"A Convergent Parallel Mixed Method Study To Explore Lived Experiences And The Health Consequences Of Female Sex Workers Registered With Selected Ngos Of Chandigarh"

Ms. Meenakshi Agnihotri

Ms. Meenakshi Agnihotri, Research Scholar, Desh Bhagat University, Mandi Gobindgarh, Punjab.

Abstract

The current Convergent parallel mixed method study is a result of a pilot study conducted on 5 subjects by using in-depth interviews for qualitative data to explore lived experiences and 25 subjects for quantitative data to assess the health consequences of female sex workers registered with selected NGOs. A purposive sampling technique was used to allocate the samples and data were collected with the help of a quantitative Interview Schedule. The findings of the study revealed that according to General Health Assessment, most of the women are anaemic and also have systemic health-related issues like hypertension, diabetes, skin infections, and urinary tract infections, and for Mental Health Assessment – DASS-42 depict that 95.3% of respondents (261 individuals) are in the severe stress category (scores 85-126), 4.7% (13 individuals) are moderate (43-84), and no one is in the mild category (0-42). For Qualitative data collection, a Semi-structured Interview guide (Audio-tape recorder) was used to determine factors that forced or influenced them to enter into sex work. After the guided interview, the researcher found the facts that low income, Influence of peers or social networks, Human trafficking or exploitation, Desire for financial independence, History of trauma, abuse, or exploitation, Mental health issues (e.g., depression, anxiety), Substance abuse or addiction, Family or relationship problems.

Introduction

Human, medical, and legal rights may be violated by the contentious phenomenon of sex labor in various nations.[1] Since the age of sex work has dropped to 13 in Iran, neglecting the mental and psychological care of these women has resulted in societal harm spreading covertly throughout different spheres of society[4]. Mental illnesses, family histories, poverty, and lack of means of subsistence are among the other factors that contribute to sex work, in addition to social, psychological, political, and economic life.

Sex labor includes any exchange of sexual services for monetary or material gain, including prostitution, stripping or lap dancing, pornographic performances, phone or online sex, and any other similar activities. Full-service sex workers are those that offer sexual services in addition to having sex. NGOs are frequently quite involved in outreach to the sex industry, especially when it comes to STI and HIV prevention. NGO outreach for HIV prevention to sex workers, however, is not always as well-organized and coordinated as comparable initiatives aimed at other groups (e.g., men who have sex with men). Sexual workers are more likely than the general public to contract sexually transmitted diseases (STIs) due to their potential to engage in multiple sexual relationships.

Objectives of the study

1. To explore and highlight lived experiences of female sex workers registered with selected NGOs of Chandigarh.
2. To assess physical and mental health of female sex workers registered with selected NGOs of Chandigarh.

Methodology

A Convergent Parallel Mixed Method Design was adopted for current pilot study. A pilot research was carried out on five respondents to examine lived experiences through in-depth interviews (qualitative data), and on twenty-five subjects to gather quantitative data to evaluate the health effects of female sex workers who are registered with particular NGOs who fulfilled the inclusion criteria. A purposive sampling technique was used to allocate the samples, The tool consists of four parts: Part A – Socio-demographic variables, Part B – General Health Assessment Performa, Part C– Mental Health Assessment – DASS-42 and for qualitative data collection Interview guide was scheduled and utilized for Data collection. The Reliability of The qualitative tool demonstrates good to excellent reliability (0.7-0.9) via Cronbach's Alpha and Test-Retest methods, with strengths in comprehensiveness and clarity, but limitations in potential biases and sensitivity, The DASS-42 scale demonstrates excellent internal consistency reliability (Cronbach's α = 0.91-0.97) and test-retest reliability (r = 0.71-0.81), as measured by Cronbach's Alpha and Pearson Correlation Coefficient tests. Ethical consideration was taken from the ethical committee.

Findings of the study

Findings related to sample characteristics of sex workers

The demographic profile reveals that most respondents (50.7%) are aged 41-45, married (78.8%), and have lived in the city for 2 years (80.7%). Educationally, 65.7% have completed high school, with 99.3% earning 10,000-15,000 rupees. Nuclear families (73%) are prevalent, with 52.2% having one child. All respondents (100%) hail from rural areas, predominantly identifying as Hindu (91.2%). In terms of sex work, 39.4% have 2 years of experience, engaging in 2 sexual acts/day (54.4%), with 66.8% working part-time. Substance abuse is notable, with 43.8% consuming alcohol and 27.7% smoking. Furthermore, 47.4% report experiencing worry or tension.

HEALTH RECORD AND GENERAL PHYSICAL HEALTH SCREENING AND DIAGNOSTIC OF THE FEMALE SEX WORKERS

The surveyed sex workers are predominantly aged 41-45 (50.7%), married (78.8%), and have lived in the city for 2 years (80.7%). Most have a high school education (65.7%) and earn 10,000-15,000 rupees (99.3%). They mostly come from nuclear families (73%), have one child (52.2%), and hail from rural areas (100%), identifying as Hindu (91.2%). In their profession, 39.4% have 2 years of experience, engaging in 2 sexual acts/day (54.4%), and work part-time (66.8%). Substance abuse is common, with 43.8% consuming alcohol and 27.7% smoking, and 47.4% experience worry or tension.

Frequency & Percentage distribution level of DASS

CRITERIA MEASURE OF DASS SCORE		
Level of Scores N= 274	**PERCENTAGE**	**FREQUENCY**
SEVERE (85-126)	95.3%	261
MODERATE (43-84)	4.7%	13
MILD (0-42)	0.0%	0

Maximum =42 Minimum=0

The data on DASS (Depression, Anxiety, and Stress Scale) scores shows that the majority of respondents fall into the severe category, with 95.3% (261 individuals) scoring between 85-126. A small proportion of respondents, 4.7% (13 individuals), fall into the moderate category, with scores ranging from 43-84. No respondents fall into the mild category, as no one scored between 0-42. This indicates that most individuals in the sample experience severe levels of stress, anxiety, or depression, with very few reporting moderate levels and none showing mild levels.

Association of stress Scores and Demographic Variables

The Chi-square analysis revealed no significant associations between various demographic factors and DASS scores. Specifically, no correlations were found with age (p=0.701), marital status (p=0.216), duration in city (p=0.658), education (p=0.115), income (p=0.751), family type (p=0.946), number of children (p=0.586), religion (p=0.849), substance abuse (p=0.758), sexual activity frequency (p=0.698), years in sex work (p=0.495), employment status (p=0.806), or worry/tension (p=0.636). These findings suggest that DASS scores are not significantly influenced by these demographic variables.

Association of scores and health record and general physical health screening and diagnostic

HEALTH RECORD AND GENERAL PHYSICAL HEALTH SCREENING AND DIAGNOSTIC		LEVELS (N=274)			ASSOCIATION WITH DASS SCORE				
Variables	Opts	SEVERE	MODERATE	MILD	Chi Test	P Value	df	Table Value	Result
General State of Health	Anemia	43	2	0	5.809	0.445	6	12.592	Not Significant
	Lack of appetite	28	2	0					
	Normal	77	6	0					
	Obesity	8	0	0					
	Underweight	11	0	0					
	Sleeping disturbance	17	2	0					
	Weakness	77	1	0					
Central Nervous System	Dizziness	14	0	0	2.301	0.681	4	9.488	Not Significant
	Headache	1	0	0					
	Lethargy	95	3	0					
	Sleeping disturbance	2	0	0					
	Normal	149	10	0					
Cardio-Vascular System	Hypertension	20	1	0	0.000	0.997	1	3.841	Not Significant
	Normal	241	12	0					
Gastrointestinal System	Constipation	14	0	0	1.133	0.769	3	7.815	Not Significant
	Hurtburn	2	0	0					
	Indigestion	5	0	0					
	Normal	240	13	0					
Endocrinological System	Diabetes	15	0	0	1.741	0.419	2	5.991	Not Significant
	Thyroid	16	0	0					
	Normal	230	13	0					
Musculo Skeletal System	Normal	238	13	0	1.251	0.263	1	3.841	Not Significant
	Joint pain	23	0	0					
integumentary System	Dryness	6	0	0	0.903	0.637	2	5.991	Not Significant
	itching	11	0	0					
	Normal	244	13	0					
Reproductive System	Any STI	25	3	0	2.459	0.117	1	3.841	Not Significant
	Normal	236	10	0					

No significant correlations between DASS scores and other health indicators were found by the Chi-square analysis. General health (p=0.445), symptoms of the central nervous system (p=0.681), cardiovascular health (p=0.997), gastrointestinal problems (p=0.769), endocrine disorders (p=0.419), musculoskeletal problems (p=0.263), integumentary problems (p=0.637), and reproductive health (p=0.117) did not correlate with any of these factors. These results imply that there is no significant relationship between these physical health indicators and DASS scores.

Qualitative data collection Interview guide

In-depth interview schedules with the registered sex workers were schedules and questions were based on their childhood experiences and factors that forced or influenced them to enter into sex work as a profession. Their lived experience related to self, family, society, health professionals, and government policies. Numerous systemic health problems affect sex workers, such as anemia, nutritional deficiencies, neurological symptoms (headaches, lethargy, dizziness), hypertension, cardiovascular problems, gastrointestinal problems (indigestion, constipation), endocrine disorders (thyroid, diabetes), musculoskeletal pain (joint pain), integumentary problems (itchiness, dryness of the skin), and reproductive health problems (STIs). Furthermore, social, economic, and environmental variables frequently make mental health conditions like stress, anxiety, and depression worse, underscoring the necessity of comprehensive healthcare assistance.

Conclusion

Female sex workers face significant challenges, including early marriage and lack of support from partners, leading to financial struggles. One woman said, "Mein isme iss liye ayi kyunki husband drink krta tha." They live secret lives filled with guilt and fear of exposure. One noted, "Mere husband aur Parivar ko nahi pata." Despite stigma, clients are generally kind with no emotional ties, as one shared, "Hamein apne kaam se matlab hai." Health issues persist; they use condoms but still face physical and emotional challenges. One stated, "Mujhe thyroid ki problem hai," expressing despair with, "Kabhi Kabhi marne ka dil krta hai."

REFERENCES

1. https://www.opensocietyfoundations.org/explainers/understanding-sex-work-open-society.

2. "Violence Against Sex Workers and HIV Prevention" (PDF). World Health Organization. 2005.

3. Burnes, Theodore R. (2017). "Sex Work". In Nadal, Kevin L. (ed.). The SAGE Encyclopedia of Psychology and Gender. SAGE Publications, Inc. pp. 1467–1470. doi:10.4135/9781483384269.n494. ISBN 9781483384283.

4. Andrade E, Leyva R, Kwan MP, Magis C, Stainez-Orozco H, Brouwer K. Women in sex work and the risk environment: Agency, risk perception, and management in the sex work environments of two Mexico-US border cities. Sex Res Social Policy. 2019;16:317–28. [PMC free article] [PubMed] [Google Scholar] [Ref list].

5. Exploring the semantics of prostitution in the lived experience of prostitutes: a qualitative study. Journal of Women and Society. 2021;11:279–306. [Google Scholar] [Ref list].

6. Moran R, Farley M. Consent, coercion, and culpability: Is prostitution stigmatized work or an exploitive and violent practice rooted in sex, race, and class inequality? Arch Sex Behav. 2019;48:1947–53. [PubMed] [Google Scholar] [Ref list].

7. Boroumandfar Z, Kianpour M, Afshari M. Ups and downs of drug rehab among women: A qualitative study. BMC Womens Health. 2020;20:77. [PMC free article] [PubMed] [Google Scholar] [Ref list]

8. "Prostitution: Factsheet on Human Rights Violations". Prostitution Research & Education. 2000. Archived from the original on 2010-01-04. Retrieved 2009-09-03.

9. Farley, Melissa (2003). "Prostitution and the Invisibility of Harm". Prostitiution Research & Education. Retrieved 10 April 2018.