

Psychiatric Morbidity among Women Engaged In Commercial Sex Work in Kerala

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ABSTRACT

*Sex is basic primary instinct inherited into human being and all other animals too. It is inseparable part of life of living creatures. However, time to time the concept of sex and sexuality was changing. Sex work has always raised a concern all over the world. However if its focus of concern changed over time that is to say, it was about social morality in olden time and it changed into mainly a health issue in current scenario in India, Government funds through NACO is executed through its states. However the main focus is not the prevention of sex work but rather change of sex behavior to prevent AIDS and STD. Organizations have been focusing on the rehabilitation of women involved in commercial sex work for years however the main focus of rehabilitation was on occupational rehabilitation, rare concern was recorded regarding the psychological wellbeing as well as rehabilitation. **Aim:** The present study aim to focus on the psychiatric morbidity among those women, involved in commercial street sex work. **Method:** 30 women actively involved in commercial street sex work and 30 women who are not involved in any form of commercial sex work were drawn as the sample from Ernakulam district of Kerala state, India, for the study. They were administered with MCMI-III to identify the psychiatric morbidity. **Results:** The study resulted in revealing the different psychiatric morbidity found with those involved in commercial sex workers such as anxiety, dysthymia, alcohol dependence, drug dependence, post traumatic stress disorder and major depression.*

Key words :- Commercial Sex Workers (CSW), Sexually Transmitted Diseases (STD), Psychiatric Morbidity

Introduction

Prostitution has been considered as the oldest profession in the world as the trace of this profession is found in all ancient literature. Sex workers have been an eminent part of all societies. Sexuality has been identified as a basic instinct of human kind by Freud and he was daring to say it in Hippocratic society of that time who were considered as white washed tombs. Sex work has been defined by many authors and one among them is “sexual exploitation of persons for commercial purpose” (Government of India's 'Prevention Of Immoral Traffic Act', 1956). The term prostitution has its origin in Latin called 'prostituere', meaning “to cause to stand in front of”, implicating that one is offering one's body for sale. In the present study we preferred to use the term Commercial Sex Work for prostitution for various reasons. Sex work has its clutches in almost all societies at different levels from top to bottom. Female sex workers commonly called hookers, whores, and escorts are often classified so on the settings in which they work and street prostitutes occupy the bottom level in their hierarchy and Edgley (1989) reports that the latter group often come from poor socio-economical background and have unhappy child hood. They are also differentiated on the basis of attractiveness,

age, social class etc. People always wanted an outlet for sexual instinct and sought after sex workers since ages for various reasons, be it frustration with the partner or was curiosity over sex. However, even today, the stigma associated with prostitution is very high. They are often treated like disposables, people like while using it soon after which it is thrown out and don't even like them to be littered around in their premises. Public health concern has mostly been directed to HIV and sexually transmitted diseases but rarely to mental health of those involved in commercial sex work (Weiner, 1996). Sex work is wide spread in India, and occurs on a much larger scale than in many other countries (National AIDS Control Organization, 2006). As the study by I.H.O survey on 1982 at Kamathipura, Bombay, reports that around 100,000 commercial sex workers are approximately estimated to be in Mumbai, 80,000 in Kolkata, 40,000 in Pune, 20,000 in Delhi and 13,000 in Nagpur Prasad, (2004). There are various reasons reported for one to be into the stream of commercial sex work in India, it is reported to be mostly due to poverty, marital breakup or because they are forced into it (NACO, 2006). Physical violence and psychological blackmailing as well as emotional torture are most commonly associated with

commercial sex workers. Gordon & Snyder (1989) say that 80% of the street sex workers are survivors of rape, sexual abuse or incest. Silbert & Pines (1982) report about 'psychological paralysis' among those who prostitute, characterized by hopelessness, immobility, acceptance of victimization which ultimately result in often being victims of violence. Exner et al. (1977) report that street walkers and drug addicted prostitutes showed higher rates of psychological disturbances which is also supported by the similar findings by De Schamphelre (1990), in his cross cultural study of 41 prostitutes in Belgium. The study conducted in Philadelphia by Sovitz & Rosen (1988), explains that commercial sex workers hardly enjoy sex with their partners and however 60% of them report that achieved orgasm only occasionally. Their partners are often intoxicated while having sex and humiliation is commonly associated with. People often hesitate to talk with them or avoid them in public places though over familiarity is shown in darkness which immensely affect their self concept as a segregated group of the society. Edgley (1989) reports that street walkers do not remain in business for very long, some get married and the others die young from drug abuse, disease, suicide, physical abuse from pimps or customers and those who survive become less marketable over time. These adverse situations often lead them to intoxicate themselves prior to sexual contact with their partners, which later often lead to drug addiction, depression, anxiety and various psychiatric morbidities. However, there are also studies reported that there was no way commercial sex work related to psychiatric morbidity (Romans et al. 2001).

Aim

The present study aims to identify the psychiatric morbidity among those women who are involved in commercial sex work.

Tools used

Socio demographic data sheet was used for recording socio demographic variables. Millon Clinical Multiaxial Inventory-III (MCMI-III) developed by Millon et al. (1997) was used to identify the psychiatric morbidity and the areas assessed are Anxiety, Somatoform Disorder, Bipolar: Manic, Dysthymia, Alcohol dependence, Drug dependence, Post Traumatic Stress Disorder, Major Depression, Thought Disorder and Delusional Disorder.

Sample

Thirty females who are actively involved in commercial street sex work not less than last five years were selected from four different towns of Ernakulam district, Kerala state, India. They were compared with thirty normal controls who were women not involved in commercial sex work.

Methodology

Thirty females who are actively involved in commercial street sex work were selected on the basis of purposive sampling method from different organizations working for the prevention of AIDS, whose age ranged from 20 to 50 years. Duration for the involvement in commercial sex work was kept as minimum for the past five years for the clinical sample. Their active involvement in commercial sex work was determined on the basis of personal interview with them. The samples involved married, unmarried as well as divorced women. They were then matched with normal controls who were not involved in any form of commercial sex work. Women who are identified with HIV positive, past history of significant head injury and epilepsy or any other major psychiatric or physiological illness were excluded along with those who had family history of psychiatric morbidity in their first degree relatives and those who did not give consent for participating in the study.

Procedure

The sample once drawn by the criteria mentioned above was given socio demographic datasheet. They were then given the Millon Clinical Multiaxial Inventory-III. The scoring and analysis was done only on the clinical syndrome scales as per the instructions given in the Manual and the data was analyzed on SPSS -16 programme for Windows.

Result

The data was collected, coded, analyzed and was executed. The details are given below in the tables.

Table -1: Characteristics of the sample (PSW and Normal Control)

| Variables | | CSW | Normal control | |
|----------------|------------|----------------------|----------------------|------------|
| Socioeconomic | Lower | 27(90.0) | 24(80.0) | |
| status | Middle | 3(10.0) | 6(20.0) | |
| Religion | Hindu | 21(70.0) | 20(66.7) | |
| | Muslim | 2(6.7) | 2(6.7) | |
| | Christian | 7(23.3) | 8(26.7) | |
| Domicile | Rural | 7(23.3) | 7(23.3) | |
| | Semi-Urban | 15(50.0) | 18(60.0) | |
| | Urban | 8(26.7) | 5(16.7) | |
| Marital Status | Single | 2(6.7) | 1(3.3) | |
| | Married | 20(66.7) | 25(83.3) | |
| | Separated | 8(26.7) | 4(13.3) | |
| | | Mean & SD | Mean & SD | 't' |
| Age | | 40.60±5.77 | 39.67±5.17 | .66 NS |
| Education | | 7.03±2.57 | 8.07±1.89 | 1.77 NS |

Table -2: The comparison of the groups on different psychiatric morbidities

| | Mean rank | | z |
|--------------------------------|----------------|-----------------|----------|
| | Commercial Sex | Control group | |
| | workers(N=30) | (Normal) (N=30) | |
| Anxiety | 35.73 | 25.27 | -2.32* |
| Somatoform | 33.92 | 27.08 | -1.52 |
| Bipolar (Manic) | 31.80 | 29.20 | -.58 |
| Dysthymia | 35.43 | 25.57 | -2.19* |
| Alcohol dependence | 37.10 | 23.90 | -2.93** |
| Drug dependence | 43.85 | 17.15 | -5.93*** |
| Post Traumatic Stress disorder | 34.53 | 26.47 | -5.73*** |
| Thought disorder | 37.32 | 23.68 | -1.79 |
| Major depression | 37.32 | 23.68 | -3.03** |
| Delusional disorder | 34.60 | 26.40 | -1.83 |

*=.05, **=.01, ***=.001

Discussion:

The result shown in the table 1, indicates that the two groups that are commercial sex workers and normal controls were homogenous on their level of education (40.60±5.77; 39.67±5.17; t=0.66) and age (7.03±2.57; 8.07±1.89; t=1.77). The group of CSW for the study were more in number belonged to lower socioeconomic status (90%), Hindu's (70%) hailing from semi-urban area (50%) and 66.7% of them were married living with their husband.

The groups, when compared on different psychiatric morbidities, were found to have significant difference on many of the psychiatric conditions assessed such as anxiety (z=-2.32; p=0.05), dysthymia (z=-2.19; p=0.05), alcohol dependence (z=-2.93; p=0.01), drug dependence (z=-5.93; p=0.001), post traumatic stress disorder (z=-5.73; p=0.001) and major depression (z=-3.03; p=0.01) in comparison to normal controls. The findings of Graham et al. (1994) probably explain its reason that those involved in prostitution undergo various psychological distresses and that the relation they hold with the pimps is of terror and of higher dependency. Violence, the constant humiliation, and social indignity, invariably associated with commercial sex work gradually change their personality itself which is called 'complex post traumatic stress disorder' (Herman, 1992). El-Bassel et al. (1997) say that those who prostitute at the same time having drug use behavior, possibly the former as a means for obtaining the later are of more psychological distress than those who prostitute alone. Burnette et al. (2008) report high prevalence of substance abuse behavior among those involved in prostitution and also by Farley, and Barkan

(1998) reporting their immediate need for hospital admission for substance addiction. The present study with high elevations on the scale such as drug dependence (z=-5.93; p=0.001) and alcohol dependence (z=-2.93; p=0.01) also arrives at the similar kind of conclusion. The adolescents involved in commercial sex workers were identified to have suicidal ideation, depression and substance ideation (Yates et al., 1991). High level of depression along with anxiety in commercial sex workers are also reported by Surratte et al. (2005) and depression is very prominent in them regardless of HIV infection status. Women who prostituted were strongest predictors of low self concept and depression. These various studies support the results of the present study that the significant difference found on the variables such as anxiety (z=-2.32; p=0.05), dysthymia (z=-2.19; p=0.05) and major depression (z=-3.03; p=0.01) in comparison to normal group. The study also shows a prevalence of Post Traumatic Stress Disorder among the commercial sex workers (z=-5.73; p=0.001). Ross et al. (2004) have brought about similar results in their study which say the sex workers are often found to have Post Traumatic Stress Disorder and disorder of mood. Pines (1982) also report that people who are into prostitution undergo tremendous violence which might be quite self explaining for the later development of PTSD along with history of childhood physical and sexual abuse (Simons & Whitbeck, 1991; Silbert & Pines, 1981; Meyerding, 1977).

Conclusion

The present study which assessed the psychiatric morbidity among commercial sex workers resulted with similar findings of other researches in the field. The presence of psychiatric morbidity among CSW in comparison to normal control call the attention of mental health professionals for further researches as well as interventions as most of the findings available are from countries outside India.

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