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Social Determinants of Sex Work among Female Sex Workers in Tehran

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Abstract

Aim: Female sex workers' capacity for sexually transmitted infections is a major concern in the developing countries, such as Iran. This study aimed to explore the social determinants of sex work among female sex workers.

Methods: Qualitative approach was applied, and the participants were recruited from two shelters and three harm reduction drop-in centers (DICs) in Tehran. Seventeen in-depth interviews and two focus group discussions were conducted with female sex workers. Inclusion criteria of the present study were Iranian women aged 15-45 years, being sexually active in the past 12 months, ability to comprehend Farsi, and being eager to participate in the study. Purposive sampling with maximum variation sampling was used for data gathering. Content analysis was applied for data analysis.

Findings: Three main themes emerged in the data analysis process: family, inefficient education, and social risks. The subthemes of family included lack of financial support, lack of emotional support, unbounded family, and inappropriate husband. The subthemes of inefficient education were defect of education in the family, lack of education in the community, and peer education. The subthemes of social risks included risky society and risky friends.

Conclusion: It is recommended that the role of family, friends, and peers to be highlighted to families. Also sexual health education must be provided for youth and high risk groups, such as sex workers.

Keywords: Social determinants, Sexual health, Female sex workers

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Introduction

Female sex workers' capacity for sexually transmitted infections is a major concern for the developing countries because of high-risk sexual behaviors [1]. Due to being illegal and unethical of sex work in most societies, the high risk behaviors associated with sexually transmitted infections and the prevalence of sexually transmitted infections among these women are less studied [2]. The phenomenon of sex work was previously denied in Iran by the society and official organizations [3]. According to Iranian Ministry of Health, there are 30,000–60,000 female sex workers (FSWs) in Iran [4]. The phenomenon of sex work has increased among women in Iran because of domestic violence, rising divorce, poverty, population growth, and weakening of religious beliefs [5].

In Iran, women who take part in sex work confront extreme punishments. This setting influences the prevention response and makes it greatly hard to fill gaps in knowledge about this hard to reach population [6]. Social and religious standards, taboos, and laws against sex work make research on behavioral information of this group very difficult [7]. The current evidence regarding the rise of HIV epidemic among women and the expanded potential of its transmission to other groups, e.g. FSWs, might provide more open discussion about this population [8]. Hence, the Iranian government has recently recognized FSWs as one of the most vulnerable groups against STIs, particularly HIV, which earnestly requires care and prevention strategies.

Published studies about sex workers have been explicitly rising in recent years in the Iranian context [7, 9-12]. All of these studies have been conducted using quantitative approaches. Sex work is a context-based phenomenon, and seemingly it could be different from one society to another. Qualitative approach could help researchers to explore hidden aspects of this unknown phenomenon. This study aimed to explore the social determinants of sex work among FSWs. The results of this study could be applied to make culturally appropriate policies for better decision making about prevention strategies among FSWs.

Method

Since qualitative approaches can provide more understanding regarding complex social processes to capture essential aspects of a phenomenon, we applied a qualitative method for better understanding of the social determinants of sex work among FSWs. Qualitative methods can assess a phenomenon from the perspective of participants and cover their values, beliefs, and motivations that underlie their health behaviors [13].

Thirty FSWs were recruited from two shelters

and three harm reduction drop-in centers (DICs) in Tehran in 2014. Inclusion criteria of the present study were Iranian women aged 15-45 years, being sexually active in the past 12 months, ability to comprehend Farsi, and being eager to participate in the study. Purposive sampling with maximum variation sampling (different age, education, marital status, imprisonment record, and risky behaviors) was used for data gathering.

Seventeen in-depth interviews and two focus group discussions (FGDs) were conducted. Each FGD consisted of 6–7 FSWs. Social norms and cultural aspects of sexual health and sex work were discussed in the FGDs. A semi-structured interview was used to explore experiences and perceptions of the participants. All interviews were conducted by a female interviewer in a private room.

Recordings were transcribed literatim and analyzed consecutively. Data analysis was done after each interview or FGD. Transcripts were read and re-read several times for more comprehension; afterwards, the transcripts were manually coded. Categories were formed according to the similarity and differences between the codes. Finally, initial themes emerged [13].

Data saturation happened after two FGDs and 15 individual interviews. In fact, no new data were achieved, and new information in last two interviews confirmed the existing classification themes.

Data validity was achieved by extended interaction between the researchers and the participants and devoting sufficient time to data gathering. We selected three participants randomly and gave them a full transcript of their codes and a summary of their primary themes in order to recognize if the codes and themes confirmed their point of view. These participants provided feedback and all of them confirmed the codes and themes. Reliability of the data was achieved by high level of agreements between the study team individuals and confirming the fitness of the results by five qualitative research experts. Maximum variation sampling enhanced the transferability of the data. Multiple data collection methods (focus group discussion and individual interview) were applied to enrich the dependability and credibility of the data [14].

The participants were informed that participating in the study was voluntary. They were further ensured that all data will be confidential. Interviews were conducted anonymously. Women who agreed to participate in the study were asked to sign an informed consent form. Scientific research committees of Shahid Beheshti University of Medical Sciences and Avicenna Research Institute, as well as the Ethics committee of Avicenna Research Institute approved the study.

Results

In total, 30 FSWs participated in the study. They were 17-34 years old, and their mean age was 27 years. All participants had at least elementary education. One of the participants reported that she was HIV positive, and one woman was hepatitis B virus infected. The characteristics of the study participants are presented in Table 1.

In total, three main themes emerged in the data analysis process: family, inefficient education, and social risks. The subthemes of family included lack of financial support, lack of emotional support, unbounded family, and inappropriate husband. The subthemes of inefficient education were defect of education in the family, lack of education in the community, and peer education. The subthemes of social risks included risky society and risky friends.

Table 1: Demographic and behavioral characteristics of female sex workers (N=30)

Variable		Number (Percentage)
Age (years)	<20	2(6.7)
	20-30	19(63.3)
	30-40	9(30)
Marital status	Single	2(6.7)
	Married	5(16.6)
	Widow	2(6.7)
	Divorced	20(66.7)
	Separated	1(3.3)
Education	Primary School	20(66.7)
	Middle School	5(16.6)
	High School & Diploma	4(13.4)
	Academic	1(3.3)
Drug abuse	Yes	22(73.3)
	No	8(26.7)
Imprisonment record	Yes	16(53.3)
	No	14(46.7)
Sexual abuses	Yes	13(43.3)
	No	17(56.7)
Homelessness	Yes	23(76.7)
	No	7(23.3)

Family

The first issue that was very bold in the present study was the role of family on the performance of female sex workers; unhealthy family context was one of the most fundamental factors in the occurrence of high-risk behaviors among the FSWs.

Lack of financial support

Poverty and lack of financial support was an important issue that reported by the FSWs. They reported that when they had financial problems, they had to engage in sex work to manage their life financially;

"I had to do sex work because I needed money.

I selected several of old business men and I received 100-150 Tomans instead of a sexual relationship. Afterwards, if I needed more money, I started other relationships with them." (30 years old)

"After my divorce, when I was a 22 year-old woman, I did not have money and I had to do sex work. Afterwards, it became a source of making money for me. I told myself: "Whatever may come". Everyone who suggested me a sexual relationship, I accepted." (32 years old)

Lack of emotional support

The FSWs in this study reported lack of emotional support as another family factor that can affect on their sexual relationships:

"As I said, I am alone and I do not have family; I need to communicate with others. Sometimes, I engage in relationships with several people at the same time." (26 years old)

"My sister got married and my father was fired from the cadet school; in such a situation, my dad was very upset. For getting away from the troubles, I spent more time with my friends and left relationships with our customers". (30 years old)

"It's so difficult that you do not have any support in inappropriate situations, you cannot talk to someone or you have no family; in this situation, I started to engage in relationships." (28 years old- HIV positive)

Unbounded family

Some of the FSWs suffered from unbounded family. They stated their feelings as follows:

"When my father engaged in sexual relationship with me, I feared so much; as once I had a seizure because of fear. I told him that there are lots of female sex workers out of the family, why are you doing this with me. Afterwards, I preferred to escape from the house and became a homeless and sex worker." (24 years old)

"My mom was an unrestrained woman, she had a relationship with a lot of men; even it was not important for her that we were seeing her sexual relationships; several times, I saw my mom in our home with several strange men ." (32 years old)

Inappropriate husband

Most of the FSWs stated that they have inappropriate husband. In fact, they were addicted, unemployed, bad tempered or freakish men:

"My husband engaged in sexual relationships with other women, he was not happy with only one woman. When I needed him, he did not care and preferred to be with other women. I suffered from his behaviors for a while, but afterwards, I also worked the same way mutually." (30 years old)

"I lived with my first husband for 8 years; he was a freakish man. He did not work and had an unbearable family; as it was not unlikely that he has been engaged in sexual relationships with his mother or sister." (28 years old- HIV positive)

"My husband was a very bad tempered man and did not love me; as when someone paid attention to me, I felt in his love, and asked myself why my husband did not have such behaviors." (34 years old)

Inefficient education

Defect of education in the family

Although family is considered as the first line of sexual health education across the world, most of the FSWs reported that they did not receive sex education from their family:

"Always, our family told to us:"Do not engage in relationships with boys because they will destroy your virginity". They did not tell us that you might be infected by sexually transmitted diseases or you might be addicted to engage in serial sexual relationships." (30 years old)

"There were lots of limitations in our family. My parents did not allow me to go outside, but they never explained its reason to me." (28 years old - HIV positive)

Lack of education in the community

The majority of FSWs stated that there is no channel for sex education in the Iranian context, and all organizations have selected language of silent in this regard:

"When you have an unhealthy family and there is no education in TV and schools or there is not at least a valuable friend who warns you about the consequences of these sexual behaviors, you remain unaware. You do not know what the end of these relationships is; you do not know that you sleep with a new man every night." (26 years old)

"Now, which teacher can dare talk to her students about these issues; if one of them talks about sexuality issues, there will be thousands of stigmas around her. Even no one spokes about the menstruation period with us." (30 years old)

"The most important thing that could be helpful is education and providing information via media. There is no education in our community. When there is education in the society, for example, I can easily keep a condom in my bag." (30 years old)

Peer education

Most of the FSWs in the present study stated that they usually got sexual information from their friends:

"I learned menstruation and virginity from my cousin." (28 years old - HIV positive)

"If I had any question about sexuality, I used to ask it from my friends. I talked to them

about these things in the school. (26 years old)

"I did not know anything. When I experienced menstruation, while I was crying, I told to my cousin that I am bleeding. She said, 'What did you do?' 'Where did you go'? I said that I did not do anything, I went to bathroom and I saw that I was bleeding. My cousin told me that you experienced menstruation. You should be careful of yourself. No man should touch you. If you do so, your abdomen will rise up." (32 years old)

Social risks

Risky society

Context of community was another factor that the FSWs talked about:

"When I had no place and no money, I met a woman. She took me to her house. Some days, I had sexual relationships with several men. She gave me 50000 Toman for a day. Therefore, I came out and worked for myself." (24 years old)

"There were six men around me. They came to my house and used substance. If they were eager, I engaged in sexual relationships with them. Of course, I took my money in advance." (30 years old)

Risky friends

Risky friends played an important role in engaging the FSWs in sex work:

"My friend told me 'Come with me in a mixed party'. He made me crazy with his words; I was fascinated. He told me that do not afraid of anything, I am with you. We went to parties, it was very good, and he met her friends and introduced me to them." (26 years old)

"Believe me, I do not have many friends. Formerly, I had several boyfriends, who caused me to engage in these behaviors." (26 years old)

Discussion

The results of this qualitative study suggest that some social determinants of sex work in FSWs include family, inefficient education, and social risks. Family could directly and indirectly help children to improve their ability by investing in their care, education, and socio-economic support [15]. In the present study, financial poverty and low socio-economic status were observed in most families of the FSWs. According to the social causality model, economic and social conditions have an important influence on family functioning and the development of children and adolescents [16]. Conger (2008) claims that social skills of youth are less likely to grow in low socio-economic families [17]. He explains his claim in the economic model as follows: "Economic problems (such as low income, high debts, low assets, and negative financial events) lead to economic pressures (e.g. unsatisfied material needs or unpaid debts); and economic

pressures lead to parents' anxiety. Parents 'anxiety leads to parents' emotional and behavioral problems. Ultimately, it leads to disruptive family relationships, parenting inconsistencies with children, violence, behavioral and emotional problems, and disruptive social abilities of children".

Most of the participants mentioned the lack of emotional support and the lack of parental involvement in their activities. It seems that the lack of emotional communication between parents and children is one of the causes for high risk behaviors among FSWs. Previous studies demonstrated that women who had good relationships with their parents and enjoyed the verbal and emotional support engaged in sexual relationships later than others, experienced less premarital sexual relationships, and had fewer sex partners [18,19]. Family is one of the most important sources of emotional support for people. Emotional support could neutralize the effects of psychological stresses. The attachment process determines the sense of safety and security as well as the type of person's relationships during adulthood with others. Of course, it was due to our curiosity. People with insecure attachment styles are at high risk of depression and anxiety disorders. Psychological disorders and repeated failures in emotional relationships could provide an appropriate field for social harm among vulnerable people [20].

Some of the FSWs suffered from unbounded parents. Some studies have suggested that adolescents who observed their parents' frequent relationships tended to engage in high-risk behaviors such as drug use, illegal sex, and sexual relations with multiple sexual partners. The presence of addicted and unrestrained parents in the family, as an unhealthy pattern, has led the children to commit high-risk behaviors [21, 22].

A history of high-risk behaviors in husbands (such as robbery, smuggling, homosexuality, etc.), substance user husband, violence, and marital affairs were other issues that kept away the FSWs from proper atmosphere in the family. Studies suggest that husband's characteristics are associated with high-risk behaviors [23]. An injection drug user husband was associated with an increase in sexually transmitted risk behaviors [23, 24]. In a study by Dibua et al. (2009), spousal polygamy was a risk factor for the hidden sex work and HIV infection [25].

In the present study, the women were extensively deprived from sexual health education in their families and communities. They usually received sex education from their friends and peers. In the study of Vivancos et al. (2012), sources of education about high-risk behaviors were family and school in the majority of students [26]. According to Li's

study, women's resources for getting information regarding high-risk behaviors were book, magazine, television, and peers, respectively [2]. In Mir's study, the most important source of sexual information about high-risk behaviors was television. Lack of education within the families increased the probability of sexual intercourse in adolescents by 2.33 times [27]. In the study of Negri et al. about the role of parents in education of high-risk sexual behaviors, the majority of the participants stated that their parents did not talk with them, and they did not receive any education about these subjects from them [18]. Lack of parents' education had several reasons, such as lack of awareness of parents about high-risk behaviors, parents' fear of sex education, and parents' perception stating that there is no need for children and adolescents to learn about high-risk behaviors. Parenting education among some of the participants was the only one sentence: "You should not have sex" [28].

School-based sex education has reduced the chance of unprotected sexual behaviors by 66%, and that of sexually transmitted infections by 88%. Although most of school-based programs are accepted by parents, the role of parents in educating high-risk behaviors cannot be ignored [26].

Risky friends and peers was an important issue that has been replaced by family support in the FSWs. Most of the participants were influenced by their friends, as risky behaviors were more likely to start in friend groups. Friendly teams created a circle of high-risk behaviors and acted as an initiator and encouragement for these behaviors. Adolescents who have grown in unsupported families tended to learn from their friends based on their individual characteristics and personality. In fact, adolescents valorize for risky behaviors in order to obtain approval from a group of friends; they also seek to compensate for their shortcomings by these behaviors [29].

The results of the present study suggest that context of community could be a social factor that could affect on the sexual health of FSWs. Previous studies confirm that a risky society could be a risk factor for high-risk behaviors among youth and adolescents [18,30]. Also being out of the home at nights, homelessness [31], having risky friends [18,30] and being in an unhealthy context [32] are other risky social factors for engaging in risky sexual behaviors.

According to the results of this study, the role of family is strongly emphasized. It is recommended that the importance of this issue along with sexual health education should be educated to the families through various channels, such as TV, school, etc. Also, given the very effective role of sexual health education in schools in reducing risky

behaviors and sexually transmitted infections [33], the gap of sexual health education in our schools and society is felt and requires serious attention. In order to prevent sexual risk behaviors among youth, policy makers must address the needs of this group in the field of education and services.

Conclusion

The present research results suggest that some social factors such as family (financial support, lack of emotional support, unbounded family, and inappropriate husband), inefficient education (defect of education in the family, lack of education in the community, and peer education), and social risks (risky society and risky friends) are related to sex work of FSWs in Tehran. It is recommended that the importance of family along with sexual health education should be educated to the families through various channels, such as TV, school, etc. Also policy makers should address the needs of high risk groups, such as FSWs, in the field of education and services.

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Declaration of conflicting interests

The authors states that there is no conflict of interest.

Authors' contributions

LA is the main researcher, and AR is research assistant and wrote the paper.

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