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#### **Journal**

Electronic Journal of Human Sexuality, 16

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#### **Publication Date**

2013-03-12

Peer reviewed

# Electronic Journal of Human Sexuality, Volume 16, March 12, 2013

www.ejhs.org

## Transactional Sex: A Client's Perspective from Peru

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### Abstract

Sex work is an increasingly popular form of employment for many men and women around the world. Many countries have implemented punitive practices to reduce the prevalence of sex work, while others like Peru, have taken proactive steps to decriminalize sex work through government regulations and elective sexually transmitted infections (STI) prevention services. While abundant data indicate the risks associated with sex work, few data detail client narratives and insights into transactional sex. This paper provides a unique account of one man's experience in a brothel and an important perspective to better understand the intricacies and complexities of commercial sex work.

### Introduction

Social, political, and economic disenfranchisement has led to an increase in sex work for many women and men around the world (Roberts, Sanders, Myers, & Smith, 2012). While in many countries sex work is illegal, there are others, like Peru, where sex work is not only legal, but also strictly regulated by the government. In Peru, for instance, the Ministry of Health provides medical services to female sex workers (FSWs) and other high-risk groups to control the spread of HIV and STIs (Montano et al., 2011). Imposed regulations have ensured that commercial sex work is viewed as an occupation and FSWs, often considered as bridges between high risk and low-risk populations receive periodic evaluations for HIV and other STIs. In keeping with this mission, women from different backgrounds and regions of South and Central America have and continue to find work as FSWs in Peru without significant persecution from the government.

Studies of FSWs in the context of HIV and STI risk prevention are vast, yet limited in narratives of client experiences and real accounts of transactional sex, underscoring the need to explore and understand the lives of sex workers in multiple contexts such as HIV/AIDS and other STI prevention, violence towards FSWs, substance use by clients of FSWs and FSWs themselves, and much more. Additionally, there is significant paucity in

data pertaining to brothel health standards, reinforcements of health standards or lack thereof, and power dynamics between FSWs and clients, from consumer perspectives. The following narrative offers a unique, explicit, and insightful glimpse into one man's experience with paid sex in a Peruvian brothel.

### Methods

Data collected in this project was confidential, and personally identifying information was not solicited from the client. The client was made aware that the narrative might be published, and willingly shared it with the researcher, and knew the identity of the researcher. The client in question was a Peruvian resident, approximately 30 yrs of age and with median income. Upon learning that the client was going to visit a popular Peruvian brothel, a member of the research team asked him to document his experience with a FSW. He agreed to do so and provided a written narrative of his becoming part of the sex trade industry. We received an exemption for IRB approval for this study from UC Irvine.

Upon arriving at the brothel, the client first paid an entrance fee of 20 "Soles" – the currency used in Peru. The brothel used the entrance fee, paid by all prospective clients who entered the brothel, for operational purposes and included a condom for safe sex. Second, the client proceeded to pay the sex worker 50 "Soles" for specific sexual services, in this case oral and vaginal sex, equaling approximately 20 US dollars. The latter amount was a client fund, independent from the entrance fee, kept by the sex worker. Since some brothels charge FSWs to rent out rooms for services rendered to clients, FSWs charged clients amounts that would cover the price for the room and a surplus for earnings. The name of the sex worker in this study was changed to protect her identity.

### Case Report

*This is the story of a day of pleasure, or at least those were my intentions. I hadn't planned it, it came unexpectedly, I couldn't or shouldn't refuse this date. So I accepted openly, I had nothing to lose.*

*The day I was waiting for finally came, it was a Saturday, and I decided to go to the brothel on my own. I was very eager, and I had no idea what to expect. I was the first time I went to a place like this, before I had an experience with a sex worker but that time I found the female in the streets and, well, I picked her up in a car and we went to a motel, it was good. This time it is different.*

*I approached the door of the brothel very sure of myself. Between the dark windows, a guy told me that the entrance fee is 20 "Soles". On the counter, he places a condom, a ticket for a drink, and another ticket that indicates that I've paid the entrance fee and have the right to stroll through the hallways. "That's how it is", I thought to myself. I was already getting kind of nervous, I don't know why. I wondered, "how will it be?". I picked up my tickets and entered the secured area. I see lots of colored lights: red, lilac, yellow and others. Shortly after, a security guard tells me I have to leave my backpack and he has to search me. I could not take in firearms or anything that looks like a camera of any sort. Well, it's understandable. He searched my body while another one asked for my backpack. He asked me if there was anything valuable, I said no, just some papers. Then he handed me a laminated paper/laminated card with a number to pick up my backpack once I leave. While they continue to search me, I immediately notice the nearly nude girls. These young*

girls were not modest. They passed in front of me, each one much prettier than the next. I took a few nervous steps, never in my life had I seen so many asses walking by; it makes you crazy. I looked for a bathroom to wash the oil off my face, and saw what looked like regular clients. I see men with eagerness of pleasure, of wanting to have themselves a good screw. I was still a little nervous, but then I got courageous and walked towards the bar. I ordered my drink, and hoped perhaps it would give me courage. No. not at all, nothing happened with the drink. Either way I drink it, and told myself, 'well the alcohol will have some effect'. Then I went on to walk more calmly, and the young girls called to me. They said come boy, come close." I just kept looking straight forward, looking for something that I really like. For me, it had to be a young girl, thin, my height, and with a pretty face. Soon, something told me 'that's her, she is the one I am going to leave my cum for'. I give myself encouragement, looking into her eyes, "how are you? Can I come into your room?". "Yes" she said, 'come on in love'. "What do you do?" I ask. "Whatever you want". "How about doggy-style and a suck, how much is it?" "50 'soles', come on in". I went into her room, it was nothing like I had imagined, but this was not going to stop me? I entered. She said "give me your ticket and the 50 'soles'". Everything is limited to this, all she waits for is payment, everything else is less important. I realized that this is just a transaction; that one leaves happy after. The sex I was used to does not exist, the girls they just meet their objective, which is nothing strange. Well, going back to the interesting part, after giving her money, the ticket, and the condom, she took my clothes off and threw me on the bed. She was already naked, she didn't have to take barely anything off. I asked her for her name while she attempted to put on the condom. I was a bit nervous, even though she was naked. And my penis still flaccid but already in her soft hands and with her charming gaze it begins to get up. She was beginning to turn me on. She managed to put on the condom with my penis somewhere between down and erect, but she manages. I keep looking at her, I ask for her name. "Cristina" she tells me. "Pretty name, where are you from Cristina?" "From Ecuador", she tells me. "Yes? How long have you been here in Lima?" "Three months over here". I don't ask her anything for now because her mouth is on my penis, oh how good it felt. It's good, but not the best I've had. But all the same, a blow job is a blow job and I am not going to demand something else. It was short, not more than a minute I think.

Then I stand up to continue on to the next pose now of penetration. She positions herself on all fours like a dog. How tempting, I tell myself, I see her body more clearly, and it is very beautiful. Pretty breasts and I start giving it to her. I could feel some moans from her, somewhat contained like she did not want to show them. But either way, that pose just lasted a few minutes. I already feel that the semen wants to come out. I pull it out and say, "wait a minute girl". Then we move to switch to the missionary position, there I can see her lips, which are thick and I am tempted to kiss them and bite them, but cannot do that, it is not permitted here. Oh well, I concentrate on her vagina which is surrounded by a few pubic hairs. Her body is clean. That is good and I started giving it to her. It felt good, I move on top of her she manages to excite me so much that in a few minutes I was finished. Oh, it was good.

We stood up and she grabbed a tub from under the bed with a hand held shower nozzle and she started to wash my penis very delicately. It was a strange sensation it was like having to take care of a wound that had to be washed. She did it so delicately, no one had washed my penis before. It was strange but good. She gave me a piece of paper towel to dry myself and began to clean herself. She squatted all the way down like she was going to urinate in the tub, and with the hand held shower nozzle, she washed her vagina with soap. I decide to leave the room at that point, I don't ask her anything else. I excused

*myself. I didn't reach the 20 minute time limit but oh well. I said "ciao Cristina I hope that I see you again in another occasion, you are pretty". She directed me towards the entrance. I picked up my backpack and left. I caught a taxi and that is the end of it.*

*The conclusion I've reached is the following: without having had the opportunity of going to other places like this, I believe that they meet many standards in regards to hygiene of the sex workers and of their clients. According to my personal experience, nothing is missing, the use of condom is adequate and there is visible hygiene that gives me a sense of security. If you are looking for a magical night, it's not going to happen, but that is another topic. Sex comes first and that is what matters.*

## Discussion

The author described his experience with transactional sex and state of mind with considerable detail. First, he discussed feeling nervous and anxious about entering the brothel. Given his lack of experience in a brothel setting in contrast to soliciting sex workers on the street, he was unsure about this type of a transaction, but his curiosity, eagerness, and sexual drive overpowered his feelings of anxiety and he proceeded with his plans. The man in question was clearly looking forward to experiencing a day of "pleasure," but struggled with insecurities and lack of confidence that led to his rationalization of alcohol use as a tool to gain aplomb. The justification and use of alcohol by the client exemplifies how alcohol and sexual decision-making are interrelated among clients of FSWs. While it was not the case with the client from Peru, FSWs surveyed in Tijuana, Mexico reported significant alcohol use among clients and profound pressure inflicted upon them to also consume large amounts of alcohol at clients' request (Choudhury, 2010). In Mongolia, more than half of the FSWs surveyed reported alcohol abuse as being the primary reason for not using a condom with a customer (Witte, Batsukh, & Chang 2010). Similarly, a study on Kenyan FSWs indicated that clients often bought alcohol for them, which led to poor negotiations and an increased likelihood of violent encounters because of alcohol and drug intoxication (Okal et al., 2011). These factors underscore the role of alcohol as a possible independent health risk factor for FSWs as well as a culprit in poor sexual decision-making among FSWs and their clients. Sex work clients who are less impaired from alcohol consumption during sexual decision making, such as in this particular account, may be more likely to use condoms, although this needs further investigation (Wee, 2004)

While in the brothel, the man saw semi-nude women with prospective clients inside the hallway, but was looking for a specific type of a woman to arouse his interest. She was to be young, thin, similar in height, and beautiful. Once he found his preference and entered her room, he quickly formulated an opinion about the room as being nothing like he had imagined. As he began his sexual encounter with the FSW, he compared it to his previous sexual experiences. Albeit not completely pleased with the sexual attention he initially received from the FSW, he was determined to enjoy the adventure. Both oral and vaginal sex proceeded with a condom, which the FSW placed on the client without obtaining permission and without objection from the client. Similar findings were observed in a survey of FSW clients in Peru revealing that clients of FSW were more likely to use condoms with FSWs versus with stable partners (Miller, 2004). As far as the client's lack of apprehension towards condom use, it may be illustrative of the outcome of legal vs. clandestine sex work.

Legalization of sex work may provide an environment where brothels and FSWs can

exercise greater control over safe sex practices. Conversely, a significant body of literature suggests that some male clients of FSWs refuse to use condoms due to fear of losing sexual pleasure and are willing to pay more for unprotected sex regardless of the high-risk nature of the transaction (Tamang, Nepal, Puri, & Shrestha, 2001; Ghimire, 2011). Furthermore, FSWs are often coerced and feel powerless to negotiate condom use because they don't want to lose the financial opportunity (Ghimire, 2011) or become a victim of physical/sexual violence as some clients become angry and confrontational because of rejection (Okal et al., 2011). From the current narrative, it can be deduced that the power dynamic between the client and FSW was relatively equal as there were no struggles or negotiations needed for safe sex and trading sex for money proceeded with little difficulty.

Once the sexual transaction between the client and FSW was completed, the FSW began to clean the client's penis and then her vagina. The client described this experience as unfamiliar but pleasant because he saw the nurturing side of the FSW vs. the purely transactional. Moreover, he was pleased that the FSW was practicing good hygiene, making sure that they were both clean after sexual intercourse. Finally, the client left the brothel with the opinion that the experience met both his sexual needs and health standards.

The conclusion the client reached about health risks and hygienic practices of the brothels are worthy of discussion as they appeared cursory and based on his own perceived risk and unique experience. Stating that "nothing is missing" could have two distinct connotations. One, the statement was based on a number of assumptions including lack of knowledge and recognition of high prevalence rates of STIs among FSWs and asymptomatic STIs, which may be present and exchanged between the FSW and clients. In fact, a Peruvian study comparing prevalence rates of STIs among women, men, and FSWs reported higher rates of HSV-2, Gonorrhea, Chlamydia, and Trichomonas in FSWs (Carcamo, 2012). Two, it may also have been an indication that obtaining sexual services from the brothel in question in Peru was streamlined to make the transaction as simple as possible.

While the client's use of a condom is a positive step toward safe sexual practices, the client was probably under the assumption that every customer was willing to comply with the same rules and regulations. In reality, this may not be the case since many clients of FSWs are willing to pay extra for unprotected sex. There is evidence from countries around the world including Mexico (Gertler, Shah, & Bertozzi, 2006), Ecuador (Arunachalam & Shah, in press), India (Rao, Gupta, Lokshin, & Jana, 2003), Peru (Brown, Carcamo, Blas, Valderrama, & Halsey, 2010), Kenya (Robinson & Yeh, 2011), and the Philippines (Urada, Morisky, Pimentel-Simbulan, Silverman, & Strathdee, 2012) that sex workers engage in non-condom use when they are offered additional money. This premium can range anywhere from 15-50 percent. In addition, some encounters might include force and coercion, also resulting in unsafe sex (Urada, Morisky, Hernandez, & Strathdee, 2013). FSWs may be victims of attacks and rape by their clients, decreasing their power over decisions to use a condom (Okal et al. 2011). Women in Kenya, for instance, who engage in transactional sex increase their encounters of risky, better compensated sex to cope with unexpected health shocks, particularly when another household member is ill. More specifically, they find that women are 3.1 percent more likely to see a client, 21.2 percent more likely to have anal sex, and 19.1 percent more likely to engage in unprotected sex on days in which another household member, typically a child, falls ill (Robinson & Yeh, 2011).

## Limitations

While this case may not be representative of all client-FSW interactions within Peruvian brothels, or anywhere else in the world, it does provide a glimpse into the nature of these types of interactions. It demonstrates some of the positive and negative aspects of transactional sex, including condom use and unsafe assumptions. Furthermore, given the fact that the FSW's perspective of the account was not obtained and may have differed considerably from that of the client, it would be important to investigate FSW accounts of client encounters. As demonstrated by a large body of literature, multi-level abuse perpetrated towards FSWs is frequent and clients may omit this information from their own experience narratives. Another important limitation of this study is that it portrays the experience of only one client and therefore may not be generalizable to populations of men soliciting sex for money within brothels.

## Conclusion

The number of women entering sex work in lower-income countries continues to increase due to limited economic opportunities, structural and gender inequality, gender-based violence, power dynamics and other factors (Mbonye, 2012). FSWs in Tijuana, Mexico and Uganda reported getting into sex work when fleeing violent relationships (Choudhury, 2010) while others did so to provide for their families, including children (Mbonye, 2012). Sex workers in Ecuador and other parts of Mexico reported entering the commercial sex industry to earn 32-37 percent more than their equivalent non-sex worker female counterparts (Arunachalam & Shah 2008). With a steady supply of men who continue to spend on sex regularly, the authors predict that sex work will remain an appealing field of employment. Furthermore and what remains true is that transactional sex consists of highly diverse sets of actions and behaviors with significant public health implications that must be addressed with great sensitivity and care. The client narrative in this paper provides invaluable information about a highly controversial and risky industry, its consumers and providers, and gaps in public health prevention efforts. Additional studies that assess experiences from clients and FSW directly are necessary, if not critical, to develop evidence-based programs that reduce the burden of infectious diseases and their epidemiological predictors. Future studies may consider incorporating journaling among clients and FSWs to capture the variations in condom negotiation dynamics.

## References

- Arunachalam, R. & Shah, M. (2008). Prostitutes and brides? *American Economic Review Papers & Proceedings*, 98(2), 516-522.
- Arunachalam, R. & Shah, M. Compensated for life: Sex work and disease risk in Ecuador. *Journal of Human Resources*, in press.
- Brown, B., Carcamo, C., Blas, M., M., Valderrama, M., & Halsey, N. (2010). Peruvian FSWs: Understanding HPV and barriers to vaccination. *Vaccine*, 28, 7743-7747.
- Carcamo, CP., Campos, PE., Garcia, PJ., Hughes, JP., Garnett, GP., Holmes, KK. (2012). "Prevalences of sexually transmitted infections in young adults and female sex workers in Peru: a national population-based survey". *Lancet Infectious Diseases*, 12, 765-773

Choudhury, SM. (2010). "As prostitutes, we control our bodies: perceptions of health and body in the lives of establishment-based female sex workers in Tijuana, Mexico." *Culture, Health & Sexuality*, 12(6), 677-689.

D'Andrea, L. A. (2002). The (crying) need for different kinds of research. *Research for Sex Work*, 5, 30-32.

Gertler, P., Shah, M., & Bertozzi, S. (2005). Risky business: The market for unprotected commercial sex. *Journal of Political Economy*, 113(3), 518-550.

Ghmire, L., Smith, WCS., van Teijlingen, ER., Dahal, R., Luitel, NP. (2011). "Reasons for non-use of condoms and self-efficacy among female sex workers: a qualitative study in Nepal". *BMC Women's Health*, 11(42), doi:10.1186/1472-6874-11-42

Lim, L. L.. (1998). *The Sex Sector: The Economics and Social Bases of Prostitution in Southeast Asia*, Geneva: International Labor Organization.

Mbonye, M., Nalukenge, W., Nakamanya, S., Nalusiba, B., King, S., Vandepitte, J., Seeley, J. (2012). Gender inequity in the lives of women involved in sex work in Kampala, Uganda. *Journal of the International AIDS Society*, 15(Suppl 1), 17365

Miller, GA., Mendoza, W., Krone, MR., Meza, R., Caceres, CF., Coates, TJ., Klausner, JD. (2004). "Clients of Female Sex Workers in Lima, Peru". *Sexually Transmitted Diseases*, 31(6), 337-342.

Montano, S. M., Hsieh, E. J., Calderon, M., Thon, T. G., Quijano, E., Solari, V., and Zunt, J.R. (2011). Human Papillomavirus Infection in Female Sex Workers in Lima, Peru. *British Medical Journal*, 87, 81-82

Okal, J., Chersich, M. F., Tsui, S., Sutherland, E., Temmerman, M., & Luchters, S. (2011). Sexual and physical violence against female sex workers in Kenya: A qualitative enquiry. *AIDS Care* 23 (5), 612-18.

Rao, V., Gupta, I., Lokshin, M., & Jana, S. (2003). Sex workers and the cost of safe sex: The compensating differential for condom use among Calcutta prostitutes. *Development Econ.* 71, 585-603.

Roberts, R., Sanders, T., Myers, E., & Smith, D. (2010). Participation in sex work: Students' views." *Sex Education*, 10 (2), 145-56.

Robinson, J. & Yeh, E. (2011). Transactional Sex as a Response to Risk in Western Kenya. *American Economic Journal: Applied Economics*, 3 (1), 35-64.

Tamang, A, Nepal, B., Puri, M., & Shrestha, D. (2001). Sexual behaviour and risk perception among young men in border town of Nepal. *Journal Asia Pacific Population*, 16, 195-210.

Urada, L.A., Morisky, D.E., Pimentel-Simbulan, N., Silverman, J.G., & Strathdee, S.A. (2012). Condom negotiations among female sex workers in the Philippines: Environmental influences. *PLoS ONE* 7(3):1-9, doi: 10.1371/journal.pone.0033282.

Urada, L.A., Morisky, D.E., Hernandez, L.I., & Strathdee, S.A. (2013). Social and



structural factors associated with consistent condom use among female entertainment workers trading sex in the Philippines. *AIDS and Behavior*, 17(2), 523-535.

Wee, S., Barrett, ME., Lian, WM., Jayabaskar, T., Chan, KWR. (2004). "Determinants of inconsistent condom use with female sex workers among men attending the STD clinic in Singapore". *Sexually Transmitted Infections*, 80, 310-314.

Witte, S., Batsukh, A., & Chang, M. (2010). Sexual risk behaviors, alcohol abuse, and intimate partner violence among sex workers in Mongolia: Implications for HIV prevention intervention development. *Journal of Prevention & Intervention in the Community*, 38 (2), 89-103.

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