Sex Trade Workers in
What Are Their Risks of HIV at

BY LOIS JACKSON WITH CAROLYN BENNETT, DEVOTA RYAN, AND

Cet article explore les risques du VIH /sida chez les travailleuses du sexe à Halifax, Nouvelle Ecosse, plus spécifiquement ceux encourus sur les lieux de travail. (relations sexuelles avec les clients) et à leur domicile, (le mari ou le compagnon).

Women who work as prostitutes are typically viewed as "victims" of pimps or powerful clients, or as drug-addicted women with little, if any, control over their lives. Such characterizations fail to capture the complexities of the women's lives, and do not account for the diversity of women who work in the sex trade industry both locally as well as more globally (Day; Hancock; Wong, Tam, Ho, Lim, Lim, Wan, and Chan). Moreover, such depictions fail to view the women as active agents within their relations with men as well as others. It is true that there are strong structural constraints shaping female prostitutes' practices, including their ability to use condoms with clients, but at the same time, the women are not totally helpless as many researchers are beginning to document (Campbell 2000; Wojcicki and Malala).

This article will seek to show the ways in which structural forces (e.g., gendered power relations and economic inequities) shape and influence female prostitutes' ability to negotiate and use condoms while working. We will also attempt to show that the women are, in certain circumstances, active agents in the use of condoms. Indeed, we follow Wojciki and Malala in suggesting that there are structural issues influencing condom use but there are also choices that can be made within particular situations and women are not totally powerless but have agency.

In some contexts, and in particular in the North American context, it is within the women's private lives that they may be at greatest risk of HIV.

We will also argue that much of the HIV literature focuses on female prostitutes within their working lives and the risks of HIV they face at work. Yet, in some contexts, and in particular in the North American context, it is within the women's private lives that they may be at greatest risk of HIV. Although there are a number of social-cultural factors that help explain the focus on female prostitutes' working lives—to the exclusion of their private lives—public health programs need to be aware of this slanted perspective in order to adequately address sex trade workers' risks of HIV.

Within much of North America, as well as other parts of the world, efforts to prevent HIV have centred on education and the provision of condoms as well as clean needles. These efforts are aimed at individual behavioural change (Campbell 2000; Wong *et al.*). Although such work is of the utmost importance, there is a further need, as many are beginning to recognize, to address the ways in which structural issues, and in particular gender inequities and roles, as well as cultural representations of masculinity and femininity, affect and shape condom use among women (Belk, Ostergaard, and Groves; Campbell 1995; Goldstein; McGrath, Rwabukwall, Schumann, Pearson-Marks, Nakayiwa, Namande, Nakyobe, and Mukasa; Pyett and Warr; Singer; Surratt, Wechsberg,Cottler, and Leukefeld). Many researchers are documenting, in particular, the ways in which female sex workers' economic circumstances influence their ability to practice safer sex and allow clients a great deal of power within the relationship (Campbell 2000; Jackson, Highcrest, and Coates; Wojcicki and Malala). As Wojcicki and Malala note,

> ... no matter how accessible condoms are to a sex worker (and women in general), as long as she still decides to bargain for more money for unsafe sex, public health education programs that focus on education and condom access will be unsuccessful. (102)

Methods

This article is based on 69 semi-structured interviews with female prostitutes working in and around Halifax, Nova Scotia. In addition, we have drawn upon interviews with key informants who provide supports and services for women in the sex trade industry, and a growing literature on female prostitutes and HIV both in North America and other parts of the world including Europe, parts of Africa, and Australia.

The interviews with female prostitutes were conducted between August 1998 and November 2000 following ethics approval from the Faculty of Health Professions, Dalhousie University. A number of strategies were utilized in order to access sex trade workers who work not only on the streets but also in escort agencies and out of

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their own homes. Flyers were placed at a community agency working with female prostitutes; women working in the sex trade industry were asked to speak to other working women about the study; and an advertisement was placed in a local newspaper. In all cases, it was clearly indicated that the research was interested in speaking confidentially to women who work in diverse settings and not just women who work on the streets.

Each woman was interviewed by the principal investigator of the study (L.J.) using a semi-structured interview guide developed by the principal investigator of the study and an outreach worker (D.R.) at a local community agency, Stepping Stone Association, that provides support and services to prostitutes. Each woman signed a consent form with her first name only (to ensure confidentiality) prior to being interviewed. The interview guide was aimed at understanding the health and safety issues facing female prostitutes within their working and private lives including issues related to condom use. The guide was reviewed by two female prostitutes for clarity of wording and flow prior to starting the interviews.

All women interviewed were offered 50 dollars to compensate them for expenses (e.g., babysitting expenses and travel expenses) as well as potential loss of income incurred by taking the time to be interviewed. The interviews lasted, on average, one hour, and took place at the Stepping Stone Association. The interviews took place in a room that ensured confidentiality and were audiotaped. If the woman wished to speak to someone following the interview she was offered the opportunity to speak to a worker at Stepping Stone. All women were provided a list of names of professional counselors to contact if they so desired, as well as the numbers of other agencies dealing with substance use or providing other services.

All interviews were transcribed verbatim and coded based on a coding scheme developed by the principal investigator of the study and the research assistant. Coding followed the process outlined by Strauss. To assist with data analysis, the interviews were placed in the nudist software program, which is a program to assist with the analysis of qualitative data. Preliminary findings were presented to a focus group of nine female sex workers in February 2000 for their feedback and comments.

The women interviewed ranged in age from 19 to 45, and worked in a variety of settings including the streets, escort agencies, out of their homes, and out of hotel rooms. The majority worked either on the street or in some combination of street and escort agency work. Most of the women had a child or children but many indicated that a child(ren)was/were not currently living with them. One woman was deaf; questions were written and she responded to each question in writing.

Working Lives: Structural Factors Shaping Condom Use with Clients

Much of the current literature on female prostitutes and risks of HIV points to numerous structural factors impinging upon the women's ability to practice safer sex with clients. Such factors were also evident in discussions with female sex trade workers in Halifax. A key issue affecting the women's ability to practice safer sex at work is violence perpetrated by clients or "johns." Indeed, violence has been reported by many researchers as a common part of prostitutes' working lives although the extent of, and potential for, violence may vary depending upon where on the street the woman is working (e.g., a well-lit versus poorly-lit location) or in some centers the particular venue (e.g., on the streets versus in an escort agency) (Barnard; Davidson; Hancock; Jackson, Bennett, Whyte, Sowinski, and Ryan; Jackson *et al.* 1992; O'Neill).

Not only did many women indicate that in some instances clients' threats of, or actual violence, affected their ability to practice safer sex, but a number of women also noted that at times, their economic need was a key factor. Some women reported that they would sometimes agree to service a client without a condom if it meant making needed money. A 37-year-old woman who works on the streets commented:

> *Some of them (clients) prefer not to use them (condoms). I don't like that. That bothers me. There was one (client) ... he doesn't like using them ... what can I do when I need the money ... couldn't say no to him.* (Interview #18)

In some instances, the money was

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needed to purchase drugs to manage a problem with substance use for which there are few community supports (especially for women). In other instances, the money was needed to augment social assistance that the women repeatedly noted was not enough to support them and/or their children. In a city with high rents and escalating costs for heat, many of the women turned to prostitution as a last resort for making money when they could not find other employment. One 21-year-old woman who worked as an escort, and who had a Grade eight education, and left her family home because it was "intolerable," argued:

> *I know I need the money. I know I need to survive. I know I got to get bills and stuff and all that paid. So now I get $385 a month (social assistance) ... and say I work for an hour tonight, that's $60 ... $20 to do laundry, take $20 to get some groceries, take $20 for the phone bill. That's the way I work it.* (Interview #17)

This woman indicated that although she had sent "resumes all over the city," she could not find work. This is indicative of the way in which the lack of employment options is related to women's work in the sex trade industry and ultimately to their risk of HIV.

There are clearly situations in which compromises are made vis-à-vis condom use. Often the women are forced to service a client without a condom and sometimes there is even condom breakage. However, the vast majority of the women that we spoke to pointed to the importance of condom use with clients and the fact that they consistently used condoms—or at least tried to use condoms—with clients especially when having vaginal intercourse. As one 37-year-old woman who works on the streets, and as an escort, noted:

> *I have to get condoms cause I tell every single one of them (clients) before we start or money's been past that they have to use a condom.... There's some, you'd be surprised to this day, that still don't want to use one [condom].* (Interview # 4)

Some of the women spoke of how they were taught to use condoms either by a former "pimp" or other female prostitutes. Moreover, they were often taught strategies (such as obtaining the money prior to providing the service) to reduce the client's power, and to increase their power to insist on condom use. A few of the women spoke of how they slipped the condom on the client when he was otherwise distracted as a means of ensuring condom use.

The women interviewed provided various reasons as to why they felt they absolutely had to use condoms with clients. Fear of contracting a sexually transmitted disease, including HIV, was only one reason. For a number of the women, servicing a client "was bad enough" and they used condoms to keep the transaction as clean as possible. Some of the women who worked the streets spoke of how "messy" it could be if condoms were not used because they had no place to go to clean themselves.

Home Lives: Non Use of Condoms at Home

Although the majority of the women stated that they always used, or at least tried to use, condoms with clients, it was quite the reverse when they discussed condom use at home. In fact, most of the women indicated that they did not use condoms with long-term partners or their private intimate partners. The non-use of condoms within the private sphere has also been reported in other studies including a study by McKeganey and Barnard of female sex workers in Glasgow, United Kingdom, a study by Day and Ward, and Ward *et al.* of sex workers and Jackson *et al.*'s (1992) research on prostitution in Toronto, Canada to name just a few.

A number of the women we interviewed indicated that in many instances they used condoms at the beginning of the relationship and then decided that condoms were no longer needed because they trusted that their partner was "clean." Some spoke of how they and/or their partner was tested for STDs, and because they were "clean" condoms were not needed. Moreover, a number of women felt that condoms were appropriate for use with clients because it was impersonal. In contrast, condoms were not used in an intimate relationship in which they desired emotional closeness. A 39-year-old woman who works on the streets and as an escort commented:

> *My boyfriend and I don't use condoms ... but I'm checked every two months for VD and stuff like that. I use condoms with my dates... I don't know [about] personal relationships.... There is a difference in sex with condoms ... the feelings ... not so much skin-wise just closeness-wise.* (Interview #1)

Although a number of women indicated that they did not use condoms within the context of a private intimate relationship, and that it was their "choice" to refrain from condom use, this was by no means universal. A few of the women indicated that they wanted to use condoms but did not for fear of their boyfriend's/spouse's reaction. Some of the women indicated that they needed their partner for economic and/or emotional support and could not afford to jeopardize the relationship by broaching the topic of condom use. As a 29-year-old woman noted:

> *I would have used condoms with them [boyfriends] ... well with the first two that I was with ... the pimps, if you asked them to use a condom, you could get beat for that. They'd accuse you of thinking of them as tricks, so there was no condom with them.* (Interview #13)

Among the women we interviewed there were some who wanted to use condoms with intimate partners but

felt unable to do so because of fears of repercussions—even violence—at times related to the partner's desire not to be viewed as a client. In many instances, the women fear that family or friends—even a boyfriend—may discover that they are engaged in prostitution, and this discovery might lead to a rupture in the relationship because of the strong negative feelings many have towards sex trade workers. Therefore, they do not suggest condom-use with their boyfriends.

HIV Prevention and the Private Sphere

The interviews with the sex trade workers in this study indicate that many may be at greatest risk of HIV within their private lives. Many of the women, as well as their partners, feel it is problematic to use condoms at home so they do not actively attempt to do so. As one 30-year-old woman who works as an escort explains:

> *He [her boyfriend] didn't know at first that I worked. When he found out I was working, he was kind of upset, cause he wasn't into that kind of stuff. But, he ... was heavily involved with me at the time. He didn't want to leave, and so for him, it was, if he used a condom with me, it's like ... it kind of distinguished between a john and a boyfriend. For me it did you know? ... So I didn't use it [condom] with my partners.* (Interview #27)

Most HIV public health programs and policies have centred on female prostitutes' working lives. Early concerns among public health authorities that HIV would spread from the gay community to the heterosexual community via prostitutes meant that female prostitutes' working lives were targeted by prevention efforts. Indeed, during the earliest years of the epidemic, female prostitutes were viewed as "reservoirs" of infection (Alexander). This characterization faded during the '90s once it became clear that within most North American centers, as well as in parts of Europe, rates of HIV infection among non drug-using female prostitutes were very low and many sex workers use condoms with clients (Jackson and Hood). Nevertheless, attention still has not turned to their private lives where many may be at greatest risk of HIV, especially if their intimate partners are at risk of HIV though the sharing of needles and drug paraphernalia.

Conclusion

It would appear that for women in the sex trade, their greatest risk of HIV may be within their private lives as resistance to condom use is greatest within this sphere, both among many of the women themselves and many of their partners. HIV prevention programs need to pay greater attention to this aspect of the women's lives and to view female sex trade workers not only as women who work, but as women with complete lives and loving sexual relations with partners who, at the same time, may be at risk of HIV. In addition, there is an urgent need to address the structural issues—such as the gendered power relations and the economic inequities—in women's lives that shape their risk of infection. Until HIV prevention efforts point to, and respond to, these issues, female sex trade workers will continue to be at risk for HIV.

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Lois Jackson is a sociologist working in the area of health and well being with a particular focus on the health of vulnerable populations. Currently, she is an Assistant Professor with the School of Health and Human Performance and in the Women's Studies Program at Dalhousie University, Nova Scotia (Canada), and holds a Scientist Award with the Canadian Institutes for Health Research (CIHR). She is involved in numerous research projects involving women and youth with an emphasis on sexual health and addiction issues.

Carolyn Bennett is Outreach Supervisor at Stepping Stone.

Devota Ryan is a social worker in the psychiatric unit of a hospital. She has a BA and a BSW and is one-and-a-half credits away from her MSW. She previously worked as an outreach worker at Stepping Stone.

Barbara Sowinski is the Executive Director of Stepping Stone.

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REBEKKAH ALEXANDER

Child

in the night you make noises like a small cat
while you sleep
I wait to run to you
from exhaustion, overprotection
lying still, the fear that you alone in there
may be dragged off by the bigger animals
devoured
before I can bear my teeth
throw my body over you
love enough
yet grapple
with the nagging reality of my lost self
how I wish you never existed
that I may continue in my womanhood

still you breathe irregular
tremor from some infantile dream
and I am left to drown in this vulnerability

Rebekkah Alexander is a therapist and writer living in Miller Lake, Ontario.