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## **Negotiating Risk: How Women Working in Massage Parlours Preserve Their Sexual and Psychological Health**

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*This small exploratory study was conducted in a heavily populated urban area in the Midlands region of England. Through semistructured interviews with women working in massage parlours, we investigated the health risks inherent in the work and the strategies adopted by the women to overcome these, as well as examining circumstances where these strategies could be compromised. The effects of working in the sex industry on women's relationships and lives outside also emerged as the research progressed. We found that, in addition to preserving their sexual health, women's main concern was with the separation of home and work.*

We examined aspects of the lives of 8 women working in massage parlours in a heavily populated urban area in the Midlands, United Kingdom. The aim was to investigate how the women sought to minimise their sexual health risk and preserve their psychological health.

### BACKGROUND

Considerable investigation has been conducted into various aspects of female prostitution in different parts of the world. Researchers have documented the incidence of human immunodeficiency virus (HIV) and other sexually

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transmitted infections in Thai sex workers (Kilmarx et al., 1998). Others have examined knowledge amongst sex workers regarding their sexual health in the Far East (Chan & Go, 1997), Senegal (Homaifar & Wasik, 2005), and China (Yang et al., 2005).

It has been noted in previous studies in Australia and Great Britain (O'Neill, 1999; Pyett, Haste, & Snow, 1996) that very little information is available concerning women who work as prostitutes in locations other than the street, such as brothels. O'Neill states that the current lack of research on off-street prostitution needs to be addressed to gain a "better understanding of the issues involved and to map its contours" (p.182). It has been documented that street workers constitute the minority in many places and that the location and type of prostitution affects the range of sexual services offered and is therefore likely to influence the degree of risk involved (Jackson, Highcrest, & Coates, 1992). To achieve a better understanding, Pyett and colleagues (1996) also stressed the importance of research into different sectors of the sex industry.

#### PURPOSE OF THE STUDY

Our purpose in this pilot study was to explore the perceptions of a small sample of women working in massage parlours about their safety and well-being. The women's reflections upon their experiences of entry into the commercial sex industry and, once there, the methods they adopted to safeguard their health, would form the basis of a more extensive main study to follow.

#### HYPOTHESIS

The hypothesis was that women entered the commercial sex industry for a variety of reasons and that their ability to protect their sexual health also would vary, depending upon such factors as age and experience.

#### THE RESPONDENTS

The 8 women interviewed were White, with an age range from 19 to 41. They came from a variety of backgrounds and, as in previous studies in Australia, Scotland, and Senegal, cited economic factors as the main reason for entering and remaining in the sex industry (Pyett, Haste, & Snow, 1996; Green et al., 1993, Homaifer et al., 2005).

The women interviewed had begun working at a time in their lives when they were particularly vulnerable and saw themselves as having little occupational choice. They were unemployed or working in low-paid jobs and many were in debt. Most were young, often alone with children to support or in violent or otherwise dysfunctional relationships. Some of the women

had entered the sex industry as a result of pressure from a male partner and comments such as, "He told me if I didn't do it I'd get battered" were not unusual.

At the time of the interviews the women were all single, although one was due to be married within a few months. One of the other women was in what she described as a stable relationship. Two of the women had no children, the other 6 had 13 children between them, and one was pregnant with her fourth child. They had spent between 2 and 8 years working in the sex industry. Three women had begun work at 15, one at 18, 3 in their twenties, and one at 35.

The three women who had started working at age 15 had not had any other jobs. Of the others, 3 had worked in low-paid jobs in factories and residential care homes for the elderly, 1 had been a pregnancy counsellor, and 1 a student nurse. Five of the women were local, and 3 were from outside the area.

### Method/Procedure

The Local Research Ethics Committee approved the research proposal.

A male and a female researcher carried out the project interviews. The female researcher has many existing contacts in the sex industry through her work as Senior Health Adviser in a genitourinary clinic (where screening and treatment for sexually transmitted infections is offered). In this role she regularly accompanies the outreach workers on visits to the local massage parlours to promote sexual health and inform the women about the services offered by the genitourinary clinic. She also sees many massage parlour workers during clinic sessions. She has privileged access to the study group (Griffiths, Powis, & Strang, 1993), therefore, and is able to develop contacts in a way not perceived as threatening to that group. According to Gossop and colleagues, working in South London (1995), those with privileged access "are similar in many ways to what have been termed indigenous interviewers but they differ in that it is not necessary for them to be members of the culture or subculture being investigated" (p. 254).

We conducted the study between November 2002 and March 2003. As this was to be a pilot study and the interviews were likely to yield quite a large amount of data, we decided to keep the number of respondents low. Eight women was considered a realistic target. The only selection criterion was that the women worked in massage parlours in the local area. They were invited to take part by the female researcher either in the massage parlours during outreach visits or at the genitourinary clinic. They were assured that their treatment at the genitourinary clinic would not be affected whether or not they participated in the research. In fact, only one woman declined to take part in the study, saying that it would be difficult for her to spare the time to be interviewed. The women who participated were extremely generous with

their time, allocating a time slot in the parlour, making special arrangements to attend the genitourinary clinic, or to stay longer on a routine visit. All the women were given an extra supply of condoms as a token of appreciation for their time and effort (it is usual for condoms to be supplied during clinic and outreach visits).

Women who agreed to participate were asked if they preferred a male or female researcher to conduct the interview. No preferences were expressed, although arrangements for convenience resulted in the male researcher interviewing 2 women at a massage parlour while the female researcher interviewed 6 in the genitourinary department. Women did not previously know the male researcher, but there is no evidence from the data that this affected responses. Prior to interview, women were given an information sheet about the research and were asked to sign a consent form. They were assured that their identities would not be revealed in any publications resulting from the research.

Semistructured interviews were conducted with 8 women (see Figure 1 below) using a conversational approach designed to obtain their commentaries on their work within the commercial sex industry. These interviews were tape-recorded with the women's permission.

In particular, the interviews were designed to explore the degree of autonomy women felt they had over aspects of their work, particularly in relation to preserving their sexual health, and the various strategies used to achieve this.

A potential problem with this type of approach was its time-consuming nature (interviews lasted between an hour and an hour and a half). Time and money were obviously closely interlinked for our respondents. As stated, however, the women were generous in making time for the interviews. Naturally, the two researchers took pains to be as flexible as the women required in making arrangements. Those women who were interviewed in the clinic usually came on a day off or prior to beginning a shift, whilst those who chose

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- Could you tell me how you came to be working in a massage parlour?  
*Prompt: Do you think you had a choice?*  
*Did anyone encourage you?*
  - How old were you when you started?
  - What other job/s have you had?
  - How do you feel about your work?
  - Are there aspects of the work you are happy with?
  - Are there aspects of the work you are unhappy with?
  - Do you ever refuse to provide a service for a particular client? If so, can you explain why?
  - Are there some kinds of sexual activities that you will not do at work? If so, can you explain what they are?
  - How do you look after your sexual health at work?
  - Do you feel in control of what you do at work?
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**FIGURE 1.** Structured interview questions.

the parlour were obviously not kept from their work and were seen between clients. Of the two venues, the clinic was the most conducive in that a quiet room was available, away from telephones and other interruptions, which tended to disrupt the flow of conversation in the massage parlour.

## DATA ANALYSIS

We subjected the interview data to a content analysis using the software package Qualitative Solutions and Research, Non-numerical Data Indexing, Searching and Theorising (QSR\*NUDIST). Themes emerged from the data, defined by Weber (1990) as a unit of text that embraces a meaning, exclusive to a particular theme (p. 22). The organisation of themes followed Kvale (1996), who adopted a five-stage approach to content analysis (condensation, categorisation, narrative, interpretation, and ad hoc). The choice of software, coupled with the methods suggested by Weber and Kvale, ensured objective analysis. To improve reliability, both researchers performed the analysis independently before consulting. (The researchers/authors had previous experience with this methodology both individually and as coresearchers in other areas, for example, Lindop and Cannon [now McVerry], 2001.) Two main themes were agreed upon: sexual health risk management and maintaining psychological well-being. The opinions of two of the women interviewed were sought regarding the accuracy of these themes.

The women's responses to the semistructured questions covered routes into the sex industry, control, safety, relationships, and personal identity. These were identified as units within the software programme. A unit of text was defined as an explanation or description of an action or reaction to the semistructured questions, for example, the ways in which a woman protected her health during sexual intercourse (safety) were formed into a number of text units such as holding the penis between the legs or using a Femidom (female condom). Using Kvale's framework (1996), we formed these units into two main themes and compiled them under the theme to which they related. Kvale's notion of "ad hoc" has been interpreted to mean expressions women used to illustrate particular experiences. The accounts associated with routes into the industry were presented as an introductory theme.

## RESULTS

### Sexual Health Risk Management

- All the women demonstrated high levels of sexual health awareness, maintaining that they never had sex without using a condom, although some were prepared to offer unprotected oral sex.
- Women shared information with one another to avoid dangerous situations.

- Women refused to perform services with which they were unhappy but stated that this was often not the case with less experienced sex workers.
- Experienced sex workers tried to educate both their clients and younger women about sexual health matters.
- The women's main concern was to avoid passing infections on to personal sexual partners and also to their children.

#### Maintaining Psychological Well-being

- The most important factor in maintaining psychological health was to keep work and personal life strictly separate.
- To help achieve this, the women adopted a dual personality approach by choosing a working name and "acting out" a role whilst at work.
- Managing information about their working lives was also very important.

### DISCUSSION

All the women interviewed demonstrated high levels of sexual health awareness. Occasional condom breakages gave rise to feelings of disgust and usually resulted in an urgent visit to the genitourinary clinic to "get checked out." Exerting control over the clients' behaviour and the type of services offered were two of the methods employed by the women to preserve their sexual health and personal safety, an approach reflected in the findings of Homaifar and Wasik (2005).

Women shared information about difficult clients with one another. In addition, the outreach workers coordinated an "ugly mug sheet," which was circulated to each parlour on a monthly basis and provided information about clients women had reported as causing problems. In these ways, although not by any means foolproof, dangerous situations were kept to a minimum.

The women interviewed felt able to refuse services with which they were unhappy, for example acting out fantasies involving children or performing anal sex (similar findings were made by Yang et al., 2005). They took differing views of others who were willing to provide services regarded as dangerous. Some believed that everyone had to decide their own willingness to take risks. Others worried that the younger, more vulnerable, ones were powerless in the matter, having not yet learned how to control the situation, a finding also reported by Homaifar and Wasik (2005). Some women cited the possibility of danger to themselves. Clients sometimes used more than one parlour, and it was felt that infections may be passed around even when a condom was used. As a result of these concerns, women tried to educate both younger sex workers and clients about safer sex.

In addition to maintaining their sexual health, women also adopted strategies to look after their psychological health. It seems that in sex work, more than in most other types of work, it is important to keep work and personal

life separate. The women interviewed described how they accomplished this in the context of feeling in control of what they did at work. None of them used their own names for work, which helped them to reinforce their dual role, safeguard their personal identity, and aid in their psychological survival.

To maintain a separation between work and personal life, women had to manage information about their job extremely carefully.

## CONCLUSION

The data presented in this short article help to convey a sense of what it is like to work in a massage parlour, the difficulties that may be faced by the women, and the strategies they adopt to deal with them, in particular the measures the women use to preserve their sexual health. The data also illustrate the interface between work and life outside the parlour. The study examined the routes women had taken into the sex industry and found that, although individual circumstances varied, the primary factor was economic. This study confirmed the findings of Pyett and colleagues (1996), Green and colleagues (1993), Homaifar and Wasik (2005), and Yang and colleagues (2005) that economic factors and lack of occupational choice were the reasons most women entered the commercial sex industry. The women interviewed presented the financial rewards as the main advantage of the job. These were indeed good compared with other options open to women who lacked training and qualifications.

Disadvantages of the work were described in terms of threats of various kinds. There was a threat of physical violence, although this was not as great in parlours as it was on the streets (Green et al., 1993). Health threats and the threat of their occupation being discovered by family and friends were the main sources of concern to most women. These two became interwoven when women worried about catching infections at work that could be passed on to noncommercial sexual partners and, somehow, to their children.

All the women in this small study maintained that they were able to preserve their sexual health, but they pointed out that less experienced colleagues did not always do so. Age and experience were considered to be very important in learning safety techniques and having the confidence to carry them out. From the biographical data presented, it can be noted that the 2 women who had worked the longest (7 and 8 years) had both begun at age 15 and they may, therefore, have been speaking from personal experience. It was beyond the scope of this study to explore this aspect.

Health threats could, therefore, be minimised by the use of condoms, and sex without a condom seemed to be a rare occurrence amongst the women studied. An individual woman's decision to preserve her sexual health in this way, however, could be compromised by the actions of others, namely, other sex workers or, more usually, the clients.

Women who maintained that they always used condoms were highly critical of others who did not. They saw it as, at least, stupidity, but more

importantly as a danger to themselves, illustrating the difference between those who take risks and those who are victimised by risks others take (Beck, 1998). This danger was twofold. First, the clients might use the services of more than one woman and could, therefore, spread infections from women who did not use condoms to those who did (the women were aware that the use of a condom did not completely rule out contracting an infection). Second, market forces made it more difficult to insist on condom use if there were other women who did not. The descriptions of women who took risks in this way fit most closely with Cusick's category of "powerlessness" (1998), although in this study lack of control over the commercial encounter usually was due to the woman being young or inexperienced or both in the work rather than the effects of drugs or alcohol or client violence.

Often women had to negotiate with clients to get them to use a condom in order to minimise their own risk. The women had a good knowledge of the health dangers and were realistic in their assessment of them, unlike their clients. McKeganey (1994) also noted this. The women in this study adopted similar methods to those found by Cusick (1998) for dealing with requests for sex without a condom; that is, they refused to supply this service but at the same time they tried to educate their clients about the risks involved in order to gain their cooperation. This form of negotiation became a routine part of the work.

Thus, far from the historical view of sex workers being a source of disease (Day & Ward, 1997), these women could be seen as *protectors against* infection. These findings reinforce the viewpoint that the responsibilities of men purchasing sex in commercial venues need to be addressed (Delaney & Neilsen, 2000; McKeganey, 1994). The fact that women often tried to educate their clients, as well as their younger, less experienced, colleagues, illustrates the importance for health professionals working with sex workers to have the necessary resources to provide ongoing up-to-date sexual health education.

The study also demonstrates that, in order to cope with the work, women developed a sense of themselves as two different people, the sex worker and the woman. In the role of sex worker they strove to distance themselves from the activities they carried out by "acting out a role" or "switching off completely." This skill had to be learned and only came with experience. The women interviewed conveyed a strong sense of their need to keep these two roles separate, although sometimes a decision was made to disclose information to carefully selected others. This decision never was made lightly.

The women in this study took great care at work with personal hygiene and cleanliness. Even so, they expressed great concern that, despite their best efforts, infections could be caught at work and could be passed on to partners and, especially, somehow, to their children. This constituted a "nightmare scenario" in their minds. (Although there was obviously a possibility of passing an infection to personal sexual partners, the worry about infecting children had far less basis in fact.)

Regardless of the degree of control women were able to exercise over their work and the separation of it from their personal lives, an important conflict existed in that concerns about health risks were able to cross the boundary between the two lives. In practical terms this small study demonstrates the continuing need for women working in massage parlours to be included, along with women working on the streets, in outreach and health campaigns aimed at supporting and educating them and promoting the use of condoms. This is especially true of the new, usually young, recruits. Although more experienced women claimed to have a high level of control over their sexual health, it has been shown that they remained vulnerable through the actions of others.

This pilot study has a small number of subjects, but it contributes toward redressing the balance whereby women selling sex away from the streets have been neglected (O'Neill, 1999; Pyett et al., 1996) and hopefully aids a better understanding of some of the factors involved. A larger, more detailed, exploration of the themes identified in this study is planned for the future.

We feel it is important to highlight similarities between our findings and those of Homaifar and Wasik (2005) and Yang and colleagues (2005). In particular, women's awareness of health risks was evident in all three studies, which span three continents. In addition, specific themes emerged in all three articles concerning psychosocial factors. Of particular note was the importance of the psychological status of women involved in commercial sex, highlighted by the authors of the Chinese article, who identified a potential link between depression and risk-taking behaviour. We explored how women maintained their psychological well-being and found that developing a dual identity was a psychological safeguard used to maintain a strict separation between work and personal life. Managing information about their working lives was also an important tool in psychological survival. Similarly, a large percentage of the women in Senegal admitted lying to their families about their profession. The emergence of similar findings associated with aspects of commercial sex work in three continents suggests that this could be an important indicator for future international research.

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