

**Self-perceived obstacles that hinder street level Sex Workers in windhoek to break with the sex
industry**

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ABSTRACT

There has been no research in Namibia on rehabilitation and social reintegration of individuals who

were involved in prostitution. Aim: The aim of this mixed method study examines the self perceived obstacles that act as hindrances to breaking with prostitution. Method: The purposive sample consisted of 19 participants, male and female aged 17 to 45 years. They were contacted through the Council of Churches in Namibia that provides a rehabilitation programme to prostitutes. Each individual participated in one of three focus group discussions facilitated by the researcher and an assistant. The focus group discussions were recorded, transcribed, and analysed using AtlasTi. The Barriers to Rehabilitation Questionnaire (BRQ), which was derived from the results of the focus group discussions, was used to verify the results. In conjunction with the BRQ, other psychological measures were administered to determine psychological burden. Results: The results indicate that all participants suffered psychological, somatic and behavioural sequelae. The sequelae contribute to making lifestyle change unattainable. Three domains are identified as the main barriers: (1) extrinsic - (2) social - and (3) intrinsic barriers. Conclusion: from the above mentioned results it can be, thus, concluded that rehabilitation and reintegration programs could produce more positive results should they apply a more holistic approach inclusive of material-, medical-, social support as well as psychological intervention.

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DECLARATIONS

I, Cynthia Beukes, declare hereby that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Cynthia Beukes

CHAPTER ONE

THE PROBLEM AND ITS SETTING

1.1 INTRODUCTION

Chapter 1 comprises of an introduction to prostitution in Namibia, a motivation regarding the present study, a statement of the research problem as well as the aims of the present study. Lastly the organisation of the thesis is outlined chapter by chapter.

1.2 ORIENTATION OF THE STUDY

The sex industry is broadly defined as the trade of money or commodities for sexual acts as income-generation (Dalla, Xia & Kennedy, 2003) and extends to include pornography, stripping and prostitution (Hughes & Denisova, 2003). Prostitutes may be male or female and of any age. Whilst females constitute the largest group involved in prostitution in Namibia, the number of male prostitutes is on the increase (LAC, 2002). The prostitution industry is organised in a hierarchy, with street level prostitution being at the very bottom of this hierarchy (Dalla et al., 2003). This study focuses on street

level prostitution and for the purposes of this study, street level prostitutes will be defined as any prostitutes who do not operate from a brothel, bar or other enclosed space (Dalla et al., 2003).

The above-mentioned street level prostitutes are widespread in Namibia and numerous studies have been conducted on prostitution in Namibia (Iiping & Angula, 2000; LAC, 2002; Shangala, 2000).

These studies substantiate the findings from researchers in different countries, indicating that violence often forms part of prostitution (Farley, Baral, Kiremire, & Sezgin, 1998; Hughes & Denisova, 2003). Prostitutes are habitually subjected to ruthless persecution such as physical abuse, rape, as well as robbery at the hands of pimps, customers and the police alike (**Hughes, Unterstaller, & Jones, 2003**; Iiping & Angula, 2000; LAC, 2002; Shangala, 2000). Many prostitutes have thus come to consider violence as a normal, even expected part of their existence (Farley et al., 1998; Iiping & Angula, 2000; LAC, 2002; Shangala, 2000).

In numerous countries prostitution is a criminal offense and this often leads to an underreporting of the above-mentioned violent acts against prostitutes (LAC, 2002). In Namibia prostitution is not illegal per se, but seeking the services of a prostitute and soliciting in public is illegal (LAC, 2002). However, regardless of its legal status, prohibiting seeking services of a prostitute and soliciting in public makes practicing prostitution safely in Namibia difficult, if not impossible. Prostitution also remains highly stigmatised as it lends itself to legal, health as well as moral judgement (Brock, 1996; Farley, 2006). It is this criminalization of prostitution along with negative labelling, stereotyping and stigmatization that fuels an atmosphere in which aggression against prostitutes is accepted (Farley et al., 1998). Often when acts of aggression such as rape, attempted or actual murders, battering and sexual assault against prostitutes are reported to the authorities it is not taken seriously by law enforcers. The authorities' reluctance to recognise the severity of offences against prostitutes further perpetuates such criminal behaviour (Farley et al., 1998; Iiping & Angula, 2000; LAC, 2002; Shangala, 2000).

Besides commonly being exposed to the above-mentioned criminal acts, prostitutes are often subjected to unsafe sexual practices including unprotected sex (Farley et al., 1998; Hjorth & Johansson, 2005; LAC, 2002; Kendall-Tackett, 2005; Shangala, 2000). Clients often demand unprotected sex, usually adding the incentive of higher payment. These unsafe sexual practices increase the chance of contracting sexually transmitted infections (STI's) including (Dalla et al., 2003; Hjorth & Johansson, 2005; Iipinge & Angula, 2000; Lockett, 1990; Plumridge, 2001; Raymond, 1999). The link between prostitution and HIV/AIDS becomes apparent when viewed in light of the inequity of the client-prostitute relationship. The prostitute usually lacks negotiating power and feels obliged to deliver sexual services as demanded by the client if the prostitute desires to stay out of harm's way (Gregson, Nyamukapa, Garnett, Mason, Zhuwau, Caraël, Chandiwana & Anderson, 2002). This fact, along with multiple sexual partners, explains the role that prostitution and transactional sex plays in perpetuating the rise of HIV/AIDS (Lockett, 1990; UNAIDS, 2002). Transactional sex is the general use of sex as a commodity in return for things other than money (UNAIDS, 2002). It often happens that prostitutes, who are infected with HIV/AIDS, are stigmatised as well as discriminated against and sometimes they are denied health services on the basis of their involvement in prostitution (Hjorth & Johansson, 2005; Lockett, 1990; Raymond, 1999).

Furthermore, unsafe sexual practices cause females involved in prostitution to be more vulnerable to suffering common gynaecological problems such as chronic pelvic pain, pelvic inflammatory disease and cervical cancer (Kendall-Tackett, 2005; Plumridge, 2001; Raymond, 1999). The physical health costs to those in prostitution are identical to those suffered by abused individuals and may include bruises, broken bones, black eyes, concussions and infections (Kendall-Tackett, 2005; Plumridge, 2001; Raymond, 1999).

In addition to the above-mentioned health problems faced by prostitutes, frequently being subjected to long-term violence and abuse may culminate in prostitutes suffering from psychological trauma (Cwikel, Ilan & Chudakov, 2003; Farley et al., 1998; Hughes et al., 2003). The emotional health costs related to this psychological trauma include severe rape trauma, stress, depression, anxiety, posttraumatic stress disorder and eating disorders (Farley et al., 1998; Hughes et al., 2003; Raymond, 1999; Young, Boyd, & Hubbell, 2000). Several researchers postulate that the psychological conditions related to the violence in prostitution act as contributing factors in preventing effective rehabilitation from prostitution (Farley et al., 1998; Hughes et al., 2003).

Although all forms of prostitution involve the risks that have been discussed in the previous paragraphs, those involved in street level prostitution are often less likely to be able to control the risk they expose themselves to. Hence, street level prostitutes were found to experience violence on a greater scale than all other types of prostitutes (Dalla et al., 2003; Hughes & Denisova, 2003).

Therefore psychological distress is a common occurrence for prostitutes and is at times more amplified among street level prostitutes as opposed to other forms of prostitution (Cwikel et al., 2003; Hughes et al., 2003).

Research indicates that many prostitutes use or even abuse narcotic substances in an attempt to numb the symptoms of physical ailments as well as the above-mentioned psychological distress. Moreover, prostitutes may abuse narcotics to be able to perform acts that are contrary to their self concepts as well as to cope with the resulting distress (Farley, 2006; Warburton, 2001; Young et al., 2000). The distress that results from having to perform acts that are contrary to one's belief about the self is termed cognitive dissonance (Barlow & Durand, 2005). Various coping strategies may be employed in an attempt to deal with cognitive dissonance. McVerry and Lindop (2005) found that prostitutes often attempt to preserve their 'psychological health' by maintaining multiple identities. They orchestrate their private lives as a certain persona and take on another persona when prostituting themselves (McVerry & Lindop, 2005). It has been argued that in severe instances this type of escape results in dissociative identity disorder (DID), often called multiple personality disorder (Cwikel et al., 2003; Dalla et al., 2003; Young et al., 2000). DID is marked by an unsuccessful integration of information about one's personal identity, memories, sensations and states of consciousness into a unified whole (Barlow & Durand, 2005). An alternate persona might be relied on in order to execute the unpleasant dissonant tasks as a means of minimizing cognitive dissonance. Escaping into another persona provides mental distance at which point the prostitute will be better equipped to make sense of the violence and unsafe sexual practices as well as the inhumane working and living conditions that they have to contend with (McVerry & Lindop, 2005). Coordinating multiple personae in an effort to preserve prostitutes' psychological well-being (McVerry & Lindop, 2005) may be successful at creating mental distance, yet simultaneously serves to hamper the prostitute from recovery. Reintegration into society thus becomes virtually improbable as the prostitute does not seek help (Cwikel et al., 2003; Raymond,

1999). Therefore, a practice that is initially employed to preserve psychological health (McVerry & Lindop, 2005) might have the adverse effect of preventing help seeking, which in turn might perpetuate ensnarement in prostitution (Farley et al., 1998; Hughes et al., 2003). The preceding challenges (physical /emotional and health abuses) represent a type of prostitute distress and burden, which may serve as barriers to life-style change.

There are a variety of challenges that prostitutes face once the break from prostitution is made. These challenges act to hinder successful and permanent life-style change and re-integration into mainstream economic and social activity. Prostitutes struggle to make sense of their experiences within the sex industry (Mansson & Hedin, 1999). The shame they experience because of their “prostitute identity” is almost intolerable and once they decide to break from prostitution, they face the real possibility of having to return to the poverty stricken lives that initially coerced them into prostitution (Mansson & Hedin, 1999). In addition to struggling with shame and identity, many prostitutes experience difficulties with attachment. Forming meaningful intimate relationships is difficult once they leave the industry (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). This might be ascribed to associative features of post-traumatic stress disorder, social anxiety, and a lowered social self concept as well as lowered self promoting skills. Thus, it may be concluded that limited social support structures and meaningful interpersonal relationships outside the prostitute community could be contributing factors to prostitutes not being successful in their efforts once they decide to break from prostitution.

Exiting prostitution is a course of action that is influenced by multiple factors. A ‘critical incident’ may spark the desire to leave prostitution and usually marks the beginning of the exiting process (Mansson & Hedin, 1999). Critical incidents are significant events (positive or negative) that lead the individual to query their participation in prostitution. It could be anything from finding a job, falling in love or experiencing severe violence. On the whole, any event that directs the individual towards rehabilitation

may be classified as a critical incident (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999). Isolated critical incidents generally do not provide strong enough momentum to bring about the desired successful break from prostitution. Structural (environmental or physical), relational (social support) and individual (intrinsic or psychological) factors are vital components for a successful exit from prostitution (Mansson & Hedin, 1999). Structural factors refer to the material conditions, societal views and individual/societal attitudes needed to support a successful break from prostitution. Relational factors refer to the social support an individual has at their disposal in the exit process. Individual factors refer to the psychological resources that may promote a successful exit. These include self-efficacy beliefs, the ability to dream and find purpose as well as meaning in life. The psychological resources aid in overcoming or counteracting the psychological barriers. Mansson and Hedin (1999) consider the individual or psychological factors to be the most significant determinants when an individual desires to make an exit from prostitution. If an individual is psychologically resilient they will have the strength to persevere in the face of physical and social constraints. The prostitute has to weigh their options to determine whether leaving prostitution would be in their best interest.

When weighing the above-mentioned options, a study conducted by Fuchs Ebaugh, (1988) supported by McIntyre (2002), suggested that prostitutes often regard leaving prostitution to be more risky than remaining a prostitute. The anticipated financial struggles and additional possible ramifications of leaving the prostitute sub-culture typically overshadow the benefits of leaving (McIntyre). As mentioned previously, close relationships and social networks are essential in the process of rehabilitation and those who have a well developed social support system are better equipped to exit prostitution and make lasting life-style changes. Following an exit from prostitution, the individual is faced with having to redefine their relationships and social contacts (Mansson & Hedin, 1999) because change often characterises these relationships and social contacts. Such redefinition goes hand in hand with unlearning and relearning, especially in terms of styles of communication and socialisation.

In addition to redefining relationships and social contacts after exiting prostitution, learning to trust is especially difficult (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). This is because distrust is an essential part of the prostitution sub-culture and is used to ensure safety. Individuals who leave prostitution have to rethink the manner in which they interact with their intimate partners. This is a very challenging aspect of an exit from prostitution, as the individual is now expected to give of themselves emotionally, not only physically (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). Hence, it seems that a variety of structural (environmental or physical), relational (social support) and individual (intrinsic or psychological) factors may act as an enhancer or a hindrance to successful and permanent lifestyle-change and rehabilitation from prostitution.

According to Mansson and Hedin (1999) the horrific circumstances that prostitutes are confronted with easily facilitate stagnation and helplessness, which may act as a hindrance to rehabilitation. They identified creativity, vision, meaning in life, a belief in an optimistic future, hope and self-efficacy as the solution to stagnation. According to Mansson & Hedin, these are the required components that thrust individuals out of prostitution and may keep them out. Keeping the above-mentioned in mind, this research project aims at uncovering specific structural, relational and individual factors involved in prostitutes' inability to break with prostitution in Windhoek.

1.3 MOTIVATION FOR THE STUDY

Farley et al. (1998) conducted a cross continental study in five different countries (South Africa, Thailand, Turkey, United States of America and Zambia). They found that a staggering 92% percent of prostitutes want to leave prostitution due to, amongst others, the above-mentioned exposure to violence. Although this 92% might not directly apply to the Namibian situation, there is evidence that a large number of prostitutes in Namibia also desire to leave the sex industry. This is confirmed by the fact that in 2006 a heterogeneous group of prostitutes, consisting of males and females from young to old, approached the Council of Churches in Namibia (CCN) for assistance (Tjaimba, the Project assistant at the CCN, personal communication, 16 January 2009). Many wanted to break with prostitution but found it challenging, thus, the CCN implemented an informal program aimed at

rehabilitation. The program for this group of prostitutes, referred to as the CCN-group, includes skills training, material aid and counselling. According to Tjaimba, (personal communication, 16 January 2009), all members of the CCN-group for prostitutes seeking to leave prostitution are street level prostitutes. Tjaimba, furthermore, stated that after several attempts at escaping from prostitution, many of the prostitutes were despondent about their lifestyle, yet felt ensnared and incapable of making a complete break with prostitution. Many have enrolled in the CCN's informal rehabilitation program yet, despite their efforts, many prostitutes still find it difficult to leave prostitution or to make any significant changes in their lives.

1.4 STATEMENT OF THE PROBLEM

Research indicates that prostitutes, such as the ones belonging to the CCN-group, who repeatedly attempt to exit prostitution and fail to do so, are conditioned to feel helpless thus giving up on their attempts to leave prostitution (McIntyre, 2002). According to Tjaimba (personal communication, 16 January 2009), many prostitutes have a desire to break away from prostitution, but find it hard to follow through. From a group of about 50 prostitutes who attempted to break with prostitution in 2007 and 2008, only 8 have managed to do so successfully (Tjaimba, personal communication, 16 January 2009). The question remains; what hinders the prostitutes from achieving a successful break from prostitution?

The focus of the current research study is, therefore, to investigate the nature of obstacles that prostitutes experience as hindrances to successful reform. Those aspects closely associated with interpersonal violence, financial considerations and life-style change are explored with specific emphasis on prostitutes' knowledge and perceived abilities, in addition to their self-perceived distress and burden. An additional focus of the study is to ascertain how the distress experienced by prostitutes is influenced by their appraisal of their present-day situation. Lastly, this study also examines personal dispositions that might explain the lack of self-determination and emancipation from prostitution.

1.5 OBJECTIVES OF THE STUDY

The first objective of this study is to uncover the nature of obstacles preventing prostitutes in Windhoek to break with prostitution. The second but distant aim is to utilise research findings to realistically empower prostitutes to make decisions and take actions, which would help them to successfully re-integrate within mainstream economic and social activities. Based upon the rationale of this research project, the following research question directed this study:

1.6 RESEARCH QUESTION AND SUB-QUESTIONS

What are the obstacles that hinder prostitutes to emancipate and leave prostitution permanently? In order to effectively answer the above-mentioned question the following sub- questions were posed:

- What obstacles do prostitutes experience as barriers to life-style change?
 - Which of these obstacles that hinder prostitutes from breaking with prostitution are of a structural (environmental or physical), relational (social support) and individual (intrinsic or psychological) nature?
- What is the extent of prostitutes' self-perceived distress and burden?
 - How are prostitutes' self-perceived distress and burden influenced by their appraisal of their present-day situation?
- What is the level of self-determination of prostitutes?
 - How is the level of self-determination of prostitutes influenced by their appraisal of their present-day situation?
 - What is the nature of prostitutes' personal dispositions that might explain the level of self-determination and emancipation from prostitution?

1.7 SIGNIFICANCE OF THE STUDY

Research findings suggest that many prostitutes suffer a host of psychological problems (Farley et al., 1998; Hughes et al., 2003; Raymond, 1999). Prostitutes' psychopathology (psychological ill health) contributes to the lack of their rehabilitation success (Cwikel et al., 2003; Hughes et al., 2003).

Therefore, it is probable that psychological intervention could contribute positively to the successful rehabilitation of prostitutes in Windhoek. The findings may serve as a baseline study upon which further research may be based and from which new multi-dimensional rehabilitation programmes can flow. Furthermore, existing rehabilitation programmes may be readjusted to include psychological components based on the findings of this study.

In addition, the current study will add to the sparse research conducted in Namibia on the process of prostitutes attempting to leave prostitution. Finally, the study might give insight into the prostitute's true psychological states expectantly dispelling the stigma coupled with being a minority group.

1.8 LIMITATION OF THE STUDY

Given the unclear/ambiguous legal status (prostitution in Namibia is not illegal, but seeking the services of a prostitute and soliciting in public is illegal) of prostitution in Namibia (LAC, 2002), it will necessitate interviews to be carried out only with those individuals to whom the researcher has access to. This limits the sample and presents several problems including the probability that the resulting small sample may not be representative of the entire population of prostitutes in Windhoek. Thus, the findings may not be generalised. However, based on the exploratory nature of the present study, the small sample is deemed relevant, and the findings will still be valuable as it may provide important insight into the process of breaking away from prostitution in Windhoek.

1.9 ORGANISATION OF THE THESIS

Chapter one encompasses the introduction to the thesis. The motivation for the research, which is based on the relevance for the Namibian context, is stated. The general aims of the research with regards to the principal and secondary foci are delineated. An outline and the organisation of the thesis are also provided in this chapter.

Chapter two provides the literature review on research findings relating to prostitution. To aid the reader in better understanding the work, key terms are defined. This is followed by an exploration of the legal, physical health and psychological aspects associated with prostitution. Special emphasis is put on the process involved in exiting prostitution. Relevant concepts to be discussed in sketching a broad perspective in understanding the possible barriers to making lasting lifestyle changes are Seligman's learned helplessness, Bandura's self-efficacy and the theory of labelling by Scheff (1966).

Chapter three comprises of an overview of the theoretical framework for the current study. The existential theories, although not motivation theories per se, provide an extensive understanding of human motivation, the purpose for living, personal accountability and the ability of the human spirit to surpass circumstances. Victor Frankl, (1969) offers a meta-theoretical framework for contextualising suffering as well as the capacity and the choice to transcend suffering through personal accountability. Erich Fromm (1973), adhering to the same humanistic beliefs, lays emphasis on environmental and societal influences.

In **Chapter four** the methodology employed to attain and evaluate the data for the research is outlined and discussed. Apart from introducing the reader to the participants, the specific measures utilised are

discussed. These measures include a biographical questionnaire, focus group discussions, the Barriers to Rehabilitation Questionnaire (BRQ), the General Health Questionnaire-28 (GHQ-28), the General Self-Efficacy-Sherer (GSESH) questionnaire and the Measure of Attachment Qualities (MAQ) questionnaire. In this chapter a discussion of the process of compiling the Barriers to Rehabilitation Questionnaire (BRQ) is also given.

Chapter five entails the reporting of results. Firstly the qualitative results are indicated, followed by the results from all the different measures are presented upon which an integration and discussion of the results follows.

In **Chapter six** the findings are summarised and recommendations are made. An overview of the study as well as a discussion on the merits of the study is reflected upon.

1.10 CHAPTER SUMMARY

Chapter one served as the introduction to the thesis. Prostitution in Namibia was discussed in terms of its legal as well as its physical health aspects, before the psychological aspects to prostitution were introduced. The relevance of the current research study in Windhoek was then motivated. Chapter one also comprised of the principal and secondary aims of the research before it was concluded with a delineation of the organisation of the thesis. A discussion of prostitution and the possible psycho-legal-physical effects follows in chapter two. Concepts to be used throughout the thesis are further clarified in chapter two as well.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter introduces the topic of prostitution by bringing attention to the opposing international legal debate. This is done with the aim of clarifying the choice of the terms “prostitution” and “prostitute”, as opposed to “sex work” and “sex worker”. A concise overview of the relevant concepts will be given with the intention to assist the reader’s understanding of the information presented in the following chapters. Pertinent concepts such as prostitution, transactional sex, trafficking, sex tourism, psychological sequella, post-traumatic stress disorder, learned helplessness, self-efficacy and the social unconscious, amongst others, will be expounded on in the subsequent paragraphs.

In light of the argument that prostitution is multifaceted, the effects are bound to be multifaceted as well. The concept of prostitution in relation to the law, physical health as well as prostitution as a traumatic experience will be discussed in the latter part of this chapter. Emphasis will be put on the psychological health consequences of prostitution as this area of study that has, in the past, been neglected in the Namibian context. Most studies on prostitution in Namibia were conducted from medical (health) and legal (law) perspectives.

2.2 THE LEGAL DEBATE: OPPOSING INTERNATIONAL VIEWS

Prostitution is a controversial topic with opposing views. There are those individuals who discriminate between coerced prostitution and freely chosen prostitution as a profession. These individuals propose that the right of all individuals to choose for themselves should be respected and upheld (LAC, 2002). This view holds that forced prostitution (e.g. trafficking) should be prohibited, while people who freely choose prostitution should receive the same kinds of protection as other workers and should be governed by health and safety laws (LAC, 2002). Advocating for rights is the current trend in Namibia and many prostitutes have teamed up with the LAC as well as organisations in Botswana and South Africa to campaign for prostitutes' rights.

This trend coincided with the 2010 FIFA Soccer World Cup in neighbouring South Africa. Many prostitutes wished to take full advantage of the economic revenue generated by the influx of tourists who visited Namibia in transit to South Africa. Yet, these prostitutes face strict Namibian laws regarding prostitution as well as possible over-policing. Thus, lately there has been an increase in the need to challenge the existing laws related to prostitution in Namibia, which resulted in the current

prostitution debate in the Namibian parliament (Weidlich, 2010). Those in support of the view that prostitution is merely an occupation, favour the term sex work as opposed to prostitution (Farley, 2006). The argument is that the term sex worker emphasises the act of prostitution as a form of legitimate work, which like other forms of work, is open to exploitation (Farley, 2006). Furthermore it is argued that the term sex work refracts attention away from moral judgements focusing it on realistic problems such as precarious working conditions (LAC, 2002). It has also been argued that prostitution does not differ from other kinds of work, as all work (inclusive of prostitution) entails the trade of mental or manual labour involving various body parts. This argument is based on the proposition that prostitution is merely an activity, not an identity (Weitzer, 2007). The percentage of prostitutes who defined prostitution as selling one's body or sexual organs (LAC, 2002) might disagree with the above-mentioned statement.

Abolitionists, on the other hand, regard prostitution a human rights contravention, on the grounds that it opposes the rights to dignity and equality. They promote the eradication of prostitution altogether. Individuals who regard prostitution as subjugation of the prostitute posit that it is impossible for any individual to “choose” a life in prostitution (Farley, 2006). They propose that the inherent nature of prostitution is oppressive thus a perception of “choice” or “consent” to these oppressive acts does not make them justifiable (Farley, 2006, LAC, 2002). In the same light, abolitionists object to the term sex work as they view it as a “normalising” of prostitution. An individual’s sexuality is directly tied to their identity. Abolitionists thus argue that the trade of sexual activity transforms the prostitute into an object. It is further proposed that prostitution (akin to the sale of human organs) is essentially wrong because it objectifies human beings, making them into commodities (LAC, 2002). A related argument is that the inequality in the prostitute and client relationship negates this transaction as “work” (Farley, 2006).

The two previously stated views oppose each other and a consensus may never be reached. However,

there is yet another group that believes it to be important that human rights are observed for all prostitutes (LAC, 2002). This view posits that prostitution does not fit the mould for either 'slavery' or 'sex' or 'work', thus it must be given special attention. A human rights approach with regards to prostitution would focus on protecting all individuals involved in the bartering or selling of sex for material gain from human rights abuses (LAC, 2002).

For a long time prostitutes, globally, have been excluded from the above-mentioned prostitution debate (Farley, 2006), however, currently there is an increased eagerness among former and active prostitutes to participate in this debate. The discussion is whether prostitution should be legalised or not (LAC, 2002).

Some groups deem prostitution akin to sexual assault and propose that it should remain illegal, and that the laws against solicitation should be rigorously enforcement. Yet others are of the opinion that brutality aimed at prostitutes would decline if prostitution was legalised. They further propose that legalisation, in turn, will decrease the stigma against prostitution (LAC, 2002). An organisation that assists former prostitutes in Chicago, USA (Genesis House) sums the debate up in the following manner:

“Where prostitution is illegal, the arrest and incarceration of the prostitute merely confirm her low self-worth and expectations of abuse ... legalizing prostitution does not help the prostitute, in that it confirms her idea that this is all she can do or be worth” (Sachs, 1991, Genesis House Brochure).

The LAC indicates that sixty three percent (63%) of prostitutes, regardless of their views on legalisation, would not recommend prostitution to anyone (2002). The participants of the present study

concur with the above and felt strongly that the terms 'prostitution' and 'prostitute' be used throughout the current study as an indication of the grave implications that a life in prostitution has on the individual. They are in consensus with Farley (2006) that the word sex work "normalises" prostitution and negates their suffering that habitually results from the life-style.

2.3 DEFINITIONS

2.3.1 Prostitution

Prostitution is one of the oldest 'occupations' in the world, even though it is not easily detectable. It has various guises and differs in populations, organisation, visibility, and risk (LAC, 2002). Prostitution is classified as the regular or occasional exchange of sexual activity for the purpose of producing an income. Payment may either be in money, goods, or other benefits. However, this definition and many others focus on the seller of sex rather than on the entire transaction. A more inclusive definition of prostitution is needed (LAC, 2002).

Motivation for engaging in prostitution may range from survival, debt mitigation, drug addiction, coercion, a desire for wealth or freedom (Dodsworth, 2000; Saphira & Herbert, 2004), as well as destructive behaviour (Fromm, 1973). Prostitution is accessible in urban as well as rural areas, specifically where the economic activity can sustain it (UNAIDS, 2002). According to the UNAIDS (2002), prostitution in urban areas is concentrated in public places such as streets, brothels, or specific venues. In rural areas though, it thrives in more secretive areas such as on highways, in rural truck stops, and at bars and restaurants (UNAIDS, 2002). For the purposes of this study, prostitution is defined as any situation where there is active solicitation of money for sexual favours (LAC, 2002). This is the type of prostitution which is covered by existing criminal laws in Namibia. Prostitution is a

transaction involving two people, the seller and the buyer. Any genuine understanding of prostitution must examine the relationship between the two parties. However, it has proved to be difficult to obtain information about clients (LAC, 2002).

2.3.2 Prostitutes

If prostitution is the exchange of sexual activity for income generation, a prostitute then would be the seller of sex (Dalla et al., 2003). Prostitution is often discussed as a women's issue, although, both men and women engage in prostitution (Dalla et al., 2003). Children, both boys and girls, increasingly engage in prostitution, particularly in developing countries and usually as a result of extreme poverty (LAC, 2002). In Namibia the incidence of male prostitutes is on the increase (LAC, 2002).

2.3.3 Transactional sex

Defining prostitution is problematic because there are other sexual relationships in society which involve at least some element of material exchange (LAC, 2002). In some cultures and some periods of history, even marriage has been viewed primarily as a property arrangement (LAC, 2002). Thus, a definition of transactional sex also proves to be difficult. Such a definition finds itself on the continuum of sex for material gain (LAC, 2002), but distinguishes itself from prostitution (UNAIDS, 2002). Since transactional sex merely provides a fraction of the earnings for the individual providing the sex and, most importantly, usually takes place in the context of a relationship, it differs from prostitution (UNAIDS, 2002). Transactional sex involves the exchange of sex in return for favours or gifts. Prostitution is not the primary source of income for those who engage in transactional sex. Individuals proposing the sex may or may not love their partners. They do not consider themselves prostitutes and often have alternative employment, only engaging in transactional sex to supplement their income (UNAIDS, 2002).

In Namibia, there are ambiguous relationships where young women have 'boyfriends' who provide cash or gifts in exchange for sexual favours (LAC, 2002). This is referred to as the 'sugar daddy' phenomenon and falls under the transactional sex continuum (LAC, 2002). From the current study it was evident that many of the participants who are in the process of leaving prostitution find themselves in sexual relationships in exchange for basic necessities (e.g. shelter, food, and other basic necessities).

2.3.4 Third parties

There are many third parties who profit from prostitution e.g. “pimps”; the owners and managers of brothels, bars and clubs used for prostitution and tourism operators (Kirimire, 2007; LAC, 2002). Other third parties are involved as knowing or unknowing beneficiaries of the income generated from prostitution, such as children, spouses and extended family members. Prostitution may also be used as a basis for various forms of blackmail as in the case of trafficking (Kirimire, 2007; LAC, 2002; Links, 2008).

2.3.5 Trafficking

“Trafficking” is essentially the illegal movement of individuals for purposes other than what they had agreed to (Kirimire, 2010, press conference). It involves the transport or trade of humans, usually women or children, for economic gain by means of force or deception (Kirimire, 2007). According to the LAC (2002), there is no evidence that trafficking for the purposes of prostitution is a widespread problem in Namibia. In 2002 there was only one case reported that involved the transport of young Namibian women to South Africa for the purposes of sexual exploitation. Despite this low evidence of trafficking in Namibia, Namibia should give attention to its international obligations to combat trafficking (LAC, 2002). Kirimire (2007) is of the opinion that many foreigners (especially Zimbabweans due to their dire economic state) are trafficked to Namibia with the sole purpose of working as prostitutes in brothels across the entire country. With the FIFA Soccer World Cup in neighbouring South Africa in 2010, Kirimire (Links, 2008) in conjunction with the Churches United Against HIV and AIDS (CUAHA) and the CCN anticipated a marked increase in cases of trafficking. Thus, they embarked on a campaign against the trafficking of humans for sexual exploitation, prior to the world cup. At a press conference in August 2010, Kirimire reiterated the importance of combating

trafficking practises.

According to Kirimire (2007), foreigners who come to Namibia, in pursuit of better living conditions and find that it is not economically viable, may also turn to prostitution as a means of sustenance. The brothel owners or pimps routinely confiscate their official documents with the intention of making an escape virtually impossible (Kirimire, 2007).

Cyrus (2005) found that some trafficked women agree to prostitution until they feel that they have repaid their debts. Often these women feel guilty because they actively participated in the trafficking process (Cyrus, 2005). The same could be argued for those who actively seek a life in prostitution despite being aware of potential abuse but do not envision other feasible options for making a living. In an attempt to circumvent cognitive dissonance, many may prefer to think of themselves as entrepreneurial and self-sufficient (Cyrus, 2005). The economic rewards, although not sufficient, are still better than the possibility of starvation. Akin to other battered persons many may feel that they are to blame for the victimization (Family Violence Prevention Fund, 2005) and this compounded by feelings of hopelessness, low self-worth, dissociation and apathy – decreases their ability to escape prostitution.

2.3.6 Sex tourism

Sex tourists is the term designated to travellers who journey to a foreign country with the sole purpose of taking full advantage of the lax precincts on sexual activity and prostitution in certain countries (UNAIDS, 2002). Usually the foreign client or tourist client who visits a third world country has the advantage of economic power over the prostitute. This increases the prostitute's vulnerability immensely (UNAIDS, 2002). Generally there are more prostitutes than foreign clients who seek their services (LAC, 2002). This reduces the prices along with the prostitute's negotiating power as the

supply exceeds the demand. According to the LAC (2002) the phenomenon of sex tourism does not affect Namibia as much, since tour operators and the internet do not yet promote Namibia as a sex tourism destination . This could, however, change (LAC, 2002) and prior to the world cup, there was an expectation that sex tourism would rise. In response, there had been an increase of a movement of activists for the legalization of prostitution to coincide with the 2010 world cup event (France24, 2010).

2.3.7 Psychological sequella

The term ‘psychological sequella’ refers to any negative psychological consequence i.e. the negative outcomes that may arise as a result of involvement in prostitution. Numerous researchers have addressed the relationship between a life in prostitution and mental health (Cwikel et al., 2003; Farley et al., 1998; Hughes et al., 2003; Raymond, 1999; Young, Boyd, & Hubbell, 2000). Some of the psychological cost of prostitution include social dysfunctions, somatic complaints, Post-Traumatic Stress Disorder symptoms, lowered self-efficacy, anxiety, depression and learned helplessness (Cwikel et al., 2003; Farley et al., 1998; Hughes et al., 2003; Raymond, 1999; Young et al., 2000). These will be discussed in more depth in section 2.8.

2.3.8 Push and pull factors

“Push” factors are the negative elements that individuals experience that may coerce them into a prostitution lifestyle. These negative factors include amongst others, physical and sexual abuse, poverty, neglect, family problems, negative foster care experiences, poor after- school-care services, homelessness (frequently as a result of running away from home), no schooling, unemployment, lack of financial support, as well as low self-esteem and feelings of helplessness. On the other hand the positive or “pull” factors include the exhilaration of engaging in ‘illicit’ behaviour, money and

independence. For those individuals who enter prostitution as a means of escaping negative home experiences, prostitution may bring about a sense of freedom. The social support system to be provided by others who are involved in prostitution is cited as a strong motivator in the decision to enter prostitution. Prostitution may also be an erroneous attempt at seeking affection, power and control previously lacking (Dodsworth, 2000).

2.3.9 Social unconscious

The last of the terms to be defined is the social unconscious. The term was coined by Erich Fromm (1955) to describe how individuals internalize the values promulgated within their families of origin at a micro level as well as those from their societies at a macro level (see section 2.9 for an explanation of macro and micro levels within social systems). These values are internalised to such an extent that they are expressed unconsciously. Habitually, these individuals, who act in this unconscious manner by merely reflecting societal views, believe that their behaviour stems from their own free will (Boeree, 2006).

In an attempt to help the reader better understand the work to follow, the above section gives a definition of the terms to be encountered in the text below. In the second part of this chapter prostitution is discussed in relation to legal, health, and psychological impact.

2.4 CURRENT LAW ON SEX WORK IN NAMIBIA

According to the LAC (2002), prostitution is not a crime and involvement in sexual intercourse in return for goods or any other reward is also not an offence in terms of any Namibian statute.

Nonetheless, a range of other aspects associated with prostitution are considered unlawful by several statutes and municipal regulations. Currently prostitution in Namibia is primarily covered by the Combating of Immoral Practices Act (Act 21 of 1980). The act states that it is illegal to:

- solicit or “make any proposals to any other person for immoral purposes” in a public street or place;
- “procure” any female to have unlawful carnal intercourse with another person (LAC, 2002).

For more information on the rest of the *Combating of Immoral Practices Act* (Act 21 of 1980) refer to *Appendix A*.

As yet, the majority of prostitutes in Namibia are female (LAC, 2002), although the incidence of male prostitution is on the increase as aforementioned. In Namibia clients are always male (LAC, 2002). The LAC (2002) considers the *Combating of Immoral Practices Act* gender biased as there are numerous crimes which can be committed by prostitutes, whereas only a few which can be committed by clients. Also when clients do contravene the act i.e. procuring sexual services, they are never charged under the act in practice. The LAC (2002) argues that punishing the sale of sex by prostitutes (often females in Namibia) but not the procurement of sex by clients (always male in Namibia) is a form of gender discrimination.

According to the LAC (2002) several provisions of Act 21 of 1980 are highly exaggerated, for example: if an unmarried couple buys or rents a home to co-inhabit, this home would be considered a brothel under the act. In addition, knowingly living off of the proceeds of prostitution is also a criminal offense. This offense is not restricted to individuals who are actively out to manage or promote

prostitution to benefit from it i.e. brothel owners and or pimps, but equally applies to a child who bears knowledge of the parents' or sibling's sexual activities in return for money for the groceries (LAC, 2002).

2.5 PROBLEMS FACING PROSTITUTES

Health concerns and abuse are the two major struggles facing prostitutes in Namibia (LAC, 2002).

Clients who refuse to pay for services rendered, abusive clients, clients who reject the idea of wearing condoms and over-policing are among the highest rated problems reported by prostitutes (LAC, 2002; Sanders, 2004). As prostitution is a negatively labelled trade inclusive of illegal properties, criminal offenses against prostitutes are often not taken seriously by law enforcers, which encourage more criminal offenses, such as rape, attempted or actual murders, battering and sexual assault against prostitutes (Farley et al., 1998; Iiping & Angula, 2000; LAC, 2002; Shangala, 2000). Criminalisation of prostitution fuels an atmosphere in which aggression against prostitutes is accepted. Prostitutes thus often consider violence to be "normal" or "part of the job" (Farley et al., 1998; Iiping & Angula, 2000; LAC, 2002; Shangala, 2000).

Social discrimination and moral judgement also contribute to the problems faced by prostitutes. Having been labelled as immoral and criminal, they are treated without dignity from community members and find minimal refuge in law enforcement (Farley, 2006, LAC, 2002, Sanders, 2004, Shangala, 2000).

Prostitutes thus find themselves ostracised and lacking social support.

In addition to often being the victims of criminal acts, prostitutes are commonly subjected to unsafe sexual practices (Farley et al., 1998; Hjorth & Johansson, 2005; LAC, 2002; Kendall-Tackett, 2005; Shangala, 2000).

2.5.1 Physical health issues

There is high emphasis on addressing the health costs of domestic violence globally (Farley, 2006).

Topics such as violence against women and children, rape and sexual assault, child sexual abuse and incest as well as female genital mutilation are enjoying considerable attention internationally.

International law acknowledges the association between prostitution, human trafficking and violence against women and children. Therefore, the United Nations General Assembly adopted the Declaration on the Elimination of Violence against Women in 1993, that specifies “violence related to exploitation” and “trafficking in women and forced prostitution” as violence (Farley, 2006).

Due to unsafe sexual practices, the health consequences to those involved in prostitution are identical to those suffered by individuals who endure other forms of violence and includes bruises, broken bones, black eyes, concussions and infections (Farley, 2006; Kendall-Tackett, 2005; Plumridge, 2001; Raymond, 1999). Regardless of gender of the individual prostituting themselves, the sex of prostitution may be physically injurious to the prostitute. Unsafe sexual practices also lead to an increased risk of contracting sexually transmitted infections (STI's) including HIV/AIDS (Hjorth & Johansson, 2005; Lockett, 1990; Plumridge, 2001; Raymond, 1999). STIs such as, chlamydia, gonorrhoea, herpes, human papilloma virus, syphilis and HIV/AIDS are disturbingly elevated among prostitutes (Farley, 2006). This is partly due to the inequality in the prostitute - client relationship (UNAIDS, 2002). Prostitutes have minuscule negotiating power in this relationship and are not in a position to insist on condom use (UNAIDS, 2002). The same inequality and minimal negotiating power applies to their intimate relationships with their private partners, which, compounded with multiple sex partners, has hugely contributed to the spread of AIDS in Africa (UNAIDS, 2002).

2.5.2 HIV/AIDS

Prostitution and HIV/AIDS are closely linked because of the lack of negotiating power on the side of the prostitute (Lockett, 1990; UNAIDS, 2002). Prostitution is considered a “business transaction”, therefore prostitutes are required to deliver their services to meet clients’ demands, yet with minimal negotiating power (UNAIDS, 2002). Prostitutes who work in massage parlours or classy establishments may decide to use condoms at all times to protect themselves (McVerry & Lindop, 2005). With street level prostitution comes a reduction in negotiating power, mainly because prostitutes on the street may be desperate enough to risk their health in return for the modest wage (Dala et al., 2003). In addition, the street level prostitute may have little say over how sex takes place because clients are in a position to physically harm them if they do not comply with their requests. This often includes unprotected sex with the increased risk of contracting HIV (Dalla et al., 2003; Ipinge & Angula, 2000). A study conducted by the LAC (2002) in Windhoek, Namibia found that HIV/AIDS was the biggest health concern prostitutes have.

2.5.3 Other health problems affecting only women in prostitution

Although the health burdens related to prostitution affect both males and females involved in prostitution, the health consequences to women deserve special mention as unsafe sexual practices carry the added risk of common gynaecological problems for women (Farley, 2006; Kendall-Tackett, 2005; Plumridge, 2001; Raymond, 1999). These problems include chronic pelvic pain and pelvic inflammatory disease (PID). Women in prostitution suffer at best one episode of PID. More sexually transmitted infection episodes may increase the risk of cervical cancer (Farley, 2006; Kendall-Tackett, 2005; Plumridge, 2001; Raymond, 1999) and a higher occurrence of positive pap smears among the prostitute community was established. Sexually transmitted infections have also been found to increase

infertility rates among women (UNAIDS, 2002). Furthermore, unwanted pregnancies and miscarriages may be amongst other physical effects of prostitution (Farley, 2006) affecting only female prostitutes.

2.5.4 The attempt to safeguard prostitutes' health

A study conducted with prostitutes in massage parlours by McVerry and Lindop (2005) found that prostitutes share information about clients who are considered to be dangerous with fellow prostitutes. This is done in order to avoid harm coming to any one of them. In these massage parlours, experienced prostitutes are quite aware of safer sex practises and educate younger prostitutes as well as clients on these. These prostitutes felt that they were in control and could demand the use of condoms and refuse practises that they considered unsavoury. When risky sexual contact is entered into, for example a condom bursting, the experienced prostitutes encourage younger ones to seek medical help immediately (McVerry & Lindop, 2005). The above-mentioned practises are all employed to safeguard prostitutes' physical and or sexual health.

Although the threat of physical harm exists, in the controlled environment (massage parlour or in-doors prostitution), it was found to be considerably lower than the risk on the streets (Dalla et al, 2003). For this reason the prostitutes in McVerry and Lindop's 2005 study expressed that their biggest concern was bringing infections home to their partners and children. The anxiety generated by this concern may be viewed as psychological burden. To safeguard their psychological well-being, prostitutes find that separating their work life from their private life through the use of fictitious characters on the job helps not to confuse contacts from work with personal contacts (McVerry & Lindop, 2005). Another concern that caused severe psychological strain was the fear of their (income generating) activities being discovered by their loved ones, children, partners and friends. In light of this, the use of alternate personas becomes vitally important.

In contrast to the situation described by McVerry and Lindop (2005), street level prostitutes have no control over the risk they exposed themselves to (Dalla et al., 2003). They are in no position to demand the use of a condom. Even if they are aware of safer sex practises, they have very little negotiating power to enforce condom use (Dalla et al., 2003; UNAIDS, 2002). A local study conducted by the LAC (2002) found that clients often refuse to use condoms and when they do, the risk of the condom bursting or leaking remains a major concern. Whereas the prostitutes in McVerry and Lindop (2005) study felt confident to seek medical services in cases of improper condom usage, street level prostitutes are not eager to seek help as they are often discriminated against even in the health system (Dalla et al., 2003; Hjorth & Johansson, 2005; LAC, 2002).

Being discovered by family, friends and partners is a real possibility on the street and is yet another aspect the street level prostitute does not have control over (Dalla et al., 2003). Thus, with regards to the safeguarding of health, the street level prostitute in fact has very little control over their physical or sexual health, which may result in higher psychological distress. Prostitutes working in controlled environments like parlours have a better chance on safeguarding their health.

2.6 PROSTITUTION AND DISCRIMINATION

Prostitutes are often especially susceptible to mistreatment or abuse because of their social outcast status (LAC, 2002). There are those who perceive prostitutes to be contemptible, thus not worthy of care or protection simply because they engage in “immoral” actions. The same individuals though justify the actions of clients saying that clients simply obey their “natural” sexual urges (LAC, 2002). From the above it is evident that prostitutes suffer immense discrimination. Not only are they denied essential services such as medical care (Hjorth & Johansson, 2005; LAC, 2002; Raymond, 1999), but

the law is enforced in a discriminatory manner, as clients are never charged with the crime of seeking the services of a prostitute (LAC, 2002). Prostitutes are confronted with society's prejudgement and when they attempt to exit prostitution, the discrimination and stigma continues (Brock, 1996; Farley, 2006). Many do not find alternative employment because at times they have no other training and are not equipped to do any other work (McIntyre, 2002). Besides this limitation the stigma of their prostitution identity that lingers even after they have exited the prostitution life-style hampers them from finding employment in order to sustain themselves and their dependents (Farley, 2006). As a vicious cycle, this problem forces prostitutes who are attempting an exit from prostitution back to the streets. To aggravate matters, a study by Link and Cullen (1990) found that individuals who are stigmatised are more probable to be unemployed, earn an inferior income, suffer lowered self-esteem, and have a limited social network.

Furthermore, stigma and discrimination in itself may also contribute to the lack of rehabilitation success (Markowitz, 1998; Scheff, 1966). Labelling theory asserts that stigma and discrimination result in and perpetuates mental illness. Scheff (1966) postulates that when individuals who are labelled as prostitutes endeavour to recommence a life outside of prostitution, fulfilling new roles or identities, they are rejected and discriminated against. Thus they are demoted to playing the role of a harlot forever. This discrimination results in the individual's behaviour corresponding to the expectations for the role society places on the individual (i.e. prostitute). Hence, the reactions of the society may cause and /or sustain the deviant behaviour (Scheff, 1966). Moreover, symptoms of psychological burden, self-concept and life satisfaction, as vital components in the process of recovery, have been found to have a strong correlation to stigma and discrimination (Davidson & Strauss, 1992; Lehmann, 1988).

The social discrimination that many prostitutes face is often compounded by physical violence and abuse, for this reason it is at times considered in the same vein as violence against women (Farley,

2006). However, this view excludes men who are involved in prostitution. Nonetheless, violence is a vital aspect of prostitution that requires specific attention.

2.7 VIOLENCE, ABUSE AND PROSTITUTION

For prostitutes, selling sex involves major risks and the prostitute has to manage the risks associated with prostitution carefully (LAC, 2002; Sanders, 2004; Shangala, 2000). They experience violence from clients, other prostitutes, pimps and at times partners. On top of this, they may experience harassment from community members and criminalisation through over-policing (LAC, 2002; Sanders, 2004). Prostitutes are often raped, severely beaten and brutalised by clients. This has become so frequent that most prostitutes do not even report such physical abuses as they have come to believe that it comes with the industry (LAC, 2002; Sanders, 2004; Shangala, 2000). Some have internalised the stigma, thus believing that they are deserving of such brutal acts against them (Farley, 2006). The meagre few who master the courage to report crimes against them are often dismissed by the very authorities that are supposed to protect them i.e. the police (Farley, 2006; LAC, 2002; Shangala, 2000). In a study conducted by the LAC (2002) respondents reported that the police and the Special Field Force members accounted for 9.2% of the violence against them.

A few years ago Namibia lived in terror of a serial killer, the B1 Butcher as he became known (Menges, 2008). It later became evident that this serial killer was targeting prostitutes (Menges, 2008). The anxiety that most prostitutes experienced must have been immense as they saw their friends and fellow prostitutes dying. The B1 Butcher later committed suicide and confessed his crimes in a suicide note (Menges, 2008). Yet the fear lives on. “Could this client be my murderer?” is a question on many of the prostitutes’ minds. Yet it is the risk that prostitutes subject themselves to on a daily basis. Being exposed to such traumatic events may result in psychological sequelae (APA, 1994).

2.8 PSYCHOLOGICAL FACTORS

Since prostitutes are subjected to long-term violence and abuse, they often suffer from psychological trauma (Cwikel et al., 2003; Farley et al., 1998; Hughes et al., 2003). The emotional health consequences of prostitution include rape trauma syndrome, stress, depression, anxiety, posttraumatic stress disorder, and addictions among others (Farley et al., 1998; Hughes et al., 2003; Raymond, 1999; Young et al., 2000). However, Farley et al. (1998) argued that the high rate of PTSD was caused by lifetime experiences of violence, both as adults in prostitution and as children, rather than by the act of prostitution itself. Low self-esteem, guilt, self-destructiveness and apathy may also result from a life in prostitution. Some of these concepts such as substance abuse, PTSD, low self-efficacy, apathy and the nature of destructiveness are discussed in relation to exiting prostitution.

Prostitutes are reluctant to seek psychological services, not so much because of the stigma attached to mental health, but rather because they are suspicious of outsiders and authorities (Dalla et al., 2003; Silbert, 1998; Warburton, 2001). Their hesitance for seeking psychological help may be ascribed to the fact that distrust, within the prostitute sub-culture, is used to protect the self from various hurts (McIntyre, 2002). Prostitutes may also fear negative responses from others, and may be afraid of change (Silbert, 1998). According to Scheff (1966) the above are normative reactions to discrimination and stigma. In addition, prostitutes habitually do not admit to being harmed in any way (Hughs & Denisova, 2003). Hughs and Denisova (2003) suggest that another reason for a lack of help-seeking behaviour amongst prostitutes is that their lives may be in such disarray that help seeking is virtually impossible. Despite denial of their fragile psychological states, prostitutes may avoid seeking help for physical ailment as they believe that they will not be helped because they are prostitutes (Hjorth & Johansson, 2005; LAC, 2002; Raymond, 1999).

A counsellor, argues that many prostitutes may suffer from what she terms “psychological paralysis”. They need and want help, yet reject it. 24-Hour hotlines for counselling and shelters have been found to be effective if available exclusively to prostitutes (Silbert, 1998).

Except for severe trauma, stress, depression, anxiety and eating disorders as mentioned above, women in prostitution are especially known for self-mutilation, suicide and at times homicide (Farley and Barkan, 1998). In a study conducted by Farley and Barkan (1998) it was found that 46% of female prostitutes in the study had attempted suicide, and 19% had tried to harm themselves physically in other ways, including self mutilation and through heavy substance abuse.

2.8.1 Dissociative identity disorder (DID)

The discomfort resulting from having to carry out acts that contradict an individual’s beliefs about the self is termed cognitive dissonance (Barlow & Durand, 2005). Prostitutes often find that separating their work and private lives requires maintaining multiple identities in order to preserve ‘psychological health’ (McVerry & Lindop, 2005). It has been argued that in severe instances this type of escape into a different character results in dissociative identity disorder (DID) (Cwikel et al., 2003; Farley, 2006). DID is characterised by a failure to integrate information about one’s personal identity, memories, sensations, and states of consciousness into a unified whole (Barlow & Durand, 2005).

To minimize cognitive dissonance prostitutes may rely on an alternate persona to execute the unpleasant dissonant tasks. Once mental distance is achieved through escaping into another persona, prostitutes are better able to make sense of the violence and unsafe sex practices as well as the inhumane working and living conditions that they have to contend with (McVerry & Lindop, 2005).

Orchestrating various personas is a strategy used to safeguard sex workers' psychological well-being (McVerry & Lindop, 2005). Yet, at the same time, cognitive dissociation acts to hinder the prostitute from recuperating mentally and physically and reintegrating into society as they do not seek help (Dalla et al., 2003; Hjorth & Johansson, 2005; Hughs & Denisova, 2003; Raymond, 1999; Silbert, 1998; Warburton, 2001). A practice that is initially employed to preserve psychological health (McVerry & Lindop, 2005), may have the adverse effect of preventing help seeking, which in turn may perpetuate ensnarement in prostitution.

2.8.2 Post-traumatic stress disorder (PTSD)

Traumatic events involving actual or threatened death or serious injury such as rape, war and prostitution may bring on psychological symptoms of post-traumatic stress disorder (PTSD) (APA, 1994). The stressor does not necessarily have to be directly experienced. Witnessing or hearing of an event that involves death, injury, or a threat to the physical integrity of another person or family, may also bring about PTSD (APA, 1994).

Individuals suffering from PTSD experience feelings of anxiety, depression, insomnia and irritability. Flashbacks, anaesthetised emotions and hyper vigilance are common symptoms as well. These symptoms are intensified and last for longer periods of time when the stressor is inflicted by human beings (APA, 1994).

As prostitutes are exposed to violent acts on a constant basis it stands to reason that PTSD should be common among this population. A cross continental study, involving South Africa, Thailand, Turkey, United States of America and Zambia, conducted by Farley and colleagues (1998) found the prevalence rate of PTSD to be 67% among a population of prostitutes.

PTSD causes immense anxiety and in an attempt to self-medicate the ill effects of PTSD many turn to narcotics, which in turn may worsen or hinder recovery. PTSD has a high co-morbidity with substance dependence, either recreational drugs or benzodiazepine prescribed for anxiety disorders (APA, 1994).

2.8.3 Substance use

Earlier research on females who are involved in prostitution ascertained elevated levels of drug abuse (Kuhns, Heide, & Silverman, 1992; Nadon, Koverola, & Schludermann, 1998; Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 1998). According to Weeks, Grier, Romero-Daza, and Puglisi-Vasquez (1998), supported by Kuhns et al., (1992) as well as Gossop, Powis, Griffiths, and Strang (1994), addiction to drugs is often a contributing factor to entering prostitution. The argument is that prostitution often becomes the only means by which drug addicts can afford to support their addictions, as they may be deficient in education and other income generating skills.

The trade of sex for drugs further serves to ensnare those involved in prostitution (Gossop et al., 1994). It is further stipulated that individuals endure the revolting, degrading and humiliating characteristics associated with prostitution because of their overriding need for or dependency on drugs (Weeks et al., 1998).

However, Young et al., (2000) suggest that prostitutes may engage in drug use solely to cope with the negative associative characteristics of prostitution. This, in turn, may lead to drug addiction, which may ensnare the individual further in a lifestyle of prostitution and greater drug addiction. Regardless of the motivation for being involved in prostitution, the psychological anguish that stems from the involvement in prostitution may cause prostitutes to consume more drugs in an attempt to cope (Young et al., 2000). The findings of a study carried out by Gossop et al. (1994), on a sample of heroin-using prostitutes in London, confirms that many made use of drugs and alcohol while prostituting as a means

of detaching themselves from the act of prostitution as well as to handle the stresses that accompanies a life in prostitution.

Regardless of the reasons for drug use or abuse, the act of indulging in narcotic use may further hinder prostitutes from making the necessary adjustments that may bring about positive permanent lifestyle changes (Young et al., 2000). Another factor that plays a major role with regards to reform is self-efficacy.

2.8.4 Self-efficacy

Self-efficacy is the belief that one can deliver the required effects and prevent undesired effects by one's own actions (Bandura, 2000). Self-efficacy promotes the motivation to act, whereas a lack of self-efficacy results in little incentive to act in a manner that might bring about positive change (Bandura, 2000). The prostitute wishing to make an exit from prostitution will be more motivated to attempt this exit if they truly believe that this attempt at exiting will be successful. If self-efficacy is low the prostitute will most likely not make a concerted effort to leave prostitution as they believe that they are unable to make an exit. Numerous other aspects, such as monetary rewards, may act as motivators in the decision to leave prostitution, yet, Bandura (2000) postulates that most actions are entrenched in the core belief that one has the power to produce desired results (self-efficacy).

Efficacy beliefs affect self-motivation through their impact on the individual's goals and aspirations. The challenges that individuals chose to undertake, the amount of effort to devote to any activity and the period of time to continue trying in the face of difficulties is all determined by self-efficacy.

According to Bandura (2000), in the face of barriers, setbacks, and disappointments, individuals who

distrust their abilities become unsure of themselves and lessen their efforts, quit, or settle for second-rate resolutions, instead of striving for better. Thus, the prostitute who faces obstacle upon obstacle when attempting to exit prostitution may learn to distrust their ability to be successful, which translates into lowered self-efficacy. They may cease any efforts aimed at leaving a prostitution lifestyle and resign themselves to mere survival.

Individuals who strongly believe in their capabilities (high self-efficacy) increase their effort to overcome the challenges when faced by difficulty (Bandura, 2000). Self-perceived efficacy equally plays an important role in the beliefs individuals hold about the outcome of their efforts. The results anticipated hugely depend on beliefs of how well any given task can be performed. Those with high self-efficacy anticipate positive outcomes through good performance thus will increase individual satisfaction, motivation as well as happiness (Bandura, 2000) from which rehabilitative success is most likely to flow. However, if the prostitute engaged in rehabilitative effort suffers a lowered self-efficacy, not believing that their efforts are likely to bring about a positive outcome, they most likely will not invest much in the rehabilitative efforts. This in turn may lead to failure as a result. Repeatedly facing failure may lead to learned helplessness (Flannery, 2002).

2.8.5 Learned helplessness

Learned helplessness is the psychological condition that arises from an individual's erroneous assumption about the lack of control over any situation because they previously failed to control a specific situation (Seligman, 1972). A sense of control or high self-efficacy equates to an individual's ability to affect their environment to fulfil their needs (Flannery, 2002). A major life event such as exposure to violence, psychotic disintegration, discrimination from society, or not completing important developmental tasks successfully (e.g. failed marriage or failed schooling) could exacerbate

individuals' erroneous beliefs (Flannery, 2002). These are all experiences that prostitutes are regularly exposed to. Learned helplessness may hamper rehabilitation in that the prostitute suffering from learned helplessness may falsely conclude that they are irredeemable. Consequently, they may engage rehabilitative efforts half-heartedly and may deem all possible intervention ineffective. If the prostitute views the self as helpless or determined by forces outside the self (external locus of control), rehabilitative efforts are indeed in vain (Flannery, 2002).

Therefore, if an individual frequently fails to control events in their lives they may subjectively experience a generalised lack of control in their lives (Flannery, 2002). The individual has learned to be helpless, which often leads to depression. Psychologist Martin Seligman (1972) identified four (4) signs of learned helplessness in humans and these are as follows:

2.8.5.1 No self-perceived control

Individuals who succumb to helplessness are those who at some point had incorrectly concluded that since, they had no control in one instance they would also have no control in other instances (Seligman, 1972).

2.8.1.2 No task involvement

Individuals who experience a sense of no control are more likely to show less engagement in activities despite these activities' personal importance to them. Their motivation is low, they appear to have no

purpose in life, and show a reduced interest in family, work, and societal tasks (Seligman, 1972).

2.8.1.3 Disrupted daily routines

Those who become helpless live highly unsystematic lives. Meals are often taken late or missed altogether, time limits are not observed and energy levels dwindle (Seligman).

2.8.1.4 Social isolation

Individuals who have learned to be helpless often isolate themselves. If total isolation is not feasible most individuals who suffer from learned helplessness start to restrict their interpersonal contact in other situations (Seligman).

The above-mentioned four indications of learned helplessness are also indicative of depression.

Seligman's theory of learned helplessness did not account for those individuals who seemed to be immune to becoming depressed, hence the revision of the theory for human helplessness. Abramson, Seligman and Teasdale (1978) therefore, identified three essential cognitive conditions that facilitate the development of learned helplessness. They found that individuals who were more likely to develop learned helplessness and depression were those who felt excessively guilty about their circumstances, believed that these unpleasant situations would be long-lasting and that their circumstances would impact their future actions negatively. Such individuals lost all hope and vision for the future (Abramson et al., 1978). When an individual feels helpless, without hope and believes that he or she has no future, they may act apathetically.

2.8.6 Apathy

Apathy is the lack of affect, drive, or fervour (Greenson, 1949). In the psychological context the term apathy depicts a state of lack of interest or concern where an individual is emotionally, socially, and physically unresponsive or indifferent. A continuum of elevated apathy or clinical apathy exists with a moderate level attributed to depression and extreme levels associated with dissociative disorder. Lethargy may be considered physical apathy and has its roots in various pathologies. The physical symptoms include physical decline, muscle atrophy, and a lack of energy (Greenson). Apathy may be object-specific i.e. individuals who are not generally apathetic may show signs of apathy toward certain individuals, activities or situations (Greenson). It may result in response to stress as a means of creating mental distance and may be manifested as depression or learned helplessness (Greenson).

Prostitutes who suffer atrocious acts against them or even engage in behaviours repulsive to the self may need to create mental distance and thus may come across as apathetic. As apathy is a form of dissociation it is argued that in severe instances this mental distance may result in DID (Cwikel et al., 2003; Dalla et al., 2003; Young et al., 2000).

However, in its mild non-pathological form, apathy may depict a lack of interest in previously enjoyed or important activities. When individuals have little regard for what happens to them it may breed destructive behaviour such as drug use. In turn, certain drugs may cause or aggravate apathy, leading to more destructiveness of either the self and/ or others (Warburton, 2001; Young et al., 2000).

2.8.7 Destructiveness

Destructiveness in humans is evidenced by acts of brutality, vandalism, humiliation, crime and terrorism (Boeree, 2006). The concept of destructiveness as described by Fromm (1973) represents one form of escape from freedom (see chapter three). Individuals who may be described as destroyers respond to hurt by striking back against the world, their rationale being that if they obliterate the world first the world would not be able to hurt them (Fromm in Boeree, 2006). Fromm (1973) further postulates that if an individual's desire to destroy is not realised, they may redirect the destructive desire inward. Self destructive tendencies may include anything from narcotic abuse, indulging in unsafe sex practices and involvement in prostitution, as well as the ultimate destructiveness, which is suicide (Fromm).

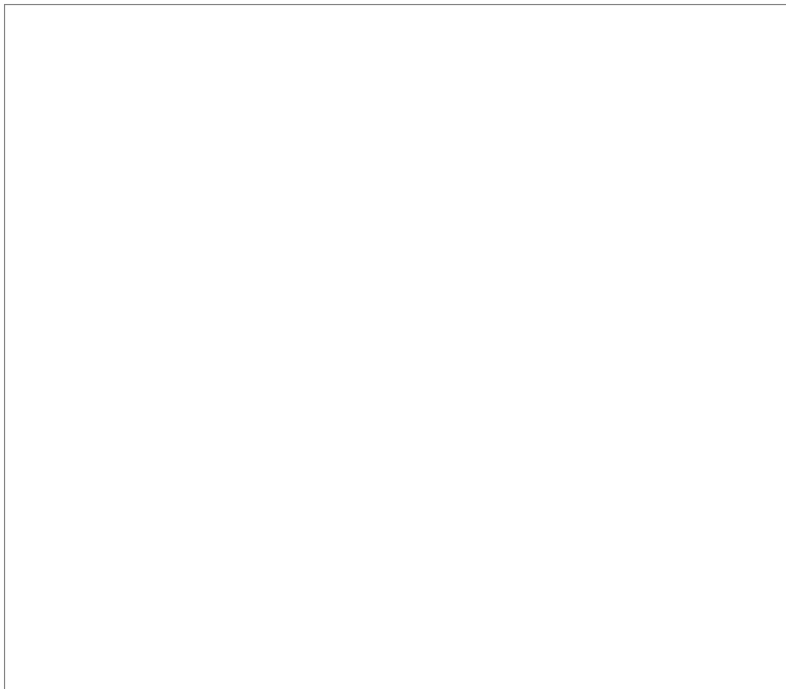
2.8.8 Overview of psychological factors

As discussed above, the psychological burden associated with prostitution includes, DID, post-traumatic stress disorder, substance abuse, low self-efficacy, learned helplessness, apathy and destructiveness (Farley, 2006; Warburton, 2001; Young et al., 2000). Other psychological consequences not discussed here but reported in literature include rape trauma syndrome, stress, and anxiety (Farley, 2006; Warburton, 2001; Young et al., 2000). The preceding mental health cost in conjunction with physical and health abuses represent a type of prostitute distress and burden, and may serve as barriers to life-style change. Psychological services are an effective means of addressing prostitutes' recovery from sexual trauma as well as all the above-mentioned psychological problems (Silbert, 1998; Warburton, 2001).

2.9 EXITING PROSTITUTION

Once the break from prostitution is made, there are various challenges that serve as barriers to successful and permanent life-style change. As exiting prostitution does not happen in a vacuum, an understanding of social systems is needed. An individual forms part of a smaller unit known as the micro system, which may consist of immediate family and or friends (Zasrow & Ashman, 2006). Simultaneously the same individual forms part of a bigger unit, the macro system, which may comprise the larger community, the socio-economic as well as political climate, specific organisations, and statutes governing prostitution (Zasrow & Ashman, 2006). Figure 2 is a visual depiction of such a social system.

Figure 2.1



When an individual attempts to exit prostitution it is paramount to assess the social support the individual has to their disposal. The role that the social system plays either enhances or hinders the individual's rehabilitative success. The importance of social support cannot be stressed enough (Mansson & Hedin, 1999). Social support may be provided on a macro or a micro level however, the ideal situation would be to have social support on both these levels when attempting to exit prostitution (Mansson & Hedin, 1999). When an individual lacks social support it may be regarded a social barrier (refer to section 5.2.2 for a discussion of social barriers).

According to Mansson and Hedin (1999), prostitutes struggle to make sense of their experiences within prostitution. The shame they experience because of their "prostitute identity" is almost unbearable and having to return to the poverty stricken lives that forced them to the streets in the first place, is a very real possibility to be contended with (Mansson & Hedin, 1999). Prostitutes who seek to leave prostitution may also find it extremely difficult to redefine themselves.

According to Fuchs Ebaugh (1988), individuals become accustomed to certain roles they play and once

this role is no longer in effect the individual has to redefine the self as an ex. With this it is implied that one can never be free of the residual role. For example, if an individual decides to stop prostituting themselves, they shed their prostitute identity but they can never really be free of the prostitute identity as they are now defined as ex-prostitute. The prostitute identity does not cease even though the prostitute activity ceases. The individual is simply redefined as an ex-prostitute. Furthermore, if the prostitute who has fulfilled the role of harlot as well as provider seeks to leave prostitution, they will be exiting the role of provider, simultaneously as they exit the role of prostitute. The individual will now have to define the self as an ex-prostitute in need of help with exiting, as well as, take on the role of dependent before they can fulfil the role of provider by different means (Fuchs Ebaugh, 1988). The automatic response would be to attempt to provide by the means they know best (in this case going back to prostitution). The thought of returning to prostitution may be anxiety provoking for the individual trying to exit as the expected behaviours in the two roles (old and new) oppose each other. The interim period before the new role is crystallized is referred to as anomie and can be a very trying time (Fuchs Ebaugh, 1988). According to Fuchs Ebaugh (1988) anomie is a perilous state to be in because the successful disassociation from a role can only occur once replaced by another role. In anomie a vacuum exists and can be filled with any unplanned role. This is especially detrimental if the role is undesirable (Fuchs Ebaugh, 1988). As a prostitute, the individual formed part of a community that supported one another and protected one another. Breaking away from prostitution is also to break away from this social network. The ex-prostitute may experience immense anxiety at having to their new role without their social support (Fuchs Ebaugh, 1988).

It was also found that many former prostitutes experienced difficulties in forming meaningful intimate relationships once they have left the industry (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). This might be ascribed to associative features of posttraumatic stress disorder, social anxiety, lowered social self-concept and diminished self-promoting skills (Farley, 2006). Hence, it

seems that a lack of strong social support structures and meaningful interpersonal interaction outside the closed prostitution network may be factors that significantly prevent prostitutes from leaving this comfort zone.

Leaving prostitution is a process that is influenced by a multi-factorial interplay. As mentioned earlier, Mansson and Hedin (1999) found that a 'critical incident' almost always precedes prostitutes' quest to enter into a process of breaking-away from prostitution. Critical incidents are important events (positive or negative) that cause the individual to question their involvement in prostitution. These could include finding a job, falling in love or experiencing severe violence. Basically anything that points the individual towards reform qualifies as a critical incident (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999). However, isolated critical incidents usually do not render strong enough impetus to bring about the desired successful break from prostitution. Structural, relational and individual factors are essential ingredients for a successful break from prostitution (Mansson & Hedin, 1999). Structural factors refer to the material conditions needed to support a successful break. Relational factors refer to the social support an individual has at their disposal in the exit process and may include societal views and attitudes. Individual factors refer to the psychological resources that may promote a successful exit. These include high self-efficacy beliefs, the ability to dream and find purpose and meaning in life. The psychological resources aid in overcoming or counteracting the psychological barriers. Mansson and Hedin (1999) consider the psychological factors to be the most significant determinants when an individual desires to make an exit from prostitution. If an individual is psychologically resilient they will have the strength to persevere in the face of physical and social constraints. The prostitute has to weigh their options to determine whether leaving prostitution would be in their best interest.

A study conducted by Fuchs Ebaugh (1988), supported by McIntyre (2002), suggested that prostitutes often regard leaving prostitution a riskier endeavour than remaining in the industry. Issues such as

economic survival and envisioned consequences of leaving prostitution usually outweigh the benefits of leaving (McIntyre, 2002). If prostitution was entered into as a means of economic survival, exiting without any other employment opportunity poses the prostitute with the risk of economic deprivation. Also, if any other individual is dependent on the profits gleaned from prostitution they too stand to suffer the consequences. For example if the individual stops prostituting themselves, the individual's child dependent could face starvation and /or having to drop out of school. If a pimp or a partner stands to lose the income made from prostitution, he or she may respond with violence or physical abuse (McIntyre, 2002).

As prostitutes are socialised into a prostitution community with divergent values, the tendency to follow the dominant opinion without critical thinking (groupthink) may also cause the rest of the prostitution community to turn against the individual who dares to leave (McIntyre, 2002). As aforementioned breaking away from prostitution is not a decision to be entered into lightly and many still find that remaining in the industry holds more (short term) benefits for them. Close relationships and social networks are essential in the process of rehabilitation and those who have a well developed social network of support are better able to make a complete break from prostitution (McIntyre, 2002).

When entering prostitution, the new recruits are shown the ropes by others who have been prostituting for longer (McVerry & Lindop, 2005). The prostitute is introduced to the "tricks" of the trade or taught the social skills fit to the sub-culture of prostitution. This normally involves ensuring safety measures e.g. being vigilant at all times and not trusting anybody but yourself (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). Obtaining relevant client information pertaining to their HIV status, how they have treated other prostitutes, how much to charge for specific services rendered as well as any identifying features the client may have, is vital (McVerry & Lindop, 2005). It is vital that new prostitutes know about safer sex practises and simple hygiene as some clients may need to be taught.

The advantages and disadvantages of managing their own money versus having a friend, sibling or partner or acquaintance managing their money are discussed extensively (McVerry & Lindop, 2005).

This socialisation into the prostitute sub-culture facilitates working arrangements and alliances and is aimed at ensuring personal safety, physical-, sexual- as well as psychological well-being (McVerry & Lindop, 2005). Even though many of the “rules” in the prostitute sub-culture (e.g. mistrust) are perceived as negative or deviant by society as a whole, many prostitutes form close bonds with one another through this socialisation. In street level prostitution, the individual who fulfils the role of protector the one minute may be the same person to inflict harm the very next. Yet this sub-culture affords prostitutes a sense of belonging and community (McIntyre, 2002). Once an individual chooses to exit a role, for example a prostitute wanting to leave prostitution, they risks being ostracised by the community that the individual is leaving and at the same time risks not being accepted by the larger community that they intend to re-integrate into (Fuchs Ebaugh, 1988). The thought of being ostracised is so immense that the anxiety the individual feels could be the sole reason not to attempt exiting prostitution ((McIntyre, 2002).

When human beings experience an overwhelming need to belong, the social unconscious comes into effect (Fromm, 1941). At times individuals lose their sense of individuality in favour of the group’s identity, thus not ascribing to any own opinions, hence engaging in groupthink (Fromm). Groupthink can be very dangerous because it is emotionally driven and does not weigh all the facts. Groupthink conforms to the majority opinion and can be likened to Fromm’s automaton conformity (see chapter 3). On the other hand, if the individual who desires to break with prostitution acts as part of a group that shares the same aims, automaton conformity or groupthink could be a powerful propellant in the process of exiting (Fuchs Ebaugh, 1988). According to Fromm (1941) the social unconscious could be explained by the satisfying of the individual’s need for belonging within the small group. In Fromm’s

view, the individual escapes their individuality in favour for the group's opinions (see chapter 3).

Following an exit from prostitution, the individual faces a redefinition of his or her relationships within the social context (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). Redefinition is vital because change often also marks the nature of these relationships. The individual has to unlearn detrimental styles of communication as well as other behaviours that may be appropriate for the prostitution sub-culture but not in the larger community. Upon exiting prostitution the ex-prostitute has to unlearn "street smarts" and relearn social etiquette that may be foreign to them. Relearning to trust that other people might have their best interest at heart is especially difficult, as distrust was formerly employed to secure the prostitute's safety (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). Prostitutes who leave prostitution also have to redefine the manner in which they relate to intimate partners. This proves to be most challenging, considering that they are expected to give themselves emotionally - not only physically (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002).

Creativity, vision (meaning in life) and a belief in an optimistic future (hope and self-efficacy) were identified as the antidote to stagnation in prostitution (Mansson & Hedin, 1999). These positive 'illusions' along with task involvement and social engagement were what propelled individuals out of the industry and kept them out (Mansson & Hedin, 1999).

2.10 CHAPTER SUMMARY

In this chapter, the relevant concepts were presented in a brief overview. This was done with the intention of assisting the reader's understanding of the information contained in the following chapters. Significant concepts such as prostitution, transactional sex, trafficking, sex tourism, psychological sequella, post-traumatic stress disorder, learned helplessness, self-efficacy, and social unconscious,

amongst others were elaborated upon.

Prostitution was discussed in relation to the law and physical health and the notion of prostitution as a traumatic experience was also introduced in this chapter. As most studies on prostitution in Namibia were conducted from medical (health) and legal (law) perspectives, the current study's emphasis is on the impact that prostitution has on psychological health.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

Chapter three provides a theoretical overview for understanding the phenomenon of exiting prostitution. The chapter focuses on various theories which are relevant for this study.

FROMM AND FRANKL

The humanistic views of Erich Fromm (1900-1980) and Victor Frankl (1905-1997) delineated in their existential theories, are outlined in this chapter. These theories provide a framework for understanding the individual's motivation in making lifestyle changes and may thus be applied to the phenomenon of exiting prostitution.

3.2 THE PERSONALITY THEORY OF ERICH FROMM

3.2.1. Background of the theory

In grasping Fromm's theory, one has to take a closer look at the context in which it was developed, thus a closer look at the work of Sigmund Freud (1856-1939) and Karl Marx (1818-1883). Freud is the father of psychoanalysis (Meyer, Moore, & Viljoen, 2003). He developed the first personality theory and to date his theory is considered the most comprehensive of all theories explaining human behaviour. Freud's theory includes a psychotherapeutic method, a theory of motivation as well as the origin of psychopathology (Meyer et al., 2003). However for the purposes of this introduction, a concise summary of his motivation theory should suffice. According to Freud (1923), an individual experiences continual conflict between their instinctual or biological drives, which Freud refers to as the Id and the opposing social norms, which he refers to as the Superego (Meyer et al., 2003). The individual's behaviour is thus, dependent on the compliance with either of these two determinants and may be regulated by the third component to personality, which is the ego. Therefore, behaviour is motivated by biological drives (Meyer et al., 2003). An excellent example of unadulterated biological determinism, as portrayed by Freud, can be demonstrated by simple animals. Animals do not have to concern themselves with the freedom to choose because their instinctual drives override everything and their destinies are mapped out for them.

Karl Marx, although not in the discipline of psychology, proposes an answer to human behaviour. He postulates that the socioeconomic class into which an individual is born defines that individual's nature and thus also their behaviour (Boeree, 2006). A fine example of socioeconomic determinism, as described by Marx, is the traditional society of the Middle Ages. A very small minority in the Middle Ages required career counselling. Fundamentally, an individual (male) followed in their father's

footsteps without giving it any thought. For example if the individual was of peasant descent, the individual became a peasant. In the same manner women had the sole role of bearing and rearing children (Boeree, 2006).

Determinism attributes psychological phenomenon to specific aspects (Meyer et al., 2003). Both Freud (1856-1939) and Marx (1818-1883) take a stance of determinism where individuals are directed by factors beyond their control. Freud (1923) suggests that individuals are controlled by their instinctual drives, whereas Marx views individuals as determined by societal context, specifically so by economics (Boeree, 2006). This is in stark contrast to theories that postulate that human functioning and differences is determined by personal freedom and will (Meyer et al., 2003).

3.2.2 Development of the theory

Fromm (1941) argues that the absence of freedom in biological or social determinism proves to be an easier existence. This sort of existence lends life structure and certainty. The need for soul-searching becomes obsolete because meaning lies in fulfilling the predetermined path without any choice. If the individual has no choice, they are thus, also exempted from the responsibility that goes hand in hand with choice. Individuals in such systems fit in and never experience identity confusion. Many individuals prefer to live according to these outdated notions of having no choice (Fromm, 1941).

Socioeconomic deterministic societies, were brought to an end by the Renaissance, Reformation, followed by the American and the French democratic revolutions and finally by the socialist Russian and the Chinese revolutions (Boeree, 2006). The concept of the individual as an entity with individual (personal) thoughts, feelings, moral conscience, freedom, and responsibility, came to light. However, with individuality came seclusion, isolation, and disorientation (Boeree, 2006).

Fromm's theory is a fairly exceptional merge of Freud (1856-1939) and Marx (1818-1883). While Fromm (1941) adheres to this unique blend of determinism, he introduces the concept of freedom, which is a central construct in humanistically inclined theories. This freedom permits the individual to rise above determinism as described by Freud and Marx (see section 3.2.1). Fromm (1941) considers freedom a fundamental characteristic of human nature that differentiates animals from human beings.

3.2.3 Assumptions and views on psychopathology

Erich Fromm, like many other existential theorists, postulates that human beings have unique needs that extend past basic, physiological needs as suggested by psychoanalysts and behaviourists. Fromm in Boeree (2006) refers to these needs that distinguish humans from animals as human needs. To sum up these human needs, Fromm (1973) and other existentialist believe that the human being needs to find an answer to their existence. Failing to find these answers results in neurosis or insanity. Fromm further postulates that all neurosis is a type of personal religion that individuals attempt to rely on when culture (religion included) does not gratify the individual anymore. He describes five human needs namely relatedness, creativity, rootedness, a sense of identity and a frame of orientation.

- **Relatedness.** According to Fromm (1973) human beings know that they are separate each other yet they try to escape this truth. The need for relatedness represents love in the general sense. Fromm in Boeree (2006) defines love as a joining together with someone, or something, external to the self, while still maintaining the separateness and uniqueness of the self. This enables the individual to transcend their separateness without giving up their individuality.

The need for relatedness is so potent that individuals at times search for it to be met in detrimental ways (Boeree, 2006). Some individuals seek to eradicate their loneliness or separateness by

yielding themselves to other people, groups, or a conceptualisation of a god. Yet others try to eliminate their isolation by controlling others. However, neither of these methods of removing loneliness are fulfilling as they do not help overcome the isolation the individual feels (Fromm in Boeree, 2006). The individual who chooses to prostitute themselves may be mortified by their separateness. This fear may lead the individual to eradicate it by completely surrendering themselves to a pimp, clients or a group of other prostitutes. Thus, it could be concluded that the need for relatedness may contribute to ensnarement in prostitution as they fear their own individuality should they break away from the industry. For the prostitute who fears their separateness, successfully breaking away from prostitution becomes more plausible if a group of prostitutes choose to leave prostitution together. This scenario allows the prostitute to maintain their identity within a group but still reach the goal of breaking away.

An additional manner in which some individuals attempt to conquer the need for relatedness is by denying its existence (Fromm, 1973). The reverse of relatedness is narcissism. Narcissism, which is the love of self, is expected in infants because they do not distinguish themselves from the world and others (Barlow & Durand, 2005). In adults though, it is viewed as a sign of psychopathology. The narcissist's world revolves around their own thoughts, feelings, and needs to the exclusion of others. This often leads to a loss of reality contact (Barlow & Durand, 2005).

- **Creativity.** Fromm (1973) postulates that human beings aspire to triumph over their feelings of passivity. Human beings have a desire to create. Creativity is expressed through various forms including giving birth, planting seeds, pottery, painting pictures, writing books as well as loving each other. Creativity is a display of love (Fromm in Boeree, 2006).

Regrettably, not all individuals discover an outlet for their creativity. When creativity is frustrated,

the individual attempts to overcome their passivity by engaging in destructive behaviour instead (Fromm in Boeree, 2006). Destroying may promote feelings of superiority making the destroyer (sadists) feel more powerful than those they destroy (Fromm in Boeree, 2006). Many who prostitute others may feel this same need to destroy.

As discussed in Chapter 2, if the individual is unable to destroy others or anything external to themselves, they turn the destruction inward (Fromm, 1973). This inwardly directed destruction is often witnessed through substance abuse and other destructive behaviour such as prostitution (Fromm in Boeree, 2006). The above demonstrates the importance of creativity.

- **Rootedness.** Human beings need roots, something that connects them to others thus validating their existence (Fromm, 1973). Originally this bond is maintained by the attachment to mothers. Growing up requires the individual to leave (sever) this tie with their mother (Fromm in Boeree, 2006). In due time the mother-child bond should be replaced with broader roots in order for the individual to survive difficulties in adulthood. The need for rootedness in exaggeration is expressed in psychopathology. A fitting example of exaggerated rootedness as neurosis would be an agoraphobic being so rooted in their environments that they fear leaving their homes. Rootedness gone wrong may also be expressed through extremism. Extremists view either their tribe, country, or church as the sole authentic authority and perceive any individual with views contrary to their own as an inevitable threat to be circumvented or annihilated at all costs (Fromm in Boeree, 2006). Thus, territorial behaviour within the prostitution sub-culture may be viewed as evidence of rootedness in exaggeration.

- **A Sense of identity.** Fromm (1973) posits that humans require a sense of identity or individualism, if they are to remain sane. According to him, this overwhelming need may at times

drive an individual go to great lengths to achieve social status. Social groups may provide an individual with an identity and if they desperately need to conform to group norms they may be willing to surrender their own individuality (Fromm). The prostitute who has a desperate need to belong may engage in repulsive behaviour if it earns them recognition within the group. This may then serve to hamper any rehabilitative efforts. However, the false identity, adopted from others may fail to gratify the need for identity (Fromm).

- **A frame of orientation.** The last of the human needs as described by Fromm in Boeree (2006) is to know the world and the individual's role within it. Individuals often ask questions concerning their significance, mortality and human suffering. Society as represented by religion and culture usually endeavours to offer such understanding. Myths, philosophies and sciences within culture lend this frame of orientation (Boeree, 2006).

A frame of orientation is vital to individuals to such an extent that even a faulty orientation is preferable to none at all (Fromm in Boeree, 2006). If there are no explanations available for life's questions individuals tend to conjure up explanations by the act of rationalisation. The prostitute who is uncomfortable with the thought of prostituting themselves may come up with any rationalisation to justify their involvement in prostitution. These rationalisations serve to soothe the conscience. Explanations offered by others may be useful when an individual is left with no explanation from their own reason (Fromm in Boeree, 2006). However, a frame of orientation provided by others does not serve its purpose if the individual is able to provide his or her own explanation through reasoning (Fromm in Boeree, 2006).

The above-mentioned human needs give a concise picture of needs that may drive human behaviour. However, defence mechanisms which Fromm (1973) refers to as escapes from freedom,

also influence behaviour. Fromm (1969) suggests three forms of escape from freedom and these are outlined below.

3.2.4 Escapes from freedom

An escape from freedom as described by Fromm (1969) may be equated to defence mechanisms.

According to Fromm, in the attempt to evade freedom the individual actually separates and estranges themselves from the self. The different manners in which individuals escape freedom are discussed below.

a. Authoritarianism

In the attempt to evade freedom, Fromm (1969) posits that individuals attach or fuse themselves to others, forming part of an authoritarian system. The two methods to be employed in this type of escape are firstly to succumb to the power of others by being passive and yielding (Fromm, 1969). This is evidenced in the individual who prostitutes themselves because an authority such as a boyfriend, pimp or parent, expects it of them. Secondly, the individual may escape freedom by becoming the authority (Fromm), for example the pimp or even the prostitute who exerts authority over others. In either case the individual manages to escape their own separate identity and thus also the responsibility to make conducive choices for themselves.

Fromm (1973) explained the acute form of authoritarianism as masochism (need to be subjected to pain) and sadism (need to inflict pain on others). Both the masochist and the sadist sense a certain compulsion to act out their different roles (Fromm). This implies that since it is simply a role fulfilment, the sadist (who seems to over-power others) does not choose their actions freely but rather is coerced to such lengths. It could be argued that the masochist is also only fulfilling a role

of being dominated, thus they may perceive themselves as having no choice but to comply. Third parties (pimp and violent client) usually act in a sadistic manner and prostitute in a masochistic manner respectively. Fromm considers the observable destructiveness in sadistic and masochistic behaviour as another form of escape from freedom.

b. Destructiveness

Individuals who attempt to remove themselves from the equation when they encounter pain are said to employ an authoritarian escape. Fromm in Boeree (2006) describes individuals who employ destructiveness as an escape from freedom as destroyers. Refer to section 3. 3.2 to establish why some individuals may choose destructiveness as a defence mechanism. Whereas authoritarians attempt to remove pain from affecting them, destroyers react to pain by retaliating against the world. Authoritarians reason that if they do not exist, no one can hurt them. Destroyers operate under the rationale that if they destroy the world first the world would have no power to hurt them. Brutality, vandalism, humiliation, crime and terrorism amongst others, may be attributed to this form of escape from freedom (Fromm in Boeree, 2006).

It is Fromm's firmest belief that if an individual's yearning to destroy is frustrated, they may readdress it by seeking to destroy the self (Fromm in Boeree, 2006). Self destructive tendencies may include anything from drug addiction, alcoholism, involvement in prostitution, and indulging in unsafe sex practices, to the ultimate destructiveness namely suicide (Fromm in Boeree, 2006).

Fromm's (1973) conceptualisation of destructiveness is in opposition to what Freud (1920) proposes with regards to the death instinctual drive. Self-destructiveness only emerges once outward destructiveness is thwarted (Fromm, 1973), whereas the death instinctual drive is innately

directed toward the self (Meyer et al, 2003). In light of the violence inherent to prostitution it could be argued that many a client fall in this category, wanting to inflict pain on prostitutes. Pimps who long to dominate others and inflict pain or who do not consider the pain that is inflicted upon others may also form part of this category. Those individuals who deliberately go out to infect others with sexually transmitted diseases may also be considered destructive.

Unfortunately the prostitute who seeks to exit prostitution but employs destructiveness to escape their freedom will most likely use drugs and engage in unprotected sex without giving it any thought. This is testimony of self-destructiveness as described by Fromm (1973). Yet another form of escape is automaton conformity.

c. Automaton conformity

Automaton conformity is the parallel equivalent to authoritarianism. As seen above authoritarians flee from freedom by embedding themselves within an authoritarian chain of command (Fromm in Boeree, 2006). Yet, in a society that stresses equality the opportunity to conceal oneself in a hierarchy does not present itself regularly. Instead individuals choose to hide in collective culture (Fromm in Boeree, 2006). The fact that individuals are constantly bombarded with a myriad of choices on a daily basis cannot be contested. Many individuals choose to respond to these choices by looking to how others around them have responded (Fromm in Boeree, 2006). The rationale being that if they resemble, converse, think and feel like the collective community, they will fade into the multitude. In so doing the individual has relinquished his or her freedom as well as the responsibility that coincides with freedom of choice (Fromm in Boeree, 2006).

According to Boeree (2006), those who employ automaton conformity are akin to social chameleons.

They conform to their environment. Resembling a multitude, allows the individual to eradicate feelings of loneliness. They may escape loneliness or aloneness, but in so doing they escape their authenticity. The automaton conformist is confronted with a divide between their authentic feelings and the face they present to the world (Boeree, 2006). The prostitute wishing to break away from prostitution may find it too overwhelming to adhere to their decision to leave if unaccompanied. If they are automaton conformist they may succumb to the pressure to blend in with the dominant prostitution sub-culture and find it almost impossible to emancipate themselves. Fromm in Boeree (2006) believes that employing any of the above-mentioned defence mechanisms (authoritarianism, destructiveness, and automaton conformity) in an attempt to evade freedom, leads to estrangement from the self because freedom is essentially the human being's authentic nature.

According to Fromm (1968), humans are born of nature, they are fully a part of nature and live in nature yet they are called upon to transcend it. They are to glean values to behave and make decisions in accordance with that should substitute the principles of instinctual drives. The human being's fight is not merely a struggle to circumvent the perils of becoming extinct, malnourishment, and being injured, but it rather is a battle of remaining sane, which is unique to human beings. Hence, humankind is embroiled in a battle to safeguard their lives akin to all animals but they have a greater responsibility, that of protecting the self from losing their souls. |

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Freedom understood from an existential point of view is indeed highly intricate. It does not allude to political freedom or liberty but rather a genuine personal experience of freedom. The idea of political freedom is highly welcomed by all, regardless of whether they are indeed free (in the personal sense) or not. In Boeree's opinion sexual sadists or masochists (in this case anyone involved in prostitution or even another stakeholder of the sex industry) whose behaviour is controlled by their instinctual drives is not free in the personal sense. Yet, this individual may nonetheless hold political freedom in high

regard. Many individuals may fight for the right to vote, however neglect the actual responsibility to do so when it is required (Boeree, 2006). This sort of behaviour clearly demonstrates how individuals prefer freedom without the responsibility that accompanies it. Fromm and existentialists in general lay specific emphasis on utilising personal freedom to make responsible choices (Boeree, 2006).

Fromm (1973) suggests that individuals are largely influenced by their environments. Families form part of an individual's immediate environment, thus have an immense impact on human behaviour.

3.2.5 Families

The type of escape from freedom an individual is most likely to employ is vastly influenced by the type of family system the individual was raised in (Boeree, 2006). A good, healthy, productive family from an existential point of view in Fromm's opinion is one where parents or caregivers welcome the responsibility of conveying values through discipline to their children but in an atmosphere of love. Individuals who grow up in this type of family learn to recognize their freedom and to take responsibility for their actions, and eventually for society altogether. Fromm in Boeree (2006) discusses two different types of families that may influence individuals negatively.

a. Symbiotic families

In a symbiotic relationship, two organisms are interdependent to the point where they cannot exist in the absence of the other (Fromm in Boeree, 2006). Once a family becomes symbiotic, certain individuals within the family are consumed by others within the system. This leads to the consumed individuals not fully developing their own unique personalities. The consumption of certain individuals within the family system may be bidirectional. Parents or guardians "ingest" the child

thus, the child's character traits are a sheer representation of the parent's or guardian's standards.

The inverse also proves possible where the child "swallows" the parent or guardian. In this instance, the child controls or manipulates the parent or guardian, who inadvertently exists for the sole purpose of serving the child (Fromm in Boeree, 2006).

Every individual who forms part of a traditional community has somebody who is in a superior position and one who is in an inferior position to them in the social hierarchy. Social hierarchies teach individuals how to dictate others as well as how to be passive and compliant (Boeree, 2006). Fromm in Boeree (2006) suggests that such social hierarchies provide stability to the social system and presents the opportunity for experiencing deeper love and friendship, although the authoritarian escape from freedom is inherent to such a society.

b. Withdrawing families.

The withdrawing family is distinguished by its cool lack of interest (Fromm in Boeree, 2006).

Parents or guardians demand their children live up to high, almost perfectionistic standards.

Punishment is either cold-blooded "for your own good", or expressed through withdrawal of affection and the fostering of guilt (Fromm in Boeree, 2006). According to Boeree (2006)

individuals who are raised in either these modes of discipline become extremely driven to achieve success as defined by their cultures.

This sort of family promotes internalized destructiveness and perfectionism as a form of escape from freedom (Boeree, 2006). When the rules are deemed more significant than people, destructiveness is unavoidable.

New child rearing practices has given rise to the second withdrawing kind of family (Boeree,

2006). The modern concept is to raise children as equal to the parent or caregiver. In the processes parents or caregivers have abdicated their role and have become indifferent. Children who are now left without proper parental guidance turn to their peers and to the media for their values (Boeree, 2006). However, in many economically disadvantaged communities (Juby & Farrington, 2001) including Namibia the same effect of cool indifference is not fostered by the parents or caregivers shying away from disciplining their children. Rather the problem arises from the absence of parental control (Juby & Farrington, 2001) as parents or caregivers are often too busy trying to earn a living to ensure basic survival. The children in these families are left devoid of a role model, thus they too turn to their peers and the media to learn their values (Juby & Farrington, 2001). This type of family system promotes automaton conformity as an escape from freedom (Fromm in Boeree, 2006).!

3.2.6 The social unconscious

As discussed above individuals utilise specific types of escape mechanisms that are highly influenced by their families of origin. According to Boeree (2006) families on the other hand are often a mere reflection of the society and culture they are imbedded in. Fromm (1968) emphasizes that individuals soak up their society with their mother's milk. By this he implies that individuals excellently internalise their societal views in a manner that it is unconsciously reflected in their behaviour. He also goes on to explain how individuals often believe that their way of dealing with life's issues is the only accepted way, judging others according to their standards. According to Fromm in Boeree (2006) behaviour is a mere reflection of what society imposes on individuals. However, they do not realise this and believe that they are indeed behaving in accordance with their own free will. This is what Fromm (1968) refers to as the social unconscious. Apart from influencing the types of escape mechanism individuals employ, families also influence personality types. Fromm (1968) defines five economically driven

personality types, which he refers to as orientations. These orientations are discussed in more detail below.

3.2.7 Personality types

a. The receptive personality type

According to Fromm in Boeree (2006), those individuals who anticipate receiving what they need, instead of working hard to fulfil their needs may be categorised as belonging to the receptive orientation. These individuals are convinced that contentment and commodities come from outside themselves and have no qualms about waiting to receive what they need (Boeree, 2006). This implies that they employ an external locus of control, which was found to be a major predictor of learned helplessness (refer to chapter 2 section 2.8.5). The receptive type is most frequently encountered in rich communities, where individuals are not required to exert themselves for their sustenance because resources are in abundance (Fromm in Boeree, 2006). Conversely this personality type may also be found at the bottom of all society and includes those individuals who are commonly reliant on other people's mercy such as welfare families (Fromm in Boeree, 2006).

Individuals from this orientation may best be described as compliant, optimistic and at worse submissive and wishful (Fromm in Boeree, 2006). They are most likely to originate from a symbiotic family and may be linked to the masochistic (passive) form of authoritarianism (Fromm in Boeree, 2006). It may thus, be concluded that individuals who are most likely to engage in prostitution either stem from rich symbiotic families or authoritarian withdrawing families. The latter is common in lower socioeconomic societies (Juby & Farrington, 2006) and according to Dalla et al. (2003), street level prostitutes are most likely to originate from this economic stratum.

b. The exploitative personality type

Those individuals who believe that in order to fulfil their needs they have to take what they need are described as having an exploitative personality type (Fromm in Boeree, 2006). These individuals believe that once goods are taken from others their value is enhanced. Those with this personality type are most likely to steal possessions, duplicate ideas and attain love by pressurising others to love them. This type is prevalent among aristocrats and in the upper classes (Fromm in Boeree, 2006). The police demanding sexual favours in return for lighter sentences (LAC, 2002) may thus be understood as evidence of the exploitative personality type in action.

c. The hoarding personality type

The hoarding orientation is associated with character traits such as steadfastness, economical efficiency, and solution focus (Fromm in Boeree, 2006). On the extreme these individuals may be perceived as obstinate, miserly, and insipid. Everything in life is viewed as assets or possible assets to be acquired. Even their relatives are viewed as possessions that need to be maintained, or bought. According to Fromm in Boeree (2006), there is an apparent association with perfectionism and hoarding, which is also related to withdrawing families as well as destructiveness. Those individuals with a hoarding orientation find their worth in the amount of goods they possess (Fromm, 1973) thus they may go to lengths to obtain goods. If the hoarding personality type is coupled with inwardly directed destructiveness, it can be concluded that the individual may not regard their physical and psychological safety. Thus, they may engage in prostitution and other destructive behaviour such as drug abuse. |

d. The marketing personality type

The marketing personality types are expert salesmen (Boeree, 2006). Their definition of success is determined by the extent to which they are able to present themselves in the best possible manner. Relatives, education, careers, and garments are all viewed in light of advertisements and must be faultless at all times. Love too is considered a business transaction and individuals from this orientation are most likely to compose a marriage contract. Fromm in Boeree (2006) suggests that the marketing personality types most likely hail from cool withdrawing family systems. They often employ automaton conformity as an escape from freedom (Fromm, 1973). The marketing personality type is at best focused, childlike, and social but may easily be viewed as opportunistic, juvenile, and insensitive (Boeree, 2006). An opportunistic and insensitive characteristic traits may be useful in prostitution sub-culture (refer to chapter 2). Furthermore, individuals who may want to portray themselves in the best possible light but lack the finances to do so may be driven to prostitution to generate an income.

e. The productive personality type

The above-mentioned personalities may be viewed as neurotic. However, Fromm in Boeree (2006) does describe a healthy personality as well. He considers the productive personality type, which refers to the individual without a facade, the healthy personality. This is the individual who does not renounce their instinctual drives or their social influences, yet embraces their freedom and responsibility. This personality is bound to develop in a family that loves boundlessly but without being over-bearing. In this family system, reason is preferred to rules and freedom is valued above conformity.

Fromm in Boeree (2006) describes the first four orientations as existing in a “having mode”. Their main focus is on consuming, attaining and having. Individuals from these orientations are defined by

their possessions and in extreme cases they are driven by their possessions. Conversely the productive orientation lives in the “being mode”. These individuals are defined by their behaviour and interaction with the world. They interact with others without wearing masks, being themselves, choosing to fully experience life (Fromm in Boeree, 2006).

3.3. THE PERSONALITY THEORY OF VICTOR FRANKL

3.3.1. Background of the theory

Frankl’s emphasis is on human freedom, which is an ability endowed on the individual to enable them to exercise responsibility (Meyer et al., 2003). This freedom to responsibility entails living a life that transcends past a measly animal existence, to live in special consideration of meaning and eternal values. Seizing the opportunities that are presented to each one individually and fulfil these duties is also included in the freedom to responsibility (Meyer et al., 2003).

3.3.2 Development of theory

Frankl (1905-1997) studied under both Sigmund Freud (1856-1939) and Alfred Adler (1870-1937) but became disillusioned by their views. Freud suggests that humans simply act in accordance with their instinctual drives and pleasure is the motivator (Meyer et al., 2003). Adler on the other hand believes that power is the best motivator of human behaviour. Disillusioned, Frankl began a new school of thought: Logotherapy (Meyer et al., 2003).

3.3.3 Assumptions

Frankl (1969) operates from several assumptions in expounding on his beliefs about human behaviour. These assumptions are discussed below.

- **The freedom to be responsible.** According to Frankl (1969), humans are essentially spiritual beings who have freedom but not without responsibility. He opposes the view that proposes that humans are simply highly evolved animals driven by genetic forces and the environment (Frankl). According to Frankl in Meyer et al., 2003) the freedom to be responsible is a uniquely human quality. As humans, individuals constantly encounter choices which place the freedom to choose squarely in their hands. The implication is thus, that individuals are not forced to behave in a certain manner. The existence of free will (freedom to choose) makes individuals liable for their choices, thus also their behaviour. Human behaviour cannot be attributed to conditioning (the influences of the environment) or to instinctual drives, although the choice of relenting to instinctual drives does exist. Having been given the responsibility of choice implies having to bear the consequences for choices made. As aforementioned it is this freedom to choose that distinguishes human beings from the rest. It represents the spiritual or in Frankl's words, the noögenic dimension (Meyer et al., 2003).
- **The purpose for living.** Frankl (1969) strongly believes that individuals have to discover their reason or purpose for being. Genuine fulfilment is virtually improbable when life is devoid of a sense of purpose or spiritual direction. He posits that the fundamental concern for human beings is a search for meaning as opposed to mere animalistic survival. Meaning is defined by Frankl as the opportunity, assignment, or responsibility that presents itself in all unique situations of an individual's personal life to be recognised and brought to fruition. Every circumstance in life presents an exceptional challenge to live purposefully meaningful lives. Human beings have a responsibility to live lives that surpass sheer survival, a simple seeking of satisfaction or supremacy

(Frankl). Hence, the individual who enters prostitution solely for survival, without considering the legal, physiological health and psychological impact of prostitution, foregoes the responsibility to live a meaningful life.

Frankl (1969) strongly contests views that describe all human conduct with phenomena from subhuman levels of being. These views reject the fact of a fundamental distinction between human and animal behaviour. Frankl (1969) does not deny that human beings share common qualities with animals. However, suggesting that human beings are merely highly developed animals, presents a skewed view of the unique being that is the human. The physiological, psychological and social features of human existence are ordinary characteristics of life and do not fundamentally differentiate human beings from animals. Yet, human beings possess aspects unique to humans. Self-transcendence is an exclusively human capability. Not akin to animals, human beings have the freedom to supersede conditions by having the capacity to think as well as to act on them to change final outcomes (Frankl in Meyer et al., 2003). Individuals can influence and therefore change their environment in the same manner that they can influence and change themselves. Therefore individuals who argue that they were coerced into prostitution by circumstances have the power to influence and change their circumstances.

Human beings seek meaning in life despite their *will to meaning* being latent, buried or suppressed (Frankl in Meyer et al., 2003). With this he implies that the importance of the *will to meaning* does not diminish if not actively pursued. When full measure of human stature is reached and psychological and spiritual maturity achieved, the *will to meaning* emerges as the strongest motivation ever (Frankl in Meyer et al., 2003). Therefore, actively pursuing life's meaning and taking responsibility for choices should aid the individual who seeks to exit prostitution. Frankl in Meyer et al. (2003) opposes the view, that humans, like animals, struggle merely to preserve

homeostasis or need satisfaction. Human beings desire to be part of something outside themselves. They seek to comprehend the reason they are on earth. As human beings, individuals have a need as well as the responsibility to live purposeful lives that are lived for a good cause or for prudent motivation (Frankl in Meyer et al., 2003). The participants of this study mirror this need to live lives for a good cause. Many hope to inspire other individuals to exit prostitution.

• **The transhuman dimension.** Frankl's view of human beings (that the individual has free will and a will to meaning) is entrenched in the world view or assumption that life has meaning (Meyer et al., 2003). Freedom devoid of responsibility is pointless and only results in uncertainty, lack of control and chaos. It would make no sense to have the freedom to search for life's meaning if such meaning did not exist (Meyer et al., 2003). Frankl in Meyer et al. (2003) maintains that meaning is not generated rather it is discovered. The indication that meaning does exist is manifested through the conscience that convicts individuals of right and wrong (Meyer et al., 2003). The conscience provides guidance with regards to the singular correct action to be taken in any particular circumstance in life. Acting according to this guidance is what constitutes meaning. According to Frankl in Meyer et al. (2003) the conscience distinguishes itself from the superego, as described by Freud (see section 3. 2.1), by having transcendent qualities. It enables human beings to perceive values and meanings, understand their importance and unreservedly embrace them. Individuals are not simply governed by the penalising superego's introjected social restrictions, reacting to it fearing the consequences if they fail to obey (Frankl in Meyer et al., 2003). The conscience operates on an advanced level and is the human being's capacity to heed the voice of the transcendent, the pathway to the transhuman also known as the supernatural dimension. Life's meaning is not dependent on circumstances. Frankl in Meyer et al. (2003) believes that life's meaning can be discerned and experienced by all at all times and in all circumstances.

- **Personal accountability**

The meaning of life cannot be built-in into religious doctrine (Frankl, 1969). Every individual has to find and experience the meaning of life individually. Meaning cannot be demanded or imposed. Things only attain meaning through personal experience. Likewise religion should be unadulterated or authentic. Only when individuals are not driven to a specific religion in some manner, instead freely choosing and committing to the religion can it provide meaning to life (Frankl, 1969).

3.3.4 Personality

Frankl in Meyer et al. (2003) describes three dimensions of personality: the physical, the psychological as well as the spiritual dimensions. The physical and psychological dimensions are shared by both animals and human beings. However, the spiritual dimension is unique to human beings. The existence of the spiritual aspect to human beings enables them to think about things and change them. Human beings have the capacity for introspection. Introspection is the capability of thinking and analysing the self with the aim of directing actions towards change (Frankl in Meyer et al., 2003).

Humans, like animals, have been endowed with a body and a psyche. However, human beings are in essence spiritual beings with the capacity to utilise body and soul (psyche) freely to direct their behaviour in attaining self determined aims. Thus, Frankl would argue that the behaviouristic view (social learning theory), that posits that human behaviour is moulded by interaction with the environment, does not hold true. The psychoanalytic view that postulates that human behaviour is directed by instinctual drives thus also, does not hold true (Frankl in Meyer et al., 2003). Therefore it would be erroneous for prostitutes to suggest that they have no choice but to prostitute themselves. The

fact that they are human means that they are spiritual beings with the capacity to control their behaviour in accordance with self-determined aims.

3.3.4.1 The spiritual core of the personality

The noögenic dimension (spiritual core) is the basis of being human (Frankl in Meyer et al., 2003). As Fromm (1973), Frankl believes that genetics or an individual's environment in isolation does not determine the course of their lives. Rather both the environment and genetics work in unison to influence an individual's life. However, Frankl in Meyer et al. (2003) adds that it is the capacity to self-evaluate that enables humans to self-determine their course in life. The implication thus is that as human beings prostitutes have the ability to self-evaluate therefore also to determine the course of their lives.

3.3.4.1 Dynamics of the personality

a. The freedom of the will

The freedom of the will implies that individuals are constantly confronted with choices and make decisions which inevitably shape their futures (Frankl, 1969). However many individuals choose to refrain from making decisions, thus, allowing situations to shape them. This decision alludes to an apathetic life approach and does not permit the individual to fully utilise their potential and talents. According to Frankl, individuals are free in deciding which choices to make as they shape their existence. However, they are not totally free as they have to contend with their own limitations and the

hindrances imposed upon them by their particular environments (Frankl). Thus, Frankl may argue that the prostitute is free to choose their reaction to any given situation. Living a life of utter poverty may have coerced the individual to prostitute themselves (Dodsworth, 2000) and deciding to exit prostitution poses the risk of starvation and having to contend with economic lack (Mansson & Hedin, 1999; McIntyre, 2002). Yet, with all the environmental constraints placed on the individual, the freedom to choose one's own behaviour is not redundant. The individual is still liable for every decision they make and every choice made will determine the prostitute's success at exiting prostitution.



b. The will to meaning

Frankl in Meyer et al. (2003) believes that the will to meaning is the most powerful of all types of human motivation and is demonstrated in good and bad times alike. He describes the will to meaning as surpassingly more pressing than any other need such as food and safety. Finding meaning in life enables individuals to tolerate ghastly circumstances, yet if they fail to find meaning they give up on life. It is paramount to believe and continue believing in something even in the face of disillusionment. Frankl (1969) argues that if life is merely a quest for need satisfaction, the affluent and successful would not suffer a noögenic (spiritual) neurosis or depression. He maintains that physical and psychological need satisfaction is not the definitive goal of human motivation. If these needs are met, however, they allow the individual the freedom to strive toward attaining spiritual goals (Frankl in Meyer et al., 2003).

Frankl (1978) opposes Maslow's hierarchy of needs. Maslow (1943) suggests that satisfaction for safety and security needs, also known as lower needs, must first and foremost be attained before higher needs such as self-actualisation can be addressed. This would mean having to attain an adequate measure of living before undertaking a search for meaning and purpose in life (Maslow, 1943). If

Maslow's theory of motivation holds true then prostitutes who find themselves in impoverished conditions that do not meet their basic needs will not have any thought of self-actualisation. Therefore, they will have no desire to break away from prostitution and fulfil their potentials. Moreover, Maslow's hierarchy of needs suggests that if a life in prostitution provides in the individual's basic needs, such an individual will be free to pursue higher needs. This however, proves to be erroneous as found by Dodsworth (2000), (see section 2.2.8). The monetary reward of prostitution was found to be one of the strongest pull factor into a life in prostitution. Individuals will inevitably be drawn back to a life in prostitution if they do not find other means of satisfying their basic needs (Dodsworth, 2000). |

Frankl (1978) posits that in Maslow's hierarchy of needs, the lower needs such as safety and security are prioritised over the higher needs such as self-actualisation (synonymous with Frankl's meaning and purpose). He argues that lower need satisfaction is barely the means to an end. The goal should be to find meaning and purpose in life (Frankl, 1978). Thus, even in the face of dire conditions such as starvation, the prostitute has the ability to dream beyond immediate lower need satisfaction. Hence, there are those individuals who aim to leave prostitution despite risking possible starvation (Mansson & Hedin, 1999; McIntyre, 2002) and possible repercussions from the prostitution sub-culture (McIntyre, 2002). Maslow's hierarchy of needs fails to recognise that when lower needs are not attained, a much higher need, for instance the will to meaning, may grow even more pressing (Meyer et al., 2003). When individuals find themselves on their deathbeds, their thirst for ultimate meaning undeniably breaks forth (Meyer et al., 2003). |

3.3.5 Views on psychopathology

According to Frankl in Meyer et al. (2003), happiness cannot be chased as a goal as it is a by-product of attaining meaning. Yet, many mistake the means for the end, thus happiness keeps evading them.

Psychoanalysts propose that the will to pleasure or need satisfaction is the predominant inclination in human personality (Meyer et al., 2003). Frankl in Meyer et al. (2003), however, believes that happiness, joy and pleasure flow from successfully completing undertakings or of experiencing a valuable incident. The same holds true for a clear conscience and self-actualisation, amongst others, as they all are experienced as a result of discovering meaning (Meyer et al., 2003). “The more meaning is attained, the more self-actualisation is gained” (Frankl, 1978:39).

When pleasure and power seeking are the main components evidenced in behaviour, it is a symptom of a frustrated will to meaning (Frankl in Meyer et al., 2003). A frustrated will to meaning gives rise to an existential vacuum in the individual’s life, which is experienced as a spiritual emptiness. The existential vacuum is often disguised in various ways. At times it presents itself as a lust for power, which includes the lust for money, a form of power. In other cases yet, the frustrated will to meaning is replaced by pleasure seeking, often translated into a raised sexual libido. The existential vacuum cannot be fulfilled by any of these compensations (Frankl in Meyer et al., 2003).

As afore-mentioned an existential vacuum signifies psychopathology. However, there are three primary means in which to attain meaning in life and these provide the solution to the existential vacuum. The three means by which meaning may be achieved are the creative nature of human kind, enriching experiences and the attitudes they hold when confronted with inescapable suffering.

a. Creative values

Creative values are experienced as individuals make valuable contribution to life (Frankl in Meyer et al., 2003). Any creative input that is made affords the individual the opportunity to feel evocatively part of life, having a duty, a directive or a purpose in life. It is through creative contributions that the human

being may find fulfilment. Creative values correspond to one of Fromm's human needs: creativity. According to Fromm in Boeree (2006), creativity may counteract inwardly directed destructiveness such as substance abuse and prostitution. Mansson and Hedin (1999) also postulate that creativity is an essential ingredient in a successful exit from prostitution.

b. Experiential values

Experiential values are observable in the good, beautiful and genuine aspects of life (Frankl in Meyer, et al., 2003). These values evoke admiration for the aesthetics. Love is such an experiential value and serves not only to unite individuals in their diversity but also to connect them to themselves. Love, as an experiential value calls forth boundless dedication and arouses an affect of immense caring and responsibility (Frankl in Meyer, et al., 2003). Mansson and Hedin (1999), propose that after a prostitution lifestyle, the individual struggles to form meaningful relationships. The individual consequently misses out on love and social support, which invariably hampers rehabilitative success.

c. Attitudinal values

Attitudinal values are experienced as the correct approach towards life, specifically so towards inevitable suffering (Meyer et al., 2003). The humanist theorists believe that there are three unavoidable realities that humankind has to contend with at all times: pain, guilt, and death (Meyer et al., 2003). Frankl in Meyer et al., 2003) refers to these inescapable facts of life as 'the triad of human existence'. As suffering is inevitable, individuals have to find meaning in suffering as well, if life is to have meaning altogether. Should life really be filled with meaning and purpose, suffering and dying as part of life should also possess meaning and purpose. Furthermore, Frankl proposes that suffering does

not deny an individual the freedom to choose the attitude with which they accept suffering. If circumstances remain unchangeable and suffering is unavoidable, the individual still retains the freedom to change their attitude towards the suffering. Transforming calamity into a personal achievement remains a uniquely human potential. When the power to affect change to a situation is lost, the individual is left with only the ability and challenge to change themselves. Transcending circumstances is the ultimate creative of human potentials and leads to immense personal growth. When an individual can find a reason for their suffering, that suffering becomes more bearable yet, challenges the individual to achieve moral greatness by transforming their calamity into a victory. Thus, the freedom to live a worthy life filled with dignity is not removed in the presence of suffering. The transformation of tragedy to triumph is a sign of an optimally developed individual. However, only a few attain this human stature (Frankl in Meyer et al., 2003).

Many individuals hardly attain optimal growth as they do not possess the required courage to react to various life challenges with their freedom responsibly (Frankl in Meyer et al., 2003). In the process of evading or minimizing responsibility and rejecting the spiritual side of human kind, the conscience is seared. This searing of the conscience is manifested in pleasure-, power- and position seeking behaviour. The end result of this is the disturbance of an individual's basic will to meaning. A spiritual emptiness or existential void as referred to by Frankl in Meyer et al. (2003) develops, thus individuals lead lives that are empty and meaningless. This spiritual emptiness is also known as noögenic neurosis, as mentioned above in section 3.7.1.3 above. Frankl in Meyer et al. (2003) is of the opinion that spiritual neurosis has reached epic dimensions and is widespread in the larger society.

3.3.6. Symptoms of noögenic neurosis

According to Frankl in Meyer et al. (2003), the symptoms of those afflicted by this collective neurosis

are as follows:

a. An un-planned day-to-day existence.

Individuals, who have no purpose in life, live their lives without direction, having no future goals.

b. A fatalistic attitude towards life.

Individuals who view themselves as helpless casualties of situations, having no power to alter their lives, believe that their fate is ordained by heredity and/ or the environment. They may be said to have a fatalistic attitude towards life.

c. Conformism.

In an attempt to avoid the strain of authenticity and of living lives where the individual takes personal responsibility, many start conforming to how the majority behaves. There is safety in the masses and conforming affords the individual anonymity.

d. Totalitarianism.

In a totalitarian regime individuals are dictated with regards to their beliefs and behaviour. Individuals, who form part of a totalitarian regime, do not care to differ from others and blend within the masses. This is a convenient system for any individual who would rather avoid the responsibility of own choices, thoughts, and beliefs in favour of following others blindly. This is the equivalent of Fromm's automaton conformity.

The above signs and symptoms generally stem from humankind's apprehension of responsibility and therefore they escape from the freedom to choose to change themselves and their circumstances.

3.4 EVALUATION

Fromm (1973) believes that individuals are not helpless victims of their genetics or environments. They have the power to affect change in their lives through the choices they make. Frankl (1969) agrees with Fromm's views and adds that finding meaning in life is the foremost motivator of human behaviour. In accordance, the individual will be capable of a successful exit from prostitution if they discover their purpose in life and find meaning even in the midst of their suffering.

3.5 CHAPTER SUMMARY

Chapter three provided a theoretical context for the present study. Personality and psychopathology was discussed from Erich Fromm's and Victor Frankl's existential views to gain a better perception of an individual's motivation in making lifestyle changes as well as understanding the phenomenon of exiting prostitution. Fromm's views provided a framework for understanding the individual as shaped by society, whereas Frankl's views provided the framework for understanding individual motivation. Together these present a structure that could explain the phenomenon of exiting prostitution.

CHAPTER 4

METHODOLOGY

In this chapter the methods used to obtain and analyse data are outlined and discussed.

4.1 INTRODUCTION

The primary aim of this study was to uncover obstacles preventing prostitutes in Windhoek to leave prostitution. The distant aim was to utilise the research findings to realistically empower prostitutes to make decisions and take actions which would help them to successfully leave prostitution and re-integrate within mainstream economic and social activities.

In order to obtain more clarity regarding the above-mentioned aims, the research design, participants and sampling, measuring instruments, research procedures, data analysis, and related matters such as

ethics are discussed.

4.2 RESEARCH DESIGN

The research study mainly employed a qualitative design. However, a quantitative methodological approach in the form of questionnaires was also utilised. This was done in an effort to verify the researcher's understanding of the results that emanated from the qualitative phase, which consisted of focus group discussions. Although both qualitative and quantitative methods were employed in generating the data, the questionnaires were not analysed quantitatively, thus, this research does not qualify as a mixed-method research (see section 4.6.2).

The research process was divided into four stages, namely: permission, building of rapport, data collection, and data analysis.

Stage 1: During the first stage the Council of Churches in Namibia (CCN) was approached with the request to grant permission to conduct the study (see *Appendix B*). Once permission was granted by CCN, the project co-ordinator was provided with the relevant information regarding the research (see *Appendix C*). The participants were recruited using volunteer sampling. All who were approached provided their full support and commitment regarding participation and collaboration in the study. Individual consent from the participants was also obtained.

Stage 2: The second stage consisted of Building rapport with the population group. Emphasis was put on building relationship with the group. The researcher had had previous contact with the CCN group, in her capacity as volunteer counsellor. Rapport had to be re-established as the researcher had long since been away from the group. Another reason for the decision to first build relationship was the

presence of an interviewer. The interviewer and the group had not been introduced until this stage.

Relationship building consisted of a few visits to the CCN premises, where the population group has a bicycle shop for income generation, and showing interest in their individual lives. This was done twice a week for three consecutive weeks. The last visit was also used to once again explain the purpose of the study.

Stage 3 consisted of 2 phases. The first phase entailed conducting focus group discussions. Three different groups consisting of six individuals were interviewed for plus minus an hour and half. The first two groups each consisted of six females. The last group consisted of seven individuals of which 2 were male. In total 19 individuals participated in the focus group discussions that were conducted in July 2009. Written notes were taken by the interviewer on a flip chart and an audio recorder was used to capture anything more that could have been overlooked. These recordings were later transcribed to clarify the data. The researcher moved on to phase one of stage 4 before returning to stage 3 for the second phase.

Stage 4: During the fourth stage, that comprised of three phases, the data from the focus group discussions was analysed by following the guidelines for interpretive phenomenological analysis (IPA). The process involved transcribing the audio recordings, reading the text several times, and grouping the emerging barriers into different categories. The transcribed text was then analysed with the aid of ATLAS.Ti (Muhr, 1997), a computer programme that assists in the organisation as well as analysis of qualitative data.

During the process of deciding upon the categories and which items to include in the questionnaire to be developed as well as which existing validated questionnaires to use, extensive consultation with supervisors ensued.

The next phase of stage four entailed compiling a questionnaire regarding the barriers faced by prostitutes when attempting an exit from prostitution. This questionnaire was derived from the items that emerged during the focus group discussions. The participants were asked regarding their experiences in prostitution as well as the barriers they consider as hindrances to breaking away from prostitution. The answers that came forward were then used as an item pool. Some of these answers were selected in consultation with the supervisor and rewritten into statements to comprise the questions for the questionnaire, which was named Barriers to Rehabilitation Questionnaire (BRQ). The questionnaire consists of 60 items which were all derived from the focus group discussions. Nothing was added to the questionnaire that was not found during the focus groups.

As the aim of the current study excludes the validation of the BRQ, the BRQ was utilised merely as a checklist to confirm the results found during the qualitative stage, which comprised of focus group discussions. Bensen and Clark's (1982) guide for instrument development was consulted, however it should be stated that the aim of the current research study did not include the validation of the BRQ. Validation of research instruments is a vital component and is highly recommended, thus, future research studies could make validation of the BRQ its aim.

At this point the second phase of stage three: data collection ensued and consisted of gathering quantitative information. Again the same procedure with regards to obtaining consent was followed as mentioned above. The data was collected in a group setting in a quantitative manner. Where explanations of some items were given, the researcher tried as much as possible to keep to the neutral explanation, without adding subjective meaning to items. The participants completed five questionnaires. These consisted of a biographical questionnaire, the questionnaire derived from the focus group discussions, Barriers to Rehabilitation Questionnaire (BRQ) in addition to the General Health Questionnaire-28, the General Self-Efficacy-Sherer questionnaire, as well as the Measure of

Attachment Qualities (MAQ) questionnaire.

After the collection of data through the questionnaires, the second phase of stage four commenced and entailed scoring the BRQ, GHQ-28, GSESH and the MAQ according to standard scoring instructions.

Figure 4.1 provides a summary of data collection and analysis:

Figure 4.1

Stage 4

Data analysis

Questionnaires

IPA and Atlas ti

Stage 3

Data collection

\s

Analyses of data

Focus group discussions

Questionnaires

Stage 1

Consent

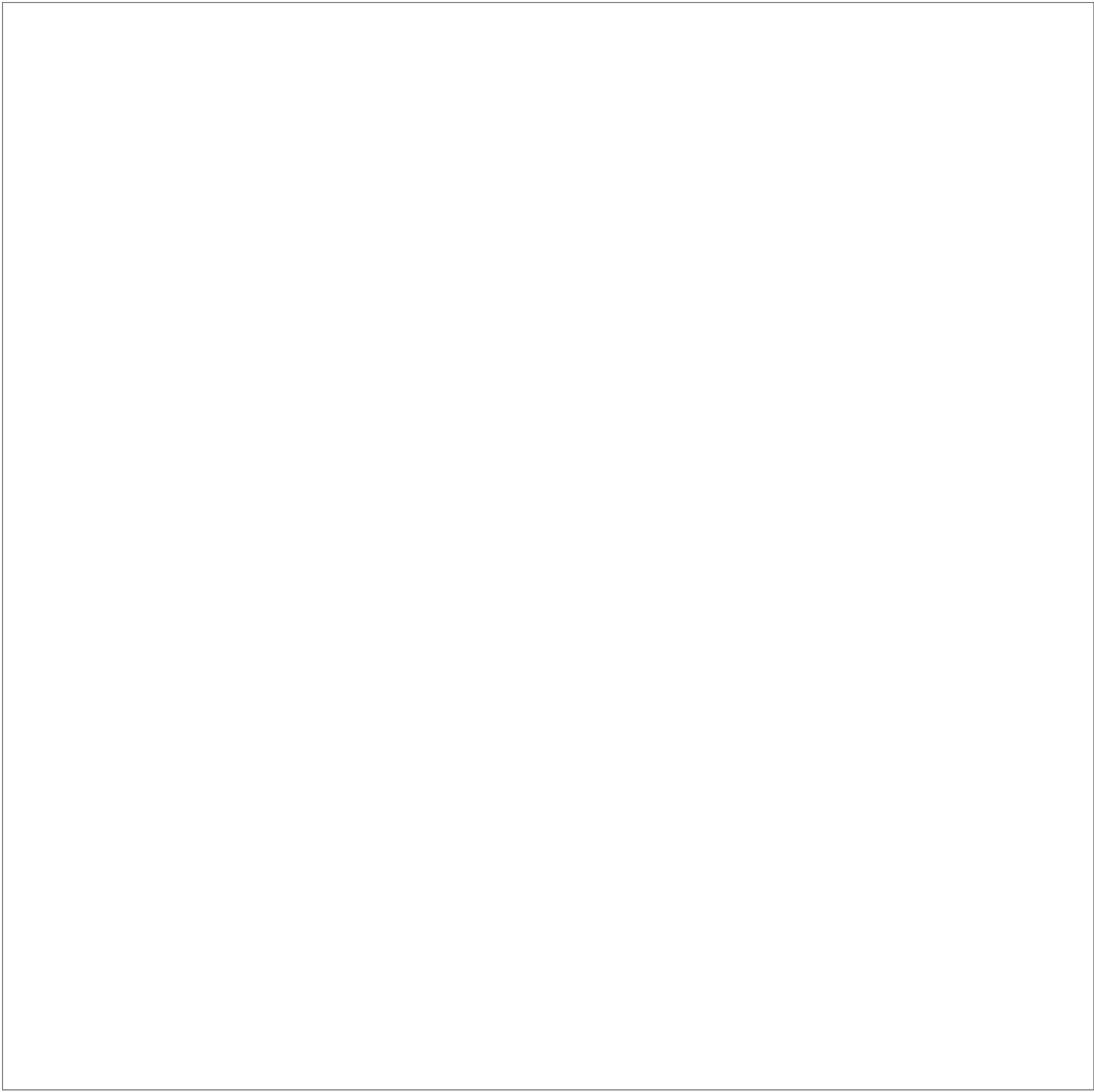
CCN

Participants

Stage 2

Building rapport

Population group



Note:

| | |
|-------|---|
| ===== | Indicates the start of the process |
| ===== | Indicates the next phase in the process |
| ===== | Indicates the subsequent phase in the process |
| ===== | Indicates the last phase in the process |

4.3 PARTICIPANTS

In this section the demographic data with regards to the participants' ages, gender, ethnicity, and culture are provided in order to provide background information to the individuals who participated in the present study.

Group one consisted of six females who formerly earned a living by prostituting themselves. Their ages ranged from 25 years to 45 years of age. The second group consisted of six female participants aged 25 to 35. The third and final group comprised of seven participants of which two were male. The participants' ages in this group ranged from 15 to 32 years. Furthermore, the researcher employed a demographic questionnaire which inquired about employment status, educational background, marital

status, age of first prostitution experience, homelessness, drug use or abuse, dependents or children, as well as whether or not they still struggled to make a complete and final exit from prostitution . This demographic questionnaire that comprises of questions with regards to the explanatory information of the research participants was completed only by those who participated in the quantitative phase of the current research study. Three (3) of the participants who completed the survey questionnaires did not form part of the focus groups. These three participants were used as a control to establish if they would echo the same sentiments as the sample that participated in the focus group discussions or if they would report different barriers. The results are indicated below in *Table 1*.

Table 1

As indicated by *Table 1* the majority of participants were never married. All are unemployed and looking for work but find it hard as the majority are uneducated. Even the one participant who had completed high school also struggled to find employment. Some of the participants only completed primary school, whereas the majority started high school but did not complete grade twelve. This is in line with previous research that postulates that the lack of education may act as a propellant into a lifestyle of prostitution as the individuals experience difficulty in finding employment (Dodsworth, 2000; LAC, 2002). A lack of education may also hamper reform in that the individual wishing to reform has no marketable skills thus they may struggle to find alternative means of income. All participants had children who depended on them, either their own or other people's children who had been left in their care. The responsibility of caring for dependents, without any means of income may prove to be quite challenging and may be a contributing factor to ensnarement in prostitution (LAC, 2002).

The majority of participants admitted to still struggling to leave a life in prostitution behind. Drug use or abuse seems to be a major concern as all except one of the participants indicated that they do make use of or abuse drugs on a regular basis. Drug use may also contribute to ensnarement in prostitution (see section 2.8.3). When narcotics are employed to suppress the psychological ill effects associated

with prostitution, the individual loses their capacity to judge right from wrong, which in turn hampers help seeking behaviour (Farley, 2006; Warburton, 2001; Young et al., 2000). Many of the participants related that they were homeless and engaging in transactional sex in return for accommodation. The earliest age of first prostitution experience among the group was 9 and the oldest was 20. Again this finding is in line with previous research conducted by Schetky (1988). She found that the mean age of those who entered prostitution was 14 although there are those who started prostituting themselves at age 9.

4.4 MEASURING INSTRUMENTS

The measuring instruments are described in order of application as used in the research. They comprise of a focus group discussion, demographic questionnaire, barriers to rehabilitation questionnaire (BRQ), general health questionnaire-28 (GHQ-28), general self-efficacy - sherer (GSESH) questionnaire and the measure of attachment qualities (MAQ) questionnaires. Each instrument is discussed in terms of its rationale, description, administration, scoring, reliability, and validity, as well as, the researcher's motivation for including it as a measuring instrument. Standard test instructions were followed during testing regardless of who administered the tests (researcher or interviewer) and no time limit was set as mentioned above.

4.4.1 Focus group discussions

The guidelines proposed by Kruger (1998) for moderating focus group discussions were consulted in the present study. The participants' experiences were related to the topic being researched, which is difficulty in breaking with prostitution. All participants were involved in the process of exiting a lifestyle in prostitution and were not acquainted with psychological theory. They were verbally fluent

and able to express their feelings, experiences, thoughts and behaviour. The participants were given the opportunity to engage in their home language. Focus group discussions were conducted in Afrikaans and Damara-Nama. The researcher conducted the focus group discussions in Afrikaans and enlisted the help of a Master's student with previous research experience, to help facilitate the discussions in Damara-Nama. The participants were conversant in both languages but were encouraged to make use any of the languages in which they felt most comfortable.

4.4.1.1 Rationale of the focus group interview/ discussion

The current research was conducted from the phenomenological paradigm as the researcher aimed to understand the participants' experiences of prostitution, their attempts to break with prostitution as well as their relationships.

The phenomenological method attempts to understand the individual in totality (Rothmann, 2000). If the researcher is to describe an individual's experience, the researcher has to take on an impartial attitude of understanding. This means that the researcher has to put themselves in the other individual's shoes, immerse themselves in the other individual's world and heed without presumption. It is not a mere retelling of events but rather an account of the experience (Rothmann, 2000). Therefore, the phenomenological method was employed as the researcher purposed to undertake a qualitative analysis of the exiting prostitute's conscious world.

4.4.1.2 Description of the focus group discussion

The aim of the study was explained during the rapport building visits prior to the commencement of the empirical study. After the parameters of the research were explained once more upon later contact, the participants were allowed the freedom to explore their own ideas. They were encouraged to lead the conversation in the direction which they believed to be more important and that held relevance to the topic of study. The researcher and the interviewer remained non-directive while they summarised, reflected and asked for clarification.

Omery (1983) outlines certain criteria that phenomenological researcher are to adhere to in order to guarantee that the phenomenon under investigation is in fact the genuine experience of the participants. The researcher ensured these criteria were upheld by approaching the phenomenon without any predetermined ideas, not setting out to validate a predetermined theoretical framework and not prescribing to predetermined operational definitions and by accepting all data as presented. An attempt was made to understand the data from the perspective of the participants and to understand the cognitive subjective perspective the individual holds as well as the impact or consequence of that specific perspective on the individual's experience.

The interviewer was briefed on the purpose of the study and the administration of the interview was

discussed. Matters pertaining to obtaining informed consent, ensuring confidentiality and demarcation of the duties of the researcher and interviewer were also addressed before commencement. The interviewer fulfilled all the above-mentioned criteria as she is a master's student with previous research experience. She also speaks Damara-Nama, Afrikaans, and English fluently. Her presence in the group aided in increasing rapport with the participants as they were free to express themselves in a language they were comfortable with. The focus group discussion was directed with the help of an interview guide that consisted of a set of questions to be covered (see *Appendix D*). These questions were posed unambiguously. Any unclear questions were clarified to ensure that the purpose of the research study was apparent. All the focus group discussions were recorded so as to be transcribed to ensure that no information was overlooked. The participants expressed a willingness to engage in conversation with both the researcher and the interviewer.

4.4.1.3 Administration of the focus group discussion

The researcher's as well as the interviewer's approach reflected absolute positive regard in order to encourage the participants to open up and talk freely as suggested by Meulenber-Buskens, cited in Rothmann (2000). Participants were further invited into the discussion by nodding and or verbal encouragement. To ensure that the researcher and or interviewer truly grasps the participants' views, the participants' opinions were summarised and reflected in the researcher and /or interviewer's own words. This reflective summary served the purpose of making sure that the information the participants gave was understood correctly and lend structure to the provided information (Rothmann, 2000). When

participants strayed off topic, they were coaxed back to the topic at hand by a reflective summary that contained only the relevant aspects as suggested by Rothmann (2000). A good reflective summary may also aid in enticing the participant to freely share more information and goes beyond the said obvious to include a reflection of the feelings behind the spoken words (Rothmann, 2000).

4.4.1.4 Scoring the focus group discussion

The researcher undertook the current study without any predetermined ideas. The participants were simply allowed an unbiased platform in which they could recount their experiences both in prostitution as well as in the attempt to exit prostitution. Notes were taken during the interview process and the interviews were audio recorded as well.

The audio recordings were transcribed verbatim. The procedure of data analysis started with the reading of the transcript in its entirety. It was then read at a slower pace to identify any barriers. Repetitions were then eliminated while the rest of the data was clarified and elaborated upon (see section 4.6.1 for a detailed description of the analysis).

4.4.1.5 Reliability and validity of the focus group discussion

Qualitative research is considered reliable when the research is consistent (dependable) and neutral (Krefting, 1991). Consistency or dependability in research refers to the ability to achieve the same results with the same participants when the research is repeated in a similar environment (Rothmann, 2000). |

For the present study, the manner in which data was gathered, analysed and interpreted is described in precise detail. The more detailed the information, the better it aids in the reproduction of the research (Krefting, 1991). In addition, the methodology of the current research study and the application thereof was executed after extensive deliberation with supervisors. This further aids in maintaining the neutrality of the research. |

According to Rothmann (2000), research is considered *neutral* when the research procedures followed and results are unbiased. The focus of qualitative research is on the neutrality of the data (rather than the neutrality of the researcher). The aim of neutrality is to attain a manner in which to confirm the data as well as the interpretations (Rothmann, 2000). This is achieved by ensuring that the research process, data, findings, interpretation, conclusions, and recommendations were reviewed by the supervisors to verify the soundness of the arguments and conclusions drawn from the same data in the research context (Krefting, 1991).

As aforementioned the researcher had previously been acquainted with the CCN group. The rapport she had with the group aided in openness especially when considering that the nature of the topic of study is sensitive. The validity of the study increases with the participants' willingness to speak without restraint about such sensitive issues (Krefting, 1991).

However, the researcher was concerned that this previous relationship would pose difficulty in establishing the boundaries of the new relationship. The researcher, who had previously been a lay counsellor to the group, had to renounce that particular role and take on the role of researcher. If establishing the new role proved difficult it would be a disadvantage to the research in that the participants would most likely turn the conversation to content related to the previous relationship between the researcher and the participants. The focus group discussions would thus, lack the required focus to yield useful material (Kruger, 1998).

Despite having a relationship with the participants of this study prior to conducting research, the researcher spent ample time with the participant to ascertain rapport. This was done in an attempt to bring about motivation to comfortably share information that may be classified as sensitive (Krefting, 1991).

To ensure that the data generated was correct the field notes were recorded immediately during the interview process after their answers were reflected back to the participants for confirmation. Above and beyond the field notes the audio recorded data was transcribed within two weeks of gathering the data. The findings were compared with similar work in literature.

In an attempt to ensure that the research results are transferable to other populations, adequate information about the participants' milieu and the research context was supplied. Sufficient participant information and the research context permit other researchers to gauge the transferability of research

results (Krefting, 1991).

4.4.2 Demographic Questionnaire

The rationale of the demographic questionnaire was merely to provide background information about the participants of the current study. It comprised of questions pertaining to age, employment and homelessness amongst others. The demographic questionnaire is only as reliable as a self-report can be, i.e. it is reliable in as much as the participant was honest in providing answers. For further information on the demographic questionnaire see *Table 1* (p: 110).

4.4.3 Barriers to rehabilitation questionnaire (BRQ)

4.4.3.1. Rationale of the BRQ

This questionnaire was derived from the themes that emerged during the focus group discussions. Essentially, the items on the BRQ are the feelings and experiences of a life in prostitution. It was designed to ascertain the researcher's understanding of what the participants had communicated about their experiences. This was done to enhance validity of the focus group discussion. On a secondary level the BRQ also served to determine if the wider population of prostitutes agree to these feelings and experiences as forming part of their lives.

4.4.3.2. Description of the BRQ

The (BRQ) comprises of 60 items derived from the focus group discussions. The participants were asked regarding the obstacles they consider as hindrances to breaking with prostitution. The answers that came forth were then used as an item pool. These were categorised into physical (including both environmental and somatic aspects), psychological and social barriers. The items from the item pool included on the BRQ were selected in consultation with the supervisors and rewritten into statements to comprise the questions for the questionnaire

namely: Barriers to Rehabilitation Questionnaire (BRQ). The BRQ makes use of a likert-type scale where participants are required to indicate how much they agree with a certain statement by ticking the appropriate response. The options are ‘strongly disagree’, ‘disagree’, ‘agree’, ‘strongly agree’, and ‘uncertain’. There was no time limit set to complete the test.

4.4.3.3. Administration of the BRQ

Standard test instructions were followed during testing regardless of who administered the tests (researcher or interviewer). The instructions require the participants to carefully consider the statements on the questionnaire and then to tick the response that most accurately reflects how they think, feel or behave. The available responses are strongly disagree, disagree, agree, strongly agree, and uncertain.

Each of these responses weighs a minimum of 0 and a maximum of 4. First the example was completed. The statements were read out loud and participants were simply required to tick the applicable answer. Time was allocated for clarification of questions. This step was paramount due to the low education levels of the majority of the participants as mentioned earlier in section 4.4.2. The researcher and the interviewer waited until each and every participant had answered the specific item. This was checked and if the participant had not answered the item they were asked to do so. Only then did the researcher or interviewer move on to the next item.

4.4.3.4. Scoring the BRQ

The responses are summed to give a composite score of a minimum 0 and a maximum 240. A high score on the BRQ indicates that the participant is in agreement with the conditions of prostitution as described by the participants of the focus group discussions. |

4.4.3.5. Reliability and validity of the BRQ

The construction of the BRQ excluded the statistical testing for reliability and validity. It is recommended that further studies focus on reliability and validation studies for the BRQ.

4.4.3.6 Motivation for the use of the BRQ

The BRQ was employed to qualify that the researcher indeed captured the essence of what participants had conveyed concerning their subjective experiences in prostitution. This serves the purpose of enhancing the validity of the focus group discussion as well as to establish the degree to which these

findings apply to the wider population of prostitutes.

4.4.4 General Health Questionnaire-28 (GHQ-28)

4.4.4.1. Rationale of the GHQ-28

The General Health Questionnaire-28 is regularly employed as a gauge of emotional health, which is akin to the psychological aspect of quality of life (Goldberg & Hillier 1979; Sanderman & Stewart 1990; EURIDISS, 1990; Krol et al., 1994). This assessment tool was developed to uncover and evaluate an individual's susceptibility to current psychiatric disorders (Goldberg & Hillier 1979; McDowell & Newell, 1987; Goldberg & Williams, 1988). Although the GHQ-28 is frequently used to assess psychological well-being as mentioned

above, the scale is an adaptation through factor analysis of the 60-item version and was specially developed for research purposes.

4.4.4.2. Description of the GHQ-28

The GHQ-28 integrates four different subscales which are somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression (Bowling, 1992; Goldberg & Hillier, 1979). An advantage of the GHQ-28 scale compared to the other versions is that the four subscales allow for analyses to be carried out within the different subscales (Bowling, 1992; Goldberg & Hillier, 1979).

4.4.4.3. Administration of the GHQ-28

The 28-item General health questionnaire is a self-reported screening tool that is intended to identify

existing psychiatric morbidity and distress in a given population (Bowling, 1992). The instructions of the GHQ- 28 require the participants to indicate if they have recently experienced the statements on the questionnaire. They were asked to respond with a 'yes' or 'no' answer. The questions were read out loud and participants were asked to answer as was done with all instruments. Time was allocated for clarification of questions. Again, this was done considering the participants' education level (see section 4.4.2). The researcher and the interviewer waited until each and every participant had answered the specific item before the participants' answers were checked. If a certain participant had not answered the item they were asked to do so. Only then did the researcher or interviewer move on to the next item.

4.4.4.4. Scoring the GHQ-28

The GHQ-28 can be scored in four possible manners as indicated below: GHQ scoring (0-0-1-1), Likert scoring (0-1-2-3), Modified Likert scoring (0-0-1-2) and the C-GHQ scoring (0-0-1-1). The C-GHQ scoring has two different types of scoring, the positive items, where agreement indicates health and the negative items, where agreement indicates illness. The particular scoring method employed for this study is the C-GHQ scoring (0-1-1-1) for negative items, where agreement with a particular statement on the test indicated illness.

4.4.4.5. Reliability and Validity of the GHQ-28

The GHQ was developed in the United Kingdom during the 1960s and 1970s (Goldberg & Williams, 1988). Since then, it has been used for various applications in other countries. By 1988 the GHQ had been translated into plus minus 38 languages (Goldberg & Williams, 1988). In 2003 an Oshiwambo version of the GHQ-28 was developed by Haidula, Shino, Plattner and Feinstein. Oshiwambo is a local Namibian language. The Oshiwambo version of the GHQ-28 depicts satisfactory levels of internal

consistency (Haidula, Shino, Plattner, & Feinstein, 2003). The GHQ's validity has been widely published (Goldberg & Williams, 1988). It is commonly used to assess psychological well-being in Western Europe and is a valid and reliable tool for comparative studies between individuals from different countries (Goldberg & Williams, 1988; Krol et al. 1994). The GHQ-28, including the Oshiwambo version, employs easily comprehensible vocabulary and has shown sound psychometric properties when used in diverse cultural settings.

4.4.4.6. Motivation for the use of the GHQ-28

The GHQ-28 is frequently employed as a psychological well-being assessment measure in Western Europe and has been successfully used in diverse cultural settings (Goldberg & Williams, 1988) inclusive of the Oshiwambo People of Namibia. It also makes use of comprehensible vocabulary and has shown sound psychometric properties (Goldberg & Williams, 1988), thus it is considered a suitable screening measure for psychological distress among those who were engaged in prostitution.

4.4.5 General Self-Efficacy (GSESH)

4.4.5.1 Rationale of the GSESH

The German version of the General Perceived Self-Efficacy scale was created by Matthias Jerusalem

and Ralf Schwarzer in 1979 (Jerusalem & Schwarzer, 1992). The scale was developed as a measure of forecasting an individual's ability to cope with daily strife as well as to assess adjustment after experiencing stressful life events. Self-efficacy is a good indicator of an individual's competence to cope with taxing encounters. The General Self-Efficacy Sherer scale was originally developed by Sherer and Maddux (1982). The 12-item version of the scale employed in the current study was modified from the original by Bosscher and Smit (1998).

4.4.5.2 Description of the GSESH

The concept of self-efficacy mirrors positive self-belief (Schwarzer, 1992) and refers to the conviction or belief that an individual possesses about being able to execute new or difficult tasks or manage hardships. Self-efficacy determines the goals an individual sets, the amount of effort they invest in attaining those goals as well as how persistent they are in the face of barriers. Recovery from setbacks is also largely determined by an individual's self-efficacy. According to Bosscher and Smit (1998) the scale consists of three subscales: 1. Initiative, 2. Effort and 3. Persistence. Questions 1-3 tap into initiative and questions 4-8 gauge effort, while questions 9-12 determine persistence.

4.4.5.3 Administration of the GSESH

The scale consists of 12 items and is generally self-administered. Approximately four minutes should suffice to complete the questionnaire, but there is no obligatory time-constraint. Responses are added together to provide the final combined score which may range from a minimum of 12 to a maximum of 48.

4.4.5.4 Scoring of the GSESH

The total score obtained on the scale provides an indication of the individual's general self-efficacy. A high score indicates high levels of self-efficacy, while a low score indicates low levels of self-efficacy.

4.4.5.5 Reliability and validity of the GSESH

The original German instrument has proven reliable and valid in various field studies (Schwarzer, 1993, Schwarzer & Jerusalem, 1995). The 17-item scale of the GSESH has an internal consistency Cronbach alpha of 0.86 for the entire scale (Sherer et al., 1982). Bosscher and Smit (1998) found that the 12-item scale of the GSESH has an internal consistency of Cronbach alpha of 0.69 for the whole scale. The Cronbach alpha for the initiative subscale was found to be 0.64, 0.63 for the effort subscale and 0.64 for the persistence subscale.

Criterion-related validity has been reported in various correlation studies (Schwarzer, 2001). A positive correlation was established between high self-efficacy and positive emotions, optimism as a personality trait and work satisfaction. Depression, anxiety, stress, burnout, and health complaints were found to negatively correlate with high self-efficacy (Schwarzer, 2001). Lower scores on generalised self-efficacy were associated with a higher prevalence of suicide ideation within the South African police (Rothmann & Van Rensburg, 2002).

4.4.5.6 Motivation for the use of the GSESH

The GSESH has been used internationally with success. Its use is appropriate for a broad spectrum of applications and may be employed to forecast adaptation after life changes. The measure also provides an indication of quality of life at any point in time. The researcher makes use of this instrument in combination with other measures discussed in this section (4.4), as a comprehensive battery

particularly designed to unearth psychological sequella that may hinder behavioural change.

4.4.6 Measure of Attachment Qualities (MAQ)

4.4.6.1 Rationale of the MAQ

Close relationships are habitually understood through adult attachment (Hazan & Shaver, 1987; Mikulincer & Shaver, 2003). Adult attachment theory posits that individuals have specific patterns by which they form attachments to others. The different attachment patterns are associated with psychological adjustment to stress (Mikulincer & Shaver, 2003). Secure attachment, evidenced by a sense of closeness and dependence on others, is related to satisfaction in relationships (J. A. Feeney, 1996) and lower incidence of depression (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003). Anxious attachment patterns as well as avoidant attachment patterns have been linked to higher relationship dissatisfaction (Marchand, 2004; Shaver et al., 2005) and depression (Besser & Priel, 2005; Shaver, Schachner, & Mikulincer, 2005).

4.4.6.2 Description of the MAQ

The Measure of Attachment Qualities (MAQ) is a measure of adult attachment patterns (Carver, 1997). It comprises of different subscales measuring secure attachment, avoidant and anxious-ambivalent

pattern. The measure consists of 14 items scored on a four-point Likert-type scale that ranges from "strongly agree" to "strongly disagree" (Carver, 1997).

4.4.6.3 Administration of the MAQ

The participants were asked to respond to each of the statements on the MAQ by indicating how much they agreed or disagreed with the statement. The importance of not allowing a response to a certain statement influence a response to another statement was emphasised. Again the same procedure as indicated with the previous measures was employed. Allocating enough time and ensuring that participants had answered the specific item before continuing with the next.

4.4.6.4 Scoring the MAQ

The MAQ is a four point Lickert-type measure (0-1-2-3). However, items 4, 8, and 9 are reverse coded to identify item response bias. Hence the researcher had to keep in mind that the highest score was not necessarily reflective of secure attachment pattern.

4.4.6.5 Reliability and validity of the MAQ

The MAQ showed significant correlations with two other attachment measures, the Relationship Questionnaire (Bartholomew & Horowitz, 1991) and Hazan and Shaver's (1987) measure. Thus, its validity as an attachment measure has been established. The Cronbach's α coefficient for the MAQ reflected adequate reliability (Carver, 1997). Each of the subscale's Cronbach's α coefficients are reported below.

Secure attachment: 0.72

Avoidant attachment: 0.76

Ambivalence- merger: 0.73

Ambivalence-worry: 0.69

4.4.6.6 Motivation for the use of the MAQ

The MAQ has successfully been used to measure adult attachment. Research indicates that individuals may suffer attachment difficulty after a life in prostitution (Mansson & Hedin, 1999; McIntyre, 2002). The researcher makes use of this instrument to establish attachment difficulty that may impair the individual's ability to benefit from the available social support.

4.5 RESEARCH PROCEDURE

The Council of Churches was approached with the request to grant permission to conduct the study (*Appendix B*). A presentation of the 'then' proposed study was given and once permission was granted by the CCN the program coordinator was consulted to discuss the research as well as to obtain consent from her. This comprised phase one. The entire group of prostitutes at the CCN were given an explanation of the study and were requested to participate. The researcher and interviewer conducted both the focus group discussions and the survey questionnaires on the CCN premises, which are considered a familiar environment to the participants.

During phase three, focus group discussions were conducted in a quiet and private environment familiar to the participants. The researcher and interviewer commenced each of the focus groups with a motivational talk which also included the research aims and confidentiality. This was done in an attempt to create a non-threatening, friendly environment. The researcher and interviewer then proceeded with the guided questions (*Appendix D*) regarding their hindrances at a pace set by the participants. Three focus group discussions were conducted in total. The focus groups lasted an average of one hour and 40 minutes (1 hour and 40 minutes). The findings indicated that the second and third focus groups mainly served to confirm the findings of the first focus group. By the end of the third focus group the researcher recognised that saturation had been reached as no new information emerged.

Before testing commenced with the questionnaires, during phase three, confidentiality was explained in a clearly understandable manner and was guaranteed. The participants were motivated by being told how important their input regarding the hindrances they experience is and the role they play in helping other prostitutes, who want to exit prostitution, by designing and implementing effective rehabilitation programmes. The researcher tried to put participants at ease by being open and friendly as well as providing information about the tests and further procedures. Optimal physical conditions were also aimed at by ensuring good lighting, sufficient room to be comfortable while answering the questionnaires and providing adequate testing materials. These are guidelines to good testing suggested by Brown (1983). In addition, a meal and some drinks were provided. Furthermore, the research participants each received N\$50 in appreciation for participation after all the tests were done. It should be mentioned that the participants had no knowledge of either the meal or the monetary compensation prior to participation as the researcher did not want the money and meal to constitute a bribe in return for participation.

During the fourth phase, several questionnaires were completed and these are discussed below. A demographic questionnaire was completed by the participants. Standard test instructions were followed during testing regardless of who administered the tests (researcher or interviewer) and no time limit was set. The researcher and the interviewer waited until each and every participant had answered the specific item. This was checked and if the participant had not answered the item they were asked to do so. Only then did the researcher or interviewer move on to the next item.

The BRQ was then administered where the participants had to indicate how much they agreed with a certain statement. The BRQ was administered in the same fashion as with the demographic questionnaire and the participants were informed that there were no right or wrong answers. The researcher and/ or interviewer were present during the entire time of testing, providing assistance, clarifying questions as far as possible and ensuring independent and confidential responses. Although the questionnaires were all in English, the language of instruction as well as clarification was Afrikaans and Damara-Nama.

All the other tests (GHQ-28, GSESH, and the MAQ) were also administered in the same manner as described above. The testing lasted approximately four (4) hours. As the completed questionnaires were collected from each participant they were checked for completeness. If an item was found to be blank the participant was asked to complete it. This eliminated incomplete questionnaires, thus no questionnaires needed to be discarded. Furthermore, the participants were allocated identification numbers instead of using their names, hence ensuring confidentiality.

4.6 DATA ANALYSIS

4.6.1 Qualitative Analysis: Focus group discussions

Although the current research employed a qualitative method, data was collected qualitatively through focus groups as well as quantitatively through questionnaires. The quantitative data was not analysed in a quantitative manner though (see more details in section 4.6.2).

During the focus group discussions the interviewer recorded the responses on a flip chart. The researcher and/or interviewer summarised content and asked for clarification from the participants before writing on the flip chart. The focus group discussions were also audio recorded, transcribed verbatim, and translated. They were, then, analysed using the interpretive phenomenological analysis (IPA) method, as suggested by Smith and Osborn (2006) and Lyons and Coyle (2007). The IPA method as applied to the current research is described below.

Firstly, the transcript of the first focus group discussion was read thoroughly. This was done several times without attempting to select or omit any material. As the transcript was being read, all thoughts, phrases and comments were noted. Some comments were carefully summarised and paraphrased to retain the gist of what was being said. Any contradictions in participants' statements as well as any

emerging items were noted at this point. This process was repeated with the data from the second focus group discussion. At this point the researcher took note of similarities and dissimilarities between the narratives of the participants in these two focus groups. Again the same process was repeated with the data from the third focus group. The researcher took special care to notice any new emerging items, however none were noted. Thus the researcher continued the analysis by rereading the transcripts of all the focus group discussions.

Secondly, each transcript was reread from the beginning as mentioned above. These were read in conjunction with the initial notes that were made. The researcher looked for connections of what was being said within each transcript as well as across the three different transcripts as advocated by Smith and Osborn (2006). To ensure that the interpretations were appropriate, the data as well as the interpretations were extensively reviewed and discussed with the supervisor. At first the items were listed in the order in which they emerged, which generated a total of 100 items. However, in the next step, in the analysis of the qualitative data, similar items were clustered together. This process allowed the researcher to draw up a comprehensive list of all the items that emanated through the current research. The ATLAS. Ti (Muhr, 1997), a computer based package that aids in managing and organising qualitative data was also employed to verify the results.

Finally, the items were coded into three (3) categories that aided in better managing and understanding the data. In support of the above, the ATLAS. Ti (Muhr, 1997) analysis also yielded a total of three domains or categories of barriers. The three categories namely extrinsic-, social-, and intrinsic are representative of the barriers to reform as experienced and perceived by the participants.

The same 100 items that emerged from the focus group discussions data was further employed to create a questionnaire on the barriers experienced by prostitutes who seek to leave prostitution (see *Appendix E*). The 100 items were further condensed to sixty (60) items and these comprised the Barriers to Reform Questionnaire (BRQ).

4.6.2 Quantitative Analysis

The second set of data, although collected quantitatively through questionnaires, was not analysed in a quantitative manner. The questionnaires were merely used to gauge psychological sequella and no statistical analysis was done. Refer to section 4.4 for the details on how each of the questionnaires was scored to determine either of the tested psychological sequella.

4.7 ETHICS

All participants were given a verbal clarification of the rationale of the current research. Involvement was voluntary to ensure nonmalificence. All the participants signed a consent form after their content was orally explained to them and they were free to withdraw consent should they wished to do so. All information obtained from the participants and or staff at CCN was treated with utmost confidentiality and the identity of the participants was not disclosed. To observe confidentiality, the recorded interviews are kept safe in a private location. Participants in the quantitative phase were given numbers for identification purposes and for the qualitative phase all names were changed during reporting. The changed names are indicated with an (*). Furthermore they participants will be privileged to the final research findings. The researcher was prepared to refer any of the participants to relevant professionals for psychotherapy should they suffer severe psychological trauma.

One of the first principles of any research is that of both physically and psychologically non-harmful procedures (APA, 2002). The participants were not placed under any physical risk during this research. On a psychological level, the focus group discussions as well as the administration of the other questionnaires might have been experienced as disturbing or even threatening. In order to eliminate this possibility, great care was taken with the process of data collection. This meant that the interviewer was chosen painstakingly. The researcher ensured that anyone who qualified as interviewer at least had an honours degree in psychology and was busy with a master's degree. The researcher and interviewer were the only people who facilitated the process. Thus, the participants could be closely monitored for any signs of distress or discomfort, enabling the researcher as well as the interviewer to react accordingly.

4.8 CHAPTER SUMMARY

Throughout chapter 4, the methodology with regards to data collection and analysis was outlined. The

discussion started with an introduction, followed by the research design which contained a summary of the outlined process in *figure 4.1*. Demographic information regarding the participants was also provided. This was followed by a discussion of the measuring instruments, starting with the focus group discussions, Barriers to Rehabilitation Questionnaire, General Health Questionnaire-28, the General Self-Efficacy -Sherer and lastly the Measure of Attachment Qualities. The research procedure and data analysis was then discussed in greater detail. The chapter was concluded by outlining the ethical considerations.

CHAPTER 5

RESULTS AND DISCUSSION

The principal aim of this chapter is to provide answers to the research question and its sub questions as outlined in Chapter 1. The results that emanated from the current study are outlined and discussed simultaneously, starting with the qualitative results, followed by the data generated quantitatively.

5.1 INTRODUCTION

The demographic data is provided in chapter 4 to introduce the reader to the participants' background. The main question guiding the present research study is: "What are the barriers that prostitutes face that obstruct their emancipation from prostitution?" In an attempt to answer the research question several sub-questions were posed. These are addressed in the order they were posed in chapter 1.

The obstacles that prostitutes experience as barriers to life-style change will be presented with regards to extrinsic, social and intrinsic contribution to ensnarement. Prostitutes' self-perceived distress and burden, their level of self-determination and how this self-determination is influenced by their appraisal of their present-day situation is discussed. Furthermore, certain personal dispositions that may explain the level of self-determination and emancipation from prostitution will be explored.

As a secondary aim, the researcher also reports pertinent issues that emerged through the research.

Although these issues were not the aim of the research, they remain essential components to the topic of prostitution in Namibia.

The chapter is then concluded with an integrated discussion of the findings.

5.2. QUALITATIVE RESULTS

The data regarding barriers to reform that prostitutes face yielded three different domains. These domains play an influential role in rehabilitative success or the lack thereof. Environmental constraints, social support and psychological aspects are the domains which have the potential to affect rehabilitative efforts either negatively or positively. The domains are identified as (1) Extrinsic-(2) Social - and (3) Intrinsic barriers, as depicted below in Table 2. Each of these barriers outlined below

could at any time act as either a push or a pull factor. Hence the factor could sway the individual into a life of prostitution or it could hinder the individual, desiring to leave the prostitution lifestyle, by pulling them back into prostitution (see chapter 2 for an explanation of push and pull factors).

Table 2

Categories of Barriers

| Number | Barrier |
|---------------|----------------|
| 1 | Extrinsic |
| 2 | Social |
| 3 | Intrinsic |

Table 2 is a depiction of the three barriers identified by the research. These three barriers are further divided into various sub-categories that comprise of the barriers.

Barriers are presented below with regards to their influence on rehabilitation success or the lack thereof. Extrinsic, social, and intrinsic barriers are difficult to differentiate at times as one single example could act as either one of the above barriers or in combination to hinder successful reform from prostitution. For this reason, the same example may be cited simultaneously in support of all three of the barriers. The discussion that follows the examples used in the study will explain the differentiation of the extrinsic, social and intrinsic barriers. Although the findings are supported by extracts from the transcripts, for the purposes of confidentiality the transcripts are not included. They

will be in the possession of the supervisor should they be required.

The first category of barriers, namely extrinsic barriers, is outlined below.

5.2.1 Extrinsic Barriers

The umbrella term ‘extrinsic barriers’ is employed to cover the physical and environmental factors that could act as hindrances to effective rehabilitation of prostitutes. These constitute factors such as unemployment, hunger and basic necessities. The desire to meet elementary needs, like food and shelter, act as a pull factor (Dodsworth, 2000; Saphira & Herbert, 2004) back into prostitution.

Table 3

Extrinsic Barriers

| Category | Extrinsic Barriers |
|----------|--|
| 1 | Economic lack or poverty |
| 2 | Unsafe living conditions |
| 3 | Physical health and somatic conditions |
| 4 | Unemployment |
| 5 | Structure of rehabilitation programme |

Table 3 reflects the different categories that extrinsic barriers encompass. Each of these categories is discussed below and examples are provided in the participants’ own words.

“... because I have kids that I have to look after”

Group1, voice 3

“That time when he left me, I did not have a job and the kids... the food and the school... so I decided I will go to the street so that I can pay for their schools and so that they can eat.”

Group2, voice 4

“...and I was struggling to find work”

Group1, voice 5

“Sometimes, it’s a thing of you’re staying with a friend, or she asks you to come and stay with her. And as you are staying, she goes out and comes back with money. At the end of the day, the room needs to be paid, and then the friend will be like, no I can’t pay the room by myself and the water. Unless you also go with, that’s how I got into this thing.”

Group2, voice 3

“I was staying with my parents, and when my parents divorced in 1994, I stayed with my grandmother. The grandfather was a step grandfather, my grandmother was my real grandmother. And he was going on about food, and that he raised me and then he wanted to sleep with me and so I moved out of the house, and that’s where it started for me.”

Group3, voice 7

The above statements from participants testify of hunger, poor child support (category 1), unemployment (category 4), and a lack of accommodation (category 2). Unsafe living conditions (category 2) such as molestation and childhood sexual abuse culminates in living on the streets where the individual is eventually forced into a prostitution lifestyle in order to sustain themselves financially. This occurrence is quite common and is in line with various research findings (Dodsworth, 2000; Saphira & Herbert, 2004; Silbert, 1984; Warburton, 2001). The above-mentioned is also supported by a study conducted by the LAC, which states that in Namibia, individuals rarely choose a life of

prostitution out of their own free will. It would seem that individuals are thrust into prostitution due to family breakdown, lack of social support, unemployment and impoverished lives (LAC, 2002). The barriers cited above are of a physical nature and are related to the impact of the physical environment on the individual. These barriers may have contributed to either coercing the participant into a lifestyle of prostitution and/ or continue to serve as a hindrance to a successful break from prostitution.

There are other factors that qualify as extrinsic barriers to reform and these include physical health as well as personal safety (category 3). More extracts from the transcripts of the focus group discussions are cited below in support.

“...Some of them also take the condoms off themselves... I can feel when a condom bursts, and if you tell him the condom burst, get up, get up, then he doesn't want to get up, unless you're strong and manage to push him away. Some of them take the condom off and then they don't want you to bend down, you should, as if you are their wife, lie down. Because then he knows mos, she is a woman and I will overpower her easily.”

Group2, voice 3

“...That man will take out a lot of money and tell you, if I sleep with you without a condom, then you see mos now, without the condom it's probably two thousand dollars, and with the condom it's two hundred dollars, then you look back to your home... and then you take that money mos now. Let me just take that two thousand dollars and then I go home. So a lot of women are lying with that disease.”

Group2, voice 3

The physical health risks that individuals who are involved in prostitution are exposed to range from common gynaecological ailments to sexually transmitted infections including HIV/ AIDS (Farley, 2006; Hjorth & Johansson, 2005; Plumridge, 2001; Raymond, 1999). As evidenced by the above text, extracted from the transcripts, many prostitutes find themselves in dire financial need, thus at times willingly expose themselves to possible HIV infection or violent attacks in return for higher economic rewards. At the same time, this gamble with their lives is tinged with a hint of apathy (see intrinsic barriers category 4) and a giving up on life. The need to satisfy a basic need is the driving force behind the risky behaviour illustrated by the extract cited above.

Apathy may further hinder rehabilitative efforts in that the individual may not engage in any activities that could lead to breaking with prostitution, such as actively looking for alternative employment. Yet, those prostitutes who do actively seek alternative employment find that their efforts are met with obstacle upon obstacle (category 4).

Category 4 Unemployment:

“...And there is also a problem. There are a lot of us, that ran away from home and on the papers they ask for birth certificates, baptismal cards.... where do you first go and start? If you are uneducated, and you go and ask for work, then they tell you, they don't have work....”

Group 2, voice 1

Not only does unemployment act as a pull factor into a prostitution lifestyle, it also acts to perpetuate the ensnarement once the decision to leave prostitution is made. The participants also mentioned that a lack of documents due to running away from home may further complicate matters as it may prevent some prostitutes from finding alternative employment. Thus a permanent lifestyle change continues to elude them. As seen from the demographics of this study's population (see chapter 4, *Table 1*), many are uneducated and lack any other marketable skills due to low levels of education.

Any rehabilitation programme geared towards genuine reform into mainstream economic activities should take education into consideration. The CCN along with Woman's Action for Development (WAD) provided training in computer literacy, secretarial and administrative skills, baking, and needlework. This was done with the aim of equipping those individuals who went through the programme with marketable skills. However the majority of them do not benefit from the certificates they received. ■

“The people that gave us training ... There was no starter pack.... They only give you that certificate or whatever and then it's finished. Then it gets very quiet, nothing happens after that.”

Group 2, voice 1

The participants felt that they were left without the proper support and infrastructure to make lasting change despite the various types of training they received (category 5). Many were of the opinion that guidance is needed beyond the qualifications they received and saw this as a weakness of the current programme.

Another structural aspect of the programme that the participants agreed served as a hindrance in their quest to break away from prostitution is that the programme does not cater for weekend activities (category 5). Not having learned novel ways of spending their time productively, they are easily tempted to join their peers in drinking and prostituting themselves. Even the strongest resolve can crumble when the old role of prostitute is not replaced by a redefined role as an ex-prostitute (Fuchs Ebaugh, 1988; Mansson & Hedin, 1999; McIntyre, 2002). Redefinition of roles does not only involve the unlearning of behaviour learned in the prostitution sub-culture (defining the self as an ex-prostitute) but also the relearning of socially acceptable behaviour thus adopting a new role (Fuchs Ebaugh, 1988).

Admittedly weekends and holidays, when the participants have leisure time on their hands, is the most tempting time to go back to the streets. It is, thus, of vital importance that any programme aimed at rehabilitation, offers enough diversion. The structure of the current CCN rehabilitation programme can act to hinder rehabilitation as seen in the examples below (category 5).

“To give us bible studies a lot more, and in weekends take us for walks, because weekends if we have nothing to do and we start going to the streets then we can't successfully leave prostitution.”

Group 3, voice 5

“...Even if it’s a car wash business or something.”

Group 2, voice 1

“At least you will be gone from the house from morning up to the afternoon, and when you get home, then you are tired.”

Group 1, voice 4

The lack of a comprehensive programme may act as a barrier to successful reform. The above statements from participants reiterate the importance of a full programme especially for the times the participants are most likely to be idle. In addition to a rehabilitative agenda which includes counselling, material aid and skills training, the programme should also cater for recreation. The participants make mention of an income generating project, yet with the emphasis on keeping themselves occupied as not to succumb to the pressure to return to the streets. Most importantly a programme spanning the entire day on days when the participants have leisure time does not only serve to distract them from the temptation to go back to the street, but may also act as an opportunity to learn to socialise without alcohol and drugs.

“We don’t even know how to have fun without it” (alcohol/ narcotics).

Group 1, voice 2

Escaping narcotics is not an easy task for prostitutes. Another danger of weekends devoid of constructive activities is the temptation to drink *tombo*. Since many lack the finances to buy food and alcohol, they resort to drinking tombo. Tombo is an abundantly available traditional brew that is employed both for its narcotic soothing and filling or satisfying qualities. Drinking this brew is a cost

effective alternative to food and or alcohol, but also has the negative implication of addiction. Being under the influence of narcotics may serve as a contributing factor to ensnarement in the prostitution lifestyle. Substance dependence is discussed under intrinsic barriers (see section 5.2.3).

As discovered by Mansson and Hedin (1999), exiting prostitution is no small feat. Those who are HIV-positive and are on Anti Retroviral treatment are required to eat in order to adhere to their treatment plans (Category 3). At times the individual has to choose between defaulting on their treatment when there is no food or to engage a client to be able to eat for the day, thus complying with their treatment plan (Category 1). Furthermore, having to choose between seeing their children starve and prostituting themselves is a daily occurrence for the participants of this study. Regardless of the individual's resolve, exiting prostitution does not always follow a linear progression (Mansson & Hedin, 1999). This may give rise to a new phenomenon namely transactional sex.

“And the whole thing that I'm saying, I don't even know if I have to go and get my child from that thing, home (shelter), how do I? I don't know where to begin. Like now, I'm also pregnant again, how should I now? I needed a place to stay. And you know you can't stay for free!”

Group1, voice 6

In the instance described above, the participant engages in transactional sex in return for accommodation (category 1). When she falls pregnant again the vicious cycle is perpetuated. Instead of soliciting clients on the streets as before, the individual now chooses to enter relationships that are financially viable even though they do not consider themselves prostitutes anymore (UNAIDS, 2002). Transactional sex differs from prostitution by context only. Where prostitution occurs within a client-prostitute relationship, transactional sex takes place within the confines of an intimate relationship (UNAIDS, 2002). In Namibia though these types of relationships are quite common and may be better

known as “sugar daddy” relationships (LAC, 2002). Sadly, even though the individual has resolved to exit prostitution and is committed to this decision, engagement in transactional sex may pose the same challenges as prostitution. These challenges make an exit from prostitution just as hard to achieve.

Structural factors as described by Mansson and Hedin (1999) refer to the material conditions needed to support a successful break from prostitution. Extrinsic barriers are the equivalent of structural factors and refer to those factors that act as barriers to effective reform. These range from basic physiological needs to unemployment, physical health, statutes regulating sex trade and the structures of the rehabilitation programme, as expounded on. The second category of hindrances refers to social barriers and these barriers are outlined below.

|

5.2.2 Social Barriers

As exiting prostitution happens within a social system, it is paramount to assess the social support the individual has at their disposal. The role that the social system takes on may act to enhance or hinder the individual's successful reform from a prostitution lifestyle (Mansson & Hedin, 1999). Social barriers are any hindrances that emanate from the individual's social environment. Social support could be on a macro or micro level (see section 2.10).

Table 4

Social Barriers

| Category | Social Barriers |
|-----------------|--|
| 1 | Family breakdown (micro support system) |
| 2 | Peer pressure (micro support system) |
| 3 | Socialisation (macro support system) |
| 4 | Discrimination (macro support system) |

Table 4 outlines the social barriers which refer to social elements that influence rehabilitative success or failure for prostitutes. The micro support system, i.e. immediate family, plays an important role in the individual's life choices. Research indicates that when the family breaks down it often leads to delinquent behaviour in those who are most vulnerable (Juby & Farrington, 2001). Many of the prostitutes interviewed in this study concurred with studies that reported some sort of family breakdown, which led to living on the streets and inevitably making a living as a prostitute (Dodsworth, 2000; Saphira & Herbert, 2004; Silbert, 1984; Warburton, 2001; Young et al., 2000). Extracts taken from the transcripts, illustrative of category 1, are cited below.

Category 1 Family breakdown:

“I was staying with my parents, and when my parents divorced in 1994, I stayed with my grandmother. The grandfather was a step grandfather; my grandmother was my real grandmother. And he was going on about food... and that he raised me... and then, he wanted to sleep with me. So I moved out of the house, and that’s where it started for me.”

Group 3, voice 7

“My mother passed away...and my father is in jail....who should take care of us? So I left school...”

Group 3, voice 2

The above-mentioned statements are in support of a study conducted by Silbert (1984) who found that 96% of prostitutes who began prostituting as juveniles were runaways. The participants in this study also believed and stated they had no other option for earning money once they ran away from home. Childhood sexual abuse, often perpetrated by family members, was frequently cited as the reason for running away from home. When the micro social support system falls apart, prostitution may seem to be the only option. The individual may then be easily enticed by the freedom that comes with living under their own rules (Dodsworth, 2000; Saphira & Herbert, 2004). In line with the above, many of this study’s participants found themselves seduced by the material goods they could gain from a life in prostitution. When their friends flaunt their spoils gleaned from prostitution, many are tempted (category 2).

Category 2 Peer Pressure:

“...the mates also talk, no, why don’t you also go jump and get your own money, and buy your things. You just want to drink my alcohol and you just want to wear my stuff. You also have to sell your body so you can earn your own money. You can’t just use my money. So they pressure you like that.”

Group 1, voice 2

“...you go to the streets so that you can also go and buy those clothes for yourself just like your friends, you also want to look like your friends.”

Group 1, voice 2

“...and sometimes to please our friends”

Group 3, voice 3

Resembling a crowd, affords the individual the luxury of not feeling alone (Fromm, 1973). The individual manages to escape loneliness by complying with the rules as prescribed by friends or by adhering to the socially acceptable dress code as seen in the extracts above. In this manner individuals seem to escape their authenticity or self. The need to blend in with their immediate society is so strong that they are pulled into a life of prostitution. According to Fromm (1973), these individuals may be classified as automaton conformists.

The automaton conformist is confronted with a split between their genuine emotions and the face they present to the world (Fromm, 1973). Thus, the individual would rather engage in prostitution regardless of the discomfoting thought of selling their body, then face being rejected by a group. This intense need to belong is discussed under intrinsic barriers (see 5.2.3).

Habitually individuals are introduced to the world of prostitution by peers or friends (Silbert, 1984; Warburton, 2001). In line with previous research that found that 60% of child prostitutes are first recruited by peers (Silbert, 1984), all participants in the current study were introduced to prostitution by their peers (category 2 and 3).

Category 2 and 3 Peer Pressure and Socialisation:

“If you come to the streets alone, you don’t know where to begin. You don’t even know who the customers are. You go and stand there the whole night, you won’t find a client. The clients also don’t know you, you are new on the street, so if they see you with the ones that usually do it, then they know, no, this one is also doing it.”

Group3, voice 7

“...It was just through friends.”

Group 2, voice 4

Initially the individual may experience cognitive dissonance (see section 2.8.1) but as they are socialised into the prostitution sub-culture, the dissonant tasks become the norm (category 3).

Category 3 Socialisation:

“...you get very used to it easily. You feel free, because you stay with the people who do it, and you are easily being helped in that line, no you have to do this and that, and that’s how you are just being watched and taught the ways of the street.”

Group 1, voice 3

“The first time, you are mos shy ,it’s the first time, but there are mos clients that are on the street, and you are like haaha (no way), but then you are there to prostitute yourself, so they (other prostitutes) will tell you, no it’s like this and like that. They (clients) should give you so much money...they should drop you off at the same place where they picked you up.”

Group1, voice 3

When an individual initially enters the world of prostitution, the veteran prostitutes usually schools those who are new to prostitution (McVerry & Lindop, 2005).

In line with previous research studies, this often outlines the rules of conduct. Every area of life in prostitution is covered and includes different types of clients, prices, sex games, hygiene and sexual health (McVerry & Lindop, 2005).█

“... Yes, showing you the ropes. So you are also being told whom you should ask how much and for this kind of work you have to ask how much and so on. A blow job you have to ask how much...without a condom it's so much and with a condom it's so much. There I was told...some men don't want sex. They want to be waited on hand and foot. You have to dress up like a waitress... some want to be spanked or treated like babies... Such things happen on the street.”

Group 3, voice 7

Besides the above-mentioned, a very vital practise is that of sharing information regarding territory demarcations, safety measures, costs for services rendered, financial advice as well as health concerns (McVerry & Lindop, 2005).

“You don't know the man, you're still stupid so to say... so you have to take the registration number, so that you know on what car you got onto. You should know what the colour of the car is, so if you can at least have the registration number then you know... it can be traced very easily. But now those are also things that you just find out after day two or three. When something happens, then only do you take it seriously, because the girls always said, you should keep track of the number plate, you should look at the person, any distinctive marks, is it (the car) a left hand or right hand drive and all of that. And so you are being schooled.”

Group 1, voice 3

“You don’t know who your customers are, it can be a murderer or a drug addict, he can go pump you full of drugs and just leave you in the field. He can, he’ll take you, and he will go pump you full of drugs and go and make pornographic videos of you, and that is why you...there are small things that you have to notice on the street. And that same person, that same client comes with a different car to the other girls, as another client now. So (he) picked me up maybe in his Mercedes Benz, tortured me, dropped me in the field, leaves the Mercedes and then he comes with another car maybe to her. So it is important to tell your experiences to the other girls, hey I was on this car and this car’s number plate is this and so, be careful, that man does this and this.”

Group 2, voice 2

This sort of information sharing about clients is very important and may mean the difference between life and death for the prostitute. Although this is most commonly employed to guard their health as identified by McVerry and Lindop (2005) many prostitutes rarely trust each other.

“So what if this one does not believe me, but the other one will maybe believe me. No, she got this much money out of that man, so she is just jealous that we can all get the same amount.”

Group 1, voice 1

Although heeding the warnings about clients may save lives, prostitutes are often reluctant in trusting others, be it clients, friends or authorities like the police. Distrust in prostitute circles is used to ensure safety and survival (see section 2.10).

“... I heard from the girls, no, you have to leave the money with them. But they themselves that you entrust your money to, rob you. So I decided, no they can be my friends or whatever, I’m keeping my money with me...”

Group 2, voice 2

“There are also other women who go and get off with their boyfriends. Say now for example, you worked the whole night and you got a lot of money and so on, then they send their boyfriend to you, so he robs you and beats you up. Some of the girls, they also rob and beat you themselves”.

Group 2, voice 2

“Look, for example, me and her are maybe together, then if I maybe, if I give my money to her to hold for me, and I go, then they just keep an eye on her, how many times did I climb on, because they also know the clients that pay the most and which ones not. So they just keep an eye on her, and when I’m gone then they come to rob her and take the money.”

Group 3, voice 1

Prostitution is not an easy industry to break into as it is fraught with violence, and divergent rules of conduct. For the individual to survive within the prostitution sub-culture, they have to be socialised into the prostitution lifestyle. Often, due to the process of socialisation, the individual starts to feel accepted into the prostitution sub-culture. This socialisation may create a feeling of community by fulfilling the need to belong and providing the opportunity to escape the responsibility to make own choices by submitting to previously outlined rules and regulations. According to Fromm (1973), simply complying with predetermined rules and regulations is an easier existence. It provides the individual’s life with structure and surety. This structure in turn renders the need for soul-searching and meaning obsolete (Fromm, 1973).

The more the individual is accepted into prostitution the further away they move from the larger community. Initially this may not be perceived as problematic, because the need for acceptance is one of the reasons for succumbing to peer pressure, thus the engagement in prostitution as mentioned

above. On the other hand though, being socialised to be vigilant at all times and to distrust others also serves to isolate the individual from those within prostitution. The prostitute becomes increasingly violent and territorial in protecting their own interests.

“...So you later get used to it and later you know your own spots. No, I’m standing here, nobody is going to come stand here, I’m doing my business here, so if you want you have to find your own spot, otherwise you fight.”

Group 2, voice 2

The distrust and alienation from others is a recurrent theme in the life of a prostitute. The statement below illustrates the extent of it (category 3, intrinsic category 8, 9, 10).

“With a glass of water, or a bottle of wine that my girlfriend offers me... No, I may not (trust), at all. I can’t even if I drink a beer and a client comes, go and do my thing, come back and drink that same beer. No you do not know who put what in that beer while I was gone.”

Group3, voice 4

The situation depicted above in the extract invokes anxiety. This anxiety is exhausting and may entice the individual to escape the responsibility of making choices and being responsible for the outcome. Prostitutes, thus, may subjugate themselves to any other individual or system that will take the reins (e.g. pimps, see section 2. 2.8). Being socialised into a culture of distrust creates sub-culture. In this sub-culture completely deviant rules of engagement apply, at least when viewed in relation to the larger society as a whole (McIntyre, 2002). The conditions of the prostitute sub-culture are such that they easily encourage succumbing to the social unconscious (see section 2.2.8), which in turn makes an exit from prostitution difficult. Although mindlessly following pre-existing rules may be an easier existence

(Fromm, 1973) it may also serve to hinder reform in as much as the prostitute may fear being ostracised if they choose to leave prostitution (McIntyre, 2002). It becomes complex once an individual, who had given away their responsibility to make choices up to either a pimp or the social unconscious, decides to leave prostitution (McIntyre, 2002).

Except for the adverse affects of distrust and constant vigilance (see section 5.2.3 intrinsic factors) on the prostitute, the involvement in prostitution also affects their personal relationships negatively. Many keep their prostitution activities a secret from their friends and family. This requires the prostitute to live a double life which in itself may be taxing (McVerry & Lindop, 2005).

“I kept it a secret from my side. So the people found out themselves, because the friends I stayed with, they were prostitutes, so they found out that way. Like my dad now, my dad them found me there on the spot. Then they were very angry with me. And then it went like that... It uhm, how can I say. It maybe touched him a lot. Until today he is very angry with me. So that was now 2003, and until now he is very angry, I’m also very shy if I go to him. If I come there, then I maybe just sit for 10 to 20 minutes and then I go. Because he has that attitude.”

Group 1, voice 5

The manner in which the participant now relates to her father has been changed. Even though she has stopped prostituting herself and is eagerly engaged in activities that may bring about positive change, she is still ashamed and interacts in a shy manner with her father.

The last category of social barriers is discrimination and the extracts below depict prejudice and discrimination (category 4).

Category 4 Discrimination:

Upon deciding to exit prostitution, the group realised that they needed social support. They approached a Catholic priest for help.

“He is the one that advised us to come to CCN and the intention was just to give us food, clothes and so, and then they said, it’s mos council of churches, go there. So we were advised to go to the church people. But it was a process that it took to get here, because there was no one who wanted to work with prostitutes, nobody wanted anything to do with us... They don’t know what a prostitute is, so it actually took a bit of time before Mr Banks gave us a chance. And so ja.”*

Group 1, voice 3

Social prejudice and discrimination prevented the prostitutes who desired to make a lifestyle change from receiving the help they needed.

“It was frustrating, very frustrating. You also did not know what to, what the people actually think of prostitution. So what the people actually thought of prostitutes is, those are rough people, they are dirty, they are people who do not have manners, that is, everything was just the opposite. What the people actually thought of us. The people had all these preconceived ideas of prostitution, they just thought, no, no, no, stay away.”

Group 1, voice3

When society labels an individual, they make no provision for an expiry date (Brock, 1996; Farley, 2006).

“Hmmm. You know you stopped, but you still carry it. You stay with that shikumbu (prostitute in Oshiwambo) and you still stay with it. You don’t... you carry that name for good.”

Group 1, voice3

Society makes no provision for the individual to let go of the labelled role (Scheff, 1966). It often becomes a case of “once labelled always branded”. Thus, labelling perpetuates the stigma (Scheff, 1966) that keeps prostitutes from seeking help. Fuch Ebough (1988) suggests that any ex may find themselves in a state of anomie (see section 2.10) and find that they may have to relearn certain behaviour. Society also has to relearn how they behave towards the individual who is in the process of change with specific emphasis on how they receive the attempts of change (Fuch Ebough, 1988).█

Attempting change without being afforded the opportunity to change may lead the prostitute to experience feelings of helplessness, leading to reduced self-efficacy. If experienced repeatedly, it can develop into full learned helplessness, where the individual completely ceases any attempts at exiting, which further makes an exit impossible. Refer to chapter 2 for a discussion on learned helplessness.

A study by Link and Cullen (1990) found that being part of a group of individuals who are discriminated against also adds to the likelihood of being in the lowest income bracket or being unemployed altogether. Should the reasons for entering prostitution, as cited by the participant’s of the current study, prove to be correct, discrimination may actually lead to increased chances of entering prostitution. CCN is but one organisation that is doing a lot to dispel stigma attached to prostitution. It is clear that much still has to be done to dispel prejudice and discrimination. Discrimination forms an integral part of a prostitution lifestyle. Not only are prostitutes discriminated against by society as a

whole but the police also fail to protect their rights.

“They can’t also keep you in for a long time, like if I get locked up tonight, then I must get out tomorrow morning. They can’t keep me in for more than 24 hours or 48 hours without them opening a case against me. If they find me on the street, they can’t just pick me up, you have to fight and say “I’m sorry”. If the police chase you away from an area and you don’t do that, then they pick you up immediately and lock you up.”

Group 1, voice 1

The authorities have no right to detain prostitutes for the said time and some prostitutes know their rights. However, the police still abuse their power by demanding that prostitutes pay them or offer sexual services free of charge in return for discharge from jail.

“Then I still have to pay 300 dollars. Then if he takes me and locks me up, because I’m a prostitute, I have to pay 300 dollars, then only can I be released.”

Group 1, voice 6

“...you have to 'jump' the police if you want to go out”.

Group 1, voice 4

A study by the LAC (2002) testifies of the same hypocrisy. Many prostitutes are detained without charge and law enforcement officers frequently demand “free sex” in return for discharge or protection (LAC, 2002). In addition, when prostitutes encounter violence, they most often are not able to turn to the police for protection.

“...nothing. You can't also go to the cops. You can't do anything. Then you are locked up. You have no rights”

Group 3, voice 1

“Even if you are sitting in the bar, for example, you go out and the client goes and does that to you (rapes you), then if you go and make a case, then they ask you, now what were you doing outside the bar?”

Group2, voice 2

Discrimination from the authorities is something that many prostitutes have come to expect. However, the participants of this study did not expect to face discrimination from the church community.

“The church also.”[discriminates]

Group1, voice 5

“That day, they held a meeting, when pastor Kris was here, he could've just come to see what his girls were doing there by the container, but no... From so far...”*

Group1, voice 2

“Even if we just get into the car, the windows are opened, because we stink- prostitutes.”

Group1, voice 2

“But they think, because we were prostitutes, we don't know what goes on in the world... But you can mos add something, you stay with people mos.”

Group 2, voice 1

The CCN programme aimed at prostitutes' reform makes provision for those individuals who may be vulnerable to entering prostitution and attempts to intervene before these individuals are caught up in prostitution. This, however, is a cause of tension in the CCN group that resulted in division. This division consequently, fuels discrimination within the group.

"... [there is discrimination] in the group itself... there are girls that just out of poverty, or how should I say, out of need, because she has nothing, not because she was a jumper..."

"Now, those girls...and now at the end you have to be discriminated against by those who were not prostitutes, while they brought themselves here, you hear from them, I was not a prostitute, I'm not a prostitute ..."

"What hurts the most, is...there is nothing I'm lying about, there is nothing I'm hiding from anybody. That is my life, and it's that f-up life that brought me up to this point. To make a change to this f*-up life. What hurts me the most is, I, I put myself out there, with my kids and all, I'm the one that went on T.V. I'm the one that told all of Namibia that I'm a prostitute. I got AIDS through prostitution, there I was, pregnant with a spawn of prostitution. And it's me who came out, here in Namibia that I'm a prostitute, until I got known in foreign countries, countries which I don't even know, I am known. But what hurts me the most is, I exposed myself to Namibia, today, it is the people that contributed nothing, that nothing happened to (who were not exposed to a life in prostitution), the life that I tried to make comfortable for me, my type (ex-prostitutes), come and benefit today. The person benefits, then they should stab you in the back still."*

Group 1, voice 3

Discrimination may serve to inhibit successful reform as it qualifies as a lack of social support. A lack of social support makes exit difficult, yet so many individuals find themselves alone and without support from family and friends once they have made the decision to leave prostitution.

“Like now, I don’t have anybody.”

Group 3, voice 4

“Like now, I came to Windhoek when I was nineteen years old, then I started working at a hotel. Now, my family, I didn’t care about my family. Then I was looking for somebody to stay with, so I called my sister, and she said, no go, you didn’t know us when you were dragging our family name in the mud. And then I got married... Now I’m sitting all alone with six children in the middle of nowhere.”

Group 3, voice 5

The participant’s behaviour as a prostitute led to severed family ties. Although she got married with the hopes of having some sort of support, she finds herself cast out by family and abandoned by her husband. She is left to care for her six children by herself. In the same way many prostitutes find that they have no-one to turn to in the moments that they most need social support. As the accounts below testify, some participants lost their children to death but still had no support from the people close to them.

“They buried her with cookies...With juice and cookies she was buried with...Baby Haven (shelter that houses orphaned and vulnerable children). You make fire and you make food so that the people can eat....When we asked her, can we bury the kid in our traditional manner? From the house, then she said no, It was the people that donated the money so that Gladis should be buried from Baby Haven*

because they are the ones that made it possible for her to be buried.”

Group 1, voice 3

The above statement and the ones following below indicate the need the participants have for social support. Because of a lack of support from family and friends many of these ladies were forced to forgo their traditional customs with regards to burial procedures.

█
“Mmmm. There was...these people here in the CCN building. One brought potatoes, one brought tomato sauce, in that way I was able to have a memorial service for my child.... The day of the funeral, she... on my birthday, 24 March, I will not forget that day... The day of the memorial service, she drove to Swakopmund, she, Esther.*

Group 1, voice 4

They often have to rely on the generosity of strangers. The donations made by those at the CCN are well appreciated, however the fact that the programme co-ordinator Esther* did not deem it important to attend the funeral hurts and reminds them that they are without social support. █

█
“It's the same she did with Fabiola's child. Fabiola's* child, eleven, only eleven, without a pastor, without a somebody's what, just us eleven, on a Monday ...”*

Group 1, voice 4

Even though they feel deserted and without support from their families, friends and the larger community, they have each other and continue to support one another. The prostitute who endeavours to break with prostitution may find it too overwhelming to do so alone. Taking the above-mentioned scenario into consideration, the participant would have had to bury her child by herself if she did not

have the support of others who were also attempting to exit prostitution. Aside from the support system they may have, there are more benefits to attempting an exit within a group.

According to Fromm (1973), if any of the prostitutes are automaton conformist they may succumb to the pressure to blend in with the dominant prostitution sub-culture and find it almost impossible to break away. Being part of a group that has as their purpose to exit prostitution may provide the individual with the safety of blending into a group and at the same time reaching their goal of exiting (Fromm, 1973).

In conclusion, social barriers refer to those factors that stem from unsuccessful macro and micro social support. The assortment of social barriers includes ineffective regulating statutes to peer pressure, severed relationships and discrimination. The third category of hindrances is intrinsic barriers and these are outlined below.

5.2.3 Intrinsic Barriers

Some hindrances may be of an intrinsic nature in as much as they emerge from variables which are from within the individual. These intrinsic or psychological variables may negatively influence thought patterns and beliefs which invariably leads to a lack of motivated action, thus also rehabilitative success. The intrinsic barriers include items such as affective responses to trauma, narcotic addictions, ineffective coping mechanisms and low self-efficacy. *Table 5* depict the intrinsic barriers.

Table 5

Intrinsic Barriers

| Category | Intrinsic Barriers |
|----------|--------------------|
| 1 | Low self-esteem |
| 2 | Peer pressure |

| | |
|----|----------------------|
| 3 | Substance dependence |
| 4 | Apathy |
| 5 | Low self-efficacy |
| 6 | Consumerism |
| 7 | Shame |
| 8 | Socialisation |
| 9 | Anxiety |
| 10 | Distrust |
| 11 | Psychopathology |
| 12 | Trauma |

Table 5 reflects the different categories that intrinsic barriers encompass. Each of these are discussed below and examples are provided in the participants' own words.

Category 4 Apathy:

“Yes, Martha Botha, went into prostitution, the year 2002, 28 June. I still remember it very well, because the 29th, was to be our first wedding anniversary. But on 28 June I was dropped off by three cars, by the white people, at Melissa Steward’s* house... we don’t want your child anymore before we kill her...my marriage fell apart... You know, the heartache, the pain it drove me into prostitution... Because I don’t have a house, a car, kids and work anymore. I don’t have any income, I also don’t have a husband, I don’t have children around me, for whom should I care? So, I went into prostitution.”*

Group 1, voice 1

This participant lived for her family. As she lost her husband and children, she sees no value in life and no purpose for her own life. She has lost everything that has given her meaning in life, thus she gives up and acts in an apathetic manner, not caring what happens to her. Frankl (1969) believes that the strongest of human motivations is meaning in life. Without meaning it becomes easy to act apathetically (Frankl, 1969). Apathy can be object-specific i.e. an individual who is not usually apathetic may exhibit signs of apathy toward certain activities such as unprotected sex.

“...Some of them also take the condoms off themselves... I can feel when a condom bursts, and if you

tell him the condom burst, get up, get up, then he doesn't want to get up, unless you're strong and manage to push him away. Some of them take the condom off and then they don't want you to bend down, you should, as if you are their wife, lie down. Because then he knows mos, she is a woman and I will overpower her easily."

Group 2, voice 3

"...That man will take out a lot of money and tell you, if I sleep with you without a condom, then you see mos now, without the condom it's probably two thousand dollars, and with the condom it's two hundred dollars, then you look back to your home... and then you take that money mos now. Let me just take that two thousand dollars and then I go home. So a lot of women are lying with that disease."

Group 2, voice 3

The above statement depicts the distrust that the participant feels towards her clients. The lack of negotiating power inherent to the sex in prostitution as well as the fear of contracting a terminal disease through unprotected sex is anxiety provoking. Nonetheless, anxiety is often not enough to affect behaviour change. As aforementioned (see section 5.2.1. extrinsic contributing factors) though many prostitutes often expose themselves to possible HIV infection or violent attacks in the hopes of higher economic returns because of their financial lack. At the same time this gamble with their lives is tinged with a hint of apathy, a giving up on life, which inevitably increases risky behaviour and invariably ensnarement in prostitution. The need to satisfy a basic need such as food or shelter may well be the driving force behind risky behaviour. However, when individuals have little regard for what happens to them it may breed destructive behaviour such as seen above. Although the initial driving force to such behaviour is extrinsic (see section 5.2.) i.e. the dire economic need, the perpetuating force is psychological and presents itself as apathy. This apathetic attitude may help the individual deal with the shame and discrimination they experience by denying its existence altogether. Although discrimination has legal as well as social implications it is linked to shame which is a psychological aspect, thus there is an impact on the individual's emotions.

"I feel nothing anymore. It's a rhyme. And later you just get, ai... Yes, in the beginning, because it is not you who wants to go there, it's the circumstances that drive you. So in the beginning it hurts a lot. But later you get to just, ai..."

Group 1, voice 1

"In the beginning it was very strange and I was very shy. Because people now know us mos, and when people know who you are then they want to discriminate against you. I was very shy. I was very shy and yah, I have to at least drink, if I'm a bit drunk then I felt free, then it was fine."

Group 3, voice 7

When an individual first enters prostitution they may experience cognitive dissonance (see section 2.8.1). It may be difficult to reconcile the idea of selling one's body with one's self-concept. But they

soon find that they have to accept this new self-concept to minimise psychological distress caused by the dissonant tasks required of them in prostitution. However, accepting the redefined self-concept in an attempt to ease cognitive dissonance may set the scene for apathy.

McVerry and Lindop (2005) found that many prostitutes attempt to keep their prostitution activities a secret (category 7) and their lives in fear (category 9) of being discovered by loved ones. The act of living a double life may be immensely taxing on a psychological level (McVerry & Lindop, 2005). Once their secret is out in the open, though, they experience wrath from family.

“I kept it a secret from my side. So the people found out themselves, according to the people I stayed with, they were in prostitution, so they found out that way. Like my dad now, my dad them found me there on the spot. Then they were very angry with me. And then it went like that... It uhm, how can I say? It maybe touched him a lot. Until today he is very angry with me. So that was now 2003, and until now he is very angry, I’m also very shy if I go to him. If I come there, then I maybe just sit for 10 to 20 minutes and then I go because he has that attitude.”

Group 1, voice 1

“Then, I was looking for somebody to stay with, so I called my sister, and she said, no go; you didn’t know us when you were dragging our family name in the mud.”

Group 2, voice 4

“With the boyfriends, my child’s father knew, he’s now the auntie’s sister’s son. He knew, and he just... I guess he just used me probably, while he was using me, I got pregnant. So he said it’s not his, it’s the spawn of the streets...”

Group 3, voice 5

These statements show the negative effects that prostitution has on personal relationships. In the last example the participant's intimate relationship is overcast by a shadow of doubt. Both parties doubt the other's intentions and honesty.

Discrimination usually follows disclosure of the individual's prostitution activities. Since it cannot be staved off, some employ apathy (category 4) in order to cope with it.

“For me it was not a secret, I did not keep it as a secret. For me it was a matter of, up the hill down the drain... What I feel you cannot bear for me. What I carry inside me, I have to carry inside me. The pain and heartache that brought me to that stage you will not be able to make better. No matter what you say.”

Group 1, voice 3

“Discrimination is everywhere. Used to it. Used to it. For me I got used to it, because people can say what they want.”

Group 3, voice 5

Yet, others meet discrimination with feelings of not being able to control the situation and may find themselves overwhelmed by a sense of helplessness.

“But even if I hear... what can I do?”

Group 2, voice 6

The psychological manifestation of discrimination does not end with shame. Discrimination has the real potential to influence the individual's behaviour as seen in a study conducted by Scheff (1966).

Although labelling theory (see section 2.10) was intended to describe the stigma attached to mental illness, the same principles may be applied to prostitution and discrimination. Those individuals who are discriminated against may act in ways that concur with society's prejudgements. Thus, although discrimination is meant to be disapproving of the deviant behaviour, it may be perceived as sustaining or even causing the behaviour (Scheff, 1966). Hence, discrimination may serve to sustain or cause prostitution.

"That I am carrying. I'm carrying it till today. From day one I'm carrying it... Hmmm. You know you stopped, but you still carry it. You stay with that shikumbu (prostitute in Oshiwambo) and you still stay with it. You don't (rid yourself of it), you carry that name."

Group 1, voice 1

Even if one acclimatises after a while in prostitution the stigma attached to prostitution remains long after exiting. There is not much that can be done although it is painful to be judged and the hopelessness some the participants feel was clearly palpable in the example below. █

"But even if I hear... what can I do?"

Group 2, voice 6

"I was very shy and yah, I had to at least drink, if I'm a bit drunk then I felt free, then it was fine."

Group 3, voice 7

Category 3 Substance Dependence:

As aforementioned, under extrinsic barriers, a higher degree of drug and alcohol abuse has been established among prostitutes (Kuhns, Heide, & Silverman, 1992; el-Bassel et al., 1997; Nadon, Koverola, & Schludermann, 1998; Potterat, Rothenberg, Muth, Darrow, & Phillips-Plummer, 1998).

Many may argue that prostitutes engage in prostitution with the aim of supporting drug and alcohol additions. However, Young et al. (2000) postulate that the initial use of narcotics is to numb the psychological effects of prostitution. The participants of the current study echoed the same sentiment, stating that the original use of drugs and alcohol was solely to afford them ‘liquid courage’ and that it was the only manner in which they could tolerate the violence that is inherent to prostitution.

Regardless of the reasons for drug use, it may lead to drug addiction, which may ensnare the individual further in a cycle of prostitution and greater drug addiction. Drug addiction may hinder prostitutes from making the necessary adjustments that may bring about positive permanent lifestyle changes such as choosing friends with positive influence or even adhering to treatment plans.

From the accounts of the participants it was clear that many struggle with the use or abuse of drugs and alcohol for various reasons.

“...So, my first night was like, I was drugged so I didn’t worry about whether I was coming or going. I was just like, whatever...”

Group 1, voice 3

“God knows as well, it’s the first day that I started smoking, started drinking and the next morning there I was thinking to myself, what did I do?”

Group 2, voice 6

“Yes, sometimes (you are scared). And that will lead you to start taking drugs and all (anything) that you can take, just so that you cannot be scared on the streets.”

Group 3, voice 1

“You have no fear. You have no fear. What comes can come. You also just decide for yourself. You also have your knife and if you are looking for trouble then you will find it. You get all wild and crazy when you are on something ...”

Group 3, voice 1

*Og, you think too much...so you take anything you can get your hands on....tombo**, dagga**,*

*gaaitjies***, *gafif***, *mandrax*, *rocky***, *kaalgat*** and *cigarettes*

Group 3, voice 1

*Note:** indicates the street names for the following narcotics in order of appearance.*

Local homebrew with filling properties, cannabis, heroine, method of smoking crack-cocaine, chrystal-methamphetamines, local homebrew (fatal at times).

The above accounts testify of narcotic use. Most self-medicate with whatever they manage to secure to be able to prostitute themselves, to afford them liquid courage, to counteract the constant fear that they are exposed to in prostitution, as well as to forget or suppress the awful memories. The disadvantage is that no matter what the reasons are for narcotic use, a dependency on drugs or alcohol may force the individual to return to the streets to feed the dependency thus, increasing the chances of remaining bound in prostitution.

“...and I immediately fell into drugs...and I have to drink now, I have to smoke... What now?”

Group 3, voice 1

The majority of the participants of this study admit to considering prostitution a means of getting hold of money easily, but at what cost? Frankl (1969) suggests that once an individual's meaning in life is frustrated or lost it is easily replaced by consumerism (refer to chapter 3).

Category 6 Consumerism:

“And I also saw with the friends, its easy money”

Group 1, voice 3

“So if the girls go out and come back they would have 500, 600 or 700 rands. Not even minutes than the person has so much money. So I also saw mos now how they make money.”

Group 1, voice 3

“You get used to the money.”

Group 3, voice 2

“Sometimes you think, I will not go to the street again, but then you think about the money and you say to yourself just this one time.”

Group 2, voice 1

“Like one friend of mine was a zula boy (Street kid), he got a job from a friend... He found a job, then he left the job. So I asked him, ‘why did you leave the job?’ Then he told me, ‘neh man, that money that I get end of the month, I get in a day. That’s why I left the job’, he told me.”

Group 3, voice 1

The idea of making ‘easy’ money is very seductive and was identified as one of the most prominent pull factors into prostitution by Dodsworth (2000) (see chapter 2). The account below better showcases how an individual succumbs to consumerism at the cost of their values.

“I actually did it because of poverty; I was staying with my grandma on the farm. We had nothing. Then it was my mother’s brother...he sent me to herd the horses and raped me... I felt so ashamed, how can I say this?... he mos told me... that he would buy me a dress and shoes... I’m so ashamed, what can I say? He slept with me in the river, and after that I waited and waited... I later decided to come to Windhoek to fend for myself.”

Group 2, voice 2

The participant feels dirty for agreeing to have sex with her uncle in return for shoes and a dress. When the uncle does not hold up his end of the deal she feels betrayed. She runs away from home as the rape continues, but on the streets of Windhoek, the only way she believes she can sustain herself is through prostitution. She might have had a genuine need for the items she bartered sex for. However, she was willing to ‘sell her soul’. Fromm (1973) describes a personality type that is highly influenced by material goods. Individuals with this personality type are said to have a hoarding orientation and get their worth as individuals by how much goods they possess (see chapter 3). Frankl (1969) explains this need for material goods as a frustrated will to meaning. The healthy personality will be motivated by finding meaning in life, whereas, the individual whose will to meaning is distorted will have a tendency to hoard. Refer to chapter 3 for more information on Hoarding.

In the example below it becomes clear that at times the decision to engage in prostitution is not always driven by the need for sustenance. There is an element of sustenance but mostly the participant in the extract below is succumbing to peer pressure (category 2).

Category 2 Peer Pressure:

“Sometimes, it’s a thing of you’re staying with a friend, or she asks you to come and stay with her. And as you are staying, she goes out and comes back with money. At the end of the day, the room needs to

be paid, and then the friend will be like, no I can't pay the room myself and the water. Unless you also go with, that's how I got into this thing."

Group 2, voice 3

"Maybe, a friend of yours that stays next to you, went and bought a dress for 300 dollars in Foschini. Then you decide to go there as well. So you can also get money to buy that dress."

Group 3, voice 5

"There by the friends, you see your friends are wearing expensive clothes, it will make you go to the streets so that you can also go and buy those clothes for yourself just like your friends, you also want to look like your friends."

Group 1, voice 2

Peer pressure is a huge contributor to entering prostitution and remaining ensnared (Dodsworth, 2000). Low self-esteem (category 1) may be reflected in a need to belong, which may lead to succumbing to peer pressure (category 2). Conforming or giving in to peer pressure may be explained by automaton conformity as described by Erich Fromm (see chapter 3).

"The mates also talk, no, why don't you also go jump and get your own money, and buy your things. You just want to drink my alcohol and you just want to wear my stuff. You also have to sell your body so you can earn your own money. You can't just use my money. So they pressure you like that."

Group 3, voice 1

“These people have money every day and you wonder how do they have money every day and so you talk.”

Group 3, voice 1

“So it’s peer pressure.”

Group 3, voice 1

The need to belong may compel individuals to behave in a manner that is most likely to earn them recognition with others and was indicated by Fromm (1973) as one of the basic human needs (see chapter 3). Social groups may provide individuals with a sense of identity. At times the need to belong is so overpowering that the individual may relinquish their own individuality (Fromm, 1973). The prostitute who has a desperate need to belong may engage in repulsive behaviour if it earns them recognition or identity within the group. However, Fromm argues that this ‘false identity’ gained from the group is often insufficient in satisfying the need for identity.

“For me it was like, look, I mos actually did not belong here. I was living in Walvis Bay, and from Walvis Bay I got married and I was staying in Maltahöhe, and here I actually did not have any friends. But then when I came to my mom’s house, I met friends that were already on the streets, and so I got mixed up with them....and I immediately fell into drugs...and I have to drink now, I have to smoke... What now?”

Group 3, voice 1

The need to belong to this social group led this participant to engage in activities that were not necessarily reflective of her. She allowed herself to be enveloped by the group and soon enough she was unable to break free.

Losing oneself within the social group happens quite easily as the group teaches the individual the rules of engagement (category 8). Prostitution is heavily laced with violence, thus a crash course in safety measures habitually accompanies inauguration or the inception of a life in prostitution (McVerry & Lindop, 2005). Mostly the prostitute is indoctrinated in the ways of the streets, which usually includes vigilance and distrust as survival mechanisms. Not adhering to the advice given by veteran prostitutes may have dire consequences as seen in section (5.2.2 social barriers) on socialisation. Learning to adapt to the new rules of conduct within the prostitution sub-culture ensures survival on both a physical and psychological level as determined by McVerry and Lindop (2005). However, constant vigilance and distrust is underscored by a factor of anxiety (category 9 and 10).

“You don’t know who your customers are, it can be a murderer or a drug addict... and that is why you... there are small things that you have to notice mwhen you are on the street.”

Group 2, voice 2

The anxiety levels of prostitutes is of such magnitude that even being in a state of intoxication does very little to alleviate it. The individual remains scared and hyper vigilant even though they attempt to numb the feelings with drugs and alcohol.

“Definitely, if you get onto the car then you are scared. You don’t know ... Because you don’t know who the person is or what the person’s motive is. So you are scared. You can be so drunk or drugged but scared you are scared. You are on the “look out”. You just expect the impossible.”

Group 3, voice 2

Interpersonal violence abounds in prostitution and is often to be expected from clients as well as from other prostitutes.

But they themselves that you entrust your money to, rob you. So I decided, no they can be my friends or

whatever, I'm keeping my money with me..."

Group 2, voice 2

Incessantly expecting any form of interpersonal violence leads to not trusting anyone. In fact distrust is one of the first socialisation lessons when an individual initially enters a life of prostitution. This was discussed under social barriers. Although this distrust is employed to ensure personal safety on the street, it may breed suspicion and anxious living, which qualifies as stress and burden.

"With a glass of water, or a bottle of wine that my girlfriend offers me... No, I may not (trust), at all. I can't even if I drink a beer and a client comes, go and do my thing, come back and drink that same beer. No you do not know who put what in that beer while I was gone."

Group 1, voice 3

"Even if you get into a car, you don't sit up straight like this. He'll push you off."

Group 3, voice 6

"He blind folds you, so you cannot see where he is taking you. So, that makes it even more dangerous."

Group 1, voice 2

In the prostitution sub-culture where interpersonal violence is readily accepted as an integral part of life in prostitution this sort of violence is a common occurrence and may contribute to psychological distress. When the topic turns to violence there are numerous accounts of traumatising experiences (category 12). These range from tales of being drugged, held at gun point to being thrown off moving vehicles and murder. |

"The worst that happened to me was, two drug addicts, I will never forget them. They picked me up...And when we got there, they both decided they don't want my friend it should just be us three....they took my friend back. And then they came, now, so they were using, so they were smoking dagga and they are injecting themselves with cocaine and forced me to also do it... These two men decide now, they have to sleep with me at the same time...That was like the worst thing, I was really

scared.”

Group 1, voice 5

“I went through a lot.... and Suzie was like the worst for me. (Shows signs of distress). I am really not in the mood of talking about that now.... It’s painful to think about that. Then I just become so angry. It feels to me that I can just tear Esther apart. To have gone through all of that stuff neh ... And then I still have to go to jail for this.”*

Group 1, voice 3

“It’s the snake. It’s a snake that satisfies the man and then it comes and licks you and then so the man satisfies himself. You undress yourself and then you sit like this on a chair. So the snake comes out and it sits on you. It’s a big snake. It’s a python... So you are also scared of the snake. You may not move. While you’re sitting like this it comes and licks you on your face.”

Group 1, voice 2

“Sometimes you are taken out of the city, then they undress you and leave you naked. And then you have to come walk by yourself.”

Group 3, voice 4

“Yes, sometimes while the car is driving, then you are being thrown out. Yes, sometimes (you are scared). And that will lead you to start taking drugs and all that is that you can take, just so that you cannot be scared on the streets.”

Group 1, voice 2

“For me when I went to the streets once, neh, I didn’t know the street and so I went. The man takes out his gun and says, yes, yes, yes, yes, yes, (inaudible). All I could think was I don’t know these things, Lord, you are scared and still you come here. I went home, sat still and I had 300 dollars in my pocket. My daughter was like, mom, and I’m just like, no, no, leave me alone! Mommy, ahaa, no, the ears closed. I was probably under too much shock that day. Etse, hooooo! I can’t believe I went through something like that, yah. I just thought, etse, I can’t. It’s a danger.”

Group 3, voice 1

Overwhelmingly distressing events that lead to threatened or real death or grave harm such as rape, war (APA, 1994) and prostitution (Farley et al., 1998) may bring on psychological symptoms of PTSD. The individual is susceptible to developing PTSD even when the stressor is not necessarily experienced directly. Witnessing an event or hearing of an event that brings about death, injury or a danger to another (friend, family or other close associate), may trigger PTSD (APA, 1994). The above accounts testify of harrowing experiences. Unfortunately, events of this kind are common place in prostitution and have even come to be expected. It stands to reason then that those involved in prostitution are at higher risk of developing PTSD. Voice 3 in group 1 showed visible signs of post-traumatic stress when the python tale was recounted. It was evident that she was reliving the moment. She however, quickly resorts to anger to mask the uncomfortable feelings she experiences. Existentialists believe that this denying of the self may over time lead to total alienation from the self (May, 1979).

Category 12 Trauma:

“There was this day, that night that a woman was killed I was also on the spot. Mabula.. Hmhhh, what is the woman’s name.... Sana? Mm, Melanie, from Mariental, she was a quiet person, she was not a person that should have been killed. She never, she wasn’t as naughty like we were sometimes. We

sometimes took money from the men and ran, so she was, she was honest with them, the time that she was picked up, we had smoked the last cigarette together. Then she was picked up and I walked off. The next day I heard that she was dead. That was it for me.”

Group 2, voice 6

Mansson and Hedin (1999), propose that every prostitute that attempts to exit from prostitution experiences some sort of event that marks the turning point for them. This turning point, namely the critical incident may be positive or negative (Mansson & Hedin, 1999). The above-mentioned traumatic events served as the turning point for most. In the example cited above, the death of a close associate triggered this participant to question her own safety. The murder of all the women mentioned here was the work of a man suspected to be a serial killer (Menges, 2008). He was dubbed the B1 butcher as he disposed of his victims severed body parts on the B1 route that links all major cities in Namibia (Menges, 2008). The terror and anxiety was heightened among prostitute circles as all the women killed were said to be prostitutes. This is what spurred the participants of this study to attempt an exit from prostitution.

A group of prostitutes approached the CCN for help in exiting the prostitution lifestyle. The CCN set up an informal rehabilitation programme for prostitutes. In the beginning the programme provided a sense of community, caring and sharing. At the time of the research though there was a change of management and the programme underwent a few alterations, which were the cause of contention.

“...because that person went through trouble for us.... That time we knew about sharing. We shared whatever little we had, we shared. Now ... Now, it's really bad...”

Group 3, voice 4

“feel like, the program that was suppose to help is not helping at all..Haa-aa (no) it’s taking you back to the, back to the streets, mm. We feel betrayed, betrayed by the people, neh...how this whole thing was done... the change...We are not seen at all, considered. They just use us...parade us for donations. Donations we don’t even see...”

Group 2, voice 1

The feeling of community between the group members is no more because each individual only looks out for themselves. In-fighting within the group is rampant. The participants expressed dismay at the current management of the programme. Many felt that in prostitution they were used for sex. Now as they attempt to exit prostitution, they feel as if they are being used by the programme co-ordinator to generate capital for the programme. Donations are made to the programme, but the participants of this study felt that they did not benefit from these donations.

The extracts below reflect the vast array of emotions that the participants of this study expressed. Some of these emotions may be indicative of various psychopathologies (category 11).

Category 11 Psychopathology:

“Now, I don’t know ... We had a future, but the future is dark now... Now we have nothing.”

Group 2, voice 6

“You feel like just lying in bed, and you don’t feel like getting up, then the kid will be like, mama I’m hungry and all you want to do is pull the covers over your head.”

Group 1, voice 4

No vision and no hope for the future is a predictor in depression and may contribute to learned helplessness. Many of the participants are despondent, feel listless and have lost interest in life. Most of the time, they do not feel like getting up in the morning. All of these above-mentioned symptoms may allude to depression.

“betrayal...even the other girls for turning on me. ”

“I love them, not angry with them. And I’m not angry with them. I love them, But from day one I started it as a group, me as I’m sitting here, it’s my duty to get them out of here. I feel that it’s my duty. And I will do my best.”

Group 1, voice 1

This particular participant is the one who originally approached the CCN for help. She feels betrayed by the group but chooses to forgive and move on as she has made it her life’s purpose to help others break free from a life in prostitution. █

Not all participants experience the personal growth depicted by the example above. There are those participants who despite receiving help, do not manage to make positive lifestyle changes.

“To give us bible studies a lot more, and in weekends take us for walks, because weekends if we have nothing to do and we start going to the streets then we can’t successfully leave prostitution.”

Group 3, voice 5

“At least you will be gone from the house from morning up to the afternoon, and when you get home, then you are tired.”

Group 1, voice 4

In section 5.2.1 the example cited above represented an extrinsic barrier. However, the train of thought

behind these words reveal an intrinsic barrier. The participants, just like those who grew up in peasant families, expect to receive. While training was provided, the participants expect to be given more and not attempt to help themselves. They have adopted a position of helplessness and have no intrinsic motivation (i.e. they employ an external locus of control, see chapter 2) and expect to be motivated by external factors. This mind set is flawed and dangerous as the individual may miss the value of what they have received. More gravely though, if the prostitute relies solely on external motivators, they are bound to fail, should external help cease. An external locus of control is a major contributor to learned helplessness (Seligman, 1972). The participants have to reach a point where they are able to apply intrinsic motivation if their efforts toward exiting prostitution are to be successful.

There is also an element of needing to replace the emptiness the participants feel when they are alone. They, however, need to learn to be comfortable with themselves, not overindulge in alcohol. Refraining from any contact with other prostitutes, who might influence them in going back to the streets, can increase their chances of a successful exit from prostitution.

Intrinsic barriers refer to the psychological states that may hinder a successful exit from prostitution, while psychological resources refer to the assets that may promote reform. Resources include self-efficacy beliefs, creativity, the ability to dream, and find purpose and meaning in life. The psychological resources aid in overcoming or counteracting the psychological barriers. Intrinsic or psychological factors are the best predictors of success when an individual desires to make an exit from prostitution (Mansson & Hedin, 1999). If an individual is psychologically resilient they will have the strength to persevere in the face of physical and social constraints and transcend undesirable circumstances.

5.2.4 Summary of extrinsic, social and intrinsic hindrances

The findings with regards to barriers to rehabilitation are summarised in table form below.

Table 6

Summary of Extrinsic, Social and Intrinsic Hindrances

| Extrinsic Barriers | Social Barriers | Intrinsic Barriers |
|--|--|---------------------------|
| Economic lack | Family breakdown (micro support system) | Low self-esteem |
| Unsafe living conditions | Peer pressure (micro support system) | Peer pressure |
| Physical health and somatic conditions | Socialisation (macro support system) | Apathy |
| Unemployment | Discrimination (macro support system) | Low self-efficacy |

Table 6 (continued)

| Extrinsic Barriers | Social Barriers | Intrinsic Barriers |
|---------------------------------------|------------------------|---------------------------|
| Structure of rehabilitation programme | | Consumerism |
| | | Shame |
| | | Socialisation |
| | | Anxiety |
| | | Distrust |
| | | Psychopathology |
| | | Trauma |

The term 'extrinsic barriers', refers to the physical and environmental factors that could act as obstacles to successful rehabilitation of prostitutes. The extrinsic barriers comprise of factors such as economic lack, unsafe living conditions, physical health and somatic complaints, unemployment conditions, structure of rehabilitation programme and low levels of education. The need to meet basic needs such as food and shelter, act as a pull factors (Dodsworth, 2000; Saphira & Herbert, 2004) back into a prostitution lifestyle. Mansson and Hedin (1999) found that women who attempted leaving prostitution in the mid 1980's were able to do so successfully because their structural needs were met almost immediately after the exit. They were provided with housing and jobs. However, the women who attempted an exit in the 1990's were not provided with these structural necessities and found a successful exit from prostitution more challenging. The above-mentioned illustrates the important role extrinsic barriers play in ensnarement in prostitution.

However, exiting prostitution occurs within a social setting, thus, it is vital to consider the social support the individual attempting an exit has at their disposal. The social setting may increase or thwart the individual's rehabilitation from prostitution (Mansson & Hedin, 1999). Social barriers are any obstacles that result from the individual's social environment and these may include family breakdown, peer pressure, socialisation, and discrimination. Mansson and Hedin (1999) found, relationships with intimate partners, parents and children to be of vital importance. In some instances the existence of these relationships served as a propellant into prostitution. In other instances these relationships inspired the individual to make a break with the prostitution lifestyle. Some partners and parents or guardians may have coerced the individual to prostitute themselves. However, these relationships could also be a source of strength and support for the individual attempting an exit from prostitution. When relationships are severed the individual's social support diminishes, thus, also diminishing their chances of a successful exit from prostitution.

Although social support is vital, psychological resources may be even more important. Some hindrances may be of an intrinsic nature in as much as they emerge from variables which are from within the individual. These intrinsic or psychological variables may negatively influence thought patterns and beliefs which invariably leads to a lack of motivated action, thus also rehabilitative success. The intrinsic barriers include items such as narcotic addictions, ineffective coping mechanisms, low self-esteem, peer pressure, apathy, low self-efficacy, consumerism, shame, socialisation, anxiety, distrust, psychopathology e.g. depression, anxiety, DID and PTSD, trauma that brings about the psychopathology e.g. violence. Prostitutes often employ psychological defence tactics to preserve their integrity (Mansson & Hedin, 1999). Shutting-off feelings, thinking about other things, reserving certain body parts from clients and cheating clients are some of the tactics used. Yet, these tactics may have devastating long-term consequences such as shattered sex life and constant negative emotions.

The barriers to successful rehabilitation from prostitution identified were basic needs, child support, unemployment, molestation and childhood sexual abuse, family breakdown, peer pressure, socialisation, discrimination, distrust and constant vigilance, trauma, narcotic addictions, ineffective coping mechanisms and low self-efficacy. These barriers all fit into three different categories namely, extrinsic, social and intrinsic barriers as summarised in *Table 6*.

To answer the sub-question regarding the extent of prostitutes' self-perceived distress and burden, the GHQ-28, MAQ, and BRQ were utilised. The results are presented in tables, followed by a discussion.

5.3 Quantitative Results

In the previous section the barriers were presented with regards to the identified categories. These were derived from the qualitative data generated. This section delineates the quantitative results from the

questionnaires. The quantitative data was obtained from the following questionnaires: General Health Questionnaire-28 (GHQ-28), Measure of Attachment Qualities (MAQ), General Self-Efficacy (GSESH) and the Barriers to Rehabilitation Questionnaire (BRQ). The results were obtained by scoring the individual test measures. Note, however, that these results hold no statistical value as they were not analysed in a quantitative manner.

5.3.1 GHQ-28

The GHQ-28 was utilised to assess anxiety, depression and somatisation. The results are provided below in *Table 7*:

Table 7

General Health Questionnaire-28

| General Health Questionnaire 28 | | | |
|---|------------|-----------|----------|
| Have you recently | YES | NO | % |
| 1. Been feeling perfectly well and in good health? | ll | lllllll | 75% |
| 2. Been feeling in need of a good tonic? | lllllll | ll | 75% |
| 3. Been feeling run down and out of sorts? | llllllll | I | 87.5% |
| | | | |

Table 7 (continued)

| General Health Questionnaire 28 | | | |
|--|--|--|--|
| | | | |

| Have you recently | YES | NO | % |
|--|----------|----|-------|
| 4. Felt that you are ill? | IIIIII | 1 | 87.5% |
| 5. Been getting any pains in your head? | IIIIII | II | 75% |
| 6. Been getting a feeling of tightness or pressure in your head? | IIIIII | II | 75% |
| 7. Been having hot or cold spells? | IIIIII | II | 75% |
| 8. Lost much sleep over worry? | IIIIII | 1 | 87.5% |
| 9. Had difficulty in staying asleep once you are off? | IIIIII | 1 | 87.5% |
| 10. Felt constantly under strain? | IIIIII | 1 | 87.5% |
| 11. Been getting edgy and bad-tempered? | IIIIII | II | 75% |
| 12. Been getting scared or panicky for no good reason? | | II | 75% |
| 13. Found everything getting on top of you? | IIIIII | 1 | 87.5% |
| 14. Been feeling nervous and strung-up all the time? | IIIIII | 1 | 87.5% |
| 15. Been managing to keep yourself busy and occupied? | IIIIIIII | | 100% |

Table 7 (continued)

| General Health Questionnaire 28 | | | |
|---|--------|--------|-------|
| Have you recently | YES | NO | % |
| 16. Been taking longer over the things you do? | IIIIII | 1 | 87.5% |
| 17. Felt on the whole you were doing things well? | 1 | IIIIII | 87.5% |
| 18. Been satisfied with the way you've carried out your task? | II | IIIIII | 75% |
| 19. Felt that you are playing a useful part in things? | II | IIIIII | 75% |

| | | | |
|---|---------|------|-------|
| 20. Felt capable of making decisions about things? | IIIIIII | I | 87.5% |
| 21. Been able to enjoy your normal day-to-day activities? | IIII | IIII | 50% |
| 22. Been thinking of yourself as a worthless person? | IIIIII | II | 75% |
| 23. Felt that life is entirely hopeless? | IIII | III | 62.5% |
| 24. Felt that life isn't worth living? | IIIIII | II | 75% |
| 25. Thought of the possibility that you might make away with yourself? | IIII | III | 62.5% |

Table 7 (continued)

| General Health Questionnaire 28 | | | |
|--|------------|-----------|----------|
| Have you recently | YES | NO | % |
| 26. Found at times you couldn't do anything because your nerves were too bad? | IIII | III | 62.5% |
| 27. Found yourself wishing you were dead and away from it all? | IIII | III | 62.5% |
| 28. Found that the idea of taking your own life kept coming into your mind? | IIIIII | II | 75% |

From the results of the GHQ-28 it is clear that the majority of participants experienced depression, anxiety as well as the associated somatic complaints. The reported symptoms include losing sleep due to worry and or interrupted sleep, constant strain, over-sensitivity, bad-temper, unexplained fear and panic as well as nervousness that impeded performance. The somatic symptoms include headaches or a

pressurised sensation in the head and lethargy. Many of the participants experienced a reduction in self-efficacy and did not feel that they played a useful part in things, experienced a loss of meaning in life and a loss of interest in previously enjoyed activities. Feelings of worthlessness and hopelessness overwhelmed the participants to the point where they contemplated suicide.

The above-mentioned symptoms are indicative of anxiety, depression as well as somatisation. These results paint a picture of heavy psychological burden. More than 50% of the participants suffer all of the investigated symptoms related to depression and anxiety. The somatic symptoms that are coupled with these psychological disorders also received high scores. Thus, it may be concluded that life as a prostitute impacts the individual's psychological well-being negatively.

5.3.2 MAQ

The Measure of Attachment Questionnaire was employed to investigate if the participants of the present research study also struggle to form meaningful relationships and attachments as was found by Mansson and Hedin (1999). The results of the Measure of Attachment Qualities are provided below.

Table 8

Measure of attachment qualities

| Measure of Attachment Questionnaire | SD | D | A | SA |
|--|-----------|----------|----------|-----------|
| 1. When I'm close to someone, it gives me a sense of comfort about life in general. | | | | |
| 2. I often worry that my partner doesn't really love me. | | | | |
| 3. I have trouble getting others to be as close as I want them to be. | | | | |

Table 8 (continued)

| Measure of Attachment Questionnaire | SD | D | A | SA |
|---|----|-----|------|--------|
| | | | | |
| 4. I find it easy to be close to others. | | II | II | IIII |
| 5. I often worry my partner will not want to stay with me. | | II | I | IIIII |
| 6. Others want me to be more intimate than I feel comfortable being. | | | IIII | IIII |
| 7. It feels relaxing and good to be close to someone. | I | | II | IIIII |
| 8. I am very comfortable being close to others. | I | | I | IIIIII |
| 9. I don't worry about others abandoning me. | I | III | II | II |
| 10. My desire to merge sometimes scares people away. | II | I | | IIIII |
| 11. I prefer not to be too close to others. | II | II | III | I |
| 12. I find others are reluctant to get as close as I would like. | | | III | IIIII |
| 13. I get uncomfortable when someone wants to be very close. | I | I | III | IIII |
| 14. Being close to someone gives me a source of strength for other activities. | | I | | IIIIII |

The Measure of Attachment Qualities was employed to investigate if the participants of the present research study also struggled to form meaningful relationships and attachments as was found by Mansson and Hedin (1999). Often prostitutes engage in tasks that are inherent to prostitution but in opposition to their self concepts (McVerry & Lindop, 2005). These dissonant tasks may lead to blunted emotions in an attempt at preserving the individual's psychological health, while fulfilling the demands

placed upon them. Furthermore, the rules of conduct in the prostitution sub-culture e.g. distrust are vital for survival but may act to alienate the individual from others (McVerry & Lindop, 2005). According to Fromm (1973), alienation from others is one of the basic fears that human kind experiences. As indicated by the results of the MAQ above, a majority of participants indicated the need for intimate relationships as these relationships prove to be a source of strength and comfort to them. Although close relationships may bring about relaxation, the majority of participants were reluctant to form intimate relationships and often worried that their partners do not really love them. The participants found themselves wishing people would dare to know them intimately yet feared being too close to them. Unwarranted fears of being abandoned by partners were also expressed. The conclusion is that, a prostitution lifestyle negatively affects the individual's ability to form meaningful attachments to other people.

5.3.3 GSESH

Self-efficacy is the belief that one can deliver the required effects and prevent undesired effects by one's own actions (Bandura, 2000). Self-efficacy promotes the motivation to act whereas a lack of self-efficacy results in little incentive to act.

Table 9 depicts the participants' levels of self-efficacy as assessed by the GSESH.

Table 9

General self-efficacy Scale

| General Self-Efficacy Scale – Sherer | SD | D | A | SA |
|--|----|------|-----|------|
| 1. If something looks too complicated, I will not even bother to try it. | I | IIII | I | II |
| 2. I avoid trying to learn new things when they look too difficult. | I | III | I | III |
| 3. When trying something new, I soon give up if I am not initially successful. | II | III | | III |
| 4. When I make plans, I am certain I can make them work. | | II | II | IIII |
| 5. If I can't do a job the first time, I keep trying until I can. | | II | III | III |

Table 9 (continued)

General self-efficacy Scale

| General Self-Efficacy Scale – Sherer | SD | D | A | SA |
|---|----|----|------|--------|
| 6. When I have something unpleasant to do, I stick to it until I finish it. | I | II | III | II |
| 7. When I decide to do something, I go right to work on it. | | I | III | IIII |
| 8. Failure just makes me try harder. | | I | III | IIII |
| 9. I do not seem to be capable of dealing with most problems that come up in my life. | | | II | IIIIII |
| 10. When unexpected problems occur, I don't handle them very well. | | | IIII | III |
| 11. I feel insecure about my ability to do things. | I | I | III | II |

As indicated by the results of the GSESH some participants admitted to not even attempting if they perceived something to be too complicated. At times they actually avoided learning new things when it looks too difficult. On the other end of the spectrum, though, there were those who reported that they

do not give up easily when confronted with challenging tasks. These individuals found that when they make plans, they certainly make them work and were only motivated to try harder when faced with failure. However, all participants believed that when they set important goals for themselves, they rarely achieve them and that they are unable to cope with most of their problems. In fact, the participants admitted to not handling unexpected problems very well. The majority of participants felt insecure about their ability to achieve anything worthwhile. The above-mentioned beliefs reflect lowered self-efficacy beliefs.

The results of the GSESH are indicative of lowered self-efficacy. Although the participants may have the desire to attempt change they do not believe that their attempts will bear any positive fruit (low level of self-determination). They believe that outcomes are not dependent on their input, thus they do not engage fully, leading to diminished efforts, which then in turn may lead to failure. Low self-efficacy may act as a barrier in the quest for reform. Also, attempting an exit and failing numerous times may give rise to low self-efficacy, which is a major contributing factor in learned helplessness.

5.3.4 BRQ

The BRQ was employed to verify if the researcher understood the phenomenon of exiting prostitution as was found during the qualitative stage (focus group discussions).

The results of the Barriers to Rehabilitation Questionnaire are provided in *Table 10*.

Table 10

Barriers to Rehabilitation Questionnaire

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|---|-----------|----------|----------|-----------|-----------|
| | | | | | |
| 1. I always feel vigilant (<i>on guard</i>) | ll | | llllll | | |
| 2. I often feel afraid (<i>scared or anxious</i>) | l | l | llll | ll | |
| 3. I am constantly worried | l | l | lll | lll | |
| 4. I experience a lot of shame and embarrassment | | ll | llll | ll | |
| 5. I often feel stigmatised | | | ll | lllll | |
| 6. I have to accept anything that happens | l | l | lll | lll | |
| 7. My feelings are numbed (<i>I don't feel anything anymore</i>) | ll | l | l | llll | |
| 8. I often feel like no one can help me | l | | lll | llll | |
| 9. I often feel like there is no hope | l | l | lll | ll | l |
| 10. I am angry most of the time | ll | l | lll | ll | |
| 11. I often feel sad | | l | ll | lllll | |
| 12. I often feel desperate | | l | llll | lll | |
| | | | | | |

Table 10 (continued)

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|---|-----------|----------|----------|-----------|-----------|
| | | | | | |
| 13. I am in a state of shock | | llll | lll | l | |
| 14. I often experience feelings of unreality (<i>feelings of emptiness or nothingness</i>) | | l | l | lllll | |
| 15. I often feel suspicious | | ll | lll | lll | |

| | | | | | |
|---|---|---|-------|------|---|
| 16. Violence is a normal part of prostitution | 1 | | IIII | II | 1 |
| 17. I often have no control over anything | 1 | 1 | IIII | II | |
| 18. I often feel humiliated | | 1 | IIIII | II | |
| 19. I often find that I have to use drugs and/or alcohol to forget | 1 | | III | IIII | |
| 20. I often find that I have to use drugs and/or alcohol to be able to prostitute myself | | 1 | IIII | III | |
| 21. I often feel used | | | IIIII | II | |
| 22. Prostitution equals paid rape | | 1 | III | IIII | |
| 23. I feel distant or cut off from people | 1 | | IIIII | 1 | |
| | | | | | |

Table 10 (continued)

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|---|-----------|----------|----------|-----------|-----------|
| | | | | | |
| 24. I feel like I have no dignity | | 1 | | IIIIII | |
| 25. I feel like I am depersonalized (not a human being) | | 1 | III | IIII | |
| 26. I often have unwanted thoughts that do not go away | | | IIIII | III | |
| 27. I often get flashbacks | | 1 | II | IIIII | |
| 28. I often experience nightmares | | | II | IIII | |
| 29. I struggle to fall asleep and/or remain asleep through the night | | 1 | IIII | III | |
| 30. I often have negative thoughts | | | III | IIIII | |
| 31. I find it hard to concentrate | | | III | IIIII | |

| | | | | | |
|---|--|---|-----|---------|--|
| | | | | | |
| 32. I am nervous most of the time | | I | III | IIII | |
| 33. I think of my future as bleak (hopeless) | | | I | IIIIIII | |
| 34. I have no future | | I | III | IIII | |
| 35. I often feel stressed | | | II | IIIIII | |
| | | | | | |

Table 10 (continued)

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|--|----|---|----|---------|-----|
| | | | | | |
| 36. It is difficult to leave prostitution because the original problems (pull factors) still remain | | I | | IIIIIII | |
| 37. I return to the streets because of basic needs (poverty) water, food, shelter | | I | | IIIIIII | |
| 38. Discrimination/stigma makes it difficult for me to find alternative employment | | I | I | IIIIII | |
| 39. Discrimination/stigma makes it difficult for me to have access to health services | I | I | II | IIII | |
| 40. The title 'prostitute' has no expiry date | | | II | IIIIII | 41. |
| 41. An ineffective rehabilitation programme has contributed to my return to prostitution | | I | I | IIIIII | |
| 42. It is difficult adjusting to a lower standard of living once you are used to money | | | II | IIIIII | |
| 43. For me to permanently stay off the streets I need a better coordinated | | I | | IIIIIII | |

| | | | | | |
|--|--|--|-----|------|--|
| and effective rehab programme | | | | | |
| 44. It is important that the rehab programme operates on self-governance principles | | | III | IIII | |

Table 10 (continued)

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|---|-----------|----------|----------|-----------|-----------|
| 45. I want to have a say in the rehab programme that is designed to help me | | I | I | IIII | |
| 46. It is important that a rehab programme that assists me in leaving prostitution should provide in my basic needs, such as food, clothing, and shelter | | | I | IIIIII | |
| 47. Income generating projects (e.g. car wash) are vital in assisting me in leaving prostitution | | | I | IIIIII | |
| 48. I need more recreation/distraction on weekends to stay off the streets | | | II | IIII | 49. |
| 49. Access to health services (ARVs and access to dr. for STDs) is important | | | II | IIII | |
| 50. It is important for me to feel as part of a community | | I | III | III | |
| 51. Support from others is very important | | | II | IIII | |
| 52. I want to be treated fairly | | | I | IIIIII | |

Table 10 (continued)

| Barriers to Rehabilitation Questionnaire | SD | D | A | SA | Un |
|---|-----------|----------|----------|-----------|-----------|
|---|-----------|----------|----------|-----------|-----------|

| | | | | | |
|---|--|---|-----|----------|------|
| | | | | | |
| 53. Education is important in helping me to start a new life | | 1 | II | IIIII | |
| 54. Training without a starter pack to start up a business is not enough | | | | IIIIIIII | |
| 55. I need psychological help for addictions | | 1 | II | IIIII | |
| 56. I am in need of counselling | | | II | IIIIII | 50. |
| 57. I am easily startled or feeling jumpy often | | | III | IIIII | |
| 58. The future seems vague and uncertain to me | | 1 | II | IIIII | |
| 59. The decision to become a prostitute was influenced by my experiences of sexual abuse during my childhood | | 1 | 1 | IIIIII | |
| 60. The benefits to prostitution outweighs the disadvantages | | | II | 1 | IIII |
| | | | | | |

In focus group discussions the participants were asked regarding their experiences in prostitution as well as the obstacles they consider as hindrances to breaking with prostitution. The answers that participants gave on the BRQ, as seen above, were used to verify the researcher's understanding of the difficulties experienced by individuals exiting prostitution.

Furthermore, gathering from the results of the BRQ, it is evident that the researcher managed to capture the essence of what was said during the focus group discussions. Three (3) of the participants in the quantitative phase did not initially form part of the focus groups. The fact that they also reiterated the same sentiments as the sample that participated in the focus group discussions could be indicative of how widely these views are held. However, more extensive research is needed to ascertain how widely the views on the BRQ are held within prostitute communities.

The question remains, why do some individuals manage to free themselves from prostitution while others remain ensnared? These differences may lie in personal dispositions. Fromm (1973) suggests the

manner in which individuals are raised play a major role in their personal dispositions. Those individuals who are more probable to be involved in prostitution most likely originate from rich symbiotic families (where there is an abundance of assets and the individual is not obliged to work hard). Alternatively the individual may stem from an authoritarian withdrawing family (where financial need breeds a lack of concern, yet noncompliance is brutally punished).

Those individuals who are raised in withdrawing families become tremendously ambitious in attaining success (whatever their culture's definition of success is). This sort of family promotes internalised destructiveness as a form of escape from freedom (see section 3.5.2). When the appropriate conditions are presented, destructive behaviour is evidenced. Prostitution is a form of internalised destructiveness.

The individual who grows up in a withdrawing family and possesses destructive qualities combined with a hoarding personality orientation find their value in the amount of goods they possess. These individuals may find that their overriding desire to obtain goods may lead them to prostitute themselves. When coupled with an inwardly directed destructive nature the individual may not care for their physical and psychological integrity (McVerry & Lindop, 2005). Throwing caution to the wind they may engage in prostitution. |

The other set of individuals most likely to engage in prostitution are those who grow up without proper parental guidance. This type of family set-up usually promotes automaton conformity as an escape from freedom. The fear of their separateness may lead the individual to eliminate separateness entirely by yielding themselves to be ruled by others (e.g. pimp, clients or a group of prostitutes). A successful exit from prostitution is almost improbable for the automaton conformist unless the exit is attempted in a group. This scenario feeds the individual's need to find their identity within a group and at the same time enables them to reach the goal of exiting prostitution. Destructive tendencies are also responsible

for apathy that may lead to rampant drug use and unsafe sex practises, which as afore-mentioned inhibits effective rehabilitation.

It could be argued that without the socioeconomic means to carve out a new life for themselves many individuals are doomed to live the same impoverished lives their elders lived before them. However, the same dissolute circumstances rightly utilised may propel individuals to reach heights higher than thought possible. Frankl (1969) would argue that horrid circumstances have produced successful professionals who stem from extremely poor backgrounds. Wishing to be in a better economic situation the individual may strive to make a better living for themselves and succeed, thus transcending the daily challenges of poverty. According to Frankl (1969) the truly transcended personality will use their brokenness to give back to others who find themselves in the same position they managed to transcend. The following narrative is the perfect example of a human spirit that triumphs against all odds.

Martha* may have lost her husband and children, which was the motivation for entering prostitution. Once in prostitution her losses continue. She loses her health to HIV, those children born in prostitution to death and her dignity when she goes public about being a prostitute and seeking help. However, she is able to overcome all these challenges as she has made it her life's mission to help individuals who have endured the same challenges that she did. Thus, she leads a group of prostitutes to the CCN and approaches them for help. She now finds meaning and hope in the thought that her life's story could impact other people, who were due to walk the same path, positively.

5.4 Conclusion

Societal influences or the environment may have set the scene for entering prostitution. As can be seen from the participants' accounts (see chapter 5), sexual abuse, neglect, a lack of parental guidance, economic constraints and inwardly directed destructiveness may have seduced the individual into a prostitution lifestyle. The violence entrenched in prostitution may lead to psychological sequelae. Both the qualitative and quantitative results of this study are indicative of heavy psychological burden, including lowered self-efficacy, depression, anxiety, learned helplessness and addictions. Due to the socialisation in prostitution many of the participants suffer attachment difficulty, which may render already scarce support systems ineffective. Furthermore certain personal dispositions may further complicate successful exit.

Straightforward determinism would relinquish the participants of the current study to living without the hope of emerging from a prostitution lifestyle. However, existentialists believe that the human spirit is designed to triumph or transcend any difficulty or challenge imposed on them (Meyer et al., 2003).

The central construct held by all existentialists is the freedom of choice (Meyer et al., 2003). An individual always has the freedom to choose spiritual enrichment, to choose actions that lead to personal growth. Every action comes about as a result of conscious choice. The implication is, thus, that there are at least two divergent manners in which an individual may act- one leading to further ensnarement and the other being a stepping stone into a possibly spiritually richer existence (Frankl, 1969). For example, when faced with the real threat of possible starvation when leaving prostitution the participants of the current research study chose to leave. This choice is the one that in Frankl's opinion leads to spiritual enrichment. However, this one choice does not imply that they will not hunger or be tempted to return to the streets in an attempt to ensure basic survival. Again the temptation to give in and return to prostitution presents another opportunity for choosing an action that will further contribute to rehabilitative success or the lack thereof. Some may choose to return while others may

choose to drink tombo to fill their hunger. Alas, drinking tombo has the added disadvantage of being under the influence of narcotics. In an intoxicated state the individual may be more susceptible to being swayed into making the wrong choices. Yet, other participants might choose to find meaning even in their suffering. These participants are the ones who have a higher chance of exiting prostitution successfully.

5.5 Chapter summary

In this chapter the results of the present study were provided and discussed. Firstly the barriers with regards to the identified categories are presented alongside an integrated discussion. Secondly the results from the questionnaires (GHQ 28, MAQ, GSES, BRQ) were delineated. Lastly an integrated discussion of the findings concluded the chapter.

CHAPTER 6

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The main findings of the present study are summarised in this chapter, followed by recommendations for future studies. A critical review of the study is also provided.

6.1 MAIN FINDINGS

The main findings of the present study are summarised with regards to the actual procedure that was followed when conducting the research. Thus, findings are presented with respect to the focus group

discussion, the Barriers to Rehabilitation Questionnaire, General Health Questionnaire-28, General Self-Efficacy and the Measure of Attachment Qualities. The findings on these different research tools and their implications for the Namibian context will be presented.

6.1.1 Findings with regard to the focus group discussions

Focus group discussions were conducted with three (3) different groups each consisting of six (6), six (6) and seven (7) members respectively. The recorded focus group discussions were transcribed and analysed using the interpretive phenomenological analysis, after which the data was organised with the aid of ATLAS.ti. The process resulted in three (3) categories of barriers echoing previous research findings. The three (3) domains identified as the main barriers are: (1) Extrinsic Barriers (2) Social Barriers and (3) Intrinsic Barriers.

The material attained through the focus group discussions was then converted into the Barriers to Rehabilitation Questionnaire (BRQ) that could be administered to more individuals involved in prostitution to further ascertain its substance. The wording of the items on the BRQ was based as far as possible on the actual wording used by the research participants. The BRQ was then administered to a group of 8 participants who formerly engaged in prostitution but were seeking to leave prostitution.

6.1.2 Findings with regard to the Barriers to Rehabilitation Questionnaire

Out of the sixty (60) items on the BRQ, forty six (46) fall in the intrinsic category, which represents the emotional or psychological barriers. Thus, it could be concluded that the intrinsic barriers are a huge contributing factor to failure, in the quest for reform from prostitution. The above-mentioned is consistent with findings from a study conducted by Mansson and Hedin (1999) that states that when an individual attempts to break free from prostitution, the most determining factors are intrinsic in nature.

6.1.3 Findings with regard to the General Health Questionnaire-28

From the results of the GHQ-28 it is clear that the majority of participants experienced depression, anxiety as well as the associated somatic complaints. The reported symptoms include losing sleep due to worry and or interrupted sleep, constant strain, over-sensitivity, bad-temper, unexplained fear and panic as well as nervousness that impedes performance. The somatic symptoms include headaches or a pressurised sensation in the head and lethargy. Many experienced a reduction in self efficacy and did not feel that they played a useful part in things. They had lost interest in previously enjoyed activities as well as meaning in life. Feelings of worthlessness coupled with hopelessness overwhelmed many to the point where they contemplated suicide.

The above-mentioned symptoms are indicative of anxiety, depression as well as somatisation.

6.1.4 Findings with regard to the Measure of Attachment Qualities

As indicated by the results of the MAQ (see Appendix G) a majority of participants recognise the need for close or intimate relationships as these relationships prove to be a source of strength and comfort for them. Although close relationships may bring about relaxation, the majority were reluctant to form intimate relationships and often worried that their partners do not really love them. They found themselves wishing others would dare to know them intimately yet feared being too close to them. Many experienced unwarranted fears of being abandoned by their partners.

6.1.5 Findings with regard to the General Self-Efficacy

As indicated by the results of the GSESH some participants admitted to not even attempting if they perceived something to be too complicated and to actually avoiding learning new things when it looks too difficult. On the other end of the spectrum though, there were those who reported that they did not give up easily when confronted with challenging tasks. Those individuals found that when they make plans, they certainly make them work and were only motivated to try harder when faced with failure.

However, all participants believed that when they set important goals for themselves, they rarely achieved them and that they were unable to cope with most of their problems. They found that they could not handle unexpected problems very well. The majority felt insecure about their ability to achieve anything.

These results are indicative of lowered self- efficacy. Although they may have the desire to attempt change they do not believe that their attempts will bear any positive fruit. This doubt in their ability to succeed may lead to diminished efforts, which then may lead to failure.

6.2 SHORTCOMINGS OF THE PRESENT STUDY AND RECOMMENDATIONS

Several shortcomings of the present study need to be acknowledged. Recommendations are made in line with these shortcomings as well as in more general terms.

- The study was intended to be a mixed method study employing both qualitative and

quantitative techniques but due to a low turnout, the data could not be processed in a quantitative manner. The questionnaires were scored according to standard test instructions and conclusions, thus, drawn. In order to verify the extent of psychological distress among the wider prostitute population, the research should be repeated with a much greater sample.

- Due to the ambiguous legal status of prostitution in Namibia it necessitated the research to be conducted only with those individuals to whom the researcher had access. This limited the sample considerably. The problem with a small sample is that it may not be representative of the entire population of prostitutes in Windhoek and thus the findings will not be generalized. The sample was restricted not only in size but also in that all participants were of a Damara-Nama background. It is vital to ascertain if the results would indeed reflect the same situation across all the different cultural and ethnic groups in Namibia. However, being an exploratory study, the findings are still valuable due to the insight it provides into the phenomenon of breaking away from prostitution in Windhoek. Future studies should be conducted with a larger sample inclusive of all racial groups in order to address some shortcomings of the present study.
- It is important that the validation process of the BRQ be embarked upon as the purpose of the present study excluded the validation of the measure. Also the reliability of the BRQ should be explored with aspects such as test re-test reliability.
- No piloting procedures were used in the present study with regards to the development of the BRQ. The generation of the item pool solely relied on the data produced by the focus group discussions.

- The present study relied solely on self-reports, which can limit the information obtained. A more comprehensive data collection process is advocated.

6.3 RECOMMENDATIONS FOR A SUCCESSFUL REHABILITATION PROGRAMME

The secondary aim of the current research was to make recommendations for programmes aimed at reform for prostitutes. The suggestions below are aimed at meeting their most pressing needs. It should, however, be mentioned that the current study excluded the evaluation of the present programme.

As can be gathered from the work above a life in prostitution does not only impact on the individual physically but psychologically as well. Although the reasons that coerced them into prostitution may be of extrinsic, social and at times psychological nature, the extrinsic and social reasons have psychological impact on the individuals who choose to prostitute themselves. Psychotherapy is an essential component of any rehabilitation programme for prostitutes. The experiences in prostitution may be traumatising and therapy is needed for working through this trauma. Apart from addressing psychopathology, psychological services are paramount in restoring the individual's self-efficacy beliefs and meaning in life. As Frankl (1978) postulates, the will to meaning is the strongest motivation of human behaviour. Helping each individual redefine themselves as an ex-prostitute, as they take on new roles and identities and helping them find meaning in this new existence may be what they need to finally propel them out of prostitution.

Working from the frame of reference that only those involved in a prostitution lifestyle can fully grasp the phenomenon of prostitution and the exit thereof, the researcher deemed it appropriate to ask the participants what they regarded as essential elements of any rehabilitation programme aimed at helping

prostitutes. The results are presented in table form below and depict extrinsic social and intrinsic contributing factors to a successful rehabilitation programme.

Table 11

Contributing Factors to Successful Rehabilitation Programme

| |
|--|
| <p>Extrinsic</p> <ul style="list-style-type: none">• Better coordinated programme• Member's right to self-governance should be respected• Members should have a say in programme• Help with basic needs like Food, Clothes access to ARVs and dr. for STDs• More income generating projects (e.g. car wash)• Recreation/distraction/programme run on weekends• Fair treatment for all (statutes in place may help with this)• More Education /Training along with a business starter pack and the right support to manage the business is required |
| <p>Social</p> <ul style="list-style-type: none">• Home visits when one is down to build a feeling of community/extended family• Fair treatment for all (statutes in place may help with this) <p>Recreation/distraction/programme run on weekends (learning to socialise without</p> |

narcotics)

Table 11 (continued)

Contributing Factors to Successful Rehabilitation Programme

Intrinsic

- Psychological help for addictions
- Home visits when one is down to build a feeling of community/extended family
- Fair treatment for all (statutes in place may help with this)
- Member right self-governance respected (will provide sense of ownership of programme thus increasing engagement)

Members should have a say in programme (will know that they matter)

The suggested recommendations covered the three types of barriers expounded upon in chapter 5 namely, extrinsic, social as well as intrinsic.

6.4 A REVIEW OF THE STUDY

The research was conducted with the primary aims of:

- Examining the self perceived obstacles that act as hindrances to breaking with prostitution. Interpersonal violence, economic lack and life-style change were investigated with special emphasis on prostitutes' self-efficacy, in addition to their' self-perceived distress and burden. An additional focus of the study was to determine how the distress experienced by prostitutes is affected by their appraisal of their present-day situation. Lastly, the present study also examined personality characteristics that could have accounted for the lack of self-determination and successful exit from prostitution. Personality batteries were employed to verify and or substantiate the researcher's interpretations of the data.

The secondary aim was:

- To make recommendations for rehabilitation programmes for prostitutes (see section 6.3).

6.4.1 Aspects of the study the researcher found challenging

The majority of the participants of the current study had very low levels of education (see chapter 4, *Table 1*). As the quantitative phase required the participants to have attained a measure of literacy to complete the questionnaires, it posed a difficulty for the researcher. The questionnaires are in English and not all participants are conversant in English. Thus, the researcher and interviewer read each question out loud and clarified it in Afrikaans and Damara/Nama. The questions had to be explained in a neutral manner as not to influence the participants' answers. Having to explain the questions in another language extended the initial time designated to testing.

Another aspect of the research that presented a challenge was the date on which the quantitative data was gathered. It was the end of the month and the majority of the individuals who had originally agreed

to participate in the research had gone to the streets to prostitute themselves. Only eight (8) participants partook in the quantitative phase as opposed to the sixty (60) initially planned for. This greatly limited the use of the quantitative data (see chapter 4).

Furthermore, the researcher's relationship with the participants prior to the current research also presented a challenge. As aforementioned, the CCN group had undergone changes shortly before the research was conducted. The changes were experienced negatively by the participants. Although the parameters of the research had been explained on several occasions the participants still strayed off topic during the focus group discussion. The researcher had the challenge of having to bring the focus of the conversation back to the topic of study.

6.4.2 Aspects of the study that added to its value

From the findings of the current study it is evident that extrinsic as well as social barriers play a major role in influencing the decision to enter prostitution. A significant reduction in prevalence rates may be expected if such barriers to sufficient sustenance and social support are attended to. Furthermore, the findings suggest that street level prostitutes in Windhoek do indeed suffer a host of psychological problems as postulated by Farley et al., (1998), Hughes et al. (2003) and Raymond (1999) that may impact on rehabilitation success (Cwikel et al., 2003; Hughes et al., 2003). Therefore, it is probable that a holistic approach inclusive of psychological intervention may contribute positively to the successful rehabilitation of prostitutes in Windhoek, Namibia. Targeted treatments with specific emphasis on substance abuse, sexual trauma and PTSD should guide intervention for this population (Young et al., 2000).

The development of effective holistic interventions targeted at prostitutes necessitates an understanding

of the act of prostitution, motivation for high risk behaviour as well as the working conditions they are subjected to. Although the laws regulating prostitution in Namibia are ambiguous, prostitutes remain a marginalised and stigmatised sub-population. For this reason many conceal their prostitution activities. However, it is the researcher's belief that the current study provides valuable insight into the lives of those involved in prostitution as well as the negative costs thereof. More rigorous research is required to aid health care professionals and policy makers to understand this population, thus provide adequate interventions. The current research study may serve as a baseline study.

Numerous studies have been conducted on the topic of prostitution in Namibia (Ipinge & Angula, 2000; LAC, 2002; Shangala, 2000); however none of these studies included the psychological impact of a life in prostitution. The current study contributes in this manner as well as to the sparse research conducted in Namibia on the process of prostitutes attempting to leave the sex industry. Finally, the study gives an understanding of prostitute's true psychological states and the researcher anticipates that this knowledge may aid in dispelling the stigma coupled with being a minority group.

6.5 CHAPTER SUMMARY

The main findings of the present study were summarised in this chapter, followed by recommendations for future studies and rehabilitation programmes. A critical review of the study concludes the chapter.

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Appendix A

See PDF.

Appendix B

Council of Churches Namibia (CCN): Consent

Council of Churches CCN Namibia

P. O. Box 95158

Windhoek

To whom it may concern

Re: Permission to Conduct Thesis Research

I, Cynthia Beukes, am a registered psychology master's student at the University of Namibia. I have plans to conduct my thesis on the topic below:

Self-Perceived Obstacles that Hinder Sex Workers in Windhoek to Break with the Sex Industry.

Various researchers have found the barriers to successful rehabilitation to be environmental in nature i.e. marginal living conditions and a lack of support (Family Violence Prevention Fund, 2005; Fuchs, 1988; McIntyre, S, 2002). Mansson et al.,1999 found that in addition to economic hindrances to breaking with the sex industry, internal barriers play a significant role. Some women have internalized the stigma to such a degree that they feel responsible for the victimization (Family Violence Prevention Fund, 2005). In addition to these psychological conditions coupled with the abuse of narcotics minimise their chances to leave the industry (Cwikel et al., 2003; Hughes et al, 2001; Watts & Zimmerman, 2002).

It is the proposed study's objective to investigate the psychological component (mental health component) to sex work rehabilitation, as previous research in

Namibia excludes a psychological dimension and focuses on the legal and physical health perspectives only. The aim of the proposed study is to investigate what the sex workers perceive to be their chief hindrances, in the process of rehabilitation.

The information gathered may be useful for assessing the current rehabilitation program as well as aid in developing future rehabilitation programs.

I hereby request permission to access your members as participants for the study during 2009. The following conditions will be adhered to:

1. Participation in the study is voluntary
2. Formal consent will be obtained from each participant
3. Appointments for interviews will be made with the participants directly and interviews will be held at a location that is suitable for the members.
4. Confidentiality and anonymity will be maintained at all times
5. A brief summary and completed thesis will be provided to CCN at completion of the thesis.

Thank you for your kind consideration of my request.

Regards,

Mrs. Cynthia Beukes

Master's student

Tel: 061 309 376

Fax: 061 309 376

Mr. M Janik

Co-supervisor

Tel: 061 2428 620

Fax: 061 307 384 21

Appendix C

Research Participant: Informative Letter and consent form

I, Cynthia Beukes, am a registered psychology master's student at the University of Namibia. I am currently conducting research on the following topic:

Self-Perceived Obstacles that Hinder Sex Workers in Windhoek to Break with the Sex Industry.

In order to create a more effective support programme to assist in breaking with the

sex industry it is valuable to tap into what former sex workers consider to be their main hindrances. These hindrances may be of a physical, psychological, social, environmental or personal nature. The information obtained from this study will be channelled into improving the psychological intervention provided to the sex workers who are in the process of severing their ties with the sex industry.

This letter is a friendly request to you, a valued source, to participate in the research project.

Participation is voluntary and you will be requested to sign a consent form.

Confidentiality will be maintained at all times

The results of the research will be made available to you. Should you agree to participate an appointment will be made for the focus group discussion at a time that suits all involved. The focus group discussion will most probably not exceed two hours.

Your participation will be greatly appreciated.

Kind regards,

Mrs. Cynthia Beukes

Master's student

Tel: 061 309 376

Fax: 061 309376

Mr. M Janik

Co-supervisor

Tel: 061 2428 620

Fax: 061 307 384 23

Consent Form

I, Cynthia Beukes am from the University of Namibia. I am a clinical psychology student doing research on the self- perceived hindrances to a complete break with the sex industry.

I would like to find out more about the problems sex workers who are in the process of leaving the sex industry encounter that makes it hard for them to leave the lifestyle behind. This information is vital as it will aid in the development of therapeutic interventions to assist in successfully breaking with the sex industry. The results of the research will be printed for a master's thesis. The personal information of participants will not be released.

All members of the CCN-group who have expressed a desire to leave the sex industry will be asked to partake in the study. No-one is obliged to take part in the research. Your participation will be greatly appreciated, however you are free to choose to participate or not. Your choice to participate or not, will not affect the manner in which you will be treated at the group. If you chose to participate, you are free to withdraw at any stage should you feel uncomfortable.

During the focus group interview you will be asked to tell me about the problems you have experienced since attempting to leave the sex industry. Please answer the question as honest as possible. There is no right or wrong answers to questions.

All the focus group discussions will be recorded. You are allowed to use a different name (pseudonym) and even if you don't all the information will be kept confidential. The recordings will be stored in a save place and only the researcher and supervisors will have access to them.

If you have any questions about this study, you may contact Prof Buitendach at Unam at: Tel: (061) 206 3111

If you have any complaints about any aspects of this study you may also contact the University of Namibia.

Consent

I Hereby agree to participate in the research regarding the self-perceived hindrances to reform from the sex industry that is conducted by Cynthia Beukes. I recognize that I am participating freely; I am not being coerced to take part. I also know that I can pull out from the study at any point and if I choose to do so, it will not influence me negatively.

I have been given a full explanation as to the purpose of the research and I understand what is anticipated of me. I appreciate that the purpose of the study is not essentially to profit me individually but for the future of other who find themselves in the same situation as I am.

I understand that my information will remain confidential. I understand that if possible, I will receive feedback once the research is complete. I hereby also consent to the audio recording of the interview for the purposes of data capturing. I understand that my personal identifying information will not be released. I am aware of the fact that these audio recordings will be kept in a safe place and will be deleted once it has served its purpose.

Participant signature

Appendix D

Interview guide

1. What were the reasons that propelled you to go into prostitution?
2. How did you get into it?
3. What were your experiences in prostitution?
4. What was going through your mind at 1st experiences?
5. How did you feel?
6. How did your life as a prostitute affect your personal relationships (e.g. partner, parents and children)?
7. Did you feel stigmatized?
8. Did you ever experience violence as a prostitute?
9. From whom?
10. How did you deal with this violence?
11. Did you have control over safe sex practices?
12. How did your experiences in prostitution make you feel?
13. What would you say was the worst thing that ever happened to you while in prostitution?

14. And the best?
15. What made you decide to leave prostitution?
16. Once you had made that decision, what were the steps you took to get out?
17. Did it work immediately or did it take a couple of tries?
18. How many tries?
19. Is it still difficult?
20. What do you think you need to make a total break from prostitution?
21. What should the program consist of, to really help you?
22. Finally we saw that prostitution had many effects on you. A program to help you stay off the streets should help with all the hindrances you mentioned. What do you think is needed to help heal the remaining effects of a prostitution lifestyle?

Appendix E

BARRIERS TO REHABILITATION QUESTIONNAIRE (BRQ)

Instructions: Please carefully consider the following statements and then tick the response that most accurately reflects how you think, feel or behave, for example:

I always feel ashamed

| | | | | |
|-------------------|----------|---|----------------|-----------|
| Strongly disagree | Disagree | Agree <input checked="" type="checkbox"/> | Strongly agree | Uncertain |
|-------------------|----------|---|----------------|-----------|

Now

please answer the following statements in a similar way:

1. **I always feel vigilant (*on guard*)**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

2. **I often feel afraid (*scared or anxious*)**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

3. **I am constantly worried**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

4. **I experience a lot of shame and embarrassment**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

5. **I often feel stigmatised**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

6. **I have to accept anything that happens**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

7. **My feelings are numbed (I don't feel anything anymore)**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

8. **I often feel like no one can help me**

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

9. I often feel like there is no hope

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

10. I am angry most of the time

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

11. I often feel sad

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

12. I often feel desperate

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

13. I am in a state of shock

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

14. I often experience feelings of unreality (feelings of emptiness or nothingness)

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

15. I often feel suspicious

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

16. Violence is a normal part of prostitution

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

17. I often have no control over anything

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

18. I often feel humiliated

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

19. I often find that I have to use drugs and/or alcohol to forget

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

20. I often find that I have to use drugs and/or alcohol to be able to prostitute myself

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

21. I often feel used

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

22. Prostitution equals paid rape

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

23.

Feeling distant or cut off from people

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

24. I feel like I have no dignity

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

25. I feel like I am depersonalized (not a human being)

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

26. I often have unwanted thoughts that do not go away

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

27. I often get flashbacks

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

28. I often experience nightmares

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

29. I struggle to fall asleep and/or remain asleep through the night

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

30. I often have negative thoughts

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

31. I find it hard to concentrate

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

32. I am nervous most of the time

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

33. I think of my future is bleak (hopeless)

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

34. I have no future

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

35. I often feel stressed

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

36. It is difficult to leave prostitution because the original problems (pull factors) still remain

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

37. I return to the streets because of basic needs (poverty) water, food, shelter

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

38. Discrimination/stigma makes it difficult for me to find alternative employment

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

39. Discrimination/stigma makes it difficult for me to have access to health services

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

40. The title 'prostitute' has no expiry date

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

41. An ineffective rehabilitation programme has contributed to my return to prostitution

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

42. It is difficult adjusting to a lower standard of living once you are used to money

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

43. For me to permanently stay off the streets I need a better coordinated and effective rehab programme

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

44. It is important that the rehab programme operates on self-governance principles

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

45. I want to have a say in the rehab programme that is designed to help me

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

46. It is important that a rehab programme that assists me in leaving prostitution should provide in my basic needs, such as food, clothing, and shelter

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

47. Income generating projects (e.g. car wash) are vital in assisting me in leaving prostitution

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

48. I need more recreation/distraction on weekends to stay off the streets

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

49. Access to health services (ARVs and access to dr. for STDs) is important

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

50. It is important for me to feel as part of a community

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

51. Support from others is very important

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

52. I want to be treated fairly

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

53. Education is important in helping me to start a new life

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

54. Training without a starter pack to start up a business is not enough

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

55. I need psychological help for addictions

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

56. I am in need of counselling

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

57. I am easily startled or feeling jumpy often

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

58. The future seems vague and uncertain to me

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

59. The decision to become a prostitute was influenced by my experiences of sexual abuse during my childhood

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

60. The benefits to prostitution outweighs the disadvantages

| | | | | |
|-------------------|----------|-------|----------------|-----------|
| Strongly disagree | Disagree | Agree | Strongly agree | Uncertain |
|-------------------|----------|-------|----------------|-----------|

Thank

you for your cooperation.

APPENDIX A

COMBATING OF INMORAL PRACTICES ACT, No. 21, 1960 1960

(Affirmative text signed by the Administrator-General on 17 October 1960)

ACT

To provide for the combating of brothels, prostitution and other immoral practices and for matters connected therewith.

BE IT ENACTED by the National Assembly of South West Africa, as follows:—

1. In this Act, unless the context indicates otherwise —

- (1) "brothel" includes any house or place kept or used for purposes of prostitution or for persons to visit for the purpose of having unlawful carnal intercourse or for any other lewd or immoral purpose; (2)
 - (2) "house" includes a dwellinghouse, flat, building, room, out-house, shed or hall or any part thereof; (3)
 - (3) "owner" includes any person who has or shares or permits the occupation of any house or place whether in his own right or that of another; (4)
 - (4) "place" includes any premises, field, enclosure, space, vehicle or boat or any part thereof; (5)
 - (5) "police officer" means any member of any police force established under any law; (6)
 - (6) "unlawful carnal intercourse" means carnal intercourse between persons who are married or who are not partners in a customary union in terms of the traditional laws and customs applied by a particular population group referred to in section 3 of the Representative Authorities Proclamation, 1960 (Proclamation Act, 8 of 1960); (7)
2. (1) Any person who keeps a brothel shall be guilty of an offence and liable on conviction to imprisonment for a period not exceeding three years or to such imprisonment and to a fine not exceeding three thousand rand.