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Study of Female Sex Workers, Client Types and Risk Behavior in the Sex Work Industry in Jamaica

**A PEER study carried out by
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**Bottom Line Health Impact * Private Sector Speed and Efficiency * Decentralization,
Innovation,
and Entrepreneurship * Long-term Commitment to the People We Serve**

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior change Communication
FSW	Female Sex Worker
HIV	Human Immune Deficiency Virus
KMA	Kingston Metropolitan Area
MARPs	Most at Risk Populations
MOH	Ministry of Health
NHCP	National HIV/STI Control Programme
PEER	Participatory evaluation and research method
PSI/C	Population Services International, Caribbean Office
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SW	Sex worker

GLOSSARY

Bareback	Have sex without a condom
Bling	Flashy ostentatious accessories, in particular jewelry
Bonafide	Main non commercial sex partner
Boss	The person in charge
Cuss	Curse
Dem	Them
Feel her raw	Have sex without a condom
Floss	Doing things to be seen and noticed for admiration
Pon	On
Pussy	Vagina
Regular client	Dependable and committed client who is a regular source of income
Skin to skin	Have sex without a condom
Special client	The wealthy, mature client
Squeeze out	Arrange with a client to provide sexual services outside the establishment
Top a top	The best, #1

SUMMARY

Key Data Findings

This study was undertaken in the Kingston Metropolitan Area of Jamaica between August and September, 2011. Participants were female sex workers (FSWs) resident in Kingston and St. Catherine. Sex workers (SWs) in this study are defined as women who earn an income by selling sex in exchange for money. This may or may not be their only source of income. This includes SWs who work on the street, in the exotic clubs, massage parlors and those who travel whether to different towns in Jamaica or outside of Jamaica. In an attempt to obtain as broad a representation of behaviors and partner types as possible, PEER researchers were recruited to represent those who either worked in or knew peers in different areas in the business.

It is through the exploration of sexual partner types that this study intends to respond to information gaps and determinants of access and availability of condoms among FSWs. Understanding different types of sexual partners will include insight into the dynamics of their varying sexual relationships and the likely impeding factors to condom use and adoption of safer sexual behaviors. Also included is insight into their current health seeking behavior, their personal hygiene and tendency to self medicate and also the challenges, if any, they face with accessing care from the public health system. The data collected is envisioned to guide and improve current and future behavior change communication (BCC) and interpersonal communication (IPC) activities and interventions with FSWs in Jamaica.

Characteristics of the industry in Jamaica

Sex work is illegal in Jamaica but is widely practiced. In fact the island has been experiencing rapid growth in the sex work industry as the country becomes increasingly urbanized. Main places where services are provided are on the street, in go-go clubs, and in massage parlors. While there are no red light districts there are clear places of operation which have remained areas of sex work solicitation in each large urban area especially in Kingston, St. Catherine and Montego Bay. Pimps and gigolos are also not a feature of the local industry. FSWs operate independently sourcing their clients on the street and in the go-go clubs. They control their earnings, only paying rent for the use of the room at the club. At the massage parlors proprietors exerted more control. The proprietor is paid directly by the client for services rendered by the FSW and he then pays to her a half of the agreed price of each job.

The FSWs with whom we spoke were typically products of abuse at home, early school drop-outs and hence poorly educated and unskilled. While poor they are not necessarily destitute and prior to entering the industry would have faced extreme peer pressure to “look good”, have “bling”, be hype. With inadequate resources and a lack of options for employment the sex work industry provided opportunity for viable employment.

Alcohol and drugs (in particular Ecstasy) are heavily used in the industry. These substances heighten the party atmosphere of the club and result in more satisfied clients. Drugs will energize the FSW for the dance and make her more willing and able to cope with the demands of the client. Use of drugs and alcohol appear to be most prevalent in the clubs and are used less in the massage parlors and on the street. Street FSWs explain that they have to remain in control of their senses while on the street as without a pimp, they have to remain alert in order to be their own security.

Many FSWs suffer from low self esteem but cope by adopting a defiant attitude. They find support, fellowship and protection among their peers or industry workers. It is within this community of their peers that they are respected. Having a main partner and children act as powerful motivators for pursuing responsible sexual behavior and gives them something to live for. Young FSWs who have no partner or children were described as having “*nothing to live for*” and as being particularly reckless in their behavior.

Based on reports, earnings in this industry are not steady or necessarily sure since this fluctuates based on various factors, however their earnings are not insignificant and can substantially exceed any income the FSW would earn in other blue or white collar employment. Earnings on a night can vary from J\$5,000 to J\$30,000 (US\$60-US\$360) not because of servicing more clients but because of engaging in different acts including sex without a condom and “freaky” sex. Sex without a condom comes at a very attractive premium, is widely requested by clients and many FSWs find it hard to resist.

Attitudes to practicing safe sex and the high demand for “skin to skin” services

Most FSWs are very cognizant of the dangers of HIV/AIDS and the importance of condom use. This is largely due to ongoing intervention and distribution of free condoms from the National HIV/STI Control Programme (NHCP). The others, in spite of being aware of the dangers are carefree and without responsibility of partner or child. These persons could either be the young FSWs who have not yet started a family or older women whose children are grown and who have no main partner.

For the majority however, it seems the default position is condom use but intervening factors undermine this. Chief among these factors are the very pervasive alcohol and drug use (largely Ecstasy), the very prevalent requests from clients to go “bareback” and the willingness of clients to pay substantially more for this service. FSWs estimate that 3 in 10 clients request “skin-to-skin” services.

There are also clients who they consider “regulars” who they know well or those they consider “special” that treat them as people and not as a good or service, and do not protect themselves with. Also, among the persons with whom no condom is used is their main partner who oft times is unaware that they are part of the sex work industry.

Client types and risk behavior

Clients are not profiled in respect of demographics such as age, sex, socio-economic group or area of residence but in terms of their ability to provide financially and pay for services or their lack of ability to do so. Desirable clients were described in terms of their purchasing power/ ability to pay and treatment of the sex worker. Undesirable clients were described in terms of their intention to take advantage of the sex worker. Desirable and undesirable clients cut across all demographics.

Undesirable clients are the ones the FSW is most likely not to compromise with on condom use. The stories indicate that they provide their own security and will become very aggressive and defensive with these types and are not at all trusting of them.

On the other hand the desirable clients are the ‘nice guys’ who look good, smell good, pay well, and will coerce and cajole with ‘sweet talking’ and by treating the sex worker in ways that allow her to feel good about herself. These clients will often be able to win over the FSW into taking a risk and engaging in unprotected sex.

Inconsistent condom use is indeed prevalent among FSWs. This is not because of a lack of knowledge about the risks of STI infection they face in not using a condom, neither is it because of unavailability of product. FSWs are well armed with a wealth of information on condom use and the NHCP issues free condoms to them on a regular weekly basis. Clubs also sell the product and there is a choice of brands and types available at pharmacies, supermarkets and wholesales. Underpinning inconsistent use is the potential to earn more, particularly on a slow night; pervasive drug and alcohol use by FSWs; the trust factor when the client is a “regular” or a “special” man (main partners are included here); the tendency to do visual risk assessment and the view held by some that the disease can be treated and is no longer a life sentence.

Using the Data for Intervention Strategies

- Use of alcohol and drugs should form an important part of behavior change and communication messages with emphasis on alternate coping strategies;
- Messages weighing long term cost of illness resulting from lack of condom use and health care versus instant increased financial short term gain from non-condom use should form part of behaviour change communication.
- Emphasis for condom use should be placed on pleasure rather than disease prevention and the concept of lack of trust. This strategy helps build upon consistency of use since condoms will be perceived and by extension promoted to the client as an enhancer for sexual pleasure instead of an indication of lack of trust between client and sex worker.
- Emphasize messages and intervention that underscore the fact that a subjective risk assessment of a client is unwise since “you can’t tell by looking”.
- Appeal to the image where ‘the look’ and ability to care for loved ones are drivers to accessing sexual and reproductive health care which is not limited to HIV testing. This promotes the idea that to maintain sexiness/appeal and to be able to continually care for a loved one it is important to maintain good (sexual) health. Similarly, even where there is no partner or family member to care for, self love and self preservation should motivate the FSW to protect herself from STIs in order to remain healthy, looking good and desirable.
- Condom outlets should offer a variety of brands and types so encouraging use by broadening choice as FSWs are able to state clear preferences by brand and type, including flavored condoms.
- Develop intervention specifically targeting young entrants to the industry which creates awareness of the risks they face and the need for self preservation through consistent condom use. In so doing they will protect their image and keep their rank. Peer support should be used here to promote safe, reliable opportunities to access accurate information about HIV, STIs and sexual and reproductive health.
- Networked partnerships among trusted reliable entities that are able to facilitate mediation interventions into violence scenarios either between/among FSWs and/or persons becoming violent to FSWs as a result of their chosen line of profession

1 BACKGROUND

Over the last 20 years, Jamaica has experienced a rapidly increasing HIV prevalence rate that has only recently begun to plateau. Despite the recent stabilization, the epidemic continues to pose a significant threat to the health and well being of the country and is among the top ten leading causes of mortality among Jamaican people of all age groups¹.

The HIV/AIDS epidemic in Jamaica is two-fold in nature and has attributes of both a generalized and a concentrated epidemic among high-risk groups. The country's 2007 estimates reveal that 1.3%² of the 2.7 million inhabitants are HIV positive. Youth, who make up nearly 30% of the general population, are disproportionately affected by the epidemic. Young women between 15-24 years of age present a prevalence rate of 0.9% and among 15-24 year old males the prevalence rate is 1.7%³. These figures are particularly alarming when considering that, in 2004, national research revealed less than 50% of young females and less than 25% of young males could both correctly identify ways to prevent HIV transmission and refute transmission misconceptions⁴. Furthermore, given that the median age of sexual debut among Jamaican youth is 15.7 years for males and 17.2 years for females⁵ the risk of HIV or other STIs is high. Adding to this risk are the deeply rooted social and cultural norms that encourage men to display their masculinity through multiple sexual partners and casual sexual relations⁶; which further exacerbate the possibility of infection. The 2008 National Knowledge, Attitude, Behaviour and Practices (KABP) survey found that over a third of 15-49 year old respondents reported having more than one partner in the last year⁷. When broken down by gender this proportion increases significantly for males who had an average of 5 partners in the last year⁸. Ultimately, these situations pose a serious threat to the quality of life of young Jamaicans who are typically the most economically productive group of the population.

Among groups with high risk behaviour, the reported HIV prevalence rates are much higher than those observed among the general population. Ministry of Health findings indicate that a quarter of MSM and 9% of SWs in Jamaica are infected with HIV⁹. In the

¹ WHO, Mortality Country Fact Sheet 2006

² National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-December 2007, MOH Jamaica.

³ Population Reference Bureau, *Data by Geography > Jamaica > HIV/AIDS*, URL:

http://www.prb.org/Datafinder/Geography/Data.aspx?category=15®ion=93®ion_type=2, Accessed 02.23.2010

⁴ National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-December 2007, MOH Jamaica.

⁵ National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-December 2007, MOH Jamaica

⁶ J.P Figueroa et al, A Comprehensive Response to the HIV/AIDS Epidemic in Jamaica. A Review of the Past 20 Years, *West Indian Med J* 2008; 57 (6): 562

⁷ Hope Enterprises Ltd.; June 2008; 2008 KABP Survey Findings Presentation

⁸ Hope Enterprises Ltd.; June 2008; 2008 KABP Survey Findings Presentation

⁹ National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-December 2007, MOH Jamaica

tourist areas of Montego Bay however, Jamaica's 2006 United Nations General Assembly Special Session reported that an earlier study had cited a 20% prevalence among SWs working there.

Sex-work is illegal in Jamaica and is highly stigmatized. However in spite of this it is well entrenched and the industry encompasses heterosexuals, bisexuals and homosexuals in different categories including exotic dancers in clubs, those working in massage parlours, street prostitutes, child prostitutes and others.

Drug use and violence emerged in one study as important risk factors among SWs. Both of these impact the sex workers ability to practise safer sex. This study heard many horror stories of being kidnapped, abused, beaten, stabbed, robbed, gang raped and deserted in remote places at ungodly hours of the night and early morning.¹⁰

Oral testimonies of sixteen Jamaican sex workers reveal aspects of the sex work industry that is specific to Jamaica. These include culture and gender inequalities which limit women's ability to negotiate safer sex or to protect themselves from violence; stark economic need among women which drives some to enter sex work; the situation of sex workers who are mobile and who, through alcohol or drug use on the job, are exposed to even greater risk.¹¹

Jamaica's National HIV/AIDS Policy (May 2005) recognizes not only the high risk status of sex workers in the epidemic, but also the underlying social, economic and cultural factors which make them vulnerable. Among these are economic factors such as unemployment, migration, use of crack/cocaine, and other illegal recreational drugs such as marijuana and ecstasy. Police harassment and violence are also entrenched in the trade. Sex workers point to many instances of forced sex where clients use weapons to prevent the sex-worker from using condoms. Those who are not brothel based (the majority) depend on the client to provide a venue or offer their wares in dark and unpopulated places where no help or means of escape may be available.¹²

Although illegal, the industry exists openly as the police often turn a blind eye. Sex workers have now formed themselves into an association, the Sex Workers Association as they seek to lessen stigma and improve working conditions.

Sex Workers not only suffer from a high HIV prevalence rate but an unfavourable environment. Despite having knowledge of preventive measures, and being given free condoms by the National HIV/STI programme, these practices are not being applied consistently. Research from a 2005 survey, for example, found that out of 450 sex workers more than 80% used condoms with their clients but only 52% use condoms with

¹⁰ D Eldemire-Shearer, A Bailey; Determinants of Risk Behavior of Sex-workers in Jamaica, West Indian Med J 2008;57 (5): 450

¹¹ Panos Institute Caribbean; August 2010; Oral Testimonies of Jamaican Sex Workers

¹² D Eldemire-Shearer, A Bailey; Determinants of Risk Behavior of Sex-workers in Jamaica, West Indian Med J 2008;57 (5): 450

their partners¹³. Furthermore, findings from a 2004 KAP survey revealed that since 2000 commercial sex activity among 15-24 and 25-49 year old males has increased significantly from 2% and 1.2% to 6% and 15% respectively¹⁴. The country's rise in commercial sex work coupled with the mobility of this population¹⁵ highlights the importance of addressing safer sexual and reproductive health practices. Nevertheless, the epidemic among these populations is complex and therefore targeted research is vital in order to understand the driving factors of the epidemic. With migration, both internal and external, and tourism as key drivers of commercial sex within Jamaica and in the region, the sex work industry is diverse. Commercial sex workers typically meet strong discrimination and lack affordable and accessible health care which further exacerbate their marginalization. Exploitation at the hands of employers, clients and drug and alcohol use also increase the vulnerability of this group¹⁶.

¹³ National HIV Program, Jamaica Country Progress Report To the Secretary General of the United Nations on the United Nations General Assembly Special Session, Reporting Period January 2006-December 2007, MOH Jamaica.

¹⁴ Hope Enterprises Ltd., 10/04 Year 2004 Jamaica National KAP Survey

¹⁵ J.P Figueroa et al, A Comprehensive Response to the HIV/AIDS Epidemic in Jamaica. A Review of the Past 20 Years, West Indian Med J 2008; 57 (6): 562

¹⁶ Panos Caribbean, 08/2010, Oral Testimonies of Jamaican Sex Workers

2. METHOD

2.1. Participatory Ethnographic Evaluation and Research (PEER)

PEER was selected for this study because it is specifically designed for use with hard-to-reach populations that are likely to have limited or no “voice” within the larger society and require a substantial period of time to build trust and rapport with outside researchers. PEER is also appropriate for researching sensitive issues and when researchers (and marketers) are looking for an insider’s perspective on issues related to risk behavior. PEER is a qualitative study using a relatively small number of direct interviews and one in which the strength of the findings are based on the homogeneity of the sample and thus the ability to interpret a single reality from all the emergent stories.

This study was conducted among Female Sex Workers (FSWs) aged 18-45 years old living in the Kingston Metropolitan Area (KMA). KMA is a specific zoning which includes all areas in the island’s main parishes of Kingston, St. Andrew and Portmore which are large residential areas adjacent to Kingston and are officially considered dormitories for Kingston.

Ten (10) young women aged 18-45 years, who self-identify as “hookers” or FSWs were recruited from the Kingston Metropolitan Area (KMA). Attempts were made to recruit them to represent: FSWs working in massage parlors; FSWs who work in the tourist area of Montego Bay; FSW who work on the streets; FSWs who work as go-go dancers in clubs. The massage parlor segment of the industry however sits at the apex of the hierarchy within the industry with the masseuses, who also function as sex workers, not willing to identify as such and hence being unwilling to participate. We therefore attempted to get peer researchers who knew masseuses to include them as part of their peer group. Only two were however willing to participate but one had an unfortunate accident and drowned before completion of all interviews.

Peer researchers conducted informal interviews with FSW peers from their social networks. Peer researchers were not recruited as coming from a specific geographical area, beyond the broader urban KMA however because they are independent workers many alternate between the club and the street, travelling both within and outside of the island in search of work. As such those recruited were able to include peers with different experiences within their group. The only group who do not currently intermingle within the industry are those working in the massage parlors. In fact they self identify as masseuses and not sex workers and access to them is very restricted.

A doctoral student at the University of the West Indies whose thesis is on the sex work industry in Jamaica and who has done extensive work with this target group facilitated the recruiting of the peer researchers. The criteria for peer research recruitment were based on: being members of the target group, willingness to participate, and basic literacy.

The Peer researchers were selected to be broadly representative of the target population, so providing a pool of researchers who could interview others to gather data on an even wider population. In accordance with the methodology, the study did not rely on a random or stratified sampling approach for validity.

Training took the form of a participatory workshop, led by facilitators from Hope Enterprises who had been previously trained in the technique by Options. A total of 10 Peer researchers and 2 supervisors were trained over a 5 day period. The peer researchers learnt a range of skills for developing and conducting informal interviews, and were observed practicing gaining informed consent. Themes guiding the research and interview discussion points were developed in collaboration with PSI/C and are outlined in Annex 1. Important areas of probe surrounding these themes were identified in small group discussions with the PEER researchers during the training.

2.2 Data Collection and Analysis

Peer researchers were instructed to interview three friends on three separate occasions. Each interview covered one of the three identified themes. Interviews were conducted in the third person, with questions introduced in the form of, “what do your friends working in the industry say about...”. Peer researchers were provided with notebooks in which to make notes after the interview, so providing detailed narrative data in most cases. They then met with a supervisor on a weekly basis to debrief on interview results. The supervisor recorded these sessions which were then transcribed as the detailed notes from the interview. These transcripts make up the final data set and are complemented by additional notes made by the research specialists during additional debriefing sessions with the peer researchers.

All but one of the peer researchers conducted nine in-depth interviews and were able to make notes after the interview. One of the peers however met an untimely death by drowning while crossing an inundated river during heavy rains. She had gone to rural Jamaica to visit her son as she made final back-to-school preparations for him. This unfortunate incident happened before the final interview was conducted.

Data were analyzed by Hope Enterprises researchers assisted by our contracted social scientist thematically. Emerging themes were identified and explored further and triangulated during the final peer researcher workshop. Quotations from the data are *italicized* in the report. Quotations have in some cases been edited for clarity.

3. THE FEMALE SEX WORKER, CLIENT TYPES AND RISK BEHAVIOUR

3.1 Understanding the world of the female sex worker (FSW):

Peer acceptance and association with people within the industry perpetuates the cycle of recruitment into sex work. Entering the sex work industry is often a result of a number of common drivers including, peer and/or family influence, limited income alternatives and the perceived allure and excitement of the dancer's life in particular the attention, dancing and partying.

Often girls enter the industry through the influence of family members who are in the industry or the allure of friends who have reaped the benefits of their trade.

Others enter out of financial need particular as it relates to their children and providing for their children.

"some went into the business because they had children who they need to support (feed and send to school)"

"she did not have anyone and she had a child and she was not willing to allow her child to starve so she decided to take to the stage"

Often the female sex worker lacks education and thus has limited employment opportunities. Sex work is seen as providing lucrative and accessible employment.

"There are also persons who feel like they have no alternative because they have no skill and they cannot read or write properly to go and get a steady job"

Others were thought to begin due to the perceived allure and attraction of the industry. For some the industry and particular the exotic dancer industry is seen as embodying desirable attention, dancing and partying and this holds appeal, at least initially.

"some a dem like the night life why them get started"

Where the female does not have a friend or family member already engaged in the industry their start may begin with visiting the clubs and enjoying the party. They may then befriend a dancer and begin to question her about the dancing industry and how to enter. This dancer will often aid her in entering the industry.

"One of the girls say she used to go to the club to party and then she became friends with the dancer by going up and tipping her, then try to get information from her because she already decide to come into the business. After going there for a time she told the dancer that she would like to start dancing but does

not have any costume. The dancer then gave her some and that is where it started.”

- Bling and hype are critical to success

Their bodies are regarded as a commodity and are sold based on its appearance and its prowess as displayed by the exotic dancers' ability to dance. They reason that the more appealing their appearance is, the more income they can generate. Thus they are under pressure to dress in the latest fashion and always look attractive, *“she must look good, she must floss”*. This emphasis on looking good includes wearing the latest in trendy brand name clothes and accessories and is of particular importance to the club and massage parlour girl and less important to the street worker.

The massage parlour worker is expected to dress in the latest brand name fashions and wear brand name make-up such as Juicy Couture and MAC. The club girl also dresses in the latest fashions and will invest in store bought costumes rather than make her own. The latter is employed when financially constrained while the former suggests success and is purchased during prosperous times.

The street worker also desires to look presentable but is satisfied with *“cheap and clean”*. She places less emphasis on brand names and more on the general appearance of clothing and its ability to make her attractive to prospective clients.

This pressure surrounding appearances is also prevalent in their communities and other social networks. The sex worker is conscious always of the stigma and discrimination associated with her occupation and so looking good, in the latest fashions and wearing brand name labels are important for providing some status even within her community. An enviable appearance functions as her retaliation for the discrimination and her proof of the benefits of her occupation, its ability to provide for her and thus its justification.

- Children: Asset and liability

They generally report polarized views of children. For some children are a source of pride, and importance and providing for their children a primary concern. They will sacrifice for their children and engage in the sex industry to allow their children access to a better life.

“Sex workers will dance go-go and send them to school so they can become lawyers, doctors, teachers and not do the same thing they are doing..”

In fact they will ensure their children are dressed and provided with the important brand names to ensure acceptance and respectability. This ability to purchase the desirable brand names is done as defiance of the stigma of their employment and to prove instead the extent to which it can provide and thus rationale for continuing.

“my son is going to school, and I’m done shopping for him already, is a Clark’s I buy, I have to sort out everything, because I’m selling sex, I don’t want people to look on my children and say: “look how he is dressed and his mother is selling sex” so they treat him good”

Others resent their children and blame their engagement in the industry on the need to provide for their children.

“you have some that have regret getting pregnant because they say it is because of the child why they are dancing go-go or if they don’t like the child’s father they will say tell the child things like “yuh wutliss(worthless) like yuh pupa (father)”, “a u mek me deh pon go-go stage all di days a mi life.....”

Main partners

Some sex workers reported having main partners or boyfriends while others reported having none and were generally not interested in obtaining one.

Some SWs described their relationships with their man as tenuous especially when the financial imperative is not met or is unsure.

Not all main partners are aware of the woman’s occupation. Those who know will sometimes rely heavily on her earnings, and she invariably becomes the breadwinner of the family.

Other main partners start out as clients and eventually he ‘checks’ (cares) for her and the relationship is cemented. However, for some therein lies the rub. These men become territorial driven by feelings of jealousy which later may culminate in verbal and physical abuse.

Other SWs maintained that their boyfriends stay out of the loop in order to protect the dignity of the relationship. They cloaked their activities with stories of visiting family in other parts of the island or attending parties out of town. It was generally felt that the main partners would find the involvement in the sex work industry undesirable and be grounds for terminating the relationship.

“sometimes they say that they don’t make their boyfriend know that they are selling their bodies, they make them think that they are doing regular massage job”

“she can tell him a lie, he is at home he does not know what is happening she can say is dancing not selling sex”

“she can tell her boyfriend that she is going to Montego Bay to go look for family or going to Kingston to look for friends...”

- Hopes, Dreams and Aspirations

The young (teenagers) recruits enjoy the fruits of the industry and are able to earn much when they are younger. They not only have the physical assets of “stiff breasts and tight vagina” that is highly desired by and seemingly heighten the pleasure for the client but are also thought to be carefree and not concerned about their future. They are not focused on hopes and dreams but instead live much in the present, focused on looks and having fun.

As the sex worker ages however and her body changes, by early 30s it dawns on her that she is facing increased competition from the youngsters, by about mid 30s her earning power begins to decline and it becomes clear that the industry will not provide for her forever. Hence she begins to be concerned about her future and seeks to return to school, achieve educational qualifications as well as attain the material trappings and economic security of owning a house, a car and a successful business.

“the young ones? They don’t have any hope or plans to leave it, because they have just started and it’s enjoyable to them. The older ones have a plan because they were young, it was enjoyable to them too, but getting older they realize nothing is in there for them again.....they can’t make as much money as the young ones.....”

Many of the older sex workers dream of returning to school, owning their own business and owning a house and a car. Returning to school was often a recurring hope cited

throughout the study and further underscores how disenfranchised they feel due to their lack of education and limited literacy.

“when they leave the business, a lot of them go back to school, like to nursing school, her other friends go to evening school get CXC’s and now work in banks, because she says her friend is a big manager at Scotiabank now and she was once a dancer”

“most girls want to go back to school because they stop going early, some want to start a business while others just want to settle down and get a husband and live the wife life...”

They dream of leaving the industry eventually and being self-reliant and self-employed through owning a small business such as operating a taxi, a bar or a small shop.

“like one girl she went to Antigua to work and come back and bought a taxi and put it on the road. She went back to dance and came back and opened a bar so now she can stop dancing and go back to school”

- Benefits of the industry:

The sex work industry offers the female employment and income, autonomy and access to a life which is seen as desirable, at least at the outset.

The sex work industry requires no academic qualification and so provides the young female with limited education, gainful employment that is not arduous and is not remunerated with minimum wage.

“it is the only work that does not require any type of qualification”

This employment provides income which allows them to support themselves and in many instances their families also. This income provides the means by which they not only survive but are able to access some of the important trappings of life.

“It’s a quick money making industry and they are independent. Independent means they are working for themselves with no one to boss them around...”

The income also provides the sex worker with much desired independence that is far more preferable to dependency on a single male partner for support.

“well sex work helps me from dying for hunger and clothes me. If I wasn’t doing it maybe I would end up at some man house with a lot of unwanted children and my life would be miserable.....I am not telling any lie I feel good about it. “

Many sex workers appear to come from the lower socio-economic groups. They grow up in poor but competitive environments where wellbeing and success are discerned based on a person’s physical appearance and the brand names they wear.

They exist in an environment where their social imperative is to ‘look good’ by any means and this they are able to realise through employment in the sex work industry.

Female sex workers further explain their profession fills a need. They feel a sense of agency in that they are providing a service that is in high demand and sometimes therapeutic and earn a wage for it, they are service providers:

“...de man dem want we fe do things dem naw ask dem wife fe do.”

“...sometime dem just want somebody fe talk to...”

“... the man just want you fe watch him a dance...”

- Money, independence and flexibility are important aspects of the FSW’s lives.

FSWs are empowered by the fact that they earn their own money and are independent from others, not needing to beg for anything. This independence they use as a defiant

defence for their continued involvement in sex work, despite discrimination and being ostracized.

“...We no haffi beg nobody nothing...”

“...me remember when me just start and me take time buy up me things and fix up me place.”

The SW works flexible hours. She works wherever and whenever she chooses based on her needs.

“P---- sell any and everywhere...”

Several of them are mobile in the sense that they ply their trade in different parts of the country and even overseas, most often within the Caribbean region.

- Discrimination and low self esteem:

In spite of the bling and hype the sex worker's daily environment is often characterised by competition, violence and discrimination.

Sex workers face much discrimination from their communities, families and the wider society. They experience much verbal and physical abuse from their families and the community when their source of income is known. Community members often label the FSWs derogatory names while families are ashamed and may even disown them.

“there is one girl,, her mother beats her night and day and she even took her children from her because she is a whore and worthless. At times her brother will come and beat her, everybody come and pick on her so we stick together and make our own family, we look out for each other....”

“...me mother cuss (curses)me off when she find out whe me a do (what I am doing)... now me haffi a (I have to) support her.”

‘... the people in the area cuss the pickney dem and seh uuno mother s--- w---, she a ole w----- gal.”

“... the teacher dem treat the pickney dem a way when dem know wha dem mother do.”

This family rejection of their occupation is experienced more from their parents and siblings and less so from their own children.

Manipulation by client and physical violence is an integral part of the industry

While those engaged in the industry do not perceive themselves as powerless, it is a vicious industry in which many FSWs are taken advantage of. The sex worker is often the one holding the least power in each transaction and relationship. For example, where a client is not satisfied or feels he has been tricked, he may isolate the FSW from any source of assistance and then demand a refund or compensation for being tricked:

FSW: you know I am seeing my period

Client: "you know that you have to give me back my gas money, because you should have told me you were seeing your period before I picked you up"

So the man let her out, and where she was there was a swamp where alligators come out at night, and she had made \$500 earlier and the man took the \$500 from her and say this is my gas money and you have to find your way back. So she had to run through the cane piece to find her way back on to the main road.

Stories of robbery, rape, beatings and even death were often heard and were accepted as a hazard of the job that you must devise means of dealing with because the job has its value and allure so it is 'us against the world'.

The various ways of coping with discrimination and violence in the industry

The discrimination does not however act as a barrier to entry and instead they have devised their own strategies to cope. Importantly they cultivate a defiant persona to cope with this discrimination. They also form their own communities and surrogate families in which they protect, and look out for each other. This extends to counselling of the young recruits by the older ones in the industry. This may be in respect of how clients can manipulate them, what to be mindful of with clients or how to protect themselves from being robbed or other harm. Still others will give advice to the young recruits on saving for the future and opening bank or credit union accounts.

They are also vigilant about clients taking them to faraway and unfamiliar locations where they are isolated and they remain vigilant for sounds of abuse at their location, whether in the club or on the street. Where these are heard they immediately take action and will "break down the door" to rescue their colleague. As part of a wider rescue plan some arrange with particular taxis to follow any unknown vehicle which they observe leaving with them (the sex worker), or to be on call should they need to leave a location hurriedly. This may be because they have just robbed a client and fear a reprisal attack. For this reason also we found that all have multiple wigs as part of their toolkit to not only refresh their look but as part of a deliberate disguise in case a client who they have robbed comes in search of them.

- Alcohol and drugs

Alcohol and drug use are major factors impeding condom use among SWs. The drug that is used most often is ecstasy. Coke and marijuana are also used.

Drugs and alcohol are essential components to the livelihood of the industry. The SWs use these as a coping mechanism to numb themselves to do the work:

“95% of sex workers use alcohol and drugs while doing sex work”

“after it is finished you don’t feel anyway but in the morning when you wake up and remember what happens you ask yourself “a wah mi really a do wid mi self”. But while it happening you are under the influence of the alcohol so you not really concerned”

Drugs also make the unappealing client appealing and so allow them to maximize income.

“Because of the men we do business with, we drink a lot, we smoke a lot because they sick our stomach”

“My friend says she drinks to tolerate the men”

Some sex acts such as oral sex any other aberrant sexual acts are socially taboo. This internal dissonance between engaging in a perceived morally repugnant act and the overarching desire to earn money drives drug use to cope.

“drugs makes the sex worker perform better and do all types of freaky things with each other”

Requests for certain sexual acts that would have normally been vehemently rejected by the women if sober are usually done without protest when under the influence of alcohol and drugs. Such acts may also include same sex intercourse with women who have sex with women “man royals”.

“(the man royals) they want you to have sex with them or they have sex with you. They want you to suck their vagina or they suck yours. Some want threesome. Some come with a man and want you to have sex with the man and they have sex with you. When you are on the ecstasy when they come to you , you do not turn down anything”

It also enhances her ability to perform, loosens her inhibitions (unleashes the freakiness) and sharpens her prowess which in turn generates more income.

“she says the other’s don’t have a problem using drugs because they will drink alcohol and take ecstasy to be able to do such things”

“The ecstasy allow the dancers to become excited and make a lot of money”

“liquor makes you explode it brings out the freak in them, it make you go down the road and be brave, it make you able to run the road. On a normal night when you’re not high a \$10,000 when you are high you triple that, if you a work the right way you take 100 man the way it numb up your body and you don’t feel it till the next day”

Under the influence of drugs and/ or alcohol condom negotiation is rendered compromised and often nonexistent. As would be expected, use of alcohol and drugs also reduces their ability to enforce protective behavior and increases the likelihood of engaging in risk behavior. Even where condoms are used the substance influences reduces the sex workers capacity to act if the condom is removed or bursts.

“you will take the ecstasy and you just sexing away, sometimes it feel nice but it’s your mind on the ecstasy and you will be saying to yourself how this feel so natural so, no man the condom is on so I don’t have to look and when you look it is the natural raw born penis in your vagina. Sometime the way how it sweet you and you underneath the ecstasy you say make him hurry up and done when the condom burst he will come faster. Yes I know a lot of dancers and sex workers who do it...”

Sharing drugs with clients:

Some clients request girls that use a particular kind of drug. To some clients, drugs heighten pleasure and aids in creating an atmosphere of fun. Sharing drugs with clients is widely accepted as it often increases the client’s comfort level with you and so increases the income earned.

“when you take the drugs with them (the client) they feel more comfortable to do anything around you”

“Clients prefer the sex workers who use the alcohol because they say the girls who are under the influence are willing to do most things and they usually perform better”

“some share ecstasy and boom with the clients.....this allows the client to have sex longer and when the sex worker takes it, it allows her to have more energy for the night”

To ensure the financial imperative is achieved, some SWs will go as far as spiking the client's drink with ecstasy to put him in a relaxed mood so that it is easier to take money from him. Some SWs use their womanly wiles to subtly coerce him into using for a short time.

Source of Supply:

Drugs are often supplied by the client and in the clubs also supplied by the club owner. It is to the club owner's benefit to support the use of alcohol and drugs. Drugs are often provided by the club owner. They are sometimes given to the dancer and often times sold. Drugs are often regarded by management as essential to increasing the sex worker's ability to perform and thus increasing the club's revenue. This is true to the extent that the boss will provide the ecstasy on credit to the dancer fully confident that she will be able to pay by the end of the night.

"the ecstasy allow the dancers to become excited and make a lot of money so if you don't have money to buy it he will credit you it because he knows that once you take it, it will make back the money and you wont have a problem paying him when the club is over"

3.2 CLIENT TYPES:

Clients are viewed for their ability to provide financially and pay for services or their lack of ability to do so. Desirable clients were described in terms of their purchasing power/ability to pay and treatment of the sex worker. Undesirable clients were described in terms of their intention to take advantage of the sex worker.

In order to exert power and control within the transaction between herself and each client the sex worker most often negotiates the price and services before hand and insists on being paid prior to the services rendered.

Desirable clients

These are those who pay readily and generously for services offered:

“they always have a lot of money and they won’t hesitate to spend it...”

“sex workers say the best type of clients are the ones who will pay their bill willingly”

The desired client is also one who approaches the sex worker with finesse, not treating them merely as commodities for purchase but rather taking the time to observe the sex worker and even talk to get to know her:

“the men who come in the club to have a drink and enjoy themselves, and sometime talk to you, they come to buy vagina too but it takes them a long time to do it”

There is a direct nexus between client types and condom use. Special clients are those who have developed a rapport with the sex worker that blurs the line of the client /worker relationship. At the start of the relationship, condom use was not compromised as he comes as a new client and the worker knows nothing of him. As time progresses, sometimes as several months pass, he represents the financier that supplies her with the monetary and material desires and not necessarily with the aim of gaining sexual favors.

With the special client doling out lavish gifts and treating her like his “bona fide” woman, results in some SWs developing feelings for the special client and capitulate to his cajoling “to feel her raw” (use no condom).

The relationship dynamic shifts to one that resembles an exclusive relationship insomuch that some the girls believe she is the only one (apart from his girlfriend/spouse) with whom he engages in unprotected sex. This is tantamount to the fulfillment of the dream that someday, a man will rescue her from that life and take good care of her.

Desirable clients thus sometimes evolve into special clients who provide for the sex worker beyond the usual transactions. Such clients demonstrate distinct interest in the

sex worker by visiting regularly, engaging in conversation with her and about her and by providing for her financially even where there is no exchange of sex. This special partner/ client's treatment of the SW as more than a good or service may also fill her need to self actualize as a person and a female.

This client can be called when money is low and will give her what he can which may suffice for a meal or more. This client is reliable and a dependable source of funds whether income or otherwise:

"the regular ones are the better ones because when they come to the bar they ask you if you are fine and offer you a drink"

"The regular ones are the better ones because sometimes you are in the club and nothing is happening for you the regular ones will come and they will buy from you. If they not buying they will still offer you lunch money."

Like women in main stream society the special person (bona fide) is the one you trust and may not need to use condoms with. Thus As a client becomes "regular", condom use becomes negotiable and dispensable.

Undesirable clients:

These are those who will attempt to take advantage of the sex worker, refuse to pay for services, take back the money paid or physically abuse her:

"they don't want to be with the ones who will do business with them and take back the money or physically abuse them"

The dynamics of undesirable client relationship was characterized by the sex worker having limited power and control. Such clients often sought to debase them and asserted control physically, sexually and economically.

"they don't want to be with the ones who will do business with them and take back the money or physically abuse them."

"they don't want to deal with the nasty ones because majority of the time they don't want to pay any money, they want to cut down your money. You and them have an agreement for sex alone and when you go in the room they want sex and blow job, when you start the sex they are on if you don't give me blow job with it I am going to take back my money and most of them are willing to go down in your purse and fight you and take back their money."

Measures taken to protect themselves from such clients varied based on whether she was employed on the street, in the club or in the massage parlor.

While clients were broadly grouped as desirable and undesirable, more precise profiling emerged. Clients were further classified into groups as below:

The Pervert:

- The pervert often seeks non-traditional/ extraordinary sexual acts which do not necessarily involve penetrative sex and usually pay higher prices for these services. Such acts include:
 - Requesting a private dance (in the room provided) but instead of taking advantage of this privacy he has the dancer perform in the passage outside of the room in a public space while he hides in the shadows in the room looking on and masturbating;
 - Sniffing underwear
 - Watching the females dance while they stimulate themselves to the point of ejaculation
 - Request female urinate on them (golden shower)
 - Voyeurism

Regular client:

- A dependable and committed client who is a reliable source of income: *“you can put on your pot and wait for him”*
- This client visits regularly and so provides dependable income. They become known to the sex worker, and to a certain extent they become trusted clients. Condoms use becomes negotiable and increasingly inconsistent. Some report that eventually these clients will request sex with no condom. Persuasive arguments include that the client has a wife and child at home and so he too is taking a risk in having unprotected sex. The client appears to use this rationale as an argument to build trust and encourage no condom use.

The Pussy Thief:

This client is essentially a thief whose main intent is to rob the sex worker. He pretends to buy sex as a way of getting close to her so he can find out where she keeps her money on her person and then robs her, whether then or later:

“me a sex them and dem all a take off your wig and a search for the money”

“they give you the money to see where you put it and then steal it”

They may also request intercourse and then run away without paying:

“they ask for sex before the money and when him draw up his pants, him run”

This client often agrees to condom use and then tries to remove the condom during intercourse:

“he will try to turn off the light, turn you back ways and take off the condom”

The Special Client:

This man is “the big man” the mature man who is seen as being wealthy. This is generally the desired client who will pay readily and generously. He demands respect and expects a female with some amount of finesse:

“you must have manners when you go around his table”

He is more discriminating in his tastes and even if he attends the go-go club he will sit away from the other patrons and instead socialize at the outside bar. This client is a big tipper and will pay more for “skin to skin” or no condom use. Offers of more money for no condom use are generally accepted when made by this client.

The Special Client, while generous and desirable is usually not a regular and consistent customer.

“him come once in a while and want a proper sort out... even bottom gargle sometimes”

The One Night Stand:

This is usually a young customer who comes only once to lose his virginity. A condom is always used with this client.

The Freak

The freak represents the client who seeks sexual pleasure through deviant requests. These usually do not involve penetrative vaginal sex and instead include urinating, feces, oral sex only and anal sex (male being the recipient of penetration):

“they don’t want no fuck just suck”

“They only want anal sex”

The Tourist:

The tourist represented the person not resident in Jamaica who may visit and contract the services of a sex worker. Tourist may even be sourced via the internet and dialogue established in the virtual world. He may then visit the island and contract the sex worker he has been communicating with.

Tourists were seen as clients from whom much income could be earned. They were described as clients who required little time but spent much money:

“they don’t spend a lot of time but pay big money like US\$500”

The tourist who requested no condom was willing to pay more for such a service. This request was generally granted.

Non-English speaking tourists were also described as being easier to take advantage of and even to rob.

3.3 Condoms, Lubricants and Risk Behaviour

Male condoms are recognized by the vast majority as an important tool of their trade. The main advantage is protection from HIV and other STIs as also from pregnancy.

In the process it also functions as a barrier for skin to skin contact between the FSW and a foul smelling client:

“...sometimes they say that they have sex with some of these men and they know that they don’t smell good, but they still have sex with them because they need the money. They know that they can use a condom to prevent their skin from touching theirs...”

“...all sorts of nasty men would discharge in them if it were not for the condom...”

Some FSWs, notably the older ones, speak with much conviction about using condoms:

“...if there is any sex worker that is not using a condom, that person must be mentally challenged...”

In the midst of this good intention however, there are clearly many occasions of non use (against their better judgment). Inconsistent use in this very high risk environment is a real problem which seems to concern some who are engaging in it:

“...well we use condoms with every client but over a period of time doing business with some of them you get to like them. If the next time they come to do business their condom gets burst then we still continue without the condom because of the relationship that we have with them. I know that this is not right, because you can catch H.I.V. and get pregnant but sometimes when we are intoxicated we run the risk, but it is not all the time we do this...”

Factors that support non use of condoms among FSWs

A very important motivator for non use is the high demand from clients for this service. Clients are prepared to pay a substantial premium for it and the potential for increased earnings will often times override good sense especially when the sex worker is broke or has a specific need such as back to school expenses for their children. FSWs thought most likely to succumb are:

“...those who don’t have a family and are giddy and call themselves ‘hot heads’ so they have sex with anybody without a condom...”

These are said to be largely the young and carefree FSWs:

“...sometimes the young sex workers are worse than the coke head because they don’t think, they allow the money to frighten them...”

Older FSWs with grown children and who “should know better” will also do likewise:

“...there are those who have family and still don’t care because they say their children are grown and can take care of themselves so they don’t need to be concerned about them...”

“...The type of sex workers that don’t use a condom are the ones that don’t have anything to live for. They prefer money more than their life. They just believe that because the men look good and have a lot of money they don’t have any disease...”

Drugs and alcohol are also important contributors to this behaviour:

“... sometimes when the ladies are drunk, and the men are persistent...and because the men treat them nice...they go without”

Some FSWs however remain very wary of the man who does not want to use a condom when buying sex and see this as abnormal:

“...The sex workers say that the persons that don’t want to use a condom must have disease why they don’t want to use a condom..”.

Mindful of the danger they devise alternative safe sex practices

Some theorize that the danger lies in the man ejaculating, therefore if he withdraws before ejaculation they are safe:

“...some clients have some freaky men who don’t use condoms and girls will allow these men not to use a condom once they agree not to discharge in them...”

Other men will start with a condom but withdraw and ejaculate without the condom:

“...some men will also use a condom but when they are ready to discharge they will remove it and discharge on your leg or belly. This is a safe practice because we cannot get infected...”

Increased earnings supported by an on-the-spot assessment of the client used to support non use of condoms

Men will pay substantial premiums for unprotected sex. In this case the FSW who is largely convinced that using a condom is the correct thing to do, will do a visual assessment of the potential risk they face in order to decide whether or not to proceed:

“...when the clients come in and pay them big money and they look at them and they look healthy, they take the risk and have sex with them without a condom because they want the money...”

“...sometimes they don’t believe the handsome men have any disease because they are handsome and have a lot of money...”

In other cases the client will give his own testimonial as a “decent man” to assure the FSW that he is uninfected:

“...sometimes the men will say to the sex worker that they are not the type of men to go with several women. The only person that I go with is my wife and example my wife is a doctor and so on.... Or my wife is a teacher and she just has a baby, so she can have sex with him without a condom. Sometimes the sex workers get convinced and have sex with them without a condom.

“...there are men who will come and show their work ID in an attempt to convince us the sex workers not to use a condom...”

Another dimension of risk assessment which is used is whether the man is caring towards the FSW, implying he would not want to hurt her:

“...if the men treat them nice some of them they end up having sex with the men without a condom because they need the money...”

Additionally, some unprotected sex is considered “safe” by the FSW. Unprotected sex with the main or bonafide man qualifies as safe because:

“...he is not a client, he is my regular man that I go with that I know is not sick...”

The situation is similar with clients they refer to as ‘special’. These are not their main or bonafide man but one who they see around the club often:

“...These may be men having sex with them for the first time but they make a judgment based on “...always seeing them because they are regular (at the club)...”

Group endorsement of a client as “safe” is also practiced. This is a client who other SWs are known to have had unprotected sex with previously without any undesirable effects.

What type of sex workers use condoms?

Having children or a partner serve as motivation for condom use and the need to remain healthy:

“...the sex workers who have their children and partner, even if they don’t have a child once they have a partner they have to “have dem head pon dem body”.

“...the father of my children says that if I get him infected he will shoot me because he has told me several times to leave the industry...”

Problems with male condoms

- Itching of the vagina. This is a problem for both men and women.
- Unpleasant smell of some brands, which is transferred to the sex worker. This is particularly so for condoms distributed by the Ministry of Health:
 - “ some of them gives us infection and bad odour and cause us to smell...”*
 - “...when you use some of them everybody know you just have sex because of the smell...”*

- Frequent breakage: All complained about this and attributed it to:

- Friction during dry sex: This is a very pervasive problem that some indicate will be alleviated with the use of lubricants.
- Poor quality product. The Slam brand was often mentioned in this regard.
'...some of them rotten and easy to burst...'
- incorrect handling of the condom when putting it on:
"...you have to know how to put it on that it does not burst..."

Some are lubricated and while the FSWs welcome this feature, many clients are unhappy with it:

"... some of them are filled with grease. But when it has on much grease these are the better ones to use, it is better than the ones that are dry since it is greasy it is easier to go inside the vagina."

"...Some of the men are there feeling up the condoms and have their hands wiping the grease from the condom, so sometimes the condoms end up bursting..... Saying that they can't take it when the p....is wet. Some of them say that the condom is too dry so they spit in their hand and rub it over it."

Studs: These are said not to heighten pleasure but to delay ejaculation and this is not a situation desired by FSWs.

"...don't like it when the men use the Long Love condoms because when they do they have sex with them too long..."

Source of condoms

There is ready access of condoms for FSWs, whether free from the clinic or purchased:

“...they normally go to the clinic or they buy it at the pharmacy, bar, supermarket or wholesale...”

“...at the wholesale they get it cheaper. At the bar or pharmacy a condom cost \$100 while at the wholesale it would cost her \$50. Most of the time if they are uncertain whether or not they will get any free condoms they can go to the wholesale and get 4 packs for \$200..”

Street FSW depends largely on condoms distributed free at least twice weekly by the National HIV Control Program. For increased supplies some will buy a box either from the Government clinic for J\$500 or purchase branded product from the wholesale or pharmacy.

Club workers can also be assured of free product from the National HIV Control Program whose representatives also visit the clubs and distribute condoms. Should the preference be for branded product, these can be purchased from the club where they work or the pharmacy. Flavored condoms, which appear to be growing in popularity in the industry, are available from the pharmacy (the Durex brand) while other flavored brands are available itinerant vendors.

“... the boss will sell condoms in the club or there will be people who come around and sell sex workers condoms...”

Condoms bought at the pharmacy include: Slam, Rough Rider and Lion Pride.

Condoms preferred by the FSW are those which have an appealing smell:

“...they will use condoms which give off a sweet smell instead of condoms which smell rubbery...”

The pharmacy is the preferred source as it is quicker, more personal and is simultaneously non-judgmental:

“...The mostly go to the Pharmacy because they get through quicker and it's more personal...”

“...at the pharmacy of course, the pharmacy always sells condoms that have a nice smell. You will never get a condom from the pharmacy that has a bad smell...”

“...they usually go to the Pharmacy to buy the better ones, because at the Pharmacy you can choose which one you want...”

Some clients will bring their own condoms but FSWs are usually reluctant to use them as they suspect they may have been tampered with.

Response to specific brands

Slam: unpleasant smell, too greasy and thin, rotten and easy to break

Durex: well liked particularly for its flavors.

“most of the persons say they like Durex because of the flavor”

Rough Rider: Preferred by some as it was the original (first brand) and is thicker than other brands and so thought safer.

Others see this brand as causing infection or an allergic reaction:

“Some say that it make them smell stink, it gives them a bad infection. Some itch, some burn, some scratch.”

Long Love: This is not a brand embraced by sex workers because it delays ejaculation:

“...this type of condom make the men have sex with them for too long...”

Free distribution (NACP) condom:

“...they smell bad you can't even give a blow job in them. You don't want to put the condom in your mouth...”

Many FSWs however, particularly those on the street, embrace them as their only brand.

Response to female condoms

Response to this product is mixed, some have embraced and adjusted to it:

“...some girls say they prefer to use the female condom because it is thicker and harder to burst so they make it their first option...”

Others find it awkward and are reluctant to use it. Specific negatives cited for the product are:

Size, too large:

“...I wonder how could they make the female condom so big and expect it to be inserted into the female vagina and the men to insert their penis in it that is too much for the vagina to accommodate...”

“...my friends say that it is too big and disturbing. It is a waste of time, and they should stop making them. Because some of the men penis cannot stay in the female condom, how they expect the men penis to stay in the female condom. The more the man has sex with you the further up into your vagina the female condom will go, because it does not have anything like a ring to hold on to the men penis like the male condom. This will prevent the female condom from falling off and stop discharge from escaping...”

“...The ring that you have to insert in your vagina is too big and for the men to insert their penis, it is too much for your vagina...”

Uncomfortable and could have side effects:

“...the ring inside the bottom of the condom is rubbing against their womb and they believe that this can cause lung cancer...”

Lack of knowledge about it seems to have also led to a reluctance to embrace the product:

“...some girls say that they have difficulty understanding the instructions and find it uncomfortable to use...”

“ my friend says she has the female condom at home but she has never tried it and she does not know why...”

Others are curious and are willing to try it but knowledge and access seem to pose a problem:

“...some say that they have never tried the female condom before but they would like to try it with their personal man...”

- **Lubricants: FSWs welcome lubricants but many clients do not**

Response to lubricants is mixed with the majority however being positive towards it. They explain that because of their frequent sex acts and because they drink alcohol their vagina is not producing enough vaginal fluid. So they use the lubricants to make the condom “slide in easily.”:

“...they (FSWs) like lubricants because it make sex easier and they like using it...”

“...the girls love lubricants because it makes them moist and it makes the men ejaculate quickly...”

Some use it selectively:

“...when a sex worker meets a client who has a large penis she will use the lubricant to prevent her from getting sore...”

This positive response extends also to some clients:

“...some clients enjoy using lubricants and they will request that the sex work use it...”

“...there are clients who love when the girls use it...they love when the girls are wet so they don’t mind. Men who drink a lot of alcohol like when girls use lubricants. When I ask the clients what effects the lubricant have on them they say it feels cool and it increases the sensation and allows them to climax fast...”

Among FSWs however, there are some, and notably this was from the younger FSW peer (22years worker in a club) who respond negatively:

“...the girls say they don’t like the lubricants because it is too moist. They only use it when they are having anal sex because it gives ease to access the anus and free flow to sex...”

Some clients are similarly averse to the lubricants which reduce their pleasure:

“ some of the men don’t like to use it because they said that they want tight p.....And when they use the lubricant they said that it slackens up on them. For the men that don’t like the lubricant the sex workers have to always watch the condom just in case it burst, my friend said that she said it to one of her client

that man like will rape because you need a baby to have sex with, because the way you need p....to be tight that does not exist anymore...”

“...some of the men complain that they don’t like it when the vagina is wet...”

Some girls however find a way around the complaints and insert it in the vagina:

“...some men complain that the lubricants make them ejaculate quickly so some girls won’t apply it to the condoms they will insert it into their vagina. Other girls will still apply it to the client’s penis...”

There are some sex workers who will always use lubricants once it is available.

The majority source their lubricants from the NHCP’s outreach representative who distributes them free with condoms:

“...most sex workers don’t buy lubricants, they wait until the representatives who issue free condoms and lubricants come to the club and collect lubricants from them...”

“...there are other girls who are hype and they don’t wait on the free lubricants, they will buy it in the pharmacy...”

3.4 Response to HIV/AIDS

While some SWs see AIDS as serious and a source of fear, others are of the view that it is exaggerated:

“...they blow AIDS out of proportion like everybody that has sex has AIDS. We are not afraid of AIDS anymore, we are just listening to see what is the next disease that will be coming out...”

“...H.I.V. and A.I.D.S. is stale news, we are not bothered by it anymore we hear too much about it to be bothered by it...”

Still others see it as a way to target and persecute the sex worker:

“...because people in general believe that all sex workers have A.I.D.S. so even if we don't have A.I.D.S. they still believe that we have A.I.D.S... Because they expect you to have it, so why should we allow it to bother us, we are making money and that is all that matters...”

“...I hear that people can get A.I.D.S. from hospitals and Clinics when you go for treatments, so the whole A.I.D.S. thing is so confusing you don't know who to trust.

Supporting this acceptance of AIDS as just another illness is their response to a colleague living with the virus:

“...they said they should have been more careful and that they are sorry for them but at the same time it is not the end of their life because they can take the medication that they have for AIDS and live long long (very long)...”

“... they (FSWs who are HIV+) look good, you have to know that they definitely have AIDS to know that they are HIV+...”

Myths still abound:

Myths about transmission through kissing, drinking from the same glass and even talking exist in the industry. Testing by swabbing of the mouth, support these myths. Some feel that if the virus can be detected by swabbing then that means there is enough of the virus in the mouth to cause transmission. For a few this has led to a conspiracy theory about the origin of AIDS:

“...I believe that AIDS is a man-made disease that the Government wants to use to control the population, so they come to a decision to kill out some of them with the disease...”

Even more troubling is the view that a cure exists based on the success with preventing mother to child transmission:

“... when a lady is pregnant and she goes to the doctor and the doctor finds out that she has AIDS they can give her an injection to prevent the baby from getting the disease. Since they give the mother the injection to prevent the baby from getting it, that means they have the cure...”

Response to getting tested

Many responded very positively to being tested and accept it as a requirement of the job. In some clubs they are required to be tested and to show their results to the management. FSWs that travel abroad to work also have to be tested as the clubs abroad will not accept them without their test results. Similarly, a test is required for the Police Record which is needed.

Some, thought largely to be those engaging in risk behavior, refuse to be tested. The young FSWs are again identified as being among this group:

“...young persons are afraid to test for HIV, they have this fear and even if you take them to get tested you have to force them because they know that they are having sex without a condom and this increases their fear...”

Others take it further to suggest that it is in the process of being tested that they expose themselves to risk:

“...some of the girls say that being tested for H.I.V. is a big waste of time because even if they don't have the virus and from the doctors hear that they are a sex worker they will inject you with the virus...”

“...some of them don't want to get tested because they are afraid the doctors will inject them with the AIDS virus. Others say that they don't want to know.

A few argue that the test is unnecessary because they have practiced risk behavior for a prolonged period without incident:

“..for me, the amount of men I have sex with and don't catch any disease I wonder if these diseases were not around all the time...”

For those who engage in risk behavior against their better judgment, much anxiety attends the deed. They will:

- Visit the doctor, some as early as the following day for antibiotics
- Take Postinor
- Use antibiotics (unprescribed)

- Do testing for 12 months

Test protocol is a problem for some

The view was also expressed that the protocol followed for the test, deepens the anxiety and fear:

“...We don’t have a problem getting tested for HIV but sometime the people who are doing the test contribute to the anxiety. When they are going to give you the result they call you behind a screen and give you a “good talk” before they give you the result. This makes some sex worker break down before they even see the result because it torturing. They should give you the result first then do the “good talk”. There was a situation when I took a test and when I was suppose to get the result the lady brought me around the screened area and started giving me the “good talk”, I started crying immediately because all I could think about were my children and their father. It wasn’t until after the talk that she told me I was negative...”

APPENDICES

- **Archetypes**

Archetypes

1. The Massage parlour worker

Pebbles is 20 years old and began working in the massage parlour at age 17. Pebbles comes from a single parent home.

Entering the industry:

At about age 17 her mother travelled to USA in search of employment and left her in the care of an aunt and extended family. Her aunt, who became her guardian, was a strict disciplinarian. Living with her meant conforming to many rules and regulations. Pebbles found these rules too restrictive and conforming was very difficult. She began to “sneak out” with friends, one of whom worked in the massage parlour.

Her friend who worked in the massage parlour is 25years old and is seen as a mentor and role model, someone to emulate. Pebbles observes that her friend dresses in the latest fashion and lives an enviable carefree life. She visits the parlour with her friend and generally enjoys the atmosphere of the place and sees the men as decent and generous. The life of a massage parlour girl appeals to Pebbles and she runs away from her aunt, moves in with her friend and so begins her sojourn into the sex work industry.

Pebbles is a fun loving party girl who loves to look glamorous, she must have nice clothes, ‘big hair’, a lot of piercings and tattoos, must bleach to lighten her complexion and yearns for the day when she is seen as #1 in her trade. The clients pay her lots of money and this feeds her appetite for looking good. She cannot do without the clients and the money. Her friends envy her and want the same work.

By looking good she will also impress her disciplinarian Aunt.

She elevates herself and gets her own accommodation. She saves her money and buys her plasma television and material trappings.

She has to be sexy and look good to get the clients so she worries about her health, not getting infected with an STI, not becoming pregnant and also her safety. She realizes that if she is not healthy she will not be able to spend her money or look good and becoming pregnant means not working during that time. She also worries about her parents and others from the community finding out about the work she is doing.

She earns extra by “squeezing out” a client she meets at the parlour and has sex with him outside so she gets to keep all the money she earns from that encounter. Although she must tell the boss where she is going when she leaves the parlour, she however cannot let him know that she has “squeezed out” a client.

She loves herself and has ambition. She wants to be a success, wants to be “top a top” whether in this industry or another. She wants to migrate to the US and make herself #1.

2. Barbie the Club girl

Barbie is 20 years old and started in the business at age 15.

She lives with her mother but her mother is a domestic helper and is out all day. Her mother does not set any rules for her, does not know what she does and so she gets to do whatever she wants.

She started in the business by leaving home without permission and hanging out at the club, having used someone else's birth certificate to gain entry. She goes to the club and watches and likes the exotic dancing and figures she would like to dance like that. The owner likes her youthfulness with breasts "stiff like an arrow" and gives her alcohol. She enjoys herself watching and partying and eventually engages one of the dancers in a discussion about her job. The dancer eventually gives her a costume and she starts to dance.

Money, popularity and being a good exotic dancer are important to her. She must also look good so brand name clothes and costumes and make-up are important. She wants the brand name clothes and other trappings but is not prepared to beg anyone for these things. She has a sense of independence and the dancing at the club can provide the income she needs. She is living her best life and loving it. She is getting to do things she otherwise would not be able to do like spending a week at a hotel with a client. She earns most when the cruise ships visit Ocho Rios and she gets the tourist clients.

She worries about AIDS, pregnancy and her family or members of the community finding out how she is earning her money. She also worries that other girls in the club may be envious of her, fight her and take away her money or send men to rob her.

She feels on top of the world now, she is enjoying herself. She thinks it's the best life for her and she feels good.

3. Rosie the Street girl

Rosie is 27 years old having started in the business at 14 years. She became interested in the business when she would see the SWs in their sexy outfits as they sought clients on the street. At 14 years Rosie was selling sweets on the streets at night and would stop to speak to the SW firstly about buying some sweets and then try to find out information about their work.

She now lives as a single parent with her child having gotten pregnant on the job by a client.

Her child is her life's focus who she needs to make money to take care of. The child has no father who provides for him as a client is his father.

Whatever money she makes she spends on her child, so unlike SWs in the club or the massage parlor she is not extravagant in her attire and looks. She however is aware that to attract clients she must look good so she subscribes to "cheap and clean", not expensive and name brand. Her emphasis instead is that her child must look good. He is the one who must wear the name brand clothes, shoes and school bag. He must attend a "good" school, a preparatory school where resources are available and the learning environment is above that of the public school. In this way she ensures her child gets a good educational start and becomes qualified and successful later in life. She feels good about herself once her child is well outfitted and poised for a better life. He is attired in his Clarks (shoes), Jansport (schoolbag), Seaman khaki uniform, etc. In fact, even if she has nothing, she is proud because he has. She deprives herself and sacrifices for her child.

As a sex worker on the streets she worries about violence, rape and abduction and not being able to go home to her child. She also worries about pregnancy and having another fatherless child and most importantly, about her child's education