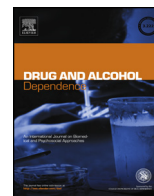




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Occupational and demographic factors associated with drug use among female sex workers at the China–Myanmar border

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ABSTRACT

Background: Within the last decade, the use of amphetamine type stimulants (ATS) has swelled in Myanmar. Regionally, female sex workers have reported turning to ATS for occupational reasons. In doing so, drug-using female sex workers (FSW) face compounded risks for HIV and other sexually transmitted infections (STI). Here, we examine the factors that impact FSW drug use in Muse, a town along the China–Myanmar border.

Methods: In 2012, 101 FSW were recruited from entertainment venues and brothels along the Myanmar–Chinese border. Participants participated in a self-administered behavioral survey covering demographics, drug use, sex work, and risk behaviors. Bivariate and regression analyses were conducted in SPSS.

Results: Thirty four percent of respondents indicated current drug use. ATS derivatives were the most commonly used drugs (87.5%) with injection drug use being nearly non-existent in the sample. Drug using FSWs were older, had engaged in sex work longer, had more Chinese clients, and were more likely to have a previous boyfriend who had used drugs. They were also 3.5 times more likely to report a STI. Client condom use, HIV testing rates, and familiarity with public health resources did not statistically differ by drug use status.

Conclusion: More research is needed to examine how romantic and professional sexual relationships push-and-pull FSW into using drugs. Our results suggest that diverse safer sex strategies, beyond client condom use, should be promoted with drug using FSWs, including strategies that acknowledge the impact of ATS use.

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1. Introduction

Over the last decade, synthetic drug use has continued to rise in Southeast Asian countries that traditionally served as manufacturing hubs (United Nations Office of Drug and Crime, 2013). As a group, amphetamine type stimulants (ATS) include a variety of illegal synthetic psychostimulants, including amphetamine, methamphetamine, and ecstasy (MDMA) which can be injected, inhaled, smoked, or taken orally (often in pill form; Darke et al., 2008; McKetin et al., 2008; United Nations Office of Drug and Crime,

2013). ATS impacts users both physiologically and emotionally. ATS users may experience euphoria alertness, arousal and libido as their heart rate and blood pressure increases. Users may also perceive that they have more confidence, energy, and physical strength (Barr et al., 2006; Huang et al., 2013; Lorvick et al., 2012; McKetin et al., 2008; Shannon et al., 2011). Unlike heroin and cocaine, ATS production is not geographically limited, and therefore, production is seldom interrupted by political violence or upheaval, or the impact of climate change on agricultural conditions. This ease in manufacturing has expanded the drug supply and increased its popularity, with more drug users shifting from traditional opiates (like heroin and cocaine) to ATS (China National Narcotics Control Commission (NNCC), 2012; Degenhardt et al., 2010; McKetin et al., 2008; United Nations Office of Drug and Crime, 2013, 2009).

Southeast Asia has played a pivotal role in the global ATS distribution chain. Methamphetamine is trafficked internationally

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across the Yunnan border following the historical “Golden Triangle” routes, and then distributed across mainland China to other global ports. Myanmar has emerged as one of the largest producers of methamphetamine in the region (United Nations Office of Drug and Crime, 2013). Bilateral trade at the China–Myanmar border has increased steadily since 1988 when Myanmar’s military junta lifted the ban on cross-border trade. Subsequently, gambling, drugs and prostitution flourished in the trade zone cities on both sides of the borders. Chinese authorities investigated the international trafficking of heroin, but paid less attention to transportation of the chemical precursors of ATS (McKetin, 2008).

While Myanmar’s role as a manufacturing center has been well-documented, public health research on domestic ATS use has been stifled. The UNDOC has reported that domestic ATS use has increased in Myanmar in recent years, as in neighboring countries, including China and Vietnam. The few research projects examining domestic drug users in Myanmar have focused overwhelmingly on the social networks and behavioral motivations of male injection drug users (Li et al., 2014; Swe and Rashid, 2013; Williams et al., 2011) or urban youth (Saw et al., 2014). These findings have limited explanatory value in understanding ATS use among female sex workers (FSW) living and working along the China–Myanmar border.

Global research on FSWs indicates a shift to ATS use and away from injection drugs, largely motivated by sex-work related, or occupational, considerations. Female sex workers in a variety of countries are attracted to ATS use for various reasons, including increased energy, enhanced libido, and better weight control (Couture et al., 2012, 2011; Ho et al., 2013; Huang et al., 2013; Kang et al., 2011; Lorvick et al., 2012; Urada et al., 2014). Regionally, FSWs reported that taking *yaba*, methamphetamine cut with caffeine and taken in pill form allowed them to see more clients, be more social, and charge higher prices (Huang et al., n.d.-a, n.d.-b). Cambodian FSWs echoed these benefits, adding that *yaba* increased their overall sense agency and control with clients (Couture et al., 2011). At the same time, surveys of Chinese FSWs working along the Myanmar–China border reveal low or nonexistent rates of injection drug use, even among registered drug users (Hesketh et al., 2006; Swe and Rashid, 2013; Wang et al., 2010). However, the shift from injection drug use (IDU) to oral ATS use is not wholly positive. The same feelings of invincibility that accompany ATS use have been tied to high-risk behaviors. Non-injection ATS use was associated with more sexual partners, less consistent safe sex practices, and overall higher rates of STIs in both FSW and non-sex workers alike. (Khan et al., 2013; Maher et al., 2011; Zule et al., 2012, 2007) Chronic use can lead to paranoia, aggression, and eventually addiction. (Maher et al., 2011)

Thus, even as FSWs in Myanmar more heavily engage in non-injection ATS use, there are still considerable public health implications. Previous research has primarily identified HIV sexual risk and prevalence among FSW in major Myanmar cities (Swe and Rashid, 2013) or on the Chinese side of the border (Hesketh et al., 2006; Wang et al., 2010), but has seldom addressed the intersecting impact of both sex work and drug use on STI/HIV risk (Yao et al., 2012). In this exploratory study, we fill this gap by identifying the demographic, and occupational characteristics, including sex work related mobility and migration, associated with drug-use among Myanmar-based FSWs. Though we do not fully discuss the implications here, we also place our sample’s drug use in context of our overall findings on accessing social services and condom use. Contextually, our findings here indicate that connection to harm reduction services alone is not enough to disrupt the impact of drug use on STI risk. With this context in mind, we discuss the long-term implications for harm-reduction programming.

2. Methods

2.1. Setting

The World Health Organization estimates that there were between 40,000 and 80,000 sex workers in Myanmar (Kendall, 2010). While the majority is based in urban areas, such as Mandalay and Yangon, border towns have developed considerable brothel districts. Muse, one such border town in Myanmar’s northern Shan State, is well-positioned to facilitate international trade. Muse is connected to Mandalay, the country’s largest northern trade center and hosts nearly 70% of the country’s cross-border trade with China. Besides serving as the primary trade route for timber, gems and other natural resources, the areas also sit along the Golden Triangle drug trafficking routes. High levels of injection drug use and border town brothels have contributed to Shan State’s elevated HIV/AIDS rate—among the highest in Myanmar—of 36.7% in 2009 among the drug-using population (Saw et al., 2014).

2.2. Study participants and procedures

In 2012, primary investigators from Yunnan Center for Disease Control (CDC) and Yundi Harm Reduction, in collaboration with the Muse public health agency, recruited FSWs in local brothels to participate in this survey. Sex workers were recruited from 15 entertainment venues and brothels along the Chinese–Myanmar border and through referrals using a combination of purposive and snowball sampling.

A total of 101 Myanmar FSW participated in the behavioral survey. Women were eligible for the study if they (a) were at least 18 years of age; (b) were *cis*- (or biologically) female; (c) were born in Myanmar; and (d) reported having exchanged sex for money or goods in the last three months. The survey questionnaire was developed in Chinese, translated into Burmese by local collaborators, and reviewed by FSW volunteers in terms of sensitivity and language appropriateness. The survey was translated to English before data analysis. To ensure participants’ privacy, the survey was conducted in a private space at the worksite. In total, the survey took about 20 min to complete. Although the survey was self-administered, a trained interviewer was available on site to clarify any questions that the participants had. Verbal consent was obtained prior to the survey. As an incentive, the participants received condoms and educational brochures upon completing the survey.

The study protocol was guided by the Yunnan CDC and approved by the Institutional Review Board of the Kunming Medical University in China. Interviewers and investigators received human subjects training and followed ethical conduct in administering the survey. The Georgetown University Institutional Review Board deemed the secondary data analysis (undertaken here) eligible for an exemption given the data was already stripped of identifying information.

2.3. Measures

The survey collected cross-sectional quantitative data from six different thematic domains: (a) demographic characteristics (age, education, ethnicity, marital status, and previous occupations); (b) sex work experience (e.g., number of clients, client ethnicity, connectivity to services, and length of engagement in sex work); (c) current drug use (e.g., type of drugs used, polydrug use, and injection drug use); (d) sexual health knowledge (e.g., knowledge about recognizing and contracting HIV/STI; personal testing and treatment history); (e) within country mobility; and (f) condom use with all sexual partners. Throughout this article, “romantic,” refers to personal, non-paying sexual partners; conversely, “professional”

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