

## **‘As prostitutes, we control our bodies’: perceptions of health and body in the lives of establishment-based female sex workers in Tijuana, Mexico**

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Many studies of female sex work focus on HIV and other sexually transmitted infections because sex workers are considered bridges between high-risk and low-risk populations. The voices of female sex workers as they pertain to health issues are often lacking in the literature. This paper offers a feminist constructivist grounded theory study with establishment-based female sex workers in Tijuana, Mexico. Analyses of interviews with 20 women reveal that they are aware of the impact of their work on their bodies, but conceptualise their health holistically and not just in terms of HIV. They emphasise that working in the sex industry has implications for sexual health, non-sexual physical health and mental health. The paper concludes that in order for public health interventions to have more sustainable impact on the lives of female sex workers, they should take into account the voices of the women, including how they define their health. The findings suggest that public health professionals need to be more aware that female sex workers have agency and a desire to control their health and their bodies.

**Keywords:** sex workers; HIV/AIDS; sexual health; agency; Mexico

### **Introduction**

There is a growing research literature on female sex work and health but often studies that focus on the health of female sex workers limit analysis to sexual and reproductive health. What is lacking in the literature is a more in-depth exploration of the health of women working in the sex industry that takes into account their own perspectives on health and body. Drawing on data from 20 interviews with women who have experience working in the establishment-based sex industry in Tijuana, Mexico, this paper presents new insights on conceptualisation of health and body.

The purpose of the paper is to explore the multiple ways in which sex work can have an impact on health. Although the paper addresses the women’s perceptions of HIV-related risks as a central work-related health issue, the stories they shared broadened the discussion to other health concerns. I analyse how activities that can have an impact on health and the body are not limited to providing sexual services, but also include a wide variety of other behaviours that are part of the sex worker’s job. In addition, I show how the impact of the job is not limited to physical health but includes mental health as well. Furthermore, my exploration of women’s perceptions of health and the body also examines women’s motivation for staying healthy as well as reasons contributing to being apathetic to caring for one’s body.

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### **Methodological approach**

This research project was approved by Office for the Protection of Research Subjects (now known as the Office of the Human Research Protection Program) of the University of California, Los Angeles. This research took the form of a feminist constructivist grounded theory analysis (Charmaz 2006; Wuest 1995). This method focuses on developing theory grounded in the data through inductive analysis (Charmaz 2006). Through feminist grounded theory, one can integrate the development of theory about basic social processes and the provision of new spaces for women's voices (and the voices of other marginalised and/or vulnerable groups). This study has taken on a systematic way to study social inequities and to recognise existing strengths by empowering women to value their own experiences and actively address the power disparities in their lives by sharing their stories.

### ***Procedures***

The sample for this research was a non-probability sample recruited in the waiting room of the municipal clinic where registered sex workers go to receive health screenings. Potential participants were approached and offered verbal and written information about the study and oral consent was obtained (the requirement for written consent was waived). Approximately one out of every five women approached agreed to participate. The most common reason for declining was lack of time.

Twenty semi-in-depth interviews were conducted, ranging from 40 to 75 minutes. All interviews were conducted face-to-face in Spanish and were audio recorded (with participant's permission) and then transcribed verbatim.

Data collection and data analysis were carried out simultaneously. Constant comparative method was employed, which calls for an inductive approach to data analysis (Charmaz 2006; Glaser and Strauss 1967). In line-by-line coding, data from each interview were divided into lines or significant phrases and an analytic code was attached to each of the significant phrases. As part of the line-by-line coding process, I utilised in-vivo coding in some instances to preserve the views of the participants in their own words (Charmaz 2006). The next step in the analysis process was to move up a level of abstraction by grouping line-by-line codes into more conceptual focus codes (Charmaz 2006). I carefully reviewed the list of line-by-line codes and compared data within and across participants to see the emerging differences and similarities in order to be able to clump the line-by-line codes together into significant groups.

The next step involved the brining together of focused codes to develop categories. Categories emerge as different focused codes fit together as different dimensions or elements of a more abstract concept. One of the most significant categories that emerged was 'perceptions of body and health'. The final step in the analytic process was theoretical coding to show linkages between categories and sub-categories and to enable moving towards the generation of theory grounded in the data rather than descriptive summaries (Charmaz 2006). All data analysis was conducted in Spanish. Specific quotes were then translated into English.

### **Findings**

#### ***Sample description***

The sample for this research project consisted of 20 women. Ages of participants ranged from early-20s to mid-50s. Sixteen of the 20 participants had children under the age of 18 years. The range of time working in the sex industry in Tijuana ranged from less than 6 months to more than 10 years. Of the women who participated, 85% were neither born nor

raised in Tijuana. Many of them reported that they were from *el sur* (the southern states of Mexico). Sinaloa and Puebla were mentioned, but most women did not name their hometown, which could reflect desires for anonymity. Most who migrated to Tijuana after childhood indicate that they came in search of work/money.

All of the women were currently working in the Tijuana sex industry and were either currently working in an establishment setting or had previously worked in an establishment setting. Participants worked in a variety of establishments including gentlemen's clubs, nightclubs, bars, hotels and massage parlours. The data provided by the participants was not sufficient to provide comparative analyses of their experiences in different types of establishments, but differences between working in an establishment versus on the street are apparent. Only two participants were not currently working in an establishment. One said it was not in her best interest to continue working in an environment where alcohol is prevalent because she is struggling with alcohol dependency. The other said it has become difficult to find a job in an establishment because of her age and she needs to work on the streets to survive. These two women reflected on their experiences working in establishments and were not excluded from the study.

### *The impact of non-sexual services on health and body*

Participants noted that working in the sex industry has an impact on the entire body and can have health consequences. They stated that the job as a whole is risky for their health and emphasised that sex with clients is not the only aspect of employment as a sex worker that has an impact on their bodies and health. Work-related factors that take a toll include drinking and smoking in the establishment, long hours and the physical and mental strain of the job. Besides the obvious risks of sexual activity, the most frequently mentioned health risks of the work environment were exposure to alcohol and smoking:

In everything, the alcohol, from the moment you enter the bar, the alcohol, the cigarette smoke. I don't smoke for example but I have to do it because everyone is smoking, from the moment you enter your health is at risk. (Magdalena, 30s)

Well, the alcohol is damaging, the smoke, infections, all that is bad. (Hortensia, 20s)

My health, very bad, because they smoke a lot at my job, they smoke tobacco, cigarettes, sometimes, mmm, alcohol too ... (Mariela, 20s)

For many women, keeping clients company and drinking alcoholic beverages with them is part of the job. Some participants confided that they drank large amounts of alcohol while working, which they felt could have damaging effects on their bodies, and others described drinking so much alcohol that they could no longer handle it:

... sometimes you can't take the pressure in your head from so much drinking ... (Magdalena, 20s)

You have to drink liquor when you have clients that want you to drink, if you do drink, it's all night and you come out drunk. (Mariela, 20s)

Women said that the body gets used to having alcohol in its system. Although they know that in the long run imbibing more alcohol will only have more damaging effects on the body, drinking provides immediate relief of alcohol withdrawal symptoms. For example, Magdalena described how after working in a sex work environment, her body started to demand alcohol:

You can damage your lungs, your liver drinking, when you are not having sex, the clients invite you to have a drink with them, you drink like 10 beers per day, 10 per day at least, it

affects you ... your body asks for it, sometimes you go three to four days drinking and the next day you need to keep drinking because your head hurts, you feel sick, indisposed, hung over, your body asks for it, so you tell yourself to drink because your body needs it to regain your balance. (Magdalena, 30s)

Most women expressed awareness of the negative impact of drugs and denied using them. A few participants reported trying an illegal drug, such as cocaine, at least once, because of the prevalence of drug use in the establishment where they worked. For example, Cristina described how her work provided a tempting environment to try drugs:

... lots of drugs going around [in the bar], yes, that's how I became familiar with cocaine, sure, I knew about it, but I never dared use it, so there is where I tried it, the more money one is earning, well, one then ... (Cristina, 34)

Some women said alcohol, like drugs, can make one lose one's mind. Others noted that alcohol not only has a physical impact on the body, but it causes one to lose control over mind and body, making it more likely to engage in behaviours that can have serious health consequences. In addition, alcohol impedes one's ability to take care of one's body. Some women stressed the need to take control, because if they do not have control over alcohol and drugs, the consequences can be devastating:

... drugs and alcohol when you don't have control over them, there are terrible consequences. (Pilar, 22)

Sometimes you don't know what you're doing when so much alcohol goes to you head, but you must figure it out and try to leave. (Magdalena, 20s)

Several women expressed the desire to stop drinking alcohol but provided no indication of concrete plans to make such a change. Some said the desire to stop drinking is not enough, because many clients want the women to drink with them:

Sometimes I have to [drink alcohol], because there are clients who tell me to have a beer or a tequila, I'm not an alcoholic, really I'm not an alcoholic, everything I'm telling you is the truth because I have no need to lie, I'm not an alcoholic but like everyone at times I like to down a small beer, but if the client tells me to have a beer, that's just fine with me because I like beer, I know it's bad for my diabetes, I know that because of my illness, my age, I should not be there. (Wanda, 50)

Participants were also aware that cigarette smoke affected their health and could have long-lasting negative effects on the body. Women who participated in this study stated that even if a woman does not smoke, she is always working in an enclosed space in which there is smoke:

The cigarette that is there all the time, even if you don't smoke it, it's still there, I believe it does you more harm ... in fact it does more damage to you than the one who smokes it, because you're breathing it in every night ... (Aurora, 20s)

Some women reported that they could control their personal alcohol and cigarette consumption. However, the work environment can still have negative effects on their health because it is very stressful. When business is booming, there is hardly a moment to rest or even time to eat. Some women talked of minor stresses like excessive noise, while others emphasised the stress of potentially life threatening hazards:

The people stress me out, the work, the loud music; there are many factors that stress me out ... (Paola, 30s)

... it's stressful to see that it's a place where alcohol is sold, a place where people of many different nationalities go, different beliefs, people who come drugged out, people they don't check at the door, and you don't know if they are bringing in a knife, a gun, a weapon, everything is stressful ... (Paola, 30s)

Emphasising that there are aspects of the job other than sex that can have an impact on the body and health is indicative that these women yearn for respect as regular workers and as people and do not want to be reduced to sexual bodies. Conceptualising concerns about their health in holistic terms, rather than focusing on the impact of sexual activity, is part of the process of developing a positive self-image within their social world as a sex worker.

### *The impact of sexual services on health and body*

Despite the emphasis on being more than sexual beings, the women who participated in this study did acknowledge that their work providing sexual services had a direct impact on their sexual and reproductive health. For example, Magdalena noted that even when using condoms, sex with clients could be very risky:

I have to do it with condoms ... even so, it's taking a risk because the condom can break and you can get infected ... (Magdalena, 30s)

The women who participated in this study reflected on risk factors for sexually transmitted infections, including HIV, and their own role in reducing risk. They were conscious that sexual and reproductive health issues are a general social problem, not limited to women working in the sex industry.

Many women stated that the worst part of the job was the risk of infection. They described ways in which the possibility of acquiring a sexually transmitted infection, including HIV, could affect them and their sense of self on a daily basis. At the same time they recognised that by taking active steps to protect themselves, such as consistent condom use with clients, they could help reduce the risk of infection. Nevertheless, some women confided that despite taking steps to protect themselves, they were worried about the possibility of infection, because sex is never a hundred percent safe. For example, several women described their deep fear of being infected with HIV:

I say what happens to a mother who gets infected with HIV against her will, even though she takes precautions? Sometimes people [clients] are very tricky, and this person [the mother] has kids and they are left helpless. (Pilar, 20)

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. (Aurora, 20s)

Some women stated that it is not enough to judge that a man is infected on the basis of his physical appearance. They were aware that men who show no signs of being sick can infect women because they are carriers of disease. Participants also stated that even when they used condoms with clients, they were still afraid that something would happen, such as the condom coming off or breaking, leaving them at risk for infection. According to one woman, if she ever acquired a sexually transmitted infection or HIV, it would not be the result of not taking precautions:

... if one day by bad luck I get infected with something it won't be because of my lack of responsibility ... (Estela, 30s)

Most of the women were aware of the importance of regular medical check ups to identify any infections as early as possible. María described seeking doing checkups with more than one doctor just to be sure:

... and trying to take care of myself and thanks to God none of the checkups here [in the clinic] have come out bad, and not outside either, although I do checkups here I also have my

own doctor outside and I do separate medical exams, I do the outside checkups independently by myself ... (María, 23)

Women were also aware that an active attempt to become more aware of their bodies is part of the process of promoting health and protecting themselves from sexually transmitted infections. They pointed to the need to be aware of changes in their bodies that could indicate a possible infection. Most importantly, these women stated that one needs to be educated on the risks for sexually transmitted infections; how to prevent them; and their signs and symptoms. For example, Elena discussed her experience talking to another woman who described symptoms of an infection and alluded to the fact that the other woman was ignorant about infections while she was more informed:

The other day I was just arriving and a lady got down from a car and she asks me where she can find a bathroom and she was desperate, I asked and she told me that when she goes to the bathroom she has terrible itching, that a liquid comes out that smells horrible, I tell her why doesn't she go to the doctor, and she says for what, then I tell her that if a liquid comes out that smells horrible, and she has itching, well, that's a disease, maybe her husband went to bed with someone without a condom, better she goes to a doctor. (Elena, 50s)

Participants also noted that female sex workers are not the only women who are at risk for poor health outcomes. They asserted that married women who are not working as sex workers are also at risk for acquiring sexually transmitted infections and HIV because they can be infected by their husbands. They minimised the label of being an 'at-risk woman' by emphasising the issues of sexual and reproductive health, such as HIV, are a problem for all women. Laura described her perception that housewives are not aware that they could be at risk:

... for example AIDS is for everyone, it can happen to anyone, not just those working precisely in this place, there are lots of housewives, no? That don't have anything to do with this place and it seems these are the ones who most ... get sick because they take less precautions, since they have a stable partner or husband that they think is faithful, and the husband goes with someone else and ... and then gets sick and comes and infects her and the woman, well, what's needed more than anything is information for all. (Laura, 20s)

Interestingly, most women who described the relationship between their work and their sexual health did so more in terms of how they protected themselves rather than focusing on the high risk encountered while working. To some extent, this demonstrates a certain level of bodily integrity and positive self-image. Although they recognised the health risks of providing sex services, they did not conceptualise themselves as helpless victims. The women who participated in this study have sufficient agency to take control of their bodies and develop strategies to minimise their risk within their lived realities of working as a sex worker.

### *The mental health impact of sex work*

The women who participated in this study described the ways in which being a sex worker has an impact on their mental health. The major mental health consequence that was shared by most participants was extreme stress and the second most important was depression. The stress that participants experience in relation to the job exists at two levels. First, they experience stress related to the struggles in their lives (for example, against poverty and abuse) that brought them to work in the sex industry. Second, the nature and the environment of the job and the duties they have to perform create further stress in their lives.

Participants referred to multiple negative factors that caused stress in their lives. For example, some migrant women mentioned feeling lonely away from family or worried

about violence in Tijuana. Most participants viewed the process of migration and entering the sex industry as coping mechanisms to escape poverty or an abusive relationship or to find a way to provide for children. Therefore, it was difficult to conclude from the data how much migration itself contributed to poor mental health outcomes. The participants cited compounded difficulties in their lives and highlighted the ways in which the job is intrinsically very stressful.

The environment in which they work, often characterised by loud music and disrespectful clients, can leave women feeling smothered at every moment of their working hours. Stress not only can have a negative impact on their emotional state and mental health, but also affects their capacity to take care of their bodies. For example, Estela described her experience with not eating properly and not getting sufficient rest due to the high-stress environment at work:

On the weekends, when you work all night, it's Friday, Saturday, and Sunday ... it's tough, they don't let you rest, the place is full, and at times when you get a small break and you want to eat you can't because another [client] is already calling you ... and that is what the stressful days are like. (Estela, 30s)

Several participants noted that one of the best ways to improve their health would be to reduce stress. While many women described steps they took to reduce the stress in their lives, others expressed the opinion that their current lifestyle made it difficult to eliminate stress. Things that women did to reduce stress included getting a massage, taking medication and participating in activities that help keep their mind off their work, such as cleaning the house. Wanda described her experience with taking medications to alleviate the pain attributed to her work-related stress:

Sometimes when you are very stressed, you start to get depressed, there are these injections called 'doloneurobión' that are for stress, and at times one injects oneself with 'doloneurobión', or one takes a pill called Simples, that are natural supplements, because there are times that one just can't sleep, I take two pills at noon and two when I am going to bed and they work, they help me. (Wanda, 50)

Many participants said that the job is especially stressful when there are many clients at the establishment. Conversely, women also noted that things are good when the establishment is busy because there are more opportunities to earn money. Some women also asserted that their stress is heightened when work is slow because that means there is less potential to earn money. Several women described lack of money as very stressful because it weakens a woman's ability to care and provide for herself, her children and family:

Sometimes I feel like I need psychological help, but I say well, I need help but part of my stress is that there is not enough money and if I don't have enough money, I can't go for therapy that will cost me like \$50 and if I am suffering because I don't have money, I am not going to pay \$50 every week or twice a week. (Wanda, 50)

Stress at work, mmm, there is lots because there are days that there is no money, there are days when almost nobody comes and I need money, my daughters are going to start school, need money for gas ... for rent ... I need money for such and such by a particular date, and at times that stresses me out ... (Mariela, 20s)

Depression was another common mental health problem that women experienced. Participants expressed the opinion that all women who work in the sex industry suffer to some extent from depression. Some women acknowledged that having to deal with a very stressful work environment on a regular basis depresses them. Some women, however, emphasised that the depression they experience is not related to the fact that they are sex

workers but, rather, to the poor working conditions. Mariana related depression to her job but states that it could happen to anyone who works at night:

In this line of work, you could say that we are depressed, because at times the depression just hits you, they say that there are studies that demonstrate that people who work at night are more likely to suffer from depression because, I don't know, they don't really see the sun, regardless of your line of work, and that is what happens to a lot of us, it can happen to me and to anyone else. (Mariana, 24)

Other participants recognised that work in the sex industry has an emotional impact on their lives, but asserted that motivations for working in the sex industry, such as providing for their children, gave them the strength to keep going despite the potentially severe mental health consequences.

### *Processes and motivations for staying healthy*

Almost all of the women in this study who have children saw them as the focus of their lives. Not only was providing for their children the main motivation for working in the sex industry, but children were also central to a woman's motivation to stay healthy. While study participants did discuss other familial attachments, the focus in this paper is on children because the women themselves gave the most importance to their children in relation to their health.

In addition to working as a sex worker to support their children, participants explained that they have a desire to live healthy lives so that they can always be there for their children. For example, Elena said she tried to control substance intake to be capable of taking care of her child:

A lot of the people that work in this [sex work] get drunk; they use drugs, but not me, thank God that I don't, because if I were a drug addict or a drunk, God only knows what would have happened to my daughter. (Elena, 50s)

Others stated that they do not want to be infected with HIV because they wanted to be able to live for their children. Therefore, the use of condoms in commercial sex transactions was linked to the strong desire to fulfil the role of good mother and to the process of developing a positive-self-image as one tries to fulfil this role:

... because I have two daughters, it is too risky to have sex without a condom. (Mariela, 20s)

Taking precautions during sexual transactions with customers is a key element in the struggle to stay healthy. However, many of these women advocated other practices to promote health, such as diet, exercise and vitamin injections:

I have started to do exercise because I need to lose weight, I am too heavy on top, I started doing exercise, the diet I eat, look, in spite of my weight, in my house we don't eat a lot of greasy food [laughs], I don't know why I am fat, I am fat because of bad luck. (Aurora, 20s)

... drink Gatorade, a lot of water, fruit, cucumbers, vegetables, soups, to recuperate my energy. (Magdalena, 30s)

If I work a lot I use vitamin injections to recuperate because a lot of times I just feel weak ... (Magdalena, 30s)

Not all women reported that they are currently taking active steps, in addition to condom use with clients, to maintain a healthy lifestyle. Several women acknowledged that they should probably reduce their alcohol and cigarette use to live a healthier life. Others simply stated that they just did not take care of their bodies. Participants described not getting enough sleep or not doing enough exercise to help them be healthier.

Some women felt a lack of motivation to live a healthier life at this point in their lives, but speculated that someday they will feel more motivated:

There are lots of things that I would like to do, but the reality is that I have not done them because I have not wanted to, this year I have been really bad to my body ... but everything is based on how you feel, but I have not done anything because I have not wanted to, but I know that I will get to the point that I am going to want to do something. (Paola, 30s)

Overall, it is apparent that women working in the sex industry conceptualise their health in holistic terms that go beyond narrow notions of sexual health and the prevention of sexually transmitted infections including HIV. They conceive of health as involving the whole body and link physical health to mental health. This holistic conception of the meaning of health reflects their self-image as women of value and not just sex workers. Even in cases where health was not currently voiced as a priority, to some extent all the women who participated in this study were taking active steps to protect their bodies. Their vision of their body is intricately linked to the process of developing a positive self-image while juggling between fulfilling the role of 'good mother' and rejecting cultural norms of a 'good woman' by working in the sex industry to fulfil this role.

## **Discussion**

The current research is a contribution to the existing work with female sex workers in Tijuana as well as work with similar populations in other parts of the world. This paper has provided new insights into conceptualisations of health and body from the perspective of the women. Together with the work of other researchers in Tijuana, the findings provide valuable insights that can be translated into future public health interventions to improve the health and well-being of women.

Previous quantitative studies with female sex workers in Tijuana have highlighted the prevalence of risk behaviours among this population, including inconsistent condom use and injection drug use and the role of individual-based behaviour change models as a health promotion strategy (Patterson et al. 2005, 2008; Strathdee et al. 2008). The findings from the current study add to the results of these previous studies by highlighting the importance of incorporating how female sex workers define their health and body and identify the barriers and motivations for healthy lives. Interventions are more likely to have a sustainable impact on the health of these women if they directly respond to the needs that they have defined and prioritised.

Other qualitative research, such as the study conducted by Bucardo and colleagues (2004), focused on the sexual health of women working in the Tijuana sex industry and presented interesting findings on behavioural patterns and HIV, such as low rates of condom use due to client demands and offers of more money as well as the female sex worker's personal dislikes. The current study did not focus as much on risk behaviours because the women themselves prioritised their self-definitions of health in a different way. Furthermore, the present study found higher levels of knowledge of HIV, STIs and condoms than Bucardo and colleagues and more reports of consistent condom use with clients. Bucardo and colleagues recommend the development of culturally appropriate safer-sex interventions for female sex workers in Tijuana. The findings from the present study confirm their conclusion and suggest that, in addition to the importance of using culturally appropriate curricula, programmes need to take into account the voices of these women (their needs, perceptions and priorities) and actively involve them in the planning and implementation process.

The research literature on sex work has highlighted multiple strategies for improving female sex worker health throughout the world. One notable program is the '100% Condom Programme' in Thailand in which local health authorities promoted consistent condom use in all commercial sex transactions (Chamrathirong et al. 1999; Kilmarx et al. 1999). There have been efforts to replicate the Thai policy in other contexts such as the Dominican Republic (Kerrigan et al. 2001). Policy approaches can also be found in the Philippines via establishment support of condom use to facilitate the condom negotiation process between sex workers and their clients (Morisky et al. 2002, 2005). These examples demonstrate how comprehensive condom promotion programs that do not just depend on individual-level behaviour change can increase consistent condom use in commercial sex transactions. It is reasonable to conclude that this structural level approach, used in Thailand and other countries that have replicated it, has demonstrated success in controlling the spread of HIV. However, the lack of focus on agency in the lives of the female sex workers might make this approach inappropriate for the establishment-based female sex worker population in Tijuana if not coupled with strategies that actively incorporate the voices of the women.

The findings from the current study suggest that structural interventions imposed by a top down approach, such as the 100% Condom Programmes, may be criticised for limiting women's capacity to control their sexuality and body by imposing certain behaviours. However, the findings from the current study can also be used to argue that this type of approach facilitates agency by providing an environment in which women can take more control of condom use with institutional support and lowered risk of negative repercussions. Perhaps these contradictions can be reconciled to the extent to which the women themselves take an active part in designing and implementing such programmes and their activities.

At the grassroots level, community organising and the formation of collectives in several Indian cities, such as Kolkata and Karnataka, have not only increased condom use among female sex workers, but have also worked to increase women's political, economic and educational power (Basu et al. 2004; Halli et al. 2006; Jana et al. 2004). In Brazil, community organisations supported by the government HIV/AIDS programme have focused on the rights of women working in the sex industry and the development of policies to help protect them (Chacham et al. 2007). These studies demonstrate that the involvement of women working in the sex industry in the planning and implementation processes is an effective health promotion method. The findings of the present study support this approach because they highlight how the women want their voices to be central in discussion about their health and well-being.

In the present study, I found that women working in the sex industry are aware that their work can have an impact on their health in more ways than just HIV and other STIs. Figure 1 provides a pictorial summary of how these women define the multiple arenas of their health as it relates to their work and lives. The category of 'conceptualising health and body' is only one piece of a larger constructivist grounded theory that explores significant social interactions and the process of forming a positive self-image and negotiating health in the lives of establishment-based female sex workers in Tijuana.

Women working in the establishment-based Tijuana sex industry emphasise that the risks to their health are not only attributable to sexual activity with clients. They define their health more holistically and describe many ways in which the work environment can have negative effects on their health. Participants specifically describe the damaging effects of the use of alcohol and drugs, the effects of working in a smoking environment and the ways in which the job can drain them of energy as they work long hours managing

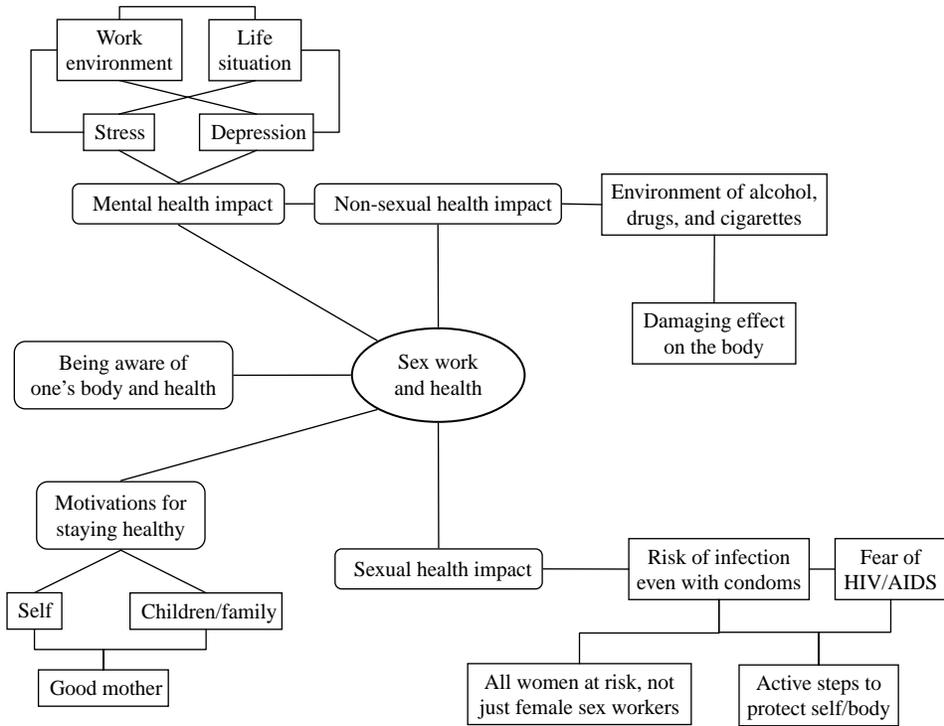


Figure 1. Map of conceptualising health and body.

male clients that are often disrespectful and sometimes abusive. They also emphasise that working in the sex industry has an impact on their mental health.

Most participants in the current study note that one of their main motivations is to be able to care for their children. Although using condoms in sexual interactions with clients is a big part of their action plan to protect their health, participants emphasise that their health promotion is more than just prevention of sexually transmitted infections including HIV. In general, these women incorporate multiple health promotion behaviours to protect their bodies, such as minimising the intake of intoxicants, trying to get enough rest, eating well and reducing stress by engaging in relaxing activities or taking medication.

The findings presented in this paper indicate that most of these women understand that women who are not sex workers face similar risks to their health. They openly state that a woman is at risk for HIV in the home and not just at work. On the other hand, they also emphasise that there are additional risks associated with their current lifestyle that they are not capable of controlling due to the environment in which they work. Regardless of the way in which they conceptualise health, the findings of the current study strongly suggest that these women do not perceive themselves as victims incapable of taking action to make changes to promote their own health.

In the lives of establishment-based female sex worker in Tijuana, motivations for staying healthy are strongly linked to their children. They are motivated to stay healthy so that they can continue being a good mother. Few studies on female sex work and health make the notion of motivations for staying healthy a priority.

The findings from this paper suggest that public health interventions that strive to improve the health of women working in the sex industry need to take into account their

lived realities, the ways in which they conceptualise health and how they define their motivations for staying healthy. Interventions that dismiss the lived realities of these women are less likely to be adopted by the community. Programmes that do not take into account these voices are more likely to create harm in the long term by alienating these women through agendas that reduce their lives to acts of commercial sex. Instead, programmes need to acknowledge the way in which these women conceptualise the role of sex work in their lives and how it interacts with their identities as well as their holistic conceptualisations of health and body image. Finally, public health professionals who work with this population need to recognise the agency these women have in their lives as a source of strength to manage the difficult world within which they live.

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## Résumé

De nombreuses études sur le commerce du sexe exercé par les femmes se concentrent sur le VIH et sur les autres infections sexuellement transmissibles parce que les professionnel(le)s du sexe sont considéré(e)s comme des passerelles entre les populations à faible risque et à risque élevé. Aussi, quand elle se rapporte à des questions de santé, l'opinion des professionnelles du sexe est souvent absente de la littérature. Cet article rend compte d'une étude basée sur une analyse par théorisation ancrée constructiviste féministe, conduite avec des professionnelles du sexe exerçant dans des établissements à Tijuana, au Mexique. Les analyses des entretiens conduits avec vingt femmes révèlent qu'elles sont conscientes de l'impact de leur travail sur leurs corps, mais qu'elles conceptualisent leur santé dans une perspective holistique et pas seulement par rapport au VIH. Elles soulignent que travailler dans l'industrie du sexe a des implications pour la santé sexuelle, la santé physique non-sexuelle et la santé mentale. L'article conclut qu'afin que les interventions de santé publique aient un impact plus durable sur la vie des professionnelles du sexe, elles doivent prendre en compte les points de vue de ces femmes, y compris comment elles définissent leur santé. Les résultats suggèrent que les professionnels de la santé publique doivent faire preuve d'une plus forte prise de conscience de la capacité d'agir des professionnelles du sexe et du désir de ces dernières de contrôler leur santé et leurs corps.

## Resumen

Muchos estudios sobre el trabajo de mujeres que comercian con el sexo se centran en el virus del sida y otras infecciones de transmisión sexual porque se considera que las trabajadoras sexuales hacen de puente entre las poblaciones de alto y bajo riesgo. En la literatura se omiten con frecuencia las voces de las trabajadoras sexuales sobre cuestiones sanitarias. En este artículo ofrecemos un estudio de teoría fundamentado en el constructivismo feminista con trabajadoras sexuales en establecimientos de Tijuana, México. Los análisis de las entrevistas realizadas a 20 mujeres ponen de manifiesto que las mujeres son conscientes del impacto de su trabajo en sus cuerpos pero conceptualizan la salud desde un punto de vista holístico y no solamente en torno al VIH. Recalcan que trabajar en la industria del sexo tiene repercusiones en su salud sexual, salud física no sexual y salud mental. Concluimos este artículo resaltando que a fin de que las intervenciones de la salud pública tengan repercusiones más sostenidas en las vidas de las trabajadoras sexuales, se deberían tener en cuenta las voces de las mujeres, incluyendo sus definiciones con respecto a la salud. Los resultados indican que los profesionales sanitarios del sector público deberían estar mejor al corriente de que las trabajadoras sexuales tienen medios y deseos de controlar su salud y sus cuerpos.

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