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Quality of Life among Thai Sex Workers: How important are work, educational and personal characteristics in shaping subjective well-being?

By Elizabeth Monk-Turner¹

Abstract

Little work explores subjective well-being (SWB) differences among unique populations. This study rests on a data from commercial female sex workers (CFSW) that was collected in Thailand during January and February 2007. Past research in SWB indicates that women who have more formal education, those who feel positively about their income rank and working conditions, and those who feel connected to others in their community report greater well-being compared to others. Moreover, Biswas-Diener and Diener (2006) found that sex workers in Calcutta were generally satisfied with their personal domains. Most Thai sex workers, in our sample, were generally satisfied with their personal domains (relative income, marital status, and working conditions); however, less satisfaction was reported about feeling part of the community.

Key Words: Thai sex workers, subjective well-being, quality of life

Introduction

Subjective well-being (SWB) is an umbrella term that encompasses self-reported feelings of joy, satisfaction, and happiness with one's life (Eid & Diener, 2004; Diener & Oishi, 2005). SWB encompasses how individuals globally evaluate their lives, satisfaction with domains, as well as ongoing emotional feelings (Diener, 1999). Much work that explores quality of life issues allows individuals to self-define, for example, whether or not they are happy.

Happiness has been defined as a psychological state produced by pleasure or the satisfaction of an important need (Diener, 1999). Today, researchers generally understand happiness as a sense of SWB and satisfaction (Diener, Oishi & Lucas, 2003). In this work, the terms happiness and SWB are used interchangeably. Past research in SWB that rests on national samples, samples of college students or other convenience samples does not capture how those in unique positions within society feel about their life. This work examines how female commercial sex workers (CFSW) in Thailand perceive their quality of life. Before looking at issues around sex work in Thailand, key findings that have emerged from the literature in SWB are reviewed.

Factors Shaping Subjective Well Being

Research on well-being and happiness was initially investigated by psychologists, who pioneered the field of positive psychology, and European economists who reported that happiness was not critically linked to increased consumer consumption. Work, educational, and personal characteristic variables have been identified as key factors in shaping differences in

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reported well being. Much research suggests that there are positive but diminishing returns to income (Frey & Stutzer, 2002; Layard, 2005; Clark, Frijters, & Shields, 2007; Graham, Eggers & Sukhtankar, 2004). Dorn et al. (2007) argued that the effect of income on shaping reported well being is best understood in utilizing relative rather than absolute measures. Little work examines how working conditions shape differences in well-being (VanWessenbeeck, 2005).

Besides work variables, differences in educational attainment impact well being. Specifically, Fahey and Smyth (2004) found that acquiring additional education was positively associated with greater well being especially in low income countries. Still, as was the case with income, the empirical evidence is mixed with regard to how educational differences shape reported well being. Blanchflower and Oswald (2004) reported a positive relationship between additional education and reported well being; however, Clark (2003) found the reverse was true.

In addition to work and educational variables, personal characteristics have been identified as important in shaping well-being. Ferrer-i-Carbonell and Gowdy (2007) reported that those in their 30s and 40s were less satisfied with their life compared to those who were younger or older. Many see a positive relationship between health and well-being (Shields and Wheatley Price 2005; Seligman 2002). Further, whether or not one feels a part of their community has been positively associated with subjective well-being (Helliwell & Putnam, 2004; Pichler, 2006). Lelkes (2006) and Pichler (2006) reported a positive relationship between seeing family and friends and well-being. Blanchflower and Oswald (2004) and Helliwell (2003) found that being in a committed relationship is positively associated with well being; however, Wildman and Jones (2002) reported that single women report greater well being than those who are married.

Female Commercial Sex Work in Thailand

The Global Alliance against Traffic in Women (GAATW), established in 1994 and based in Thailand, aims to decriminalize prostitution and to end sex trafficking. Today, sex work is illegal in Thailand; however, under the Prostitution Act (amended 1996) sex workers in Thailand are no longer subject to punishment. Notably, a 1998 report by the International Labor Organization (ILO) estimated that the sex trade in Thailand was a commercial sector of the economy that generated an annual revenue of approximately 4 billion dollars or 3% of the Thai economy (ILO, 1998).

In Thailand, most commercial sex workers are female, financially dependent on others, paying off debts to their families, and have very little formal education (Rojanapithayakorn, 2006). Guest et al. (2007) surveyed approximately 800 Thai female commercial sex workers, in four provinces and stratified venues, and reported that such workers were, on average, 28 years old, lived alone, had at least one child, and had little formal education. The majority (78%) of sex workers either had debts on their own or took responsibility for debts of family members. Guest et al. (2007) found that the median monthly earning of sex workers was approximately four times higher than the median earnings for comparable workers with similar levels of education.

Traditionally, sex work in Thailand was in direct sex establishments, like brothels and inexpensive hotels (Rojanapithayakorn, 2006). In large part because of fears of HIV/AIDS infection rates in such establishments, Tharawan et al. (2003) found that sex workers in Thailand moved into indirect sex establishments such as bars, nightclubs, cafés or restaurants, and massage parlors. Thailand is noted for its “100% Condom Use” policy; however, Guest et al.

(2007) found that the majority of commercial sex workers did not use condoms with their regular customers. Guest et al. (2007) found that concerns about sexually transmitted diseases, fear about contracting HIV/AIDS, and having sex with clients, were the things sex workers reported as liking the least about their work.

Sex Work and Subjective Well Being

Much debate among feminists and others centers on sex work (Brison, 2006; Outshoorn, 2005; Hirschmann, 1992; Eaves, 2002). Specifically, how freely may a woman enter into sex work? Is sex work like other kinds of labor? Is a simple dichotomy between forced sex work and sex work that is entered voluntarily an appropriate way to understand commercial sex work (O'Connell Davidson, 1998; Lim, 1998). Raymond (1998) makes the argument that turning the exchange of money in prostitution into a job labeled commercial sex work allows those who buy the bodies of others, typically economically disadvantaged women, to believe that prostitution is a choice for these women. Looking at the growth of the global sex trade, Jeffreys (1999) argues that the sex trade is another example of the commodification of human beings which serves the interests of global capital.

A complex network of issues has created a tie between tourism and sex tourism in Thailand where the '4S' of tourism are linked—sea, sand, sun, and sex (Tangsupvattana, 1999; Seabrook, 1996). Tangsupvattana (1999) explored how the economic benefits of sex tourism to the state, the juggernaut of bureaucracy, the hypocritical culture of Thai society, and corrupt tactical power in Thailand work to protect and encourage the sex trade. Revenues from the sex trade are perceived as critical to the health of the Thai economy. Sex tourism is officially and unofficially encouraged and any problem, such as AIDS, which may negatively impact tourism is downplayed (Tangsupvattana, 1999).

Services directly associated with sex tourism clearly benefit as does the airline industry, hotels and restaurants, shopping venues, and the wider entertainment industry in Thailand (Tangsupvattana, 1999). Complexities surrounding who is responsible for enforcing laws, and well as corrupt tactical power in Thailand, has created a situation where no agency is directly accountable for the interrelated problems of prostitution and tourism (Tangsupvattana, 1999). Finally, commercial sex is deeply entrenched as part of Thai culture. Many have reported that the vast majority of Thai men have their first sexual experience with a prostitute and that most men over the age of 21 have visited a prostitute (Bishop & Robinson, 1998; Kempadoo & Doezema, 1998). Some have linked Thai prostitution with the desirability of female virginity until marriage and the aversion married women have for minor wives. Prostitutes serve men before marriage as well as after marriage by alleviating the need for a "minor wife" (Kabilsingh, 2009; Perve & Robinson, 2009). Seeing prostitutes helps avoid this more permanent situation of having a minor wife; therefore, some argue prostitution allows Thai women the luxury of maintaining their lifestyle (Perve & Robinson, 2009; Tangsupvattana, 1999; Hopkins, 2005).

Guest et al. (2007) found that many sex workers enter the profession because they know friends in the business (Kabilsingh, 2009; Hopkins, 2005). In fact, many reported that knowing others in the business gave them a sense of community. Having this connection, coupled the fact that most Thai people report being Buddhist, may allow more acceptance of prostitution than is true in other societies (Perve & Robinson, 1999). Selling the body is not viewed as a sin of the flesh like a Judaeo-Christian may believe. In fact, women may show their gratefulness to their parents, alleviating their financial burdens, by engaging in sex work where they sell a part of

their body just like others sell their physical strength (Perve & Robinson, 1999). In fact, by sacrificing self some sex workers may believe they are developing the karma necessary for a favorable rebirth.

These conditions coupled with inequalities in the distribution of resources, which are marked in Thai society, set the stage for the growth of commercial sex work (Bishop & Robinson, 1998). Having a society where public education is not a free social service means that many, especially women who are situated lower in the social hierarchy, have fewer options open to them with regard to making a living (Bishop & Robinson, 1998; Tangsupvattana, 1999).

Sex work has a long history in Thailand and is tacitly accepted within the society (Guest, Bryant, Janyan, & Phuengsaman, 2007). For these reasons, it is hypothesized that differences in reported SWB among CFSW in Thailand will be similar to that reported for others. Namely, women who have acquired additional education, those who were positive about their income rank and working conditions, as well as those who feel part of their community will report greater happiness compared to others all else equal. Again, Fahey and Smyth (2004) have argued that additional education is positively associated with greater well being and that this is especially the case in low income countries. Further, Dorn et al. (2007) have argued that relative income is critical in understanding happiness differences especially compared to absolute measures of income. Many (Pichler, 2006; Helliwell & Putnam, 2004; Lelkes, 2006) have argued that feeling part of their community is positive related to happiness and we are persuaded by this work.

Design and Methodology

Data were gathered by workers in a provincial health department outside of the capital city of Bangkok over three weeks during January and February of 2007. Therefore, this work rests on a convenience sample of in-direct female commercial sex workers. Health officials appeared to be sympathetic to the needs of women who sought their services and never used words of judgment in talking about sex workers. At that time, their goal appeared to be maintaining and increasing government and public support and funding for awareness and prevention of sexually transmitted diseases, including AIDS, specifically for at-risk women.

Health officials surveyed willing respondents utilizing a questionnaire that was developed in English and verified for translation by two individuals (questionnaire adapted from one developed by Yang (2005)). The survey instrument asked respondents about basic demographic information as well as questions to assess their perceived well-being.

Ethical Considerations and Limitations

After the survey process was complete, all of the surveys were given to the researchers. No personal identifying information was included on the survey instrument. Women who agreed to participate in the survey did so voluntarily. The information provided was treated with confidentiality and not shared with others outside the project. None of the women in this project was targeted for intervention by outsiders as the intention of the current work was investigative and academic in nature. Further, as noted earlier that while sex work is illegal in Thailand, sex workers are not subject to punishment. In the interest of protecting confidentiality, the locality where the data were collected is not given (save that it was on a Southern island outside the capital city of Bangkok). Human subject approval was granted by the College of Arts and

Letters board prior to the start of the project. Respondents were informed that participation in the study was voluntary; no signed consent forms were collected.

Variable Construction

Respondents were asked, “Overall, are you happy with your life?” Respondents could choose between four response options ranging from not happy at all to extremely happy. This variable was also dichotomized between those who were at least occasionally happy (1) compared to others (0). The accuracy of self reported measures, especially on concepts like happiness and well-being, which are considered subjective and transient emotions, stems in part from different approaches to measurement. For this work, we accept the validity of psychometric measures of well-being. Such measures have a long history in the field of psychology (Kline 1998) and offer an understanding of phenomena beyond “objective” measures of welfare that may not fully capture a personal sense of well-being and happiness.

Independent Variables

We were especially interested in how differences in perceived relative income, education, and personal characteristics shaped reported happiness. To capture work related variables, respondents were asked to rank their income for the past year. This variable was dichotomized between those who felt their relative income was at least good (1) compared to others. The same variable categories were used when respondents were asked to rank the working conditions of their job. Respondents were asked how many years of education they had completed.

Respondents were asked their marital status: never married, married, living together, divorced, separated or widowed. This variable was dichotomized between those who were married or lived together (1) compared to others (0). Respondents were asked their age which was coded in years. Respondents were asked how much they felt a part of the community in which they currently lived. This variable was dichotomized between those who felt they were not at all or not much part of the community (1) compared to others. Finally, to capture health status, respondents were asked about their HIV/AIDS status and whether or not they currently used illicit drugs. These variables were coded as dummy variables (Yes = 1).

Data Analysis Procedures

In this work, we first offer a descriptive summary of our sample. Next, we look at bivariate relationships to better understand differences in self-reported happiness. Utilizing chi-square testing, we explore whether or not there are statistically significant differences between key variables included in this study. Finally, we present a logistic regression model. Logistic regression was chosen because of the dichotomous nature of the dependent variable. In other words, the equation estimates the log of the odds of being happy. Since parameters based on log odds are difficult to interpret, they are usually converted to coefficients based on the odds of the dependent variable. Taking the antilog of both sides of the equation converts the dependent variable from log odds to the odds of being happy and converts coefficients from additive estimates of the log odds of reporting happiness to multiplicative measures of the odds of reporting happiness. The odds ratio measures the change in the odds of reporting happiness associated with a particular independent variable. An odds ratio greater than one indicates an increased likelihood of an event occurring (in this case the likelihood of reporting happiness). Likewise, an odds ratio less than one shows a decreased likelihood of reporting happiness

(Morgan & Teachman, 1988:930). Variables included in the model were theoretically driven from the findings presented in the literature review.

Results

Surveys were conducted among 283 female sex workers. Women ranged in age from 18 to 52; however, most women were between the ages of 20-36. The mean age of the sample was 29. On average, women exchanged sex for money 22 times in the last 30 days (range of 1-270). This would average to fewer than six clients per week. More (21%) felt their relative income rank was good or very good rather than very poor or poor (12%). The majority (63%) reported that their income rank was above average. More (26%) ranked their working conditions as good or very good rather than very poor or poor (13%). Most have acquired, on average, seven years of a formal education; however, the range of education achieved varied between two to 16 years (see Table 1).

Table 1. Variable Means and Standard Deviations.

<u>Variable</u>	<u>Mean</u>	<u>Standard Deviation</u>	<u>Range</u>
Age	29.11	6.24	18-52
Years of Education	7.75	2.42	2-16
Income Rank	3.06	.69	1-5
Marital Status	3.11	1.51	1-6
Working Conditions	3.12	.74	1-5
Close Friends	2.76	1.89	1-13
Part of Community	2.42	.89	1-5

With regard to personal characteristics, half of these women were divorced, separated or widowed--a fourth were married or lived together with their partner. Approximately a fourth (23%) of women lived in a work site accommodation. Only one respondent was an only child and others reported between one to 11 siblings (mean number of siblings equaled four). Notably, a significant number of women (44%) felt that they were not much a part of their community. Still, on average, respondents felt they had 3 close friends that they could count on in an emergency.

Only two percent of the women in this sample reported that they were current drug users. The vast majority (70%) said that they had never used drugs; however, 27% of respondents reported that they had used drugs in their life. Few (eight percent) reported having been diagnosed by another with HIV/AIDS. The vast majority (92%) of women agreed with the statement that a person who looks healthy can actually be infected with HIV, the virus that causes AIDS. Only 16% of respondents reported that they were mostly happy with their life,

34% were occasionally happy, 41% were sometimes happy and 11% were rarely happy with their life. Exploring differences in well-being among Thai sex workers reveals that most were generally satisfied with their personal domains (relative income, marital status, and working conditions); however, less satisfaction is reported about feeling part of the community (see Table 1).

Bivariate Results

Among those who reported that they were at least mostly happy, 30% reported that their relative income was good or very good. None of those who were mostly happy felt their relative income was poor or very poor. On the other hand, those who self-reported being rarely happy never felt their relative income was very good and only 9% felt their income was good ($X^2 = 63.05$; $p < .0001$). Those who felt their working conditions were better generally reported a higher happiness level. For example, among those who were mostly happy, 41% felt their working conditions were good or very good; however, among those who were rarely happy only 16% felt this way ($X^2 = 28.39$; $p = .004$). Significant differences in self-reported happiness were not observed, at the bivariate level, in regard to HIV/AIDS status or marital status. Again, only 2% of the sample were currently using drugs. Notably, all of the respondents who were currently using drugs reported that they rarely experienced happiness within ($X^2 = 7.15$; $p = .03$). No significant differences were observed between those who reported ever using drugs and self-reported happiness. Because of this difference between current drug users and those who had ever used drugs, in the logistic models, only the variable capturing current drug use was included.

Logistic Results

A logistic model was estimated where self-reported happiness (those who were occasionally or mostly happy) was the dependent variable. In this model, variables aiming to capture work (income rank, working conditions), education (years of education), and personal characteristics (drug use, HIV status, feeling part of the community, age and marital status) were explanatory variables. As the reader can see in Table 2, results show that how many years of education one has acquired and how one feels about their relative income significantly shaped differences in self-reported happiness all else equal. With each additional year of education the odds of reporting greater happiness rose by 18% (exp. B = 1.18). If one perceived their income rank to be good or very good then the odds of reporting greater happiness rose by one percent (exp. B = 1.01). None of the other variables in the model were significant in better understanding differences in reported happiness all else equal. In addition, an OLS regression model, where happiness was coded as an interval variable (one to four), was run to see if predictor variables would differ from the logistic model. Results of this work confirmed that only two variables, acquiring more formal education and feeling positively about one's income rank, were significantly related to self-reported happiness.

Table 2. Logistic Regression of Self-Reported Happiness on Selected Variables, 2007, Expanded Model

<u>Variable</u>	<u>B</u>	<u>e^b</u>	<u>p value</u>
Income Rank	.01	1.01	.007
Work Conditions Bad	.17	1.18	.753
Years of education	.16	1.18	.009
Current Drug User	.37	1.45	.982
HIV/AIDS positive	.67	1.94	.377
Married	.36	1.43	.430
Age	.02	1.01	.638
Don't Feel Community	.49	1.64	.259

$X^2 = 26.39$; $p = .0009$.

$N = 283$.

Discussion

We have provided some basic data on 283 female sex workers in Thailand. On average, respondents were 29 years old and had seven years of education. Most had never used drugs although 27% had used drugs sometime in their life. They had, on average, engaged in sex for money 22 times in the last 30 days. Exploring differences in well-being among Thai sex workers reveals that most were generally satisfied with their personal domains (relative income, marital status, and working conditions); however, less satisfaction is reported about feeling part of the community.

We posited that women who had more education than others, who were positive about their relative income and working conditions, and who felt connected to others in their community would report being happy compared to others all else equal. In our logistic model, we found that higher education levels and feeling positive about one's income rank were positively related to the likelihood of reporting being happy all else the same. We did not find empirical support for the idea that those who were positive about their working conditions or those who felt connected to their community would report being happier than others all else equal. Nevertheless, our findings support the idea that education has a positive effect on subjective well-being and that the effect of income on shaping reported well being is best understood by utilizing relative measures (Blanchflower & Oswald, 2004; Dorn et al., 2007). Data does not support the idea that differences in drug use or HIV/AIDS status shaped self-reported well being all else equal. Data does not empirically support the idea that differences in marital status or age significantly shaped self-reported happiness.

Our findings are at odds with others who maintain that feeling part of a community was positively associated with happiness (Pichler, 2006; Helliwell & Putnam, 2004), that being in a committed relationship was positively associated with well-being (Blanchflower & Oswald, 2004; Helliwell, 2003), or that younger people were generally more satisfied with their life than others (Ferrer-i-Carbonell & Gowdy, 2007).

We recognize certain limitations in this research. First, the sample was a convenience sample therefore it is important to be cautious in making inferences about our results to a wider

population. Whenever researchers explore sensitive topics, respondents may feel hesitant about responding openly to key questions. Many individuals may be leery of revealing their HIV/AIDS status, drug use, number of paid sexual clients, and income to a relative stranger. It became clear that questions asking about income were poorly written as respondents point of reference varied widely (per month/year). Finally, different research findings, compared to prior work, may be attributed to sample selection differences and bi-variate compared to multivariate modeling. More research is needed to better understand how working conditions, especially among disadvantaged groups within society, shape subjective wellbeing. We hope this work adds to the literature on happiness among a group of respondents that are oftentimes not part of past studies.

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