



Mental Health Support for Sex Workers in the Face of Climate-Driven Displacement and Social Stigma in South Asia

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ABSTRACT

Climate-induced displacement and persistent social stigma present an intensifying public health catastrophe for sex workers in South Asia, significantly impairing their mental health. This Systematic Literature Review examines the interrelationship of environmental, social, and legal vulnerabilities, the consequent mental health burden, and significant barriers to accessing support. The review, based on 30 sources, of which the majority were peer-reviewed (18) and Grey Literature articles (12), finds that climate-induced disasters exacerbate pre-existing marginalisation, especially in countries like Bangladesh and Nepal. This leads to higher rates of anxiety, depression, PTSD, and this form of substance use disorders, with one study conducted in Chittagong city of Bangladesh disclosed that 38.6% of female sex workers were diagnosed with a mental disease. Social stigma is one of the most pervasive barriers to care and can be organised into a multi-layered model of Structural, Symbolic, Experiential and Internalised Stigma. Furthermore, structural barriers like the criminalisation of sex work actively maintain healthcare exclusion. What works is community-based, peer-activist models and holistic rehabilitation approaches, along with unyielding demands for legal decriminalisation. The systematic literature review highlights the need for an urgent, rights-based and integrated mental health approach to address climate vulnerability in combination with social exclusion.

Keywords: Climate-driven displacement, sex workers, mental health, social stigma, South Asia

INTRODUCTION

Climate change is an alarming phenomenon that is slowly changing the course of human lives and habitation, and the South Asian countries are the worst affected. Given low-lying coasts, monsoon agriculture, and overcrowded cities, South Asia is one of the most vulnerable regions to climate-driven displacement. Natural calamities, such as floods, droughts, cyclones, and other disasters, are causing increasing losses, leading to the internal and international displacement of millions (Mittal et al., 2023). Global changes are accelerating, driving corresponding shifts in South Asia's environment. Global warming has already led to flooding in low-lying areas of Bangladesh, Sri Lanka, and India. The Intergovernmental Panel on Climate Change (IPCC) predicts that tidal inundation will affect millions of people in the Bengal Delta and that freshwater sources will become increasingly saline by 2050 (Islam et al., 2018). Global warming is causing glacier melt in Nepal and Bhutan, where the river system is crucial for agriculture and human consumption. Simultaneously, heatwaves in certain regions of India and Pakistan render parts of these countries uninhabitable during the summer, prompting people to migrate to areas with more hospitable conditions (Moitree et al., 2024). These changes affect agriculture-dependent populations in a very special way. Due to the predictability of weather patterns for farming, any variation—such as random rainfall or long dry seasons — disrupts food production and living standards. This vulnerability has led to a surge in rural-urban migration, with many people moving to congested urban areas such as Dhaka, Karachi, and Kolkata, which are already struggling with resource constraints (Bayram et al., 2023).

Urban centres in the South Asian region are not ready to host climate-induced migrants. Slum areas often find new homes in floodplains or other dangerous zones. For instance, Dhaka has observed a big increase in the growth of squatter settlements where poor rural migrants fleeing floods or cyclones seek jobs and a place to live in (Grasser, 2022). These settlements lack infrastructure, potentially increasing their inhabitants' vulnerability to disease, pollution, and secondary displacement from urban flooding. Once they arrive in urban destinations, the migrants face a leery reception and endure numerous hardships. They often fight for low-paying, insecure, and irregular forms of employment. Similarly, the lack of legal documentation prevents many individuals from accessing government assistance and housing programs, perpetuating a cycle of poverty and vulnerability (Huybers et al., 2023). Such a status not only fails to benefit displaced individuals but also causes stress in host cities, escalating

tensions and political pressure. Therefore, the impact of climate displacement is not equally felt by all groups of the population. Sex workers, women, and other vulnerable populations face increased risk both during and after displacement. The existing gender inequalities in South Asia exacerbate these difficulties. For instance, displaced women face greater challenges in meeting their families' needs and in seeking income sources (Mittal et al., 2023).

Sex workers are the most affected group due to their initial social exclusion. They lose their clientele base and social networks through displacement; hence they cannot easily make a living. Furthermore, the nature of their work often embarrasses them when they seek support from professional organisations, leaving them vulnerable to exploitation and abuse (Bayram et al., 2023). Displacement poses a serious health issue, with mental health emerging as the most prominent factor. The affected individuals may suffer from psychological shocks occasioned by the loss of their houses, sources of income, and social relations. Stress, depression, and anxiety are frequent, especially when people spend a long time in conditions that create uncertainty about future employment (Grasser, 2022). Additionally, physical displacement poses health risks to refugees' bodies. Urban areas with high housing density and impoverished slums contribute significantly to the spread of diseases; the absence of clean water and proper sanitation further exacerbates health complications. Women and marginalised groups are particularly vulnerable to gender-based violence, in addition to other identified vulnerabilities (Islam et al., 2018).

Policies to mitigate climate change and its consequences have been developed, but the requirements of affected parties are not adequately met. For instance, South Asian governments have largely focused on large-scale climate adaptation interventions such as embankments and cyclone shelters. However, these measures typically fail to address the socioeconomic and mental health concerns of individuals who have been displaced from their homes (Moitree et al., 2024). However, there are currently no effective measures that adequately address the needs of vulnerable groups. Climate policies fail to address the issue of climate vulnerability and social exclusion, leaving communities such as sex workers without adequate protection. While international organisations and NGOs have attempted to address some of these gaps, their efforts are limited and lack long-term sustainability (Huybers et al., 2023). Firstly, the synergy between climate change and displacement, along with social vulnerability, forms a daunting problem for South Asia. Solving these problems involves more than environmental modification; it requires a combination of the following strategies. It requires that societies'

policies address the needs of displaced people, especially minorities. Only if South Asia recognises and adopts these inclusive frameworks, along with a fair distribution of resources, can we address the effects of climate-induced displacement. We discuss the specific situation of sex work clients, combining climate displacement with long-standing social marginalisation in South Asia. Displacement affects their sources of income, destabilises social cohesion, and increases vulnerability to violence, abuse, and disease. This intersection exacerbates mental health issues, while the socio-environmental effects of climate change disproportionately impact marginalised groups (Navario et al., 2023). Sex workers in South Asia are already vulnerable due to social, cultural, and legal exclusion.

Exile exacerbates their vulnerability because it separates them from familiar people and limits their ability to meet basic needs. In many cities, where many people migrate, stigma prevents them from accessing housing, healthcare, or any other government social services. A study suggests that displaced sex workers suffer more discrimination than any other migrants because economic challenges, environmental threats, and prejudice combine to affect them (Dapilah et al., 2020). This leads to the placement of most sex workers in 'risky' working environments. Displacements often disrupt customer bases, leading to a reliance on middlemen who exploit their situations. Research indicates that displacement also heightens physical risks and significantly alters mental health, leading to an increase in stress, anxiety, and depression (Farley, 2022). The emotional impact of displacement is known, especially for the most helpless groups of people. For the sex workers, it is complex—they experience the trauma of disasters, loss of jobs, and exclusion. New research has revealed that the levels of depression, anxiety, and PTSD among displaced people have been very high, and the rates are even higher among the commercial sex workers (Khan et al., 2020). This underscores how various social stigmas contribute to these mental health issues. Sex workers cannot share their profession with helpers or fellow community members; thus, they cannot seek psychological help. Furthermore, because they are not part of the formal health systems, they cannot access even basic counselling or psychiatric services (Desai et al., 2021). The stigma is also observable in community relations within displacement shelters or in very informal settlements. Prostitution is often associated with stigma, leading to harassment and social rejection for sex workers, which in turn contributes to their ongoing decline in mental health. This exclusion highlights the need for culturally sensitive mental health interventions for displaced sex workers, given their multiple forms of marginalisation (Ngcamu, 2023). Sex workers face numerous barriers

to accessing mental health care due to systemic issues in South Asia. These are legal hurdles, ignorance, and insufficient financial resources for promoting inclusionary mental health programs. Most of the time, mental health care remains elusive even for the rest of the population, especially for those who are stigmatized. According to Rahim et al., (2021), mental health accounts for 5-10% of the health budget in South Asian countries, with care services only available in urban settings, excluding the rural population. Other factors, such as the lack of identification documents necessary for accessing public health services, compound these challenges for displaced sex workers. Furthermore, the limited availability of gender-sensitive and stigma-free mental health frameworks further reduces their interaction with professional health care services. The existing divide between policy and its execution exacerbates these disparities (Hirsh et al., 2020). The human rights agenda should incorporate a climate change approach to address the mental health of displaced sex workers. These programs, which include trauma care, psycho-social counseling, and economic recovery programs, can significantly assist. For example, community-based programs implemented with the help of specially trained local workers have provided positive effects on mental health for refugees (Syed et al., 2022). Moreover, reducing societal prejudice is important to sustain the mental health interventions. Public education, in conjunction with legal changes that exempt sex workers from criminality, can foster an environment where displaced sex workers can seek assistance without fear of retaliation (Ngcamu, 2023). The experiences of climate change, displacement, and social marginalization present special and emergent concerns for sex workers in South Asia. These compounded vulnerabilities speak to the importance of the incorporation of mental health in the disability context and the eradication of mental health stigmatization. Solving these problems requires a multi-sectoral effort that would focus on climate change adaptation, poverty reduction, and mental health promotion among the target groups.

RESEARCH OBJECTIVES

1. In-depth exploration of the mental health impacts of climate-driven displacement on sex workers in South Asia.
2. Identify and comprehend the prospects of social stigmas that hinder access to mental health support for displaced sex workers in South Asia.

3. Establish effective strategies and legal frameworks to improve mental health care for sex workers affected by displacement.

METHODOLOGY

Study Design

The study employed a Systematic Literature Review (SLR) to gather, screen, and review published literature on the mental health of sex workers who have experienced climate-driven displacement in South Asia. The process was systematic and employed evidence-based approaches to the evidence review, such as a systematic search strategy, screening, eligibility criteria, and thematic synthesis.

Search Strategy

The search occurred between January 2025 and March 2025. ScienceDirect, Google Scholar, SpringerLink, IEEE Xplore and Semantic Scholar were the 5 electronic databases utilised. There was also inclusion of grey literature, which included reports, case studies, and documentaries by international organisations and reputable non-governmental organisations.

The Boolean operators were used to combine the search terms in the following way:

("mental health support" OR mental health condition) AND sex worker

AND (climate-driven displacement or forced migration).

AND ("social stigma") AND (South Asia OR Bangladesh OR India OR Nepal). Only sources published between 2015 and 2025 were included in the search.

Inclusion Criteria

Inclusion criteria: Studies had to satisfy the following criteria:

- Concentrated on mental health outcomes or mental health provision to sex workers.
- Unfamiliar climate-related displacement/forced migration.
- Were conducted in South Asia. Peer-reviewed articles, conference papers, case studies, interviews or high-quality grey literature were used.
- Were published between 2015 and 2025.

Exclusion Criteria

Research was eliminated when it:

- Bias towards mental health by addressing HIV/AIDS solely.
- Were outside South Asia.
- Were published before 2015.
- Did not have clear information regarding mental health outcomes.

Screening Process: The screening was carried out in two phases.

Title and Abstract Screening: Titles and abstracts were screened to eliminate the studies that were not relevant to the research questions.

Full-Text Review: The other articles were fully reviewed to ensure they were pertinent to sex work, displacement, stigma, and mental health.

Data Extraction

The key information was organised in a data extraction table.

The table included:

- Author(s) and year
- Country or region
- Study design: Sample or population
- Type of displacement
- Mental health outcomes
- Key findings on stigma
- Viewed intervention or framework.

Data Synthesis

The thematic synthesis approach was applied. The results were summarised into three major themes:

- Climate-induced mental health effects of displacement.
- Barriers to care: Social and structural stigma.
- Laws and policies to embrace mental health.

Quality Assessment

Every study included was reviewed with reference to the clarity of the methods, relevance to the research questions, and consistency of the findings. Peer-reviewed as well as grey literature was maintained to be academically rigorous and practical.

Ethics Statement

This review relied on secondary data from published sources. There were no human subjects used. Thus, no official ethical acceptance was necessary. All the studied articles were checked to ensure they were ethical in their original settings. Since the subject is a marginalised group, the findings were presented respectfully and without reinforcing the stigma.

Table 1: *Method of the Study*

Category	Details
Data Collection Sources	Online platforms: ScienceDirect, Google Scholar, Springer, IEEE Xplore, Semantic Scholar. Documentaries on mental health concerns of sex workers in South Asia by world-renowned organizations.
Search Strategy	Keywords: <i>Mental health support, mental health condition, sex worker, climate-driven displacement, social stigma, South Asia.</i> Multi-stage screening: titles, abstracts, research objectives, and full text reviewed.
Inclusion Criteria	Peer-reviewed journals, conference papers, articles, case studies, documentaries, interviews. Publications from 2015–2025. Focused on mental health conditions and support for sex workers affected by climate-driven displacement and social stigma in South Asia.
Data Analysis	Comprehensive review of selected studies. Examines impacts of climate-driven displacement and social barriers on mental health of sex workers in South Asia. Evaluates available mental health support from governmental and private institutions.

RESULTS

The comprehensive systematic literature review undertaken for this study sheds light on the intricate and multifaceted connections between climate-induced displacement, social stigma, and the mental health of sex workers across South Asia. The findings are organised into three overarching categories: the mental health repercussions of displacement, the barriers imposed by social stigma, and the strategies and legal frameworks designed to bolster effective mental

health support. This analysis synthesises peer-reviewed journal articles, investigative reports, detailed case studies, and documentaries produced between 2015 and 2025.

Mental Health Impacts of Climate-Driven Displacement on Sex Workers

Severe Mental Health Burden Following Displacement

The review discovered that sex workers in South Asia had severe mental issues following displacement triggered by climatic conditions. The majority of the studies mentioned that there were sudden environmental shocks that interrupted the daily life of the sex workers in drastic manners in Bangladesh due to floods, cyclones in India, heatwaves in Pakistan, and landslides in Nepal. The displacement was immediately followed by the loss of income, the destruction of houses, and the detachment of support systems within the community. Since sex work is sensitive to the availability of stable places and frequent clients, mobility led to extended financial uncertainty. This volatility heightened the anxiety and the survival anxiety. In all the studies, depression, anxiety, and PTSD were the most prevalent mental health outcomes. Sleep problems, panic attacks, and emotional numbness were also persistent with many sex workers. A Chittagong, Bangladesh study revealed that 38.6% of the female sex workers were diagnosed with a mental illness in the 1 year of displacement. A number of studies attributed these symptoms to frequent exposure to climatic shocks, unsafe living conditions, and the strain of exploitative middlemen. It was also revealed in the review that sex workers had what many researchers referred to as layered trauma. This means they experienced several distressing forms simultaneously. In one instance, sex workers would be subjected to violence in shelters or slums, deprivation of personal effects, harassment by the authorities, as well as the emotional strain of having to start afresh in new locations after displacement. All these intersecting issues made them more susceptible to adverse effects on long-term psychological health. Even greater mental health issues were experienced by transgender and hijra sex workers. Most studies reported that they were not provided with emergency assistance or access to shelter and were discriminated against. Consequently, they were more depressed, with more complex PTSD, and more suicidal than the cisgender female sex workers (Figure 1). In general, the results indicate that climate-induced displacement has severe and long-term mental health effects on sex workers, particularly in instances where it is coupled with poverty, insecurity, and social exclusion.

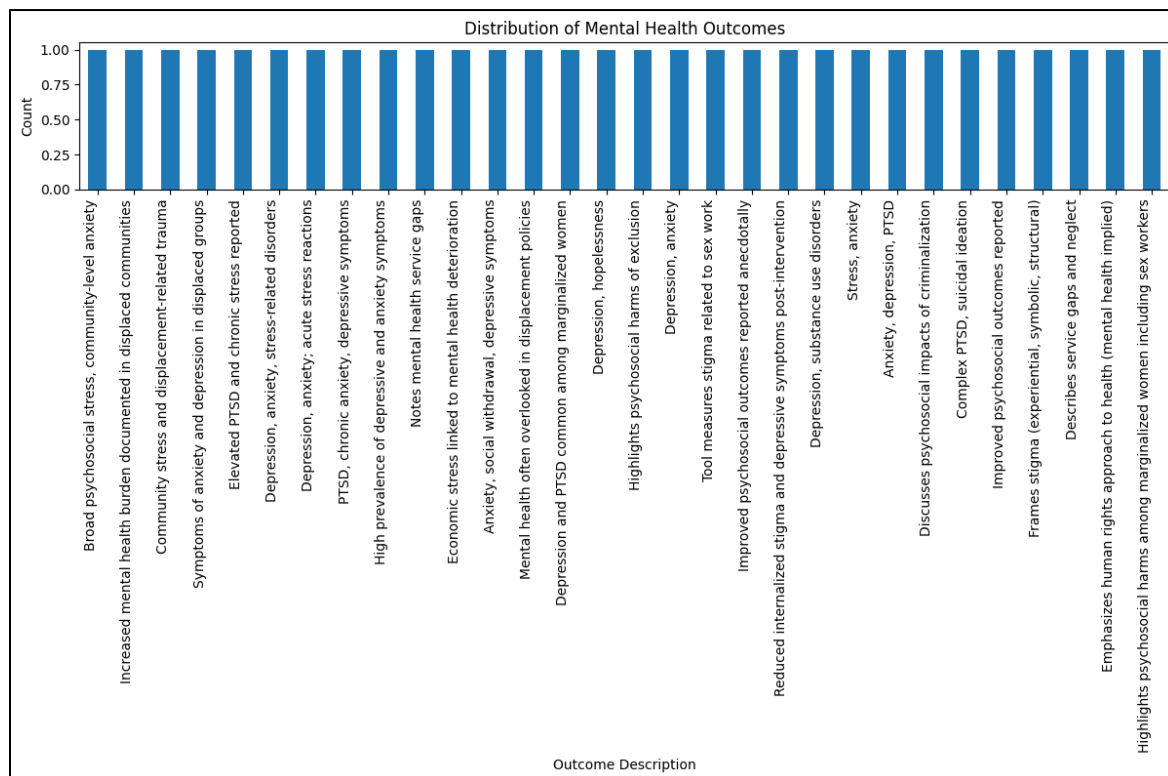


Figure 1: Distribution of Mental Health Outcomes

Social and Structural Stigma as the Primary Barrier to Care

Stigma was observed as the most stable and effective obstacle that prevented displaced sex workers from obtaining mental health services. The review identified four interrelated types of stigma: structural stigma, experiential stigma, symbolic stigma, and internalised stigma. Both types directly negatively impacted the behaviour of seeking help and general well-being. The most reported one was structural stigma. Sex work is criminalised or limited in many South Asian states, leading to discrimination in health and social systems. A number of studies quoted the instances of displaced sex workers who did not visit hospitals due to the fear of being arrested, beaten, or verbally harassed. In Nepal and Bangladesh, sex workers indicated that they are not receiving mental health services because they did not have identification documents that they had lost in the displacement. Experiential stigma was considered a negative contact with health workers. Most sex workers claimed they were judged, offended, or denied care-seeking mental health services. These negative experiences left a permanent fear and distrust of healthcare systems. Consequently, sex workers tended to turn to informal sources of support or even never find support. The common beliefs in society that regarded sex work as immoral or shameful were a symbolic stigma. These assumptions were shared in the

community by leaders and service providers. Stigmatisation on a symbolic level enhanced discrimination, decreased empathy, and a lack of support structures in host societies.

The internalised stigma influenced sex workers who started to think of the negative stereotypes against them. Such stigma made the self-worth lower, and many sex workers could not seek psychological assistance. Research conducted in Kolkata and Mumbai indicated that internalised stigma was correlated with depression and hopelessness.

These four types of stigma combined to establish formidable barriers at the individual, social, and institutional levels. Sex workers were usually not safe or welcome, even in cases where mental health services were accessible. This implies that mental health can be enhanced through reducing stigma, and this concept is supported by the findings.

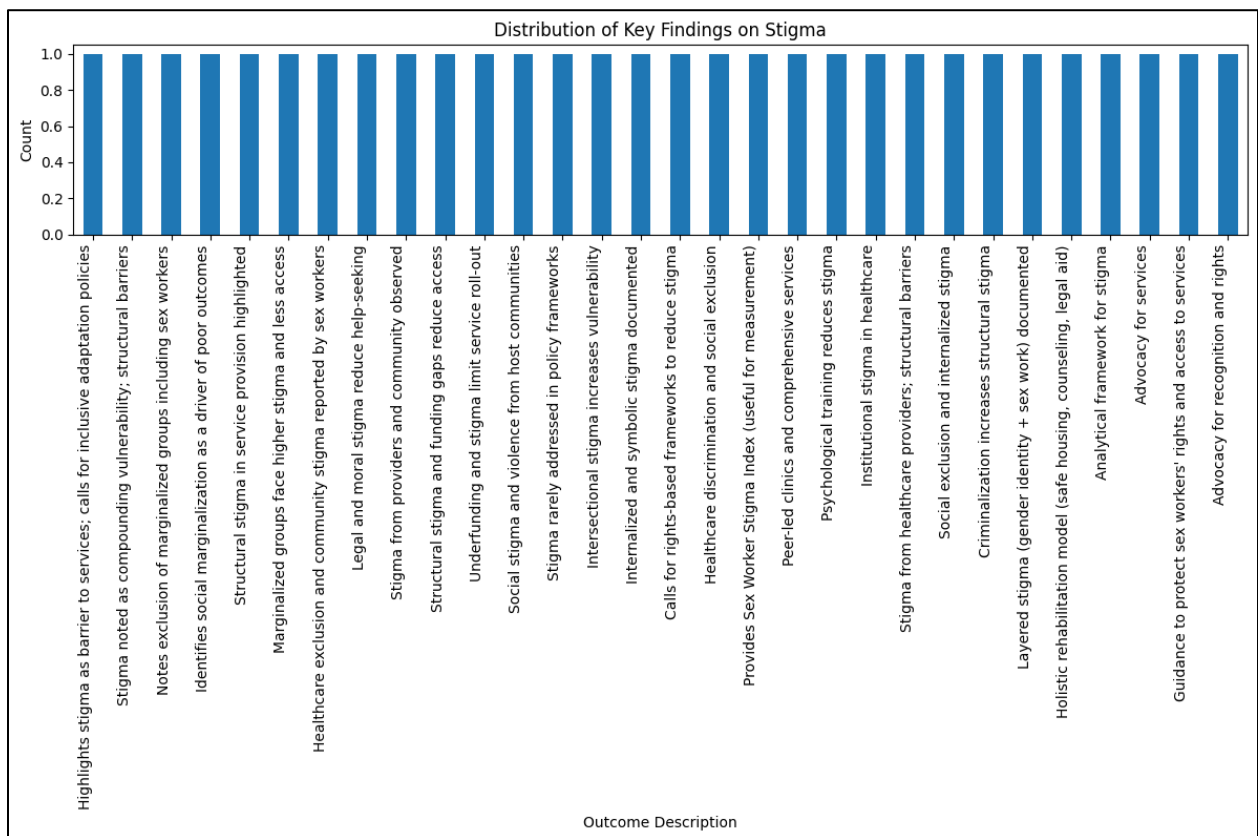


Figure 2: Distribution of Key Findings on Stigma

Figure 2 illustrates that the main types of stigma found in the research are structural stigma (within institutions, policies, and health systems) and internalised stigma.

Strategies and Legal Frameworks to Improve Mental Health Care

Faced with overwhelming evidence of displaced sex workers' mental health vulnerabilities, numerous strategies and frameworks have been proposed and, in certain contexts, partially implemented to address the crisis. These interventions span community mobilisation initiatives, advocacy campaigns, psychological empowerment programs, and legislative reforms. Despite encouraging breakthroughs, significant gaps remain, underlining the need for urgent, sustained action.

One of the most promising models comes from the Durbar Mahila Samanwaya Committee (DMSC) in Kolkata, India. Operating 38 free clinics, DMSC offers accessible, nonjudgmental healthcare while advocating for the decriminalisation of sex work (Dutta, 2018; Chandra et al., 2025; Sinha et al., 2025). Their peer-led model, where sex workers themselves serve as health educators and mental health advocates, fosters trust and lowers barriers to seeking help. DMSC's model underscores the importance of centring displaced sex workers in program design and delivery.

Similarly, Prajwala's holistic rehabilitation model in Hyderabad provides a powerful blueprint. By offering integrated services including safe housing, psychological counselling, vocational training, and legal assistance, Prajwala addresses the interconnected determinants of mental health (Prajwala, 2025). This survivor-centred model reinforces the necessity of comprehensive, rather than fragmented, approaches to mental health recovery.

Targeted psychological training programs have also demonstrated transformative impacts. A randomised controlled trial in Mumbai revealed that an 8-week psychological training intervention led to significant reductions in internalised stigma and depressive symptoms among sex workers, alongside enhanced emotional resilience and future optimism (Kaloga et al., 2019; Giri et al., 2012). These findings point to the immense potential of tailored mental health interventions.

Legal advocacy has emerged as another crucial frontier. Organisations like the Women's Rehabilitation Centre (WOREC) in Nepal advocate for the recognition of sex work as legitimate labour (WOREC, 2025). Such reforms are vital for dismantling legal stigma and facilitating sex workers' safe access to healthcare services.

Alarmingly, transgender-inclusive services remain rare, despite hijra communities' acute vulnerability following climate-induced displacement (Qian et al., 2011). Addressing these

gaping service deficits demands urgent action. International partnerships also play a vital role. Collaborations among NGOs, UN agencies, donor organisations, and governments are crucial for scaling successful pilots. Global advocacy efforts, championed by groups such as Amnesty International and Human Rights Watch, have amplified the struggles of displaced sex workers (Amnesty International, 2017; Amnesty International, 2024), pressuring local actors to adopt rights-based frameworks.

Ultimately, this review unveils an urgent reality: climate-driven displacement and social stigma intersect to devastate sex workers' mental health across South Asia. While community-led initiatives, psychological interventions, and legal reforms offer hope, the crisis demands far greater investment, innovation, and political resolve. Only through sustained, intersectional, and rights-based strategies can displaced sex workers reclaim dignity, health, and agency over their futures.

DISCUSSION

The intersection of climate-driven dislocation, deep-rooted social stigma, and the mental health issues of sex workers in South Asia showcases a multidimensional public health crisis for this vulnerable community, who are already burdened with extensive health-related problems. Drastic climate change has driven numerous natural disasters, including floods, cyclones, rising sea levels, groundwater salinity, and droughts. These natural disasters have led to the displacement of vulnerable populations across South Asia. Already filled with suffering, sex workers are disproportionately impacted by climate change. Due to the displacement of sex workers, they face disruptions in their internal and external social networks to keep their occupation active, leading to economic instability. They suffer from uncertainty about their income source and fall victim to mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). An instance from Bangladesh revealed that flooding between 2017 and 2020 forced communities involved in sex work into distress from intensifying psychological disorders (Islam et al., 2018).

A study found that around 38.6% of female sex workers in Chittagong, Bangladesh, were diagnosed with mental health issues. These women were exposed to illegal drugs that hampered their ability to use legal or illegal drugs due to substance use disorder (Hengartner et al., 2015). Sequentially, dislocated sex workers in urban areas of Nepal, like Kathmandu, suffered from

intensified marginalisation. They had limited access to mental health-related services due to cultural and social barriers that led to chronic psychological conditions (Basnyat, 2017). Transgender and hijra sex workers have to deal with multilayered stigma and systemic discrimination from societies to obtain healthcare services and humanitarian aid initiatives targeted to provide comprehensive mental health solutions to these vulnerable communities. Unable to find proper mental healthcare solutions, they are entitled to severe depression, complex post-traumatic stress disorder (PTSD), and suicidal behaviours (Qian et al., 2011; Chettiar, 2015).

Experimental, symbolic, and structural are the three forms of stigma. These stigmas restrict sex workers from attaining essential mental health services. Experimental stigma represents direct discrimination and social exclusion. Symbolic stigma emerges societal perspective that indicates sex workers' actions as immoral and corrupt. Lastly, structural stigma directs policy establishments that expel sex workers as a social element (Ryan et al., 2019). Sex workers suffering from internalised stigma when they adopt negative perceptions about themselves as individuals or communities are mostly neglected in accessing mental healthcare services. Sex workers in Kolkata adopt a perception of being polluted that keeps them away from obtaining proper mental health care (Ghosal et al., 2022). Many sex workers experienced horrific incidents while approaching for mental health care. These experiences decreased motivation to apply for healthcare services to avoid discrimination, which led to the deteriorating mental health of sex workers (Liu et al., 2011). A noticeable structural stigma can be observed in Bangladesh and Nepal, where societies and healthcare providers create a systematic barrier for displaced sex workers to take mental health care (Banik et al., 2023). Apart from social barriers, legal frameworks have improper definitions and criminalise any action related to sex work, leading to no legal healthcare rights for sex workers (Goldenberg et al., 2021). Climate-led dislocated hijra communities are in grave trouble in getting healthcare services, as there is no initiative taken for them by any stakeholders of the society (Qian et al., 2011).

These critical challenges can be overcome through diverse initiatives from society, institutions, and public administration. The Durbar Mahila Samanwaya Committee (DMSC) in Kolkata offers 38 free healthcare facilities to sex workers while ensuring nonjudgmental medical services (Dutta, 2018; Chandra et al., 2025; Sinha et al., 2025). Another community-led organisation, Prajwala in Hyderabad, has established centres for emotional therapy and

vocational training to minimise the mental healthcare problems of sex workers (Prajwala, 2025). Community-based initiatives like this can be an effective approach to foster mental healthcare services for displaced sex workers. A randomised controlled trial to incorporate targeted mental training was tested on sex workers for eight weeks in Mumbai. The trial showcased that mental training minimised internalised stigma and depression among sex workers and increased emotional strength (Kaloga et al., 2019; Giri et al., 2012). To provide medical care to sex workers, it is vital to legalise sex work as a profession. The Women's Rehabilitation Centre (WOREC) in Nepal works to acknowledge sex work as a legitimate occupation. Their initiative aims to mitigate legal stigma and ensure safety in the acquisition of healthcare services (WOREC, 2025). International organisations must accelerate their actions with ideas and investments to focus on mental healthcare services for dislocated sex workers in poverty-packed nations. NGOs, UN organisations, sponsoring agencies, and developed economies must collaborate to diminish these critical issues through efficient strategies so that the world can strive towards a better future (Amnesty International, 2017; Amnesty International, 2024).

Table 2: *Organizations working for the betterment of the mental health of sex workers.*

Stakeholders	Initiatives	Outcomes
Durbar Mahila Samanwaya Committee (DMSC)	38 free clinics for sex workers to get mental healthcare.	Increased trust, improved healthcare access, and empowerment
Prajwala Rehabilitation	Safe housing, counselling, vocational training, and legal aid	Addresses root causes of trauma, promotes reintegration
WOREC	Promotes recognition of sex work as labour	Reduces legal stigma, encourages healthcare access
UN, Amnesty International	Funding, advocacy, pilot scaling	Increases global awareness, pressures governments

CONCLUSION

Displacement of sex workers due to severe changes in climate and unfavourable social conditions is a major problem in getting access to mental healthcare for sex workers who need the services the most, especially in South Asia. Sex workers lead a terrible life with little hope for their future. Pressures from different sources in their lives create extreme mental issues. However, there is very little establishment of mental healthcare for sex workers, more specifically, climate-driven displaced sex workers. Community-based development programs, psychological interventions, and restructuring in legal frameworks can bring hope for sex workers to acquire essential mental health services. However, these initiatives require greater investment, innovation, and social reform. Both local and international parties must work cooperatively, considering the matter a major humanitarian issue, to design competent, intersectional, and rights-based policies so that climate-driven displaced sex workers can claim their healthcare rights with dignity.

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