



Clients Bargaining for Having Unprotected Sex with Female Prostitutes

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Abstract

Background: The trade of prostitution is familiar with unprotected sex, which is the main cause of sexually transmitted diseases (STDs), especially human immunodeficiency virus (HIV). Underground sexual relationship includes bargaining (having sexual intercourse with or without a condom) between prostitutes and their clients. Qualitative studies are rare on this subject.

Objectives: This study aimed to explore the quality of bargaining between prostitutes and their clients requesting for unprotected sex, according to the experiences of street Female Sex Workers (FSWs).

Patients and Methods: This was a conventional content analysis to explore the themes based on 18 FSWs referral to a Drop-In Centre (DIC) of Shiraz, Iran. Transcribed data was analysed by identifying condensed meaning units, subthemes, and themes.

Results: The study showed that all participants were aware of risks of unprotected sex and emphasized the use of condoms in their sexual relationships. Nevertheless, most clients had requested unprotected sex and thus each sex plan was a bargaining scenario between prostitutes and clients. Prostitute bargaining level for using a condom by the client was negatively influenced by price for each session, while factors such as having a pimp, older age of the prostitute, health literacy, and craving of the client had a positive effect on this balance of power. An important point is that the prostitutes' resistance was related to their awareness of STDs, which effects the bargaining level for protected sex.

Conclusions: Since, in the current setting, prostitution is an underground trade, it was not possible to have full access to all the dimensions of this subject. Thus, it seems that gaining awareness could play a pivotal role in the promotion of the bargaining power and minimization of related hazards. In addition, the context of the study needs customized models based on Islamic Shari'a for solving the problem.

Keywords: Bargaining, Sex Worker, Patients, Iran

1. Background

The sex industry is a global phenomenon (1) that has been around as one of the oldest professions in history. This trade is legal in some countries yet illegal in some others. In those countries where prostitution is illegal, underground sex is in high demand. This issue has become a concern because there is no monitoring of people, who are involved in this trade and thus, many sexually transmitted diseases are on the rise.

One of the main causes of HIV prevalence is unsafe sex, which is very common among prostitutes (2, 3). Causes or factors related to unprotected sex are drugs (4, 5) and alcohol (6). Also, there is an argument that that some sex workers are willing to take the risk because clients are will-

ing to pay more money to avoid the use of condoms (7). In addition, it was shown that physical threats and coercion from clients, the absence of legal protection for street workers, the workers' extreme social isolation, and lack of community support were other causes for unprotected sex (8). Other studies showed that the reasons behind unprotected sex were professional versus private sex situations, financial strain, and negative symbolism. The negative symbolism here means condoms were seen as suggestive of filth, disease, infidelity, and mistrust (9).

It seems that negotiation about unprotected sex is the common bargaining for sex workers in each sex plan, specifically for those, who are aware of STDs. In each sexual intercourse, clients try to obtain more physical pleasure while sex workers tried to preserve their safety. In this sce-

nario, many clients ignore the risk factors during sex and move towards unprotected sex. Hence, each sex plan is a bargaining scenario, in which both parties try to impose their demands on the other. In Iran, prostitution is considered a taboo subject by the government and the majority of the society (10). Due to this, the bargaining experience is extremely vague. There has been no study about the process of negotiation in this trade in Iran. Since qualitative studies are contextual, this study aimed at exploring the bargaining experiences of street sex workers.

2. Objectives

The goal of this study was to explore the process of unprotected sex among prostitutes and specifically investigate the concerns of people, who work in this trade.

3. Patients and Methods

This was a qualitative content analysis, which was done between August and December 2014. Data was collected from 18 in-depth interviews with female sex workers (FSMs) at one drop-in centre (DIC) in Shiraz, Iran. The DIC is a camp, which was established for gathering the addicts of the city. Also, the centre provides Methadone to addicts for their rehabilitation.

Since some of the addicts are prostitutes, DIC provides services for these people, such as condoms and educational courses for having safe sex. For this reason, many prostitutes visit these centres and use their services. Study participants were selected from one of these centres.

According to the aim of this study, based on experts' opinion, a few questions were designed, which included a brief account of their family history and how they had entered this trade, their reasons for entering prostitution, and their sexual experience in the trade. This final question became the focal point of the study.

In order to collect data, the researcher informed the participants about the aims of the study. If they agreed to participate, a verbal informed consent was obtained. The interviews were done in a private room at the DIC; interviews were recorded digitally and then transcribed manually. After each interview, a cash reward was given to each participant. The study was saturated with 18 participants.

Data were analysed according to conventional content analysis (CCA). According to Hsieh and Shannon, there are 3 main approaches to qualitative content analysis, namely conventional, directed, or summative. Each of these methods has their own application. The CCA is used when a

study is being conducted outside the theoretical framework. In the conventional content analysis, coding categories are derived directly from the text data (10). In this approach, we explored themes without any bias; the themes were explored according to participants' views. In order to extract the themes, the meaning units' subcategories and categories were explored separately. Each subcategory included a few meaning units and each category included some interrelated subcategories.

For validation, an important approach was member check during data gathering (11, 12). This method was used since the availability of the subjects was in doubt. In addition, trustworthiness of the themes was observed during the study and specifically during data analysis (12).

This study was based on the ethical codes of the American sociological association (13) and 7th revision of the Declaration of Helsinki about research ethics (14). Based on these considerations and the ethics of research, the privacy of participants was taken into consideration, and their names were not disclosed.

4. Results

The results of interviews with 18 FSWs showed that the youngest age at the initiation of prostitution was 15 and the oldest age was 37 years old with an average of 24.4 ± 8.51 . Most of the FSWs were divorced (12 = 66.6%) and migrated from rural to urban areas (3 = 16.6%) or from small towns to the city (6 = 33.3%). Approximately half of the participants (8 = 44.4%) experienced early marriage, often to escape the conditions imposed by their family, and the age of first marriage among this group was between 12 and 18 years.

The results showed that the majority of the clients did not like to have safe sex. They did not use a condom or did not like to use it. As FSW1 mentioned, 'Men don't use condom. Very few use it, unless they are forced'. Despite this, all the participants tried to convince their clients to use a condom. Participants said that even though they had unprotected sex in the past, but now all of them tried to have safe sex.

There were 2 main reasons why they tried to have safe sex, which was illegal pregnancy and sexually transmitted diseases. They believed that illegal pregnancy was bad because their new-born does not have any legitimate status in the society. Thus, in this situation, most of these pregnancies led to an abortion. Since abortion is illegal, it is performed underground under high-risk conditions and may be life-threatening.

On the other hand, sex workers were concerned about sexually transmitted diseases, such as HIV and hepatitis. Many of them had adequate knowledge about sexually

transmitted diseases due to comprehensive packages provided by the DIC.

Nonetheless, having safe sex is not as easy as it is said. Having said that, many of their clients tried to have unprotected sex. They said that the majority of their clients force them to have unprotected sex and they usually bargain and insist on having unprotected sex. Generally, this bargaining process ends with the victory of the FSWs and their clients accept using a condom. However, this bargaining is hazardous for prostitutes. Analysis of the statements revealed that there were 5 issues that determined the bargaining process, which were as follows.

4.1. Price

Unprotected sex is more expensive than safe sex. This means that clients preferred unprotected sex for more pleasure even if they had to pay more money. Since money is a motivational factor, FSWs are willing to have unprotected sex.

Some clients said that 'if you force me to use a condom, I'll give you less money' (FSW7).

This statement shows that many clients provide motivation for prostitutes to have unprotected sex. However, more experienced FSWs look at this issue from a cost-benefit point, yet younger ones do not pay attention to this issue.

I have two rich clients, who live in the UAE. They provide whatever I want. If they want to have sex with me, even if they offer me millions of Rials without condom, I will reject it (FSW2).

Thus, each sexual encounter includes bargaining about the price of having safe or unprotected sex.

Many of the girls are not worried about getting pregnant or even sexually transmitted diseases, they only want to make more money (FSW1).

4.2. Having a Pimp

Another reason for having unprotected sex is because there is no one there to protect them. Hence, some prostitutes prefer to work with pimps. A pimp could be a man or a woman. Male pimps protect prostitutes in exchange for money or sex, yet female pimps (khale) only do this for money. Therefore, the presence of a pimp can be a determinant factor in having a safe sex.

(Khale) doesn't allow anyone to have sex without a condom. She says if you are going to work in this trade, do it in a way so that you don't get sick. You don't know whom this man has been with and whom he will sleep with after you. Khales are usually very vulgar and unrefined. If anyone tries to have unprotected sex, she becomes very angry, and starts to scream and shout (FSW4).

It seems that female pimps could play a pivotal role in protecting sex workers. They are the one, who convince the clients to have safe sex. Khale is more concerned than their male counterparts when it comes to unprotected sex. The statement below is from FSW No 7, who plays the role of Khale in addition to being a FSW.

Many men say that we want to have sex without condom, and then I say no to them. I say to them, it doesn't matter if you accept or not because I have lots of clients, I'm not going to bargain with you over this issue because I don't want anyone to get sick (FSW7).

4.3. Older Age of Prostitute

Another important factor in having safe sex is the age of FSWs. For young girls, money is very important. Additionally, at this age, young men and women don't have enough knowledge or in-depth evaluation of the potential risks of unprotected sex. All of the participants mentioned that young men and young prostitutes rarely use condoms.

A man pairs with a girl for pleasure. For example, one man stated 'I don't like to use rubber. I want to enjoy it'. Many girls don't use condom. But 90% of the FSWs over the age of 25 use condoms (FSW1).

Age does not only influence the behaviour of FSWs, and also has an effect on sexual behaviour of young clients:

Young boys and girls don't use condoms. Some boys don't have any place to go, so they have sex in their cars or in an alley without a condom. They just want to satisfy their sexual urges (FSW1).

4.4. Health Literacy

The participants were aware of the risks involved in unprotected sex, as expected. This is due to their participation in educational courses at the DIC centre. They believed they had gained adequate knowledge. An FSW statement about the DIC centre:

I went to different educational classes here. At the DIC there was an educational course on a weekly basis. I learned about sexually transmitted diseases. Thus, if one of my clients rejects using condoms, I won't have sex with him. I used to have a boyfriend and we used to have unprotected sex. But if I want to have sex with him again, I will use condoms because I'm really afraid of AIDS (FSW5).

Another participant, who had an associate degree in business management and her thesis on AIDS and hepatitis, stated that her co-workers are aware of sexually transmitted diseases and they protect themselves in their sexual relationships.

Yea, we all use condoms and use antibacterial gel as well. Mari and I work at the same place. Some men, who

don't have a clean appearance or we are suspicious that they might have a disease, we immediately use gel. We use Betadine in the W.C. to clean ourselves after having sex or use sodium bicarbonate when we feel itchy. We talk to our co-workers a lot in order to create awareness (FSW12).

However, the main problem is clients. Many of them always try to have unprotected sex for having more pleasure. In this scenario, literacy level of both the client and the FSW is vital. A FSW, who is also a Khale, introduced a 13-year-old girl to a doctor. She stated that the doctor had safe sex with the girl.

The girl had a wart on her abdomen. The Doctor then used a plastic bag to cover the wart then he washed his hands. He forced the girl to wash herself. The girl initially asked, "do you want to use a condom?" The doctor said, "Yea, I'll use condoms and since my legs will contact yours I want to put a plastic bag on your legs too". These types of people are very rare (FSW1).

This statement shows how a safe sexual relationship is performed. Because this person was fully aware of the threats.

4.5. Clients Craving

A client's sexual urges could be a determinant factor whether or not he is willing to use a condom. If the client is horny, it is most likely that he won't be bargaining for having unsafe sex, provided that the FSW stands strong and vice versa. Thus, bargaining before sex is an important strategy. Expert prostitutes know this issue and based on this they bargained with their clients for protected sex. Knowing this, they could easily move on to their next client, if the person does not accept their condition.

For example, a client came to my house and said let's have sex without condoms, he said that I promise I won't ejaculate inside of you; I told him that this has nothing to do with that. He started to bargain again but I told him no and he left. But he went with someone else who didn't bargain for using condoms (FSW11).

Therefore, clients craving has a positive effect on declining unprotected sex.

5. Discussion

Prostitution is a complex phenomenon, where emotion and rationality are confronted. On one hand, there are male clients, who seek physical and emotional sexual pleasure and on the other hand is a woman, who is seeking financial benefits with all the risks involved. An important risk factor is a sexually transmitted disease. In this complex situation, every sexual relationship creates a situation where bargaining takes place between FSWs and

their clients. This could be either for the price or protected sex. Bargaining for having protected sex and the rate of success depends on the person, who wants to stay safe and this could be related to many issues.

The aim of this study was to explore factors related to bargaining power. The results showed that price, having a pimp, older age of the prostitute, health literacy and clients craving were determining reasons for having safe sex. Generally, due to the training of the participants at the DIC centre, they were fully aware of unprotected sex.

There are several studies related to unprotected sex, however, search of the scientific literature revealed that there has been no other study that has worked on the subject of bargaining based on quality. Nonetheless, the researchers tried to evaluate the findings considering similar studies on the same subject. A study showed that prevalence of unprotected sex varied by individual characteristics, across different settings where commercial sex took place, and by the prostitutes' relationship with their pimps or establishment owners (15). Even though the cultural setting is completely different in both studies, the role of pimps is similar. The difference is the position of FSWs in these two settings. While this trade is legal in China and not forbidden culturally, in Iran it is on the contrary. Another study showed that injection of methamphetamine is directly related to an increase in unprotected sexual activity (5). It is worth mentioning that the participants did not mention the use of methamphetamines by their clients yet they were concerned about the consumption of alcohol or opium by their clients, which is similar to other findings (4, 5).

The theme, 'price', is in the line with a study that showed that being willing to pay more, reinforces avoidance to use condoms (7), which was also called financial strain (9). Having a pimp protects against the physical threats and coercion from clients, as shown by another study (8). It is clear that when a pimp is present, FSW is protected from any coercion from the client. However, this study did not face any negative symbolism (9). All of the participants considered their act to be a market labour. They entered their trade as a businesswoman, who sells her commodity. It seems that this is related to the fact that their entry in this trade is due to their financial needs. Thus, they considered their profession as just a trade and not more, from the very beginning. Hence, there was no sign of negative symbolism experience.

Based on the findings, it appears that DIC centres are providing valuable services in increasing awareness of FSWs and they should be supported. At these centres, educational programs should focus on young FSWs for increasing their bargaining power. Also, media should pay attention to this issue for promoting awareness in male clients,

because they do not go to DIC centres. Therefore, policy makers should emphasize and support DIC centres for promoting health literacy with regards to STDs.

Finally, prostitution is a complex issue in Iran, due to cultural values and norms. Because the culture of this society is based on Islam, and in this religion there is no social problem without a solution, this matter needs to be looked at by policy makers and clergyman. In addition, the researchers propose finding solutions for economic problems, facilitating marriage for youth, and reforming family rules based on Islamic Shari'a.

5.1. Key Messages

- A prostitute's sexual relationship includes a bargaining process between the prostitute and her client about unprotected sex.

- Money, having a pimp, age, health literacy, and clients' craving determine bargaining power of both parties.

- Female prostitutes had a high awareness about prevention of unwanted pregnancy and transmitted diseases due to their participation in educational courses of DIC centres.

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