

Brief report on Rapid need assessment on Mental health status among children of women in Prostitution Coverage: Three districts of Andhra Pradesh

Study conducted by: HELP organisation
Analysis by: Dr. P.S.V.Bhavani, Hyderabad

Mental health of survivors of trafficking and their children in general, how the lockdown and pandemic has impacted their mental health, and how important it is that not only mental healthcare services but community based rehabilitation is crucial for recovery and increasing emotional well-being.

With the current COVID 19 pandemic the vulnerability to social and psychological problems has increased. Due to the current situation most of the families are now deprived of their income and with no or minimal Government support for their livelihood are now looking towards seeking financial support from the money lenders in their locations. This practice makes the children more vulnerable towards abuse and exploitation by the money lenders who are actually the middlemen for trafficking and commercial sex business. The mental health condition of the children and youth associated with regular incidents in these locations has further deteriorated. Additionally, COVID-19 triggers an impending psychological disaster for many other children in distress.

The crisis has intensified society's indifference towards the most vulnerable. Children of sex workers, the most invisible and forgotten, are now facing a fresh onslaught of COVID-19. Sex workers, many of them single parents, are now without a livelihood. Stigma and criminalization of their work make it hard for them to find an alternative source of income. Their children are at an increased risk of malnutrition, exploitation, and abuse at the hands of the traffickers.

Every fifth person in India is an adolescent between 10 and 19 years and every third person is aged between 10 and 24 years. At any given point of time, nearly 50 million Indian children suffer from mental disorders. The National Mental Health Survey 2016 reports that the prevalence of mental disorders is 7.3% among children aged 13–17 years and it is similar in both genders. The prevalence among urban children is nearly double (13.5%,) compared to the rural children (6.9%,). The children living in highly sensitive locations such as redlight areas in urban settings are more vulnerable to have mental disorders in comparison to the conditions believed as normal. Though there is very limited information available on the status of mental well being of children in redlight areas of India, it is scientifically established that the mental well being depends on the severity of the incidents occurring around a particular human being. The children in redlight areas come across varieties of vulnerable situations beginning from exposure to unsolicited sexual acts, physical, mental and sexual abuse against them as well as their mothers, violence with in the family and in the community setup, bullying by peers in educational institutions, discrimination in the larger society and moreover fear of being trafficked and engaged in sex profession by pimps and other perpetrators and many more. These children are one way or another negatively affected by this environment and suffer from single or multiple types of emotional disorders.



As per the rapid need assessment conducted recently by **HELP** on the mental health status among children and youth (**children of women in prostitution in three Districts Prakasam (Boys 25 Girls 42 total=67), Guntur (Boys 75 Girls 135 total=210) and Krishna (Boys 45 Girls 85 total=130) districts, total boys 145, Girls 262, total=407 were interviewed**) in the age group of 10 to 24 found that these young people are suffering from multiple types of emotional disorders such as depression, anxiety, fear and avoidance. which include, 62% feeling of not being a good person, 44% feel life is not fun or pleasurable, 12% have thought about committing suicide at least once, 30% children/youth avoid or fear speaking with their mother and 39% with their father.70% each feel humiliated scrutinised or centred out where as 45% stammer/tremble and another 41% feel demotivated.

A 47.9 % children said they are not comfortable with the home & environment that they live in, 61.7 % often feel stressed or anxious about things going on in life, 35.4 % enjoy going to School, 64.6 %have got an opportunity to work outside home and of them 63.6%got opportunity by someone they knew and had trust, 96.3 % were abused by parents (Physically or emotionally) at home. 85.7 said they didn't know who to look up on If they felt scared or anxious and whom to get help from, 70.3 % do you get to spend a few hours per week in sports, or any hobbies , or just play and having fun, 61.7% said they did not feel safe at home , at school,in your neighbourhood during day or night time and 86.7 didn't knew whom to access for help If in trouble

Mental disorders are among the leading causes of non-fatal disease burden in India, but a systematic understanding of their prevalence, disease burden, and risk factors is not readily available for each state of India. In this report, we describe the prevalence and disease burden of each mental disorder for the states of India, from 1990 to 2017.

The burden of mental disorders across the states of India, a study in India in 2017 revealed that 197.3 million people had mental disorders in India, including 45.7 million with depressive disorders and 44.9 million with anxiety disorders. Implying that one in seven Indians were affected by mental disorders of varying severity in 2017. The proportional contribution of mental disorders to the total disease burden in India has almost doubled since 1990.

Andhra Pradesh, a state in the south-eastern coastal region of India, has a rich cultural and historical heritage attached to many caste based practices since ancient and medieval times. One of the practices that originated in the state in the form of singing and dancing girls and concubines by Rajas (kings),Mahajans (money lenders), feudal landlords, leaders and others converted to prostitution, both home and brothel based in line with the changes ,developments that occurred in the state. As per Andhra Pradesh State Aids Control Society, there are around 3250 prostitution localities present with 90649 registered sex workers. Nearly 35 to 40 locations mostly known as Red Light Areas that have 100 to 150 sex workers in each location scattered throughout the big cities of the state which are connected to State and National Highways. These areas have traditionally accepted prostitution as a profession specifically by particular caste groups with some element of unwritten legal sanction, both within and outside the communities. Along with changes in value system the practice of engaging children in prostitution has also increased in these localities.

In the COVID context, these children are mostly viewed as passive recipients of suffering and rarely as active citizens of society. While we envisage a new normal future for us, these children are still waiting for a "normal" future to unfold. These little architects of resilience are often "seen but not

heard". Out thematic representations of children's issues amid the pandemic are mainly devoted to the portrayal of miseries rather than having a discourse on child rights. While we are responding to the pandemic, it is an act of justice that we pay heed to children's perspectives.

It is incumbent upon government partners, civil society, professionals, and the public to provide vulnerable children with a platform to express their perspectives and become active partners. There is a need to identify the keys to unlock their capacities to contribute to their well being through opinion formation, expression, and action. Children's voices must be sought and integrated into planning on matters of public health, school, social services, media use, and juvenile justice. Children's narrations of their experiences require documentary evidence to gain deeper insights into their world. It is time to strengthen children's expressions, ideas, and skills through deep engagements, particularly with most vulnerable children. This would give us a scope for critical inquiry into the multiple childhoods.

India launched the National Mental Health Programme in 1982, which was re-launched in 1996 as the District Mental Health Programme. The National Mental Health Policy was introduced in 2014, and a rights-based Mental Healthcare Act in 2017, which replaced the Mental Healthcare Act of 1987.

- Ended with emphasising on the need for a national rehabilitation policy which includes mental health as a key component of rehabilitation and provides support services that is accessible and affordable to ensure sustainability of mental health support system for survivors of trafficking and their children's.
- Despite these efforts by the government, poor implementation of mental health services in India has been documented, with a high treatment gap for mental disorders, poor evidence-based treatment, and gender differentials in treatment
- Nation allocated budget is not sufficient, many positions are vacant and that are hampering to provide the quality health service. Every year only 500 Psychiatrist/Clinical Psychologist/ Psychiatric Nurse/Psychiatric Social workers are graduating and that number is very less than the demand.
- Human trafficking needs to be recognized as a global public health problem specified and focused directives from health departments need to be issued to reach out to trafficked victims so that they can avail the much needed services. This is a call to action for mental health clinicians and public health professionals to engage in the response to human trafficking globally.
- Mental disorders adversely affect a large proportion of Indians. Given the poor coverage of mental health services, the lack of awareness, and the stigma attached to mental disorders in the country, India needs to invest heavily in mental health services to facilitate prevention where possible and to provide affordable treatment, care, and rehabilitation, as well as to attempt integration of mental and physical health services.

Recommendation to survivors of human trafficking to protect their children:

- Create a comprehensive law on human trafficking which will have clear definitions and indicators of rehabilitation and recovery

- Make mental health and PTSD testing mandatory precursor to rehabilitation of survivors of human trafficking and support NGOs to provide trauma informed care to victims
- Listen to survivors, believe them, ensure that they know that the shame doesn't belong to them. Ensure that survivors are supported to participate actively in policy drafting and monitoring for better implementation and reform
- Ensure that District Mental Health Programs and Policies are outreached to survivors of trafficking for psychological counselling and treatments at the grassroots
- There is overall deficiency in mental health care treatment services and the survivors of trafficking and their children's do not get the appropriate quality service on psychological and psychiatric treatment since there are no specified focused health directives.