Title: Safer Sex practices of female sex workers, St. Ann

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The study was conducted February - June, 2006.
SAFER SEX PRACTICES OF FEMALE SEX WORKERS, ST. ANN

ABSTRACT

**Purpose:** To identify sexual practices of female sex workers with paying clients and regular partners and elicit motivational factors which determine or explain FSWs sexual choices or practices.

**Methods:** The study presents the results of 10 in-depth interviews conducted with 2 female sex worker each from the 5 “sex” sites identified in the resort towns of Runaway Bay and Discovery Bay. Other methods (focus group discussion with 10 female sex workers and field observation) were used for triangulation and convergence of findings. The findings were analysed and categorized into 5 thematic areas.

**Findings:** This research clearly indicates that female sex workers are at high risk for HIV infection and experience real and substantial barriers to HIV prevention. Seven respondents recounted that they did not use a condom or used the condom inconsistently with their regular partners. While 3 reported that they used a condom consistently with their regular partners. This indicates that competing demands and priorities such as the need for intimacy and security, self esteem or notions about love and relationships and the overwhelming need to procreate as dictated by cultural practices may be factors mediating self-perceptions of HIV risk. Using the proximate-determinants framework and theory of planned behaviour 6 pre-disposing behaviours were identified to be addressed when targeting sex workers namely: condom use with regular partners and paying clients, use of one condom at a time, use of the female condom, not having sex during menstruation and no drug and alcohol use.

**Conclusions:** Prevention programmes which enable sex workers to accurately assess their risks and encourage the adoption of risk reduction strategies with regular partners and paying clients must be pursued. Risk reduction counselling and skills building along with HIV rapid testing should be the bedrock of this approach.
The need to more effectively and dynamically address concerns of FSW and thus reduce the risk of HIV infection prompted this study.

In Jamaica, sex work is illegal and the law prohibits living off the earnings of a person in sex work.

However, key features of heavily touristed areas, including those in St. Ann, are i) highly mobile populations and (ii) the increased likelihood of a commercial sex industry.

National surveillance data (2005) estimates that:

- 8.1% of FSW are HIV infected and
- one in every six men engages in commercial sex.

The relatively small body of research on Sex Work and HIV/AIDS prevention in Jamaica consistently show low condom use with regular partners as one of the risk behaviours contributing to the high HIV infection rates among FSWs.

This study explored the sexual practices of FSW with their regular partners and paying clients and, elicited motivational factors which determine or explain the FSW’s choices and sexual practices.
METHOD (QUALITATIVE STUDY)

- Ten (10) in-depth interviews were conducted with 2 female sex workers (FSW) from each of 5 “sex” sites identified in two resort towns in St. Ann, Jamaica.
- Focus group discussions were conducted with an independent sample of 10 female sex workers.
- Field observations were conducted to ensure triangulation and convergence of findings.

MAP OF JAMAICA
**SAFER SEX PRACTICES OF FEMALE SEX WORKERS, ST. ANN**

**RESEARCH FINDINGS**

**SOCIO-DEMOGRAPHIC PROFILE OF FEMALE SEX WORKERS (n=20)**

<table>
<thead>
<tr>
<th>FEMALE SEX WORKERS (FSWs)</th>
<th>IN-DEPTH INTERVIEW (n = 10)</th>
<th>FOCUS GROUP DISCUSSION (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean years)</td>
<td>26.5</td>
<td>26.9</td>
</tr>
<tr>
<td>Number of children (mean)</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Number of years in sex work (mean)</td>
<td>6.77</td>
<td>6.42</td>
</tr>
<tr>
<td>Education:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Union Status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-habitating</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Non-co-habitating</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
SAFER SEX PRACTICES OF FEMALE SEX WORKERS, ST. ANN

RESEARCH FINDINGS

SEXUAL PRACTICES OF FEMALE SEX WORKERS (n = 10)

<table>
<thead>
<tr>
<th>SEXUAL PRACTICES</th>
<th>PAYING CLIENT</th>
<th>REGULAR PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Condom use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male condom (single)</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Male condom (more than one each time/doubling)</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Female condom</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Oral sex</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>On stage/live sex</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Sex during menstruation</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>
RESEARCH FINDINGS

RISK PERCEPTION

FSWs INCORRECTLY ASSESS THEIR RISK OF HIV INFECTION

Many consistently use condoms with paying clients but in many instances they do not always use condoms with their regular partners. The main reasons given:

- FSW or regular partner’s desires to procreate
- FSW need to feel loved
- FSW need for intimacy and security

Those involved in same sex relationships consider themselves safe because they are not having penile-vaginal sex with their main partner.

Others feel safe because they get regular check-ups or had a baby recently.
SAFER SEX PRACTICES OF FEMALE SEX WORKERS, ST. ANN

RESEARCH FINDINGS

HIV TESTING

<table>
<thead>
<tr>
<th>TESTING</th>
<th># OF FSWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER TESTED FOR HIV</td>
<td>9</td>
</tr>
<tr>
<td>NEVER TESTED FOR HIV</td>
<td>1</td>
</tr>
<tr>
<td>TESTED DURING LAST SIX MONTHS</td>
<td>1</td>
</tr>
<tr>
<td>TESTED DURING THE LAST 12 MONTHS</td>
<td>8</td>
</tr>
</tbody>
</table>
Marijuana, tobacco and alcohol were the drug most widely used by the 10 FSWs surveyed.

- 3 consumed hard liquor and smoked > a pack of cigarettes per day.
- 5 smoked heavily but are not heavy drinkers; they only drink enough 'to take the edge off'.
- 2 are non-smokers but were heavy drinkers.
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RESEARCH FINDINGS

COMPENSATION FOR SERVICES

8 out 10 respondents said that on a good night or weekend they might have as many as 5 or 6 clients.

Generally, nightly earnings could range from a low of JA$1500 (US$21) to high of JA$10,000 (US$140) per client.

But, FSWs can earn as much as US$300 or US$400 per night depending on the clientele.
The Theory of Planned Behaviour was used to explore and explain the relationship between the five themes emerging from the data: i) Sexual Experience, ii) Reasons for entering Sex Work, iii) Sexual Behaviour Patterns, iv) Other Risk Behaviours, v) Health Seeking Behaviour.

**Normative Beliefs**
- FSWs personal belief that they control the sex act
- FSWs personal belief that they have requisite skills to enter and remain in the trade
- FSWs personal belief that they are guaranteed payment in most instances

**Subjective Norms**
- FSW belief about what her significant other thinks she should do:
  - FSW or regular partner’s desire to procreate
  - FSW need to feel loved
  - FSW need for intimacy and security

**Intention**
- Plan to use safer sex practices
  - Use a condom with both paying clients and regular partners

**Behaviour**
- Use of safer sex practices
  - High condom use and condom doubling with paying clients
  - No condom use with regular partners
The primary focus of the proximate-determinants framework is to identify factors that pre-disposes the female sex worker to the risk of HIV infection.

The proximate determinants framework was used to identify and link the sexual practices that lead to exposure and transmission of HIV among female sex workers, their paying clients and regular partners.
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PROXIMATE DETERMINANTS FRAMEWORK

UNDERLYING DETERMINANTS

PROXIMATE DETERMINANTS

BIOLOGICAL DETERMINANTS

HEALTH OUTCOME

DEMOGRAPHIC OUTCOME

Context
Socioeconomic
SocioCultural
Demographic

Intervention
Programmes

VCT
STI Control
Female condom
promotion
Education for
knowledge &
changing attitudes
Harm reduction

New sex partner
acquisition
Coital frequency
Concurrency

Condom use
Other STI
Live sex on stage
and oral sex
Viral load
Biological
susceptibility

Exposure of
susceptible
to infected
persons

Efficiency of
transmission
per contact

HIV Infection
Disease
Mortality

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DISCUSSION

USING THE PROXIMATE-DETERMINANTS FRAMEWORK THE FOLLOWING INTERVENTION OPPORTUNITIES FOR BEHAVIOUR CHANGE WERE IDENTIFIED FOR BOTH FEMALE SEX WORKER AND HER REGULAR PARTNER.

REGULAR PARTNER
- Facilitate appropriate risk assessment
- Facilitate counselling & education on consistent condom use
- Promote counselling & testing for HIV & other STIs.
- Promote female condom
- Build condom negotiation skills
- Couples counselling

FEMALE SEX WORKER
- Facilitate appropriate risk assessment
- Facilitate counselling & education for appropriate condom use & avoidance of sex during menstruation
- Promote female condom
- Promote appropriate barrier method for sex on stage and oral sex
- Build condom negotiation skills
WHAT ARE THE IMPLICATIONS OF THE FINDINGS FOR HEALTH PRACTITIONERS IN ST. ANN? THEY SUGGEST THE NEED FOR:

- Counselling & education for FSW concerning appropriate condom use.
- Counselling & testing of regular partner for STIs including HIV.
- Counselling & education for FSW on biological susceptibility.
- Counselling & treatment of the FSW for drug abuse.
- Screening and counselling for FSW for nutritional, mental health and other health issues/disorders.
REFERENCES


Russell-Brown, P. Dr. P.H. (2005). *Behaviour Change Interventions for Sexual Health Promotion*. Published by Caribbean Epidemiology Centre (CAREC), PAHO/WHO.