

Original Research Article

Psychiatric Morbidities among Female Sex Workers in Bangladesh: an Observational Study

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Abstract: Female sex workers are degraded by society all over the world. Most of them suffered from depression and different sorts of mental disorders are developed among them. To find out the psychiatric disorders among female sex worker seeking medical treatment in a STI/RTI treatment centre run by Non Governmental Organization (NGO), Dhaka. This cross-sectional study was conducted at outdoor treatment centre of an NGO in Dhaka city from January 2019 to December 2019 over a period of one year. Fifty female sex workers were selected for this study. The mean age of the respondents was 33.2 ± 7.9 years within the range of 21 – 47 years. Almost two-thirds of the respondents just completed their primary education and 22.0% of the respondents were illiterate. Maximum respondents were either single or live away from family. Only 32.0% of the respondents lived with their respective husbands. More than half of the respondents had no good relationship with their respective husbands. The average monthly income was 235 US Dollar (USD). Income varied from 47 USD to 588 USD. About 36% of respondents had family members more than 04 persons. Family members varied from 01 to 07. As a sex partner, most of the respondents preferred males and the most preferable route was mouth. 38.0% of the respondents used barrier and 18.0% of the respondents had a selective client. According to DSM-5, Major Depressive Disorders was observed in 62% respondents, Substance/medication-induced psychotic disorder 18%, anti-social personality disorder was observed in 08% respondents and Histrionic personality disorder was observed in 12.0% respondents. The prevalence of Psychiatric morbidities is an under attended problem in Bangladesh. To the author's best knowledge this is the first psychiatrist approach to female sex workers in Bangladesh. Further large scale extensive studies would be necessary for better visualization of the extent of the issue.

Keywords: Psychiatric, morbidity, female sex worker.

INTRODUCTION

A female sex worker is defined as a woman who is in a sexual relationship with a man other than her partner when there is a financial incentive involved. Female sex workers suffer from a dilemma from a common belief that they are living with adultery, ruining relationships, spreading venereal disease, and giving birth to illegitimate children. Also, their work is strongly forbidden by religious laws with certain extreme punishments. For this reason, female sex workers conceal their real identity while interacting with their clients and living in society [1-3]. Combination of many factors like cultural and legal barriers, female sex workers are a deprived part of communities [4] and it is very difficult to gather information⁵ and perform a psychiatric study on female sex workers in Bangladesh although various non-governmental organization (NGO), such as BWHC (Bangladesh Woman's Health Coalition), DNS (Durjoy Nari Shangha) and Light

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House are the STI/RTI treatment centres in Bangladesh play a significant role in helping female sex workers with their sexual health. Sex workers are vulnerable population who are prone to many health conditions including medical diseases such as sexually transmitted diseases (STDs) as well as psychiatric disorders [1-3]. The psychosocial vulnerabilities and mental stressor including, childhood sexual abuse, exposure to childhood physical abuse, poverty, illiteracy, low socioeconomic status various interpersonal violence that is unfavourable to family conditions [6-8] such as conflicts with own family, make these vulnerable patients more susceptible to psychiatric disorders. Female sex work face disproportionate social and health inequities compared to the general population, there remains a treatment gap in evidence regarding the broader general health issues faced by this group of female sex workers, including psychiatric morbidity [5]. The mental health of female sex works remains sparse and is limited to only a few studies settings in Asia, Europe, North America, and Australia. Evidence from various studies indicates that female sex workers may experience a high burden of psychiatric morbidity, especially mood disorder, suicidal ideation due to Major Depressive Disorders, and post-traumatic stress disorder (PTSD) [9-17] and substance use [6]. The objective of this study was to diagnosis psychiatric morbidity among female sex workers in Bangladesh to develop evidence-based mental health interventions and to reduce their impact on their well-being.

METHOD

This cross-sectional study was conducted in an NGO outpatient facility where clients came for the treatment of Sexually Transmitted Infection/Reproductive Transmitted Infection (STI/RTI) in Dhaka city. Study period was one year from January 2019 to December 2019. These STI/RTI treatment centres, funded by different Non Governmental organizations, are situated different part of the city. One female sex worker is assigned as informer to inform other sex workers in that particular area for STI/RTI treatment. The treatment facility is designed to treat STI/RTI of the female sex workers by a female doctor. Whenever FSWs visited the centre for STI/RTI treatment first author approached them with the study. Objective of the study, anonymity of the participants and detail of confidentiality were explained to each FSW. They were also explained that even after the consent they can withdraw themselves any time from the study. After taking written and verbal consent from fifty FSWs, Socio-demographic data were obtained and psychiatric diagnoses were performed using Diagnostic and Statistical Manual (DSM-V). Collected data were sorted, cleaned and analysed.

RESULTS

The duration of study was one year. Participation rate 70.4% (Twenty one FSWs were refused to enroll in this study). Mean age of the respondents was 33.2 ± 7.9 years within the range of 21–47 years. Half of the respondents were in age group 21–30 years. Most of the respondents were Muslim (94.0%). Most of the respondents did not completed secondary school. Almost two third of the respondents just completed their primary education and 22.0% of the respondents were illiterate. Maximum respondents did not live either with husbands or parents, only 20.0% of the respondents lived with their respective husbands. Very few of the respondents had good relationship with their respective husbands.

Table-1: Demographic profile of the respondents (N=50)

	Frequency (n)	Percentage (%)
Age (years)		
21-30	25	50.0
31-40	13	26.0
41-50	12	24.0
Mean±SD (min-max)	33.2 ± 7.9 (21 – 47)	
Religion		
Muslim	47	94.0
Hindu	3	6.0
Education		
Illiterate	11	22.0
Primary	32	64.0
Class VIII	6	12.0
SSC	1	2.0
Occupation		
Business	38	76.0
Service	12	24.0
Living with		
Husband	10	20.0
Parents	16	32.0
Others	24	48.0
Relation with husband		
Good	06	12.0
Bad	44	88.0

Table-2: Respondents’ monthly income (N=50)

Monthly income (Taka)	Frequency (n)	Percentage (%)
≤10,000	11	22.0
>10,000 - 20,000	25	50.0
>20,000	14	28.0
Mean ±SD (min-max)US\$	235 ± 143 (47 - 588)	

US\$ 1.0 = Tk. 85.0 (Aprox)

Average monthly income of the female sex workers was US\$ 235. Income varied from US\$ 47 to US\$ 588. Half of the respondent’s monthly income was between US\$ 117 – US\$235. Here most of the respondent’s income was more than per capita of Bangladesh (78.0%). Per capita income per month is US\$ 107.3 [18].

Table-3: Respondents’ family member (N=50)

Family member	Frequency (n)	Percentage (%)
1 - 2	13	26.0
3 - 4	19	38.0
>4	18	36.0
Mean ±SD	3.9 ± 1.7	
Min - max	1 - 7	

36.0% respondents had family member more than 4 persons. Family member varied from 1 to 7.

Table-4: Liking of the respondents (N=50)

	Frequency (n)	Percentage (%)
Like as a sex partner		
Male	49	98.0
Female	1	2.0
Preferred route		
Mouth	30	60.0
Vagina	09	18.0
Both(Mouth & Vagina)	10	20.0
Anus	01	2.0
Barrier method(Condom) used by the respondents	19	38.0
Selective partner	9	18.0

As a sex partner most of the respondents’ preferred male and most preferable route was mouth.38.0% of the respondents used barrier and 18.0% of the respondents had selective client.

Table-5: DSM 5 diagnosis (N=50)

	Frequency (n)	Percentage (%)
Major depressive disorder	31	62.0
Substance/medication-induced psychotic disorder	09	18.0
Histrionic personality disorder	06	12.0
Antisocial personality disorder	04	8.0

*Multiple responses

According to DSM 5, Major depressive disorder was observed in 62.0% respondents, Substance/medication-induced psychotic disorder was 18.0%, Anti-social personality disorder was observed in 8.0% respondents and Histrionic personality disorder was observed in 12.0% respondents.

DISCUSSION

Bangladesh is a country with tolerant and Muslim majority country. Yet prostitution is legal in here. The societal view of prostitution is not positive for definite reason and it’s a disrespected profession. There is a scarcity of data regarding psychiatric disorders among female sex workers (FSWs) in Bangladesh. Due to cultural and religious barriers, information gathering, and release for the topic of sex workers have been often extremely difficult. In present study psychiatric diagnosis was done by face to face interview assigned using DSM-V among the respondents. In this study, Major Depressive Disorder among female sex workers was 62% which was comparable to the studies of Sagtani *et al.*, conducted in Nepal, Suresh *et al.*, & Pandiyan *et al.*, in India and Alegria *et al.*, in Puerto Rico [19-22]. The guilt of

being into this profession was also causing them depression. Among the FSWs, in this study, 18.0% were substance/medication-induced psychotic disorder. Substance use is a common practice among sex workers. To earn more need to entertain more clients, this is not possible without substance use. Histrionic personality disorder was found in 12.0% cases and antisocial personality disorder in 8.0% cases. There is a high rate of antisocial personality disorder (APD) and other psychiatric morbidities in prostitute women [23].

In this study, the mean age of the FSWs was 33.2 ± 7.9 years varied from 21 to 47 years. Half of the respondents were in the age group 21–30 years. In a study conducted in Meghalaya of India mean age of the respondents was 29.53 years and the majority of them were Christian [24]. In our study, most of the respondents were Muslim (94.0%) as because Muslim majority country. Most of the respondents did not complete secondary school. Almost two-thirds of the respondents just completed their primary education and 22.0% of the respondents were illiterate. The majority of the FSW completed primary education only in Miraj Town of India [8]. In the study of Iaisuklang and Ali, majority of the FSW studied up to middle school in Meghalaya of India [6]. Poverty is one of the main causes which push woman towards prostitution. Economically depressed women with low education levels become victims of prostitution. Maximum respondents did not live with either husbands or parents, only 20.0% of the respondents lived with their respective husbands. More than half of the respondents had no good relationship with their respective husbands.

The average monthly income was US\$ 235. Income varied from US\$ 47 to US\$ 588. Half of the FSWs' monthly income was between US\$ 117.6 to US\$ 235. Here most of the FSWs' income was more than per capita of Bangladesh (78.0%). In Bangladesh, per capita income per month is US\$ 107.3 [18]. FSWs' of this study were not from any brothel, they live within the general population and maintained better lifestyle to attract sophisticated clients. That is why they earn a handsome amount.

As a sex partner, most of the FSWs preferred males and the most preferable route was mouth. 38.0% of the FSWs used barrier and 18.0% of the FSWs had selective clients. 62.0% of the FSWs were in danger of sexually transmitted diseases. They have a lack of health awareness, so, public health policymakers must have knowledge about their mental health status. Lack of safe sex practice may be a major threat of STI transmission in the society. More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. Each year, there are an estimated 376 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis [24, 25].

The ambivalence of FSWs identity gives rise to different forms of alienation. From the perspective of Lacanian psychoanalysis, importance is given to alterity in the constitution of identity [26]. The subject is the object of another person's gaze and is structured from that other in a mental operation [27]. For Lacan, alterity is the point from which the subject sees himself; it is from the otherness that he describes himself [26-28]. As the female sex worker does not experience a relationship of continuity, but a transient, illusory relational situation, the construction of her own identity suffers negative interference. In addition to health treatment, special attention should be paid to psychological treatment of female sex workers, so that they can reconstruct their own image, dismantling the distorted image and setting up their identity in a new structure.

CONCLUSION

Mental health is a significant part of overall health preventive intervention. The prevalence of psychiatric morbidity among female sex workers is notable in Bangladesh, for a healthier lifestyle of female sex workers we need to reduce the psychiatric morbidities to help their well-being. Finally, there is an immediate need to improve their well-being, develop evidence-based assessment and diagnosis of psychiatric morbidities, through governmental and non-governmental agencies in Bangladesh, and also through mental health professionals and prevention workers.

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