The Visiting Client *

(A Pilot Study on the Client of the Prostitute)

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India is now a signatory to the International Convention on Suppression of Immoral Traffic in Women and Girls. The Rules and Regulations passed by an Act of Parliament in 1956, have come into effect from May 1958.

Though a lot of research has been done by sociologists, sexologists, physicians and psychiatrists on the problem of prostitution, from the point of view of dealing only with the prostitute herself, the fact remains. that unless there is a demand on the part of the male population, the problem would not exist at all with the magnitude it does today, all over the world. This important aspect, though accepted by all concerned, has received very little attention by way of research, and still, therefore, remains virgin soil, particularly so in our country. For, apart from a few reports, one such being the Kinsey report, no research has been done into the problem of why and how the demand for the prostitute exists among the male population.

It is now a recognised fact, that next to the sociologic and economic aspect, the psychological aspect is the most important one as far as the prostitute is concerned. Working on a parallel basis, one can assume that, apart from the pleasure of the sex act, there are other deeper underlying factors which drive a man to a prostitute. Thus, it behoves sociologists, psychologists, psychiatrists, physicians and sexologists to try and glean fundamental information about the client, as would help us understand the problem, so that it can also be tackled from the point of "Preventing the demand for prostitution".

The customer usually remains unknown, and collection of such material and information, therefore, is obviously beset with great difficulties due to the existing moral and ethical code of society. However, all relevant information regarding the client as related to Indian conditions would be of great value in planning a controlled programme as envisaged by the above mentioned Act.

Due importance has to be given to the fact that prostitution is not only a social problem, but is also a socio-medical one, for, it also involves such problems as infection, contagion, emotional involvement and psychology of both partners. With this end in view, a pilot study was undertaken by the

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authors to determine the extent of the underlying psychological aspects of a client visiting the prostitute.

MATERIAL AND METHOD

Case material was collected from the venereal diseases clinics of the out-patient department of the Sassoon Hospitals as well as the Gadikhana Municipal centre Poona, and 167 patients were studied. It should be made clear, however, at the outset, that the case material comprised mostly of a group of cases collected from the lower socio-economic strata.

Of these, 35 patients gave a history of visiting "private girls", the rest having visited professional prostitutes (Table I).

The bulk of these cases belong to the low middle class with a low income (Table II), 160 of them came in the group of those whose monthly income was below Rs. 100.

Scholastically, the group under study was backward (Table III), as many as 52 i.e. nearly 1/3 of them were illiterate. Only 3 were university graduates, the rest having reached primary, middle or high school education.

Most of these cases came from the labourer and other low income groups like household servants, peons, hotelboys, etc. (Table IV), who could not obviously afford a better class prostitute who would take prophylactic measures.

A large bulk of the population visiting the prostitute in the present study was in the age-group 21 — 25 (Table V), the second largest being 15 — 20 years.

A sizable percentage of these cases manifested a low intellectual level as tested by intelligence tests.

A majority of this group also was a part of the population which migrates from the villages into the cities for occupation, and, apart from their regular 8 — 9 working hours, had no facilities or interest in utilizing their leisure hours along socially accepted channels. Their only form of recreation appearing to be visiting picture houses.

The usual procedure followed was that when a patient came to one of the abovementioned clinics for treatment, he was referred by the venereologist to the psychiatrist for interview and assessment of psychological and personality traits. At the first interview, apart from the routine format of relevant information regarding age, income, residential locality and occupation, the patient was interviewed in great detail regarding his family background, with particular stress on marital history, scholastic and occupational achievements, and environmental factors. At a subsequent interview, the patient's past was probed into regarding any likely emotional and psychological traumata, faulty attitudes towards other factors like physical handicaps, and unhealthy, insecure emotional background or maladjustment with the peer group. Having established a good rapport with the patient, he was further interviewed for a very detailed history about his sex life dating back to his childhood, with a particular reference to such habits as masturbation, homo- and hetero-sexual early experiences, perverted sex habits, and the age at first visit to a prostitute.

Subsequently, the patient was referred to a clinical psychologist for assessment of his intelligence and outstanding faulty personality traits. In all

cases, it was found convenient to use the Bhatia's Battery of Performance Tests for Intelligence, which has been standardised for Indian conditions. A lot of valuable material was lost as usually after a detailed inquiry during the second interview, many patients did not return.

DISCUSSION:

The drawbacks of this study were:

(1) A variegated cross section of the community drawn from all walks of life and social strata, could not be included in this study because only a certain class of patients attended the abovementioned clinics.

(2) As is the experience of sexologists and social workers all over the world, a lot of valuable case material is lost to science because of a false modesty on the part of the patients to talk about their private lives due to the existing social code.

(3) Lack of facilities, and the unavailability of a qualified social worker who, by a closer contact with the patients and through the medium of home and neighbourhood visits could collect detailed material regarding the habits, hobbies, general background, etc., of the patient.

From this study, the following significant factors were established.

1. Many of our young girls and boys were initiated into their knowledge about sex by various warped means. 5 of our cases actually gave a history (and they were all between the age of 15 — 20) that their first experience was because their older friends took them along to these rsorts; not knowing what to expect, they just went along for the sake of bravado.

2. A large percentage of the patients interviewed displayed deep seated anxieties, frustrations, emotional insecurity, and/or repressed hatred for one or both parents. Some manifested insecurity due to economic stress.

The case of one boy of 19 years illustrates this very well. From early childhood the patient was unstable, mischievous, played truant from school and kept failing. This appeared to be as a revolt against an older uncle, who was the head of a joint family and managed the family business and property. According to our patient, the uncle provided them with good food and clothing, but did not provide pocket-money. Therefore, to earn a little extra, the patient used to run away from school and worked as a labourer and earned a few annas. During two interviews, he ventilated a lot of anger at the uncle who did not provide well, and, at the father who did not earn enough. This patient was initiated into his first visit to a prostitute at the age of 18.

These are the patients who try to feel secure emotionally by paying for even the short lived affection they crave for. Some cases even displayed an unconscious desire to spite their parents and get even with them by visiting a prostitute.

3. Physically handicapped men, whose prospects of marriage are limited on account of their defects, have to resort to this sort of gratification.

This is illustrated by the case of a young man of 25 years whose right leg was amputated. He was well placed in his stratum of social life, and had

a steady occupation as a tailor. He had to resort to prostitution as he could not get married.

If these physically handicapped people are assured of some economic security by the State, and are helped to earn their livelihood by teaching them a trade, they may be able to get married and lead a normal family life. The supply of artificial limbs and parts also help.

How warped ideas and false sense of values about their own good looks, can warp a man's way of thinking was brought to light by an educated, responsible man of 30, well placed in life. For a long time, the cause of indulging in promiscuous relations could not be determined. One day, during the course of the fourth interview, he brought up a lot of anxiety about the exuberant growth of hair all over his body, and on further discussion said, that he had avoided marriage as he thought women would reject him for his hirsutism and, therefore, he satisfied his sex needs by visiting prostitutes.

4 It has been alleged by many workers that a person with subnormal intelligence, be she a prostitute or be he a client, does not have the finer discrimination between right and wrong, and is therefore easily induced into prostitution or led to graitfying his biological need at a brothel. Though our number was small, even in this study this point is verified.

A large cross section of prostitutes and their visitors should be given I.Q. tests, however, if these unfortunate subnormals are to be protected by society.

5. An idle mind is the Devil's workshop, and, this is fully borne out in our study. Not one of the patients interviewed seemed to have any hobby in which he could indulge during his leisure hours, nor did he seem to have any healthy outlet for his pent-up energies. If youngsters could, under the guidance of adults, sublimate their surplus energy into healthy outlets like sports, hobbies, and group movements, anti-social elements, who indulge in all sorts of social acts incluing prostitution, could be controlled.

6. As already mentioned, the group under study had a vast number of workers who had migrated from their villages alone, to urban areas, at a young age. Having left a sheltered home and community life behind, these youngsters did not receive parental or adult supervision or guidance. Family control and community influence was completely lost, and, they drifted to form gangs and rebellious groups, equivalent to the Beatnicks and Teddyboys of the West, which indulged in anti-social acts. The same can be said about young boys who drifted into these gangs because they were of subnormal intelligence, or, as in the case of some, both parents were busy working the whole day.

7. Continued and prolonged illness of a wife was given as an excuse by two or three men of the group under study. Such cases can only be helped by adequate treatment to the ailing partner. Pregnancy of the wife was a more frequent excuse given for promiscuous relationship.

8. By instinct, man is a polygamous animal, but because of the social code laid down, he is perforce a monogamous one. Certain of our patients, however, rationalised that they liked a variety of sex experience, and therefore frequented brothels to get away from their wives.

9. A good number of our unmarried group found it the simplest outlet for their sex urge, as, "It came cheaper on a poor man's pocket, and there was

no emotional or legal involvement". Some even went to the extent of saying that they were waiting to get married aftre they were financially secure, or, till their elder siblings or sisters got married.

10. Frigidity and indifference on the part of the wives drove some of our frustrated patients to a prostitute.

For the last two groups, counselling and prolonged psychotherapy frequently helps.

The working of the human mind is very complex. Why does a man visit a prostitute? Some in the early stages do it to satisfy their curiosity and then it continues as a habit. Some do it out of spite, and some because they get into bad company. Whatever the reason may be, the immediate need is to tackle the problem from two points of view, Preventive and Therapeutic.

Prevention is better than cure. We should teach our younger generations to lead clean healthy lives, and spend their leisure hours in working off their surplus energies usefully, and along socially accepted channels. The State should provide the facilities, and the parents and teachers should see that these facilities are well utilised.

The parents have to be taught that sex should not be 'hush hush', 'something-to-be-ashamed of aspect' of life. As and when the child shows curiosity, he should be enlightened on the subject, in keeping with his age. If all parents and school authorities take this outlook in life, our future generations will develop a healthy view, and their curiosity will not be satisfied by filthy sex-literature and perverted adults.

The parents should also be taught to create a healthy happy home environment in which a child grows up emotionally secure, till he is ready for marriage, and building up a happy homelife of his own.

A part of the fault also lies with a few wives, who have been brought up believing that "Sex is not something a nice lady indulges in". On marriage, these women cannot change their ideas overnight and make for happy marital relations. Marriage counselling is strongly indicated in such cases.

All this then comes under the jurisdiction of what we term Mutual Hygiene.

From the therapeutic point of view also, we can help these men in various ways.

Some men, who habitually visit prostitutes because of a deep seated emotional stress, anxiety and conflict, can be helped with psychotherapy either as groups, or individuals, to work off their emotions.

As in everything else, the Russians have a unique method of dealing with this problem. If a man is discovered visiting a prostitute, he is shamed in public and called "A Buyer of Human Flesh". Next time Mr. A. wishes to visit Miss X., he will think twice before doing so. It is reported that this has helped to reduce the problem to a great extent in Russia; for, after all, unless the man shows the need, why would a prostitute carry on her trade?

The material presented here is just a note on some preliminary work. Therefore, it is not possible to present any detailed plan on the preventive

aspect. The sole objective of the presentation of this paper has been to develop a consciousness in the minds of the workers on this scarcely touched problem, and, to stimulate interest of various organisations, so that such work could be started or sponsored by those in authority.

SUMMARY

167 cases from two local venereal departments have been collected, and interrogated from the point of view of finding out the socio-economic and underlying psychological causes for visiting prostitutes. The collected material has been analysed, and a few significant factors have been presented for the stimulation of further research.

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TABLE I.

Table showing the source of infection and the Frequency of Visits.

Source of Infection				Frequency of visits			
Professional Prostitute		Other sources		Occasional		Frequent	
No.	%	No.	%	No.	%	No.	%
132	79.1	35	30.9	104	62.33	63	37.7

TABLE II

Income-wise distribution in the Survey.

Monthly income	No.	%
Students and unemployed	18	10.77
Below Rs. 50	85	50.92
Rs. 50 to Rs. 100	57	34.12
Above Rs. 100	7	4.19

TABLE III

Level of Literacy in the Survey.

	No.	%
Illiterate	52	31.10
Primary School	24	14.24
Middle School	45	26.91
High School	43	25.97
University	3	1.78

TABLE IV

Classification of nature of employment.

Labourers	69
Professional	29
Students	26
Unemployed	18
Hotel-boys	13
Peons	8
Clerks	4

TABLE V

AGE-WISE DISTRIBUTION AT THE TIME OF INTERVIEW.

Age in years	No.	%
15 - 20	30	17.90
21 - 25	88	52.70
26 - 30	25	14.94
31 - 35	13	7.88
36 - 40	6	3.59
Above 41	5	2.99