

Perceived Social Support and Quality of Life in Female Sex-Workers of Assam

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Abstract: A sex worker, or a devadasi as they have been called at different times in India, are the facilitators of what is regarded as the “oldest profession of the world”, which is believed to be driven by need for physical pleasure only, rather it is driven by the economic and psychological distresses which contribute to the entry of majority of sex workers into this profession. This study is concerned with the status of Female Sex Workers regarding perceived social support and quality of life. Further, the relationship between perceived social support and quality of life was assessed. An attempt was made to cover a sample of female sex workers from different parts of Assam. Sample procedure was incidental sampling. The sample consisted of 60 female sex workers. The three independent variables taken are age, education and having permanent partner (husband) and the two dependent variables are perceived social support and quality of life. Multidimensional Scale of Perceived Social Support is used to measure perceived social support and World Health Organization Quality of Life is used to measure quality of life. Data were analyzed by using descriptive statistics, t- test and Pearson's correlation. Results reveal that perceived social support and quality of life of sex workers is related.

Keywords: Assam, Female sex worker, Ex-post-facto research, Perceived social support, Quality of life

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I. Introduction

A sex worker, or a devadasi as they have been called at different times in India, are the facilitators of what is regarded as the “oldest profession of the world”, which is not driven by need for physical pleasure only, but is rather driven by the economic and psychological distresses which contribute largely to the entry of sex workers into this profession. It is a \$100 billion global industry whose legal status varies from country to country from being permissible but unregulated, to a punishable crime or to a regulated profession. It is an industry which is unarguably ubiquitous in all the countries with their own variations, and whose history can be traced to 4000 years back to ancient Babylon.

The problem of female sex work in India is so widespread that every hour, four women or girls enter prostitution, out of which three enter it against their will. Female sex work in India has both modern and ancient facets to it. A dichotomy of female sex work in India is that it is legal but not regulated. There are an estimated 20 million commercial sex workers in India. Also, it's not that female sex work in India involves only the economically deprived sections of society, but there is a whole industry of escorts or call girls who are not only educated but are also from good colleges and from glamorous industries like modelling and film industry. They usually advertise their services through high-tech methods such as the internet and even advertising in newspapers.

Signs of sex tourism are very much evident in Assam. In fact there is a burst in flat-hotel-and-discotheque-based female sex work, which came to light after the arrests of many sex racketeers from various apartments and residential areas across the state including Guwahati, which is indicative of a large-scale female sex work racket linked to sex tourism in Assam.

Assam is gradually becoming a potent source of sex tourism. As, having similarity with other Asian countries in their beautiful physical features, the women of Assam have high demand in the international market.

Sex work is the business or practice of providing sexual services to another person in return for payment. The person who receives payment for sexual services is known as a female sex worker or sex worker, and the person who receives such services is known by a multitude of terms.

According to the Sexual Offences Act (1957) a sex worker is anyone who has ‘unlawful carnal intercourse’ or commits an act of ‘indecent’ with any person for reward. ‘Unlawful carnal intercourse’ is defined as sex with anyone other than your husband or wife. The reward mentioned in the definition is not clearly explained but is generally considered to be money. Sex Worker Education and Advocacy Taskforce (SWEAT) define sex workers as adults who provide sexual services for financial reward.

Types of sex workers

Sex work occurs in a variety of forms. Brothels are establishments specifically dedicated to prostitution. In escort prostitution, the act may take place at the customer's residence or hotel room (referred to as out-call), or at the escort's residence or in a hotel room rented for the occasion by the escort (called in-call). Another form is street prostitution. Sex tourism refers to travelling, typically from developed to underdeveloped nations, to engage in sexual activity with sex workers.

What causes prostitution?

In most cases the decision to enter into the sex industry for a woman is economic. However, there can be many different reasons for which women enter into this industry.

Some of the causes are given below-

1. *Poverty*: Poverty is one explanation for sex work. Miserable poverty has often forced women to enter into the sex industry because of the death of their parents, husband, divorce/separation or spouse's ill health.
2. *Lack of education and low socioeconomic status* : According to some studies it becomes clear that most of the women in this industry lack education and belong to low socio-economic strata. It is true that lack of education is a major constraint to job opportunities. Desire for freedom from family restrictions and in search of economic independence they enter into sex work.
3. *Early marriage, domestic violence* : It is seen, that in rural areas particularly, parents think of the female child as a burden of the family and so they are married off at an early age(before the age of 18), and harassment and violence is perpetrated by their spouse which is another reason for women coming into this profession
4. *Substance abuse*: Another major reason for women coming into this profession is the husband's addiction to alcohol and other substances. As a result of substance addiction their husbands are unemployed and this sometimes leads to even abandonment. So they choose sex-work as the easiest path for earning money for their family.
5. *Family reasons and lack of social support* : Sometimes family reasons also force women to enter into this profession like absence of an earning male member, inability to fulfil the needs of children and siblings, daughter's marriage, aged and sick parents, facing huge debt and lack of social support.
6. *Societal conditions*: Some women have reported that they were sexually assaulted by many individuals in their childhood and even by the police in their adulthood. As a consequence, consistent exposure to an exploitative society and working environment made many decide to enter sex work.
7. *Family tradition*: There are many groups of cast-based traditional sex workers in India. Because of family tradition girls born into these families are pre-ordained to becoming sex workers. Even though there is an explicit cultural reason for involvement in this industry, the root cause is found to be socio-economic in nature.
8. *Forcible entry, Deception by known people* : Many women also enter into this profession by being trapped through deception by known persons, including relatives and friends, as well as by unknown persons and strangers, and through promise of marriage by a lover or boyfriend.

II. Perceived social support

Social support is usually defined as the continued presence of people on whom we can rely, who care, value, and love us and our priorities. A broad definition of social support is the "resources provided by others" (Cohen and Syme, 1985). It has been seen as "information leading the subject to believe that he is cared for and loved, is esteemed and valued and belongs to a social network of communication and mutual obligation (Cobb 1976). From the cognitive point of view it includes the type of interactions and rewards inherent in support connections and how these are alleged by the participants (Social Determinants of Health, Michale Marmat and Richard Nilkinson, Second Edition, Oxford University Press). It refers to one's social bonding, social amalgamation and primary relations. These compassionate resources can be –

- Emotional- Expressions of empathy, love, trust and caring (e.g., nurturance),
- Tangible- Instrumental aid and services (e.g., financial backing),
- Appraisal- Information which is useful for self evaluation (e.g., instruction),
- Companionship- sense of belonging and indescribable (e.g. personal advice).

III. Quality of Life

The World Health Organization defines Quality of life as "an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's

physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (Oort, 2005)

Taking into consideration the life situations of female sex workers and the relevance of the variables discussed above, the present research is concerned with the status of female sex workers regarding perceived social support and quality of life. Following that an attempt has been made to find the relationship between perceived social support and quality of life of the sex workers.

The questions raised, therefore, are

1. What is the status of female workers on perceived social support and quality of life?
2. Is there any relationship between perceived social support and quality of life in female sex workers?

To investigate into the questions raised the following objectives were developed.

Research Objectives

- To investigate the status of female sex workers on perceived social support and quality of life.
- To investigate whether there is any relationship between perceived social support and quality of life in female sex workers.

Hypotheses

No hypotheses have been formulated as this is an exploratory study.

The following section deals with methodological issues:

Method

This study is an ex-post-facto research following a field study approach.

The variables under study:

1. Independent Variables

Independent Variables	Levels	
Age	Upto 30	Above 30
Education	Nil	Upto HSLC
Permanent Partner (Husband)	With Permanent Partner (Husband)	Without Permanent Partner (Husband)

2. Dependent Variables

1. Perceived Social Support
2. Quality of life

Sample:

The research has covered a sample of 60 female sex workers from different parts of Assam. Sample procedure is incidental sampling.

Inclusion Criteria:

To be included in the study the participant had to fulfill the following conditions.

- Registered in a medical facility for at least one year.
- Is not HIV Positive.
- Self disclosure of practicing sex work.

Research Tools

- *Multidimensional Scale of Perceived Social Support*

Multidimensional Scale of Perceived Social Support (MSPSS) is developed by Nancy Dahlem, Sara Zimet, Gordon Farley and Gregory Zimet; first published in the Journal of Personality Assessment in 1988. This is a 12-item scale with 4 items for each subscale and is designed to measure perceptions of support from 3 sources-

1. Family
2. Friends
3. Significant Others

- World Health Organization Quality Of Life (WHOQOL) is used to measure Quality of life.

The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group with fifteen international field centres, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally. The development of the WHOQOL-100, has been detailed elsewhere (i.e. Orley & Kuyken, 1994; Szabo, 1996; WHOQOL Group 1994a, 1994b, 1995).

The WHOQOL-100 allows detailed assessment of each individual facet relating to quality of life.

In certain instances however, the WHOQOL-100 may be too lengthy for practical use. The WHOQOL-BREF Field Trial Version has therefore been developed to provide a short form quality of life assessment that looks at Domain level profiles, using data from the pilot WHOQOL assessment and all available data from the Field Trial Version of the WHOQOL-100. The WHOQOL-BREF contains a total of 26 questions. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included. The four domains of WHOQOL-BREF are-

1. Physical health
2. Psychological health
3. Social relationships
4. Environmental

Ethics

The ethical considerations followed are as given below

- Confidentiality
- Informed consent
- Debriefing

IV. Result and Discussion

The scores obtained from the two tools were processed for getting the Mean and SD. Following that t-test was applied to assess if there was any significant difference in the Means in terms of age, education level, and having a permanent partner. Lastly, correlations were found to see if any relationship exists between perceived social support and quality of life. The mean and standard deviation of the sample by age on the scores of perceived social support are as shown in Table 1. Following the calculation of the descriptive statistics t – test was carried out and as shown in the table below it was found to be 0.998 which is not significant.

Table1. Perceived Social Support of the sex workers in relation to age

	Age_grp	N	Mean	Std. Deviation	t	Sig.
PERCEIVED_SOCIAL_SUPPORT_ASSESSMENT	Upto 30 yrs	34	54	17.519	0.998	0.323
	Above 30 yrs	26	49.54	16.686		

Although not significant, the means obtained by age are shown graphically below in Figure 1.

Figure 1. Graphical representation of Perceived Social Support of the sex workers in relation to age

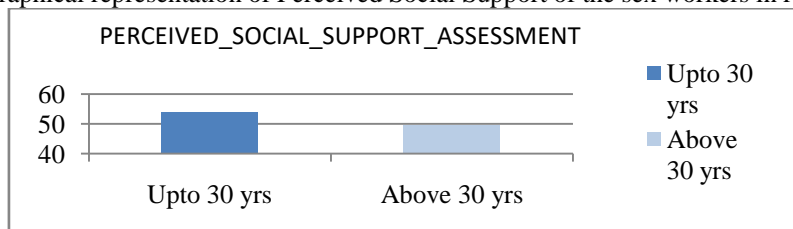


Table No.2 Perceived Social Support of the sex workers in relation to education

	Education	N	Mean	Std. Deviation	t	Sig.
PERCEIVED_SOCIAL_SUPPORT_ASSESSMENT	Nil	20	41.55	12.572	3.699**	0
	Upto HSLC	40	57.33	16.841		

Table No. 2 shows that Perceived Social Support of the sex workers is related with their education. The t value 3.699 is significant at 0.01 level. Further analysis also shows that the Mean (M=40) of the group with education

up to HSLC is higher than the group with of No education (M=20). This indicates that the group of FSW with education perceived more that they received social support from others. This may be due to their education level. Because when they are educated to some level, chances increase of their social involvement.

Figure 2. Graphical representation Perceived Social Support of the sex workers in relation with education

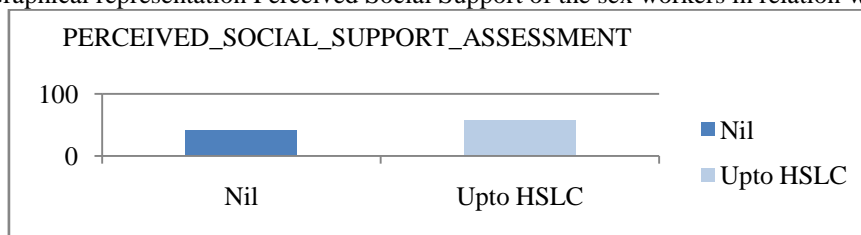


Table No.3 Perceived Social Support of the sex workers in relation to permanent partner (Husband)

	Permanent partner (Husband)	N	Mean	Std. Deviation	t	Sig.
PERCEIVED_SOCIAL_SUPPORT_ASSESSMENT	With Permanent Partner(Husband)	25	45.8	16.031	2.494*	0.016
	Without Permanent Partner(Husband)	35	56.54	16.743		

In Table 3 is shown perceived social support of the sex workers in relation to permanent partner (Husband). It is seen that the *t* value 2.494 is significant at 0.05 level. Further analysis shows that the mean of sex workers without husband (M= 35) is higher than that of those with husband (M= 25). This indicates that Perceived Social Support of the sex workers is high when they don't have permanent partner (Husband). This may be due to the tendency to help and support when people know that the woman is alone.

Figure3. Graphical representation of Perceived Social Support of the sex workers in relation with their permanent partner (Husband)

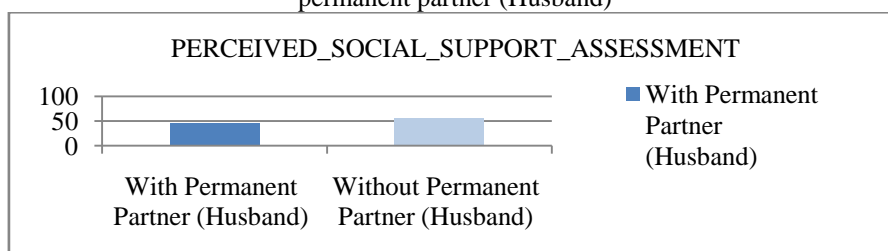


Table No.4 Showing the Quality of life of the sex workers in relation with their age

	Age_grp	N	Mean	Std. Deviation	T	Sig.
Physical Health	Upto 30 yrs	34	23.18	4.833	0.535	0.595
	Above 30 yrs	26	23.81	4.089		
Psychological	Upto 30 yrs	34	18.79	3.227	1.639	0.107
	Above 30 yrs	26	20.04	2.441		
Social Relationship	Upto 30 yrs	34	9.97	2.249	0.877	0.384
	Above 30 yrs	26	9.42	2.58		
Environment	Upto 30 yrs	34	27.53	3.492	1.406	0.165
	Above 30 yrs	26	28.73	2.974		

In the above table it can be seen that quality of life of the sex workers in relation with their age with the four domains of the questionnaire WHOQOL and the *t* values obtained are not significant.

Figure 4. Graphical representation of Quality of life of the sex workers in relation with their age

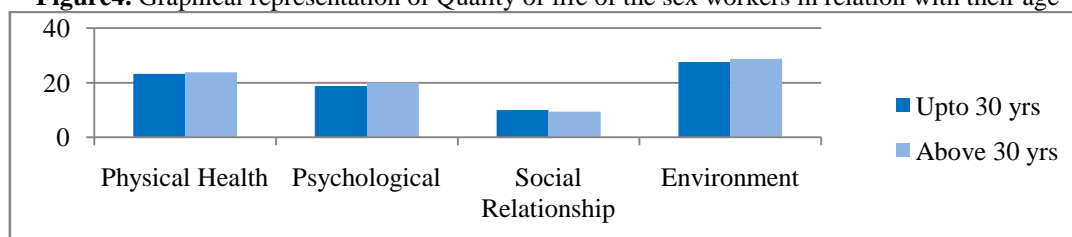


Table No. 5 Showing the Quality of life of the sex workers in relation with their education

	Education	N	Mean	Std. Deviation	t	Sig.
Physical Health	Nil	20	22.55	4.454	1.097	0.277
	Upto HSLC	40	23.9	4.511		
Psychological	Nil	20	18.5	2.705	1.563	0.123
	Upto HSLC	40	19.75	3.019		
Social Relationship	Nil	20	8.45	2.305	3.153**	0.003
	Upto HSLC	40	10.38	2.192		
Environment	Nil	20	27.6	3.136	0.743	0.461
	Upto HSLC	40	28.28	3.404		

In the above table it can be seen that quality of life of the sex workers in relation with their education level in the four domains of the questionnaire WHOQOL. Here too it has been seen the *t* values obtained for physical health, psychological and environment domains are not significant. But the *t* value for social relationship ($t=3.153$) is significant at 0.01 level.

Further analysis also shows that in social relationship the Mean for the group with education up to HSLC ($M= 40$) is higher than the group with no education ($M=20$). This indicates that education affects social relationships of the sex workers. This is in congruence with the results obtained from the scale on Perceived Social Support where too the group of FSW with some education reported higher perceived social support.

Figure 5. Graphical representation the Quality of life in all domains of the sex workers in relation with their education

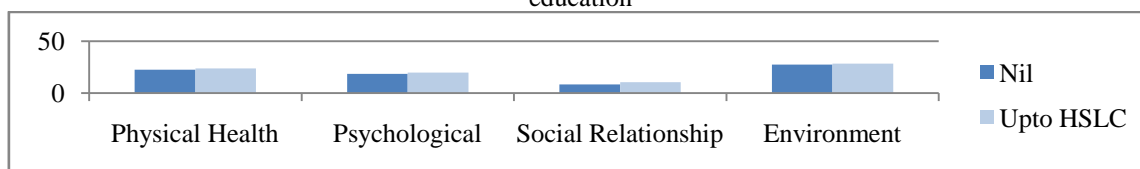


Table No. 6 showing the Quality of life of the sex workers in relation with their permanent partner (Husband)

	Permanent partner (Husband)	N	Mean	Std. Deviation	T	Sig.
Physical Health	With Permanent Partner(Husband)	25	23.4	4.291	0.072	0.943
	Without Permanent Partner(Husband)	35	23.49	4.705		
Psychological	With Permanent Partner(Husband)	25	19.84	3.118	1.125	0.265
	Without Permanent Partner(Husband)	35	18.97	2.823		
Social Relationship	With Permanent Partner(Husband)	25	9.72	2.246	0.036	0.971
	Without Permanent Partner(Husband)	35	9.74	2.525		
Environment	With Permanent Partner(Husband)	25	28.36	4.03	0.611	0.544
	Without Permanent Partner(Husband)	35	27.83	2.717		

In the above table it has been seen that quality of life of the sex workers in relation with their permanent partner (Husband) for the four domains of the questionnaire WHOQOL. Here it has been seen that all the *t* values are not significant.

Figure 6. Graphical representation the Quality of life of the sex workers in relation with their permanent partner (Husband)

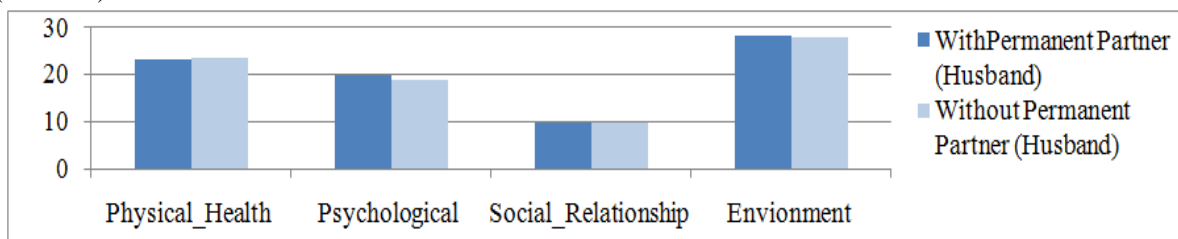


Table No. 7 Correlation between the Variables

		WHOQOL_BRF	Perc_Soc_supp
WHOQOL_BRF	Pearson Correlation	1	.438(**)
	Sig.		0
	N	60	60
Perc_Soc_supp	Pearson Correlation	.438(**)	1
	Sig.	0	
	N	60	60

V. Discussion

The findings of this study shed light on different aspects of the life of FSW. Firstly, Perceived Social Support of the sex workers is related with their education and the educated FSW (although of low education) perceive higher social support than the uneducated ones. Similarly, it is seen that quality of life is also related with education. Because when they are educated a bit, chances increases of wider social interaction and involvement which leads to more exposure and, in turn, probably leads to high quality of life.

It is seen that Perceived Social Support of the sex workers is high when they don't have permanent partner (Husband). This may be due to the tendency that when people know that a woman is alone they try to help them more or may be the women are free to involve themselves in social activities without any restrictions imposed. Another possibility is that they may be receiving social support from others who are not related to them.

Research studies on the variables studied in the present investigation are scarce. The study by *Shukla & Mehratra (2015)* throws some light on related variables as their data revealed that majority of female sex worker are not satisfied with the social support they get from their family as a major chunk of sample reported that they get family support only when they are extremely ill and cannot go for their profession."The authors also reported that most of the sample had low education, i.e. up to seventh standard of secondary education. Although no attempt was made to relate education with social support it is apparent that a sample with low education level reported dissatisfaction with social support from family.

Although it is difficult to relate the findings of the present research with the above mentioned study, it may be assumed that the sex workers without a permanent partner could perceive social support from non family members such as peers. The present research, however, did not delve into the sources of social support. The finding could also be interpreted as being supported by the findings of *Shukla & Mehratra (2015)* because in the same study the authors have reported, "An interesting finding which came to fore was that majority of female sex workers 83.33% stated that they get full social support from the peers as they understand each other and the problems they face are the same, where as only a small number of sex worker were not satisfied with the social support they get from their peers."

Results also indicate that perceived social support is related with quality of life. FSWs that don't have Permanent Partner had a significantly positive correlation between their Quality of Life and Perceived Social Support. Applying the same rationale of perceived social support from non family members, it would seem that the high perceived social support of this group of FSWs contributes to high quality of life as correlation is positive and significant.

Similarly, in FSW's with age above 30 years Quality of Life and Perceived Social Support are significantly related. This may be due to mature age which probably leads to better social skills and opportunity for social interaction and therefore to a good quality of life.

VI. Conclusion

It must be noted that the above results indicate only trends. The social life of the sex workers is related with their quality of life. Their age, education and having a permanent life partner appear to affect their psycho-social life.

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Web links

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