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THE RELATIONSHIP BETWEEN ANXIETY AND SELF-ESTEEM IN WOMEN WITH DEVIANT SEXUAL BEHAVIOURS

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Abstract

The current research attempts to capture the particularities of self-esteem in people who practice deviant sexual behaviours. As theoretical basis for the empirical explanation and testing of self-esteem, the study is based on theories of social psychology with reference to professional role and status, as well as on national and international research on deviant sexual behaviours as a psycho-social phenomenon. The purpose of our research is to explore the factors that inclined women towards prostitution. Self-esteem of this persons as well as aspects of self-image have been analyzed compared to those who do not practice such behaviors. In our research we show that poverty, emotional vulnerability and lack of education influence the rate of deviant sexual behaviours of young women and research results show that the self-esteem of this subjects is significantly reduced. The social impact of female education is profound. Most prominent is the role of mothers' education in reducing infant and child mortality, lowering fertility, and promoting children's education. Greater control over family finances directly affects children, as women are more likely to spend discretionary resources on investments in human capital – health, education and food. HIV/AIDS disproportionately affects females, particularly teenage girls. Educated women are better able to reduce risky behaviour by negotiating safe sex with partners. Education also empowers women to fend off domestic violence. In conclusion, we support the need for sexual education and health education programs to prevent sexually transmitted diseases and prevent deviant sexual behaviours.

Keywords: Deviant sexual behaviour, sexual education.

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1. Introduction

Lifestyle refers to all voluntary decisions and actions that affect our health. Healthy lifestyle plays an essential role in promoting and maintaining health and preventing illness. The negative (pathogenic) lifestyle consists of risk behaviours for health. Risk behaviours have negative consequences, in the short and long term, on physical and mental health and consequently reduce the quality of life and the well-being of the person.

Prostitution is an international social issue and its study has raised the interest of specialists in the field of sexuality psychology, social psychology, couple psychology, and psychology of deviant behaviour.

Prostitution is considered a social problem because it involves immorality (commercial sexuality), exploitation of the woman's body for the benefit of the man, association with other illegal activities (crime, drugs traffic) and the spread of venereal diseases, as well as AIDS disease.

The term of prostitution is valid for both women and men. Unlike prostitution practiced by women, the one practiced by men was not necessarily considered a social issue until the nineteenth century due to its association with sexual deviation or social disorder. Studies show that male prostitution was a problem associated with the development of sexual identity (Scott, 2003).

Both male and female prostitution was considered a problem in the nineteenth century, but an association of masculine prostitution with effeminate behaviour created a link between this type of prostitution and homosexuality that led to the understanding and implicitly to the acceptance of this practice by associating it with abnormalities of sexual behaviour (Scott, 2003).

Unlike female prostitution, the male prostitution contained a small category of sexual perverts, and they were quite easy to be distinguished from the rest of the population, besides, they were living outside the society and were excluded from the social frame.

Female prostitution has become a public health problem and a frequently debated issue in social policies of prevention of deviant sexual behaviours. Since the nineteenth century we have witnessed an increase in the frequency of sexually transmitted diseases to women practicing prostitution, besides, due to the fact that many of them became mothers, they were accused of contamination of newborns with various diseases.

1.1.Prostitution in Romania

In interwar Romania prostitution was institutionalized by the emergence of tolerance houses, which were located in the isolated areas of the big cities and were delimited with the help of the "red lantern". The prostitutes working in these houses of tolerance were registered with the police and were medically examined at times.

1.2. Results of previous research on self-esteem in prostitutes

On an international level there have been researches aimed to capture the self-esteem in this socio-professional category, which nevertheless are closely linked to the socio-cultural specificity of a certain country.

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In California, a study revealed that the self-esteem of prostitutes fluctuates in relation to the way of practice (in a brothel, on the street, etc.), (Prince, 1986).

Other studies conducted in the State of California, U.S.A. demonstrated on the one hand that the persons involved in prostitution as well as in the consumption of addictive substances have a low self-esteem, compared to the general population (Alavi, 2011).

Anxiety disorders are the most common disorders of the population, according to the National Institute of Mental Health (US). Many individuals try to avoid the stimuli that cause their anxiety, but, as these cannot be always avoided, this action leads to an aggravation of the disorder. However, anxiety can be treated fairly easily if appropriate treatment is followed.

The most common **anxiety disorders** are:

• **panic attack** - the symptoms are: increased heart rate, sweating, fainting, choking sensation, difficulty in breathing, dizziness, tremor, nausea, difficulty in swallowing, symptoms that trigger the instinctive response to the situation perceived as a threat, i.e. running away or repelling.

• **social phobia** – the individual experiences an irrational, however intense fear, linked to the way nearby people think about him/her, that affects his/her way of living, and can cause significant discomfort or isolation. It can be accompanied by the symptoms of a panic attack.

• **obsessive-compulsive disorder** – the symptoms are: excessive concern, especially about health, cleanliness or failure. A person suffering from this syndrome can conceive certain rituals, both physical and psychological, in order to be in agreement with certain irrational own concepts. They can suffer from intrusive and sometimes morbid thoughts.

• **simple phobias (arachnophobia, agoraphobia etc.)** – there is a variety of simple phobias caused by certain traumas of the individual, especially during childhood. These are often treated by exposure to the stimulus that triggers the condition.

• **generalized anxiety disorder** – individuals suffering from generalized anxiety tend to feel constantly pressed, worried, stressed about most of the normal aspects of everyday life. They spend a lot of time thinking about one responsibility or another, interrupting their pleasant activities with negative thoughts related to what they should actually do. Generalized anxiety subjects may experience difficulties in concentrating, falling asleep, and experience physical anxiety symptoms from time to time.

• **posttraumatic stress syndrome** – occurs as a result of a trauma experienced by the individual. There are certain stimuli that trigger the memories of the trauma, followed by the physical and psychological symptoms of the syndrome such as intense fear, dizziness, depression, tremor, sweating, increase of heart rhythm, panic attack, aggression, violence, impulsivity, delirium.

Causes of anxiety

Generalized anxiety disorder

The generalized anxiety disorder is manifested by continuous concern about the various aspects of everyday life: money, labor, family, health, or other reasons. The individual suffering from generalized anxiety is always expecting the worst, and is stressed-out most of the time without a real reason.

A person is diagnosed with generalized anxiety when, over a period of minimum 6 months, he/she has been unable to control the feeling of concern most of the day and also he/she manifests at least three of the following symptoms:

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- Restlessness
- Fatigue without much effort
- Difficulty of being concentrated
- Irritability
- Tensed muscles
- Sleeping difficulties (difficulty on falling asleep, insomnia).

Individuals who suffer from this disorder often feel that the feeling of excessive concern about small things is beyond their control and they do not know what to do. Therefore, consulting a specialist and following appropriate therapy is extremely important.

The posttraumatic stress syndrome

Posttraumatic stress syndrome (PTSD) is an anxiety disorder that develops in some individuals following a traumatic event.

According to NIMH, (2018) not every traumatized person develops this syndrome. Besides, not every person diagnosed with PTSD has experienced a dangerous event. Events such as the death of a close person can trigger posttraumatic stress syndrome.

Symptoms usually begin to occur within the first 3 months of the incident. However, there have been cases when PTSD occurred even after one year from the event.

A person is diagnosed with PTSD if he/she experiences the symptoms for at least one month, and also if these symptoms are severe and interfere with personal or work relationships.

Of course, the symptoms of this disorder may differ from one individual to another. Some people can recover in approximately 6 months, while others require a longer time. In some cases, the disorder becomes chronic.

PTSD symptoms:

- Symptoms of reliving:

a) flashbacks (mentally reliving the trauma over and over again, including physical symptoms such as heart rate acceleration
b) nightmares
c) terrifying thoughts.

Certain words, objects or situations can become triggers of the traumatic event memories. For example, in the case of a former military, things such as helicopter noise or dust smell can be associated with the event, thus triggering symptoms of the syndrome.

- Avoidance symptoms:

a) Avoidance of all places, events, objects or people that trigger memories of the incident.
b) Avoidance of thoughts or feelings related to the event.

These symptoms can cause a change in the daily routine. For instance, if involved in a serious car accident, the person will avoid driving or being inside a car.

- Symptoms of excitation and reactivity:

a) Irritability
b) Tension feeling
c) Difficulties of sleep

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d) Aggressive outbursts

Symptoms of excitation are usually constant, not triggered by stimuli. These symptoms make the person feel irritated, tensed, angry, stressed. They can affect daily activities such as sleeping, eating or concentrating.

- Cognitive and mood symptoms:

a) The inability to remember some of the traumatic event's essential characteristics
b) Negative thoughts about oneself or others
c) The feeling of guilt
d) Loss of interest for pleasant activities

These symptoms can make the person feel alienated or detached from friends and family

2. Problem Statement

The current research attempts to capture the particularities of self-esteem in people who practice deviant sexual behaviours. As theoretical basis for the empirical explanation and testing of self-esteem, the study is based on theories of social psychology with reference to professional role and status, as well as on national and international research on deviant sexual behaviours as a psycho-social phenomenon.

3. Research Questions

The analysis aspects concerning the level of anxiety and self-esteem of young women who have recognized that they have had unprotected sexual contacts with strangers or have practiced deviant sexual behaviours.

The analysis of the impact of sexual education programs and prevention of sexually transmitted diseases in optimizing the self-image of young vulnerable women

4. Purpose of the Study

The aim of our research is to explore the factors that tend to lead to prostitution or deviant sexual behaviors and to assess the level of anxiety and self-esteem of this person.

5. Research Methods

1. **The Burns Anxiety Inventory**, 1990 by David and Burns, MD includes 33 items classified in 3 categories: category I: anxious feelings, category II: anxious thoughts, category III: physical symptoms. The degrees of anxiety are minimal or no anxiety, borderline anxiety, mild anxiety, moderate anxiety, severe anxiety, extreme anxiety.
2. **Rosenberg self-esteem scale, Rosenberg (1965)** The **Rosenberg self-esteem scale** (**RSES**), developed by sociologist Dr. Morris Rosenberg is a self-esteem measure widely used in social-science research. It uses a scale of 0-40 where a score less than 15 may indicate a problematic low self esteem. The RSES is designed similar to the social-survey questionnaires. It is a ten-item Likert-type scale with items answered on a four-point scale—from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their

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current feelings. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment.

3. ***Focus group with young women vulnerable to manifest deviant sexual behaviours (personal tool)***

6. Findings

Hypothesis 1: It is assumed that there is an inversely proportional correlation between the level of anxiety and the self-esteem of young women who have recognized that they have had unprotected sexual contacts with strangers or have had practiced deviant sexual behaviours.

At hypothesis no. 1 a correlation coefficient of $p = -0.46$ was maintained at a significance level $p < 0.01$ between the level of anxiety and the self-esteem of young prostitutes and recognize this fact, this link being of medium intensity. There has also been an average and high anxiety level of over 60% in girls who practice unprotected sex behaviours and recognize this fact. There was also a low self-esteem of these young women in the proportion of 78%.

Hypothesis 2: It is presumed that through the intervention of the interdisciplinary team constituted by the family doctor, the social worker and the psychologist the increase of the frequency of deviant sexual behaviours can be prevented.

To demonstrate hypothesis no. 2 members of the interdisciplinary team constituted by the family doctor, the social worker and the psychologist discussed with the young women in order to highlight how deviant sexual behaviours and prostitution frequency can be prevented.

Many of the young vulnerable women have highlighted among the psychosocial factors that can lead them to practice prostitution the poverty level, a low level of education, the desire to quickly get a sum of money. Sexual behaviour at risk, for example unprotected sex and multiple partners, have serious social or medical consequences such as unwanted pregnancies that increase the frequency of abandonment and sexually transmitted diseases**.**

Local social workers in the counselling activity address to clients who mainly come from the following categories: homeless families; very low income families receiving social benefits; families where a parent or both are unemployed; families who have abandoned or institutionalized their children; single-parent families; families in which alcohol, drugs are consumed; families where prostitution is practiced; families rejecting minor mothers; families where one or both parents are illiterate; families where violence or running away from home are practiced; families who neglect child hygiene, health and education; families with physical, emotional and sexual abuse.

The doctor, the psychologist, and the social worker explained the risks of unprotected sexual acts and deviant sexual behaviours from a legal, psychological and social point of view.

7. Conclusion

This study has pointed out that there is a need to raise awareness of the risks of unprotected and degrading sexual behaviours among young teenager women.

Most prostitutes go into their field as adolescents. They generally come from a broken, chaotic home with problems such as alcoholic, drug-addicted and extra-maritally sexually active parents. Many

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prostitutes suffer as children from parental separation, child abuse, incest and gross neglect. They often feel alone, unprotected, unloved and suffer from bouts of depression. Prostitutes frequently have history of delinquency, drug abuse and frequent sexual activity. Sexual behaviour at risk, for example unprotected sex and multiple partners, have serious social or medical consequences such as unwanted pregnancies that increase the frequency of abandonment and sexually transmitted diseases. The rate of attempted suicide is very high among prostitutes.

In our research we show that poverty, emotional vulnerability and lack of education influence the rate of deviant sexual behaviours of young women and research results show that the self-esteem of this subjects is significantly reduced. The social impact of female education is profound. Most prominent is the role of mothers' education in reducing infant and child mortality, lowering fertility, and promoting children's education. Greater control over family finances directly affects children, as women are more likely to spend discretionary resources on investments in human capital – health, education and food. HIV/AIDS disproportionately affects females, particularly teenage girls. Educated women are better able to reduce risky behaviour by negotiating safe sex with partners. Education also empowers women to fend off domestic violence. In conclusion, we support the need for sexual education and health education programs to prevent sexually transmitted diseases and prevent deviant sexual behaviours.

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