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Brief communication

Comparison of resilience in Children of Female Sex Workers and Children of Single Mothers

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Abstract

Background: Resilience is defined as the maintenance of healthy functioning or adaptation within the context of significant adversity or threat. Children of Female Sex Workers (CFSW) face stigma, experience inadequate supervision by their mothers due to their odd working hours, absence of a father, and unhygienic living condition. Thus, the children might have difficulty forming a secure base with a caregiver, likely to have low self –esteem and poor self-efficacy.

Aim: The current study explored and compared resilience factors in CFSW with Children of Single Mothers (CSM).

Methods: The resilience of CFSW was compared with CSM. Child and Youth Resilience Measure was administered on 57 CFSW and 59 CSM aged between 12-18 years.

Results: There was no significant difference between the groups in the 'Individual' and 'Contextual' domains of resilience. However, there was a significant difference between the groups in 'Care-giving', where CFSW received less physical caregiving and psychological caregiving compared to CSM.

Conclusion: The study shows that despite the adverse environment and marginalised atmosphere, children of female sex workers can have relatively adequate resilience in factors such as individual personal skills, peer support, social skills, spiritual, cultural and educational

aspects. However, in factors such as physical and psychological caregiving, they scored lower, which can adversely influence their overall resilience to an extent.

Keywords: Resilience, Children of Female Sex workers, Psychological care

Introduction

Resilience has been defined as the maintenance of healthy/successful functioning or adaptation within the context of significant adversity or threat.[1] In other words, a child is considered resilient when two factors are involved where circumstances in which they live are likely to disrupt or affect their development, and the child has the capacity to adapt successfully or overcome the difficulties of the prevailing circumstance.

Three resilience models describe the mechanism through which individuals overcome the impact of stress or adversity. These are the 'compensatory model', 'the challenge model' and 'the protective factor of immunity versus vulnerability model'. The compensatory model views that resilience has a factor that neutralises exposure to stress. Either risk factors or compensatory factors contribute to whether an individual can overcome adversity or not. Whereas the challenge model suggests that if a risk factor is not too extreme, it can enhance one's ability to adapt to the situation. The protection model suggests an interaction between protective and risk factors, which reduces the probability of a negative outcome and moderates the effect of exposure to risk. Protective factors foster positive outcomes and healthy personality characteristics despite unfavourable or aversive life circumstances. [2]

Adolescents who are found to have the easy temperament, [3] are more sociable, indulge more in pro-social behaviour, [11,12] have parents who show warmth, [4,5] and have a sense of belongingness with family, as well as opportunities to share one's experiences [7,8,9,10]. Further adolescents, who grow up in families with financial stability, [11,12] having good self-control, intrinsic motivation; [13] with good self-esteem, self-efficacy, internal locus of control

and sense of humour are found to be more resilient. [14,15,16] In addition, having a caring, nurturing, supportive relationship with teachers, [17] having facilities like good school and teaching infrastructure, and opportunities to engage in extra-curricular activities at school [18,19] were found to be more resilient and were able to cope with stressful situations better.

Individuals coming from marginalised communities or underprivileged backgrounds are at higher risk of adverse physical and mental health problems due to their environment. Economic, social, and institutional support is often sparse. Due to this, the marginalised children are often considered as having a 'double disadvantage'. [20]

Children of female sex workers (CFSW) belong to marginalised groups due to the difficulties and stigma attached to their mother's profession. Erratic working hours, complicated working environment, absence of a spouse or long-term partner, lacking support from family, and the dual role of being a single parent and the breadwinner, can lead to inadequate and improper parenting. Adhikari [21] found that only about 36 per cent of sex worker's children were attending school, which was dependent on the economic conditions and the relationship of the mother's male partner(s). The children who do not attend school were often found to spend time on the streets, running errands for elder boys for getting cigarettes, alcohol or other substances and/or getting involved in gangs or club activities. Older children usually get employed in local shops, run errands or solicit customers for their mothers. Girls, who drop out of school early, few tend to become domestic help, and some others join the sex trade. The children who complete their education were found to have taken up jobs and lead a life outside the community. [22]. Recently, for a few years, Non-Government Organisations (NGOs) in the red-light areas work for the welfare and benefits of these children. These NGOs provide basic needs such as food, clothing, and shelter where the mothers can drop off their children and go practice their profession. In addition to the above, NGOs also provide access to education by

opening residential schools or sending them to government-established schools in the surrounding areas.

Children of single mothers (CSM) are from families where there is an absence of a father either due to death, divorce or separation. Baer [23] found that adolescents in single-parent families reported having more conflict with their parent, less positive communication, and low levels of family cohesion than did their counterparts living in nuclear families. Studies have also shown a greater incidence of temper tantrums, fighting, cheating, lying, depression, academic problems, gang-related activity, and adolescent pregnancy among children of single mothers. [24,25,26]. Considering that both CFSW and CSM are reared by single mothers, and as there are very few studies available in these groups, the current study explores the differences in resilience between the groups.

Method

Two groups, CFSW and CSM, were compared on the resilience measure. The study was cross-sectional, and the sample type was convenient. The current paper forms a substantial part of the PhD thesis of the first author. The study was reviewed and accepted by the Institute Ethics Committee. Adolescents belonged to both genders and between the age group of 12 to 18 years. The sample consisted of 57 CFSW (Boys = 18, Girls = 39) and 59 CSM (Boys = 29, Girls = 30).

Description of tool

Child and Youth Resilience Measure- 28 (CYRM- 28): [27] This scale is designed to measure resilience and explore the resources (individual, relational and contextual) available to youth aged 12 to 23 years old that may bolster their resilience. The scale consists of 28 items. Factors: Individual Personal Skills (5 items), Individual Peer Support (2 items), Individual Social Skills (4 items), Physical Care-giving (2 items), Psychological Care-giving (5 items), Spiritual (3

items), education (2 items) and Cultural (5 items). The scale has the option of reducing the above 8 factors to three domains, such as *Individual*, *Care-giving* and *Contextual*. The scale has good psychometric properties and has been used in the Indian context.

Procedure

Recruitment of the CFSW from their school was not possible due to ethical reasons, as except school management, nobody knew about the background of the children. Similarly, recruiting from their home/neighbourhood again was not possible as the red-light areas, residential areas being very small, and constant customer flow. However, as a significant number of the commercial sex workers avail educational, day boarding, hostel facilities services from the NGOs, their help was taken to recruit the sample. Recruitment of the CFSW was done from the 3 NGOs in two Red-light areas in two cities and for the CSM, 2 NGOs in two cities in India. Written informed consent was obtained from children between 16 to 18 years of age, informed assent from those who are less than 16 years and written informed consent from mothers/guardians in both the groups. Similarly, adolescents who could understand and respond either in English, Kannada or Hindi were included in the study. The socio-demographic data sheet prepared for the study and CYRM- 28 was administered individually to each adolescent.

Data analysis

Descriptive statistics such as mean and standard deviation were used for socio-demographic variables and resilience factors. As the data was not normally distributed, non-parametric test such as Mann-Whitney test was used.

Results

Results showed that the mean age and education level of the CSM group was significantly higher compared to the CFSW group, and the place of residence did not show any significant difference between the groups (Table-1).

Table-1: Descriptive statistic of socio-demographic details

	CFSW	CSM	Statistical comparison
Age- m(SD)	13.9 (2.0)	15.4 (2.1)	M.U= 1026, p= .000
Education- m(SD)	7.4 (2.7)	8.5 (2.1)	M.U= 1254, p= .018
Gender			
Male	18	29	X^2= 3.71, p= .054
Female	39	30	
Place of Residence			
Home	12	13	X^2= .017, p= .89
Shelter home	45	46	

Further analysis showed that there was a significant difference between the groups on the resilience factors of Physical Care-giving (U= 1134, p= .001) and Psychological Care-giving (U= 885, p= .00), where both was higher in the CSM group (Table-2).

Table-2: Descriptive statistics and comparison of resilience factors

Resilience factors	CFSW (N= 57)		CSM (N= 59)		
	Mean (SD)	Range	Mean (SD)	Range	MU (p value)
Individual Personal Skill	20.3 (3.6)	9-25	20.8 (3.3)	9-25	1563 (p=0.5)
Individual Peer Support	8 (1.9)	2-10	8.3 (1.9)	2-10	1476 (p=0.2)
Individual Social Skill	16.8 (3)	5-20	16.9 (2.4)	5-20	1601 (p=0.6)
Physical Care-giving	8.2 (2.6)	3-10	9 (1.4)	6-10	1134*(p=0.001)
Psychological Care-giving	9 (1.4)	5-25	20.3 (4)	7-25	885** (p<0.001)
Spiritual	12.1 (3)	3-15	12.3 (2.8)	6-15	1667 (p=0.9)
Education	8.4 (1.9)	2-10	8.6 (2)	2-10	1544 (p=0.4)
Cultural	20.1 (3.3)	9-25	20.8 (3.4)	9-25	1450 (p=0.1)

Discussion

The current study compared the resilience as measured by CYRM-28 in CFSW and CSM. The results showed that adolescents belonging to CSM were much older and in higher academic grade compared to the CFSW. Adolescents belonging to the CFSW group can be considered as a marginalised group due to their mother's profession. Mothers who were sex workers were initially unsure about keeping the child when they first found out about their pregnancy. They usually do not have family support nor have adequate financial resources to take care of their children. In addition, due to the type of profession, poor education, inadequate family support, and difficulty accessing health care services, they are not aware of regular check-ups, nutritious diet, or the medications they need to take during their pregnancy. Given this, adolescents live in underprivileged communities with less access to schools, healthcare, and other facilities. Further, due to the stigma associated with the mother's profession, the adolescents often have difficulty getting admission in schools, as they do not know their father's name or do not possess the required documents for admission. [28] Billah and Baroi [29] found that mothers who are sex workers are themselves poorly educated and do not share a favourable attitude towards educating their children, as it tends to add more financial burden to their uncertain daily wages. The NGOs working for these children's welfare tend to initially provide basic school readiness skills and then admit them to schools after they acquire certain academic proficiency. Thus, CFSW group adolescents are likely to begin schooling at a later age.

The results showed a significant difference between the groups on *Physical caregiving*. *Physical caregiving* looks into aspects of caregiving, such as the physical proximity of the caregiver and whether the caregiver fulfils the basic needs of the child. Sex workers get into the profession primarily due to poverty and/or desertion of their husbands. [30] Thus, the sex workers become sole 'breadwinners' and have to satisfy a required number of customers during erratic working hours that extend late in the night. This makes it difficult for them to be

physically present to satisfy the needs of their children. [31] In addition to this, sex workers rarely live with their relatives or family members due to the stigma associated with their profession and thus lack social support with respect to the caregiving of their children. [32] Hence, mostly their children are left on their own to fulfil their physical needs. Single mothers, compared to a sex worker, though take up the role of a 'dual' parent either due to separation, divorce or death of their spouse, mostly have a stable job with a fixed schedule, with support of relatives and their extended family members in child care. It can be presumed that these could be the reasons that *physical caregiving* was found to be more in adolescents belonging to the CSM group.

Further, results showed that groups significantly differed on psychological caregiving. *Psychological caregiving* looks into aspects of caregiving, such as, ability to understand how the child feels and providing support during difficult times. Satisfying or meeting the psychological needs of a child requires a sensitive and emotionally attuned caregiver who can discern the needs of the child and provide them accordingly. Mothers who are sex workers, due to the constraints of their life and work as mentioned above, and associated with multiple harassment and social stigma, will be more prone to have psychological distress. [33] As a result, this can act as a barrier to understand the emotional needs of their children or even encourage the expression of their feelings. Factors such as family belongingness or connectedness, parental involvement and parental monitoring contribute to psychological well-being; [34] which the sex workers mothers are able to provide only sparingly. Hence, these could be the reasons that psychological caregiving was found to be less in CFSW. Further, it can be assumed that single mothers, without the constraints, harassment and stigma faced by the mothers who are sex workers, and with adequate social and familial support can provide adequate psychological care to their children.

Further, the results showed that there was no significant difference between the groups on *Individual Personal Skills*, *Individual Peer Support* and *Individual Social Skills*. Due to their mother's busywork and the dual role of being a provider and care-taker roles, CFSW and CSM are usually left either unsupervised or in NGOs, and spend much time outside the home with peers, take care of younger children, and assist in day-to-day simple routine functioning of the NGOs. Hence, both the groups have relatively equal chances to develop adequate adaptive personal skills (problem-solving skills), good peer relations and enhanced social skills to navigate the community they live in. Religion affiliation, belief in god and cultural identification can lead to better coping and resilience for children living in adverse conditions. [35] The reason for the groups not showing any significant differences in spiritual, educational and cultural aspects of resilience can be attributed to similar poor socioeconomic conditions, adverse living experiences, and inadequate monitoring from their mothers, as well as the positive influence of the peers and staff of the NGOs in the above resilience factors. Further, NGOs, irrespective of the children's background, generally provide access to education and stress upon its importance. These organisations conduct workshops and mentoring programs and motivate these children to educate themselves. Hence, this could be why there was no significant difference between the groups, as both groups had a positive attitude towards education.

Resilience is an interplay of internal and external factors. These factors involve temperament, optimism, empathy, intelligence, perseverance, coping ability, a sense of coherence, threat appraisal, good self-efficacy and having a supportive caregiver who is available in times of need increases an individual's ability to overcome several adversities. [36,4] Further, the cumulative effect of having these factors allow the individual to learn or to adapt to challenging circumstances. Hence to help the CFSW thrive and to overcome their adverse situation, the

concerned stakeholders such as policymakers change and/or bring in new policies and provide opportunities to the betterment of these children.

According to the available knowledge, the current study is the first study to explore and compare resilience in CFSW in comparison with CSM. The limitations of the study were that most of the adolescents in both groups were sampled from NGOs, and the groups were not matched for age, education and gender. The resilience scale used measures different factors of resilience rather than the total score of one's resilience. Hence suggestions for further studies would be to include adolescents who do not attend/stay at NGOs. Factors such as comorbid psychiatric illnesses or internalising/externalising traits, parenting style and perceived stigma, which were not evaluated, can be explored in further studies. Further, studies could use a random sampling method in the selection of participants and try to match the groups according to socio-demographic details. In addition to this, a similar study can be carried out in a younger age group of children.

To conclude, the current study showed that resilience factor related to caregiving, such as *physical caregiving* and *psychological caregiving* was less in CFSW compared to CSM. This reduced physical and psychological caregiving might adversely affect the well-being of the children in this group. The study also showed no difference between the groups on resilience factors such as *individual personal skills*, *peer support* and *social skills*. Also, there was no difference between the groups for *spiritual, educational* and *cultural* factors of resilience.

The current study paves the way for exploring other psychosocial variables in this population. Further, this study highlights the difficulties the sex worker mothers face with respect to child-rearing and implies that there need to be multi-level changes from policymaking to the execution of those policies to alleviate the sex worker's distress. The study also highlights the possible beneficial effects of the NGOs on the personal and social skills of the children. Further, the study shows that sex workers can be provided with other employment opportunities through

skill-building and financial assistance by making policy changes to overcome their socioeconomic conditions, which positively affects child-rearing practices.

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