Children Australia

www.cambridge.org/cha

Female sex worker's children: their vulnerability in Iran

Saeid Mirzaei, Sajad Khosravi and Nadia Oroomiei

Department of Health Management, Policy and Economics, School of Public Health, Bam University of Medical Sciences, Bam, Iran

Article

Cite this article: Mirzaei S, Khosravi S, and Oroomiei N (2020). Female sex worker's children: their vulnerability in Iran. *Children Australia* **45**: 21–29. https://doi.org/10.1017/cha.2019.35

Received: 31 December 2018
Revised: 12 July 2019
Accepted: 1 August 2019
First published online: 9 September 2019

Keywords:
Children; sex workers; vulnerability; Iran

Author for correspondence:
Nadia Oroomiei,
Email: n_oroomiei@yahoo.com

Abstract

This qualitative study used a narrative approach to address the vulnerabilities and problems experienced by the children of sex workers in Iran. A purposive sample of women who were referred to drop-in centres were invited to take part in semi-structured interviews. An analysis of the data identified 8 main themes and 12 sub-themes, most of which related to risks and harm being perpetrated on the children of sex workers. The main risk to these children was the likelihood that they would escape from home and become sex workers themselves. Also identified as problematic was the risk of child labour, becoming members of offending groups and becoming a member of a brothel.

Introduction

Female sex work is an age-old and universal phenomenon that occurs to varying degrees in all societies and is often considered deviant behaviour (Domènech & Pérez, 2019). Sex work not only has personal consequences, such as sexually transmitted diseases, HIV–AIDS and mental harm, but is also thought to cause harm to families and societies through increased levels of violence and sexually transmitted diseases (Boyer et al., 2017). Because of the stigma associated with sex work, some workers are less likely to seek support from health and social services, leading to a deterioration in their health and increased likelihood of spreading diseases to more people, which places a greater burden on the health system (Sawicki, Meffert, Read, & Heinz, 2019).

In the families of Iranian sex workers, men are usually absent or considered parasites by pressuring women to earn money by accepting sex work and supporting their families by taking on the male role of breadwinner and head of family (Abadi et al., 2018). The Iranian community, however, does not accept these unconventional roles for women and sex workers are therefore a marginalised population who suffer social and cultural stigma. As such, the policy response to these women includes punitive laws (UNAIDS, 2010), which are known to increase the risk of occupational hazards and the vulnerability of this group (Abel, 2014).

In Iran, being a mother is considered the traditional and central role of a woman and a source of her self-confidence, self-esteem and pride (Akbarzadeh, Yazdanpanahi, Zarshenas, & Sharif, 2016). Motherhood often equates to self-sacrifice and the satisfaction of her children's needs (Ma, Chan, & Loke, 2019). Therefore, the effects of stigma and discrimination associated with sex work not only affect a woman's family life and limit her capacities as a mother, but are also thought to affect the lives of her children, especially in early childhood (Beckham, Shembilu, Winch, Beyrer, & Kerrigan, 2015).

The beginning of childhood is a particularly important stage in life, with healthy early childhood emotional, physical, cognitive and social development being important for later life well-being (Duff et al., 2015). The experiences during early years of development can impact on children's mental health, obesity, heart disease, criminality, economic partnership, literacy competence and overall well-being throughout their lifetime (Lally, 2016). The diminished status of sex workers' families in the Iranian culture makes their children highly vulnerable (Beckham et al., 2015) and may cause them to be caught in an undesirable sex worker–child–sex worker cycle which can impact on their development and well-being (Adhikari, 2007).

Several studies, in a variety of countries, have been conducted on the vulnerability of sex workers and their children. For example, a study on the causes of death of sex workers and their children in Cambodia indicated that the most common cause of death for sex workers was abortion (Willis, Onda, & Stoklosa, 2016). A study of children's well-being in Bangladesh found discrimination and stigma against the children of sex workers (Willis, Hodgson, & Lovich, 2014), and Beard et al. (2010) found that the children of sex workers are a hard-to-reach group who are more likely to be vulnerable and marginalised.

Willis, Welch, and Onda (2016) concluded that, based on the rate of maternal mortality and morbidity among female sex workers and their children, this is neglected global health issue. Therefore, many people believe there needs to be intervention to prevent harm to the

© The Author(s) 2019. Published by Cambridge University Press.

CAMBRIDGE UNIVERSITY PRESS

children of sex workers. The first step for effective intervention is the identification of sources of harm and patterns that undermine children's welfare (Servin et al., 2015).

Iran is an Islamic republic that adheres to religious strictures (Menashri, 2012) and, as such, sexual relationships are accepted only in the context of marriage. Marriage has two forms: permanent and temporary. In its permanent form, a man and a woman are married to each other for life (Hamzić & Mir-Hosseini, 2010). Temporary marriage, though, can take place between a divorced or widowed woman and a married or single man. The couple contracts this marriage for a specific time, determined and agreed upon by both parties. If the couple do not want to extend the marriage beyond the expiration of the agreed time, the marriage ends, after which it is expected that the woman will abstain from having sex for 3 months and 10 days to ensure that she is not pregnant. This time period is called Eddeh (a period during which a divorced or widowed woman may not be married to another man). After this period, and assuming she is not pregnant, the woman can marry another man (Haeri, 1994). Even though temporary marriages occur, and are not legally prohibited, it is considered undesirable and carries some stigma (Karamouzian et al., 2016).

Even though sex work is considered illegal and perpetrators are punished in Iran, it does occur informally. While there are no official statistics on the prevalence of prostitution, unofficial statistics indicate a significant number of women participate in prostitution (AIDS office Ministry of Health, 2010). Because Islamic law forbids a woman to have sexual intercourse with a man outside of marriage (Hamzić & Mir-Hosseini, 2010), many female sex workers hide behind the mask of temporary marriage. They do not necessarily observe the principles of temporary marriage such as Eddeh, but they use the term 'temporary marriage' instead of the term 'sex work' to protect themselves from legal penalties. Having said that, the stigma attached to this arrangement remains. In the community's eyes, temporary marriage attaches stigma to the man and the woman (Haeri, 1994). Moreover, because they are seen to be endangering not only their own health, but draining community resources because of causing an increase in the incidence of sexually transmitted diseases in the community (Beckham et al., 2015), discrimination against sex workers also makes their children more vulnerable than those of other women (Karamouzian et al., 2016).

This group of women and their children are largely ignored within health policies, so to help reduce the vulnerability of these children, it is necessary to first identify the potential problems and harms that they encounter. Even though various studies have been undertaken around the world that examine the experiences of children of sex worker mothers, there are few studies on the children of sex workers in Iran. The present study explores the vulnerabilities of these children in Iran, highlighting the threats and dangers they face, and the life patterns that emerge as a result of their circumstances.

Method

This qualitative study investigated potential harms experienced by the children of female sex workers in Kerman, Iran, using a narrative methodology. The research population included all female sex workers in Kerman city. The sample was selected purposefully through the snowball method by approaching women who were referred to drop-in centres (DICs) for social harm reduction. In 2002, with the backing of the United Nations Office on Drugs and Crimes, the first DIC was established, and many have since been established throughout Iran. DICs provide services to drug users as a way of reducing drug-related harm; however, female sex workers also use these services. The centres operate under the supervision of the State Welfare Organization of Iran or medical science universities. The main services offered by DICs include a needle syringe exchange programme, care for wounds, free condoms, teaching the correct injection method, explaining the dangers of sexually transmitted diseases and offering ways to prevent these diseases, and providing hot food and drink, baths, as well as methadone maintenance treatment (Taleban et al., 2018).

Kerman has three DICs affiliated with the Kerman University of Medical Sciences, all of which were involved in the study. The staff in the centres knew which women accessing the services were sex workers.

The centres staff helped recruit participants by speaking with the women about the research and seeking their permission for the research team to contact them to provide them with further information. A research team explained the research to those women expressing an initial interest, who were then asked to contact the research team the following week if they were interested in participating. The research team spoke with 20 women, 12 of whom agreed to participate in the study. The research team also asked these women to introduce them to any other sex workers who had children, or female sex workers who knew of other sex workers with children, to ask if they would like to participate in the study. This resulted in the participation of 21 female sex workers who had children and 8 female sex workers who knew other sex workers with children. The study also included women known to be drug users; however, consent and participation in the study occurred at a when they did not appear to be drug affected and with the Centre's Psychologists approval.

In-depth interviews using semi-structured questions in Persian were carried out with all of the women at the centres. The interviews were recorded with sound recorders with the permission of each participant and later transcribed into Persian. The duration of the interviews varied from 50 to 130 minutes. Data saturation was found to occur after the 28th interview. A nonmonetary gift worth 300,000 Rials (equivalent to A$10.31) was given to each participant for buying food.

Data analysis

The researchers encrypted the transcribed interviews and searched the data for frequently repeated themes (Silverman, 2013). MAXQDA 10 software was used for coding the data and the data were analysed inductively. The researchers then reviewed the emerging themes and ambiguities to ensure the consistency and validity of the interpretations. Using constant comparisons and analytical induction, meaningful themes were identified. The numbers in parentheses in the findings section represent the number of interviewees referring to a particular theme or sub-theme.

Ethical considerations

Permissions were sought from the relevant authorities for the researchers to attend the centres. An informed consent form was fully explained to the participants by a member of the research team before receiving participants' consent. The participants were given assurance that the interviewers were from an academic group and had no connection with legal and judicial authorities. They were also informed that they could end the interviews at any point, and that they could withdraw from the study whenever they wished

Table 1. Findings

Main themes	Sub-themes
Life threats	Physical abuse Sexual abuse Children conceived as a result of sex work Suicide and killings Abortion Sale or abandonment of children
Exposure to inappropriate places and scenes	Awareness of the mother's job Seeing their mother during sex Accompanying their mothers to client's location Seeing acts of violence against their mother Accompanying mothers to DIC centres Being exposure to mother's drug abuse
Taking care of children	
Children's future	
Receiving health care services for children	
Living place	
School	
Inappropriate nutrition	

without affecting the services they received from the DICs. They were also informed that their names would be kept confidential. This research was approved by the Ethics Committee of Kerman University of Medical Sciences.

In order to protect participants' anonymity, all the interviewees were given an identification code to keep the name of the interviewee confidential. Computers were also password protected to secure the confidentiality of the files containing participants' data.

Findings

The study's findings revealed a range of risks and possible harms that threaten the children of sex workers. The risks and harms were categorised into 8 main themes and 12 sub-themes. The main themes were identified as: life threats, exposure to inappropriate places and scenes, taking care of children, children's future, receiving health care services for children, living place, school and inappropriate nutrition. These themes and their relevant subheadings are outlined below (Table 1).

Life threats

Physical abuse

Fifteen of the participants referred to children being beaten and scolded by their mothers, fathers, neighbours, family members and other sex workers. Interviewee 1 recalled: 'My son was crying behind me. My friend, who is a sex worker, too, put pepper in his mouth'. And Interviewee 12 said, 'Sometimes when I am hungover he cries so I beat him. When he cries he makes me nervous and I can't control myself'.

Sexual abuse

Many of the children had experienced sexual abuse from their fathers, neighbours and male cousins; some of whom were also affected by drug use (14 interviewees). One participant talked about the sexual abuse of her child by a neighbour. She said, 'I left my son in my neighbour's home. He wanted to have sex with my 11-year-old son. When I found out I fought with him'.

Children conceived as a result of sex work

The researchers observed that the children of sex workers included those who had been born before their mothers began sex work, and those who were born after or as a result of their mother's sex work. Experiences shared by eight interviewees suggested that children born after a mother had commenced sex work were more likely not to have a birth certificate, and to be sold, rented out or sent out to work by their mothers. One interviewee mentioned that a sex worker she knew had an illegitimate child with no birth certificate, and that the child had been rented to a madam for 12 years. Furthermore, Interviewee 8 said that 'When you have an illegitimate baby that no one wants, you can just keep the baby up to 6 or 7 years old then he or she [the baby] works on streets or crossroads. Generally, prostitutes, particularly those who do not have good income, become pregnant. This illegitimate baby will work in the future to make money and help the prostitute'.

Suicide and killings

The risk of death appeared high for these children, resulting either from being killed or committing suicide (six interviewees). One interviewee told the story of a child who was murdered by the aggressor after being raped. Another participant (Interviewee 17) described the suicide of a prostitute child, recalling 'a drug dealer raped the daughter of one of these women when she wanted to buy drugs for her father. She killed herself by taking pills'.

Abortion

Abortion is available on a limited basis in Iran; however, the practice remains controversial and many abortions are performed illegally. The general public's view of abortion in Iran is that it is a sin because the right to life has been taken from a human being. With the exception of therapeutic abortions, abortions are illegal and perpetrators are punished. Therapeutic abortions occur when there is a definitive diagnosis by three physicians and legal medical confirmation that there are foetal abnormalities or the mother is in danger if she continues with the pregnancy and are only allowed before the 19th week of pregnancy. Deliberate abortion after the 19th week of pregnancy, according to the Islamic Penal Code in Iran, is equivalent to murder. Therefore, people who seek illegal abortion use illegal abortion centres (Abbasi et al., 2014; Hedayat et al., 2006; Ranji, 2012). Based on these legal, cultural and religious reasons, this study identifies abortion as a form of harm to children.

Unwanted pregnancies are common among female sex workers and the majority of these women prefer to abort their pregnancies because of the impacts on their work (25 interviewees). The interviewees referred to their frequent illegal abortions. For example, Interviewee 11 stated, 'My clients don't like to use condoms and I can't reject them because I need money. I'm 25, and I've had 8 . . . oh, no, 9 abortions so far'.

Sale or abandonment of children

A number of mothers opted to abandon their children because they are unable to afford the cost of raising a child or hope the child will have a better future (seven interviewees). Children are also sold for money or drugs (five interviewees). Interviewee 18 recounted, 'My friend . . . got pregnant from a client. She sold her baby to her drug

supplier. He takes the child to streets to beg'. Another woman said, 'I'll keep my child, but many don't do it. Some women sell their children to a drug dealers to buy drugs'. Another interviewee said one of her friends left her child in a high-class neighbourhood of the city:

> My friend left her breast-fed baby on [street name]. She couldn't afford the baby's expenses. She said even if she didn't leave her, the child would become a disgraced person like her. But that way, somebody might accept her as their goddaughter and she'd have a better life than her mother. Since then, my friend got distraught. She dreamed of her child every night and got disturbed. After a while, she used drugs. (Interviewee 15)

Exposure to inappropriate places and scenes

Awareness of the mother's job

Many of these women hid their jobs from their children and worried about the consequences of disclosure for their children (17 interviewees). Interviewee 10 said 'My children don't know, and I don't want them to know. If they find out someday, I won't know what to do'. But some children knew about their mothers' work, and those who did showed signs of anxiety and aggression. 'My children know their father forces me to do it. One of them always bites his nails and cries secretly in a corner' admitted Interviewee 3. Another woman said:

> For children, especially boys, it's very difficult to admit what their mother's job is. They curse and behave aggressively. But girls, no, they're quiet. When the son of one of my friends knew his mother's job, he left her and started drug dealing and robbing. Before, he thought his mom was a secretary. (Interviewee 20)

One interviewee referred to 'silent' sex work. She divided the sex workers into two groups: those who could not supply their basic needs and those who had the ability to supply their basic needs but undertook sex work in order to achieve a higher level of income. She said the likelihood of the children's awareness of their mothers' job was much higher in the first group:

> It's just the problem of the children of women like me who sells themselves. There are many women who married or have a job and can meet their basic needs, but they do sex work to have more money for luxuries. Their children never know about it, and their looks don't reveal that they are prostitutes. (Interviewee15)

Many of the children who were aware of their mother's work were also exposed to situations and witnessed scenes that were not suitable for them. These included as follows:

Seeing their mother during sex

One mother reported that her five-year-old child witnessed her sexual relationships with clients. She believed her child did not understand what she was seeing. 'My clients come to my home and my child witnesses many things, but she's just five and doesn't understand what's going on' (Interviewee 26).

Accompanying their mothers to client's location

Some sex workers took their children with them (10 interviewees). Interviewee 16 said, 'I take [my son] everywhere with me. What can I do? If it's okay with the client, we'll have sex while my child is busy playing. Sometimes a client protests, and I leave my child in the client's car'.

Seeing acts of violence against their mother

Children were reported to have witnessed scenes of their mothers being victimised or beaten by the clients (eight interviewees). Interview 25 said: '[my daughter] has seen me being beaten up. Once I was fighting with a client over money. The son of a bitch threw me against the wall and my head bled. My daughter didn't stop screaming because she thought he was crazy!'

Accompanying mothers to DIC centres

All research participants said they took their children to the DIC centres at least one time. The children witnessed their mothers receiving the services provided by the DICs (28 interviewees). They also saw other clients in these centres and witnessed their interactions. Interviewee 8 reported that 'once, a DIC staff member said to me "Come and take your methadone, you bitch!" My son was with me. When we went out, he burst into tears'.

Being exposed to mother's drug abuse

Fourteen interviewees mentioned their children being exposed to their drug use. Interviewee 19 attested that 'When I use drugs, [my son] sits next to me and plays with a coal. Sometimes I smoke him [i.e. exhale smoke into the child's face]'.

Being present around other sex workers

A number of children reportedly accompanied their mothers to venues where madams and other sex workers gathered. The conversations and interactions between these women were not considered suitable for children at all (nine interviewees). As Interviewer 1 said, 'Well, sometimes there's a fight between the sex workers, and the children are present there. The women curse and beat each other. What can we do with the children? Can we close their ears?'

Taking care of children

Many interviewees pointed out they had nobody to take care of their children when they needed to go to work. Therefore, some gave drugs (such as opium) or sleeping pills to their children to cause them to sleep (seven interviewees). Others left their children alone at home (nine interviewees). Interviewee 2 said:

> I don't let her go outside the house, and I don't leave her with anybody. When I was a kid, my mother left me with our neighbours, and I became such a woman. I don't want it to happen to my children. But when they're alone they get scared. I give them sleeping pills to make them fall asleep till I come back from work. I trust nobody. They think I go to clean people's houses.

Some sex workers opted to leave their children with the children's father, even though fathers had addictions (four interviewees). Some others sent their children to their neighbours' home or left them with other sex workers who were not with clients (eight interviewees). Some sex workers left their children with a madam to be taken care of, giving part of their wages to the madam in exchange, or letting the children work for the madam for free from the age of 6 or 7 (three interviewees). Interviewee 11 said:

> Some of these women work with a madam, who takes care of their children when they go to work until the children are 12 or 13 years old. If they are boys, they might sell drugs and alcohol for the madam or go to crossroads for begging or flower selling. They'll also have sex with clients who like intercourse with boys. It starts as rape, but then the boys get used to it. If the children are girls, they'll do what we do. They have a good market because they have good bodies and clients pay much for them.

The children's future

We asked the interviewees about the future of children whose mothers were sex workers. Escaping from home and leaving their mothers (17 interviewees), becoming child labourers (9 interviewees), selling and consuming drugs and alcohol, joining criminal groups (14 interviewees) and establishing brothels (4 interviewees) had been some of the outcomes for the children they knew. Interviewees indicated that many daughters had gone on to become sex workers themselves either under pressure from their mothers or because of their special social conditions such as stigma of being a sex worker's daughter. Stigma reduces the opportunity to participate in education, find a good job or marry (22 interviewees). Interviewee 22 said:

> My daughter is 17 and she is a sex worker now. Once she got pregnant, and I got her an abortion with lots of trouble. She still doesn't know what to do to prevent pregnancy. Well, she earns a lot. I take some of her money and give the rest to her. I regret that I forced her to have the abortion because I heard there's a madam that buys babies. I would have sold the baby to her. You may ask what kind of a mother, am I?! I'd like my daughter to marry, but who marries the daughter of a sex worker? If some man doesn't know and marries her, and he later finds out, he'll divorce her or leave her or force her to be a prostitute. So, it's much better that she works with me.

Receiving health care services for children

When children experienced physical illness, mothers often avoided seeking professional medical treatment for them. Although children were more likely to be taken to hospitals or clinics when they were seriously unwell and needed urgent medical attention, mothers turned to a range of other strategies, such as using herbal remedies and decoctions, traditional healers or using non-prescribed drugs (24 interviewees). Interviewee 25 admitted that 'I treat everything with opium. It's a cure for every illness. All I can do is to fill their bellies'.

The women interviewed did not have health insurance and reported that the high cost of services, fear and taboo were the reasons why they did not take children to hospitals and clinics as a first solution (24 interviewees). Interviewee 21 said:

> If the staff know I'm a prostitute, and they usually find out pretty soon, they won't accept my children or will just want to get rid of them. They won't examine them, and if my children need an injection, they'll do it reluctantly. They may even call the police and get me into trouble.

Living place

Most sex workers and their families lived in low socioeconomic neighbourhoods in the suburbs where crime occurred frequently (16 interviewees). However, a few were living in middle socioeconomic neighbourhoods (five interviewees). And others lived in the house of a madam (four interviewees).

Several participants were homeless and lived in parks (three interviewees). One interviewee admitted that she worked at nights and left her children alone in the park. 'Most of my clients are drivers', she said. 'I stay by the road at night. I can't take my kids with myself. Once somebody wanted to rape my daughter. My friend and I let our children sleep at the park and then go to work'.

The taboo associated with prostitution also had an impact on the children in terms of where and how they lived. For many of the families, keeping the mother's work secret was important to avoid harassment and discrimination by neighbours or having the police involved. Mothers were also concerned that if a neighbour found out then their children would be subject to cursing and insults, physical abuse and even child sexual abuse (21 interviewees). Interviewee 9 acknowledged she had changed location for the sake of her child:

> The children in our neighbourhood don't play with my child. Once he went to play with them but they said 'your mother is a prostitute'. He came home and cried a lot. It was upsetting. We changed our house with great difficulty. The costs were high but I couldn't bear his disappointment. I finally saved the money and moved away.

Another said, 'My neighbourhood is up in the city [she laughs]. Everybody in our neighbourhood sells drugs or women. One day my child went to play in the park, but somebody wanted to rape her. She screamed and he ran away. That's how things are' (Interviewee 19).

School

Children's regular school attendance was affected by two main issues, which were the high cost of sending the child to school (23 interviewees) and the stigma of having a prostitute mother (15 interviewees). Many women pointed out that although their children were of school age or would shortly reach school age (the age of 7), they either did not go to school or their mothers had no plans to send them. The main reason for this was the cost of school, and another was the perception that school was less useful than sending children out to work. Interviewee 13 conceded, 'My son doesn't go to school. It's said to be "public", but the costs are too high. I'll send him to work in two years to earn money'.

However, there were also women who sent their children to school and recognised the life-changing potential of education for their children (five interviewees). Interviewee 14 said, 'I don't want my child not to become like me. I send [the child] to school although it costs too much'.

Nevertheless, schooling was socially risky for children who could end up being forced to abandon school due to the taboo associated with prostitution. One mother recounted that she had sent her son to school despite the high cost, but another student had discovered and revealed that she was a prostitute. The boy's classmates and other schoolchildren had mocked and blamed him because his mother is a sex worker and he quit school forever.

Inappropriate nutrition

Some interviewees indicated that they had not been able to breastfeed during the breastfeeding period, either because of their work hours or an inability to do so, and had struggled to afford alternative nutrition in the form of milk powder (nine interviewees). 'When my baby was born I was very weak and did not have milk', reported one mother (interviewee 28), 'Milk powder was also very expensive, and I had to give sugar solution (i.e. sugar is added to water) to the baby'.

Good nutrition during childhood continued to be an issue. Mothers pointed out that due to the high cost of living their children had fewer meals and their main food was carbohydrate, such as rice and pasta. Protein was rarely included in a family's goods basket (23 interviewees). 'The expenses are too high and I can't afford to buy meat', Interviewee 20 said, 'I fill their belly with rice, bread and potatoes. Whenever I work hard and feel happier, I buy pizza for them'.

Discussion

In this qualitative study, we sought to explain the vulnerabilities and problems experienced by sex workers' children. The findings of this study indicate that they can be divided into two groups:

women who had children before starting sex work and those who gave birth to children after becoming sex workers. Although both groups' children had encountered problems, the latter group seemed to have problems from the beginning. Within Iran's dominant social context, these children are considered illegitimate. When a child is born within the confines of an official and legal marriage, he/she is considered legitimate, takes on the father's family name and obtains a birth certificate by registering his/her parents name in the National Organization for Civil Registration of Iran. A child who is the result of fornication is deemed to be illegitimate, and the birth certificate is issued only in the mother's family name. These illegitimate children are generally rejected by society and no legal protection is provided to them (Ansari-Pour, 1999). The common problem of both groups is being the children of sex workers. Being a prostitute in Iran carries considerable stigma, and this stigma is also assigned to children and other family members. The general public reject this group of people (Izadi & Zarghami, 2014).

Many sex workers decide to have an abortion once they realise they are pregnant (Willis, Welch et al., 2016), some prostitute women continued their pregnancy hoping to improve their conditions by receiving support (Pardeshi & Bhattacharya, 2006). However given that abortion is illegal (except in medical cases), these women have no choice but to abort illegally (Hosseini-Chavoshi, Abbasi-Shavazi, Glazebrook, & McDonald, 2012), which also puts them at risk. Acharya (2010) noted that 65.2% of the 60 women interviewed reported at least one abortion and that only a few had been performed in clinics.

Inappropriate nutrition is another challenge for the children of many sex workers. Owing to the importance of nutrition in infancy and childhood, children need special attention to their diet (Ivers & Cullen, 2011). However, many children of mothers in this study were not provided with adequate conditions or nutrition during infancy and childhood. Many sex workers could not breastfeed their babies due to their work hours, and their babies were fed milk powder and sugar solution. Yerpude and Jogdand (2012) found that sex workers were busy at night and tired during the day, which was a significant reason for the difficulties they encountered with breastfeeding. Additionally, due to the low-income status of their families, children had a diet rich in carbohydrates and fat with a minimum amount of protein, fruits and vegetables. This kind of diet makes them more vulnerable to diseases in later life, a finding supported by research undertaken by Willis, Onda, & Stoklosa (2016).

Other challenges faced by this group included inappropriate places of residence and the taboo attached to sex work in the neighbourhoods in which they resided. All of the women in this study suffered from adverse economic conditions and could not afford to provide a suitable living space. The cost of housing in Iran is high; therefore, some of the families lived in parks and marginal areas. Some rented a house in lower-socioeconomic areas with a high prevalence of crime, which posed risks to their children, including being harassed physically and sexually. Some children lived with a madam and were exposed to other sex workers, and sold and consumed drugs secretly and illegally. Further, they were harassed by others in the household. This study supports the findings of other research that has found children living in inappropriate conditions (Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2011) and even being subjected to physical and sexual abuse (Duff et al., 2014).

A taboo on prostitution in the areas that the families live causes serious challenges for sex workers and their children. Once they are recognised as sex workers, there will be threats such as harassment, physical abuse, calling the police, raping the sex workers, blaming them and their children, exclusion and raping their children. Many of these women are terrified of being known as sex workers in their neighbourhood because it will make the living conditions difficult and they will have to change their place of residence. However, economic hardship makes changing the place of residence a major challenge, an experience also found by Beard et al. (2010) and Shohel (2013) in their respective studies, which also found children living in inappropriate housing. Sometimes neighbours call the police or Social Emergency Coordination Centre who send women to DICs and rehabilitation centres. The DICs provide services to help prevent needle and sexually transmitted diseases, and rehabilitation centres provide consultation, psychological services and accommodation for 6 months. In these circumstances, children who are arrested by police are sent to labour centres, which are affiliated with the State Welfare Organization of Iran and housed temporarily (21 days). Children are returned to family, but if the children are found to be abusive or inadequately cared for, then the State Welfare Organization, with a court order, removes the child and rehomes them with relatives, adoptive parents or boarding centres until the age of 18 (Office of Social Welfare in Iran, 2017).

Ensuring that children are appropriately cared for when their mothers work outside of the home is another challenge. Many of these women give their children sleeping pills and leave them alone to sleep at home. One woman left her 4-year-old child with his addicted husband, and the child witnessed the use of drugs by his parents. Some other women left their children with their neighbours or other sex workers. Gilchrist and Taylor (2009) have pointed out that the sex workers' children had sometimes witnessed their mothers' drug use, and Willis, Welch, & Onda (2016) also found that sex work mothers gave sleeping pills or drugs to their children to make them fall asleep. Some women left their children with a madam, and these children were exposed to inappropriate interactions between sex workers. This, according to Pandey, Kaufman, Tewari, and Bhowmick (2015), causes children to become socialised into brothel culture. However, some sex workers took their children with them when they went to work. Children accompanying their mothers led to their presence in inappropriate places and exposure to inappropriate scenes, such as witnessing sexual or violent interactions with clients. All the women stated that their children had attended the DIC with them at least once. Yerpude and Jogdand (2012) suggested that the stigma of having a mother who undertakes sex work prevented the children from being enrolled in a kindergarten; hence, the mothers could not keep their children away from their inappropriate work environment.

Physical and sexual abuse is a serious threat for these children. Many of these children are physically and sexually abused by their fathers, madams, madam's sons, other sex workers, neighbours and their mothers' clients, a finding that was also reported by Willis, Vines, Bubar and Suchard (2016) who found that three quarters of the children of sex workers experienced physical and sexual harassment (Willis et al., 2016).

Being aware of their mothers' job is thought to be another concern for children of sex workers. The findings of this study demonstrated that sex workers could be divided into three categories: the first group comprises the women having sex to pay for their basic needs. They hide their job from their children and worry about revealing the secret and the reaction of their children. Willis, Onda, & Stoklosa (2016) talk about the mental harm and behavioural problems (including anger) expressed by these children after learning of their

mothers' job. The second group does not hide their profession from their children, and even take them to work, a group who were also recognised in Pardeshi and Bhattacharya's (2006) study. The third group, called 'silent sex workers', does the job to meet their secondary needs, such as luxury goods and branded clothes. Because they do not need this money for basic living needs, instead of increasing the number of their clients with any paid price, they go with those paying more money. They do not work as much and are therefore less likely to have their secret revealed (Karamouzian et al., 2016).

School is a social structure playing a crucial role in the education and development of children, and is one of the important factors in the development of children's understanding of social expectations and values. It also provides them with some training for the future workforce. The probability of finding a suitable job in the future is reduced for children who have not attended school (Raffaelli & Koller, 2016). Many women in our study were reluctant to send their children to school. They preferred to send their children to work because school was too costly. Even though the children had low-income jobs such as drug selling, hawking and flower selling at crossroads, for their mothers, it meant extra earnings. There are two types of schools in Iran: public and tuition based. Parents pay the school fees in tuition-based schools, whereas public schools are supposed to be paid by the government and free for parents; however, this is often not the case, with schools taking money from parents.

Shohel (2013) pointed out that many prostitute women in Bangladesh had to obtain loans at high rates to pay for their children's school fees and supplies, and some did not send their children to school due to the high costs. Some mothers sent their children to school hoping it would help provide a better future than their own. However, a threat to the children of these women at school is the identification of their mothers' job by other students, which may cause ridicule towards the women and their children. This rejection can cause the children to leave school and lose opportunities and hope of a better future. The results of the study by Shohel indicated that the stigma of being a prostitute's child and the inappropriate behaviour of other students were the main reasons for them to leave school. Given that education empowers and provides choices and voices for deprived people in Bangladesh, as a Muslim country, NGOs such as Karmajibi Kallyan Sangstha have created free places to educate the children of sex workers (Shohel, 2013).

Another challenge for these children is receiving health care services. The results of this study indicate that poor knowledge and economic conditions led most of the mothers to use herbs, decoctions and opiate drugs, such as opium, to treat their children's illnesses. The use of narcotics such as opium to treat diseases has a long history in Iran, but this can lead to addiction, which creates additional challenges for children. Some mothers referred to traditional healers, with the cost of these therapies being lower than that offered by health care centres (Zarghami, 2015). Health centres were often the last choice for participants, but when used, public hospitals and clinics were the preferred choice. There are two main reasons for women having health care centres as their last option. The first is women's lack of insurance, which typically involves co-payment between employee and employer in traditional employment settings. Without traditional employment, women would have to pay the premiums in full themselves. A public health insurance scheme was developed in 2014 (Health Transformation Plan) to ensure Iranians without health insurance were able to receive health care paid by the government. However, after 5 years, the plan faced challenges owing to the government's inability to pay the premiums, leaving health care centres refusing to treat uninsured patients (Moradi-Lakeh & Vosoogh-Moghaddam, 2015).

The participants of this study said that when they had insurance they went to medical centres more frequently, but since the demise of the Health Transformation Plan their access had decreased. The second reason that women are less likely to use health care centres is because of the taboo that surrounds prostitution. Women are concerned that their job will be identified and the police will be contacted; not to mention the inappropriate behaviours displayed by some health care providers to their children. Studies by Willis et al. (2014) and Ghimire and vanTeijlingen (2009) found that stigma, insults and discrimination by health care providers were among the reasons for these women and their children not accessing medical centres. Hasnain (2005) says that sex workers and their children receive little health care in many Muslim countries because of stigmatistion.

Similar to the findings by Willis et al. (2014), this study identified other threats to the health of these children, including the risk of being killed, committing suicide, being sold or abandoned. Mothers often cannot afford appropriate childcare so they leave their children in the city hoping that other people may take them in and provide them with a better future.

When asked about the future of their children, most participants imagined an existence similar to their own. A majority of the mothers predicted sex working as part of their daughters' future; however, some mothers hoped for a better future and did their best to prevent their children from falling into this nightmare. Cedeño (2012) found that many teenage girls who prostituted themselves were daughters of prostitute mothers, likewise, Servin et al. (2015) reported that one-fifth of sex workers had a parent who prostituted. A significant percentage of the sex workers started using drugs and alcohol under the age of 18 years and committed crimes as part of criminal groups (Servin et al., 2015). Moreover, a study by Ghimire and van Teijlingen (2009) demonstrated that smuggling, membership in offending groups, child labour and participation in criminal activities awaited the sons of these women.

Conclusion

Various risks from birth to adolescence, including lack of security, harassment, forced sex and rape, threaten the children of female sex workers. The risks threaten the children's health, well-being and safety, and they are extremely vulnerable. The highest risk to the daughters of prostitute mothers is that escaping from home often results in them becoming sex workers like their mothers. The risks of being subject to child labour, membership in criminal groups and, later, the establishment of their own brothels are likely outcomes for the sons of these mothers. The risks and harms are associated with the stigma and rejection of these children and their mothers, which creates obstacles to accessing their basic needs. These children need special attention and comprehensive support, and this marginalised group must be given much greater consideration by the Iranian health care policy-makers. Additionally, many of these mothers and children have experienced physical and emotional harm, and are in need of psychological and social interventions.

According to the findings of this study, children's nutritional and educational needs are not being met, and they are not being provided adequate access to health services. However, further research is required to adequately investigate issues of health care access, nutrition and education. For example, would the training of

health care workers to provide appropriate and respectful services increase the likelihood of using health services by this group? How would providing health insurance services increase the likelihood of using health services in this group? And, in what ways might health care policies foster interventions to help these two vulnerable groups maintain a constructive relationship? Also, one of the important results of this study is the identification of a phenomenon called 'silent sex work'. We did not interview silent sex workers directly, so further investigation of this group of sex workers and their children is required. Moreover, interviews with the children of sex workers would be helpful as they might provide additional information about the children's experiences and vulnerabilities.

According to the findings of the present study, many of these children may not have a positive or successful future, largely because they are not well educated. Education can be very helpful to create a better life for young people, so perhaps a focus should be on educating these children in industries that will help them find employment. Technical and vocational training in Iran are short-term training courses that teach people practical skills, such as wood industry and welding, and such skills are likely to help them enter the job market quite quickly. This may provide them an opportunity to earn money to help families break the cycle of poverty and reliance on sex work.

References

Abadi, M. A.-A., Abolghasemi, J., Rimaz, S., Majdzadeh, R., Shokoohi, M., Rostami-Maskopaee, F., & Merghati-Khoei, E. (2018). High-risk behaviors among regular and casual female sexworkers in Iran: A report from western Asia. *Iranian Journal of Psychiatry and Behavioral Sciences*, *12*(1), e9744. doi:10.5812/ijpbs.9744

Abbasi, M., Gooshki, E. S., & Allahbedashti, N. (2014). Abortion in Iranian legal system: A review. *Iranian Journal of Allergy, Asthma and Immunology*, *13*(1), 71–84.

Abel, G. M. (2014). A decade of decriminalization: Sex work 'down under' but not underground. *Criminology and Criminal Justice*, *14*(5), 580–592. doi:10.1177/1748895814523024

Acharya, A. K. (2010). Feminization of migration and trafficking of women in Mexico. *Revista de Cercetare Si Interventie Sociala*, *30*(1), 19–38. Retrieved from https://www.scopus.com/inward/record.uri?eid=2-s2.0-78149437982&partnerID=40&md5=839007ff2b1d2b5fa4d33ae9af600a1f

Adhikari, H. (2007). Growing up in an adverse milieu education and occupation of sex workers' children. *Indian Journal of Social Work*, *68*(2), 282–307. Retrieved from https://www.scopus.com/inward/record.uri?eid=2-s2.0-61349181337&partnerID=40&md5=526faa92797cb5c1d5295294baffe65f

AIDS Office Ministry of Health. (2010). *AIDS monitoring report in Iran*. Tehran: Ministry of Health.

Akbarzadeh, M., Yazdanpanahi, Z., Zarshenas, L., & Sharif, F. (2016). The women's perceptions about unwanted pregnancy: A qualitative study in Iran. *Global Journal of Health Science*, *8*(5), 189.

Ansari-Pour, M. (1999). The legal relationship of a father with his illegitimate child under Islamic and Iranian law. *Yearbook of Islamic and Middle Eastern Law Online*, *6*(1), 140–155. doi:10.1163/221129800X00104

Beard, J., Biemba, G., Brooks, M. I., Costello, J., Ommerborn, M., Bresnahan, M., … Simon, J. L. (2010). Children of female sex workers and drug users: A review of vulnerability, resilience and family-centred models of care. *Journal of the International AIDS Society*, *13*(Suppl. 2). doi:10.1186/1758-2652-13-S2-S6

Beckham, S. W., Shembilu, C. R., Winch, P. J., Beyrer, C., & Kerrigan, D. L. (2015). 'If you have children, you have responsibilities': motherhood, sex work and HIV in southern Tanzania. *Culture, Health & Sexuality*, *17*(2), 165–179.

Boyer, C. B., Greenberg, L., Chutuape, K., Walker, B., Monte, D., Kirk, J., … Network, A. M. T. (2017). Exchange of sex for drugs or money in adolescents and young adults: An examination of sociodemographic factors, HIV-related risk, and community context. *Journal of Community Health*, *42*(1), 90–100.

Cedeño, M. (2012). Pimps, johns, and juvenile prostitutes: Is New York doing enough to combat the commercial sexual exploitation of children. *Cornell Journal of Law and Public Policy*, *22*, 153.

Domènech, C. B., & Pérez, J. A. T. (2019). Sex worker. In A. Bartolini, R. Cippitani, & V. Colcelli (Éds.), *Dictionary of Statuses within EU Law* (pp. 511–516). Switzerland: Springer. doi:10.1007/978-3-030-00554-2_65

Duff, P., Bingham, B., Simo, A., Jury, D., Reading, C., & Shannon, K. (2014). The 'Stolen Generations' of mothers and daughters: Child apprehension and enhanced HIV vulnerabilities for sex workers of aboriginal ancestry. *PLoS One*, *9*(6), e99664.

Duff, P., Shoveller, J., Chettiar, J., Feng, C., Nicoletti, R., & Shannon, K. (2015). Sex work and motherhood: Social and structural barriers to health and social services for pregnant and parenting street and off-street sex workers. *Health Care for Women International*, *36*(9), 1039–1055.

Ghimire, L., & van Teijlingen, E. (2009). Barriers to utilisation of sexual health services by female sex workers in Nepal. *Global Journal of Health Science*, *1*, 12–22.

Gilchrist, G., & Taylor, A. (2009). Drug-using mothers: Factors associated with retaining care of their children. *Drug and Alcohol Review*, *28*(2), 175–185.

Haeri, S. (1994). *Temporary marriage: an Islamic discourse on female sexuality in Iran*. New York: Tauris Publishers.

Hamzić, V., & Mir-Hosseini, Z. (2010). *Control and sexuality: The revival of zina laws in Muslim contexts (Women Livi)*. London: Women Living Under Muslim Laws.

Hasnain, M. (2005). Cultural approach to HIV/AIDS harm reduction in Muslim countries. *Harm Reduction Journal*, *2*(1), 23.

Hedayat, K. M., Shooshtarizadeh, P., & Raza, M. (2006). Therapeutic abortion in Islam: Contemporary views of Muslim Shiite scholars and effect of recent Iranian legislation. *Journal of Medical Ethics*, *32*(11), 652–657.

Hosseini-Chavoshi, M., Abbasi-Shavazi, M. J., Glazebrook, D., & McDonald, P. (2012). Social and psychological consequences of abortion in Iran. *International Journal of Gynecology & Obstetrics*, *118*, S172–S177.

Ivers, L. C., & Cullen, K. A. (2011). Food insecurity: Special considerations for women. *The American Journal of Clinical Nutrition*, *94*(6), 1740S–1744S. doi:10.3945/ajcn.111.012617

Izadi, H., & Zarghami, A. (2014). The study of social and the economical factors on prostitution phenomena in Shiraz at 2010. *Quarterly Journal of Social Development*, *9*(1), 227–245.

Karamouzian, M., Foroozanfar, Z., Ahmadi, A., Haghdoost, A. A., Vogel, J., & Zolala, F. (2016). How sex work becomes an option: Experiences of female sex workers in Kerman, Iran. *Culture, Health and Sexuality*, *18*(1), 58–70. doi:10.1080/13691058.2015.1059487

Lally, A. (2016). Holistic development: Children's health and well-being. In L. Trodd (Ed.), *The early years handbook for students and practitioners: An essential guide for the foundation degree and levels 4 and 5* (pp. 19–24). London and New York: Routledge.

Ma, P. H. X., Chan, Z. C. Y., & Loke, A. Y. (2019). Conflicting identities between sex workers and motherhood: A systematic review. *Women & Health*, *59*(5), 534–557. doi:10.1080/03630242.2018.1500417

Menashri, D. (2012). *Post-revolutionary politics in Iran: Religion, society and power*. London: Routledge. doi:10.4324/9780203045428

Moradi-Lakeh, M., & Vosoogh-Moghaddam, A. (2015). Health sector evolution plan in Iran: Equity and sustainability concerns. *International Journal of Health Policy and Management*, *4*(10), 637–640.

Office of Social Welfare in Iran. (2017). *Social harm*. Tehran: State Welfare Organization of Iran.

Pandey, S., Kaufman, M. R., Tewari, H. R., & Bhowmick, P. K. (2015). Life in the red light: A qualitative investigation of the daily life of trafficking victims in Indian brothels. *Journal of Trafficking, Organized Crime and Security*, *1*(1), 36–46.

Pardeshi, G., & Bhattacharya, S. (2006). Child rearing practices amongst brothel based commercial sex workers. *Indian Journal of Medical Sciences*, *60*(7), 288. doi:10.4103/0970-0218.191094

Raffaelli, M., & Koller, S. H. (2016). *Children and adolescents in street settings. Handbook of children's rights: Global and multidisciplinary perspectives.* New York & London: Taylor & Francis.

Ranji, A. (2012). Induced abortion in Iran: Prevalence, reasons, and consequences. *Journal of Midwifery & Women's Health*, *57*(5), 482–488.

Reed, E., Gupta, J., Biradavolu, M., Devireddy, V., & Blankenship, K. M. (2011). The role of housing in determining HIV risk among female sex workers in Andhra Pradesh, India: considering women's life contexts. *Social Science & Medicine*, *72*(5), 710–716.

Sawicki, D. A., Meffert, B. N., Read, K., & Heinz, A. J. (2019). Culturally competent health care for sex workers: An examination of myths that stigmatize sex work and hinder access to care. *Sexual and Relationship Therapy*, *34*(3), 1–17.

Servin, A. E., Strathdee, S., Muñoz, F. A., Vera, A., Rangel, G., & Silverman, J. G. (2015). Vulnerabilities faced by the children of sex workers in two Mexico-US border cities: A retrospective study on sexual violence, substance use and HIV risk. *AIDS Care – Psychological and Socio-Medical Aspects of AIDS/HIV*, *27*(1), 1–5. doi:10.1080/09540121.2014.946384

Shohel, M. M. C. (2013). Access to education for the children of sex workers in Bangladesh: opportunities and challenges. *Child Studies in Diverse Contexts*, *3*(1), 13–31. doi:10.5723/csdc.2013.3.1.013

Silverman, D. (2013). *Doing qualitative research: A practical handbook.* Washington, DC: SAGE Publications Limited.

Taleban, R., Moafi, M., Ataei, B., Yaran, M., Nokhodian, Z., Kassaian, N., . . . Javadi, A. (2018). Seroprevalence of hepatitis B infection and associated risk factors among drug users in drop-in centers of Isfahan, Iran. *International Journal of Preventive Medicine*, *9*(1), 46–53. doi:10.4103/ijpvm.IJPVM_382_16

UNAIDS. (2010). *Making the law work for the HIV response: a snapshot of selected laws that support or block universal access to HIV prevention, treatment, care and support [online]*. Geneva. Retrieved from https://data.unaids.org/pub/basedocument/2010/20100728_HR_Poster_en.pdf

Willis, B., Hodgson, I., & Lovich, R. (2014). The health and social well-being of female sex workers' children in Bangladesh: A qualitative study from Dhaka, Chittagong, and Sylhet. *Vulnerable Children and Youth Studies*, *9*(2), 123–131. doi:10.1080/17450128.2013.804970

Willis, B., Onda, S., & Stoklosa, H. M. (2016). Causes of maternal and child mortality among Cambodian sex workers and their children: A cross sectional study. *BMC Public Health*, *16*(1), 1–8. doi:10.1186/s12889-016-3838-7

Willis, B., Vines, D., Bubar, S., & Suchard, M. R. (2016). The health of children whose mothers are trafficked or in sex work in the U.S.: An exploratory study. *Vulnerable Children and Youth Studies*, *11*(2), 127–135. doi:10.1080/17450128.2016.1189019

Willis, B., Welch, K., & Onda, S. (2016). Health of female sex workers and their children: A call for action. *The Lancet Global Health*, *4*(7), e438–e439.

Yerpude, P., & Jogdand, K. (2012). Child rearing practices amongst brothel-based commercial sex workers. *Indian Journal Of Community Medicine: Official Publication of the Indian Association of Preventive & Social Medicine*, *37*(3), 197. doi:10.4103/0970-0218.99932

Zarghami, M. (2015). Iranian common attitude toward opium consumption. *Iranian Journal of Psychiatry and Behavioral Sciences*, *9*(2), 1–4. doi:10.17795/ijpbs2074

■