B. M., Beattie, T. S., Shajy, I., Washington, R., Jagannathan, L., Reza-Paul, S., Blanchard, J. F., Moses, S., & Washington, R. (2012). Changes in risk behaviours and prevalence of sexually transmitted infections following HIV preventive interventions among female sex workers in five districts in Karnataka, India. *Sexually Transmitted Infections*, 86(Suppl 1), i17–i24.
- Saggurti, N., Jain, A. K., Sebastian, M. P., Singh, R., Modugu, H. R., Halli, S. S., & Verma, R. K. (2012). Indicators of mobility, socio-economic vulnerabilities and HIV risk behaviours among mobile female sex workers in India. *AIDS and Behavior*, 16(4), 952–959.

- Scorgie, F., Nakato, D., Harper, E., Richter, M., Maseko, S., Nare, P., Smit, J., & Chersich, M. (2013). “We are despised in the hospitals”: Sex workers’ experiences of accessing health care in four African countries. *Culture, Health & Sexuality*, 15(4), 450–465.
- Sharma, M., & Saggurti, N. (2020). Stigma, discrimination and violence against female sex workers in India: A systematic review. *BMJ Global Health*, 5(9), e003470. <https://doi.org/10.1136/bmjgh-2020-003470>
- UNAIDS. (2014). *The gap report*. Joint United Nations Programme on HIV/AIDS.
- World Health Organization. (2012). *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach*. WHO Press.

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