

## Why Clients of Sex Workers Don't Use Condoms

By Reynaldo Pareja  
AIDSCOM Project

### INTRODUCTION

A key premise of the Public Health Communication Framework is:

*To be effective, programs to change behavior must be rooted in the social and cultural contexts of the audiences being addressed.*

In this field note, the author describes the process followed and the lessons learned while conducting behavioral research within a key target audience--female sex workers--about their clients. Results of focus groups conducted in the Dominican Republic suggested what kinds of messages might most effectively reach and persuade sex workers to always use condoms with their clients.

### BACKGROUND

The AIDS epidemic has uncovered many attitudes and sexual behaviors that were probably known by people in the sex trade, but not necessarily by public health workers. Clients commonly refuse to use condoms during paid sex, as has been reported in the Philippines, Mexico, Chile, Paraguay, Trinidad and Tobago, and the United States. This behavior is prevalent as well in the Dominican Republic.

AIDSCOM staff decided to find out female sex workers' perceptions of why clients resist using condoms during paid sex. Results of this study would form the basis for programs to encourage clients and female sex workers to use condoms to protect themselves from HIV/AIDS and to help stop its spread. As part of that goal, the program sought to identify means of designing efficient educational interventions that would enhance the negotiating power of female sex workers with their clients.

### METHODOLOGY

Researchers chose to explore the appropriateness of focus group techniques for obtaining the necessary behavioral data. To learn how the focus groups should be structured, two preliminary focus group sessions were held with working women in a brothel to which the program had access.

During the discussions, it became clear that the women did not precisely answer the

question, "Why do your clients refuse to use condoms?" Much of the time in the initial focus groups was spent putting together a list of reasons. Little was left for discovering their origins or how a sex worker might argue successfully against them.

Discussions with the test groups helped researchers derive a list of reasons why sex workers' clients resist using condoms and suggested how future focus groups might be structured to give equal opportunity for citing reasons for refusal, finding out why they exist, and exploring how sex workers might contradict them.

### Introductory Exercises

Through trial and error with the first focus groups, a guide containing the following steps/activities was developed and thereafter used successfully. In the first groups, the women were tense, showed signs of intimidation, and were generally uneasy. To reduce the tension and encourage the women to share intimate details with each other and the researchers, a set of humorous exercises was added to the beginning of each discussion.

In the first exercise, each woman was asked to say the same phrase, "When I get up in the morning, I wash my . . .," filling in the blank with the name of a fruit that referred to her sex organs. This soon created a climate of hilarity and each one became more bold in the fruit selected and her delivery of the expression.

The second exercise introduced the theme of the condom. Each participant was blindfolded and at a signal asked to touch the package that had been placed in front of her. They could touch it, unfold it, smell it, tear it, and do whatever was necessary to identify it. Each woman had received a different kind of condom.

After the first person yelled, "a condom," the rest were asked to remove their blindfolds. They were then asked, "Have you ever used this kind of condom before?" Most of the condoms were not from the local program, and the women were surprised at the variety represented.

In the third exercise, a volunteer was blindfolded, after which a rubber lifelike penis in a cloth bag was placed in front of her and she was given a condom. She was asked to identify the condom. When she had it out of the package she was asked to put it on the object in front of her. When she took the rubber penis out of the bag the other participants burst into laughter and there was usually a surprised yell from the volunteer. Most of the women had very little trouble in putting the condom on.

After the participants were blindfolded for the fourth exercise, a cassette tape was played. It was a recording of a likely scene with a client. He is excited and demanding to enter the woman. She kisses him, talks to him sweetly, and asks him to put on a

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condom. He reacts violently to her request, and the enchantment of the moment ends abruptly.

By the end of these four exercises, the participants were fully at ease. They had joked and laughed, they had made remarks with double meanings, they had identified themselves with their work and with real life situations, they had touched and confessed to having used condoms, and they felt that the exercises fairly represented the struggles they have with their clients.

### **Why Don't Clients Want to Use Condoms?**

After the introductory exercises, the sex workers were asked, "Why don't clients want to use condoms?" Each focus group was divided into two sub-groups. Each sub-group reviewed the standard list of reasons and compiled a list of those that the members had experienced. The list was then organized from the most to the least frequently heard arguments. When compared, the sub-group lists usually came close to matching. When each list was finished, the women were asked if there was any argument they had heard that was not listed. If any were given, they were added to the final list. Then, the group discussed each argument on the list to discover its origins.

The last part of the group session focused on the successful arguments and/or actions the women had used or felt they could use to convince their clients to wear condoms.

### **CHARACTERISTICS OF THE FOCUS GROUPS**

Eight focus group sessions were held with 65 female sex workers. The two test groups totalled 15 participants. The remaining 6 groups had between 6 and 11 participants.

The participants were recruited by the program's health messengers (peer educators who were selected and trained in AIDS information and its dissemination). The messengers went to the women's work places and brought them to the sessions, which were held in a comfortable, well ventilated, quiet room of a Health Center training unit.

The participants worked in brothels, bars, and on the street. In one group session, the mixture of street and brothel women erupted into social conflict. The brothel workers looked down on the street walkers, which made the session tense and made it difficult to obtain information.

In one group, a participant said she didn't work and had not used condoms. This created a strained atmosphere for the others, who immediately did not want to appear as experts. In another group, the participation of two women who had entered the sex trade only a month before made the others falter, but the incident was soon smoothed over by the exercises.

## **ANALYSIS AND RESULTS**

As information was collected from the focus groups, the researchers found that the reasons clients gave for not using condoms could be grouped within four categories: physical, psychological, economic, and cultural and other reasons.

### **Physical Reasons**

The women listed the following physical properties of condoms as reasons why clients don't like them: condom material and lubricant, the way condoms feel and the effect they have on an erection, and condom texture and strength.

The participants said their clients had the following complaints about condoms:

- the latex causes irritation,
- the latex adheres to the penis,
- the lubricant burns and irritates,
- the lubricant causes a rash, and
- the heat of the latex causes swelling, allergic reaction, and a bruised, itchy feeling.

The women also complained that the lubricant stays inside them and causes health problems.

The female sex workers said that condoms often significantly diminish feeling in the penis. One said, "a condom seems to stick to the penis." Another said, "a condom sticks to the woman when she has an orgasm." "The latex," they said, "blocks the sensation a man feels when his penis is uncovered. A condom does not allow him to feel the warmth of the woman."

The most frequent argument was that clients say, "Using a condom is like putting on a plastic bag."

The respondents said that clients complain constantly that condoms break very easily. Breakage was usually attributed to "national condoms" (those distributed by the program). Some women said their clients use condom breakage as an argument to avoid using them--"Because they break, there is no point in wearing one." They also said condoms are too tight, and thus delay ejaculation or reduce erection.

### **Psychological Reasons**

Many psychological reasons why clients refuse to use condoms revolve around the issue of feeling. Although physically based, the nuances expressed by the female sex workers were closely linked to psychological interpretations.

The women agreed that clients dislike condoms because "they just don't feel right." In addition to those physical reasons already discussed, one woman said, "The men are not able to feel the sensation of being free, floating." Another said, "There is not the sensation of life." The women said these physical/psychological feelings prevented their clients from getting and maintaining erections.

The focus group made up of the most experienced women went one step further. They explained that the feeling of ejaculating inside a woman and being able to be conscious of its power, of its potential, and its reality, was very important for men. Ejaculating with a condom on impeded this consciousness of power and potential.

For men, according to the sex workers, sensation was very important and represented one of the key arguments for not wanting to use condoms. But, using condoms did not present the same problem for women. The women said they felt the same with or without a condom, and that using a condom was desirable from the point of view of hygiene. When a client uses a condom the woman does not have to labor with vaginal wash up.

The trust-mistrust symbol that the condom represents was perhaps the most quoted argument in all the focus groups. The argument can have two interpretations.

The female sex workers said that when they suggest using a condom the client may interpret the suggestion as a sign of her mistrust of him. He may think that she suspects him of being sick and is asking him to wear the condom because she fears he may infect her. The women said this suspicion hurts the client's feelings and he considers it a personal offense. His frequent response is to refuse to have sex with her.

The request may also be interpreted as an indication that the client should mistrust the sex worker. He may conclude that she is sick, and has asked him to wear a condom so that she will not infect him.

The groups also described another trust-related argument in which the client tries to project trustworthiness by saying he is married. Being married is assumed to indicate to the sex worker that she does not have to fear that he might be infectious because he is supposedly having sexual relations only with his wife. His wife is automatically presumed healthy.

The women in one focus group said that wives seldom have regular medical check ups, which the sex workers do, and sometimes have more diseases than the sex workers.

Another set of arguments surrounds the male self-image that using a condom projects. Women in one focus group described using a condom as being an assault on the macho self-image of their clients. A man who wears a condom to have sex diminishes his

maleness by performing under artificial conditions. The "pure male" is not restricted in his sexual performance. Agreeing to use a condom also diminishes a man's macho image because he is not in control, he is not setting the rules of dominance--he is complying.

The women said that using a condom, a sign of mistrust, could and should not be imposed on relationships with their own steady partners--frequently referred to as husbands. They said that when affection and love for partner develops, an automatic value judgement favors of him, regardless of her knowing that he has other sex partners. This trust is expressed by not asking him to use a condom. The women said,

- "I trust my husband, so I don't ask him to use a condom with me."
- "I don't ask my husband to wear a condom, because he would think that I don't trust him."
- "Even if he were to infect me with an STD, I could not ask my husband to wear a condom. Afterward, I would have the disease cured."

Although there was some dissent, the women's overall opinion was that it was very difficult for them to suggest or attempt to have their steady partners use a condom without risking a break in the relationship. They said that the only valid excuse for using a condom would be for contraceptive purposes. But, most agreed they had little chance of using this argument successfully.

One focus group participant said, "Before AIDS, the condom was a contraceptive and nothing else. They weren't used as protection against STDs because STDs were curable.

### **Economic Reasons**

Two economic reasons were commonly given for not using condoms:

- Clients say, "Using a condom is throwing away your bucks and getting nothing in return."
- Sex workers say, "Insisting that a client use a condom may make him angry and cause him to demand that we repay him the money he has already spent on us."

In most of the groups, the women described a similar scene. A sex worker goes into a room and asks her client to put on a condom. The client refuses. The woman tries to convince him to use it. He still refuses and she gives him an ultimatum, "Put it on or there is no deal." He still refuses, and demands repayment of what he has spent. It then depends upon her negotiating abilities to avoid returning any or all the money.

Many of the women were doubtful as to how to respond. But a few answers revolved around time-expense cost--"Do you think the time I have already spent with you is worth nothing?"

Equally mixed feelings were expressed about having a client offer to double the fee in return for having sex without a condom. Some of the women said that a client like that could not be let go. Others said there was no sum of money worth the risk of catching the AIDS virus.

### **Cultural and Other Reasons**

The women also described cultural and other reasons their clients give for not using condoms.

A very Dominican cultural image was used by clients to express their dislike for condoms--"I am not a fighting cock to have my penis hooded." Cock fighting is popular entertainment in the Dominican Republic. When cocks are being trained and are not in real battle, their spurs are protected by covering them with a material that resembles a hood or shaft. This hood prevents them from hurting each other.

Sex involves a lot of physical effort. In the Dominican Republic, men see it as a battle in which two sexes struggle. They do not wish to go into battle "hooded" with a condom because it reduces sensation and strips them of the image of a bold fighter ready for an open, barehanded battle.

One woman quoted one of her clients as saying, "I have never been to a cock fighting ring to see the fight hooded. I do not leave my cock hooded." Similar quotes were repeated in four of the focus groups.

Other reasons for not using a condom included:

- "Even if they are in danger, some clients say they don't care."
- "Pregnancy is a natural barrier against any disease."
- "Hiring a plump, healthy-looking sex worker means one doesn't need to use a condom."

### **ORIGINS OF THESE IDEAS**

To isolate the origins of the above-described beliefs, the researchers asked, "Where do you think men get these ideas?" The answers fell into three categories: cultural origins, peer influence, and physical discomfort.

The macho culture was cited as one of the most important origins of the beliefs and arguments of clients. The women said,

- "The men do it that way because they are machistas."
- "Because they are men they must do it the natural way."
- "Because the man says so, it has to be done that way."

In two of the focus groups, the women pointed out the difference between Dominican men and tourists.

"Dominican men refuse to use condoms. Foreigners demand a condom. Foreigners not only ask for a condom, but many times bring along their own brand. Many refuse to have sex without a condom."

"Foreigners don't feel bad about or ashamed of asking to use a condom. Dominicans do. The difference is cultural."

Many of the women said that resistance to using condoms originates from peers and, particularly, from "macho, bad guy" role models. Another excuse was, "Men refuse because of how they perceive themselves."

The women also said that their clients don't use condoms because they are physically uncomfortable. But, the women argued that most of the discomfort is mental and thus changeable."

#### **CLIENT REACTIONS WHEN ASKED TO USE A CONDOM**

The reactions clients have upon being asked to use a condom vary from passive acceptance to violence.

At the more peaceful end of the spectrum, respondents said that about half of their clients acquiesced to wearing a condom when confronted with a choice to use a condom or lose the deal.

However, many women reported violent reactions. One confessed to having been given a black eye by her steady partner when she asked him to put on a condom. Two were attacked by a man with a knife who threatened to hurt them if they insisted that he use a condom. Another client grabbed a sex worker by the hair, dragged her to the bottom of the stairs of the hotel, and left her there when she asked him to put on a condom.

## **STRATEGIES TO CONVINCING CLIENTS TO USE CONDOMS**

The female sex workers suggested two strategies for getting clients to use condoms: arguments to convince them, and direct action to put condoms on.

### **Verbal Arguments**

There were many creative verbal arguments suggested for convincing clients to wear condoms. They were grouped as:

- non-negotiable no,
- argument for protection,
- benefit of doubt,
- avoiding pregnancy,
- economic negotiation,
- persistent arguing, and
- trade-off.

The most outspoken participants of all the groups were quite clear about the non-negotiable no. To them, it was essential to set the rules from the beginning. Clients had to know in advance that condoms were part of the sex transaction and not negotiable. Without using a condom there would be no sex.

Most women in three of the focus groups said they would try another approach. They said they would argue that using a condom was good protection. The women would tell the client that by using a condom he would not become infected, he would protect his wife from infection, and he would protect the sex worker, and thus her family, from any disease that he might be carrying. They gave the following examples:

- "This is for your good and mine. With a condom you protect yourself and you protect me."
- "The condom is to take care of you, take care of me, and take care of your family."

The women said that it is best to be firm and definite when using this argument, and to leave no open options.

Another powerful argument for convincing a client to use a condom was described as "making the client doubtful as to the sex worker's health." The women suggested that the worker try to make the client believe that all men who have sex with her use a condom and, failing that, tell the client that she may have been infected by a previous client or may have an STD. Some of their words were:

- "How can you be sure that the last one didn't infect me?"
- "You are sure you are not sick, but how do you know I am not?"
- "If he does not want to put on the condom, but insists on going out with me, I tell him I am sick."

A group of more experienced women identified several opportunities for asking a client to use a condom based on the possibility of an unwanted pregnancy. They recommended using the argument in as many variations as possible: fertile period, responsibility, fatherless child, etc.

Some clients try to negotiate not using a condom by offering a higher fee--even doubling the price. The sex workers said the answer would depend on the woman's conviction that there is no price worth the risk. Nevertheless, they suggested several responses: accept less money but demand that a condom be used and, in a worst case, accept no money in return for using a condom.

Some of the women said that clients will give in if they are persistent enough with their verbal arguments. The plea, "Please honey, put it on, just for me," is also effective.

Some women said a trade-off bargain has worked for them. They offer the client something he likes very much on the condition that he wears a condom. Often, oral sex is offered as a bargaining point because it is highly desired.

### **Actions**

Verbal arguments are not always enough to convince a client to wear a condom. It is sometimes necessary to use tactical actions to obtain the goal. The women in the focus groups provided a long list of actions they had used to put a condom on a client or to avoid having sex without a condom, including: heightened excitement, oral sex, unlit conditions, undress in front of him, carry a condom, give him back his money, or leave him.

A frequent tactic was to get the client so aroused that he cannot rationalize a "no" to the condom. If arousal is carried to the proper height, he will plead with her to put the condom on him. The suggestions started with general caressing:

- "Excite him with petting. Caress his thighs, nibble his nipples, give him kisses on his ear until his penis stands up and then you can put the condom on."
- "Caress his penis to excite him while you tell him nice things."

- **"Kiss his dick, kiss his balls, pass your nails gently along the line between his balls and his ass and he will go wild. Then it is very easy to put on a condom."**

The women described several ways of putting on a condom with their mouths without having a client notice. They said that masturbation was an equally effective way of getting a condom on.

One expert woman said, "When you have him in the room, put out the light and put it on." Yet another said, "One should undress slowly, allow him to take a good look, and ask him to put on the condom. If he refuses, get dressed and leave."

Some said, "If he hesitates about using a condom, tempt him with a trial. Tell him that if he is not satisfied he can take it off."

An argument that clients frequently use is, "I don't have any condoms with me." It can be resolved if the sex worker always carries condoms with her.

Some of the women said that if the negotiation with the client is going nowhere, the worker can offer to give him back his money or, if there are no signs that he will give in, they suggest that the best option is to drop the client.

But they said, if at all possible, the client should pay the expenses thus far incurred, including for possibly having seen the woman naked. One woman was emphatic that the client should assume the cost of all the time invested to get the client to use a condom, "It is not our fault that they are stubborn."

## **CONCLUSIONS AND LESSONS LEARNED**

AIDSCOM researchers organized the first focus groups with female sex workers in the Dominican Republic based on experience with other topics in other countries.

The first lesson they learned was that the women would need to become comfortable within their groups before they would share their most intimate knowledge. As a result, the format of the groups was changed to add several humorous exercises to introduce the topics that they would discuss.

The second lesson was that the sex workers took a long time to identify a precise set of arguments that clients used when refusing to wear a condom. This was solved by putting together a base list of arguments that was given to the women to discuss and add to.

As a result of tailoring the focus group formats to the characteristics of the participants, a very comprehensive list of reasons for not using condoms was developed and divided

into categories including physical reasons, psychological arguments, and cultural characteristics.

Although the purpose of the focus groups was to determine sex workers' perceptions of why clients don't use condoms, some information was gathered about why sex workers themselves might resist using condoms. For example, the women expressed some concern about the effects of condom lubricants on their health. They also noted a reluctance to insist on using condoms with their steady partners.

In the closing segment of each discussion, the sex workers suggested two general strategies for convincing clients to use condoms: verbal negotiation and clever physical manipulation to put a condom on a client without his knowing it. They gave many graphic examples of how these strategies could be implemented.

Identifying and documenting the behaviors and rationale of the sex workers and their clients with regard to condom use helped AIDSCOM Project staff use media channels that would most effectively reach their target audiences--clients and sex workers--and devise messages promoting condom use for preventing HIV infection that would appeal to them and encourage them to adopt safer sexual practices. Among the materials produced were comic books for sex workers that show sex workers arguing/acting to contradict the five most common arguments used by clients to avoid wearing condoms.