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CLINICAL ARTICLE

Socio-structural and behavioral risk factors associated with trafficked history of female bar/spa entertainers in the sex trade in the Philippines[☆]Lianne A. Urada^{a,*}, Sonja Halterman^b, Anita Raj^a, Kiyomi Tsuyuki^a, Nymia Pimentel-Simbulan^c, Jay G. Silverman^a^a Division of Global Public Health, Department of Medicine, University of California, San Diego, La Jolla, CA, USA^b School of Medicine, University of California, San Diego, La Jolla, CA, USA^c Department of Behavioral Sciences, College of Arts and Sciences, University of the Philippines, Manila, Philippines

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ABSTRACT

Objective: To explore factors associated with trafficking (deceptive/coercive entry to sex trade) among female bar/spa entertainers who traded sex in the Philippines. **Method:** Female bar/spa entertainers who traded sex in the past 6 months were recruited from 25 bar/spa venues in Metro Manila (April 2009–January 2010) and assessed via cross-sectional survey data collection for HIV-risk-related socio-structural factors associated with deceptive/coercive entry into the sex trade. The study employed hierarchical linear modeling. **Results:** Of 166 bar/spa entertainers assessed, 19 (11.4%) reported being deceived/coerced (i.e. trafficked) into their first jobs. Trafficking history was independently associated with current drug use (adjusted odds ratio [AOR] 2.05; 95% confidence interval [CI] 1.00–3.97) decreased availability of condoms at venues for entertainers (AOR 0.18; 95% CI 0.05–0.71) and, conversely, increased peer support for practicing safer sex behaviors (AOR 3.08; 95% CI 1.63–5.09). Those deceived/coerced into their positions were more likely than non-trafficked women to have been recruited by an agency who came to their rural province (AOR 12.07; 95% CI 1.77–82.25) as opposed to getting the job from advertisement (AOR 0.10; 95% CI 0.02–0.65) or a friend/acquaintance (AOR 0.02; 95% CI 0.00–0.48). **Conclusion:** The findings have implications for designing interventions to prevent and target trafficked women in the Philippines who may be more vulnerable to substance use and, potentially, HIV infection.

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1. Introduction

Sex tourism, and sex trafficking in particular, are flourishing in the Philippines, yet both are illegal [1]. The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Person, Especially Women and Children [2] defines trafficking as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat, use of force, or other forms of coercion, abduction, fraud, deception, abuse of power...for the purpose of exploitation.” The 1979 Convention on the Elimination of All Forms of Discrimination against Women and the 1989 Convention on the Rights of the Child also have anti-trafficking measures. The sex trade includes both trafficked and non-trafficked females. Sex trafficking is defined as the “forced, coerced, fraudulent, or deceitful entry of women [or any minor under 18 years old] into the

commercial sex trade for the purpose of exploitation” [2]. The present paper focuses on trafficked females in the sex trade, with the sex trade being an environment where trafficked females appear to be more vulnerable to sexually transmitted infections (STIs) and HIV.

Reliable human trafficking statistics tend to be unavailable, but Filipino workers are allegedly trafficked to 32 countries to work, and 60 000–100 000 children are reportedly forced into prostitution in the Philippines [3]. The Philippines passed a 2012 Expanded Anti-Trafficking in Persons Act (following a 2003 Act) to prevent, prosecute, and provide victim-protection services. The government helped 2569 victims of human trafficking, and coordinated services for Filipino victims abroad, including 2604 in Malaysia and Saudi Arabia in 2012 [3,4]. However, enforcing anti-trafficking legislation remains problematic: only 24 traffickers in the Philippines were convicted that year.

Women and girls in poverty in the Philippines are often under extreme economic duress to support their families, making them potentially more vulnerable to trafficking recruitment tactics [5]. The dynamics of deception/coercion of women and girls into jobs as venue-based sex entertainers (globally and in the Asia-Pacific region), and the health and psychological consequences for those trafficked once they enter the sex trade, remain understudied. Human-trafficked

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individuals globally, and in Southeast Asia, have experienced poor health outcomes, injuries, depression, and post-traumatic stress disorder [6,7]. Women who trade sex experience increased risk for repeated violence and sexual assault [8–10]. Trafficked women in the sex trade have even greater negative health outcomes, including an increased risk for physical and sexual violence [11–14], and HIV/STI infection [15–18]. One study of trafficked sex workers in Thailand concluded that higher rates of abortion (unspecified type) among trafficked versus non-trafficked sex workers indicated unmet contraceptive need [12]. A previous study of female sex workers in the Philippines demonstrated associations between socio-structural occupational factors and consistent condom use among female sex workers [19]. However, the relationship between trafficking history and the socio-structural health risk factors in the workplace is not completely understood. Further investigation is required to better direct interventions for women who have been trafficked into commercial sex.

As far as we are aware, the current study is the first to quantitatively assess the sociodemographic, socio-behavioral, and socio-structural health risk factors that were associated with a history of deceptive/coercive entry into their jobs as entertainers, a common entry point for the sex trade in the Philippines. The aim of the present study was to explore socio-structural and behavioral factors associated with a history of trafficking among female bar/spa entertainers in the Philippines in order to better understand and target interventions for this population.

2. Materials and methods

In a cross-sectional study, female bar/spa entertainers (aged 18 years and older) were recruited from 54 legally operated entertainment clubs, karaoke bars, or spa venues in Metro Manila between April 1, 2009 and January 31, 2010, via time-location sampling methods. The institutional review boards of the University of the Philippines, Manila, and University of California, Los Angeles, approved the study protocol; all participants gave prior verbal informed consent (signatures were waived by the institutional review boards owing to the sensitive nature of the population).

In the Philippines, bar/spa venues are legally operated entertainment establishments and sex work, when it occurs, takes place illegally

(e.g. as an additional service). Although sex work is illegal, managers of bars/night clubs, karaoke bars, and spas/saunas are required to have business health permits and to send their entertainment workers to government-run “Social Hygiene Clinics” for weekly or biweekly STI check-ups. However, not all entertainers and managers comply, and STI check-ups and medications are not free. Approximately 35.0% of the entertainers in the overall study self-reported having sex with venue guests [8].

Specifically, two Social Hygiene Clinics provided lists of venues, which were stratified by type and sampled proportionally (on the basis of the number of workers). Trained non-governmental organization workers recruited the participants in the venues with permission from the venue managers and a letter from the health department endorsing the study. They conducted face-to-face interviews using structured questionnaires with the entertainers during work hours in the venues and clinics.

Survey measures included sociodemographic, socio-behavioral, and socio-structural factors [20], adapting a Rhodes’ risk environment framework including physical, social, economic, and political environment factors [21]. Being deceived/coerced into their work as a bar/spa entertainer was measured by the dichotomous question, “Have you ever been trafficked (tricked or forced) into a job as an entertainer?” (individuals’ age of entry into sex work was not assessed; therefore the definition of trafficking was limited to this definition). The sociodemographic variables included age, education, number of children, lifetime history of physical or sexual abuse, and number of months worked as a bar/spa entertainer. The socio-behavioral measures were number of sexual contacts in a typical week, and the frequency of HIV and STI testing. Alcohol use was measured by the questions, “How often do you have beer or drinks containing alcohol? (everyday, often but not daily, once a week, once or twice a month, never)”; “How often do you drink beer or alcohol with your establishment guests”; and “How often are you drunk when having sex (never, sometimes, occasionally, often, always)”. A single question inquired whether they currently used drugs. The socio-structural factors included whether “condoms are available at your establishment for the workers who work there”, sources of support (e.g. for practicing safer sex behaviors), and how women found out about their first job as an entertainer.

Table 1

Sociodemographic characteristics associated with being deceived/forced into working as female bar/spa entertainers in the Philippines.^a

Variable	Total (n = 166)	Forced/coerced (n = 19)	Not forced/not coerced (n = 147)	P value
Age, y	22 (18–37)	22 (18–30)	22 (18–37)	0.90
18–22	94 (56.6)	11 (57.9)	83 (56.5)	
23–27	57 (34.3)	5 (26.3)	52 (35.4)	
28–32	9 (5.4)	3 (15.8)	6 (4.1)	
33–37	6 (3.6)	0	6 (4.1)	
Education completed, y	10 (1–15)	10 (3–13)	10 (1–15)	0.11
1–6	18 (10.8)	4 (21.1)	14 (9.5)	
7–15	148 (89.2)	15 (78.9)	133 (90.5)	
No. of children	0 (0–4)	0 (0–2)	0 (0–4)	0.65
0	96 (57.8)	11 (57.9)	85 (57.8)	
1–2	40.4 (67)	8 (42.1)	59 (40.1)	
≥3	1.8 (3)	0	3 (2.0)	
Physically abused (ever)				0.25
Yes	43 (25.9)	7 (36.8)	36 (24.5)	
No	123 (74.1)	12 (63.2)	111 (75.5)	
Sexually abused (ever)				0.49
Yes	58 (34.9)	8 (42.1)	50 (34.0)	
No	108 (65.1)	11 (57.9)	97 (66.0)	
Time working as bar/spa entertainer, mo	13 (1–240)	12 (1–52)	13 (1–240)	0.42
1–25	123 (74.1)	73.7 (14)	109 (74.1)	
26–50	36 (21.7)	4 (21.1)	32 (21.8)	
51–75	4 (2.4)	1 (5.3)	3 (2.0)	
≥75	3 (1.8)	0	3 (2.0)	
STI in the last 6 months	11 (6.6)	3 (15.8)	8 (5.4)	0.10

Abbreviation: STI, sexually transmitted infection.

^a Values given as median (range) or number (percentage), unless indicated otherwise.

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