UNDERSTANDING EARLY FACTORS CONTRIBUTING TO POOR REPRODUCTIVE AND SEXUAL HEALTH AMONG FEMALE SEX WORKERS IN Tijuana, Mexico

by

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PREFACE

Acknowledgments

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Conflict of Interest

The author has no potential, perceived, or real conflict of interest of any kind.
ABSTRACT

Objectives. To understand early (i.e., childhood/adolescent) factors contributing to poor reproductive and sexual health outcomes among female sex workers (FSWs) in Tijuana, Mexico.

Methods. Participants were drawn from a larger study of FSWs and their non-commercial male partners in Tijuana and Cd. Juarez. Eligible participants for this analysis lived in Tijuana and reported entering sex work prior to age 18. In-depth interviews with 25 FSWs were analyzed using qualitative techniques to determine early contributors to poor reproductive and sexual health.

Results. Four themes collectively compromised reproductive and sexual health across the life course: early sexual abuse, early drug use, ongoing violence, and limited access to reproductive and sexual health care. Early and ongoing sexual and drug use, violence, and limited access to care often directly resulted in unintended teenage pregnancy, miscarriage/stillbirth, and untreated sexually transmitted infection during pregnancy. These factors also indirectly influenced sexual and reproductive health by creating vulnerabilities for future negative health outcomes.

Conclusions. Detrimental early life factors directly and indirectly impacted long-term negative reproductive and sexual health among women and girls entering sex work as adolescents.

Key words: Reproductive health; Sexual health; Sex work; Gender-based violence; Access to care; Life course perspective.
INTRODUCTION

Achieving universal access to family planning has become a priority in an effort to attain Millennium Development Goal 5 (improving maternal health) by 2015. Most recently, at the London Summit on Family Planning, the Gates Foundation committed to increasing contraceptive access and use in the world’s poorest countries by 2020 [1]. However, evidence suggests that inequities in access persist, especially among vulnerable populations such as female sex workers (FSWs), despite recent discourse surrounding universal access to contraception [2-4].

Women and adolescents who exchange sex experience significant sexual and reproductive health disparities, including high prevalence of unintended pregnancy, induced abortion, miscarriage, STI, and HIV than their counterparts [2, 4-8]. Although most evidence regarding FSWs’ sexual and reproductive health has focused on adverse outcomes during adulthood [5, 9, 10], evidence suggests that such disparities may often begin early in life and be accumulated across the life course [11-13].

FSWs in many settings report high rates of childhood sexual abuse [14-17], adolescent entry into the sex trade [10, 18, 19], and early drug use initiation [20, 21], which have been linked to harms such as forced drug use, inconsistent condom use, and HIV infection [10, 22]. However, the relationship between these early experiences and other sexual and reproductive health outcomes among FSWs remains poorly understood.

FSWs experience high risk of HIV/STI infection and gender-based violence in Mexico-U.S. border cities [10, 23-27]. Located adjacent to San Diego, California, Tijuana, Mexico, hosts a thriving sex tourism industry and illicit drug use scene [25, 26]. Sex work is considered quasi-legal in the city’s “zone of tolerance” la Zona Norte, located within walking distance of the
Mexico-U.S. border crossing, inviting foreign sex tourists. Although the Tijuana Municipal Health Department requires sex workers to register for health permits and to receive monthly STI testing, thousands work without permits [25], which are unavailable to minors [10].

Over 40% of FSWs enter sex work as adolescents within this high-risk setting, which is associated with a higher prevalence of sexual and substance-related risks [10]. Our team recently found the prevalence of miscarriage/stillbirth, sexual violence and physical violence among FSWs in this setting to be 30%, 51%, and 49%, respectively [28]. This study aimed to shed light on the broader contexts and drivers of the extensive reproductive and sexual health vulnerabilities experienced by FSWs in this setting.

The primary purpose of this study was to understand early factors contributing to poor reproductive and sexual health among female sex workers in Tijuana, Mexico, drawing upon theoretical perspectives regarding factors shaping health across the life course [11-13].

METHODS

Data Collection

FSWs and their non-commercial partners (n=420) in Tijuana and Cd. Juarez were enrolled in an observational mixed-methods study examining the context and epidemiology of STI/HIV, associated risk behaviors, and the feasibility of couple-based interventions (Proyecto Parejas, PI: Strathdee), as described by Syvertsen et al. (2012) [29]. Eligible participants were 18 years or older, had an intimate partner for at least six months, and reported any drug use during their lifetime.

Participants from the parent study were recruited for a qualitative sub-study on sex trafficking and HIV vulnerability using questions to screen for trafficking history. In-depth, semi-structured interviews were conducted in Tijuana with 31 FSWs from November 2010.
through July 2011 who reported sex work entry before age 18; were forced or coerced into sex work; or were transported and forced into sex work.

Interviews typically lasted an hour and were conducted in English and Spanish. They took place in private offices and were audiotaped. Interviewers followed WHO guidelines for interviewing trafficked women [30]. Questions were pilot-tested and iteratively revised as data collection and analysis progressed (Appendix A).

Purposive sampling was utilized to capture a range in age, nationality, and health experiences because a broad diversity in backgrounds, experiences, and perspectives exists among FSWs, [31]. Participants were invited to reflect upon their entry into and continuation of sex work. Themes explored included: influential childhood, adolescent, and adult experiences related to sex work entry; sexual and reproductive health; access to care; sexual, physical, or psychological abuse and violence; and substance use.

All participants received a $20 USD honorarium, condoms, prevention information, and a card with resources for free counseling, health, legal, and other forms of support. An on-site psychologist and direct referrals to care were also provided.

_Ethical considerations_

The study was approved by and conducted in accordance with IRBs from the University of California, San Diego and El Colegio de la Frontera Norte in Tijuana. All participants provided written informed consent. Personal identifiers were removed from interview transcripts to protect confidentiality.

_Data Analysis_

Data analysis was performed using QSR NVivo 9.0. Analysis was limited to the narratives of 25 FSWs from the qualitative sub-study who reported sex work entry during adolescence.
(n=25), given our focus on understanding early factors shaping reproductive and sexual health. The first author (KO) led the analysis and began by reading each transcript to generate an initial set of themes that were revised as coding progressed. Initial themes were conceptually organized into codes that best described a specific meaning related to overarching themes. KO and the co-authors collaboratively revised and regrouped codes to develop insights regarding factors contributing to poor reproductive and sexual health. Questions and observations from analytic discussions were notated through memos and audit trails throughout this inductive and iterative process.

We aimed to understand health experiences prior to and during adolescent sex work and drew upon data that described these experiences. We also drew upon adult experiences to illustrate deep-rooted impacts of earlier exposures where appropriate.

RESULTS

Sample Characteristics

The median age of participants at the time of interview was 33 and median age at sex work entry was 16 (Appendix B, Table 1). The median number of pregnancies was three, with the median age at first pregnancy being 16. Eleven participants reported at least one miscarriage. Eight participants reported being raped on at least one occasion.

Findings

Our analysis identified four themes that collectively compromised reproductive and sexual health across the life course: early sexual abuse, early drug use, ongoing violence, and limited access to reproductive and sexual health care (Appendix C, Table 2). Most participants shared a common trajectory of early abuse by a relative, quitting school and leaving the home as an
adolescent, adolescent drug use and sex work entry, and poor reproductive and sexual health outcomes with limited or no access to care.

Early and ongoing sexual and drug use, violence, and limited access to care often directly resulted in unintended teenage pregnancy, miscarriage/stillbirth, and untreated STI during pregnancy. These factors also indirectly influenced sexual and reproductive health by creating vulnerabilities for future negative health outcomes. The following sections and Table 3 (Appendix D) explore these themes.

**Early sexual abuse**

Ten of the 25 FSWs interviewed described past physical, sexual, or emotional abuse by a parent or caregiver. Of the eight participants who reported one or more case of rape, all were raped before the age of 18 (Table 1). Perpetrators were most frequently male relatives.

Women’s narratives suggested that early sexual abuse had direct and indirect impacts on their sexual and reproductive health. Among participants who were abused during childhood, most left the home at an early age, often resulting in street involvement and early drug use (Table 3, example 2). Influential gender and power inequalities surfaced in the form of romantic relationships with older men after leaving the home.

The following quote exemplifies how youth homelessness often followed early sexual abuse:

Q: Why did you start [sex work] at 17 years old?  
A: I started that stage [of my life] when my dad raped me when I was 14 years old…I left my house…I went] to the streets, with the drug addicts. They were supposedly my friends. [My sister] was also a drug addict and started getting involved with those…negative people.
[Age 40, sexually abused at 14 y.o., SW entry at 17 y.o.]

After leaving the home, the participant met her first partner at a correctional facility. This led to an unintended pregnancy as a 14-year-old, which resulted in a miscarriage. She experienced sexual violence throughout the life course, which was echoed in other narratives, as depicted in Table 3.

The following participant was 14 years old when she went out one night with her older sister. The participant was left alone at her sister’s friend’s house while she went out with her boyfriend:

[At the house], another guy arrived that I hadn’t seen there…He asked me how was I thinking about paying [to sleep there]. I said, “I don’t have money.” Then he started grabbing me. He said that he knew how…I could pay him for being there and…because of fear that he would do something bad to me…I just didn’t say anything and, and he…he made me, he did it.

[Age 22, sexually abused at 14 y.o., SW entry at 16 y.o.]

This experience resulted in an unintended pregnancy. Across the life course, this participant experienced two unintended pregnancies, an abortion, and a miscarriage, illustrating the overlapping, concentrated health-related harms experienced by many women in our sample.

**Impacts of early drug use**

Most participants began using marijuana and inhalants at a very young age (as young as 10 years old), and progressed to harder drugs such as heroin and crystal meth during adolescence. Peers, intimate partners, relatives, and drug-oriented environments provided early exposure and access to drugs.
Early drug use had repercussions on some participants’ sexual and reproductive health. Several women attributed unintended pregnancy and miscarriage to drug use (Table 3, example 5). Given that most of these experiences occurred during adolescence, it is unlikely that our participants were aware of the dangers of drug use during pregnancy. Moreover, several participants were unaware of pregnancy status for several months and may have continued using drugs during this time. Nevertheless, study participants retrospectively perceived that their early drug use had resulted in negative health impacts for their children. The following quotes and examples 5-7 (Table 3) illustrate perceived consequences of early drug use on reproductive health:

My two other children died. In fact, one of them was born without a brain because of crystal [meth]. He was alive for 15 days… I thought that they were just making him suffer more, and thanks to crystal, I never understood.

[Age 34, SW entry at 17 y.o.]

[My baby] was all purple… he died in [my father’s] arms… I think he couldn’t take the malilla [withdrawals].

[Age 24, early sexual abuse victim, SW entry at 17 y.o.]

Acceptance into peer networks was an important part of identity formation throughout the life course, especially during adolescence, which was often closely related to participants’ experiences of sexual coercion in the context of substance use. For some, the desire to be accepted often resulted in nonconsensual sex under the influence of drugs:

We would all be together and he would tell me to take a hit of the chemo [inhalants] because that way I behaved like a whore… with the chemo I wasn’t
self-conscious, I wasn’t shy. That’s how I lost my virginity, drugged, without knowing.

[Age 30, SW entry at 15 y.o.]

Recurring experiences of abuse paired with powerful drug addictions often placed the women in positions of dependency and vulnerability, which negatively impacted reproductive and sexual health.

**Ongoing Violence**

Many women in our study experienced ongoing violence from a young age. For the purposes of this analysis, we define ongoing violence as the recurrence of one or more types of violence at different points throughout the life course. Experiences of childhood abuse were echoed in women’s re-victimization by police officers, pimps, clients, and intimate partners during early adulthood. The following quote and examples 8 and 9 (Table 3) shed light on the extent to which persistent exposure to violence directly affected the reproductive health of our participants.

I was pregnant, but it wasn’t that it wasn’t wanted…I told [the father], “I think I’m pregnant.” He said, “No you’re stupid”. And in an argument, it wasn’t so much the intention of hitting me, but he shoved me. I was going to jump on him, [but] he shoved me and I hit myself on the edge of the bed. I hit myself on my spine and I lost the baby.

[Age 29, sexually abused at 9 y.o., SW entry at 17 y.o.]

In another case, one participant had an abortion for a second unintended pregnancy just one year after her first unintended pregnancy. She met her first intimate partner, an abusive pimp who was twice her age, when she began sex work as a 16-year-old.
He hit me and left me...unrecognizable...I escaped, because he locked me up [in hotel rooms]...I kept going back with him...I never wanted to turn him in when I was a minor...He could have killed me with the beatings that he gave me, and that’s why [the neighbors] called the police...I was...bleeding and everything, but I never wanted to turn him in to the police.

[Age 22, sexually abused at 14 y.o., SW entry at 16 y.o.]

A few years later, this participant also experienced a miscarriage with a different partner:

[My partner] has just slapped me or pulled my hair, but that’s it. He hasn’t hit me with a closed fist, kicked me, jumped on me, not like the other [partner]...Last week...I woke up with pain here in my stomach...Suddenly, I felt that something was dripping down, a pad quickly filled up. I stood up on the bed...I felt that something was going to come out, so I put my hand like this and it was the baby. It was dead.

[Age 22, sexually abused at 14 y.o., SW entry at 16 y.o.]

Abusive intimate partners prevented women from making reproductive and sexual health decisions, which indirectly contributed to unintended pregnancy and miscarriage (Table 3, example 9).

**Limited reproductive and sexual health care**

Despite serious health and social vulnerabilities, study participants had limited or nonexistent access to the sexual and reproductive care required. Many had limited knowledge regarding contraceptive options and their use. Numerous women experienced difficulty accessing reproductive and sexual health care throughout the life course, which was often exacerbated by disparities in access to health services and marginalization by providers.
Limited awareness

Most participants had limited knowledge of contraceptive options. Many older participants recalled not knowing what a condom was or how to put one on during adolescence (Table 3, examples 10-13). Awareness appeared to be greater among younger FSWs, potentially because of the emergence of more recent HIV prevention campaigns in Mexico. Regardless of age, most reported inconsistent condom use with clients during early stages of sex work. This frequently translated to unintended pregnancy and STI/HIV infection.

Q: When you were young…did any of your friends talk to you about how you could use contraceptives so you wouldn’t get pregnant?
A: Yes, one of them told me about…how to plan it, how do you say it? The pills…I took them and…it seemed like I got pregnant faster.

[Age 34, sexually abused at 8 y.o., SW entry at 16 y.o.]

Over the life course, she experienced nine pregnancies and three miscarriages. The previous quote illustrates that while some participants had access to contraceptives, they may have had misconceptions on proper use.

Q: You mentioned that [when you entered sex work] you didn’t know about any infections, but…how did you prevent getting pregnant?
A: Well you’re not going to believe me but I never ended up pregnant. I would have sex and I wouldn’t end up pregnant…I ended up pregnant…I wouldn’t protect myself with anything.

[Age 34, SW entry at 14 y.o.]

Barriers to access

Affordability, availability, and adequacy of services surfaced as interconnected
barriers to accessing care. Several participants cited physical barriers such as clinics located far from *la Zona Norte*. Others avoided healthcare because they felt stigmatized (Table 3, example 14), or were minors and lacked health permits legally required to access health services for sex workers:

I hadn’t turned 18 when I started working on the streets…I didn’t go to the doctor’s for the same reason, because…they’d ask me for a permit…and, well, I didn’t have one.

[Age 40, SW entry at 17 y.o.]

The following participant was referred to the hospital because she had syphilis, but had to deliver at home without a trained professional. Her son died within a few hours of birth.

I was sent [to the hospital] as an emergency and they told me I had a pregnancy at high risk…they just read my medical history and told me, “No, everything is okay, you can go home and keep doing what you’re doing.” At night is when it happened. My water broke, I started bleeding and the baby came out, but they didn’t take care of me.

[Age 21, sexually abused at 14 y.o., SW entry at 15 y.o.]

This next quote connects themes of fear of medical providers, access to care, and unsafe self-care practices often resulting from limited access:

Q: You didn’t seek the doctor’s help [after the miscarriage]?

A: I got frustrated because there were a lot of women in labor and…because I was scared…they say that the placenta stays inside, or something like that…My mom bought me ovules [to induce abortion] and pills [to] get rid of everything
else. Days after, I still keep excreting…pieces of things…I still have to go get a check up because I still feel a little bit of pain.

[Age 22, sexually abused at 14 y.o., SW entry at 16 y.o.]

While most participants were not directly asked about abortion history, some expressed a desire for access to abortion care (Table 3, example 15).

**Strengths & Limitations**

This study was a secondary analysis of data originally collected to study the relationship between sex trafficking and HIV vulnerability. As a result, reproductive health questions were asked inconsistently. Often, follow-up questions were not asked in response to answers touching on reproductive health experiences. Given the potential for higher-risk experiences among formerly trafficked women, responses may not be representative of the experiences of all FSWs in Mexico or elsewhere. The author did not directly interact with participants during data collection. However, KO approached the data set from an impartial stance and found that the participants’ experiences did not, in fact, suggest they had been trafficked.

Given the qualitative design and small sample size, the study is not generalizable. However, we believe this research will help understand local and regional context. Many of our participants retrospectively described health experiences. While current adolescent sex workers may have different experiences, participants reported that many of the same barriers to care continue to exist today.

**DISCUSSION**

This study found that negative influences such as child abuse, early exposure to drug use, ongoing violence, and limited access to care in earlier stages of life had profound impacts on FSWs’ reproductive and sexual health during adulthood.
Women in our sample reported pervasive violence from police officers, pimps, intimate partners, clients, and/or relatives across the life course [32, 33]. Trauma rooted in early abuse often resulted in ongoing experiences later in life [34]. Individual behaviors such as substance use and unprotected sexual activity greatly increased risk of poor reproductive and sexual health outcomes; however, larger issues at the social and structural level such as poverty, violence, unsafe environments, and discrimination created disparities in health and wellness.

Ongoing exposure to violence was exacerbated by engrained societal norms and structural violence, defined as the systematic ways in which social structures harm individuals [35]. Physical and psychological forms of violence also directly and indirectly contributed to participants’ limited access to reproductive and sexual care.

Recurring experiences of forced or coerced unprotected sex paired with no other form of contraception placed sex workers at risk for unintended pregnancy and STI/HIV. Despite concern surrounding infections or unintended pregnancy, many women were unable to seek treatment. Over one-third of participants never received a gynecological check-up, similar to findings by Decker et al. (2011) [36]. The median number of pregnancies per woman (3) was higher than replacement levels and similar to that found by McDougal et al. [28].

Contraceptive use was low in our sample, with 44% of participants reporting contraceptive use in the six months prior. Mexico’s contraceptive prevalence rate (CPR) was at a similar level over three decades ago (48% in 1982); in 2009, CPR was 73% [37].

Our findings provide a lens into the uneven progress of MDG 5 in this region, specifically Target 5.B: achieving universal access to reproductive health. Overall progress at the population level in Mexico has masked disparities among more marginalized groups (e.g. sex
workers) in higher-risk settings, such as the US-Mexico border. These inequities are especially striking given Tijuana’s relative affluence compared to other Mexican cities.

Increased collaboration is needed from the government, NGOs, health facilities, and service delivery systems to improve health outcomes and reduce disparities among adolescents and adult women in sex work. To achieve universal access to reproductive health by 2015, preventative services must include education on safe and effective methods of contraception [38]. Women of all ages, professions, and lifestyles must be given the power to seek and receive competent reproductive and sexual health care [9].

Efforts to reduce gender inequity in Mexico through legislation and structural changes are needed to empower sex workers and female adolescents at risk. It is imperative that public health efforts include younger FSWs in prevention and care [9], who are often overlooked due to their illicit status in settings such as Mexico. Policies denying health permits to underage SWs should be revisited; unintended consequences of this law involve riskier sexual encounters and lack of access to STI treatment and prevention.

Interventions should target clients, pimps and intimate partners to discuss the consequences of violence against women and girls, and to increase access to and use of condoms to prevent STI/HIV and unintended pregnancy. There is also a need for interventions aimed at influencing provider attitudes and behaviors toward sex workers. High quality, culturally competent, and evidence-based services are needed to reduce incidence of STI/HIV, infant and maternal mortality, and unsafe abortion or self-care practices among FSWs in Mexico and globally [38].

Future research should investigate health and human rights issues involving adolescents in sex work and effective mechanisms of overcoming barriers to care among this population.
Additionally, our data suggested that several of our participants were second-generation sex workers. Researchers should explore potential cyclical or multi-generational aspects of sex work.

**Implications & Contributions**

This study informs the provision of evidence-based, competent, and comprehensive reproductive and sexual health care for female sex workers of all ages in Tijuana, Mexico, including: family planning services; preconception and prenatal care; and STI prevention, testing, counseling, and treatment.
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APPENDIX A

Qualitative interview guide for female sex workers (provided by Shira Goldenberg, UCSD)

Review the informed consent and interview structure:
- This session will be audio taped and will last about 1 hour. Today’s interview will be about the reasons that you began to sell or trade sex, and the reasons you continue to do so. During the interview, I’ll be taking a few notes about the events and experiences you describe to me. Do you have any questions about how we’re going to spend our time today?
- Ensure that the participant feels comfortable and safe conducting the interview. For example:
  - “Do you have any concerns about carrying out this interview with me?”
  - “Do you think that talking to me could pose any problems for you, for example, with people who may have abused you, your family, or anyone who is assisting you?”

1. To start, could you please tell me a bit about your background?
   Sample probes:
   - What city and country were you born in?

If participant is not born in Tijuana, ask questions 2-5 for migrants. Otherwise, skip to general questions for FSWs (question 6).

Questions for migrants
I’m interested in hearing more about your migration history. Let’s start with what brought you here to Tijuana in the first place.

2. What made you decide to come to Tijuana?
   - What was life like before you came here? Did you have access to financial resources? Did you have a job? If so, what kind of work did you do?
   - Did someone else encourage you to come here?
   - What did you think you would be doing when you arrived? Did things go according to your plan?

3. How long have you lived in Tijuana for?

4. How did you get to Tijuana?
   - Did you travel alone? If with someone, who?
   - How did you pay for your travel?
   - Did you have papers?

5. When you arrived, was it what you expected?
   - In retrospect, is there anything you wished you had known before coming to Tijuana?

General questions for all FSWs
Now I’d like to hear about the first time you sold or traded sex.

6. Could you tell me a little bit about the first time you sold or traded sex?
   - How old were you? Did you have a sex work permit?
   - What city was it in?
What was your economic and personal life like?
Were you able to make a living without this income?

7. What were the reasons you decided to sell or trade sex for the first time?
- Whose idea was it for you to sell or trade sex for the first time?
- Were you recruited by someone? Did someone else encourage you? (e.g., Friend, Partner, Family member, Stranger, Advertisement)
- What were your expectations or understanding of what you would be doing? What do you think of these expectations now?

8. Could you please tell me a little bit more about where you worked, your clients and how much you were earning when you first started to sell/trade sex?
- Where did you work? What was it like there?
- How did you meet your clients? How did they treat you?
- Were you able to keep all of your earnings? If no, who kept them? Were you able to survive off what you were given? Were you ever in debt to anybody?
- Did you feel safe at this time?

9. When you began to sell or trade sex, were you free to leave or communicate with others? For example, phone or visit family/friends, leave to run errands, or go to the doctor?
- Were you able to come and go as you liked?
- Were you ever moved from work location to work at another?
- Did you meet other women in a similar situation at this time?
- Did you feel that you were free to return home or find another job?

10. When you began to sell/trade sex, what kinds of risks of HIV or sexually transmitted diseases did you experience?
- Were you able to negotiate condom use with clients and other men? If not, what might have been some barriers to condom use?
- Do you think you had all of the knowledge you needed to protect yourself?
- Did you access medical care (e.g., for HIV/STI testing)?
- Do you think women of all ages are equally able to negotiate safe sex with clients and other men?

11. When you began to sell/trade sex, were you ever forced to do something you didn’t want to do?
- What was it?
- Who forced you?
- Have you been able to avoid this experience in the future?

12. Can you tell me a bit more about your use of drugs and alcohol when you first began to sell/trade sex?
- At what age did you begin using drugs? Can you describe the reasons you began?
- Did anyone ever force you to use drugs or alcohol?
• Did you find that these substances helped you deal with your situation, or did they make it worse?

13. When you began to sell/trade sex, did you ever experience sexual, physical, or psychological abuse?
   • If so, who abused you?
   • What types of violence did you experience?
     • Physical beatings or other abuse? Use of weapons?
     • Sexual abuse such as rape?
     • Psychological abuse or threats? Threats to your family?
   • Did you ever see or hear of other women being beaten or harmed?

14. Could you describe your interactions with authorities such as police, immigration authorities, or others around the time that you began to sell/trade sex?
   • Were you ever arrested?
   • Did the police or immigration authorities ever ask you about your situation?

15. Could you please describe some of the reasons you continue to sell/trade sex?
   • Do you have any other access to financial resources?
   • Are you currently supporting any family members?
   • Is there someone in your life who encourages you to stay in this work?
   • Do you need to continue this work to access drugs?
   • Are you aware of any women who tried to escape/leave the sex industry?
   • Were they able to leave? How? Police raids? Social services referral? Help from friends or family?

16. Now I’d like to discuss your health and well-being. Since the time that you started to sell/trade sex, what are the health issues or risks that concern you the most?
   • Injuries?
   • HIV/STIs?
   • Mental health?
   • What are some of the challenges you face in terms of protecting your health?

Access to services
17. When you began to sell/trade sex, did you access any services, for example, medical care (e.g., for HIV/STI testing)?
   • What other services would have been helpful to you at the time?
   • Were you aware of any other services that you needed but did not use them? If so, why not?

18. How can service providers and other agencies in Tijuana better assist women like yourself?
   • Recommendations for HIV prevention?
   • Mental health services?
   • Violence prevention?
• Education/informational campaigns?
• Service coordination/collaboration?
• Law enforcement training?
• Legal changes?

Closing Remarks
• Are there further insights you would like to share (e.g. any opinions, feelings)?
• Ensure that the interview ends on a positive note. For example:
• “Thank you very much for taking the time and having the strength to tell me about your experiences. Nobody deserves to be treated the way that you have been treated and you are clearly a strong and courageous woman to have survived these abuses.”
APPENDIX B

TABLE 1. Socio-demographic sample characteristics, reproductive & sexual health indicators, and sexual violence among FSWs in Tijuana, 2010-2011 (n = 25)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, in years (median, range)</td>
<td>33 (19-45)</td>
</tr>
<tr>
<td>Years of education (median, range)</td>
<td>6 (1-12)</td>
</tr>
<tr>
<td>Number of pregnancies (median, range)</td>
<td>3 (0-9)</td>
</tr>
<tr>
<td>Age at first pregnancy (median, range)</td>
<td>16 (14-28)</td>
</tr>
<tr>
<td>One or more miscarriage (n, %)</td>
<td>11 (45.8%)</td>
</tr>
<tr>
<td>Drug use in six months before interview (n, %)</td>
<td>23 (92.0%)</td>
</tr>
<tr>
<td>Positive for any STI/HIV (n, %)</td>
<td>5 (25.0%)</td>
</tr>
<tr>
<td>Ever received gynecological check-up (n, %)</td>
<td>16 (64.0%)</td>
</tr>
<tr>
<td>Ever raped (n, %)</td>
<td>8 (32.0%)</td>
</tr>
<tr>
<td>Age when first raped (median, range)</td>
<td>14 (5-18)</td>
</tr>
</tbody>
</table>

*Note: Quantitative data obtained from *Proyecto Parejas* database.

*a Calculated among 24 participants who reported at least one prior pregnancy.*
## APPENDIX C

### TABLE 2. Main themes and definitions

<table>
<thead>
<tr>
<th>THEME</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early sexual abuse</td>
<td>Sexual abuse and neglect of a child or adolescent by a parent, caregiver, or another person in a custodial role.</td>
</tr>
<tr>
<td>Impacts of early drug use</td>
<td>Social and biological repercussions of early exposure to drug use.</td>
</tr>
<tr>
<td>Ongoing violence</td>
<td>The recurrence of one or more types of violence at multiple points throughout the life course.</td>
</tr>
<tr>
<td>Limited reproductive &amp; sexual health care</td>
<td>Difficulty in accessing or utilizing reproductive and/or sexual services.</td>
</tr>
</tbody>
</table>
APPENDIX D

**TABLE 3. Main themes and additional quotes**

<table>
<thead>
<tr>
<th>THEME</th>
<th>Ex.</th>
<th>QUOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early sexual abuse</td>
<td>(1) A: I was about 8 or 9 [when my mother offered me to clients]…She cared more about money than about us…she left me alone with the [client] and I just cried because…he put his, his penis there…She was outside of the room, she was just laughing. Q: He touched you with his penis but didn’t penetrate? A: …The one that paid did [penetrate me]…The father of my sisters also raped me because [my mother] was in agreement with what he was doing…even if she was asleep on the same bed. I didn’t want to do it and I started crying, he put his hand here or she came and put her hand there. [Age 34, sexually abused at 8 y.o., SW entry at 16 y.o.]</td>
<td></td>
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<tr>
<td></td>
<td>(2) [My uncle] had been [visiting] for days…He’d tell me, “Dear, do you have something to eat? Make me some eggs.” Then he’d reach out and touch my breasts and…that happened for about a week, until one day he…grabbed me and threw me on the bed and he told me that he liked me…He didn’t penetrate me, he just kissed my [private] parts, my breasts. Three or four days after was when he did it, he penetrated me and everything, and that’s how it started…I left because]…I didn’t want to be raped by him… [Age 32, sexually abused at 11 y.o., SW entry at 15 y.o.]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) I went to visit my mom one weekend. We were in school and my mom had gone out for an errand…That’s when one of her neighbors raped me…because of that, my aunt would treat me even worse, I mean, because of what happened to me. I would tell her that I wanted to go to school like her oldest daughter…She would tell me, “You’re going to be a whore just like your mom”. Instead of giving me hope, supporting me to go to school, she always treated me badly…the first chance I got, I said, “I’m leaving, I’m not staying here” and I left the house. [Age 29, sexually abused at 9 y.o., SW entry at 17 y.o.]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) I just got tired of [being abused by my mother and uncle]…I got out of the house, I was on the streets for about a month…I stayed at an abandoned house by myself…Sometimes, the gangsters would go there to chemeear [get high from inhalants]…One time I was sleeping…That’s when I lost [my virginity]. It was about 15 guys in the group and they all [raped me]. The good thing is that I was left alive, right?…I started doing prostitution at a bar when I was 16 years old…I got pregnant later, I met a guy at a bar…With all that time that I was here and there I never got pregnant and I never used protection…</td>
<td></td>
</tr>
</tbody>
</table>
I lost a son that was six months old because of syphilis, and I also have Hepatitis C…He was small. He didn’t develop well. His lungs were okay…Because they said that syphilis took his life, syphilis and heroin is the worst thing that could happen to a baby.

I was 12 years old…The guy told me to take five lines. “Here dear, your five lines.” I said, “No, I don’t like that, I’m scared of needles.” And he’d tell me, “You’re from the neighborhood? It doesn’t seem like it.” I did it to be accepted, I wanted to feel like I was the same as them.

I took a different path…it grabbed my attention, that lifestyle…I wanted to be like them [gang members], and I started hanging out with them there and I liked it…I was 12, 13 years old when I started inhaling thinner…All of a sudden, I was with the bag [common method of inhaling drugs] and when I would come to, I was doing things that I wouldn’t have wanted to do…they would give me more [drugs], because once I was on it and crazy, I would do whatever they would say…like oral sex, or be with two people…I wanted to be like them, the ones who would hang out in the neighborhood.

I didn’t bring back the amount [of money] that [my partner] wanted…I was four months pregnant. He told me that I had to go out because we owed rent, and we started to argue, that’s why he grabbed a piece of glass from a Coca-Cola bottle, and he got me. He said, “That’s so you’ll learn, and so that you remember what you have to bring home.” And then he locked me up for two days, “So you learn, that’s why.”

A: One time, they took my [health permit] because I had a vaginal infection and I didn’t know, [I was] ignorant. I was…raised in a small town.

Q: When the nurse told you, “You have a sexually transmitted infection,” were you afraid?
A: Yes, I really was scared…I said, “How? I clean myself.” But I never used a condom.
[Age 40, sexually abused at 14 y.o., SW entry at 17 y.o.]

(11) Q: Do you think it’s hard to obtain [condoms] here in Mexico?
A: …Condoms, sometimes yes, because sometimes they don’t have any.
Q: At the pharmacies or at the stores?
A: Well, at pharmacies they’re expensive, the condoms at hotels, they’re like 10 or 15 pesos, just one. And sometimes you don’t even have that.
[Age 36, SW entry at 12 y.o.]

(12) Q: Did you use condoms during that time and before you started going to the bar?
A: No, I didn’t use anything during that time.
Q: Do you think that the other women at the bar could persuade people to use condoms?
A: Well, it depends. I was young, everything seemed easy. I didn’t care.
[Age 30, SW entry at 17 y.o.]

(13) Q: When you initiated your life as a sex worker, did you already know about HIV?
A: No, not really, I was very ignorant…years ago I didn’t use a condom…I didn’t even know what it was.
[Age 40, sexually abused at 14 y.o., SW entry at 17 y.o.]

(14) At the general hospital, they were really rude. As soon as they knew I was a drug addict, they took me off the bed I was on…and they started to treat me really bad. At first they treated me well and the same as everyone…after, they took everything away, all the amenities.
[Age 36, SW entry at 12 y.o.]

(15) I met [one of my daughter’s father’s] at the brothel. The other one I met…before going into the brothel, I was already pregnant…[Neither] of them [knew I was pregnant]. In fact, I wanted to get an abortion…because I didn’t want kids…There were moments that I wanted to inject myself…I injected my stomach when I was pregnant with one of them, I didn’t want to know anything, but…they came and oh well.
[Age 32, sexually abused at 11 y.o., SW entry at 12 y.o.]