

THE CLIENTS OF THE COMMON PROSTITUTES*

B. B. GOKHALE, (MRS.) ROSHAN S. MASTER, AND (MRS.) TARA B. GOKHALE

The Institution of Prostitutes is as old as history. With passage of time it became a well-organised and established institution. The amazing celerity of the growth of industrialisation and urbanisation in this country, since independence and introduction of four five-year plans has raised a variety of problems related to phenomenal rise in population of the cities. There seems to be a co-relation between urbanisation and industrialisation on the one hand and prostitution on the other. Consequently, there has also been a growing realisation among the administrators, medical men, social workers, academicians etc., to contribute their own quota in controlling, not to say abolishing prostitution and its evil effects on society. The academicians such as sociologists and psychologists have lavishly studied prostitution by focussing their attention on the prostitute. However, the study of the clients of prostitutes has been largely neglected. The problem of prostitution cannot be said to have been adequately studied unless we know enough about the clients. Therefore, a point of departure of this study i.e. to treat both prostitutes and their clients as pedlars in this undesirable traffic. Thus the present study endeavours to approach the problem of prostitution from the point of view of the client. It assumes the services of the prostitute as

a sort of commercial commodity and the urge of the clients to visit the prostitutes as demand i.e. the study believes that unless there was a demand for a commodity, the supply of that particular commodity could not be continuous in the market. Thus, the present study views prostitution as a problem of supply and demand and tries to study the demand side of the phenomenon.

There seems to be a close relation between the growth of prostitution and the rise in the number of patients suffering from venereal diseases (V.D.) e.g. Syphilis, gonorrhoea etc. This may not be true of the nations in the West or of the new world as their population in general is conversant with various aspects of venereal infections. However, in India, common prostitutes are invariably infected and are largely responsible for transfer of V.D. to their patrons.

We have studied 400 subjects treated from May 1965 through April 1966 in an Out-Patients Department of Venereology and Dermatology attached to a State General Hospital.

The present study has two limitations. Firstly, it would be wrong to assume that all those who visit prostitutes would be infected with V.D. Also, an individual who is conversant with prophylactic measures may visit the prostitutes and at the same time keep V.D. away. Secondly, since the project was conducted in a state owned free hospital, the representation of the lower class seems to be in preponderance. The findings of the present study are subject to these limitations.

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B. J. Medical College and Sassoon General Hospitals, Poona

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Methodology

This is an inter-disciplinary venture of medical, behavioural and sociological research. Data was obtained mainly through a questionnaire divided into five sections. The objects of each section were as follows : to find (a) the social composition such as age, marital status, religion, caste, education, occupation etc., of the clients ; The family structure such as the survival of the client's father/mother, size of the family, family income, per capita income, source of trouble, if any, in the family of the client, etc. (c) In the case of married clients, the type of marriage, the relation of the client with his wife, premarital sexual relation with wife, sexual satisfaction of the client with his wife, whether the client and his wife were separated and if so, the reasons for separation and so on ; (d) The attitudes of clients towards prostitution, his awareness of the consequences of prostitution, the factors that lead to promiscuity etc ; and (e) The general health conditions of the client, activities social or otherwise such as sports, reading, cinemas, dramatics, etc., and indulgence in narcotics, gambling, criminal activities, suicidal attempts etc. Sometimes, the interviewer had to ask questions outside the usual questionnaire to elicit relevant information.

Psychological data were obtained by administering Intelligence and Personality tests to clients. Intelligence tests included (a) Performance test by Collins and Drever, and (b) Verbal test of intelligence by Kamat. Bhatia's test was administered to the illiterate and highly literate clients and the test proved promising in both the cases. Although, the performance test by Collins and Drever was not based on the criterion of literacy, it was administered to the semi-literates on the present study. In fact, this test was primarily divided for the deaf and mute children.

However, the test proved fruitful in the case of the semi-literate. Since

Kamat's test was based on the verbal factor, it was found to be useful in the case of highly literate clients. Sometimes any two of the above three tests were administered to the same client with a view to elicit comparison, provided the client was willing and positively co-operative. As regards personality test Murray's Thematic Apperception test (T.A.T.) was administered to the clients. Personality test was administered mainly to the clients with a high I.Q., those who frequently visited prostitutes and to those who had some personality defects. The clients with a low I.Q., did not respond satisfactorily to the personality test.

Medical data were obtained first by the client's physical examination. All the necessary laboratory tests were administered to the client before the case was diagnosed. Finally, the type of disease, the results of laboratory tests etc., were recorded.

Findings and observations

In every civilised society promiscuity is regarded as a socially disapproved behaviour. Visiting prostitutes may therefore be analysed as deviant behaviour. The sources of this kind of behaviour seem to be in the personality structure of the individual, the social system and the cultural system. As has been pointed out earlier, the first section of the questionnaire was proposed to find out whether differences in the social background of the clients make for differences in their attitudes towards prostitution. By juxtaposing the data, obtained from the clients with different social backgrounds, we may obtain insight into the attitudes of the clients. It is not possible to give a detailed analysis of the problem, however, certain suggestive remarks can be made. As expected there was a heavy representation (about 40%) of the 21-25 age group in our sample. Then in line came 16-20 and 26-30 age groups. There was a preponderance of unmarried

clients (about 60.5%) followed by married clients (about 36.5%) and widowed clients (about 3%). A vast majority of the clients were illiterate or just literate. An appreciable number of clients were immigrants. Most of them had to live away from their families mainly due to lack of accommodation. Further, some of them assumed anonymity due to their peripheral social position and indulged in deviant activities including prostitution. The following table gives the occupational distribution of the clients under study.

TABLE
Occupational Distribution

| Sr. No. | Occupations | Number | Percentage |
|---------|----------------------------------|--------|------------|
| 1 | Skilled workers | 84 | 21.0 |
| 2 | Unskilled workers | 60 | 15.0 |
| 3 | Dhobies, barbers, tailors etc. | 33 | 8.0 |
| 4 | Peons, attendants etc. | 30 | 7.5 |
| 5 | Truck drivers, cleaners etc. | 22 | 5.5 |
| 6 | Hotel cooks, boys etc. | 25 | 6.3 |
| 7 | Salesman, vendors etc. | 31 | 7.7 |
| 8 | Clerks, supervisory workers etc. | 26 | 6.5 |
| 9 | Constables, watchmen, etc. | 24 | 6.0 |
| 10 | Farmers and farm labourers | 13 | 3.3 |
| 11 | High school and college students | 21 | 5.2 |
| 12 | Unclassifiable, unemployed etc. | 31 | 7.7 |
| | Total... | 400 | 100 |

As can be seen from the table, a majority of clients (21%) belong to the group of skilled workers. Unskilled workers came next (15%). Lesser professionals such as clerks and supervisory workers numbered about (6.5%). It is also evident from the table that percentage amongst high school and college students works to 5.2%. In general it may be said that the clients were mostly on the lower rungs of the occupational ladder. The rate of occupational mobility among the clients under study seemed to be high.

Family plays a primordial role in the socialisation of an individual. It is in the family that foundations of the process of socialisation are laid. Family thus, can be conceived as a factory which produces personalities. Again within the family, father and mother may be regarded as the primary agents of socialisation and social control. The process of socialisation is generally affected by the presence of other members such as grand parents, step-mother, siblings etc. in the family.

In the present study a good number of clients were bereaved of either father or mother or both, thereby socialisation was inadequate and the social control was ineffective. Thus the breakdown of socialisation and social control seems to be contributory to prostitution. In some cases, the motivated tendency for deviant behaviour was exacerbated by the client's step-mother. Most of the clients belonged to the low income families with loose social values and norms, especially with regard to sex.

About 36.5% of our samples were married. However, many of them were subjected to sexual deprivation because they had to live away from their wives for one reason or the other, the reasons for living away from each other being many. The immigrants who had come to realise their aspirations were forced to live away from their families due primarily to lack of accommodation and secondarily to poor income. In some cases, the wives were too young and had not attained puberty, others were formally or informally divorced. Hence for such married persons the easily accessible outlet for sexual gratification was a common prostitute.

Out of 400 clients, 51% were the visitors of professional prostitutes. About 28% visited private women and 17% visited both professional prostitutes and private women. However, 4% of the clients denied visiting either a professional prostitute or private women.

There emerged some clear cut patterns of the visits of the clients to the professional prostitutes and private women. Visiting a private woman was more often than not an individual activity. But in the case of visiting professional prostitutes, this was not so. A fresher was introduced to a professional prostitute by his friend or acquaintances. In some cases, even the subsequent visiting was a group activity. Thus, the peer group was also responsible for this kind of deviant activity. Most of the clients were initially not aware of the likely consequences of visiting a professional prostitute or a private woman. Since, most of the clients were uneducated, they were not conversant with prophylactic measures either.

Most of the clients reported that they were in good health prior to getting infected with V. D. Contrary to our expectations there was not much gambling, criminal activities or suicidal attempts among the clients under study. At least, the clients reported so. However, a good number of them were used to consumption of alcohol. Further, the leisure time of the clients was ill-organised. Whenever, they had ample time at their disposal, they went along with their friends to a cinema or for a drink followed by a visit to the prostitutes. A vast majority of the clients had a low I. Q. which goes to prove their incapacity to internalise the social values and norms and conform to them.

Concluding Remarks

In the light of the data collected in this pilot study some remarks may be ventured. It is true that there are limitations imposed on these conclusions on account of the nature of the sample. However, though sociologically and statistically, persons studied are not a cross section of the population its practical usefulness cannot be lost sight of. The individuals studied are "common men" who form a major portion of population. Epidemiologically this is a

very important section of population in respect of the incidence of venereal diseases. Results of the serological survey for syphilis amongst the professional prostitutes published in 1955 yielded an incidence of seropositivity of 75% in the population of prostitutes in Poona. This figure will definitely indicate the magnitude of the problem. Major portion of the clients studied have been common prostitutes' customers.

Having been collected in a public charitable hospital, the data collected was necessarily from the low socio-economic group. Fifty percent of them were permanent residents of Poona. A good many had come to Poona from rural areas in search of more remunerative jobs, and belonged to agriculturists' families. They had to leave their villages perforce to earn their livelihood. They were generally the younger sons, their elder sibling staying back to "look after the land", or familial occupations. Many of them had left home after a quarrel, or having an unhappy life at home due to some reason or other, and taken on some jobs like hotel boys, canteen cooks, motor cleaners and petty salesmen. This class of boys though they admitted that they were having a hard life in this city, were not prepared to return home to their villages.

Even though the majority of the subjects called themselves 'literate' actually they could not read or write as they had not enough practice.

Sixty-five percent of the sample were adolescent boys, therefore it was natural that about 60% were bachelors. Of the married subjects, quite a good number had to stay away from their wives usually due to economic reasons.

Occupation-wise, the maximum number of subjects were skilled workers who were followed very closely by unskilled workers. About 6% were hotel boys and about the same number belonged to the

class of truck drivers and cleaners, hawkers, police constables etc. A significant group, which invites further research was the student population of 5.2%. Amongst the 'unemployed' some were out of job due to illness, others due to their physical inability though they were anxious to work. There were also a number of 'drones' who did not care to work or continue their studies but preferred to enjoy life at the cost of their relations and friends.

Being a survey made in Poona, it was natural that a large majority gave their mother tongue as Marathi, but most of them could also express themselves in Hindi. There were however a few South Indians who could not speak either of these languages.

A very significant fact that emerged from this survey was that the subjects had no hobbies or other activities except their work. The usual answers to "how do you spend your spare time?" were "doing nothing" or "meeting friends and chatting". A few reported that they spent their time in physical exercises and still fewer reading, which usually consisted of magazines or pornography. Some reported frequent visits to cinema houses followed by visits to brothels.

About 28% reported drinking illicit liquor. There was a very small percentage of gamblers.

Though after coming to an urban area like Poona, their earnings increased tremendously, the subjects were under constant financial stress and consequent mental strain as their needs of superior clothing, better food, expensive recreation etc., increased out of all proportion. Not being trained to budget their income and expenditure, they invariably ran into debts but were not willing to curtail their expenses. Perhaps the second generation of these new urbanites will be better off.

Impetus to visit prostitutes

In fact the males from the lower socio-economic group are proud of their sexual activities and go to brothels in groups as a group activity.

In our sample there was a preponderance of bachelors. The reasons for postponement of their marriages were given as (1) was still studying (2) was yet quite young (3) had financial difficulties (4) had no proper accommodation (5) had family responsibilities.

The main reasons for visiting prostitutes were, uncontrolled sexual urge, which was enhanced by a visit to a picture house, curiosity about sex, low moral values, company of friends, defective sex notions and making sure of sexual potency before marriage. Quite a few were excited by reading or seeing pornography.

There were some who resided in the brothel areas and were watching the activities since early childhood, considered visiting a prostitute as normal behaviour. There was a small number of bachelors who visited prostitutes as a cure for night emissions or the habit of masturbation.

Some men visited prostitutes to forget, however temporarily, their sorrows and to seek release from mental strain brought about by economic stress.

An often repeated story was that the subject was in love with a girl of another caste, had some sexual experience with her, but was unable to marry her due to parental and community's opposition. Usually the girl was married off to someone of her own caste, and the boy turned a visitor of a prostitute.

Boys from out-stations came to Poona to study in the various schools and colleges. Here they usually had more money than they were used to in their

homes. Due to lack of parental or institutional control (students' hostels,) they squandered their time and money in various activities like drinking alcohol, seeing pictures and occasionally visiting prostitutes.

In our survey only 39% were married men. These could be broadly classified as those (1) staying with wife (2) staying away from wife for short periods (3) staying away from home for prolonged period.

To some of the men of the first category visiting prostitutes was a way of life and were habituated from their bachelor days.

The second category men visited prostitutes during the short absence of their wives usually for delivery. Some went to prostitutes due to constant quarrels with their wives and some reported selective impotency with their spouse. We did not come across a single case where visit to prostitute was used as a method of avoiding pregnancies in wife.

Due to a peculiar social custom of marriages, some young men were married to girls who had not reached puberty. Therefore, though these men were technically married they were in fact bachelors, with all the bachelor's ways. When these men came to town to work, they came alone and then due to various reasons visited prostitutes.

There was another large group of married men, sometimes with children, who could not bring their wives from their native places due to various reasons like financial stringency, lack of accommodation or the fact that their wives were looking after the family and their trades. These men staying in the town sharing a room or sleeping on footpaths do not meet their families for months or years at a time. Therefore they turn visitors of prostitutes.

Only 3% of our sample were widowers, divorcees or persons who had separated from their wives due to quarrels.

Some suggestions

On the basis of the findings of the investigations some suggestions may be ventured. They are relevant from the point of view of the client rather than the prostitute.

- (1) Concentrated efforts to raise the educational (not only literacy) and moral standards of the rural population which supply the manpower to our rapidly industrialising cities should be undertaken. Men not accustomed to handle cash amounts suddenly get a lot of cash by working in the industries, which is squandered in various ways like alcoholism, prostitution etc. Educating these men to utilise their earnings in more worthwhile and acceptable ways and saving them by way of useful attractive ways like provident funds, life insurance, co-operative housing societies etc., will go a long way.
- (2) A realistic approach and practical attitude towards the sex education and frank discussions of the problems of venereal diseases is imperative. There has been a blanket of mysterious taboo in discussing this subject. Young men who come to towns are completely ignorant of the risks they run into when they visit prostitutes. A multidimensional programme of propaganda and education through various audio-visual methods will help effectively to spare a certain percentage of youths from visiting prostitutes. The sex education programme should definitely include not only 'what are venereal diseases' but should also, include information on effects of venereal diseases, prophylaxis and treatment.

- (3) Adolescence is a stormy period. During this period formation of peer groups is not uncommon. In some cases the individuals have visited prostitutes as a group activity and for the sake of bravado. Parental role in sex education during this period is important. An effective programme of child rearing education through various mass communication media is indicated.
- (4) Increase in the number of hostel seats in the educational institutions is suggested. Some of the high school and college students were infected with V. D. and it was observed that most of them were non-hostel students.
- (5) The problem of having time hanging on their hands, especially, for young bachelors, should be solved by organisation of games, gymnasiums, free libraries etc. Arrangements for exhibition of cine-pictures should be made in the industrial colonies. There should be no compulsion of any kind about these activities, but they should be made attractive enough for boys to participate voluntarily and spend the leisure hours in such recreations arranged in various centres.
- (6) More effective check on the pornographic magazines, books, and pictures that are flooding the market is indicated, as quite a few of our subjects reported visits to prostitutes after being excited by going through such literature seeing some photographs or popular pictures. Adequate censoring of cine pictures and formation of an advisory body consisting of both representatives of people and producers to guide the producers to put up real quality shows is suggested.
- (7) An appreciable number of our sample hailed from broken families. It may be helpful to increase the number of institutions such as orphanages, poor asylums etc., where the personalities of the neglected children may be propitiously trained and utilised for the society.
- (8) A study of the attitudes of such of those who visit prostitutes and of those who do not visit, towards prostitution in general and V.D. in particular is suggested. Such a comparative study may give further clues to control prostitution and spread of V.D.

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