

Substance Abuse among Young Female Sex Workers in Tehran Metropolitan

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Abstract

Both drug use and sex work considered as serious health and social problems. This study aimed to find the relation between them in young Iranian women. A mixed method of data collection applied from 300 young female sex workers in Tehran and 39 in-depth interviews with key informants. Result show that 84.4 % of participants used drugs before sex work. 46.2% of their fathers and 56.6% of their husbands used drug. 13.6% of these women mothers were sex workers. Evidences stated that priority of drug addiction to sex work cannot be generally determined. This study finding indicated that young women use drugs mostly before sex work; but substance abuse after starting sex work was to reduce the mental and physical sufferings to facilitate working through raising sexual potency and to sink in ecstasy and ignorance meanwhile in most cases to be able to obtain drugs.

Keywords: Women, Sex work, Drug use.

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1. Introduction

Based on many studies on the social problems in Iran, drug addiction and substance abuse have been decided as the most significant and urgent problems to be studied (Rafiee et al., 2009). On the other hand, although drug addiction has always been considered as a male problem, females' share of the addicted population has increased gradually from the beginning of this decade (Razaqi et al., 2000). Drug addiction patterns among young women in comparison with men are less likely to abuse illegal drugs; moreover, male addicts often receive support from their spouses when quitting while their female counterparts do not (Safari, 2003).

Furthermore, according to Differential Association Theory (Sutherland, 1992), women are more affected by the emotional and intimate relationships; therefore they usually start using drugs under the influence of their close relatives. Some reports show that half to one third of the addicted women are living with the addicted men (Rahmati, 2002).

Studies about the interrelationship of sex work and addiction have taken into consideration the causal aspects of relationship in between (i.e., addiction as the result of the sex work or vice a versa), functional aspect (i.e., drug as the tranquillizer/relief to unpleasant consequences of sex working), and (social/health) consequences for women engaged in both. According to Iranian Ministry of Health and Medical Education, it is estimated that 1.200.000 to 2.000.000 people are dependent to illicit drugs and almost 10% of drug dependents are women. Although women initiate illicit drug abuse later than men, they are mostly raised in poor environment with drug use problems (Alammehrjerdi et al., 2016).

Apart from all the differences between men and women, the relationship between drug addiction and sex work should be considered as a special pattern for some addicted women while female sex workers are considered an epidemiologic core group for transmitting STDs and so many other health problems (Khodabakhshi et al., 2012). The present study intended to elaborate the drug abuse among female sex workers.

2. Literature Review

Farley and Kelly (2000) referred to close relationship between drug use and sex work in their critical review on the literature of the prostitution in the realm of social science and health during two time periods 1980- 84 and 1992-96. Cusick and others (2003) studied 125 women and found out that the rate of addiction before and after starting sex work is the same among adult female sex workers. Addiction to drugs before starting sex work was more common among younger women. Many young women started sex working for a little amount of cocaine and used more amount of heroin, crack and amphetamines than female sex workers above 26 (Cusick et al, 2003). O'Connor and Healy studied the relationship between sex working and drug trafficking on one side and sex working and addiction on the other in three regions: Balkan Peninsula, South Eastern Europe and European Union. They reported a high rate of violence and control over the female sex workers. Control reported to be almost 80% through physical violence, >60% through rape, > 80% through emotional abuse, >70% through verbal abuse, and almost 70% through alcohol and drugs (O'Connor and Grainne, 2006).

A recent study in one of the northern provinces of Iran reported that 39% of female sex workers in the area were less than 30 years old, mostly educated only in elementary school, 43% had substance dependent husbands and the average of 1-10 sexual partners in a week. A significant relationship was found between the type of drugs used and factors such as having substance dependent husband, regular condom use and number of sexual acts per week (Taghizadeh et al., 2015). A qualitative study in Tehran showed that about half of the participants were opiate users, and sex working is the main source of their income. The most frequent reasons reported as the initiation of drug use were extrinsic motivations such as family, friends and social network patterns besides intrinsic ones mentioned as curiosity and individual willingness. Meanwhile the main reason to initiate sex working was the need to buy drugs and other financial problems (Roshanfekar et al., 2015).

A part of this research referred to the consensus of different studies on the fact that all women and children involved with sex working in their own residences (i.e., not been trafficked to other countries) have experienced

economic deprivation in addition to be sexually abused. Homelessness and addiction were among other leading factors for women to start sex working. Sexual abusers mostly try to engage female sex-workers in addiction to different drugs to make it easier to abuse them (O'Connor and Grainne, 2006).

Using alcohol and drugs makes the sex workers insensible towards pain and helps them deal with it easier which increases their dependence to these substances. Many of these women reported to be aware of the threats while using alcohol or drugs, but unable to react or stop. The results on the relationship between sex working and drug addiction could be classified in two groups. First, the one focused on the effects of addiction and drug abuse in women and their relatives before and second, the one that studied them after starting sex work .

3. Before Starting the Sex Work

Farley (2003) and others have studied sex working and human trafficking on 548 women in 9 countries. They have reported that averagely 48% of female sex workers continue their jobs because of their addiction to drugs. Norton-Hoek (1990) believed that runaway girls choose sex work to earn living and afford drugs. 52 % of the imprisoned girls, she has interviewed, used cocaine daily and 44 % of them were addicted to heroin. Sediq Sarvestani (1994) showed that more than half of the female sex workers in Iran start drugs before starting sex working. Oliai Zand (2002) demonstrated that two third of the female sex workers, whom he had studied, were drug addicts. Meanwhile 23.8 % of them were drug addicts before starting the sex work (Table 1).

4. After Starting the Sex Work

A group of studies has focused on the women who start sex work without any background of addiction to drug or alcohol but start using the drug due to many reasons (mainly to relieve sufferings caused by their jobs) after a while. Green and others (1993) found that some of the female sex workers can work only when they have used drugs.

Young and Hubble have published a report based on the study of 203 American- African female sex workers and the psychological sufferings caused

by drugs. They found the following factors as the main reasons behind using drugs and dealing with the psychological sufferings caused from: To

- increase self-confidence
- increase the control
- be more intimate with others
- decrease the sense of guilt
- promote the capacity to deal with the problems
- decrease the sexual distress (Young et al., 2000)

"Prostitution: Fact or Fiction?" which was published by the coalition of feminists against prostitution (2009), suggests that: "in order to deal with prostitution, the female sex workers should learn to detach from the outdoor world. This attachment causes many long term sufferings for them. The female sex workers who cannot figure out a way of detachment usually seek refuge to alcohol or drugs as compensation. Therefore, many of the female sex workers, regardless of the reasons behind choosing sex work as a profession, start to use the drug or increase the normal doze of their drug (Feminist Coalition against prostitution, 2009).

Trent (2008) has referred to occasional functions of drug to deal with the [sufferings] of the sex working. He has reported that 70 % of the female sex workers in Detroit are addicted to drugs.

A review of the research findings about sex working in Iran showed that from 12.8% (Sarvestani, 1993) to 68.8 % (Sherafati Pour, 2005) of the female sex workers become addicted to drugs after sex working but Varvai (2005) reported 100% drug addiction after sex working in his study. Farmanfarmanian (1970) approved the above findings. The other researchers suggested that from 50% (Tourikian, 1979) to 85.3% (Sherafatipour, 2005) of the female sex workers have used drugs after their sex working started.

The pattern of drug use among the vulnerable groups such as the female sex workers highly follows the general pattern of the drug use in the society. According to Sediq Sarvestani (1993) all the female sex workers who have used drugs have experienced opium and heroin. The findings of two other studies about the common type of drugs used among female sex workers in Iran shown in Table 2.

The highest rate of consumption of the drugs among the women who were living in the Center of Crisis of the Organization of Welfare belongs to opium and opium sap (38.4 %), and then to the combination of the drugs (19.5 %). The lowest rate of the consumption is reported for alcohol with the frequency of 3.6 %. The share of the hallucinogenic drug is reported for 7.3 % of the mentioned women which exceeds that of the alcohol (Madani Qahfarkhi et al., 2007).

Among all the women who are kept in the Center of Crisis in the Organization of Welfare and have reported their way of using the drugs, 1.9 % had experienced drug injection, and the others have reported non-injection ways (Madani Qahfarkhi et al, 2007).

5. Methodology

This study used both "cross-sectional" survey and qualitative content analysis methods of research. Both quantitative and qualitative methods have been applied for data collection and analysis. In the present study a female sex worker is defined as a woman who offers sexual service to others in return for money or commodity without considering the legal and religious definition of the profession. Those women who are kept either in shelters of the Welfare Organization or in prison were not included.

Study participants consist of female sex workers, upon whom there is no definite data regarding the population and characteristics in 22 regions of Tehran. Moreover, the sample women could not be found in a certain residence or locality, therefore with a great degree of difficulty in being accessible. Although sex working is not entitled a criminal code according to Iranian Constitution, but it is still is considered as a crime. Female sex workers are defined as hidden population, and therefore, are categorized as the sub-population or units of primary samples.

The present study applied Multi-stage cluster sampling; the "primary sampling units" or the "clusters" may include regions, squares, streets, parks, brothels, or cafes. Wherever the group members had a "regular" place. But as far as most of the groups are "floating" and the population is also fluctuating day by day and time to time, therefore, the units of primary sampling may also

include day/week/month along with the place. Thus, a place can be made of multiple primary units such as mornings, noons and nights. The places they gather are determined based on the studies done by Varvaiee (2005) and Sherafati Pour (2005). The fact worth noting here is that these places are not necessarily similar regarding distance and space (USAID & FHI, 2000). In the present study, the places such as streets, squares, parks and shopping malls, where female sex workers seek their customers were selected as the primary sampling locations.

Given that at least 30 primary sampling locations are sufficient to obtain the maximum dispersion of the sample (UNAIDS & WHO, 2000), 300 people were classified in 40 units of 6 to 8 people. Each unit of primary sampling was selected using snowball sampling. We started interviewing people such as friends, relatives, colleagues, etc., and ask them to introduce others. The qualitative data obtained from in depth interviews with 18 female sex workers, 21 key informants (judges, prosecutors of the court-related sexual offenses [Guidance], psychologists, social workers, and counselors working in the service centers related to addicts, government and public related agencies like those of the Welfare Organization.

6. Findings

The findings of this study was presented in two parts; The factors which are associated with drug use before starting the sex work and the status of drug abuse after starting sex work.

6.1. Historical Background and Pattern of the Drug Use before Starting the Sex Work

23.3 % of the cases in the following study did not have a drug abuse problem before starting the sex work. Opium stands first with 22.4 % of the drugs used by this group, then bang/grass and alcohol with 15.5 %, and finally heroin and crack with 12.1 %. The list of the drugs abused by women before sex work is very extensive and includes a high range of drugs like cocaine, grass, or a combination of different drugs. There are evidences based on the qualitative data indicating the priority of drug addiction to sex working. Two main factors

associated with drug abuse before starting sex work, were parents' drug abuse, as well as husbands' addiction. According to the interviews in the first factor negative role models, loss of the control over children, sense of revenge, victimization of children, high vulnerability of children in facing strangers, and parents' abuse of children in providing drugs were mentioned as the main reasons in turning to drugs. Meanwhile for the second factor as to, husbands' addiction to drugs; family expenses, , husband's abusing the wife to afford drugs expenses (women sale), sense of revenge or being victimized, husbands encouraging their wives to abuse drugs were the main reasons for turning to drugs. Other reasons were stated as divorce, diminished abnormality of their occupation, reduction of suffering from exclusion or domestic violence.

Drug Use of Parents

69.9 % of the respondents stated that their fathers were alive when they started sex work. 46.2 % of the respondents confirmed their father's drug abuse and 20.2 % that of their father being arrested and imprisoned before starting the sex work. Moreover, mother of 87.9 % of the female sex workers were alive when they started sex work. 13.6 % of the alive ones have engaged in sex work themselves, 8.4 % have experienced drug abuse, and 4.4 % have been arrested or imprisoned.

Drug Use of the First Husband

The mean age of the husbands of 156 of once married female sex workers reported to be 27.5 years for the first marriage. 56.6 % of their husbands had a history of drug use. Otherwise saying, more than half of married women had experienced drug abuse. 33.7 % of these women injected drug by their husbands.

"I know a married woman who has a two month baby and a drug addict husband. She has to work outside and if she goes back home with no money her husband will throw her out of home. Last night she was sent to the street because she had gone home with no money for two nights. She had to sleep with some guys for 70,000 IRR, to buy her baby some milk. They were married... I think drug addiction and life expenses may make women turn to

sex work." A divorced woman, who has been engaged in sex work for 30 years, told us about a friend.

"I was not addicted when I was married. I did not even smoke but after I was divorced I started to smoke. Then I was so tense that I started to use and inject drug. I wanted to take all my revenge at once. I dreamed of using drugs for some years. It's two years I am using drugs; crystal ..." A 50 year-old woman who has been doing sex work for 30 years said emphasizing the role of the divorce in starting drug addiction and then sex work.

6.2. The Historical Background and the Pattern of Woman Drug Use after Starting the Sex Work

Some evidence indicated that women use drugs after starting sex work due to different factors. These factors stated in the qualitative interviews included affording the drug expenses; reducing the mental and physical suffering caused by sex work; facilitating sex working as a job through promoting the sexual power; reduction of the pain; sinking in the ecstasy and ignorance; escaping from real life and self. The type of drug depends on the financial status and geographical area of the sex-workers. Those sex-workers who were working in the rich regions were less likely to be drug addicted and more likely to use more expensive drugs.

"A group of the women being involved in this business are alone and need to take care of their children and their own life. Those who are addicted definitely do this for the drug expenses. We'd like to have the money first, for the drug, high housing rent, and high expenses of the life and the children... To sell your body is the easiest way for an addicted woman to win bread." A 50 year-old female sex worker who has been doing this job for 20 years insisted on the necessity of the drug to keep up with the sex work.

"Most of these women are alone or drug addicted. They do this to afford the drug expenses. Those who are not addicted themselves are having addicted husbands with no money for living." A 38 years married sex worker who has experienced drug herself said.

According to the General Director of the "Office for Social Injured Affairs" of the Welfare Organization, about 12% of the Iranian women sex workers are married (ISNA News Agency, July 16, 2012).

6.3. The drug Use Style

Based on the interviews, the most popular way of drug abuse is non-injecting (smoking, sniffing, eating, and enema) ways among women. Injection was either absent or very low. After alcohol and cigarette, grass/bang, crystal, and crack were the most popular ones. 10.3 % of the sex workers who abuse drug had no injection for a month before the present study. 10 % of them used common injection equipment and 15.4 % had group injection.

Time of Drug Use

Apparently there is a significant relationship between mental and sexual consequences of drug and the using time. Some of the participants referred to the points regarding the role of drugs on their sexual intercourses. 84.4 % of the female sex workers who have used drug one month before the present study reported drug use before having sex. This behavior indicates women's low level of consciousness during the sexual intercourse and thus increases the probability of high risk behaviors.

An expert from the Organization of Welfare told us about her visit with female sex workers: *"I ask weather drug increases their sexual desire. They told me about the different phases, different types of drug, and the phases they created. Some of them stated that they use the drug which gives them the proper phase for sex. But two of them talked about their unwillingness to be touched when they use crystal. I wonder about the contradiction of their words and their reference to the different phases caused by different drugs. "For example crystal has 12 different phases." They replied... though not every cases has confirmed the use of the drug, a 26 year girl told me that she had used crystal when she started the sex work for the first time. She claimed to be totally unconscious and pain free. But she would not let any one touch her next times she used crystal."*

"I've [often] used crystal but I have taken other drugs only two times. I use crystal more often because it gives me pleasure and is ok with sex, it makes you so relax. I used to use drug, listen to sad songs, and cry. I used to day dreaming, and I stopped eating and sleeping." A 20 years female sex worker said: "Most of [the female sex workers] use drug. Crack, for instance, although crack is too expensive but since it is good with sex it is frequently used. Crystal and crack are usually the favorite." She continued.

6.4. Background Variables Influence

Regarding the relationship between background variables (age, education, and marriage status) with professional variables (weekly income, place and duration of sex working) and the history of drug use during the month before the present study, the findings show that sex workers with higher education used drugs less than other groups also the share of women who used drugs during the month before this study increased by decreasing their age.

Single women abusing drugs were mostly married or divorced ones. Moreover, the number of drug users among female sex workers who have been in this occupation for more than 5 years proved to be more than those doing sex work for less than 5 years.

There was a significant relationship between the injection of drugs during the last month and the period of sex working. In other words, the longer the time of the sex working, the more probable drug injection is.

7. Discussion and Conclusion

Recent studies in Iran showed that the share of the sex workers with the background of drug using is increasing. This phenomenon should be considered as an indicator of the paradigm shift in the pattern of sex working during recent years. Furthermore, the increasing trend of drug use and addiction in Iranian society can explain above changes to a great extent. Moreover, the age of prostitution in Iran has recently decreased up to 13 years old and only during years 2010 to 2011 the average age of prostitution has dropped one more year (ISNA News Agency, July 16, 2012).

Findings of the current study demonstrates that in more than 75% of participants had at least one kind of drug use prior to sex working which was consistent to the answers of interviewees in qualitative part, too. But there are some other evidences and views that state the priority or posterity of drug addiction and sex work in general cannot be determined. Center of Social Service exclaimed:

"Our observations have proven that women and men are totally different in this respect. Many of them are both, drug users' spouses and are users themselves. When the story goes on, family ties get loosened. Now feeling like covering her cost, the woman starts sex work and takes her daughter with her while her daughter is not a drug user yet. The way of the involvements is they get in the story is important. The drug is a way of controlling the users. One may start by ecstasy then turn to crack and end with crack injection."

Former studies in Iran and multi-country also showed that the majority of female drug users have endorsed the history of violent sexual relationship with their intimate partners or others (Merghati et al., 2015). Meanwhile sex work mainly initiated to provide drugs and other financial issues for Iranian women (Roshanfekar et al., 2015). The director of the Office of the Social Disadvantaged People of the Organization of Welfare also sees relevance between age and priority and posterity of the drug addiction and sex working among the clients covered in this center.

"There are women of both groups in our Center. The younger women start sex work then become drug addicted but the older ones usually start sex working to afford the drug expenses." He said.

However, the apparent relation between sex working and use of the drug especially after starting the sex work in the past and present time is certain and sexual risky behavior including multiple partners and unprotected sexual relations are common among injecting drug users (Chikovani et al., 2013). The pattern of the drug use in the society (of the sex workers) is different from the general pattern of the drug use in the society. In this respect, in addition to higher amount of drug used by women, higher use of the stimulants, the lower rate of the injecting drug users at the beginning, and the time of the drug use (mainly during the days) are some of these differences. Findings of the global

studies indicate that combination of sex working and drug addiction increase the risky behaviors (Chikovani et al., 2013) and violence, and thus the risk of HIV (Graaf et al., 1995; Gossop et al., 1995; Merghati et al, 2015; Taghizadeh et al, 2015); the sexually transmitted diseases (Hoek et al., 1999; Alavi & Sarmast, 2013); and the anxiety and the psychosis among the sex workers (El-Bassel et al., 1997).

The use of the drug before having sex can decrease the level of the consciousness and thus increases the probability of the risky behaviors. (Roshanfekar et al. , 2015; Chikovani et al, 2011). The study of the relationship between this behavior and the background and professional variables shows that the frequency of this behavior is higher in the age groups less than 25 years compared to other groups during the last month which is consistent to the findings of other studies which showed that unsafe injecting and sexual behavior like not using condoms with the commercial and/or occasional partners was significantly higher in their youngest group under 30 years old and less educated (Chikovani et al., 2011 and Taghizadeh et al., 2015). Moreover, the frequency of this behavior is affected by two factors: The increase in the income and in the duration of sex working. This behavior is more common among those who have no especial site to attract customers, a group mainly in the West of Tehran.

Hence the probability of injecting drugs depended to the length of sex working in this population which is similar to the findings of Johnson et al., (2013) who reported risky behaviors both injecting and sexually are intertwined.

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