



Original article

Correlates of Sex Trading among Drug-Involved Women in Committed Intimate Relationships: A Risk Profile



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ABSTRACT

Background: Despite a slight decline in new human immunodeficiency virus (HIV) infections in New York, marked increases and concentrated epidemics continue among subsets of the population, including women engaged in sex trading. We examined the prevalence and correlates of sex trading among 346 low-income, HIV-negative women in HIV-concordant intimate relationships.

Methods: Women and their long-term main partners were recruited to participate in an HIV prevention intervention. Baseline data were used in this article.

Findings: Of the 346 women in the study, 28% reported sex trading during the prior 90 days. Multivariate analyses showed increased relative risk of sex trading by lifetime experience of severe intimate partner violence (IPV), drug, and alcohol use, and marginal significance for mental health hospitalization, partner drug dependency, and homelessness. **Conclusions:** These findings suggest an urgent need for HIV prevention and intervention efforts targeted toward women in intimate relationships who trade sex for money or drugs, with an emphasis on IPV, mental health, history of incarceration, and substance abuse.

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Despite witnessing a slight decline in the incidence of human immunodeficiency virus (HIV) in New York City, New York continues to experience one of the largest HIV epidemics, compared with other cities in the United States (Centers for Disease Control and Prevention, 2012; New York City Department of Health and Mental Hygiene, 2014). Marked increases and concentrated epidemics among subsets of the population including women engaged in sex trading fuel the current epidemic. A recent systematic review of the HIV burden among female sex workers globally revealed an astounding 11.8% average HIV prevalence and an odds ratio of 13.5 of contracting HIV among sex traders, compared with nontraders (Baral et al., 2012; Kerrigan et al., 2013). Similarly, in New York City, studies examining sex trading among women found an estimated HIV prevalence of 10% to 14%, more than seven times that of the rate in New York and 16 times that of the rate in the United States (El-Bassel, Witte, Wada, Gilbert, & Wallace, 2001b; Human Rights Watch, 2012; Jenness et al., 2011). These data have prompted calls to

action to design effective interventions to reduce HIV risk among this population and further research has underscored the need for more attention to the intimate relationships of sex workers that may facilitate HIV risk as well as to the use of couple-based approaches in reducing new HIV infections (Jiwatram-Negrón & El-Bassel, 2014; Kerrigan et al., 2013; Syvertsen et al., 2013a; Syvertsen et al., 2013b).

In reviewing the literature, few studies have characterized sex trading among women in intimate relationships. The majority of studies assessing the prevalence and correlates of sex trading have typically recruited women who are not in long-term, committed relationships, requiring only being sexually active in the past 3 months or fewer or not having explicit or clear criteria about relationship status or intention requirements (Decker et al., 2012; El-Bassel et al., 1997; Golder & Logan, 2007; Semple, Strathdee, Zians, & Patterson, 2011). Sex trading among women in relationships may represent a marker for other risk behaviors that increase HIV risk. Focused research among sex-trading women in relationships may offer unique insights into drivers of risk and have important implications for couple-based HIV prevention and intervention efforts in New York City and other urban areas. Therefore, the specific aims of our study are to examine the prevalence and correlates of sex trading among

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women in intimate relationships with men (defined as having been together for a minimum of 6 months, and identified their partner as their main partner with intention to stay together for at least 1 year), compared with nontrading women in relationships with men, which may serve as useful points of intervention for HIV prevention efforts.

Background

Previous research among sex-trading women suggest several correlates, including structural barriers and risks (homelessness, lack of education and employment), interpersonal risks (trauma, risky sexual behaviors, drug and financial dependencies), and individual risks (mental health distress and drug/substance use). Specifically, multiple studies have found strong associations between homelessness and unemployment and engagement in sex trading for survival (Brown, Cavanaugh, Penniman, & Latimer, 2012; Greene, Ennett, & Ringwalt, 1999; Logan, Cole, & Leukefeld, 2003; Risser, Timpson, McCurdy, Ross, & Williams, 2006; Weber, Boivin, Blais, Haley, & Roy, 2004). Similarly, studies assessing educational status have shown lower education is associated with sex trading (Kramer & Berg, 2003; Logan et al., 2003; McClanahan, McClelland, Abram, & Teplin, 1999; Risser et al., 2006). Unstable housing, unemployment, and limited opportunities for education clearly leave some women with few options and increase the likelihood of engagement in sex trading for shelter, food, and money (Dunne et al., 2014; Kramer & Berg, 2003; Risser, et al., 2006; Weber et al., 2004).

Several studies investigating the association between sex trading and trauma have often found high rates of childhood sexual abuse, which, for some, has been associated with subsequent adolescent runaway behavior, homelessness, and drug use (McClanahan et al., 1999; Parillo, Freeman, Collier, & Young, 2001; Tyler, 2009; Vaddiparti et al., 2006) as well as poor mental health resulting from the trauma (Golder & Logan, 2007; Risser et al., 2006; Wilson & Widom, 2010). Engagement in sex trading has also been associated with partner infidelity, poor partner communication skills (Sterk, Elifson, & German, 2000), violent assaults (including rape and abuse) (Shannon et al., 2008), financial and drug dependencies as well as injecting with a partner (El-Bassel, Shaw, Dasgupta, & Strathdee, 2014), and exorbitantly high rates of psychological and emotional distress, compared with non-sex-trading women (Baral et al., 2012; El-Bassel et al., 1997; El-Bassel, Simoni, Cooper, Gilbert, & Schilling, 2001a; Kerrigan et al., 2013; Golder & Logan, 2007; Raj et al., 2006). These dynamics drive women's risks through increased exposure to HIV and a decreased ability to negotiate sexual safety.

Finally, research has identified several attributable risk factors associated with sex trading among women who report drug and alcohol use. For example, studies have shown an association between crack use and engagement in risky sexual behaviors and sex trading for survival (Golder & Logan, 2007; Rasch et al., 2000; Semple et al., 2011; Strathdee et al., 2008). Additionally, lifetime and past 30 day rates of alcohol use among female sex workers has been reported to exceed 70% (Li, Li, & Stanton, 2010). Alcohol and drug use are associated with increased sexual risk behaviors, including unprotected sex and unsafe injection practices that drive HIV risks (El-Bassel, Wechsberg, & Shaw, 2012; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Maranda, Han, & Rainone, 2004; UNAIDS, 2010).

This article examines the prevalence and correlates of sex trading among women in intimate relationships with men.

Drawing on previous research and ecological systems theory (Bronfenbrenner, 1989) as a conceptual foundation and organizing framework to assess multilevel risk factors, the purposes of this paper are to 1) examine the prevalence of sex trading among 346 low-income, drug-using, HIV-negative concordant women in intimate relationships and 2) investigate the association between engagement in sex trading among women in intimate relationships and individual, interpersonal, and sociostructural risk factors.

We hypothesize that, compared with women who did not report sex trading in the past 90 days, those who report trading sex will be more likely to also report exposure to individual, interpersonal, and structural risk factors. Specifically, we hypothesize that sex-trading women will be more likely to report poor mental health, drug/substance use, and incarceration histories (individual factors). Additionally, we hypothesize that women who traded sex will be more likely to report one or more interpersonal risks, including injection drug use with a partner, partner dependencies, lower condom use, history of intimate partner violence (IPV), and exposure to childhood sexual abuse, as well as sociostructural challenges and barriers, including unstable employment and housing, lower levels of education, and lower social support, than their nontrading counterparts.

Methods

Participants

Project Connect Two was a New York City-based, randomized controlled trial to evaluate a couples-based HIV/sexually transmitted infection prevention program compared with an individual-based prevention program, among low-income HIV negative, drug-using, heterosexual couples (conducted from 2005 to 2010). Detailed information has been provided elsewhere (El-Bassel et al., 2011). Briefly, couples were recruited via street outreach, homeless shelters, soup kitchens, word of mouth, and syringe exchange programs. Most couples entered the study through street outreach. Interested participants were screened for eligibility. Couples were eligible if both partners were 1) at least 18 years old, 2) HIV negative (confirmed using OraQuick and OraSure assays), 3) identified each other as their main, regular partner, 4) reported that they had been together for at least 6 months, and 5) intended to remain together for at least 1 year, and if at least one partner met each of the following criteria—6) reported using illicit drugs in the prior 90 days and was in or seeking drug treatment, 7) reported having had unprotected intercourse with the other in the prior 90 days, and 8) met additional HIV risk criteria (specifically, reporting sex with another person in the prior 90 days, injecting drugs in the prior 90 days, or diagnosed with an sexually transmitted infection (self-reported) in the prior 90 days). Using data from the baseline assessment, this article focuses on the female partners.

Procedure

Individuals who met initial eligibility criteria were asked to invite their main sexual partner to participate. A letter to their partner introducing the study was provided to the initial contact partner. If interested and eligible, staff obtained written informed consent from both partners before the couple completed the baseline data survey. Data were collected using an audio computer-assisted self-interview (ACASI). This version included an audio and visual presentation of the questions and

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