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A qualitative study on commercial sex behaviors among male clients in Sichuan Province, China

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Abstract

Males who seek commercial sex have been identified as an important “bridging population” in the transmission of HIV. There is little information on the HIV-related risk perceptions and behaviors among commercial sex male clients (CSMCs) in China. This study reports qualitative findings from six focus groups and 41 in-depth interviews with CSMCs in Sichuan Province, China. Commercial sex visits were described as a group activity and associated with patterns of social-network specific interactions and norms. Primary motivations for visiting female sex workers included peer pressure, stress reduction, and fulfilling a need for an intimate and emotional support. Male clients’ decisions about condom use were influenced by their perceived norms of condom use, susceptibility of HIV infection, and the condom policy and availability in the establishments. Implications of these findings for further research and interventions are discussed.

Keywords

commercial sex; male clients; China; HIV; qualitative; social norms

Introduction

By 2007, there were estimated 700,000 persons living with HIV in China and the overall HIV prevalence was 0.05%. Heterosexual transmission was responsible for 37.9% of new infections, a rapid increase from 10.7% in 2005 (China Ministry of Health, UNAIDS, & WHO, 2007). Studies in sub-Saharan Africa have demonstrated that HIV is more likely to spread from the high-risk groups to the general population as the rate of sexual transmission increases (Monitoring the AIDS Pandemic Network, 2005).

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Commercial sex was virtually eradicated in China in the 1950s. It has reemerged as a widespread industry since the 1980s (Cohen, Henderson, Aiello, & Zheng, 1996; Tucker et al., 2005). A national representative study also estimated 9% of Chinese men aged 20–64 years have engaged in commercial sex at least once in their lives (Parish et al., 2003). Given that 8.5 million “surplus men” were born between 1980 and 2000, and many of these Chinese men are unable to find female partners for marriage, there may be an expanded demand for commercial sex (Tucker et al., 2005).

Commercial sex male clients (CSMCs) who have unprotected sex with female sex workers (FSWs) are at high risk of contracting or transmitting HIV. Several studies have documented a low rate of condom use and an alarmingly high prevalence of HIV among CSMCs in China (Chen, Li, Liu, Li, & Pie, 2003; Wang et al., 2007; Xu et al., 2008; Zhang, Wu, & Liu, 2006). CSMCs are also at risk of infecting their regular sex partners, given the low condom use in the non-commercial sexual relationship (Craiel, Slaymaker, Lyster, & Sarkar, 2006; Lowndes et al., 2000).

Despite the crucial role of CSMCs in facilitating the spread of HIV in China, most published studies and preventive interventions targeting heterosexual transmission of HIV have focused on the FSWs (Pirkle, Soundardjee, & Stella, 2007). There has been a concern that the prevention effects are less successful when the burden for behavioral change is placed solely upon the FSWs, who often do not have the power to negotiate safe sex (Hong & Li, 2008). In addition, much of the research on CSMCs available to date has primarily addressed individual-level factors (Lau & Tsui, 2003; Luan et al., 2005; Zhang et al., 2006) and has rarely examined the role of psychosocial and contextual factors that may place this high-risk population “at risk for risks” (Link & Phelan, 1995). Lack of systematic research and empirical findings on CSMCs further impedes the effort to develop effective and sustainable behavioral HIV preventive interventions.

Using a qualitative approach, including focus groups and in-depth interviews, this study aims to enhance the understanding of CSMCs’ motivations, social norms, and antecedents for visiting FSWs and their HIV-related risk perceptions and behaviors. This study was guided by social influence and social learning theories, as both theories emphasize the interdependence of individual behaviors in the social network (Bandura, 1989; Fisher & Misovich, 1990). In previous studies of different populations, these theoretical perspectives have confirmed that by communicating and observing others, individuals’ HIV-related behaviors are affected by the prevailing opinions and attitudes in their social networks (Davey-Rothwell & Latkin, 2007; Helleringer & Kohler, 2005; Latkin, Forman, Knowlton, & Sherman, 2003; Yang, Latkin, Celentano, & Luo, 2006).

Methods

Settings and participants

This study was conducted in Leshan, Xichang, and Zigong of Sichuan province, China. By 2008, there were 19,375 HIV infections reported in Sichuan, which ranked sixth among all provinces/autonomous regions in China. Injection drug was the primary route of transmission of HIV in Sichuan (75.6%) (China Ministry of Health, UNAIDS, & WHO,

2007). The hierarchy of commercial sex in Sichuan ranges from the high class (e.g., hotels), to the middle class (e.g., karaoke bars, clubs, massage parlors), and to the lower class (e.g., hairdressing rooms, street walkers) (Luan et al., 2005).

The inclusion criteria for this study were males ages 18 years or older who had given money or valuable gifts in exchange for sexual intercourse at least once in the last 12 months. In order to gain maximum information, we used a purposive sampling strategy and actively selected participants based on their low, middle, or high socioeconomic status (Patton, 1990). Guided by the inclusion criteria, staff from the local department of health helped to identify and contact potential participants, mainly from those who sought the HIV voluntary testing. Some of participants were also willing to bring their friends who were eligible for this study. Participants received 50 *yuan* (US \$8) for the participation. This research study was reviewed and approved by the Institutional Review Boards at Johns Hopkins Bloomberg School of Public Health and Sichuan University.

Data collection

Data were collected in October 2007. Men who met the inclusion criteria first provided oral informed consent. Six to eight participants with similar socioeconomic backgrounds were scheduled together to attend a focus group. Following each focus group, all participants were invited to join individual in-depth interviews. Data collection took place in convenient and quiet locations, such as private areas in the tea house.

The purpose of using both focus group and in-depth interview was to compare and converge different sources of information (Golafshani, 2003). While focus groups are particularly useful in providing information about group norms on sexual behaviors, results from individual in-depth interview help to validate the findings from focus groups and explore individuals' opinions that may not have been disclosed in the group discussion.

Each focus group was led by one Chinese facilitator and note taker, and lasted about 45 minutes. Confidentiality was stressed in the introduction of the group. Focus group guidelines were designed to elicit information about norms regarding HIV-related risk factors in commercial sex. Individual in-depth interviews were conducted by one Chinese interviewer and took about one hour to complete. The in-depth interview instrument covered socioeconomic background, experience with commercial sex, condom usage, and HIV-related knowledge. All participants remained anonymous through the whole process but were assigned study identification numbers for the purpose of presenting study results. The sessions were not tape recorded due to privacy concerns but extensive notes were taken.

Data management and analysis

Data analysis was guided by the compare and contrast approaches (Strauss, 1987). After a set of focus groups and in-depth interviews, interviewers read through their written notes. Transcript texts were prepared in Chinese and coded for recurring themes independently by two Chinese analysts. Coding themes were conducted by drawing upon the domains from the interview guidelines and emergent information from the empirical data. Particular themes were identified and synthesized by the consistency and variability across groups and

between focus groups and in-depth interviews (Leininger, 1985). Discrepancies in results between two analysts were discussed and resolved by the research team, who met frequently during the whole data collection process. Emergent themes also led to additional questions for the sub-sequent data collection. This process continued until the researchers perceived the information had been saturated. The final stage involved translating the original quotes and writing up the findings. Translation of quotes was verified by back translation.

Results

Sociodemographic characteristics

A total of 41 participants joined six focus group discussions and completed in-depth interviews. Table 1 provides demographic characteristics of the study participants.

Commercial sex patronage: a social network activity

Both in-depth interview and focus group results indicated commercial sex visits are often integrated into social group activities, which typically start in the evening with eating, drinking, and game playing (*Majiang*), and end up with a commercial sex visit in a group of 3–5 friends. In individual interviews, participants revealed their own reasons for visiting commercial sex in groups, such as safety and cost. A 30-year-old married businessman described “Going there with friends always makes me feel safer.” A 66-year-old divorced security guard noted “My friends always know where to find a pretty girl with a lower price.” Only two participants indicated they only visited FSWs alone.

Treating friends or business associates to commercial sex patronage was frequently reported as a form of socialization by many male clients (10/41). A 39-year-old single truck driver indicated in the interview “Treating friends with a commercial sex visit could make us feel bonded.” Another 27-year-old married businessman mentioned in the focus group discussion “These days, if you want to be successful in the business field, you have to bribe business associates or customers with both money and women.”

Primary reasons for commercial sex visits

Peer pressure was cited as one of the most important reasons by many participants in their individual interviews (15/41). One 26-year-old single truck driver mentioned “They (Friends) would see me as a traitor if I don’t participate.” Several participants (5/41) mentioned psychological needs. A 23-year-old single businessman described “Life is too stressful and commercial sex visit is a good way to relax.” Commercial sex visits were also driven by a need for intimate and emotional support. One 41-year-old divorced man with affluent family background said “I always like to chat with the sex worker. They (FSWs) are good listeners.” A 43-year-old single unemployed participant also indicated his motivation for being a regular customer for a FSW as “If she is good, I just miss her and will go back to find her again.”

Social norms

In focus group discussions, all participants indicated most of their friends have visited FSWs, and therefore commercial sex was considered as acceptable in peer support networks.

However, several participants (9/41) disclosed their personal struggle in individual interviews. A 27-year-old married businessman described “I know visiting sex workers is not something glorious ... I feel I betray my family.” Participants also reported a range of responses as they strived for the reduction of dissonance. A 41-year-old divorced man with affluent family background stated “Who cares about how others think about it (commercial sex)?” Several others (3/41) tended to justify their commercial sex behaviors by emphasizing their perceptions of changing norms in society. A 50-year-old married construction worker explained “Everybody does that. For a man like me, living apart from home, it must be a lie if he tells you he has never visited sex workers.”

Communications

A majority of the participants (35/41) chatted about the commercial sex experience with their peers. Yet this communication only occurred within small groups or in private settings. The content of communication is primarily related to information sharing, such as where to find more attractive FSWs with lower prices. Only three participants indicated they chatted about condoms with peers. In one focus group, a 45-year-old married businessman indicated “Occasionally, we chatted about condoms, but no one seems like using them.” Three construction workers in the focus group mentioned they were fearful after learning that one of their friends contracted a sexually transmitted infection (STI) from visiting FSWs. Consequently, they started to use condoms as a precaution.

HIV and condom use

All participants reported basic knowledge of HIV, such as modes of transmission. Mass media were cited as the primary source for HIV-related information. When asked how likely they were to get HIV, most participants (35/41) reported they were at low or no risk. A few participants (5/41) expressed their concerns regarding the efficacy of condoms. A 26-year-old single businessman in his interview suggested “Using condoms can not guarantee you won’t get HIV.”

All participants reported they did not like the feeling of using a condom, mainly due to the reduced sexual pleasure. A 39-year-old divorced unemployed participant used a metaphor in a focus group discussion as “Using condoms like washing your feet with socks on.” In another focus group, a 53-year-old married construction worker explained “You should maximize the pleasure from the money you’ve paid for sex, rather than being bothered to use a condom.”

While condoms have been widely available in pharmacies and sex shops in China, many participants (7/41) relied only on condoms available in the sex establishments. The main reason for not buying condoms was the fear of being caught with a condom. A 23-year-old single businessman noted “Who will carry a condom all the time? People could tell you have visited sex workers if they see you carrying condoms.”

According to those participants who usually visit low-class establishments (12/41), the mammy (i.e., manager of the venue) was only in charge of negotiating the price. In contrast, a quarter of mid or high-class venue visitors reported the awareness of condom policy, and FSWs from those venues were more likely to provide condoms. However, lack of insistence

on the condom use remains very common among FSWs, and all participants believed that men should always decide whether or not use condoms. A 31-year-old married participant with affluent family background noted “If one FSW insisted using condoms but I didn’t want to use it, I just changed the FSW; plenty of girls out there for you to choose.”

Discussion

Findings from the current study suggest commercial sex visits in China are often manifested as a group activity and are associated with patterns of social interaction and norms that were social-network specific. This observation is consistent with results from previous studies in Indonesia and Thailand (Ford, Wirawan, & Muliawan, 2002; VanLandingham, 1998). This study also reveals the importance of norms within small social network of CSMCs. Prior research has identified two types of norms: descriptive norms (i.e., individual beliefs about the prevalence of a behavior) and injunctive norms (i.e., the extent to which individuals perceive that influential others expect them to do) (Cialdini, Reno, & Kallgren, 1990; Yanovitzky & Rimal, 2006). In this study, perceived high prevalence of commercial sex experiences among friends and the collective action of patronizing FSWs may have ultimately presented a secure and comfortable context, in which restraints from the traditional culture and society were temporarily relaxed. Many participants also felt the pressure to participate in the commercial sex visit, in order to avoid the risk of social sanction for not complying with group norms.

As social learning theory suggests, individuals’ behaviors are learned through observations and inter-personal communication in their social network (Bandura, 1989). In the present study, male clients did talk about condom use, but many men believed none of their friends liked using condoms. Through the interpersonal communication, individual negative attitudes toward condoms were likely to be reinforced by shared values within peer networks. On the other hand, several participants reported that friends’ experience with STIs motivated their attempts to use condoms during commercial sex visits. These findings imply communication may have provided individuals with information, such as the consequences of the disease, and the opportunity for individuals to access their own susceptibility (Low-Beer & Stoneburner, 2004).

Our findings also suggest that many participants did not use condoms in commercial sex because of reduced sexual pleasure. Low perceived susceptibility of HIV and low perceived condom efficacy for disease prevention may also have contributed to the lack of condom use in CSMCs.

Observations from this study should be confirmed by additional research. Due to the sampling strategy, results from this study have limited generalizability. The majority of participants in this study have been recruited by the local department of health. They may have been exposed to the HIV-related health education. In addition, given the sensitive nature of commercial sex behaviors in China, participants may underreport certain risky behaviors because of social desirability.

Despite these limitations, results from this study help to fill the literature gap of CSMCs in China, and may guide future research and interventions. With respect to the importance of peer group context in male clients' commercial sex visits, intervention efforts could adapt and replicate previous network-based interventions with socially and culturally appropriate approaches (Boulay, Storey, & Sood, 2002; Latkin et al., 2003; Roger & Kincaid, 1981). Similar peer-led risk reduction interventions have been implemented in China and shown effective to promote behavior changes among FSWs and men have sex with men (MSMs; Gao & Wang, 2007; Wu et al., 2002). Since individuals would be more receptive to sources of HIV information if they perceive that members of the reference group are similar to them (Fisher & Misovich, 1990), it is important to identify the appropriate reference network when studying male clients in China. Also evident from the findings in the current study, future interventions must consider methods of altering group and larger social norms on condom use, which is an effective way to bring self-sustaining population level behavior changes (Ross, 1992).

Participants reported their primary source for HIV-related information was mass media, and yet perceived susceptibility of HIV infection was low and carrying condoms was stigmatized. Future prevention messages need to address the relevance of HIV to the general public rather than solely focusing on the high-risk populations. In addition, programs in other countries have demonstrated the efficacy of condom social marketing in increasing the acceptability of condoms among the general public (UNAIDS, 2000). The Chinese government has lifted the ban on condom advertising and future intervention efforts should focus on how mass media could be used to target the large population of CSMCs in China.

Findings from this study suggest factors at the structural level, such as the condom use policy and availability, may influence male clients' condom use. One pilot study in China indicated perceived support of condom use from the managers was positively associated with FSWs' condom use communication and consistent condom use (Yang et al., 2005). Additional quantitative research is needed to examine whether the condom use policy and availability in commercial sex establishments influence CSMCs' condom use. The most well-known HIV intervention targeting to structural factors is the Thai "100% Condom Program," which utilized a policy approach to modify the risk environment of the sex establishments (Ford & Chamrathirong, 2007). Given the illegality of sex work in China, the sex industry has been periodically suppressed by the police and public security departments, which may push the HIV epidemic among both FSWs and male clients underground (Pirkle et al., 2007). Consequently, a "100% condom campaign" would be a challenge for China. However, given the critical role that this high-risk population may play in China's HIV epidemic, intervention and policy efforts among this population have the potential for a considerable impact.

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Table 1

Characteristics of CSMCs.

	<i>N</i>	Percentage (%)
Focus groups ^a		
Low socioeconomic	3	
Middle socioeconomic	2	
High socioeconomic	1	
Age		
20–30	13	31.7
31–40	18	42.9
41–50	7	17.1
51+	3	7.3
Occupation		
Businessmen	12	29.3
People with affluent family background ^b	3	7.3
Government employees	3	7.3
Construction workers	4	9.8
Security guards	3	7.3
Truck drivers	3	7.3
Unemployed	13	31.7
Monthly income (Chinese <i>yuan</i>)		
None	5	12.2
1–300 ^c	8	19.5
301–1000	10	24.3
1001–2000	5	12.2
2001–3000	3	7.3
3000+	7	17.1
Types of commercial sex attended		
High class	5	12.1
Middle class	24	58.5
Lower class	12	29.3
Relational status		
Never married without concurrent sex partners ^d	5	12.2
Single/divorced with concurrent sex partners	12	29.3
Married without concurrent sex partners	6	14.6
Married with concurrent sex partners	10	24.4
Divorced without concurrent sex partner	6	14.6
Total participants ^e	41	

^a Group of low socioeconomic status refers to construction workers, security guards, truck drivers, and the unemployed participants; middle socioeconomic groups include government employees and small business owners, and high socioeconomic status group includes participants who were businessmen and those with affluent family background.

^b People with affluent family background refer to individuals whose family members are government officials.

^c This included eight participants who were unemployed but had government unemployment benefit.

^e Some variables do not add to the total due to missing information.

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