Social Support and Sexual Risk Among Establishment-Based Female Sex Workers in Tijuana

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Abstract:

Social support can affect health outcomes of female sex workers. In this inductive feminist grounded theory study based on 20 in-depth interviews, we explore how establishment-based female sex workers in Tijuana perceive the impact of the connections among women on their lives and health. Participants elected to discuss the importance of social support from mothers, sisters, friends, and co-workers, and the empowering and disempowering aspects of these relationships. In previous studies, scholars demonstrated the efficacy of formal organization of female sex workers in promoting the mitigation of sexual and HIV risk. We show the importance of informal ties with other women. Some participants mentioned competitive relationships, others talked about cooperation and the desire for a venue to learn from one another. Social interactions with other women are especially empowering when female sex workers can openly engage in "woman talk" that may contribute to the mitigation of sexual and HIV risk.

Article:

In this article, we use a clinic-based sample of female sex workers (FSWs) in Tijuana, Mexico, to explore the impact of non-sexual relationships with other women on FSWs' sexual health and HIV risk. We report results from 20 qualitative, semi-structured in-depth interviews with women who have experiences working in the establishment-based sex industry. We offer an analysis of the meaning of social support in this context by focusing on the impacts of informal relationships between women on sexual risks, including risk of HIV. Specifically, we examine social interactions with mothers, sisters, friends, and other female sex workers.

Several researchers have called for more investigation on how social support influences health outcomes, particularly HIV and sexual risk, among vulnerable populations (Latkin & Knowlton, 2005; Rudolph, Linton, Dyer, & Latkin, 2013). Research on social support is consistent with the use of structural and empowerment frameworks (Blankenship, Friedman, Dworkin, & Mantell, 2006; Perkins & Zimmerman, 1995) to understand and improve social and political environments that encourage risk reduction behaviors. Recent work has demonstrated that increasing social support is one of the mechanisms by which the process of formal organization into collectives can create social environments supporting behaviors that minimize risk (Basu et al., 2004; Erausquin, Biradavolu, Reed, Burroway, & Blankenship, 2012; Jana, Basu, Rotheram-Borus, & Newman, 2004; Kerrigan et al., 2003; Kerrigan et al., 2006). In this article, we respond to calls for further research on social support by providing evidence in women's own voices about the importance of informal relationships between women in reducing sexual health risks including HIV.

Background and Context

Social Influence Theory

According to social influence theory, actions can be governed by social determinants and influences as well as personal motivations (Marín, 2003). People tend to be more influenced by those with whom they are close or share norms and opinions (Lauby et al., 2012; Marín, 2003; Rudolph et al., 2013). The degree to which an individual is likely to respond to social influences is related to the perceived importance of the person or group exerting the influence on the actor, how close the person or group is to the actor, and the strength of the influence (Lauby et al., 2012). Social influences are typically channeled through social networks (Lauby et al., 2012; Marín, 2003; Rudolph et al., 2013). These networks can provide an environment that mitigates HIV as long as they do not promote risky behaviors such as intravenous drug use and unprotected sex (Hiller, Syvertsen, Lozada, & Ojeda, 2013; Rudolph et al., 2013).

Social Support, Gender, Sex Work, and Health

Positive social influence can be equated with social support, a key element of social relations that promotes healthy behaviors. Our definition is in part based on Casale and Wild's (2013) work on social support and HIV care. In this definition, social support includes the tangible or instrumental (i.e., money), physical, emotional, informational, and/or appraisal/considerational provisions given from one person to another (Casale & Wild, 2013). Prior studies in a variety of global contexts have shown the degree and quality of social support can directly affect health outcomes at individual and group levels (Casale & Wild, 2013; Hiller et al., 2013; Rudolph et al., 2013; Yang, Xia, Li, Latkin, & Celentano, 2010).

Research in the United States as well as developing countries suggests that for FSWs and other at-risk women, social networks and systems of support can be mediated by social strati including gender (Hiller et al., 2013; Nyamathi, Flaskerud, & Leake, 1997; Rudolph et al., 2013; Yang et al., 2010). This gendered context determines with whom and how women talk about sex, risk, intimacy, and the social support or lack of support they receive (Rudolph et al., 2013; Yang et al., 2010). Gender expectations of whom to confide in or consult highlight the importance of non-sexual women-to-women relationships in providing social support. Some scholars suggest

social support and influence might have a greater impact on women's risk and health in comparison with men (Rudolph et al., 2013). Furthermore, other studies find sexual and HIV risk management is not always limited to negotiations within the sexual dyad, because the social network outside the dyad can provide the social framework and environment (Rudolph et al., 2013).

FSWs tend to live in contexts of ostracism, social marginalization, and poverty, which can contribute to increased health risks, including risk of HIV infection (Hiller et al., 2013; Jana et al., 2004; Nyamathi et al., 1997). Some studies show women at high risk of HIV tend to find social support among people with similar risk factors in their lives (Nyamathi et al., 1997). Studies with at-risk populations in Mexico, China, and urban areas of the United States also show levels of social support are related to HIV risk (Hiller et al., 2013; Nyamathi et al., 1997; Rudolph et al., 2013; Yang et al., 2010). When FSWs face potential HIV infection, social support can affect health outcomes by promoting the formation of a positive identity and conception of their own social roles, which, in turn, can empower them to take active steps to reduce health risks (Casale & Wild, 2013; Choudhury, 2010; Hiller et al., 2013).

Relationships Among Women in the Mexican Cultural Context

Both kin and non-kin relationships among women (i.e., family members, friends, and co-workers) can provide social support and have the potential to help women navigate challenges to their health. Relationships among women can provide emotional and practical assistance during emergencies, as well as provide ongoing support through day-to-day interactions (Kana'Iaupuni, Donato, Thompson-Colón, & Stainback, 2005). In the Mexican context, particular features of typical women's relationships are relevant to understanding the positive and negative dynamics of these social ties. The cultural ideal is the cultivation of close ties within both the nuclear and the extended family, linking members through a system of reciprocity (de la Rocha, 1994; Lomnitz & Wolf, 1977), reinforced by frequent visits and exchanges of information, emotional support, and instrumental assistance (i.e., money, food, transportation, clothing). In addition to relationships with female relatives, women develop bonds of reciprocal exchange among friends, and/or co-workers, whereby economic or emotional resources are both provided and received. Thus, women's relationships in Mexico tend to be characterized by trust, exchange, and obligation (de la Rocha, 1994; Kana'Iaupuni et al., 2005; Lomnitz & Wolf, 1977). In the present study, our analysis of social support experienced by FSWs is informed by an understanding of these expectations and obligations.

Sex work in Tiguana, Mexico

Tijuana is a bustling border city in the state of Baja California, Mexico. Tourism, including sex tourism, is a major economic activity (Brouwer et al., 2006). Sex work is regulated and legal within the city's zonas rojas (tolerance zones) for sex workers who are registered with the municipal health department. Popular sex work venues are street corners, bars/cantinas, clubs, and sometimes brothels (Katsulis, Lopez, Durfee, & Robillard, 2010); many FSWs in Tijuana operate independently, without pimps (padrotes; Bucardo, Semple, Fraga-Vallejo, Davila, & Patterson, 2004). Registered sex workers are required to be tested monthly for sexually transmitted infections (STIs) and every 3 months for HIV at the health department. About half of Tijuana's estimated 5,000 FSWs are estimated to be registered (Patterson et al., 2006). FSWs

bear the burden of the cost for the tests required to maintain a valid registration (Katsulis et al., 2010). A positive STI test (gonorrhea, chlamydia, or syphilis) invalidates the registration until the infection is cleared; a positive HIV test permanently invalidates the registration. Establishments such as bars and dance clubs usually require FSWs who work at their venues to be registered (Ojeda et al., 2009). Women who are not registered are more likely to work on the street (Sirotin et al., 2010). Age, immigration status, and/or HIV status are some of the barriers to registration (Katsulis et al., 2010; McKinley, 2005; Patterson et al., 2005).

Method

In this inductive qualitative research, we used a feminist approach (Wuest, 1995) to constructivist grounded theory. The purpose of constructivist grounded theory methodology is to develop theory grounded in the data through a systematic process of inductive analysis (Charmaz, 2006). Third-wave feminism emphasizes the need to open spaces so that the voices of minority women, those from lower social classes, and other marginalized women can be heard (Mohanty, 2003). By adopting a feminist approach to constructivist grounded theory, we offered opportunities to those not in power, in this case, women working in the commercial sex industry in Tijuana, to guide the research agenda and collaborate with the researcher in the co-construction of knowledge.

Sample

Participants in this study were women recruited from the waiting room of Tijuana's municipal clinic for sex workers. During study recruitment days, all women in the waiting room were approached by Shonali M. Choudhury in order of their time of arrival and were invited to participate in the study. The municipal clinic was considered a safe space in which to conduct the interviews because men such as pimps, managers, boyfriends, and husbands are not allowed to enter.

A gift package containing condoms and other items including HIV prevention information was given as an incentive to each participant. Information about HIV basics, proper condom use, and safer sex negotiation education (with client and personal partners) was offered to everyone even if they did not agree to participate. The University of California, Los Angeles Institutional Review Board (IRB) approved this study. Oral consent was obtained from all participants. The requirement for written consent was waived by the IRB. The most common reason for declining participation in this study was lack of time.

The 20 women who participated in this study were all actively working in the sex industry in Tijuana and were registered with the municipal health department. The maximum time reported working in the sex industry was 10 years, and the minimum was 6 months. None of the participants reported having a pimp, and no one said she was HIV positive.

All the participants were of Mexican origin, but most (15 out of 20) were not born in Tijuana. Their ages ranged from the early 20s to late 50s. Many were reluctant to say how old they were. From a combination of observation with verbal information, Shonali M. Choudhury estimated that a majority of the women were in their early to mid-20s, several were in their 30s or late 20s,

and 2 were above 40. Of the 8 women who mentioned their own education, 4 said they had little schooling, 2 had finished high school, and 2 mentioned specialized training. Sixteen of the participants said they had living children. Of these 16 participants, 4 had one child under 18 years, 8 had more than one child under 18, 3 had more than one child above 18, and 1 woman had one child above 18 and one under 18. All the women who had one or more children under age 18 said they were the sole or primary source of financial support for these children. Almost all participants said they were currently working at an establishment (not a brothel). For the purposes of this study, "establishment-based FSWs" are those who work out of bars, night clubs, gentleman's clubs, hotels, and massage parlors—all places of business that are not exclusively dedicated to the sale of sex. Thirteen women said they work in a bar, three said they work as a dancer in addition to sex work without specifying what type of establishment, one said she worked in a massage parlor, and one was not specific, but her description made it clear she worked at an establishment. Two participants said they were no longer working in an establishment. One preferred not to work in an environment with alcohol because she was battling alcoholism, and the other felt too old to work in an establishment. These women, who were working on the street at the time of their interview, reflected on their experiences while working in establishments and were not excluded from the study.

After 18 interviews with female sex workers, it was determined that saturation had been met, because continuous data analysis did not reveal new categories or dimensions, or sub-categories of the categories that had already been developed from the data. Two additional confirmatory interviews were conducted.

Interviews

Within the framework of a feminist approach to constructivist grounded theory, we used in-depth semi-structured interviews to collect data. Interviews covered a variety of topics on self-image and health among women working in the sex industry in Tijuana (Choudhury, 2010). Data were collected from 2007 to 2009 by Shonali M. Choudhury. The length of each interview ranged from 40 to 75 minutes. Each interview was conducted in a private room to help ensure the privacy and confidentiality of the participants. All interviews were conducted face-to-face in Spanish by Shonali M. Choudhury and were audio recorded (with participants' permission) and then transcribed verbatim.

Analysis and Coding

All analyses were conducted in Spanish to preserve the language of the participants. Selected quotations have been translated for publication. Any grammatical mistakes in the quotations are intentional, because they are the words of the participants.

We used the constant comparative method for data analysis. The first step was phrase-by-phrase coding of each interview, in which data from each interview were divided into significant phrases, and an analytic code was attached to each. In vivo coding (Charmaz, 2006) was used in some cases to preserve the exact language used by participants. Next, focused coding was used (Charmaz, 2006; Corbin & Strauss, 2007), in which the phrase-by-phrase codes were grouped together in logical clusters. Data were compared both within and across participants (Charmaz,

2006; Corbin & Strauss, 2007). Focus codes were then examined analytically and clustered to form categories. Categories emerged as focused codes fit together as different dimensions or elements of a more abstract concept (Charmaz, 2006; Corbin & Strauss, 2007). Theoretical coding was used to examine the ways in which categories and sub-categories were connected (Charmaz, 2006; Corbin & Strauss, 2007). This process fueled the development of a theory grounded in the data rather than the imposition of pre-existing theories (Charmaz, 2006; Choudhury, 2010; Corbin & Strauss, 2007).

Results

After an introduction was provided, the interview started with a general opening topic, that is, "Tell me about how and why you came to Tijuana." This opening discussion point allowed the participant to choose a starting point for telling her story of life as a female sex worker in Tijuana. During the course of the interviews, the participants themselves elected to discuss the types of support received as well as empowering and disempowering aspects of their relationships with other women in their lives (i.e., mothers, sisters, friends, and co-workers). The interviewer responded by using probes to elicit more in-depth reflection on this and other topics the women themselves indicated were important to them. As the study progressed, the dialogue about social support (or lack thereof) gave rise to the following emergent categories: (a) seeking solidarity with women family members: the importance of mothers and sisters, (b) finding support among friends outside the workplace, (c) negotiating camaraderie and competition with other female sex workers, and (d) managing sexual risk.

Seeking Solidarity With Women Family Members: The Importance of Mothers and Sisters

Social interactions with women family members can have empowering (characterized by some level of social support) and/or disempowering (characterized by significant lack of social support) effects in the lives of FSWs. Based on the stories shared by participants, we specifically explored familial relationships with mothers and sisters in this section.

Mothers

Support from mothers often included instrumental and emotional social support. For example, one woman described her relationship with her mother as more like a close friendship:
> I get along just fine with her [my mother], in fact we drink a nice glass of red wine together, we talk a lot, we can keep each other company all day . . . . She is very discreet, I know that she will keep it to herself, therefore, I have a great relationship with my mother.

As one woman stated, mothers often take care of children to enable the women to work and earn money. In turn, as this woman points out, the women are then frequently willing to support their mothers emotionally, instrumentally, and financially.
> . . . and every week I deposit money for them so that they will live well, so that my mom doesn't have to work, so that she is attentive to their [my children's] care and doesn't have to work, that she watches over their studies, clothes, that they eat at the proper time, everything . . . .

Twelve women talked about the nature of their relationship with their mother, and 8 either said she had died or only mentioned her in passing. Of the 12 women who talked about the nature of the relationship, 11 said it was very positive. They talked about help with child care, emotional closeness, and companionship, with about equal emphasis on instrumental and emotional support. Only one woman said her mother was non-supportive, and she expressed a strong feeling of betrayal. According to this participant, she got into a disagreement with her stepfather over money and her mother took his side.

> I go to my mom to ask for some of my own money, and she says " . . . [your stepfather] has your money," so I ask my stepfather "Can I have some of my money?" and he replies "Look you little free-loader, after I brought you here, after all I have done, and you being a constant burden . . . " I told him "I don't want anything to just be handed to me; I just want part of my own money." . . . All my mom did was say, "Let's just give her the money to get rid of the problem, then she can just go."

Some women emphasized their mothers did not know about their line of work. The issue of disclosure was frequently mentioned by both participants who were open about their work (five) and those who kept it secret from their mothers (six). Despite the "choice" they made to work in the sex industry for survival or to support their children, many of these women still felt ashamed, wanting to keep their work separate so that it would not affect their relationship with their mothers. As one woman stated,

> I would feel bad if my mother told me "you know you're not doing right," or "you're doing wrong." . . . In the movies, on TV, they exaggerate too much when they show these places.

Sisters

Sisters were frequently perceived as strong and supportive. In this study, they were often described as someone who wants to "protect me" and someone who is constantly "worrying about me" (although not necessarily directly with regard to HIV). For example, one participant stated,

> [My sister] tells me, "you're no longer a little girl and you have to know the consequences of your actions, and you have to take care of yourself . . . ."

One participant highlighted that one of her sisters accepted her for who she is and for what she does:

> From the beginning, one of my sisters accepted it, she never told me anything . . . .

Some women felt that there was sufficient trust in their relationship with their sister(s) to share their problems. For example, one woman stated,

> . . . well I've always gotten along well with her [my sister], sometimes we argue but I have always had better chemistry with her than the others, so if I need something or she needs something I try to help her, when I need to talk with someone or tell her something she listens . . . .

Relationships with sisters were not always described as supportive and/or reciprocal. For example, one woman stated that one of her sisters criticized her for the life that she lived, but at the same time depended on her for financial support:

> One of my sisters, the one who criticized me, then began to ask for money, you know, ask me for money, until I had to tell her that I'm no longer working in that and then she didn't ask me for money again . . . .

Nine women spoke of sisters. Of these, three only mentioned sisters very briefly. All six women who talked about the nature of their relationship with a sister or sisters described at least one very supportive relationship. They emphasized companionship and closeness, and to a lesser degree, help with children. Two of these same six women who mentioned a supportive sister also spoke bitterly about having another non-supportive sister. Of the nine women who mentioned revelation of sex worker status with sisters, five said they had made the revelation and four had not.

Finding Support Among Friends Outside the Workplace

Respondents frequently characterized their friends as good companions, people with whom to share troubles, and people who can be counted on to provide multiple forms of support. As one woman noted, friends support each other by talking and by helping each other in times of need.

> . . . yes I have two friends and I can talk with them, perhaps about my doubts, or if I need an opinion, I believe they will give me an opinion that is not based on anger or envy or annoyance, or what's not possible, yes, I can trust them to give me good advice . . . .

Some women stated that friends outside the world of sex work play an important role in their lives, but not all of these friends know about their work. The issue of disclosure was often cited as a barrier to open communication. As one participant stated, it would be devastating if her friends found out about her line of work:

> . . . I have friends from the school where I studied . . . and, well, they don't know about this work either . . . my relations with them are very innocent . . . childlike at times . . . Sometimes they talk about the people here [in sex work], that the women do whatever . . . without knowing that I am one of these women . . . and it affects me . . . how terrible when they find out . . . .

Some participants pointed out that secrets can make friendships hard to maintain. One woman revealed she felt isolation was better than revealing she worked in the sex industry:

> It's not easy to say, and since it's not easy to say, so I isolate myself to some extent, yes, I continue to talk to them, to deal with them, but in a very superficial way, therefore, the only way you can unburden yourself at times from a client's ugly treatment, the ugly problem at home, the money pressures, at times, I don't know, your state of mind . . . because at times what one wants to do is cry . . . .

Of the eight women who mentioned friends outside of work, three only mentioned a friend as the person who brought her to Tijuana or told her about opportunities to make money in Tijuana. It was not clear whether the friend in question was also a sex worker. Of the five women who made it clear they were talking about friends outside of sex work, three went into detail. Of these three women, two said they keep the nature of their work secret and talked about how painful it was to keep secrets from a good friend.

Negotiating Camaraderie and Competition With Other Female Sex Workers
Camaraderie

"Compañerismo" (camaraderie) was often used to describe relationships with other FSWs. Some participants reported confiding in a co-worker they considered a friend who has given them advice (in terms of HIV, STIs, and so-called shady or risky clients), and in times of need, they

mutually help each other. As one woman stated, there can be a special bond or understanding among women in the same line of work:

> . . . I think that they are good companions because they share my type of . . . of life, I should say they are not into vice and it's not that I identify with them because I think how great that we are in this [life] and we aren't falling in deeper, we are simply in this to be able to keep on going, but not to sink deeper, or make it more risky.

Many participants stated interactions with other FSWs are a very important part of their everyday work life. Some participants noted they got along with all the other women working at the same establishment, whereas others only got along with some of the women. One participant pointed out even good relationships with other FSWs can have elements of strain:

> . . . I could tell you that I've got a good relationship, we are close. I couldn't tell you that it's a friendship, because it's really hard to have a friendship in this environment, because it's an environment where we're all here for the money and each person who comes in is another peso that could be for our purse.

The importance of supporting each other in the work setting was mentioned by many participants. According to several participants, it is important for those who have been working for some time in the sex work industry to help and counsel those who are younger and just starting out. For example, a "seasoned" sex worker stated,

> Well, well, years ago there were several of us ladies, now lately there's only a few of us left. Now there's just girls, really young and well, sometimes they see me, older, they become close to me and sometimes they have problems and I well, I try to listen to them, to guide them if they need direction because they are girls who could be my daughters, and sometimes it makes me sad the problems they've got. I'm patient with them, sometimes I listen to them, and if I can guide them in something, well then I guide them.

Getting or receiving advice from other FSWs was mentioned by several participants as a common and welcome experience. One woman described the type of advice she received:

> And I have others that we get along really well, we coexist fine . . . a girl who says to me, "Don't go with this guy because he doesn't pay well," or "Don't go with this one because he's really rough," things like that we'll tell each other. Or if a guy comes in and he always goes with me and I tell someone else, "Go with him today," things like that, because I don't feel like being with him today, if he goes it's because I don't want to put up with him.

Some participants explicitly expressed a desire for a venue in which FSWs could freely exchange ideas and share their stories. Such spaces could create new venues to talk about the prevention of HIV and other STIs. For example, one woman stated,

> It would be nice [to have a shared space] because we women have a lot of things to talk about, a lot to say. Women suffer a lot just by being women . . . . I would really like that because it's having a form of expression, where one can really express herself. That would be nice.

Some participants emphasized that communication between the women established the foundation for a good working relationship, supported preventive behaviors, and made the work environment more manageable. For example, one woman stated,

> Well really we've never come to that, because by talking you can always make people understand and then it comes time that they bother you so much that you decide to bring it up, I'll say, "Is there something about me that bothers you?" or "If I did something tell it to my face, don't go around later talking behind my back, or don't go around saying

things that maybe aren't true, only because of your anger. If you've really got something against me tell me and we'll work it out." Nothing else, that's it . . . .

Competition
Not all participants in this study thought that workplace relationships among FSWs were characterized by camaraderie. Lack of camaraderie was perceived as related to competition for clients. Because these women earn the bulk of their money in one-on-one interactions with clients, the battle to attract them is continuous.

Many women complained about co-workers trying to steal a client. For example, one woman described her experience battling for a client:

> The most I've come to is saying, "that's so not cool, you know that he came looking for me that he asked you because you're my friend. That you sat down, you went upstairs with him, and you've done him and finished, when you knew that he came looking for me, how nice for you because maybe you really needed the money and more," personally, this is the most I've gotten into with a person and it's because I knew that he came looking for me, he had asked about me.

Another participant told a story of how one co-worker tried to steal another woman's client:

> On one occasion I saw a girl with a client and another girl arrived and greeted the client, like he was an acquaintance of hers and he sat down, and the client began buying drinks and because the other girl was bothered by this, one went to the bathroom and then the other one also went to the bathroom and they argued like, "I was there with him, what did you come in for?" You have to respect [others].

According to participants, conflicts between FSWs are often exacerbated by drugs and alcohol. For example, one participant stated,

> We're women, we're impulsive, we're really volatile and on top of it we're in an environment in which there's more than enough alcohol, a lot of alcohol and a lot of them [sex workers] drink it and unfortunately the liquor what it makes you feel is really plastic. You feel like an adolescent, and feeling that you can go around the world and nothing's gonna happen to you and if they let it happen to you, or if you let the argument become more and it comes to blows and verbal aggression and well . . . .

Some participants thought there was no need to compete over clients, because it is the client who has the power to choose. One woman remarked,

> If the person [the client] is talking with you and all of a sudden he goes with the other girl he likes, or the other way around, he sees something in me that he likes, it's not our problem because in truth they're going to be with or talk to the one they really like, there's no reason to force them to be with someone they don't like.

Several women suggested that competition was also rooted in the physical appearance of the workers. Many noted they felt they had to keep up with the younger FSWs because they are more desirable to clients. One participant claimed she could do a better job than the younger ones, but that clients still preferred the younger, "hotter" bodies.

> Unfortunately you get to an age at which, I worked many years as a waitress but I got to the age where, despite having more experience, my letters of recommendation from old jobs, they just don't give you the job. Because they want young waitresses and it doesn't matter if they don't have any experience and I don't know what the objective is, because experience is better service.

The issue of bodies and competition was not only related to younger workers versus older workers but also linked to the animosity women with natural bodies have toward those who enhanced their bodies with procedures such as breast augmentation. As one participant noted, there was a great deal of envy or even hatred for those with enhanced bodies.

> Because there are a lot of women who get boobs, butts, there are a lot of things they do, a lot of stuff they inject, they inject collagen in their butt, in their lips, to look good, and well, I don't have any plastic surgery, no, and for the girls who aren't surgically enhanced, ah, when it comes down to the physical, it's competition.

Although most participants admitted envy and competition are prevalent in the work setting, and fights and conflicts between FSWs are not uncommon, many participants emphasized their own efforts to avoid such conflicts. As one participant asserted, she tries to avoid problems at work:

> . . . I don't like fighting . . . I'm a reasonable person . . . and first I think things through before doing or saying anything . . . Even more, if they say something to me I stay quiet . . . and after when this person is in touch with their five senses or is already calm, "you know that I don't like this because of this, that, and the other thing . . ." And that way, you avoid problems.

Of the 20 women interviewed, 12 mentioned competition, fights, or jealousy among co-workers. However, all of these women said that they personally tried to avoid unpleasant interactions with co-workers. Six women said they had developed close friendships with co-workers, and five specifically said they could confide intimate matters to a female friend at work. Another 10 participants said they get along with co-workers although they do not consider them to be close friends.

Managing Sexual Risk

Participants remarked on risk factors and described taking steps to minimize these risks. According to one woman,

> . . . trying to take care of myself and thanks to God none of the check-ups here [in the clinic] have come out bad, and not outside either; although I do check-ups here I also have my own doctor outside and I do separate medical exams, I do the outside check-ups independently by myself . . . .

Another participant explained her reasons for taking precautions:

> . . . but the majority of people, of men, want sex without a condom . . . as for me, since I was pregnant with my daughter, my daughter just turned 15 years old, so it is almost 16 years that I don't have sexual relations without a condom.

Many of the women interviewed emphasized their own role in reducing STI and HIV risk, and related their proactive role in protecting their health to their own sense of worth as a responsible member of society providing for children, or other relatives, and for themselves. According to one woman,

> You can get infected with something that might be just a minor thing, but it could just as well be HIV, and then for your whole life there's nothing you can do, you can get sick at any moment, die or something even worse, and all of us are there for something, for our children, our parents, ourselves, I don't think our intention is to let a small slip up get us killed . . . .

Another participant remarked,

> . . . if one day by bad luck I get infected with something it won't be because of my lack of responsibility . . . .

We find positive social interactions between women within the workplace were frequent, but there were differing views on the level of these positive relationships.

Some women reported they have taken the initiative to set up a buddy system to protect themselves against clients who might be physically abusive or force them into unsafe sex. The connection between sex work and violence is explored elsewhere (Choudhury, Anglade, & Park, 2013). According to one woman, the first line of defense is to refuse a client who makes her feel apprehensive, but if she really needs the money, the second line of defense is to ask a co-worker to stand guard.

> Yes, there have been [experiences of violence], for me no. They've tried to hang the girls, or they beat them, but a person doesn't have [to], it's that if I haven't seen a person around; I don't go [with him]. If I'm in real need, well, I'll tell a co-worker to look out for me, because I don't feel safe.

Participants not only reported asking for help from a co-worker but also recounted experiences of helping other FSWs.

Discussion

All the participants in this study who identified one or more confidants in their lives with whom they could talk about intimate matters and problems referred to a woman or women. Although some said they had male non-client partners, not a single participant named a man as a confidant. These results support the notion from other studies indicating non-sexual relationships with women are a key source of social support and can be important in promoting protective health behaviors including the mitigation of HIV risk (Hiller et al., 2013; Nyamathi et al., 1997; Rudolph et al., 2013). We find positive relationships with other women can be a valuable resource in managing sexual and HIV risk. Supportive relationships with women can provide informal spaces for sharing and can serve to empower women working in the sex work industry.

The women who participated in this study reflected on risk factors for STIs, including HIV and reported taking steps to minimize such risks. Developing strong relationships with other women, including relatives, friends, and co-workers, was an important factor enabling participants to develop preventive knowledge, behaviors, and attitudes. Participants believed having supportive women in their lives gave them more power to negotiate safe sex within the world of sex work.

A study by Casale and Wild (2013) analyzes four types of social support: emotional support, instrumental support, informational support, and appraisal support. We largely use their formulation of social support in our analyses as we examine female relatives, friendships, communication and disclosure, camaraderie and competition at work, empowerment and "woman talk," and mitigating sexual and HIV risks.

Female Relatives

Almost all the participants who talked about their mothers mentioned positive aspects of the relationship. Relationships with mothers conformed closely to the ideal of reciprocity among female relatives involving exchanges of assistance, such as money, food, and child care, which

has been described as a cultural model for women of Mexico (de la Rocha, 1994; Kana'Iaupuni et al., 2005; Lomnitz & Wolf, 1977). Based on our results, emotional support is further enhanced if a female relative demonstrates understanding of reasons for becoming a sex worker. Participants put more emphasis on support from mothers than sisters, but both were important. A majority (11 out of 20) of the participants said they could count on receiving emotional and/or instrumental support from mothers, and about a third (6 out of 20) mentioned support from a sister. In comparison with relationships with mothers, relationships with sisters were somewhat more mixed. Of the women who talked about the nature of their relationship with either mothers (12 participants) or sisters (6 participants), about 8% (1 out of 12) mentioned a mother who was non-supportive, whereas 33% (2 out of 6) mentioned a non-supportive sister.

Friendships

Some women in this study noted having significant friendships with other women outside of work. Most of the women who elected to talk about friendships with women outside of the world of sex work mentioned the problems caused by not feeling free to reveal their status as FSWs. They felt disclosure would destroy the innocence of the friendship. Participants recognized lack of openness often had negative consequences for the friendship and contributed to feelings of alienation and loneliness. At the same time, participants noted non-disclosure with friends helped maintain a level of "normalcy" in their lives. Reluctance to reveal FSW status tended to undermine relationships with female friends more than female relatives, because the relationships with relatives were usually more solidly grounded in a network of mutual aid and reciprocity.

Camaraderie and Competition at Work

Many of the women in this study used the term compañerismo (camaraderie) to describe supportive relationships among sex workers. We find relationships with female co-workers were more likely to produce informational and appraisal support than either relationships with female relatives or friends outside of the world of sex work. The importance of ties with other sex workers supports the results of other studies that high risk women tend to find social support among people with similar risk factors in their lives (Hiller et al., 2013; Nyamathi et al., 1997).

In spite of the competition for clients often inherent in the profession of sex work, many participants in this study expressed relief that they could openly communicate with co-workers about problems including health issues. We find complete openness about sex work, and the risks associated with it is only possible with co-workers operating within the same world. HIV, STIs, and survival as a sex worker were important points of discussion in supportive work relationships. All these topics are crucial to mitigating sexual and HIV risks.

There were differing views on the level of camaraderie that existed. Many participants recognized that the competitive nature of their work can impede positive interactions. When there is competition, such as stealing clients, we find there can be an increase in sexual and HIV risk because the action of stealing often implies the women have not discussed potential dangers associated with that client. We find competition impedes both giving and receiving helpful health-related information.

On the positive side, some respondents reported giving and receiving advice from co-workers. Others cited instances when the feelings of camaraderie led to the creation of an informal buddy system of looking out for one another. In these cases, informational and appraisal support was converted to emotional and instrumental support. Whereas camaraderie among FSWs was conducive to empowerment, competition among FSWs working in an establishment could result in more negative interactions that disempowered them.

Communication and Disclosure

Our findings suggest that discomfort in revealing sex worker status with others in one's life has a direct impact on sexual and HIV risk: Open and accepting relationships with women friends, co-workers, and family members can make it easier for FSWs to talk about HIV and take necessary prevention steps. We found that FSWs are more likely to discuss health concerns and HIV preventive behaviors with a co-worker (provided the relationship is characterized by a certain level of camaraderie) than with a female relative or friend outside of work. Participants who had not revealed the nature of their work in general could count on less informational and appraisal support (Casale & Wild, 2013), because their communication about sex and health was limited. In addition, we found that FSWs are more likely to discuss sex and HIV/sexually transmitted disease (STD) prevention with other women than with any man. This supports prior research suggesting that communication within a female social network is at least as important as communication with sexual partners in promoting safer sexual behaviors (Rudolph et al., 2013).

As in other studies, not all participants said they had disclosed their status as sex workers (Bucardo et al., 2004; Katsulis, 2008) to family and/or friends outside the workplace. However, some participants did report they could be open about sex work with another woman. We found failure to disclose sex work is related to shame and fear of being judged and the need to uphold the image of good daughter, good sister, or good woman. Other studies on sex work in Tijuana have shown FSWs fear people in their social networks will find out about their sex work (Bucardo et al., 2004; Katsulis, 2008). The current study concurs with these results, illuminating that this fear produces feelings of alienation, hostility, and solitude, and creates practical problems related to keeping aspects of their lives secret. This might increase HIV risk by making it harder for FSWs to explore their prevention options.

Empowerment and Woman Talk

In the present study, it is clear social support and positive feedback provided by women help FSWs form a positive conception of their own social role and promote a positive self-image as a good woman. The network of female support made many of these FSWs feel like good mothers and/or daughters, and responsible members of society. We found the solidarity of being a contributing member of society can make FSWs more concerned with HIV prevention and maintaining their health in other ways.

We found social interactions with other women are especially empowering when women can openly engage in "woman talk" (DeVault, 2004). Finding common ground through "woman talk" can empower by demonstrating the problems faced as a woman or a FSW are in large part

shared experiences. In this study, this common ground is more likely to be found in relationships with co-workers. We also found relationships with other women can be a source of stress and disempowerment if there are barriers to engaging in "woman talk."

Empowerment is a construct linking individual strengths and competencies, helping systems and proactive behaviors (Perkins & Zimmerman, 1995). Empowerment has been characterized as an individual's feeling of increased power and capacity to influence forces affecting his or her life (Bransford, 2011; Pinderhughes, 1983). Through the present study, we demonstrate the interaction between individual feelings of empowerment and social support. We found social support was an important ingredient empowering these women.

Mitigating Sexual and HIV Risks

Women working in the sex industry in Tijuana are a vulnerable population, especially with regard to sexual and reproductive health outcomes (Hiller et al., 2013; Katsulis, 2008; Strathdee et al., 2008). In addition to the sexual health risks associated with the nature of their work, poverty, low levels of education, and low social status contribute to their poor health (Bucardo et al., 2004; Castillo, Gomez, & Delgado, 1999).

Even in the face of these barriers and vulnerabilities, most of the establishment-based sex workers who participated in this study described themselves as being proactive in protecting their own health. Many participants talked about the dangers of using drugs or abusing alcohol while working. Most did not admit to current use of drugs. Many said they were expected to drink with clients. Although a few admitted to having a problem with alcohol, most participants said they avoided drinking to excess while on the job. Several participants reported having medical exams in addition to the medical exams required for their sex worker registration, and many were adamant about never having sex with a client without a condom. In addition, some reported relying on a buddy system with a co-worker to protect themselves from violence or being forced into unsafe sex.

Most of the research on relationships among FSWs has examined the role of formal collectives or organizations. For example, results from research on the Sonagachi project in Kolkata, India, have suggested formal collectivization can empower FSWs in multiple dimensions and increase their capacity to carry out healthier sex practices (Basu et al., 2004; Jana et al., 2004). In the Dominican Republic, it has been found increasing solidarity among FSWs when combined with policy changes increases consistent condom use and safer sex negotiation with clients (Kerrigan et al., 2003; Kerrigan et al., 2006). In addition to the research on FSW collectives, studies have also found that establishments such as brothels can play a crucial role in educating and preventing sexual risk behaviors through mobilization of social support among FSWs (Ghose, Swendeman, & George, 2011).

In this study, we demonstrate the value of social support in informal settings as opposed to organizations or institutions. We found that establishment-based FSWs in Tijuana provided considerable informational and appraisal support to each other. In many cases, FSWs also offered each other emotional and instrumental support. All this occurred outside of a formal organization. It is noteworthy that some participants were interested in creating additional spaces for regular interactions with their peers in sex work to increase the level of support.

Strengths

In this study, we focused on the impact of informal social relationships on the reduction of sexual and HIV risk among establishment-based FSWs in Tijuana. With this, we enrich the literature on the importance of social support. This study draws on a theoretical sample (a random sample is not called for in this type of research). We used feminist and inductive approaches and report on extensive rich data on human experiences and the meanings attached to them.

Limitations

The sample for this study was a convenience sample of registered sex workers attending a mandated sexual health clinic. The study does not capture the experience of brothel-based or street-based FSWs. Although about half of Tijuana's female sex workers are believed to be registered, by limiting the study to establishment-based, registered sex workers, the sample might be less vulnerable—socially, economically, and behaviorally (Gaines et al., 2013; Patterson et al., 2006). However, about half of Tijuana's female sex workers are believed to be registered; these women receive services regularly at a women's health clinic, and their experiences and perspectives, as captured in the detailed responses of study participants, provide powerful insights into their lives and the contexts of their HIV risk.

Conclusions

In this study, the non-sexual relationships with other women emerged as a critical source of social support for establishment-based FSWs in Tijuana. Specifically, participants elected to explore meanings of relationships with mothers, sisters, female friends outside the world of sex work, and female co-workers. Almost all participants who talked about mothers described receiving positive support with some sort of desirable pattern of reciprocal obligations. In general, this reciprocity helped make participants feel like more responsible members of society. Participants also received significant support from relationships with sisters, co-workers, and female friends outside of sex work.

The most important factor undermining social support from female relatives and female friends outside the world of sex work was the fear of disclosure of sex worker status. Some participants said they could be open with mothers about sex worker status, whereas others could not. Those who could confide in a woman felt this openness contributed an added dimension of informational/appraisal social support, but most participants valued the instrumental and emotional support received (especially from mothers) even if they could not disclose status as a sex worker. Fear of disclosure undermined female friendships outside the word of sex work more than relationships with female relatives, because participants were not involved in a network of mutual help and obligation with these friends. In relationships with friends, lack of disclosure can lead to feelings of alienation and loneliness.

Supportive relationships with female co-workers were often impeded by competition for clients. In spite of the competitive atmosphere in the establishments in which participants worked, some

reported good feelings for co-workers, and many mentioned valuable exchanges of information on strategies to protect from sexual and HIV risk.

A few went further to talk of mentoring as well as forming buddy systems. The desire for a venue in which these FSWs could exchange experiences and ideas to learn from one another about behaviors and diseases such as HIV conveyed by the women who participated in this study demonstrates the importance of social support in informal settings. Our results also demonstrate the potential value of utilizing existing social support networks to mitigate sexual and HIV risk. Our findings support the results of other researchers who have suggested that the use of peer educators in sexual risk prevention education programs for FSWs promotes increased self-efficacy for safer sex behaviors (Sarafian, 2011). Future work should gather more in-depth data from this population on how such interventions should look, and then these interventions should be tested for more formal implementation.

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