Original Research Article

Psychological distress and life satisfaction among female commercial sex workers

Iaisuklang Goretti Marboh[1], Arif Ali[2]

[1]Department of Psychiatric Social Work, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam
[2]Associate Professor, Dept of Psychiatric Social Work, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, Assam
Corresponding author: Dr. Arif Ali
Email – arifafi@gmail.com

ABSTRACT

Background: Psychological distress is higher in women working in the sex industry. The aim of the study was to determine the psychological distress and life satisfaction among female commercial sex workers (FCSWs).
Methodology: In the present study hundred (100) female commercial sex workers were selected from Lamjingshai targeting center project under Meghalaya Aids Control Society, Shillong, Meghalaya. For the recruitment of sample simple random sampling procedure was followed, Socio-Demographic data sheet, Kessler Psychological Distress Scale (K10) and Satisfaction with the life scale were administered.
Results: Among the total participants 53 % of the respondents were having moderate mental disorder, 25% were having severe mental disorder, 10% were having mild mental disorder and 12% of the respondents were normal. Majority of the respondents score average (75 %) in Satisfaction with life scale, 13% score high in to Satisfaction with life, 6% score very high in Satisfaction with life and 6% score slightly below average in Satisfaction with life scale. Psychological distress has a significant negative correlation with life satisfaction (r=-.176, p<0.05).
Conclusion: Assessment of the psychological distress in female commercial sex worker is significant in developing health policy and interventions to reduce their impact on their wellbeing.

Keywords: Psychological distress, life satisfaction, Female Commercial Sex Worker

INTRODUCTION

Psychological distress of female commercial sex workers (FCSWs) is understudied in India. The presence of psychological distress in commercial sex worker are associated with a host of psychosocial vulnerabilities, they are at greater risk for health problems; occupational hazards, unsafe sex, exposure to violence, alcohol and drug use, experience of stigma and often linked with socio-demographic disadvantages; poverty, low income, homelessness and low education level [1-4]. Available global literature suggests that , FSWs generally have relatively higher rates of health-related risks, anxiety, depression, posttraumatic stress disorder (PTSD), drug use and psychological distress [5-14]. Subjective well-being (SWB) include self-reported feelings of joy, satisfaction, and happiness with one's life [15-16]. Studies have reported that sex workers are generally satisfied in their life [17 -18]. Further many studies have reported poor quality of life in female sex workers [19-21]. Thus, there are very no studies conducted especially in context of northeast part of India on psychological distress in commercial sex workers and its relationship with satisfaction with life. The current research has been conducted in Shillong the capital of Meghalaya and which fall under East Khasi Hills district. The present study provides a preliminary data on the above subjects.

The study aims to assess the psychological distress and life satisfaction among female commercial sex worker in Shillong, Meghalaya, India

METHODOLOGY

The study is conducted in Lamjingshai targeting center project under Meghalaya Aids Control Society, Shillong, Meghalaya. A sample of 100 respondents of female was taken, who are involved in commercial sex worker were selected from the Lamjingshai targeting center project. Simple random sampling technique was followed for selection of the sample. Female who are involved in commercial sex work from past two years or more in the age group between 18- 45, education above primary school and those willing to give consent for the interview were included. The respondents were assured confidentiality; informed consent was taken from the respondents. The study was undertaken with the approval of the scientific committee and ethical committee of LGB Regional Institute of Mental Health, Tezpur, Assam.

Tools Used

Socio demographic sheet: Social demographic was collected using the semi structure socio- demographic data sheet. It consists of age, sex, marital status, education, religion, community, occupation, income, family type.

Satisfaction with the life scale: It is a measure of life satisfaction consisting of five items. It was developed as a measure of the judgmental component of subjective well-being (SWB). Participants indicate how much they agree or disagree with each of the 5 items using 7-point scales that ranges from 7 strongly agree to 1 strongly disagree. Its internal consistency is above 0.80 [22].

Psychological Distress was assessed using the K10: The K10 consists of 10 items gradually increasing in degree of severity regarding psychosocial and psychological factors targeted at assessing recent psychological distress. Items are scored on a 5-point Likert scale (0-None of the time to 4-All the time). To attain a psychological distress score, the total will be calculated for the 10 total items. In previous work, the measure displayed a strong internal consistency with a Cronbach's alpha of $\alpha = .93$ [23]. In line with previous research, the K10 exhibited strong reliability ($\alpha=.91$) [23].

STATISTICAL ANALYSIS

An appropriate statistical measure was used for data analysis with the help of SPSS 16. Percentage and Pearson correlation was used for analysis.

RESULTS

The mean age of the respondents in the present study was 29.53 years (Table 1). The study shows that most of the respondents were Christian (85.00%), followed by Hinduism (13.00%) and Islam (2.00%), in part time occupation, 54.00% were working as maids, majority of the respondents belong Schedule Tribe (ST) category (86%) and 84 percent of the respondents speak Khasi language. Majority of respondents (88%) of the respondents belong to nuclear family background. In the study, 24% of the respondents have studies up to primary school, 44% up to middle school, 27% up to high school level, 4% up to higher secondary and 1 % up to graduation level. The marital status of the respondent's show that 34% of the respondents were married, 9% are unmarried, 8% are widowed and 49% were separated. The family income distribution of the respondents shows 54% belong to upper lower socio-economic status, 33% belong to lower middle socio-economic status. In accommodation, 90% lives in rented house (Table 2).

Table 3 represents distribution of the sample according to psychological distress. Among the total participants 53 % of the respondents were having moderate mental disorder, 25% were having severe mental disorder, 10% were having mild mental disorder and 12% of the respondents were normal. Table 4 shows the most sex workers score average (75 %) in Satisfaction with life scale, 13% score high in to Satisfaction

with life, 6% score very high in Satisfaction with life and 6% score slightly below average in Satisfaction with life scale. Table 5 shows that psychological distress has a negative correlation with life satisfaction[r=-.176].

Table 1: Mean Age of respondents

Variable	Mean	standard deviation
Age	29.53	6.9

Table 2: Demographic characteristics of the sample

Variable		Frequency	Percentage%
Religion	Hinduism	13	13%
	Islam	2	2%
	Christianity	85	85%
Cast	Schedule Tribe (ST)	86	86%
	Schedule Caste (SC)	2	2%
	Other Backward Caste (OBC)	1	1%
	General	11	11%
Part time occupation	Maid	54	54%
	Own business	24	24%
	Not working	18	18%
	Others	4	4%
Language	Khasi	84	84%
	English	1	1%
	Hindi	4	4%
	Nepali	10	10%
	Assamese	1	1%
Education	Primary	24	24%
	Middle school	44	44%
	High school	27	27%
	Higher secondary	4	4%
	Graduation	1	1%
Marital status	Married	34	34%
	Unmarried	9	9%
	Widowed	8	8%
	Separate	49	49%
Monthly income	Low	1	1%
	Upper low	54	54%
	Lower middle	33	33%
	Upper middle	11	11%
	Upper	1	1%
Family type	Nuclear	88	88%
	Joint	12	12%
Accommodation	Rented	90	90%
	Own	10	10%

Table 3: Psychological Distress among female Commercial Sex Workers

Psychological Distress	N=100	
	Frequency	**Percentage**
Normal	12	12%
Mild Mental disorder	10	10%

Moderate mental disorder	53	53%
Severe mental disorder	25	25%

Table 4: Distribution of the respondent according to Satisfaction with life

Satisfaction with life	N=100	
	Frequency	percentage
Very high Satisfaction with life	6	6%
High Satisfaction with life	13	13%
Average Satisfaction with life	75	75%
Slightly below average Satisfaction with life	6	6%

Table 5: Pearson correlation between psychological distress and Life satisfaction

Variable	Life satisfaction
Psychological distress	-0.176*

Correlation is significant at the 0.05level

DISCUSSION

Female commercial sex workers (FCSW) are vulnerable to health-related issues. In the present study it was found that 53 % of the respondents were having moderate mental disorder, 25% were having severe mental disorder, 10% were having mild mental disorder and 12% of the respondents were normal. Similar study EL Bassel et al. [10] found that sex workers were more likely to display psychological distress. Drug and alcohol use, poverty, sexually transmitted diseases, low self-esteem, stigma, and high-risk behaviours forms a fertile ground for psychological morbidity [2,10]. Various literatures suggest Female sex workers generally have relatively higher rates of psychological distress and mental health related problems [9-14]. In the present study most sex workers score average (75 %) in Satisfaction with life scale, 13% score high into Satisfaction with life, 6% score very high in Satisfaction with life and 6% score slightly below average in Satisfaction with life scale. Biswas-Diener and Diener [17] found that sex workers in were generally satisfied with their personal domains. The above table shows that psychological distress has a negative correlation with life satisfaction [r=-.176, p < 0.05level]. Studies have reported that sex workers experience wide range of health and wellbeing issues [8, 24-25]. The limitations of the study where firstly causal inferences were not possible due to the cross-sectional study design. Secondly, the entire research was conducted using the quantitative approach. Use of mixed method would have been more appropriate for the study; thirdly the study population was small to generalize the findings.

CONCLUSION

Mental health is an integral part of overall health status but has been a largely neglected issue in the northeast state of India, especially in among female commercial sex workers (FCSWs). There is a prevalent of mental health problems among female commercial sex workers. Mental health workers who are dealing with female sex worker may need to design culturally appropriate programs that specifically target the mental health

needs of this group. Research and advocacy efforts are needed to ensure that the mental health issues of female sex workers are appropriately addressed.

REFERENCES

1. Wong M, Chan R, Tan HH, Yong E, Lee L, Cutter J, et al. Sex Work and Risky Sexual Behaviors among Foreign Entertainment Workers in Urban Singapore: Findings from Mystery Client Survey. J Urban Health 2012;89(6):1031–44.
2. Deering KN, Amin A, Shoveller J, Nesbitt A, Garcia-Moreno C, Duff P, et al. A systematic review of the correlates of violence against sex workers. Am J Public Health 2014;104(5):42–54.
3. Patel SK, Saggurti N, Pachauri S, Prabhakar P. Correlates of Mental Depression Among Female Sex Workers in Southern India. Asia Pac J Public Health 2015;27(8):809–19.
4. Mandi L, Burnette, Lucas M, Ilgen M, Frayne SM, Mayo J, Julie C, Weitlauf. Prevalence and Health Correlates of Prostitution Among Patients Entering Treatment for Substance Use Disorders. Arch Gen Psychiatry 2008;65:337-44.
5. Amini Lari M, Bagheri P, Ameli F. Mental health and HIV-related high-risk behaviors among female sex workers. Shiraz E-Med J 2014;15(4):22326
6. Rossler W, Koch U, Lauber C, Hass AK, Altwegg M, Ajdacic-Gross V, et al. The mental health of female sex workers. Acta Psychiatr Scand 2010;122(2):143–52.
7. Roxburgh A, Degenhardt L, Larance B, Copeland J. Mental health, drug use and risk among female street-based sex workers in greater Sydney. Sydney: National Drug and Alcohol Research Centre; 2005
8. Chudakov B, Ilan K, Belmaker RH, Cwikel J. The motivation and mental health of sex workers. J Sex Marital Ther 2002;28(4):305–15.
9. Alegria M, Vera M, Freeman DH, Robles R. HIV infection, risk behaviors, and depressive symptoms among Puerto Rican sex workers. Am J Pub Health 1994;84(12):2000–2.
10. El Bassel N, Schilling RF, Irwin KL, et al. Sex trading and psychological distress among women recruited from the streets of Harlem. Am J Public Health 1997;87:66-70.
11. El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. Correlates of partner violence among female street-based sex workers: Substance abuse, history of childhood abuse, and HIV risks. AIDS Patient Care and STDs 2001; 15(1):41–51.
12. Jones DL, Irwin KL, Inciardi J, Bowser B, Schilling R, Word C, et al. The high-risk sexual practices of crack-smoking sex workers recruited from the streets of three American cities. Sexually Transmitted Diseases 1998;25:187–93.
13. Surratt HL, Weaver JC, Inciardi JA. The connections of mental health problems, violent life experiences, and the social milieu of the "stroll" with the HIV risk behaviours of female sex workers. J Psychol Hum Sexuality 2005;17:23–44.
14. Pandiyan K, Chandrasekhar H, Madhusudhan S. Psychological morbidity among female commercial sex workers with alcohol and drug abuse. Indian J Psychiatry 2012;54:349-51
15. Diener E, Eid M. The finale: Take-home messages from the editors. In M. Eid & E. Diener (Eds.), Handbook of multimethod measurement in psychology. Washington, DC: American Psychological Association;2006
16. Diener E, Lucas RE, Oishi S. Subjective well-being: The science of happiness and life satisfaction. In C. R. Snyder & S. J. Lopez (Eds.), Handbook of positive psychology (pp. 63–73). New York: Oxford University Press; 2002.
17. Biswas-Diener R, Diener E. The subjective well-being of the homeless, and lessons for happiness. Soc Indicators Res 2006;76:185- 205.
18. Monk-Turner, Elizabeth. Quality of Life among Thai Sex Workers: How Important are Work, Educational and Personal Characteristics in Shaping Subjective Well-being. J Int Women's Stud 2013;14(3):1-13.
19. McDonnell KA, Gielen AC, O'Campo P, Burke JG. Abuse, HIV status and health-related quality of life among a sample of HIV positive and HIV negative low income women. Quality of Life Res 2005;14:945-57.
20. Shukla A, Mehrotra D. Quality of Life among Female Sex Workers. Indian Journal of Health and Wellbeing 2016;1222-4.
21. Wong WC, Holroyd EA, Gray A, Ling DC. Female street sex workers in Hong Kong: moving beyond sexual health. J Womens Health (Larchmt) 2006; 15, 4:390-9.
22. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. Journal of Personality Assessment 1985; 49: 71-75.
23. Kessler RC. The categorical versus dimensional assessment controversy in the sociology of mental illness. J Health Soc Behav 2002;43(2):171–88.

24. Collinson S, Straub R, Perry G. The Invisible Men: finding and engaging with the male partners of street sex workers. J Men's Health 2011;8(3):202-7.
25. Bindel J, Brown L, Easton H, Matthews R, Reyolds L. Breaking Down the Barriers. A Study of How Women Exit Prostitution – Executive Summary. London: Eaves and London South Bank University. Available at: http://i4.cmsfiles.com/eaves/2012/11/Breaking-down-the-barriers-a37d80.pdf;

****