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Greater risk for more money: the economics of negotiating condom use amongst sex workers in South Africa

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ABSTRACT

The economics of sex work and the effect on safe sex practices remain understudied. This research contributes to a better understanding of how economic opportunity and vulnerability place sex workers (SWs) at an increased risk of STI infection. Using quantitative and qualitative methods, we investigated the role of economic incentives in determining condom use among SWs. The data reveals that SWs are on average, nearly doubling their rates for condomless sex. Our findings that SWs are engaging in condomless sex to increase their earnings, illustrates the point that the context in which they operate influences condom negotiation and consequently, increases risky sexual behaviour.

ARTICLE HISTORY

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KEYWORDS

Condom negotiation; sex workers; price premium; South Africa

Introduction

Sex workers (SWs) operate within an economic reality which influences the negotiated sexual practices with clients. Within certain contexts, SWs retain negotiating power and are therefore in a position to influence prices for particular services whilst considering trade-offs. These negotiations require SWs to consider the trade-off between price maximisation and harm reduction. This is often manifested through appropriating client refusal to wear condoms to maximise financial gains whilst adopting strategies such as discursive tactics of persuasion and avoidance to reduce harm (Choi & Holroyd, 2007).

Earlier studies have found substantial price premiums on condomless sex in, for example, Mexico (de la Torre, Havenner, Adams, & Ng, 2010; Gertler, Shah, & Bertozzi, 2005), Ecuador (Arunachalam & Shah, 2013), India (Rao, Gupta, Lokshin, & Jana, 2003), and Kenya (Robinson & Yeh, 2011). Arunachalam and Shah (2013) reveal that price premiums correlate to the degree of perceived STI risk, with SWs making a continuous trade-off between more money and decreased STI exposure. As long as clients value condomless sex, market forces (price premiums) will result in SWs offering condomless sex in order to maximise their earning potential.

In spite of SWs being greatly affected by the HIV epidemic in South Africa, there is limited research engaging with sexual risk-taking amongst them, especially with regards to studies understanding the transactional process of sex work and the potential risks associated with

the negotiated outcome (Jewkes, Morrell, Sikweyiya, Dunkle, & Penn-Kekana, 2012; Mamabolo, 2017; Vickerman, 2013; Wojcicki & Malala, 2001). This study investigates the role of economic incentives and market forces in determining condom use amongst SWs. We quantify the premium for condomless sex, and use qualitative methods to examine SWs experiences in negotiating a premium for sexual services and their impact on risky sexual behaviour.

Methods

Study setting and population

Questionnaires were administered together with semi-structured individual interviews to SWs operating at truck stops around the city Bloemfontein in South Africa between August and September 2017. The research team collaborated with the National LGBTI Health Campaign and the North Star Alliance roadside wellness clinic sex worker programme in Bloemfontein to identify and recruit study participants. Eligibility criteria for inclusion in the study included self-identifying as an SW, being 18 years or older, not being under the influence of alcohol and/or drugs at the time of the interview and consenting to participate in the study.

Quantitative questionnaires elicited socio-demographic information, condom use with clients, frequency of sex work and the requested price for a selection of sexual acts (vaginal sex, anal sex, oral sex and manual

stimulation) with and without the use of condoms. Prices were collected in South African Rands (ZAR) and converted to United States Dollars (USD) at a rate of ZAR1 = USD13.3.¹ Qualitative interviews focused on the negotiation process, including both client and SW initiated practices and negotiation strategies. Two trained female fieldworkers, who had worked previously with SW populations, conducted the interviews in rooms that allowed for privacy.

Analysis

Related samples Wilcoxon Signed-Rank tests were used to assess if the amount of money charged for selected sexual acts with and without a condom was statistically significantly ($p < .05$) different. This test was used because these data are not normally distributed. All analyses were undertaken in SPSS version 24. Braun and Clarke's (2006) six-step process was used in analysing the qualitative data, incorporating the reading of transcripts, followed by coding, identifying, reviewing, and further refinement of themes. Themes and sub-themes were coded using NVIVO (version 11).

Ethical considerations

Permission for the study was obtained from the University of KwaZulu-Natal Biomedical Research Ethics committee (Ethical clearance reference number: BE368/17).

Findings

Thirty-six SWs participated in the study. More than half (61.1%) were female (see Table 1). The majority (77.8%) were aged between 20 and 30 years, single (91.7%),

Table 1. Socio-demographics for SWs ($n = 36$).

		%/mean	<i>N</i>
Sex	Male	33.3%	12
	Female	61.1%	22
	Transgender	5.6%	2
Age	20–30 yrs.	77.8%	28
	31–35 yrs.	11.1%	4
	36–45 yrs.	11.1%	4
Current marital status	Married	5.6%	2
	Single	91.7%	33
	Separated/divorced	2.8%	1
Mean mo. income US Dollars (SD)		193(153)	36
Sex work experience	1–6 months	5.6%	2
	7–12 months	13.9%	5
	More than a year	80.6%	29
Condom use with clients	Consistent use	25.0%	9
	Inconsistent use	75.0%	27
How often engages in sex work	Everyday	13.9%	5
	A few times a week	75.0%	27
	A few times a month	8.3%	3
	A few times a year	2.8%	1
Total			36

involved in sex work for over a year (80.6%), used condoms inconsistently with their clients (75%) and engaged in sex work a few times a week (75%).

The price premium was disaggregated by gender of SW for four different sex acts (vaginal sex, oral sex, manual stimulation and anal sex). Table 2 highlights the mean amounts, in USD charged for the same sex act with and without a condom. The results indicate that the highest price premium was charged by male SWs for oral sex (100%, see Table 2). This was followed by anal sex (65%). The price premium is statistically significant for oral sex ($p < .01$) and anal sex ($p < .01$) for male SWs. For female SWs, the highest premium was obtained for oral sex (88%), followed by vaginal sex (72%). The price premium is statistically significant for both oral ($p < .01$) and vaginal sex ($p < .01$) for female SWs. The results should be interpreted cautiously for anal sex for female SWs as a low number (4) performed these acts.

Economic reality driving decisions

The interviews revealed that economic desperation renders SWs vulnerable to increased exposure to risk through the acceptance of unsafe sexual practices.

I have a child to maintain. So I will only go and do whatever I have to just to make sure my child has food to eat (IDI28, Female, 32).

I usually don't use condoms because sometimes I do not have the money in my house so sometimes my child needs food so the time when I got a problem of money I usually do not use condoms if someone wants to give me a lot of money to do business (IDI29, Male, 30).

Incentivising risk

SWs confirmed that their clients were reluctant to use condoms, with many of the SWs agreeing to condomless sex if their clients offered more money.

Sometimes when you waited all day without getting any client maybe its 5 or 6 o'clock, others have left and you are alone, then the guy comes with R200, let's not use a condom and you are desperate, it happens. You want that money you can't let that guy leave with that money (IDI43, Female, 30).

You will have sex with a condom after the first round he will tell you he is not enjoying the sex. He will offer to increase the amount agreed on if we don't continue with a condom, I agree because I want that money (IDI22, Female, 30)

In most cases when they offer much more money than what I normally ask for. Because I am looking at my

Table 2. The mean costs per sex act by gender of SW ($n = 34$)^a

	<i>n</i>	Range	Median \$ sex with condom	Median \$ sex without condom	Price premium % ^b	<i>p</i> -Value for difference
Female sex workers						
Vaginal sex	17	(4–75)	11	19	72	<0.01
Anal sex	4	(3–38)	15	23	53	0.29
Oral sex	11	(5–38)	8	15	88	<0.01
Manual stimulation	0	n/a	n/a	n/a	n/a	
Male sex workers						
Vaginal sex	0	n/a	n/a	n/a	n/a	n/a
Anal sex	10	(6–113)	17	28	65	0.01
Oral sex	11	(5–75)	11	22	100	<0.01
Manual stimulation	2	(8–19)	9	11	22	0.32

Notes: The *p*-values are based on the mean ranks however; we decided to present the medians as it is easier to interpret the price premium using the medians.

^aTwo transgender sex workers had to be excluded from the analysis as they had missing data on most of the different types of sexual activity.

^bThis is calculated as the percentage difference in cost for an act of sexual activity.

situation and the only thing that is ringing on my mind is getting money (IDI42, Male, 24).

Yes they do [offer extra money for condomless sex]. Some will tell you they will double the money or I will give you something on top of that or I'll buy you this and that (IDI23, Female 32).

Even though male clients are often described as having more negotiating power (Shannon & Csete, 2010; Zhao, Wang, Fang, Li, & Stanton, 2008), accounts suggest that SWs have agency when negotiating the use of condoms.

You also refuse, it's not everyone that you will agree not to use a condom when they refuse, if they don't want to use it he has to increase the money first then if I agree on the price then we will not use it, if he does not have that amount of money then you don't agree (IDI7, Female 22).

Discussion

Impoverished contexts and market forces appear to shape the decision making of SWs. SWs find themselves in a position in which they need to offer services that attract clients, whilst insistence on condom use could compromise the appeal of SWs and thus diminishes the worth attributed to the sexual services offered. The insertion of a premium on condomless sex is also driven by demand from clients, affirming other study findings that some clients prefer condomless sex (Chapman, Estcourt, & Hua, 2008; Huang et al., 2015), and willingly offer and pay more money for sex without a condom (Deering et al., 2013; Urada, Morisky, Pimentel-Simbulan, Silverman, & Strathdee, 2012). Data from this study reveal that SWs are on average nearly doubling their rates for condomless sex. These premiums are potentially inflated due to the high prevalence of HIV and other STIs, with SWs factoring in the increased risk associated with condomless sex into their premium calculations,

an assertion supported by Arunachalam and Shah (2013) who suggested that premiums were derived by compensating for the differential disease risk present within a particular context.

SWs negotiate the conditions under which they work as much as they feel they can, with their agency and bargaining power both fluid and situated, having to capture the risks and benefits of each transaction. Even if market competition sets a limit to negotiated prices, it is not a text-book perfect competition market with a homogeneous product, as other factors including age and appearance are considered during the price determination process. Each transaction is therefore a separate negotiation, as suggested by Gertler et al. (2005), with the market best described as monopolistic competition, where several SWs offer somewhat different services, with extensive market segmentation given the existence of price differentiation.

There remain a number of limitations related to the data, specifically self-report and recall bias, along with the potential of providing responses deemed socially desirable. This study was limited to an investigation of cash amounts for unprotected sex. Whilst this study presents statistically significant effects from the quantitative analysis, we recognise the sample is small, and not generalisable to the SW population in either Bloemfontein or South Africa. Future research should include larger samples, whilst factoring in transactions made between SWs and clients which include drugs and other materials and services.

Conclusion

For SWs, negotiating the terms under which they engage in sexual activity with their clients constitutes an intricate issue, with the economics of sex work juxtaposed to their health and well-being. Whilst condomless sex appears financially rewarding for SWs, it potentially amplifies the risk of STI acquisition for both the client and SW.

Note

1. <https://www.x-rates.com/average/?from=USD&to=ZAR&amount=1&year=2017>

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G.G. conceptualised the study and G.G. was responsible for drafting the manuscript. G.G., S.B., D.D., A.L. and S.N. analysed and interpreted the data. S.N. was responsible for the field work and quality assurance; all authors critically reviewed and approved the final version of the manuscript for submission.

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Disclosure statement

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