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"*Eyes that don't see, heart that doesn't feel*": Coping with sex work in intimate relationships and its implications for HIV/STI prevention

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ABSTRACT

Partner communication about HIV sexual risk behaviors represents a key area of epidemiologic and social importance in terms of infection acquisition and potential for tailored interventions. Nevertheless, disclosing sexual risk behaviors often presents myriad challenges for marginalized couples who engage in stigmatized behaviors. Using qualitative data from a social epidemiology study of risk for HIV and other sexually transmitted infections (STIs) among female sex workers and their intimate, non-commercial male partners along the Mexico–U.S. border, we examined both partners' perspectives on sex work and the ways in which couples discussed associated HIV/STI risks in their relationship. Our thematic analysis of individual and joint interviews conducted in 2010 and 2011 with 44 couples suggested that broader contexts of social and economic inequalities profoundly shaped partner perspectives of sex work. Although couples accepted sex work as an economic contribution to the relationship in light of limited alternatives and drug addiction, it exacted an emotional toll on both partners. Couples employed multiple strategies to cope with sex work, including psychologically disconnecting from their situation, telling "little lies," avoiding the topic, and to a lesser extent, superficially discussing their risks. While such strategies served to protect both partners' emotional health by upholding illusions of fidelity and avoiding potential conflict, non-disclosure of risk behaviors may exacerbate the potential for HIV/STI acquisition. Our work has direct implications for designing multi-level, couple-based health interventions.

Introduction

Partner communication about risk behaviors for HIV and sexually transmitted infections (STIs) represents a key area of epidemiologic and social importance in terms of infection acquisition and potential for tailored interventions. HIV risk disclosure, including direct communication with an intimate partner about sexual risk behaviors with outside partners, is a crucial yet under-addressed area in couple-based HIV prevention (El-Bassel et al., 2010). Nevertheless, disclosing sexual risk behaviors often presents myriad challenges for marginalized couples who engage in stigmatized behaviors such as sex work.

A growing body of literature has documented the shame and stigma associated with disclosure of sensitive topics such as HIV status and sexual risk behaviors (Fielden, Chapman, & Cadell, 2011; Parsons, VanOra, Missildine, Purcell, & Gómez, 2004; Smith, Rossetto, & Peterson, 2008). As such, non-disclosure (i.e., purposely not discussing risks) may be a strategy of coping with stigma. Coping strategies are personal efforts to manage stress, which also influence physical and mental health outcomes (Taylor & Stanton, 2007).

Intimate relationships shape partners' emotional and physical health in important ways (Rhodes and Quirk 1998; Sobo, 1995), and there is a growing recognition that sex workers' intimate,

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non-commercial relationships hold similar significance. Studies suggest that female sex workers draw on a repertoire of strategies to cope with conflicting personal and professional relationships. Women may create distance with clients by using condoms and limiting more 'intimate' behaviors like kissing as strategies to protect their intimate relationships (Allen et al., 2003; Jackson, Bennett, & Sowinski, 2007; Sanders, 2002; Warr & Pyett, 1999). Jackson et al.'s (2009) qualitative study of emotional stressors among female sex workers and intimate male partners of sex workers (who were not romantically linked) highlighted how these relationships provided women with an important sense of inclusion, respect, acceptance, and trust. While men also shared these feelings, they were at times offset by negative emotions such as anger, jealousy and inadequacy as reactions to their partner's sex work (Jackson et al., 2009).

Few studies have focused on the ways in which sex workers and their intimate partners negotiate their emotional health regarding sex work and HIV risk disclosure in the context of their relationship. Mark Padilla's (2007) research with male sex workers in the Dominican Republic found that men typically did not discuss sex work with their female partners to avoid the stigma surrounding transactional sex, particularly with other men. Although sex work provided economic security, it threatened couples' emotional security and violated culturally prescribed sexual and gender norms. Avoidance strategies helped partners cope, yet failing to discuss the myriad risks associated with sex work (e.g., unprotected sex with clients) may exacerbate physical risks and HIV/STI acquisition (Padilla et al., 2008).

Taken together, these studies suggest a need to broaden our understanding of sex workers' intimate relationships to encompass styles of disclosure, coping strategies, and consequences for HIV risk that engaging in sex work while pursuing an intimate relationship entails for *both* partners. As Padilla et al. (2008) have noted, "quantitative public health studies of HIV risk disclosure have generally failed to develop analyses that link the dynamics of disclosure to the social, cultural, and structural context of Latino and Latin American countries" (Padilla et al., 2008: 381). The dynamics surrounding intimate partners' perspectives on sex work are best understood within the broader political economic context in which the relationships are embedded. Qualitative research gives voice to socially marginalized populations and helps researchers connect their experiences to the structural factors that shape their risk and their means of coping with it (Nichter, Quintero, Nichter, Mock, & Shakib, 2004).

We frame our study of HIV risk disclosure among female sex workers and their intimate, non-commercial male partners in Tijuana and Ciudad Juárez within the political economic context of modern Mexico. The Northern border of Mexico represents a microcosm of the national policies that have produced uneven welfare gains and pushed vulnerable urban populations into the informal economy to survive (González De la Rocha & Latapí, 2008; Kehoe & Ruhl, 2010; Woods, 1998). Moreover, the poverty, economic and social inequalities, migration and deportation, and drug-related violence that characterize the liminal space of the border shape the everyday experiences of socially marginalized groups like sex workers.

At least since the days of Prohibition, the Mexico–U.S. border cities of Tijuana and Ciudad Juárez have served as hubs of international sexual tourism and other leisure industries (e.g., drinking and gambling) that developed in response to U.S. bans (Curtis & Arreola, 1991; Vanderwood, 2010). *Tijuana* is located south of San Diego, California, in the state of Baja California. With 1.6 million residents, it is the largest city on the Mexican border. Tijuana has a semi-regulated '*Zona Roja*' [red light district] where sex is purchased in clubs, bars, and street corners (Castillo, Gomez, & Delgado, 1999). While registration is required, studies suggest that many women do not do so (Sirotin et al., 2010). *Ciudad Juárez* is located adjacent to El Paso, Texas. With a population of 1.3 million, it is the second largest city on the border and the largest in the state of Chihuahua. Ciudad Juárez formerly had red light districts that did not require a permit, but urban renewal projects have disbursed sex workers throughout the downtown (Wright, 2004).

The historical political economy of the border region has also contributed to burgeoning "syndemics," or mutually reinforcing epidemics (Singer, 2009), of sex work, drug abuse, and HIV/STIs that characterize certain districts in Tijuana and Ciudad Juárez (Ramos et al., 2009; Strathdee et al., 2011). Recent epidemiologic studies among female sex workers in these cities have documented HIV prevalence at nearly six percent (Patterson et al., 2008). Among sex workers who injected drugs, 72% tested for positive for any STI including HIV (Strathdee et al., 2011). Survey data further suggested that almost half of the sex workers in these cities had intimate male partners with whom they were less likely to report condom use than with clients (Ulibarri et al., 2012).

Our previous qualitative work suggested that for female sex workers along the border who confront poverty, marginality, drug addiction, and increased HIV risk, establishing and maintaining emotional bonds with intimate male partners was often of critical importance. In light of male partners' own limited economic opportunities and struggles with addiction, hardships, and loneliness, the emotional and material security that their female partners provided was of key importance and male partners were often more emotionally invested in their intimate relationships than conventional gendered stereotypes would avail. Moreover, the subjective meanings of these relationships for both partners often drove HIV risk practices within the relationships, including unprotected sex, and among injectors, syringe sharing (Syvertsen et al., in press).

Within this context, we explored patterns of HIV risk disclosure surrounding sex work from the perspectives of female sex workers and their intimate, non-commercial partners enrolled in a social epidemiology study in two Mexico–U.S. border cities. We drew on qualitative data to describe both partners' views on sex work within an intimate relationship context and analyze the related coping strategies and styles of communication that both partners enact in order to maintain their relationships. Our findings have direct implications for HIV/STI prevention interventions.

Methods

This study draws on the qualitative data collected as part of *Proyecto Parejas* (Couples Project), a mixed methods study of the epidemiology of HIV/STIs among female sex workers and their non-commercial male partners in Tijuana and Ciudad Juárez, Mexico, cities selected for their sizable populations of sex workers, burgeoning epidemics of drug use, and HIV prevalence above the national average (Strathdee and Magis, 2008). A more detailed description of the study design and methods can be found elsewhere (Syvertsen et al., 2012). Briefly, we used targeted and snowball sampling to recruit through the female partner. Eligible women were at least 18 years old; reported lifetime use of heroin, cocaine, crack, or methamphetamine; engaged in sex work in the past 30 days; had a non-commercial male partner for at least 6 months; and reported sex with that partner in the past 30 days. Women experiencing severe partner violence were excluded for safety concerns. Women who passed a primary eligibility screener brought their male partner to study offices for couple-based screening to verify their relationship (McMahon, Tortu, Torres, Pouget, & Hamid, 2003). Eligible male partners were at least 18