

# **Promoting Female Condoms in Sex Work Establishments in Southern China: Experiences in Chengmai County**

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- ★ **The County CDC HIV Division**
- ★ **Township Hospitals (Town #1 and Town #2)**



# Study Sites



**Town #1**

**Sex industry based  
in roadside  
restaurants,  
massage & beauty  
parlors, boarding  
houses**



**Town #2**

**Sex industry based in  
hotels, massage & beauty  
parlors, boarding houses**

# Project Aims

- ★ **To assess:**
  - **number and characteristics of sex-work establishments in the two towns**
  - **the stability and the social dynamics within these establishments, e.g., among women, between women and “bosses”, etc.**
  - **factors associated with HIV risk and use of female and male condoms for HIV prevention**
- ★ **To develop and pilot an establishment-based, multi-level intervention to promote the FC for HIV/STD prevention**
- ★ **To conduct a process and outcome evaluation of the intervention and assess sustainability**



# Research Activities

## Ethnography

- ★ Community mapping
- ★ Key informant interviews
- ★ Establishment observations
- ★ Formative research
- ★ Process evaluation of intervention
- ★ Outcome evaluation

## Surveys

- ★ Pre-intervention baseline
- ★ 6-month (post-intervention)
- ★ 12-month (post intervention)



# Formative Ethnography (1)

## Community Mapping

- ★ 14 sex work establishments in Town #1 (4 roadside restaurants, 7 massage/beauty parlors, 3 boarding houses)
- ★ 16 sex work establishments in Town #2 (10 massage/beauty parlors, 5 boarding houses, 1 hotel)

## Establishment observations

- ★ Informal interviews with establishment owners and women to document site characteristics, living/working arrangements, women's migratory patterns, etc.



# Formative Ethnography (2)

## Roadside restaurants

- \* **Town #1 Roadside motels are located along HQP road. They were set up in the '90s as roadside restaurants. Most of the establishment owners are local and converted their personal homes into an establishment where they provide group living and meals for the women that work there. Most of the women are young ethnic minorities, from Hainan. Some work only on weekends or during holidays to earn money for school and other expenses. They only provide sex services. All condoms are provided by the establishment owners. Each establishment has about 4-12 working women, more during busy times and seasons.**



# Formative Ethnography (3)

## Boarding houses

- \* The establishment owners provide room amenities (furniture); the women cook for themselves and pay for water and electricity. Their rent is 200-300 yuan/month. The women that work and live there range from about 30-45 years old and are on a lower rung of the sex industry (cheaper services). There are 5-14 women working in each boarding house. They come mostly from mainland provinces. Some have been working in the sex industry in Town #1 for up to 10 years. The women manage their own sex service business. [Most are married with husbands in their home provinces.]



# Formative Ethnography (4)

## In-depth Interviews

- ★ 35 sex workers, 6 bosses, 4 others, including private clinicians/pharmacists (total n=45)
- ★ focus on social dynamics in sex work establishments, health care provision in the township hospitals and local private and public clinics and pharmacies, and other more general town activities (market, special events) related to the sex industry, health and risk



# Formative Ethnography (5)

## In-depth Interviews: Key findings

- \* *Strong peer influence regarding prevention beliefs and practices within sex work establishments: similar levels of risk and shared information on prevention practices*
- \* *Association between sex worker's age and daily number of clients, charge for sex services, and risky behavior: age 17-20 earn more, use condoms more (beauty parlors, hotels); age 30-40 have more clients, earn less, use/negotiate condoms less (boarding houses)*
- \* *Little mobility across establishments within towns: workers are often from same town/province, return to same place after holidays because of familiarity and close ties to coworkers and boss*



# Intervention Activities (1)

## Community Level

- ★ Hire staff from local township hospitals
- ★ Work with local hospital, pharmacies, clinics
- ★ Establish a Women's Center in town

## Sex-work Establishment Level

- ★ Small-group FC education, demonstration and support for women and “bosses” in the establishments
- ★ HIV/STD risk reduction information in the sites
- ★ FC and MC promotion & distribution in the sites
- ★ Encourage positive influence of peers (sisters) and bosses in the establishments



# The China- U.S. Women's Health Project

*My health,  
my control*

2008

我的健康  
我做主

- 可以避孕, 可以防病, 保护你、我、她
- 女用安全套, 让女人自己选择的保护方法

中美妇女健康项目

# Intervention Activities (2)

## Full establishment-based program:

- ★ 2 or more on-site education, demonstration, skills-practice small group sessions provided by project outreach workers from the town
- ★ Goal to reach at least 80% of the women in the establishment with initial and 1-2 follow-up (troubleshooting) sessions
- ★ Ongoing availability of staff support for FC at community Women's Center
- ★ Project staff were hired through local township hospital and so could offer additional support and health education/referrals
- ★ Delivered both FC and MC and promoted use



# Process Evaluation (1)

## Ethnographic findings:

- ★ Town level experience with public health programs affected the degree to which establishments cooperated with the project
- ★ Establishments with closer relationships among women and between women and bosses (i.e., greater cohesiveness) also tended to demonstrate more positive response
- ★ 80%+ exposure was achieved in both towns



# Outcome Evaluation (1)

## Ethnographic findings:

- ★ **Factors associated with FC acceptability and initial use included: ethnicity (Han more than Li), origin (mainland), age (26+), efficacy & able to negotiate; good MC users want FC less**
- ★ **Strong peer influence over women's FC initial and subsequent use: where an initial FC user reported a negative experience, most or all other women in the establishment decided not to try it (including women who initially expressed interest); where the initial user reported a positive experience, more women decided to try it themselves, even requesting FC from staff if they hadn't received any**



# Outcome Evaluation (2)

## Ethnographic findings:

- ★ In establishments where the boss was supportive of FC, she/he encouraged all women at least to practice FC insertion on their own. In establishments where the boss expressed negative feelings about FC, almost no women in the site tried it.
- ★ Several women reported that they used or were interested in using FC, but only with a familiar partner (steady client, boyfriend, husband). They said they would feel embarrassed introducing and explaining the new product to a stranger.



# Outcome Evaluation (3)

## Ethnographic findings: FC attitudes

- ★ Reasons repeat FC users reported *liking* FC included:
  - more lubrication than MC
  - provides better protection over a wider area
  - their partner liked and/or requested it
  - they could control its continued use throughout the sex act
  - they have problems with MC



# Outcome Evaluation (4)

## Ethnographic findings: FC attitudes

- ★ Reasons for *NOT trying or liking* FC included:
  - complicated and time-consuming to insert
  - it looks strange
  - inner ring is uncomfortable
  - partner didn't like it or they're concerned about how a partner might react to a new product
  - they feel it looks too big, a product they perceive specifically designed for Western women with (they expect) a different sized anatomy



# Outcome Evaluation (5)

## Survey findings: Baseline/6-month (%)

(Eligibility criteria: over 16; sexually active in last 30 days)

	<u>Town #1</u>		<u>Town #2</u>	
	<u>B</u> (n=76)	<u>6-m</u> (n=79)	<u>B</u> (n=82)	<u>6-m</u> (n=75)
Roadside rest.	17.1	30.4	0	0
Mssg./beauty parlor	48.7	44.3	53.7	49.3
Boarding house	32.9	25.3	31.7	34.7
Hotel	1.3	0	14.6	14.7
Paying partner in last 30 days	84.2	83.6	58.5	58.1
Ever used MC	96.1	97.5	85.0	89.2
Ever used FC	2.6	25.3	0	20.0
Asked paying partner to use MC (last 30 d)	93.8	95.5	89.6	88.4
Asked paying partner to use FC (last 30 d)	na	17.9	na	16.3

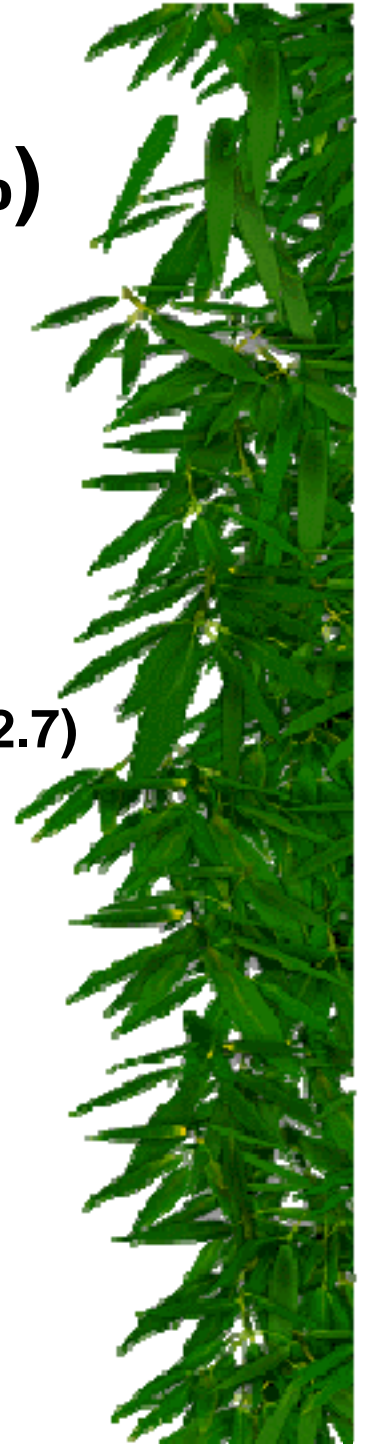


# Outcome Evaluation (6)

## Survey findings: Baseline/6-month (%)

(Eligibility criteria: over 16; sexually active in last 30 days)

	<u>Town #1</u>		<u>Town #2</u>	
	<u>B</u>	<u>6-m</u>	<u>B</u>	<u>6-m</u>
<b>Know about project</b>				
<b>Women's Ctr.</b>	na	54.4	na	40.0
<b>Visited Women's Ctr.</b>	na	25.6	na	23.3
<b>Someone outside project</b>				
<b>spoke about FC:</b>	na	44.3 (m=2.8)	na	29.3 (m=2.7)
<b>a. Co-worker</b>	na	<b>62.7</b>	na	<b>81.8</b>
<b>b. "Boss"</b>	na	22.9	na	0
<b>Spoke pos. about FC</b>	na	<b>62.9</b>	na	<b>36.4</b>
<b>Spoke neg. about FC</b>	na	8.6	na	36.4
<b>Last 30 d. protected sex:</b>				
<b>Always</b>	54.0	55.7	31.7	37.8
<b>More than half</b>	22.4	19.0	20.7	20.3
<b>About half</b>	5.3	3.8	2.4	1.4
<b>Less than half</b>	9.2	12.7	11.0	13.5
<b>Never</b>	9.2	7.6	34.2	25.7



# Conclusions

- ★ **Establishment-based intervention is feasible and effective by:**
  - **Hiring local health educators who know the town, and building their capacity to implement intervention in establishments**
  - **Building rapport with “bosses” and women**
  - **Understanding local dynamics of sex work**
- ★ **Women sex workers who have never been exposed to FC might use them with proper training and support in their work establishments and their communities.**
- ★ **Dynamics within sex work establishments (boss input/support, women’s closeness to each other, peer modeling) are critical determinants of FC acceptance and uptake.**



# High-risk Establishments and Women's HIV Prevention in Southern China: Acknowledgements

## **INSTITUTE FOR COMMUNITY RESEARCH**

**Maryann Abbott, M.A., Project Director**  
**Jennifer Dunn, M.A., Ethnographer**  
**Jianghong Li, M.D., Co-Principal Investigator**  
**Margaret R. Weeks, Ph.D., Principal Invest.**

## **PEKING UNION MEDICAL COLLEGE**

**Jiang Jingmei, Ph.D., Statistical Analyst**  
**Li Fei, Ph.D., Ethnographer**  
**Liao Susu, M.D., Co-Principal Investigator**  
**Wang Yanhong, Ph.D., Project Data Coord.**

## **HAINAN CDC HIV DIVISION**

**He Bin, M.A., Site Director**  
**He Qiya, Division Director**  
**Zeng Xiaomei, Site Data Coordinator**

**All project staff from the County CDC and two  
Township hospital and the directors of these  
institutes**

**All women who participated in the interviews  
and surveys.**

**FUNDER:  
NATIONAL  
INSTITUTE OF  
MENTAL  
HEALTH  
(R01MH077541)**

**An affiliated  
project of the  
Center for  
Interdisciplinary  
Research on AIDS**

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