Developing Safer Sex Negotiation Skills among Latin American Female Sex Workers Working in Germany

DISSERTATION

Presented of the Requirements for
the Degree Doctor of Public Health (DrPH) in the
Faculty of Health Sciences, School of Public Health,
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by

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(69:98) (165) I asked a client to write me what I can answer when they want it without a condom. Look, here you have the things he has written. What do you think about the phrases?

The worker shows a booklet with phrases in German including: *'Ich liebe meine Gesundheit'* ('I love my health').

Original Spanish Version:

[69:98] [165] Yo le pedí a un cliente que me escribiera de favor qué cosas puedo responder cuando lo quieren sin condón. Mira ahí tienes las cosas que me ha escrito. ¿Cómo las ves?

La trabajadora enseña una libreta con frases en alemán como: *'Ich liebe meine Gesundheit'* ('Amo mi salud').]

Latin American female sex worker working in Germany who at the moment of the interview had been engaged in commercial sex work for 6 years

EXECUTIVE SUMMARY

BACKGROUND:

Sexually transmitted infections (STIs), including HIV, are among the most important causes of infertility, long-term disability and death in the world (WHO 2012). Because of the particularities of their job, sex workers (SW) are at great risk of acquiring HIV/STIs. It is estimated that around 400,000 sex workers are engaged in Germany and approximately 1 million men look daily for sex workers' services in the country (TAMPEP 2010). In Germany, sex work is a commercial activity predominantly conducted by migrants and by women (TAMPEP 2010, 2007a, 2007b, 2007d). The largest populations of migrant SW in the country are the groups from Central and Eastern Europe, Asia and Latin America (TAMPEP 2010). Evidence suggests that sex workers in Germany may not consistently practice protected sex (RKI 2012; Bremer 2007, 2006; TAMPEP 2010, 2007b, 2007d). Among other interventions to increase condom use among SW, it is recommended to improve sex workers' safer sex negotiation abilities. In this sense, the current study was conducted to achieve two principal goals: 1) to identify negotiation strategies that Latin American female sex workers working in Germany (LAFSWs) employ by attempting to persuade clients resistant to using a condom; and 2) to identify skills building approaches to teach sex workers condom use negotiation strategies.

METHODS:

A 'gatekeeper' access strategy as well as a mix of qualitative methods (including participant-observation field work, field interviews and focus groups with sex workers) was employed to collect data to identify condom use negotiation techniques used by LAFSWs. In collaboration with organizations aimed at improving the health, social and political conditions of sex workers, field work was carried out in brothels and window houses in 3 German cities of 3 German states. Furthermore, expert interviews were conducted to recognize potential skills building approaches to teach condom use negotiations. The data collected were analyzed using elements of Grounded Theory and coded with the help of Atlas.ti version 6.2.

RESULTS:

Findings suggest that LAFSWs may respond in four different ways when a client requests unsafe sex: a) to categorically refuse the client; b) to negotiate the use of a condom by penetrative intercourse; c) to fit a condom on him when he is unaware; or d) to negotiate safer sex alternatives instead of having unprotected penetrative intercourse. It was also found that multiple techniques (verbal and non-verbal) may be employed to negotiate condom use. Findings suggest that LAFSWs may attempt to verbally encourage condom use through 5 types of negotiation strategies: a) to provide the unwilling client with safer sex-related arguments; b) to offer him something extra if he accepts to wear a condom; c) to propose that he adopt a positive attitude in order to be able to enjoy sex with a condom; d) to make a request for something extraordinary (e.g. a large sum of money) as a way to demotivate him from practicing unsafe sex; and e) to ask him questions to demotivate him from making unprotected sex. Furthermore, the present study identified disaggregated client-oriented negotiation strategies. Additionally, 2 potential skills building options on condom use negotiation (a graphic approach and a multi-component verbal approach) were recognized through the analysis of the interviews carried out and through the examination of systematic reviews on HIV prevention behavioral interventions, which was conducted using the SUPPORT Tools for evidence-informed health Policymaking (STPs).

CONCLUSIONS:

In commercial sex work in Germany, condom use may not be negotiated using a single technique, but a variety of strategies which apparently are based on the arguments used by a resistant client and on his type. Considering the public health relevance of condom use negotiation and the scarcity of related evidence, the present research is a valuable contribution on knowledge, as it is a compilation of strategies that migrant sex workers in Germany employ when trying to encourage the practice of safer sex.

DEDICATION

To my beloved husband Holger.

ACKNOWLEDGMENTS

My deep gratitude to Prof. Dr. Oliver Razum for his invaluable advice, support and patience. Sincere thanks to Prof. Dr. Claudia Hornberg and Prof. Dr. Alexander Krämer for their support and accepting to be part of the doctoral committee. Thanks to my husband, family and friends for their care, and for their encouragement to help me accomplish this goal in life. Finally, special thanks to the participant sex workers, experts and organizations for their time, collaboration, solidarity, for sharing their knowledge and experiences, for bracing this research.

DECLARATION*

I, the undersigned, confirm that this dissertation is my own work. Reference to, quotation from and discussion of the work of any other person has been correctly acknowledged within this dissertation. Any errors and omissions are however the responsibility of the author.

Ich erkläre hiermit, dass ich die vorliegende Dissertation selbst angefertigt habe und keine anderen als angegebenen Quellen und Hilfsmittel verwendet habe. Alle Textstellen, die dem Wortlaut nach anderen Quellen entnommen sind, habe ich unter Angabe der Quellen als Zitat gekennzeichnet.

María Ixhel Escamilla Loredo

Bielefeld, July 2014.

*Adapted from Kamau (2006).

DECLARATION (2)

I, the undersigned, confirm that I have not submitted this dissertation to another University.

Ich erkläre hiermit, dass ich die vorliegende Dissertation nicht an einer anderen Universität abgegeben habe.

María Ixhel Escamilla Loredo

Bielefeld, July 2014.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMSTAR	A MeaSurement Tool to Assess Reviews
BMBF	Bundesministerium für Bildung und Forschung (*Federal Ministry of Education and Research*)
BMG	Bundesministerium für Gesundheit (*German Federal Ministry of Health*)
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (*German Federal Ministry of Economic Collaboration and Development*)
BZgA	Bundeszentrale für gesundheitliche Aufklärung (*German Federal Centre for Health Education*)
CDC	Center for Disease Control and Prevention
CEPESJU	Centro de Estudios de Problemas Económicos y Sociales de la Juventud *(Center of Studies on the Economic and Social Problems of the Young People)*
CONAMUSA	Coordinadora Nacional Multisectorial en Salud (*Multisectoral National Coordination on Health*)
CSW	Commercial Sex Work
DAH	Deutsche AIDS-Hilfe (*German Agency against AIDS*)
DICs	Drop-In Centres
ECDC	European Centre for Disease Prevention and Control
EVIPNet	Evidence-Informed Policy Network
FHI	Family Health International
GT	Grounded Theory
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
IDUs	Intravenous Drug Users
IMPACTA	Asociación Civil Impacta Salud y Educación (*Civil Association Impacting Health and Education*)
IfSG	Infektionsschutzgesetz (*Infection Protection Law*)
KABP Study	Knowledge, Attitude, Behavior & Practices Study
LAFSWs	Latin American Female Sex Workers Working in Germany
MSM	Men who Have Sex with Men
NALL	Network for New Approaches to Lifelong Learning
NGO	Non-Governmental Organization
NSWP	Global Network of Sex Work Projects
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO	Pan American Health Organization

PLWH	People Living With HIV
PLWA	People Living With AIDS
ProfiS	Modellprojekt "Fortbildung für Sexarbeiterinnen in Clubs und Bordellen" (*Project "Training for Sex Workers in Clubs and Brothels"*)
RKI	Robert Koch Institute
SCT	Social Cognitive Theory
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
STP	SUPPORT Tools for evidence-informed health Policymaking
SUPPORT	SUPporting POlicy relevant Reviews and Trials project
SW	Sex Worker
TAMPEP	European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers
TS	Trabajadora del Sexo (*Sex Worker*)
UCLA	University of California, Los Angeles
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization
WHO/Europe	World Health Organization Regional Office for Europe

INTRODUCTION

WHY THIS RESEARCH IS NEEDED:

Today, the fight against HIV/AIDS is still not won, nor the fight against other sexually transmitted infections (STIs) like syphilis, gonorrhoea and chlamydia. Among the vulnerable groups, sex workers (SW) are at great risk of acquiring HIV/STIs due to their occupation. This risk significantly increases when sex workers are women and when sex workers practice their profession in a country different to their country of origin. The correct and consistent use of the male condom prevents the transmission of HIV/AIDS. However, in commercial sex work (CSW) condom use is not always consistent. This is apparently the case of Germany (RKI 2012; Bremer 2007, 2006; TAMPEP 2010, 2007b, 2007d) where CSW is principally practiced by migrants (63% of the sex workers in Germany are migrants) and by women (90% of the commercial sex workers are women) (TAMPEP 2010). To increase condom use and prevent the transmission of HIV/STIs among sex workers, their clients and their partners, the World Health Organization (WHO) and other international agencies recommend conducting change behavior interventions aimed at improving sex workers' condom use negotiation abilities (WHO, UNFPA, UNAIDS, NSWP & The World Bank, 2013). However, despite the impact that condom negotiation may have in preventing HIV/STIs, until now, little investigation has been conducted to gain a deeper insight on how protected sex is negotiated in commercial sex work. The present research was therefore carried out to examine how migrant sex workers in Germany negotiate condom use, specifically female sex workers coming from Latin America who are one of the five largest populations of migrants engaged in commercial sex work in the country (TAMPEP 2010). In this sense, the present study was conducted to achieve the following two major objectives: 1) to identify negotiation strategies that Latin American female sex workers working in Germany (LAFSWs) use when trying to persuade resistant clients to use a condom; 2) to identify potential skills building options to teach sex workers condom use negotiation strategies.

HOW THIS RESEARCH IS STRUCTURED:

The present work is organized in 5 principal blocks. The first main block refers to an epidemiological overview of HIV/AIDS and other STIs at global, regional and national levels with special emphasis on the sex worker population. In addition, the section provides information on the sex work activity in Europe and in Germany, and concludes with HIV/STI prevention interventions for sex workers in the country. The third part contains information on the methodology regarding the study approach, research questions, access strategy, data collection instruments and the methodology used to analyze the data collected. The fourth and fifth parts of the document comprise the research findings on condom use negotiation strategies, as well as the findings on the skills building approaches to potentially teach condom use negotiation strategies. For a better understanding of the findings, the researcher[1] will show in this section Atlas.ti Network Views[2], which are visual representations of the links between emerged codes, sub-codes and data segments (Friese 2012), and the most descriptive interview quotations which are presented translated into English[3] [4]. The sixth and last part refers to the discussion, the study's strengths and limitations, as well as the conclusions and implications of future investigations.

[1] 'The Researcher' refers to María Ixhel Escamilla Loredo developer of the current study.
[2] After Networks Views were constructed with Atlas.ti, they were reproduced in PowerPoint in order to make the text in the boxes more visible.
[3] For the interview quotations in their original language (e.g. in Spanish or German), please see Annex 6.
[4] Slang words were converted into formal language in the quotations shown in the present research.

REVIEW OF RELATED LITERATURE ON SEX WORK AND HIV AND OTHER STI PREVENTION FOR SEX WORKERS[5]

PART I

1. EPIDEMIOLOGICAL OVERVIEW OF HIV/AIDS AND OTHER STIs

1.1 EPIDEMIOLOGY OF STIs

GLOBAL SITUATION

Worldwide, sexually transmitted infections (STIs) are among the most important causes of infertility, long-term disability and death (WHO 2012). STI prevention is a major public health concern due to STIs' negative consequences on health and their relationship with HIV. According to the WHO, many STIs increase the risk of becoming infected with HIV and the chances of transmitting the virus to others (the risk can be 50-300 times higher when the individual has an open sore in the genital area). However, the relationship between STIs and HIV is bi-directional. STIs influence the spread of HIV, but HIV also influences the likeliness and severity of STIs (WHO 2007). Preventing STIs is also important because most STIs do not present symptoms (WHO 2013). According to the WHO, around 1 million people acquire an STI daily (WHO 2013a; 2013b). Over 30 bacterial, viral and parasitic pathogens can be transmitted sexually (through vaginal, anal and oral sex) (WHO 2012, 2013a). Of these 30 pathogens, 8 are related to the greatest incidence of illness: 4 are incurable (hepatitis B, herpes, HPV, and HIV), and 4 are curable (gonorrhoea, chlamydia, syphilis and trichomoniasis) (WHO 2013a).

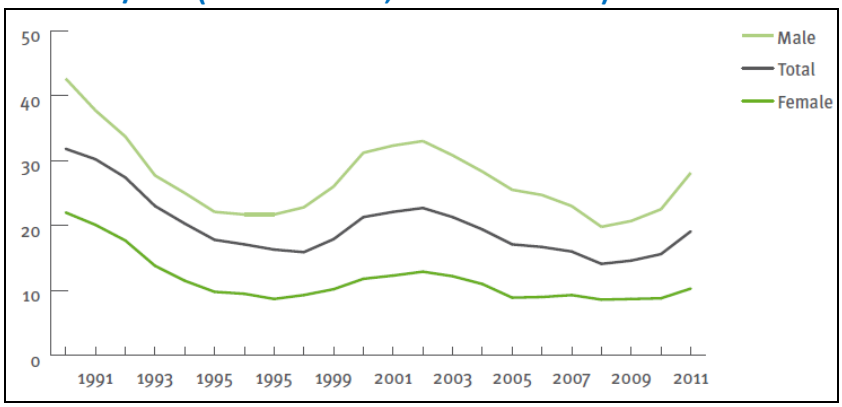
REGIONAL SITUATION

Sexually transmitted infections are a significant public health problem in Europe. According to the European Centre for Disease Prevention and Control (ECDC) (2013), incidence rates of gonorrhoea and syphilis increased in many European countries after almost ten years of declining rates (Figure 1.1 and Figure 1.2).

[5] See Annex 1 for the search strategies used.

The ECDC claims that in 2011, 39,179 cases of gonorrhoea were notified by 28 EU/EEA countries (a rate of 12.6 cases per 100,000 persons) (ECDC 2013). The ECDC points out that 33% of the cases were reported among men who have sex with men (MSM), and that 40% of all cases were related to persons younger than 25 years of age. Moreover, the ECDC remarks that in four years, between 2007 and 2011, the overall rate increased by 19% (idem).

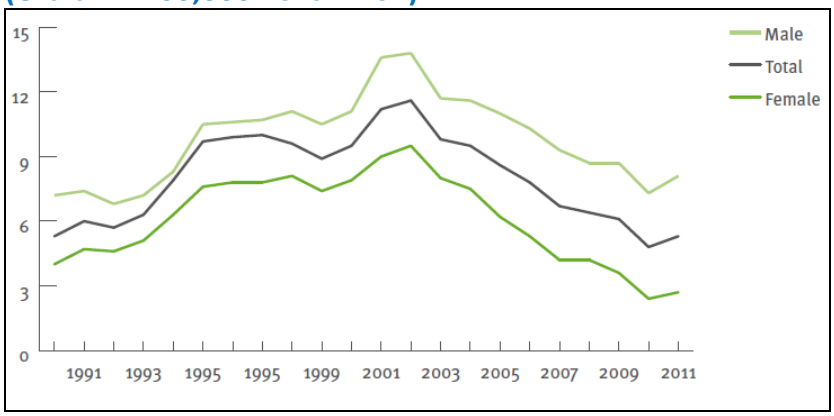
FIGURE 1.1: RATES OF CONFIRMED GONORRHOEA CASES REPORTED IN THE EU/EEA (CASES PER 100,000 POPULATION)



Source: ECDC. (2013). "Annual Epidemiological Report 2013. Reporting on 2011 surveillance data and 2012 epidemic intelligence data". Stockholm. Page 41.

The ECDC informs that in 2011, 19,798 syphilis cases were reported from 29 EU/EEA countries (a rate of 4.9 cases per 100,000 persons) (idem). According to the ECDC, syphilis was reported four times more often among men than women (7.5 cases vs. 1.9 cases per 100,000 population). 42% of the cases were notified among MSM, and the majority of all cases were reported in persons older than 25 years of age. Similarly to gonorrhoea, the syphilis overall rate also increased recently (idem).

FIGURE 1.2: REPORTED NUMBER OF SYPHILIS CASES IN THE EU/EEA (CASES PER 100,000 POPULATION)



Source: ECDC. (2013). "Annual Epidemiological Report 2013. Reporting on 2011 surveillance data and 2012 epidemic intelligence data". Stockholm. Page 55.

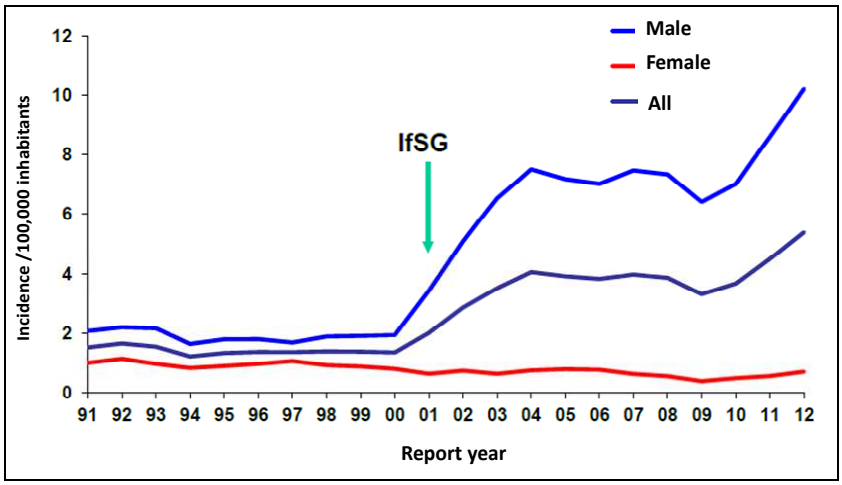
With regard to the non-curable STIs, the WHO Regional Office for Europe (WHO/EUROPE) states that in the WHO European Region more than 13 million adults are living with hepatitis B (HBV) and 15 million with hepatitis C (HCV) (WHO/EUROPE 2013a).

NATIONAL SITUATION

In Germany, a country with approximately 82 million inhabitants, gonorrhoea and syphilis cases have increased as well. In a 6-year sentinel study conducted by the Robert Koch Institute (RKI) in which 584,393 people participated, 3.3% of the participants tested for gonorrhoea resulted positive in 2003, while in 2008 this proportion increased to 4.5% (RKI 2010a).

With regard to syphilis, the RKI claimed a significant increase in cases of syphilis. It stated that in 2012 4,410 cases of syphilis were reported, 19.1% more cases than in 2011 (RKI 2013b). Additionally, it was also stated that in the first semester of 2010, an average of 249 syphilis cases were monthly reported, while in the second semester of 2012, the average was 379 cases (idem). The rise in cases was especially significant among men (Figure 1.3). The male reported cases increased from 2,820 in 2010 to 4,110 cases in 2012 while in the same period, the female cases increased from 207 in 2010 to 296 cases in 2012 (RKI 2013b).

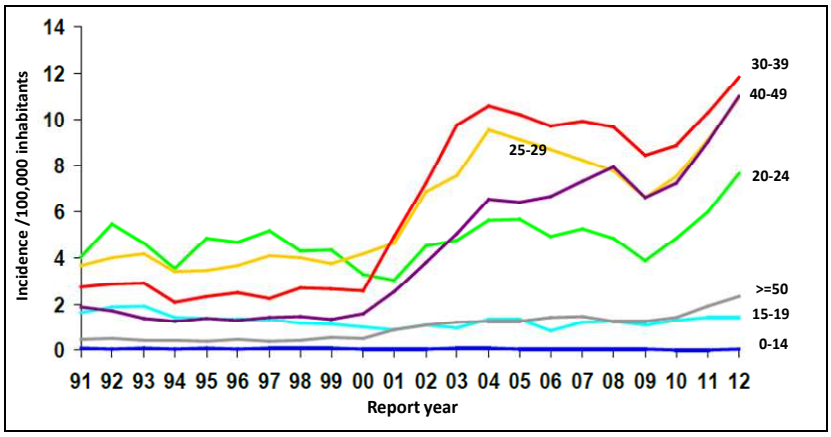
FIGURE 1.3: REPORTED NUMBER OF SYPHILIS CASES IN GERMANY



Source: Adapted from Bremer V, Marcus U, Hamouda O. "Weiterer Anstieg der gemeldeten Syphilisfälle im Jahr 2012". Presentation. Robert Koch Institute. Slide 6.
IfSG = Infection Protection Law (*Infektionsschutzgesetz*). IfSG came into effect on January 1st, 2001.

On the other hand, the syphilis incidence increased in almost all age groups, particularly in the population aged 25 to 49 years (idem) (Figure 1.4).

FIGURE 1.4: REPORTED NUMBER OF SYPHILIS CASES IN GERMANY BY AGE GROUP

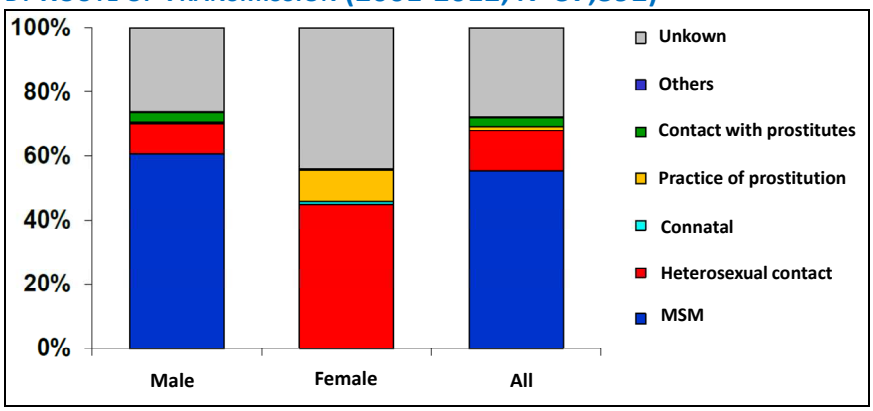


Source: Adapted from Bremer V, Marcus U, Hamouda O. "Weiterer Anstieg der gemeldeten Syphilisfälle im Jahr 2012". Presentation. Robert Koch Institute. Slide 8.

In relation to the likely routes of transmission, the majority of the men who were diagnosed with syphilis in Germany in the period from 2001 to 2012 acquired the infection though a sexual encounter with other men; the second route among men was the heterosexual transmission, and the third one the sexual contact with prostitutes (Bremer et al.) (Figure 1.5).

Regarding the known routes, the most likely routes of syphilis infections among women were the heterosexual contact and the practice of prostitution (Figure 1.5).

FIGURE 1.5: DIAGNOSED SYPHILIS INFECTIONS IN GERMANY BY ROUTE OF TRANSMISSION (2001-2012, N=37,392)

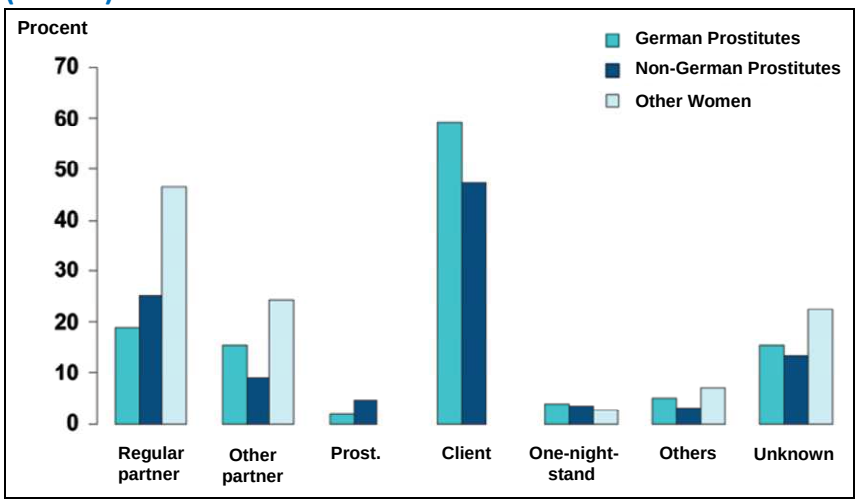


Source: Adapted from Bremer V, Marcus U, Hamouda O. "Weiterer Anstieg der gemeldeten Syphilisfälle im Jahr 2012". Presentation. Robert Koch Institute. Slide 11.

STIS AMONG SEX WORKERS IN GERMANY

In a sentinel study with female patients of STDs conducted from January 1st 2003 to September 30th 2006, 39.2% of the 1,780 participating female sex workers were diagnosed with chlamydia and 19.2% with gonorrhea, while syphilis was detected in 5.5% of the female sex workers, and HIV in 1.2% (Bremer 2007).

FIGURE 1.6: LIKELY INFECTION SOURCE REGARDING WOMEN WITH STIS PARTICIPATING IN SENTINEL STUDY (N=765)



Source: Adapted from Bremer V. (2007). "Die Rolle von Migration und Prostitution bei STDs. STD-Sentinel". Robert Koch Institut Mitteilungen. HIV&more. Von Experten für Experten. Ausgabe 1 - März 2007: 38-40. Page 39.

According to Bremer (2007), the first possible infection source among sex workers with STIs participating in the study was the client, and the second likely source was the regular partner (Figure 1.6).

On the other hand, in the STIs Study "KABP (Knowledge, Attitude, Behavior, Practices)" conducted from January 1st 2010 to March 31st 2011, in which 1,425 female sex workers participated, the following positive STI rates were reported: HIV 0.2%, syphilis 1.1%, chlamydia 6.9%, gonorrhoea 3.2%, and trichomoniasis 3.0% (RKI 2012).

Most positive rates of STIs were found among women younger than 20 years of age, without health insurance, working on the streets (Table 1.1), without (or with poor) German language knowledge, who recently began working in commercial sex work, and who had practiced unsafe sex with clients (idem).

TABLE 1.1: ORIGIN OF SEX WORKERS PARTICIPATING IN "KABP" STUDY (MEDICAL SURVEYS=1,425)

Topic	Total (N=1,425)			STI Positive* (N=271)			P-value
Sex worker's origin							<0.001
Germany	377	1,402	27%	49	373	13%	
Central Europe	623	1,402	44%	170	617	28%	
Eastern Europe	133	1,402	9%	23	131	18%	
Asia (Thailand)	115	1,402	8%	9	115	8%	
Latin America/Caribe	118	1,402	8%	9	117	8%	
West Europe	21	1,402	1%	3	21	14%	
Africa	15	1,402	1%	1	14	7%	
Place/means to contact clients (multiple answers are possible)							
Brothel	469	1,338	35%	73	465	16%	0.003
Internet/advertisement	223	1,338	17%	24	220	11%	0.001
Flat	350	1,338	26%	53	349	15%	0.044
Street	126	1,338	9%	51	124	41%	<0.001
Window house	105	1,338	8%	20	102	20%	0.829
Sauna club	96	1,338	7%	15	94	16%	0.463
Go-go bar/Strip club	89	1,338	7%	25	89	28%	0.020
Massage salon	55	1,338	4%	9	55	16%	0.636
Escort/Home visit	45	1,338	3%	7	43	16%	0.666

Source: Adapted from RKI. (2012). "Bericht: Workshop des Robert Koch-Instituts zum Thema STI-Studien und Präventionsarbeit bei Sexarbeiterinnen, 13.-14. Dezember 2011". Robert Koch Institute. Berlin, 2012. Pages 4 and 5.
*STI positive: positive for syphilis, chlamydia, gonorrhoea and/or trichomoniasis.

Regarding the origin of the sex workers, most STI positive rates were found among sex workers from Central and Eastern Europe.

1.2 EPIDEMIOLOGY OF HIV/AIDS

GLOBAL SITUATION

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2013), around 35.3 million people were living with HIV in the world in 2012, while new cases of HIV infection were 2.3 million, and AIDS deaths were 1.6 million. On the other hand, the WHO estimates that since the beginning of the epidemic until the end of 2011, 70 million people had been infected with HIV and 35 million persons died from AIDS (WHO 2014).

In relation to the populations at most risk, HIV infection is still high among the persons who inject drugs. The UNAIDS reports that in some countries, this population accounts for more than 40% of the new infections (UNAIDS 2013). Similarly, HIV incidence among MSM remains high. In Latin America for example, they are the principal source of new infections (they account for 33% in the Dominican Republic and 56% in Peru) (idem). HIV among sex workers is still a health concern. In its Global Inform 2013, the UNAIDS cites that according to "The Global HIV Epidemics among Sex Workers" published by the World Bank (Kerrigan et al. 2013), HIV prevalence among female sex workers is 36.9% in Sub-Saharan Africa, 10.9% in Eastern Europe and 6.1% in Latin America.

REGIONAL SITUATION

According to the ECDC (2013), HIV/AIDS continues to be a crucial public health problem in Europe as the number of people living with HIV (PLWH) has been steadily increasing. The WHO Regional Office for Europe (2013b) reported that in accordance with recent ECDC data, 131,000 new cases of HIV were reported in the WHO European Region in 2012. This means 8% more new cases than in 2011.

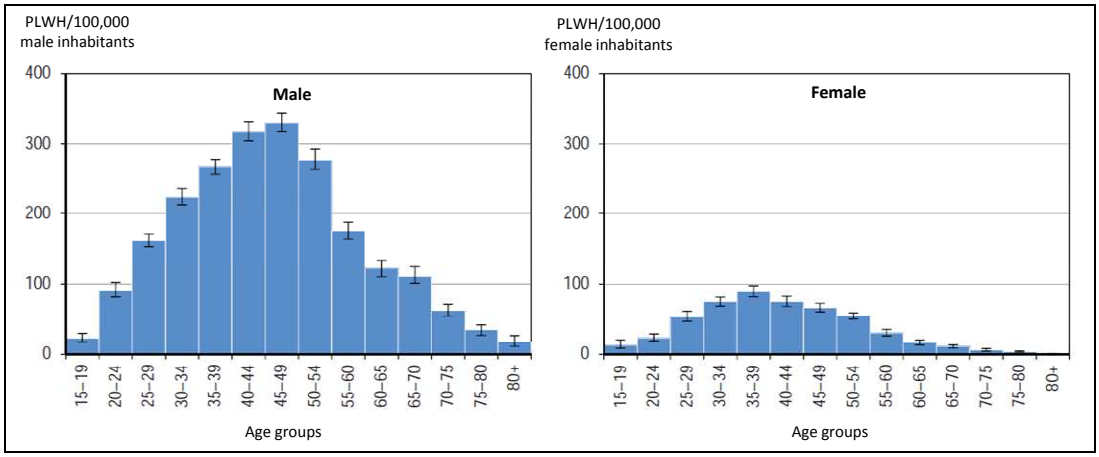
However, HIV infections per 100,000 inhabitants have been stable in Europe over time, passing from 6.5 cases per 100,000 in 2004 to 6.3 in 2011 (ECDC 2013). Most HIV diagnoses in 2011 were among MSM (39%), heterosexual populations (36%) and injection drug users (IDUs) (5%) (idem).

National Situation

In Germany, HIV/AIDS are also a public health concern. According to the RKI, 2,954 new HIV diagnoses were reported in Germany in 2012, representing an increase of 10% in relation to the year 2011 (RKI 2013a). The new cases increased by 5% among the female population (from 425 to 448), while there was an 11% increase among the male population (from 2,263 to 2,504) (idem). The RKI (2013a) also reports that in 2012 the new HIV diagnoses among MSM were 1,690 (15% more than in 2011), and the diagnoses among IDUs were 89 (7.2% more than in 2011).

On the other hand, the RKI estimates that the number of PLWH in Germany by the end of 2012 was about 78,000 (63,000 men and 15,000 women) (RKI 2013c). The Institute also estimates that by the end of 2012, the highest HIV prevalence in men was among the age group from 45 to 49 years of age (325 men with HIV per 100,000 male population) (Figure 1.7). In the case of women, it is estimated that the highest prevalence was among the group from 35 to 39 years of age (90 women with HIV per 100,000 female population) (idem).

FIGURE 1.7: Estimated HIV Prevalence in Germany by the End of 2012



Source: Adapted from RKI. (2013c). "Epidemiologisches Bulletin 45/2013". November 11th, 2013. Nr. 45. Robert Koch Institute. Page 460.

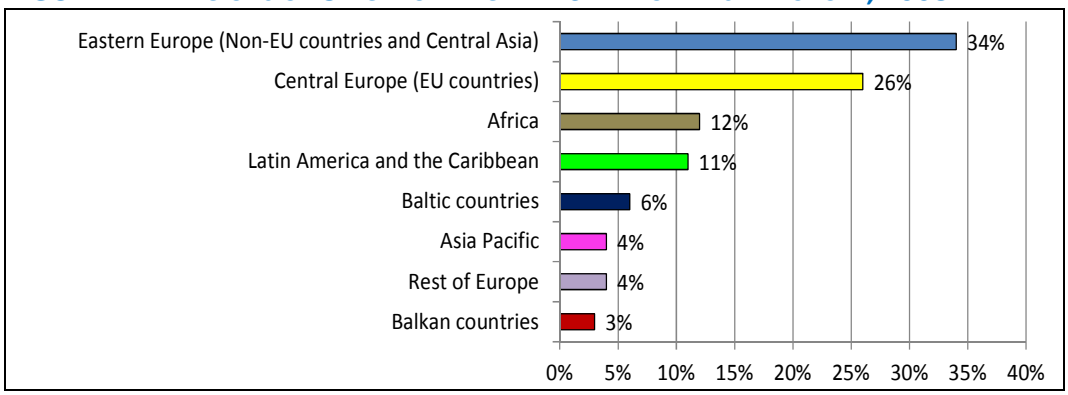
2. SEX WORK

2.1 SEX WORK IN EUROPE

According to Vandepitte et al. (2006), the female sex worker (FSW) prevalence in the ex-Russian Federation ranged approximately between 0.1% and 1.5%; in East Europe between 0.4% and 1.4%; and in West Europe between 0.1% and 1.4%. In accordance with the European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers (TAMPEP), sex work in Europe is principally performed by women. Around 87% of the sex workers (SW) in Europe are women, while 7% are men, and 6% are transgender (TAMPEP 2009a).

Relevant to this research is the claim by the European Network (2009a) that a large number of sex workers are migrants. According to the Network (2009a), in 2008 47% of the female sex workers in Europe[6] were migrants, 32% of the male sex workers were also migrants, and 47% of the transgender sex workers were migrants too. Moreover, the Network reports that in 2008 (Figure 2.1), the largest groups of migrant sex workers were those from Central and Eastern Europe (60%), followed by the African group (12%) and the group from Latin America and the Caribbean (11%).

FIGURE 2.1: REGIONS OF ORIGIN OF MIGRANT SEX WORKERS IN EUROPE, 2008

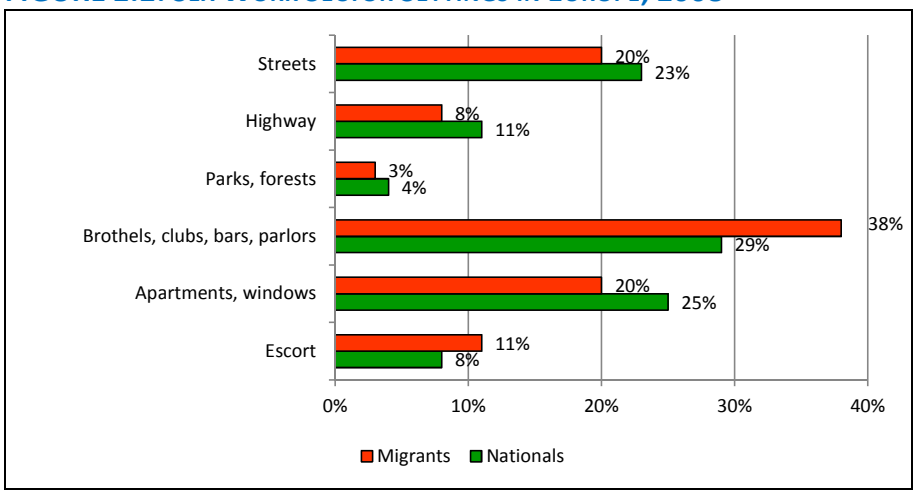


Source: TAMPEP. (2009a). "Sex Work in Europe. A mapping of the prostitution scene in 25 European countries". European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. Page 17.

[6] Europe refers to the following 25 countries: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Greece, Estonia, Finland, France, Germany, Hungary, Italy, Lithuania, Latvia, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Switzerland and the United Kingdom (TAMPEP 2009a).

Almost two thirds of the sex workers in Europe work at indoor venues. The majority of the sex workers working in these venues are migrants. For example, 38% of the migrant sex workers work in brothels, clubs, bars, and/or massage parlors (Figure 2.2). In contrast, 38% of the national sex workers work in streets, highways, parks, and/or forests.

FIGURE 2.2: SEX WORK SECTOR SETTINGS IN EUROPE, 2008



Source: TAMPEP. (2009a). "Sex Work in Europe. A mapping of the prostitution scene in 25 European countries". European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. Page 32.

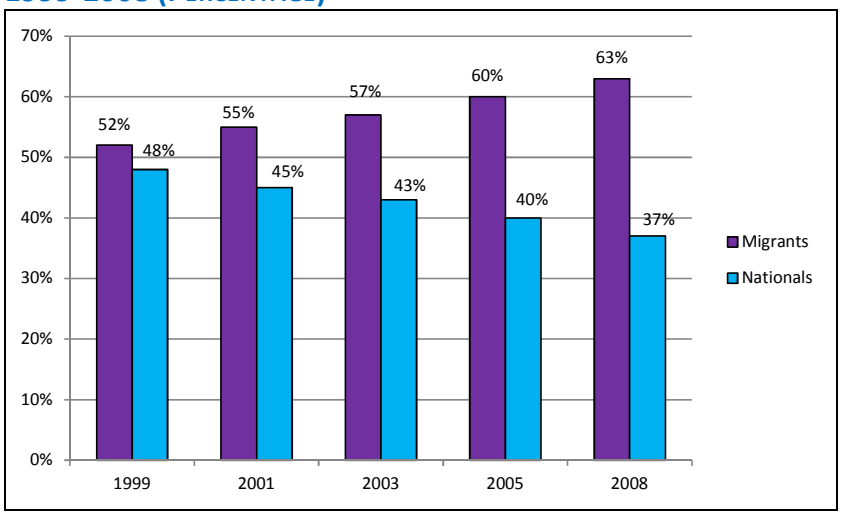
In accordance with TAMPEP (2009a), sex workers in Europe are extremely mobile. TAMPEP points out that the mobility is within a country (sex workers move among different locations in a given country), but also among countries. According to the Network (2009), around three quarters of the contacted migrant sex workers reported they have worked in at least two countries.

2.2 SEX WORK IN GERMANY

According to the "Act Regulating the Legal Situation of Prostitutes" (Prostitution Act), sex work is a legal activity in Germany. Approximately 400,000 sex workers work in Germany and around 1 million men look daily for sex workers' services in the country (TAMPEP 2010).

Sex work in Germany is a commercial activity predominantly conducted by migrants and by women (TAMPEP 2010, 2007a, 2007b, 2007d; Munk 2005). 63% of all sex workers in Germany are migrants, while 90% are women (TAMPEP 2010). In accordance with the Network (2010), the percentage of migrant female sex workers has increased consistently since 1999 (Figure 2.3).

FIGURE 2.3: MIGRANT FEMALE SEX WORKERS IN GERMANY, 1999-2008 (PERCENTAGE)



Source: Chart constructed with data from TAMPEP. (2010). "Germany. Deutschland. Dezember 2007-November 2009". European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. Page 16.

Relevant to the current research are the major groups of migrant sex workers. According to TAMPEP (2010), the largest populations of migrant sex workers in Germany are: the SW group from Central and Eastern Europe (70% of all migrant SW), followed by the group from Asia (15%), and finally the group from Latin America and the Caribbean (10%) (Table 2.1). From the Latin American group, it is suggested that the majority of the sex workers come from the Dominican Republic, Brazil, Colombia, Cuba, Ecuador and Venezuela.

TABLE 2.1: ORIGIN OF MIGRANT SEX WORKERS IN GERMANY (PERCENTAGE)

Region	2003	2005	2008
Central and Eastern Europe	50	55	70
Asia	20	20	15
Latin America and the Caribbean	20	15	10
Africa	10	10	5

Source: TAMPEP. (2010). "Germany. Deutschland. Dezember 2007-November 2009". European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers. Page 18.

Migrant people engaged in commercial sex work in Germany are particularly mobile. According to TAMPEP (2010), 80% of the migrant sex workers were reported to have worked in another country, while only 20% of the national workers were reported to have worked in a different country than Germany. Sex work is mainly performed at indoor establishments (87% of all sex workers work indoors); however, this proportion increases among the migrant SWs (90%). In accordance with the Network, about 85% of the migrant SWs are engaged in brothels, clubs, bars, massage salons, flats and/or window houses (TAMPEP 2010).

With regard to condom use in commercial sex work, its use with sex workers is not legally compulsory in Germany. The only exception is Bavaria. In this state condom use in sex work is obligatory and not using it risks penalization of approximately 1,000 Euros (TAMPEP 2010).

Evidence suggests that condom use is not consistent among sex workers in Germany (RKI 2012; Bremer 2007, 2006; TAMPEP 2010, 2007b, 2007d). Among other reasons, it is suggested that sex workers may accept to work without a condom when they are passing through a difficult financial situation, or when they lack condom use negotiation skills. According to Bremer (2007), 56.5% of the German sex workers participating in a RKI sentinel study (2003-2006) who informed on condom use behavior with non-steady partners declared that they always used condoms with non-regular partners, while only 51.6% of the migrant workers admitted to always using condoms with non-steady partners (Table 2.2).

TABLE 2.2: CONDOM USE AMONG SEX WORKERS PARTICIPATING IN SENTINEL STUDY RUN FROM 2003 TO SEPTEMBER 2006

Condom use*	German Sex Workers (%)	Migrant Sex Workers (%)	Other STD Patients (%)
With steady partner (n=490)**			
Always	13.6	14.2	8.8
Sometimes	10.0	8.5	15.2
Never	65.5	59.1	71.6
No response/Unknown	10.9	18.2	4.5
With non-steady partner (n=463)***			
Always	56.5	51.6	9.0
Sometimes	32.9	26.3	39.3
Never	7.5	11.3	33.7
No response/Unknown	3.1	10.8	17.9

Source: Adapted from Bremer V. (2007). "Die Rolle von Migration und Prostitution bei STDs". Robert Koch Institute. HIV&more. Especial Edition. Berlin. Page 40. *Based on information collected from questionnaires provided to female sex workers in the STD Sentinel Study conducted from January 2003 to September 2006. **Only STD patients with steady partner. *** Only STD patients with non-steady partner.

The use of condoms in the sex work scene in Germany is framed by the offer of unsafe sex services (TAMPEP 2007b, 2007d), as well as by the demand for unprotected sex (RKI 2012; TAMPEP 2007b, 2007d). According to RKI (2012), two thirds of 349 sex workers participating in the sentinel study "KABP" ("Knowledge, Attitudes, Behaviors, and Practices") declared that at least one client among their latest 10 customers had requested unprotected sex (Table 2.3). Furthermore, 9% (35 workers) of 393 sex workers participating in the study admitted that they accepted this client's petition of having sex without a condom

TABLE 2.3: RESPONSE OF SEX WORKERS PARTICIPATING IN THE "KABP" STUDY REGARDING CLIENTS' UNSAFE SEX REQUESTS (BEHAVIOR SURVEYS=518)

Region	Total (N=518)			STI Positive* (N=68)			P-value
Regarding the last 10 clients: how many clients requested sex without a condom?							
None	81	349	23%	6	80	8%	
One client - less than a half	147	349	42%	19	146	13%	0.221
Half or more than a half	121	349	35%	19	120	16%	
What happened the last time a client didn't want to wear a condom?							
Sex without condom	35	393	9%	11	34	32%	<0.001
No sex without condom	358	393	91%	40	357	11%	

Source: Adapted from RKI. (2012). "Bericht: Workshop des Robert Koch-Instituts zum Thema STI-Studien und Präventionsarbeit bei Sexarbeiterinnen, 13.-14. Dezember 2011". Robert Koch Institute. Berlin, 2012. Page 7.
*STI positive: positive for syphilis, chlamydia, gonorrhoea and/or trichomoniasis.

3. PREVENTION OF HIV/STIs FOR SEX WORKERS

3.1 BEHAVIOR INTERVENTIONS TO PREVENT HIV/STIs

In its "Guidance Note on HIV and Sex Work", the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2012) claims that comprehensive and evidence-informed programs for key populations at higher risk of exposure to HIV, such as sex workers and their clients, should be urgently scaled up. With this focus, the WHO with other international agencies published in 2013 practical approaches to implement comprehensive HIV/STI interventions for sex workers (WHO et al. 2013). The approaches are aimed at addressing the "2012 Recommendations" (Table 3.1) comprised in the guide "Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries" which among other recommendations include the correct and consistent use of condoms to prevent HIV/STIs among sex workers and their clients (WHO et al. 2012).

TABLE 3.1: "2012 RECOMMENDATIONS" ON EFFECTIVE INTERVENTIONS FOR THE PREVENTION AND TREATMENT OF HIV/STIs AMONG SEX WORKERS

Evidence-based recommendations
1. We recommend a package of interventions to enhance community empowerment among sex workers **(Strong recommendation, very low quality of evidence)**.
2. We recommend the correct and consistent condom use among sex workers and their clients **(Strong recommendation, moderate quality of evidence)**.
3. We suggest offering periodic screening for asymptomatic STIs to female sex workers **(Conditional recommendation, low quality of evidence)**.
4. We suggest offering female sex workers, in settings with high prevalence and limited clinical services, periodic presumptive treatment for asymptomatic STIs **(Conditional recommendation, moderate-to-high quality of evidence)**.
5. We recommend offering voluntary HIV testing and counselling to sex workers (**In line with existing WHO guidance**).
6. We recommend using the current WHO guidance on the use of antiretroviral therapy for HIV infection in adults and adolescents for sex workers living with HIV **(In line with existing WHO guidance).**
7. We recommend using the current WHO recommendations on harm reduction for sex workers who inject drugs (**In line with existing WHO guidance**).
8. We recommend including sex workers as targets of catch-up HBV immunization strategies in settings where infant immunization has not reached full coverage **(In line with existing WHO guidance)**.

Source: Adapted from WHO, UNFPA, UNAIDS, NSWP. (2012) "Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries. Recommendations for a public health approach". Geneva, World Health Organization. Page 9.

The WHO recommends 6 approaches to implement comprehensive HIV/STI interventions for SWs: 1) sex workers' community empowerment, 2) addressing of violence against sex workers, 3) community-led services, 4) clinical and support services, 5) program management and organizational capacity building, and 6) condom and lubricant programing (WHO et al. 2013).

TABLE 3.2: CONDOM PROMOTIONAL/EDUCATIONAL STRATEGIES WITH SEX WORKERS

Strategies
• Evidence-based communication messages that create demand for safer sex. • Condom skills building for both male and female condoms. • Information on choosing safe, effective lubricants and avoiding unsafe lubricants. • Training in safer sex negotiation skills, including how to negotiate condom use and strategies for reducing risk when no condom is available. • Addressing misconceptions around condom use, such as double condom use and female condom re-use. • Information on how to protect oneself when providing a broad range of sexual services, such as fulfillment of sexual fantasies, fetish sex and non-penetrative sexual services. • Specific discussions on the condom and lubricant needs of male-to-male anal sex, male-to-female anal sex, vaginal sex and/or male-to-transgender anal sex. • Providing risk-reduction education around common reproductive health.

Source: WHO, UNFPA, UNAIDS, NSWP, The World Bank. (2013) "Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions". Geneva, World Health Organization. Page 85.

Condom programing includes, among other educational strategies, capacity building on safer sex negotiation skills (Table 3.2). Also relevant to the present research is that condom negotiation skills are addressed as a successful intervention to prevent HIV/AIDS among sex workers (UNAIDS 2002; Rekart 2005). However, despite the impact that condom use negotiation may have in preventing HIV/STIs, until now, little investigation has been conducted (e.g. Sarkar et al. 2008; Meaghan 2002; Winwood et al. 1993) to gain a deeper insight into how such a negotiation process is carried out. Furthermore, there has been qualitative research examining condom negotiation strategies, in particular demographic groups (e.g. Eisenberg et al. 2011; Broaddus et al. 2010, Tschann et al. 2010, Otto-Salaj et al. 2010, 2008; Lam 2004; Noar et al. 2002; Meaghan 2002; Williams et al. 2001), but little research to investigate the specific negotiation tactics that sex workers employ to encourage condom use among reluctant clients (e.g. Maher at al. 2013; Albert et al. 2008; Browne and Minichiello 1995; Wong et al. 1994, Pareja 1991).

To develop safer sex negotiation abilities among sex workers, WHO et al. (2013) recommend conducting behavior change interventions and the production of high-quality educational materials.

The effectiveness of behavioral interventions to prevent HIV and other STIs among sex workers has been extensively assessed (e.g. Wariki et al. 2012; Ota et al. 2011). In their systematic review for example, Ota et al. (2011) reported that interventions such as counselling and testing, peer education, condom use negotiation skills, assertiveness, videos and role-playing may reduce STI prevalence and improve the knowledge of HIV transmission among sex workers in high-income countries. Similarly, Wariki et al. (2012) indicated that compared with no intervention, behavioral interventions resulted effective in reducing HIV and the incidence of STIs amongst women engaged in sex work in low- and middle-income countries.

Change behavior programs to reduce the risk of HIV transmissions have been oriented by numerous theories such as the Health Belief Model, the Reasoned Action Theory, the Planned Behavior Theory, and the Social Cognitive Theory (DiClemente et al. 2002; DiClemente & Peterson 1994). Specifically, an important number of HIV/STI prevention interventions have been grounded in Social Cognitive Theory (SCT) (Wariki et al. 2012; Bandura 1994). SCT postulates that in order to achieve a behavior change, people need to be given not only reasons to perform a specific behavior, but also the skills to accomplish such behavior. The theory also addresses the idea that people's knowledge and skills can be expanded if their self-efficacy[7] is improved (Bussey & Bandura 1999). Self-efficacy can be strengthened by social models: "Seeing people similar to oneself succeed by sustained effort raises observer's beliefs in his or her own capabilities" (Bussey & Bandura 1999, p. 692).

[7] Wingood and DiClemente (2000) define self-efficacy as the confidence that an individual has to achieve a change in a specific behavior. According to Fishbein, self-efficacy is: "one's belief that one can perform the behavior even under a number of difficult circumstances" (Fishbein 2000, Page 275).

3.2 OVERVIEW OF HIV/STI PREVENTION FOR SEX WORKERS IN EUROPE

Prevention of HIV/AIDS and other STIs for sex workers in Europe has a multi-level dimension with several actors participating. Prevention interventions are carried out by official health institutions as well as by non-governmental organizations (NGOs) and sex workers' groups. Numerous collaborative projects have been run in Europe to prevent HIV/STIs among sex workers, their clients, and their emotional partners. One of these was the European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers (TAMPEP), a more than 16-year intervention project co-funded by the European Union. The TAMPEP project operated in 25 European countries. It developed prevention interventions and tools to comprehensively promote health and prevent HIV/STIs among sex workers in Europe (Brussa 2012). TAMPEP developed a large number of multilingual tools, which include information/educational materials, manuals and publications for sex workers, service providers, and sex worker organizations (TAMPEP 2014). Among these tools, TAMPEP produced educational materials in Spanish, such as brochures on HIV and AIDS, other STIs, condom burst, condoms and lubricants, as well as on contraception and pregnancy. Other important collaborative experience in Europe was the "Indoors" project which followed TAMPEP. "Indoors" was conducted from January 2011 to December 2012 with 9 organizations participating from 9 European countries (Austria, Bulgaria, France, Finland, Germany, Italy, the Netherlands, Portugal and Spain). Like TAMPEP, "Indoors" was financed by the European Union. The principal goal of the project was to empower female sex workers working in indoor venues (Autres Regards 2012a). To achieve its goal, the project produced diverse educational materials, including a good practice manual on indoor sex work settings, a guide with strategies for the empowerment of sex workers, an analysis of the indoor sector in nine European cities, and safer work brochures in six languages: Bulgarian, English, French, Polish, Portuguese and Spanish (Autres Regards 2012b).

One of the "Indoors" project members was the Spanish organization Hetaira. Among other interventions, Hetaira coordinates the program "Health Promotion and Prevention of HIV/AIDS and others STIs among People Engaged in Prostitution" (Hetaira 2013). As part of the program, the organization conducts several outreach activities: an 'online outreach', through its Facebook site and a virtual chat-room (https://hetaira.sittool.net/index), as well as a face-to-face outreach. This last approach is performed by Hetaira by going to clubs, streets, parks, industry zones and sex workers' apartments in Madrid, to contact sex workers and provide them with counselling on health and social topics, disseminate educational material, offer peer education training, and conduct express workshops on sexual health (idem). One of the workshops performed by the organization is the "Negotiation Workshop" conducted in indoor establishments to reinforce and develop sex workers' negotiation abilities. With the help of PowerPoint slides, sex workers are educated on what involves a negotiation process, why an assertive communication is important, why it is crucial to be clear about the services they accept to provide and the use of condoms, and how with an active and professional attitude they could encourage condom use among unwilling clients. Another Spanish organization promoting professionalization among sex workers is GENERA located in Barcelona. To encourage safe and qualified sex work, GENERA designed in 2011 a manual on professional practices based on sex workers' experiences and recommendations containing a section about negotiation.

Another NGO strengthening STI prevention for sex workers in Europe is the organization SOAIDS, whose work is named by the Robert Koch Institute (RKI) as an example of best practices in Holland (RKI 2012). The RKI reports for example that SOAIDS has a "STI corner", a virtual chat-room hosted by www.hookers.nl, in which clients of sex workers' can be informed.

3.3 OVERVIEW OF HIV/STI PREVENTION FOR SEX WORKERS IN GERMANY

The Strategy of the Federal Government to Fight HIV/AIDS (*HIV/AIDS-Bekämpfungsstrategie der Bundesregierung*) in Germany has 3 overall goals: to reduce the number of new HIV infections, to optimize the support provided to the affected population, and to guarantee that affected persons are treated with solidarity (BMG 2011a; BMG 2011b; BMG, BMZ & BMBF 2007). To achieve these goals, the German Government designed an Action Plan to Implement the Federal Strategy to Fight HIV/AIDS (*Aktionsplan zur Umsetzung der HIV/AIDS-Bekämpfungsstrategie der Bundesregierung)* (BMG, BMZ & BMBF 2007).

Education and prevention are the pillars of the German federal policy to fighting HIV/AIDS (BMG, BMZ & BMBF 2007). Information, education, and risk reduction measures (e.g. the use of condoms) are recommended by the Robert Koch Institute as primary prevention interventions in relation to STDs/STIs (RKI 2010b). Relevant to the present research is that the Action Plan to Implement the Federal Strategy to Fight HIV/AIDS encourages among other prevention interventions the reinforcement of participative prevention initiatives for migrants, and promotes two prevention core strategies to reduce the number of HIV infections: a mass media communication strategy for the general population and a strategy of intensive interventions for the groups at most risk. The Federal Centre for Health Education (*Bundeszentrale für gesundheitliche Aufklärung -BZgA-*) and the German Agency against AIDS (*Deutsche AIDS-Hilfe -DAH-*) are addressed as the two key actors in the federal prevention of HIV/AIDS. The German Action Plan stipulates that the BzgA should coordinate a national educational campaign for the general public[8], while the DAH should focus its efforts on developing prevention measures but especially for specific population groups (people at most risk and migrants).

[8] The BZgA currently runs the national campaign "Make it with" (*Mach's mit*), a HIV/AIDS and other STI prevention campaign encouraging the use of condoms (BZgA 2014). In the campaign, persons of different social contexts and different age groups (a young boxer woman, an elderly woman, a business man, etc.) share the type of sex they like (classic, soft, etc.) and encourage having sex with a condom.

The Action Plan to Implement the Federal Strategy to Fight HIV/AIDS postulates in this sense that the German Agency against AIDS (DAH), as well as counselling offices (*Beratungsstellen*), should develop training programs that help counselors to provide more accurate orientation to non-German people. Furthermore, the German Action Plan recommends the reinforcement of social work initiatives for migrants, especially for those at risk like drug addicts and sex workers.

The HIV/STI prevention project "Training for Sex Workers in Clubs and Brothels (ProfiS)" (Klee 2008, 2012) is one of the programs sponsored by the DAH. The training "ProfiS" developed by Stephanie Klee from the "highLights" Agency in Berlin, is a capacity building intervention oriented to the professionalization of the sex workers which, according to Klee (2012), is the basis for improving health and enhancing disease prevention in sex work. The intervention has as primary goals to empower sex workers, to improve their self-esteem and to increase their knowledge with the purpose of helping sex workers to make decisions and recognize alternatives that enable them to earn money without damaging themselves, neither physically nor mentally (Klee 2012). The capacity building intervention from Klee is centered in conducting workshops at indoor sex work venues. Using techniques such as group discussions and role-play exercises, sex workers exchange experiences and information and learn about different topics (e.g. health, work practices, taxes). However, discussion topics are those suggested by the sex workers themselves. The workshops take place in the brothels' dining room at the time sex workers take a break. More than 100 "ProfiS" workshops were held by the end of 2011 (Klee 2012).

On the other hand, detection and counselling are central strategies in the prevention of HIV/AIDS and other STIs in Germany. In this sense, the Infection Protection Law (*Infektionsschutzgesetz*) stipulates that the health offices (*Gesundheitsämter*) should offer STI and tuberculosis tests, as well as counselling to the population (including of course, the sex workers). In addition to the health offices, non-governmental organizations (NGOs) offer counselling on STIs to sex workers.

The Action Plan to Implement the Federal Strategy to Fight HIV/AIDS names the NGOs as key actors in the prevention of HIV/AIDS. The Action Plan (BMG, BMZ & BMBF 2007) states that it is crucial to use different communication channels (including NGOs and faith-based institutions) to inform all population groups about the causes, consequences and infection modes of HIV/AIDS and the measures to prevent the transmission. The plan proposes that the collaborative work with the organizations should be thus reinforced. Nowadays, in each of the 16 conforming states in the Federal Republic of Germany, there are non-governmental organizations specifically dealing with people engaged in commercial sex work[9]. These organizations are aimed at improving the health, social and labor conditions of the sex workers. To accomplish these objectives, organizations dealing with sex workers (as well as health offices and DAH representatives) carry out outreach work (or 'street work'). On many occasions, cultural mediators[10], and also nurses, participate in outreach activities. For example, through regular outreach, Amnesty for Women has conducted workshops with nurses in Hamburg. According to the European Manual on Good Practices in Work with and for Sex Workers "Work Safe in Sex Work" (TAMPEP 2009b), the workshops have facilitated information spread, increased sex workers' knowledge, and improved their negotiation skills.

The dissemination of health education materials (in different languages) is another key strategy conducted by health offices, NGOs and DAH representatives to prevent the transmission of HIV and other STIs in sex work settings. The immense majority of the materials distributed in individual counselling sessions and by street work are graphic (e.g. leaflets, booklets, cards). However, there are other innovative educational materials like the CD for illiterate workers with information on sex work in Germany, developed by the organization Kassandra and the Health Office of the city of Nürnberg (RKI 2012).

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[9] For contact information of organizations/institutions dealing with sex workers in Germany, see TAMPEP. (2010). "Germany. Deutschland. Dezember 2007-November 2009". European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers.

[10] Cultural mediators are not only translators. They are people who, in addition to speaking the language of migrant sex workers, have knowledge on (and are sensitive to) the workers' culture.

METHODOLOGY
PART II

4. RESEARCH QUESTIONS AND APPROACH

4.1 RESEARCH QUESTIONS

Literature suggests that the use of condoms in commercial sex work in Germany is inconsistent (RKI 2012; Bremer 2007, 2006; TAMPEP 2010, 2007b, 2007d). To increase condom use and prevent the transmission of HIV/STIs among sex workers, their clients, and their partners, behavior change interventions aimed at improving sex workers' safer sex negotiation abilities are recommended by the World Health Organization, the United Nations Population Fund and other international agencies (WHO, UNFPA, UNAIDS, NSWP & The World Bank, 2013).

The effectiveness of behavioral interventions to prevent HIV/STIs among sex workers has been assessed in diverse systematic reviews including the review of Shahmanes et al. (2008) which suggests condom promotion as an effective strategy. In their review, Shahmanes et al. assessed 28 interventions. Among others, the authors included 2 studies from Wong et al. (1998, 2004). The first study had as a goal to evaluate an intervention to increase condom use and reduce gonorrhoea among brothel-based sex workers in Singapore focused on developing sex workers' negotiation skills, educating clients, and peer mobilization (Wong et al. 1998). According to Wong et al., the intervention group improved significantly their abilities to negotiate condom use and to refuse unprotected sex. Furthermore, Wong et al. reported that gonorrhoea incidence declined by 77.1% in the intervention group. The second study was aimed at assessing the long-term impact of condom promotion programs for vaginal and oral sex also among female brothel-based sex workers in Singapore (Wong et al. 2004). Interventions which were analyzed included talks on STIs and AIDS, problem-solving sessions and video demonstrations of condom use and negotiation, as well as reinforcement talks held over 2 years (idem).

Wong et al. (2004) reported a significant increase in condom use for vaginal sex (from 45.0% before 1995 to 95.1% in 2002), and a decline in cervical gonorrhoea incidence from more than 30 to 2/1,000 person-months; similarly, they reported a significant increase in oral condom use (from less than 50% before 1996 to 97.2% in 2002), as well as a decline in pharyngeal gonorrhoea from more than 12 to 4.7/1,000 person-months. Taking into account the effectiveness of condom negotiation and the literature suggesting inconsistencies in condom use in sex work in Germany, the overall goal of the present research would be to contribute to reducing the risk of HIV/STI transmission among Latin American female sex workers who are working in Germany (LAFSWs)[11], their clients and partners, by accomplishing **two research objectives:**

1. **To identify negotiation strategies that Latin American female sex workers working in Germany (LAFSWs) put into practice when they attempt to negotiate safer sex with resistant clients**; and
2. **To identify skills building options to teach sex workers condom use negotiation strategies.**

The specific research questions of this dissertation were thus the following:

a) Which negotiation techniques do Latin American female sex workers working in Germany employ when trying to persuade a reluctant client to wear a condom?

b) What difficulties do LAFSWs experience by seeking to negotiate safer sex?

c) What factors facilitate safer sex negotiation?

d) How does safer sex negotiation differ according to the type of resistant client who requests unprotected sex (regular, new client, etc.)?

e) How could condom use negotiation strategies be taught?

[11] Latin American sex workers were selected as the study population because the researcher was born in Latin America, knows the Latin American culture and speaks Spanish as her mother language. These are key features that facilitate the outreach and the development of a trusting relationship with the sex workers. In sex work settings, trust is essential to approach sex workers and encourage them to participate in health initiatives (TAMPEP 1998).

4.2 RESEARCH APPROACH

Following the WHO key principles on sex work interventions addressed in "The public health rationale for HIV interventions in sex work settings" (WHO 2009), the present research had a non-judgmental focus. Furthermore, the approach that guided this study was the non-victimization of sex workers (SW). In other words, the present study was conducted under the premise that adults engaged in commercial sex work are not necessarily human trafficking victims, neither exploited persons, nor persons who always suffer from violence. The current study approach is contrary to some feminists who argue that SWs enter into sex work due to a prior experience of violence. This study's approach is thus opposite to the approach of abolitionist feminists who, according to Ahmed (2011), argue that prostitution is always exploitative. According to Overs and Loff (2013), some feminists claim for the abolition of sex work arguing that it is indivisible from human trafficking as no person would voluntarily agree to prostitute themselves. Contrary to this conceptualization, the present research approaches sex workers as individuals who freely decide to practice commercial sex work (CSW) as an occupation.

There is evidence that suggests that prostitution is not always violent. For example, in the study carried out by O'Doherty (2011) aimed at examining violence experiences of female sex workers in Vancouver, the majority of the participating women (63%) reported no victimization while working in CSW. Furthermore, the fact that not all sex workers are victims of exploitation is also mentioned in the literature of diverse international agencies. For example, the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2002) states in its technical document "Sex work and HIV/AIDS" that some adults freely choose sex work as their occupation. Moreover, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the UNAIDS in the "International Guidelines on HIV/AIDS and Human Rights" actually mention that there is adult sex work that involves no victimization (OHCHR & UNAIDS 2006).

On the other hand, O'Doherty (2011) brings attention to the point that the sex work industry is varied, what Harcourt and Donovan (2005) call "The many faces of sex work" (Harcourt and Donovan identified at least 25 types of sex work in their investigation). O'Doherty (2011) warns that due to this diversity, the victimization of sex work should not be generalized. She claims that public policy should not be based on the assumption that prostitution is inherently violent (idem). The present research thus adopts an approach of non-victimization of the sex workers and takes the view of non-stigmatization of the clients. The current research does not look to stigmatize the clients by showing them as a homogenous group of men who visit sex workers and always request unsafe sex. On the contrary, this research is based on the assumption that there are different types of clients including the sub-group that requests safer sexual practices, and the sub-group that asks for unprotected sexual services. In this sense, one should be careful when reading this research in order to avoid the stigmatization of clients. One should be aware thus that being a problem-centered investigation, the present research is focused exclusively on those men visiting LAFSWs who are resistant to wearing a condom.

5. DATA COLLECTION

5.1 ACCESS STRATEGY

A 'gatekeeper' strategy based on the collaboration of organizations dealing with sex workers in Germany was employed in the present research to gain access to Latin American Female Sex Workers working in Germany (LAFSWs). People engaged in commercial sex work are a 'hidden' population (Faugier & Sargeant 1997). They are 'socially invisible' or hard-to-reach as they maintain their occupation and work sites secretly as a consequence of the stigmatization and discrimination they face. There are 2 factors that facilitate access to hard-to-reach populations (Brackertz 2007): a) knowing their attributes and characteristics; and b) gaining access to these groups through gatekeepers who are people they trust, networks they already know or use; or organizations with whom the populations maintain contact.

In HIV/AIDS and STI prevention interventions for sex workers, the gatekeeper method has been extensively employed. For example, in the study "Factors associated with HIV testing, condom use, and sexually transmitted infections among female sex workers in Nha Trang, Vietnam" (Grayman et al. 2005), gatekeepers were asked to take the investigators to venues frequented by sex workers in order to contact them. Another investigation that employed this technique was the "Plan for the Control and Elimination of Congenital Syphilis and Prevention of the Transmission of HIV in Ciudad Juarez, Mexico. First Phase", a multi-institutional cooperation among the Pan American Health Organization (PAHO), the Health Ministry of Chihuahua, and the Health Department of Texas. In the first phase of the plan, a gatekeeper strategy was put into practice to have access to the sex workers. Through the collaboration of the Non-Governmental Organization (NGO) "Mercy and Life for People with AIDS" (*Misericordia y Vida para el Enfermo de SIDA*), sex workers were approached in their work places and encouraged to participate in the project.

According to the guide "Gaining Access. A practical and Theoretical Guide for Qualitative Researchers" by Feldman et al. (2003), an access strategy may include three phases: a) to find Informants (to look for potential informants who are individuals or organizations in contact with the groups); b) to contact informants (the authors emphasize that the initial contact and the relationship that the researcher builds with the gatekeepers are crucial for the good development of the investigation; furthermore, according to Shaffir and Stebbins (1991), this relationship could improve or hinder the investigation and also determine the quality of the data); and c) to maintain informants. Based on these premises, the following steps were carried out in the present research to reach LAFSWs:

a) Finding Informants

An electronic literature review was performed to identify entities that could be dealing with Latin American sex workers in Germany.

12 institutions were identified as organizations that potentially were providing counseling to Latin American sex workers. These institutions comprised Non-Governmental Organizations and Government-Based Institutions (including "Counseling Services for Prostitutes" -*Beratungsstellen für Prostituierten*- and "AIDS/STI Counseling Services" -*AIDS/STI Beratungsstellen*-) which were aimed at improving health and HIV/STI prevention and enhancing the social conditions of the people engaged in prostitution in Germany. The 12 organizations were from 11 cities from 7 German states (or *Bundesländer*)[12].

b) Contacting Informants

As a first stage the located organizations were carefully approached by contacting them (through personal visits, and/or phone calls and emails), and by providing them with information on the research relative to their objectives and preliminary methodology. The organizations were also informed about the researcher's experience on health research and personal motivations to conduct the study. In the second stage, the organizations that showed interest in the research were informed that their participation would consist of: a) allowing the researcher to take part in the outreach ('street work') activities they regularly perform in order to reach sex workers; b) participating in focus groups (originally planned as the principal method to gather condom negotiation data); and c) facilitating their rooms for the groups.

c) Maintaining Informants

From the 12 institutions contacted, 5 organizations from 4 German states accepted to support the present research[13]. As a way to maintain contact with the organizations and to compensate them in some way for their support, the researcher offered the organizations help in the communication with the Spanish-speaking sex workers during the outreach activities, and to support them in the production of Spanish materials and documents.

[12] The list of the organizations contacted is not provided as anonymity was assured to them.
[13] The main reasons that the institutions gave for not participating were that they did not provide counselling to sex workers from Latin America anymore and the lack of interest in collaborating in the research.

5.2 DATA COLLECTION METHODS

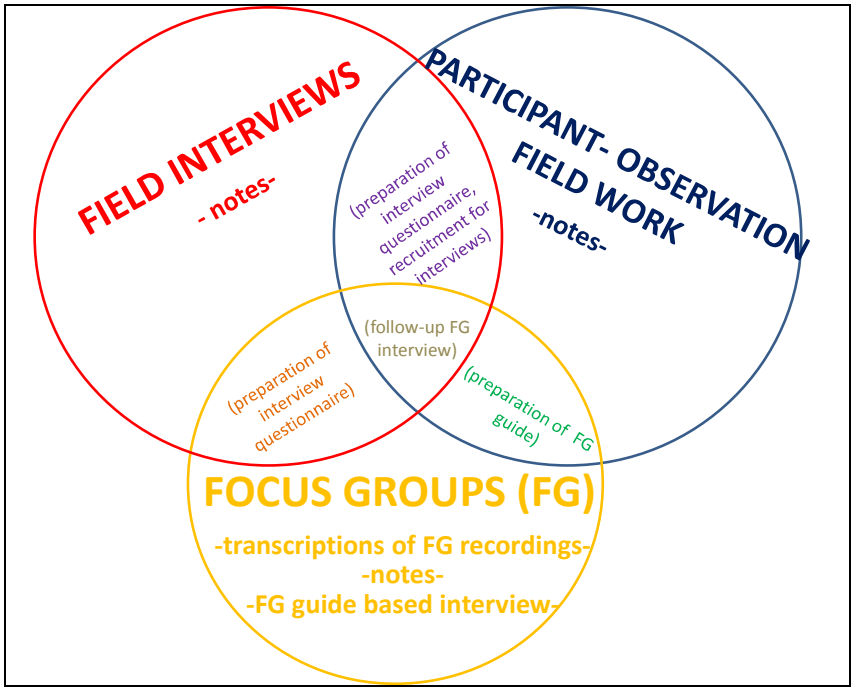
A mix of qualitative methods (Table 5.1) was employed to answer the specific research questions described in Section 4.1. Participant-observation field work, field interviews and focus groups with LAFSWs were conducted to collect data to identify condom use negotiation techniques used by LAFSWs (Figure 5.1) (Table 5.2). Similarly, expert interviews were conducted to recognize possible skills building approaches to teach condom use negotiations to sex workers.

TABLE 5.1: DATA COLLECTION METHODS TO USE BY SPECIFIC RESEARCH QUESTION

Specific research question/Method	Participant-Observation Field Work	Focus Groups	Field Interviews	Expert Interviews	STP* Analysis
a) Which negotiation techniques do Latin American female sex workers working in Germany employ to persuade a reluctant client to wear a condom?	√	√	√		
b) What difficulties do LAFSWS experience when seeking to negotiate safer sex?	√	√	√		
c) What factors facilitate safer sex negotiation?	√	√	√		
d) How does safer sex negotiation differ according to the type of resistant client who requests unprotected sex?	√	√	√		
e) How could condom use negotiation strategies be taught?	√	√	√	√	√

*STP = SUPPORT Tools for Evidence-Informed Health Policymaking
SUPPORT = Supporting Policy Relevant Reviews and Trials Project

FIGURE 5.1: DATA COLLECTION METHODS USED TO IDENTIFY LAFSWS' NEGOTIATION STRATEGIES FOR CONDOM USE



PARTICIPANT-OBSERVATION FIELD WORK

Participant observation implies that the investigator directly observes the behavior and activities of the population under study (Power 2002). According to "The Application of Qualitative Research Methods to the Study of Sexually Transmitted Infections" (idem), this time-consuming method is central for STIs/AIDS, and has been extensively used in investigations on groups at risk, including commercial sex workers (observation has been employed for example in the studies of Malta et al. 2008; Backer, Case & Plocicchio 2003). In fact, according to Koester (1995), this method enables the investigator to identify the behaviors that facilitate AIDS transmission, and to understand how contextual factors influence their occurrence.

Participant observation was conducted by the researcher[14] while she was performing street work with the organizations supporting the study. In the early phase of this research (late 2009 - early 2010), street work was conducted in 4 German states with 5 organizations (outreach activities were carried out in flats, window houses and brothels). In the second and main phase of the research, street work was conducted in 3 German States with 3 of the organizations[15]. In this sense, in 2010 and 2011, outreach activities were carried out at indoor venues (window houses and brothels) in 3 cities of 3 German States (cities 'X', 'Y' and 'Z')[16]. During the street work, the researcher was part of the 2-person organization team that approached sex workers. Outreach was performed by respecting, by not changing, nor blocking, the habitual way the organizations perform their activities. Sex workers were thus contacted following the approach principles of: confidentiality, not obstruction, respect, flexibility, patience and kindness[17].

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[14] 'The Researcher' refers to María Ixhel Escamilla Loredo developer of the current study.

[15] Due to logistic reasons and because one of the original supporting institutions decided not to participate anymore in the study, field work concentrated in 3 German cities of 3 German states.

[16] These designations bear no relation, neither with the real names nor with the characteristics of the cities.

[17] According to the European Network for HIV/STD Prevention in Prostitution (EUROPAP) (1998), street workers should take into account the following considerations when approaching sex workers:

a) Confidentiality: outreach workers will never reveal the true identity of sex workers.
b) Not obstruction: sex workers will be contacted only if this does not interfere with their job.

Participant observation had a convenience sampling. Neither the selection of the sex workers nor the choice of the indoor venues was probabilistic. The venues visited were those recommended by the organizations and the sex workers contacted were the women who were available when approach activities took place. Field notes were taken and expanded according to the Data Collector's Field Guide by Mack et al. (2005). Outreach varied from one organization to another in relation to the types of establishments visited, the form in which establishment managers were approached, the frequency with which the venues were visited, and the time of the day and the days of the week when the visits took place. The most frequent activities carried out during outreach were informing sex workers about the counselling services provided by the organizations, the dissemination of print materials on health, social services, taxes and/or human rights, as well as offering condoms and lubricants. In addition to the indoor establishment activities, the researcher participated in social events that the organization of city 'Z' prepared for sex workers (including cultural cafés and dinners, as well as New Year's celebrations).

FOCUS GROUPS

In a focus group, a homogenous group of participants meet to discuss a specific topic or issue. The participants interact with each other actively, enabling a deep exploration of people's knowledge, experiences and beliefs. Focus groups have also been broadly employed in sex work studies (e.g. Malta et al. 2008; Eldemire-Shearer & Bailey 2008; Basuki et al. 2002; Uribe-Salas et al. 1997; Szterenfeld et al. 1996). With the purpose of identifying strategies used by the population study to motivate the use of condom use among unwilling clients, 2 groups were carried out.

They will be approached if they are not busy with clients, if they are not talking with them or working inside their rooms.

c) Respect and flexibility: outreach workers should be flexible; they should approach sex workers on other occasions, if sex workers are not in the mood for chatting or being contacted.
d) Patience: as building trust is a process that requires lots of time, outreach workers should be persistent and patient in their work by promoting health and encouraging positive health habits among sex workers.
e) Kindness: outreach staff should be gentle with sex workers even if sex workers do not want any conversation or do not want to participate in any activity.

Running of the Groups

In 2010, 2 focus groups on condom negotiation were conducted at the facilities of the organizations from city 'X' and city 'Y'. 3 sex workers attended the group from city 'X', while 2 workers attended the group organized in city 'Y'. LAFSW recruitment was done by the organizations' members who made telephone calls to directly invite potential participants. Sex workers invited were women who had a close relationship with the local supporting organization. A guide was developed for the focus groups (Annex 2). In each group, a staff member was the moderator, while the researcher was in charge of making annotations. After participants verbally gave their consent, the groups were initiated and recorded, and notes were taken. Groups were conducted in Spanish. Sex workers did not receive any monetary payment for their cooperation. Instead of financial compensation, a brunch was offered.

New Groups Planned

More LAFSWs were invited to new groups scheduled in the organizations' facilities. 40 sex workers were invited to a new group in city 'X', while 20 workers were invited to a new group in city 'Y'. Recruiting took place at women's work places. After sex workers were contacted in the street work, the researcher invited them to the groups by assuring their anonymity and by employing a 'supportive expert strategy' (which had been already discussed with 2 of the organizations). The strategy consisted of inviting the sex workers as experts who, in a gesture of solidarity with the sex workers' community, would share their expertise and knowledge to other workers in order to contribute to improving the life and labor conditions of the community. Additionally, a print invitation, condoms and candies were provided at the moment of the invitation. The new focus group planned for city 'X' was attended by only one sex worker. Due to her interest in the topic, the attendee decided to stay and agreed to be interviewed using the guide questions originally prepared for the group. The interview was recorded and annotations were made. In contrast, the planned group for city 'Y' had no attendance.

The poor attendance of LAFSWs showed that the focus groups were not the most suitable collection method for this research. It made visible sex workers' fear of revealing their true identity. Due to this fear, sex workers hardly attend activities outside their work places. The focal point of the organization in city 'Z' confirmed how problematic it is to count on sex workers' participation outside their workplaces: "In our experience, it is very difficult for new sex workers to come to the Organization when there is an activity. Generally they are the same women who show up. It is very difficult for them to come to us. That's why we come to them".

FIELD INTERVIEWS WITH LAFSWS

Because of the difficulties involved in reaching sex workers and the limitations experienced to recruit further participants for more focus groups, the researcher decided to individually interview LAFSWs at their work places while field work was being conducted. Interviews were then field interviews which have also been employed in sex work research as a data collection method. For example Binagwaho et al. (2010) cite in their article "Developing Human Rights-Based Strategies to Improve Health among Female Sex Workers in Rwanda", that field interviews with sex workers were carried out in the study "Making the Transition: from Good Girl to Good Wife - Young Women and Sex Workers' Narratives on Social Life, Sexuality and Risk" (Hawkins et al. 2005), and also in a research by the "Treatment and Research AIDS Center Plus". Instead of being in-depth, study interviews had a brief approach which is used in sex work research; for example in "A Dialogue with Female Sex Workers: Their Perspectives on Behavior Change for HIV Prevention" (Pierce 2007), interviews with Vietnamese sex works had a brief format. The characteristics of the interviews carried out on the field are presented in the following section.

Primary Field Interviews with LAFSWs

Using the 'supportive expert approach', 41 LAFSWs were interviewed at indoor venues (brothels and window houses) in 3 German cities of 3 German States in 2010 (see Table 5.2). Interviews were conducted while street work was being performed.

In this sense, interviews were not scheduled in advance, neither were carried out in a neutral place, or in a calm site without interruptions as qualitative interviews are supposed to be arranged. Field interviews had a convenience sampling. The establishments visited were those proposed by the supporting organizations. Sex workers contacted were thus the women who had no clients at the moment the street work visits took place. Anonymity and confidentiality were assured to sex workers. Consent was verbally obtained. No real names or real contact information was collected, so as to maintain anonymity. Sex workers did not receive any monetary compensation for their participation. Instead of money, a gift in the form of condoms and sweets was provided. Interviews were approximately 15 to 45 minutes in length. A semi-structured questionnaire was used (Annex 3). Field interviews were centered on sex workers' reactions towards unwilling clients, sex workers' persuasion strategies to convince a resistant client to use a condom, factors that facilitate or influence clients, factors that make difficult the persuasion of clients, approaches with which sex workers learnt to encourage condom use, and approaches with which sex workers would teach other workers to encourage condom use. Interviews were not recorded. Notes were taken and expanded. Interviews were conducted in Spanish.

Validation Field Interviews with LAFSWs

13 additional interviews were conducted in 2011 to validate preliminary negotiation strategies which resulted from the analysis of the focus groups and the primary field interviews, which were conversed with organizations' staff. Preliminary strategies were shown and discussed with 12 sex workers who had not been consulted, and with another woman who had participated in the first round of interviews. A condom use negotiation flyer with primary results (Annex 4) was also presented to sex workers. Interviews took place in 2 German cities ('X', 'Z') during the field work. Consent was also verbally obtained. Interviews also had a convenience sampling and lasted less than 45 minutes. Notes were taken instead of recording the interviews. The sex workers did not receive any money, only condoms and sweets.

Field Interviews: Methodological Constraints

The researcher faced some difficulties in the field to properly interview some sex workers as she followed the recommendations of 'no obstructing' and 'showing respect and flexibility' that, according to the European Network for HIV/STD Prevention in Prostitution (1998), one should take when approaching sex workers. Some interviews for example could not be completed because the participants made a decision not to answer some questions (women were informed that they could bypass questions or finish the interview if they decide to), and because some others received a visit from a client when the interview was being conducted.

TABLE 5.2: FOCUS GROUPS AND FIELD INTERVIEWS CONDUCTED

Qualitative Method	Number of Focus Groups or Interviews Conducted	Number of (new) Participants	Data Collection Instruments Employed
Focus groups	**2**	**5**	**Transcription of recordings, notes**
Field interviews:			
a) Focus-group based	1	1	a) Transcription of recording, notes
b) Primary interviews	41	41	b) Extended notes
c) Validation interviews	13	12	c) Extended notes

EXPERT INTERVIEWS

Key informant interviews (also named expert interviews), those conducted with people who have first-hand knowledge about a specific population or community (UCLA Center for Health Policy Research), are a qualitative technique extensively used in HIV/AIDS investigations (e.g. Kermode et al. (2012), Poteat et al. (2011)). In the present study, expert interviews were conducted with the purpose of identifying potential forms to teach condom use negotiation techniques. In this sense, 9 in-depth interviews as well as informal consultations with organizations were carried out in 2011 and 2012 to collect information on condom negotiation skills building. Expert interviews were conducted with staff from: 4 German organizations focused on enhancing the health and social conditions of people engaged in commercial sex work, a German institution aimed at HIV and STI prevention, a German health office, and a further European organization working in the field of improving sex workers' wellbeing. A semi-structured questionnaire was also developed for the interviews (see Annex 5). Experts gave their signed consent for the interviews. They were conducted in Spanish and German. Interviews were recorded.

6. DATA ANALYSIS

6.1 DATA ANALYSIS REGARDING NEGOTIATION STRATEGIES

PRIMARY ANALYSES

The data collected were analyzed using elements of Grounded Theory (GT). In this sense, evidence on condom use negotiation strategies and training on condom negotiation, were examined only after the collected information was analyzed[18].

Following further premises of Grounded Theory (Strauss & Corbin 2004), the initial collected data were examined in detail. In the preliminary phase, once the first focus group transcript was read and re-read, the transcript was manually analyzed line for line. Salient concepts were then coded. In a second phase, this transcript, the second focus group transcript, the transcription of the focus group-based interview, and the expanded notes of all primary field interviews (including the focus group follow-up interview) were exported to a hermeneutic unit of Atlas.ti version 6.2. Using this software, the data were coded with the initial codes from the first focus group. A further in-depth analysis was carried out. Passages from the data containing the same codes were compared. After re-reading all the data, and contrasting similarities and differences, a new codification was performed. By examining the new codes and comparing them with each other, sub-categories and categories emerged.

SECONDARY ANALYSES

A re-coding and a re-categorization were conducted. The expanded notes of the validation field interviews were exported to the hermeneutic unit already in use. Then using Atlas.ti, the new validation information was tagged with the most recent codes employed. By contrasting once again the information codified, new codes surged. The initial categories and sub-categories were verified with the new and old codes.

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[18] "It is well documented that when utilizing a Grounded Theory method the researcher should avoid conducting a literature review prior to commencing data collection and analysis… By avoiding a literature review at the beginning of the study it is more likely that the emergent theory will be grounded in the data" (Cutcliffe 2000, Page 1480).

On the other hand, categories, sub-categories and related codes were also contrasted using the graphic tools of Atlas.ti "Network Views". These Network Views illustrate the analyses carried out in the form of concept maps (Friese 2012). The networks are visual representations of the links between the generated codes, sub-codes and the data segments they encode (idem). Susane Friese (2012) and Miles and Huberman (1994) recommend the use of visual tools to facilitate the coding of qualitative information, and the illustration of the coding results. In this sense, for a better distinction of the emerged categories, sub-categories and major codes, the researcher colored them with differentiated tones, set the relations between them (e.g. 'is part of'), and linked the codes with the most descriptive quotations[19] in their original language (e.g. in Spanish) [20] (Figure 9.4 as an example).

6.2 DATA ANALYSIS REGARDING NEGOTIATION SKILLS BUILDING

The transcripts of the expert interviews, as well as the notes and transcriptions of informal talks with staff of the organizations, were examined with a contrasting coding analysis similar to the procedure carried out with the negotiation strategies data. Atlas.ti was in this sense also employed to code the information. The emerged skills building options to teach condom use negotiations were examined employing the STP methodology (STP=SUPPORT Tools for Evidence-Informed Health Policymaking) which were developed by the SUPPORT group (SUPPORT=Supporting Policy Relevant Reviews and Trials Project). The STPs are a sequence of steps aimed at helping policy makers to make well-informed decisions oriented by the best available research evidence (Oxman et al. 2009). The STPs provide guidance in the preparation of policy briefs to support evidence-informed policymaking (Lavis, Permanand, et al. 2009).

[19] The quotations are shown with ciphers in brackets. These are ciphers that Atlas.ti produces in a coding process. The first cipher is the number that the software assigns to the document, to which the quotation belongs, in relation to all analysis documents. The second cipher is the number that the encoded quotation receives in that specific document; and the third refers to the text line number in which the citation begins.

[20] The Network Views contain interview quotations in their original language. However, quotations already translated into English will also appear in the body of the present document; to see them in their original language (e.g. in Spanish or German), please see Annex 6.

Nowadays, international organizations like the WHO and the Evidence-Informed Policy Network (EVIPNet)[21] promote the application of the STPs in the formulation of health policies. According to the SUPPORT Group, the STPs could be employed to formulate a policy brief to identify potential policies to address a high-priority problem (Lavis, Wilson, et al. 2009). In this case, the policy brief based on the STPs should contain four main elements: 1) Clarification of the problem using evidence; 2) Identification of policy options to address the problem; 3) Characterization of the policy options using evidence; and 4) Implementation considerations.

According to the STP methodology, once the problem and the potential options to tackle it are identified, each option should be characterized (examined) in terms of its benefits, harms, costs, the degree of uncertainty related to its costs and consequences, its key elements and the stakeholders' views about the option (idem). Based on the methodology, the examination of the policies should be centered in systematic reviews instead of in single studies (Lavis, Permanand, et al. 2009). The SUPPORT Group points out, however, for the need of appraising the quality of the systematic reviews by conducting for example an AMSTAR assessment (AMSTAR = A MeaSurement Tool to Assess Reviews, described in Annex 7) (Lewin et al. 2009). On the other hand, the methodology stipulates that potential obstacles to the successful implementation of the options should be evaluated (Fretheim et al. 2009). In this sense, barriers and facilitators to implement the options should be examined at the levels: individuals (to whom the actions are oriented), providers (personnel who should conduct the actions), organization (providers' institutions/organizations: e.g. health offices) and system (e.g. health sector).

[21] EVIPNet is an initiative of the WHO which has as a major goal "to improve public health and reduce inequities by increasing the systematic use of and access to high-quality applicable evidence that guides the development of policies, and helps to identify and prioritize knowledge gaps that need attention" (EVIPNet Americas Secretariat 2008, p. 1130). In Latin America, the network has collaborated in the formulation of numerous policy briefs developed with the SUPPORT methodology; for example: the "Policy Brief: Financing Options for the Treatment of Rare Diseases in Chile" (Bastias et al. 2011), the brief "Interventions to Reduce the Abandonment of Tuberculosis Treatment" (original title: "Intervenciones Dirigidas a Disminuir el Abandono a Tratamiento Antituberculoso") (Solari et al. 2011), and the brief "Policy Options Focused on Drivers to Reduce Deaths and Injuries Caused by Traffic Incidents" (original title: "Opciones de Política Enfocadas al Conductor para Prevenir Muertes y Lesiones Causadas por Incidentes de Tránsito") (Pacheco et al.).

RESULTS ON LAFSWs' RESPONSES AND NEGOTIATIONS
PART III

7. UNPROTECTED SEX REQUESTS AND LAFSWs' RESPONSES

7.1 THE REQUEST FOR SEX WITHOUT A CONDOM

The act of requesting sex services to a SW is a quick process which involves an agreement between the client and the worker with regard to the services to be provided and the price for those. At indoor establishments, this process regularly takes place at the door of the sex worker´s room (or at her window). According to the analysis of the data provided by Latin American Female Sex Workers Working in Germany (LAFSWs), the sex worker's age and the client's age may both be factors that affect the kind of sexual service solicited, and the type of unprotected sex requested. In the focus group in city 'Y' for example, it was argued that old sex workers are more often requested to practice anal sex than young workers. This could be explained by the power inequalities perceived by the clients. They may expect that old sex workers may practice anal sex more frequently than young workers, as old workers could be less attractive and less empowered than the younger ones. According to the interviews conducted, unprotected sex is solicited by both, new and frequent clients. It appears that the kind of unprotected sex may also be determined by the age of the client. In a focus group for example, it was also pointed out that young clients request unprotected oral intercourse more frequently than old clients. On the other hand, based on the information shared by LAFSWs, clients who visit a brothel and want unprotected sex usually make the request by simply asking the worker for unsafe intercourse, or by providing her with related arguments. To have a bigger chance of persuading the sex worker, clients may additionally offer a larger amount of money than the money they habitually would pay for the sexual service they demand. However, there are also men who may not mention they want unsafe sex until they are in the worker's room. As it was recently related, once they are in the room, they may make the unsafe proposition by simply asking, by providing arguments or by offering extra money for unsafe sex.

7.2 ARGUMENTS USED TO REQUEST UNPROTECTED SEX

Findings suggest that a reluctant client may use 3 types of arguments to request unsafe sex:

1. Arguments related to the supposed physical side effects of condoms.
2. Arguments regarding the health of the client himself (or of the sex worker).
3. Arguments related to the number of his sexual partners.

According to LAFSWs, some clients argue that condoms affect erection, produce loss of sensation, hinder orgasm, or cause irritation or allergy. On the other hand, unwilling customers may try to induce sex without protection by attempting to change sex worker's risk perception in two forms: a) by emphasizing their supposed good health or highlighting sex worker's apparent good health condition: "Come on, you don't have anything. You are very pretty, you are not ill"; and b) by assuring they have a reduced number of sexual partners. Reluctant clients may pledge they exclusively have one paid sexual partner:

> (44:243) (140)[22] I have the experience that a man enters into your room once… and enters again. He enters twice, three 'little times'… at the fourth time 'he believes he is your husband'. Then he comes to you and tells you: "Ay, why don't we do that?... I just visit you… I never… The first time I visited this place was the time I met you". All the fairy tales you can imagine! They tell you films!

A resistant client may also assure that his sexual partners are limited to the sex worker and his emotional partner:

> (44:244) (153) They come with the fairytale that… they are going to get married but that they like it without the rubber, that the only woman they have is the girlfriend and me.

On the other hand, married customers may request unprotected sex by using the statement: "My wife became old (or cold) with me", implying that they stopped having sexual intercourse with their wife, and consequently, the only sexual partner they have is the worker.

[22] Ciphers are generated by Atlas.ti in a coding process (see Methodology Section 6.1 for more details on the ciphers).

7.3 LAFSWs' RESPONSES TO A CLIENT REQUESTING NOT TO WEAR A CONDOM

The most frequent responses that LAFSWs gave to an unsafe sex proposal were[23]: a) to definitively refuse reluctant clients; b) to negotiate condom use; c) to cheat the client (they fit the condom when the client is unaware); and d) to negotiate safer sex alternatives instead of having unprotected penetrative intercourse.

Categorical Refusal of Reluctant Clients

The categorical rejection of clients making non-condom proposals was a recurrent reaction among the participating LAFSWs. For example, the only participant who admitted working once without a condom stated that nowadays she prefers to reject such clients instead of bargaining with them. The factors that emerged associated to the refusal of unprotected sex were: self-esteem, risk-perception, self-efficacy and financial-related factors:

a) Risk Perception-Related Factors Associated with Refusing Unprotected Sex

A factor that significantly may affect the rejection of unsafe sex proposals is the risk-perception of the woman who is asked to practice unsafe intercourse. It was observed that sex workers who categorically reject such proposals were women with a very high risk-perception regarding the risks involved in not using a condom. Apparently, the workers who declared that they reject perceive two risks: the risks related to the consequences on health that unprotected sex could bring; and a further risk associated with the client himself who requests not using a condom.

[23] It is important to notice that, with the exception of one sex worker, all interviewed LAFSWs reported that they regularly work with condoms. The Latin American participant who admitted she worked once without a condom explained she did it when she was young and was working in another European country. She remarked that since a very long time ago, she does no more work unprotected. The reader should place special attention on this matter, as this could be related to a respondent's bias. Instead of the sex workers informing the interviewer if they have unprotected intercourse sometimes (and under which circumstances they accepted to practice it), they try to show uninterrupted healthy sexual behavior, as may be expected from a sex worker.

LAFSWs refusing unprotected intercourse mistrust the reluctant client in two ways. They doubt firstly whether the client's health condition is good or not. Secondly, LAFSWs do not trust unwilling clients because they think such clients could have 'concealed intentions'. Some workers believe that even an unwilling client could accept to practice safer sex; the client could break the condom or take it off, as his real intentions were to wear no condom at all:

> (32:43) (29) One cannot negotiate. One cannot trust the client who comes and requests to do it without the rubber, he is not more trustworthy. That's why I say to my friends that such a kind of man is 'crazy', is 'sick'! How can someone request it 'without' knowing that a lot of men come? Such clients represent a big risk! They could take the condom off!

The categorical rejection of an unwilling man may depend on the sex worker's risk perceptions and beliefs, which at the same time are affected by the behaviors and attitudes of the client himself. This is illustrated by the experience of the following young woman who usually tries to persuade a client requesting unprotected sex to use a condom. She reported she immediately refuses the client if he has already asked several times:

> (38:42) (45) There are men who come to you and ask you; you say no. One month later, they come again and tell you: "Hi! Are you new here? Do you make it *ohne Gummi* (without rubber)?" Like it was the first time they saw you! They think that you don't remember; that you are an idiot! When you recognize them and know they are going to ask for that, you don't let them talk!… You say to them: "*Tschüss* (bye)!" You don't give any chance to those men.

b) Self-Esteem-Related Factors Associated with Refusing Unprotected Sex

Another factor that could significantly impact a sex worker's decision to have unprotected intercourse with paid partners is self-esteem. Apparently, women with low self-esteem are more likely to agree to work without a condom, than those who have high levels of self-esteem. The crucial role that self-esteem may play is illustrated in the following testimony of a young sex worker:

(26:51) (4) Researcher: What do you do if a client comes to your door and requests it without a condom?

Sex Worker: My answer is 'no'… I am 'correct'. I don't work without a rubber. I'm not married, I have no kids, but I have a family. I use the rubber for them. I work properly for them, for me! 'I' am above all things! 'I' am worth it!...

Researcher: How did you learn to take that 'firm' stance in front of the client?

Sex Worker: How I learnt to 'defend myself'? I learnt it myself. I know that many women do it to solve a problem… However, money is not everything. 'It's me first. It's my hygiene first. It's my security first'.

c) Self-Efficacy-Related Factors Associated with Refusing Unprotected Sex

Data analysis suggests that another factor that may influence the decision-making of definitively refusing the man who proposes unsafe sex is the worker's self-efficacy. Sex workers who believe they cannot succeed in persuading a reluctant client (workers with low self-efficacy) may categorically reject the clients more frequently than workers who believe they can influence an unwilling client (or workers with high self-efficacy, to accomplish this action successfully).

An example of a sex worker with high levels of self-efficacy is the woman who was asked the questions planned for the second group in city 'X'. This was a very confident woman, who apparently, having a strong level of confidence in being able to persuade the unwilling client, does not refuse the client at the first instance but negotiates with him until he accepts to practice safer sex:

(46:163) (290) Moderator: What kinds of clients are easier to convince to use a condom?

Sex Worker: Everyone! It is a matter of knowing how to talk to them…

Moderator: Did you ever have problems when trying to convincing them?

Sex Worker: No, no.

Moderator: If he says 'no', if he is completely reluctant, what happens? Does he go?

Sex Worker: I don't know. I have not had that, however friends of mine have.

d) Financial Factors Associated with Refusing Unprotected Sex

Data analysis also suggests that women who are in economic need, have almost no earnings, or their earnings have been drastically diminished due to a significant decrease of clients (e.g. because they are experiencing hard competition at a brothel where many women are arriving) are more likely to accept to work unprotected than those who do not have an economic emergency, or those whose earnings have not dramatically changed.

Negotiating Condom Use

Another frequent response from LAFSWs was the negotiation of condom use. LAFSWs declared that they negotiate, in the sense that they attempt to persuade a client to use a condom, by employing diverse strategies. The negotiation strategies that LAFSWs reported they have used (or would use) to try to convince a client varied from sex worker to sex worker. There were women who reported using a small number of tactics, while there were women who stated that they use several techniques. Two major groups were identified after the negotiation strategies were analyzed: verbal strategies and non-verbal strategies. However, the results of the analysis suggest that to persuade a client, participants negotiating may not employ techniques from exclusively one of the groups; rather, they combine techniques from both groups. In other words, they put into practice a combination of strategies. For example, the following young sex worker states that she says 'no' straightforwardly; but she additionally employs the non-verbal strategy of making a gesture of disgust to the reluctant client:

> (23:61) (9) I give them (the clients) an 'emphatic no'. I put on a long face. I make it obvious that I am offended, that they offended me. Some tell me: "Don't be like that, I was just asking". I make them a repulsive gesture. And with this, they feel a little bit embarrassed. They say that "they just wanted to know". Some feel embarrassed and come in. Some go.

Negotiating Safer Sex Practices

Another recurrent behavior among the participating LAFSWs was to try to persuade the client that, instead of having unprotected penetrative sex, they could perform safe activities like: giving each other body massages, or erotic massages, as well as, practicing single or mutual masturbation. That was the case of the very confident woman who was asked questions of the focus group (Quotation 46:163 page 42):

> (46:118) (50) Moderator: If a very handsome client comes to you, and you want that he enters into your room, but he doesn't want to use a condom…
>
> Sex Worker: Ahhh! Then I see what other things I can make with him. I give him a prostate massage. I give him an erotic massage. And then to conclude, to make him happy, I give him a massage with a cream on the back, on the legs; and make him feel good. He is going to see that even if we didn't do what he wanted, he felt much better.
>
> Moderator: In other words, you gave him other options?
>
> Sex Worker: Yes, other options. "First time that I receive such treatment, I had a great time" (the client says). And they go away very happy.

After sharing these experiences, this sex worker pointed out that a requisite to offer such alternatives is to be culturally sensitive by showing special respect to the client to whom such services are proposed.

Cheating the Client

Some of the participants reported that they cheat the client who makes a non-condom proposal. They announce to the client that they are agreed with not using a condom but, in reality, they fit the condom, with the hand or with the mouth, when the man is distracted. It was recognized that sex workers who reported performing this trick were skilled mature women, with high levels of self-efficacy. The majority of these sex workers communicated that they had taught other workers how to do the trick.

This was the case of a mature woman who said that she used to work in another European country, where she trained sex workers on how to cheat the client. In fact, using a dildo she showed the researcher how a condom could be fitted with the mouth. In the opinion of this sex worker, knowing how to cheat a client is a strategy to work safely. Another worker who admitted doing this trick and teaching others was a woman who indicated she was engaged in commercial sex work for 6 years. She also shared that she used to live in another European country:

> (69:97) (86) I have shown her how to do the trick. She says to me: "Ay, I become nervous". And I say to her: "No. You are the professional". She was the youngest…
>
> It is a matter of practicing, practicing with a dildo, with a banana. When one starts in this job, one doesn't know many things. However, one learns. I didn't know what a dildo was.

It is important to mention that women who reported doing this trick expressed that they are very selective about fitting the client with a condom without his consent. In a validation interview, a mature sex worker who stated that she did not work as a sex worker in her country of origin and was close to retiring, stated, as she was shown the validation flyer on "Experiences of Sex Workers in Germany" (see Annex 4), that sex workers should be very cautious about cheating the client:

> (75:26) (89) One thing that I also do, but this should not be included here (in your flyer), because it is dangerous, is to cheat them. With all the mirrors you see here, when they don't pay attention, I fit it.
>
> I cheat them in the oral, but it should not be included in a flyer because it is very serious. It cannot be done with all people. The clients could become violent if they notice the swindle.

The immense majority of the women doing the trick expressed that they cheat more German clients and that sex workers especially perform the trick when the client is old or passive, or appears to have an appropriate behavior.

8. NEGOTIATION STRATEGIES EMPLOYED BY LAFSWS

8.1 NON-VERBAL NEGOTIATION STRATEGIES

As it was previously pointed out, data analysis suggests that to persuade a client, sex workers who negotiate may also employ non-verbal tactics (Figure 8.1). Two major types of non-verbal negotiation strategies were found: a) print, written materials and prevention devices strategies; and b) body language strategies.

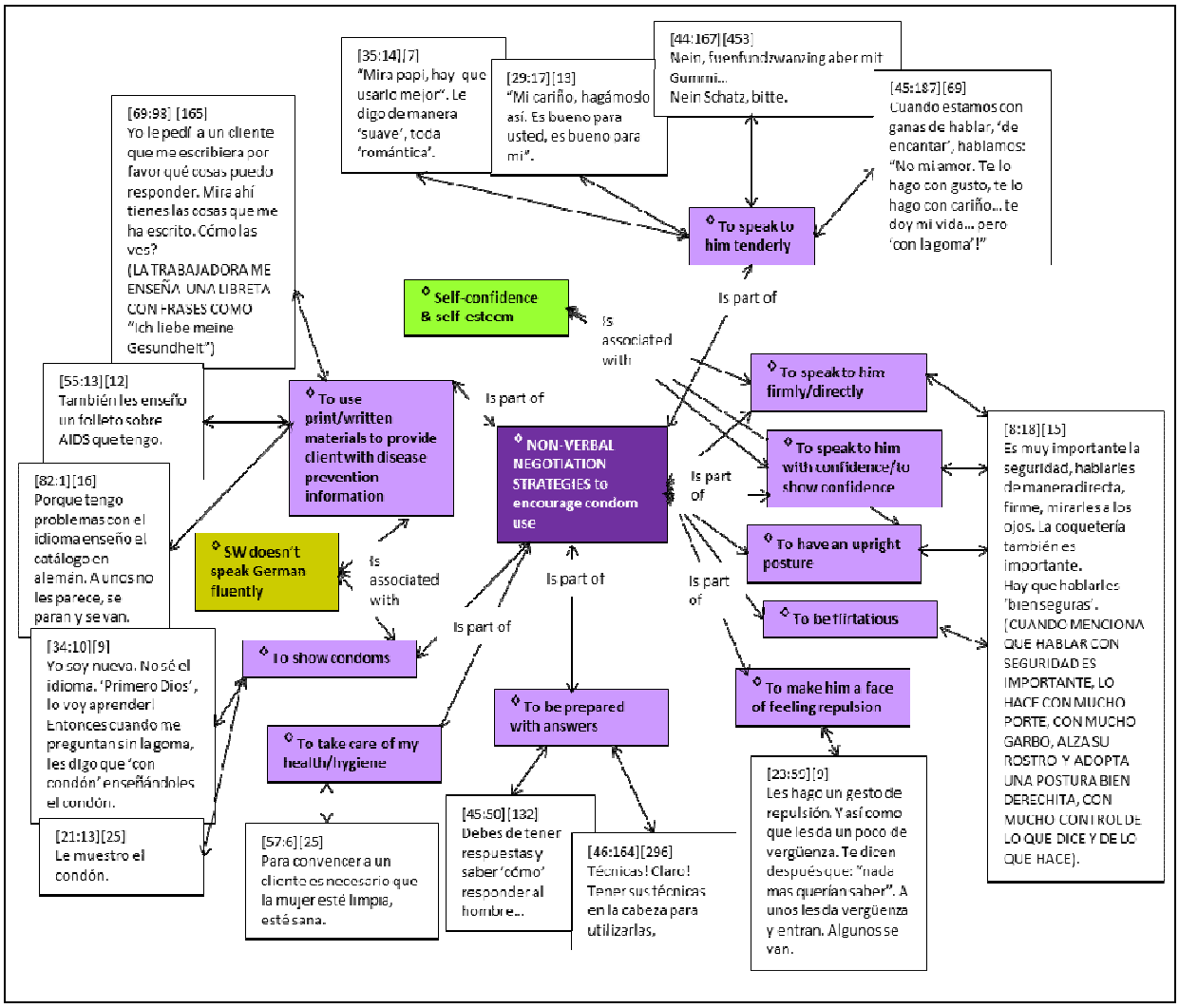
TABLE 8.1: NON-VERBAL NEGOTIATION STRATEGIES OF INDOOR LAFSWS

STRATEGY TYPE	NON-VERBAL NEGOTIATION STRATEGIES	RELATED TO
a) Strategies related to print, written materials and prevention devices	To use print/written materials to provide the client with disease prevention information To show condoms	Poor language skills (SW doesn't speak German fluently)
b) Strategies related to body language	To have a firm attitude while speaking To look him in the eyes To have a tender attitude while speaking To have a confident attitude while speaking To show confidence To have an upright posture To make a repulsive gesture To be flirtatious	Self-confidence, self-esteem
c) Readiness strategy	To be prepared with answers	Preparedness
d) Hygiene strategy	To take care of my health/hygiene	Health, self-esteem

Non-Verbal Negotiation Strategies Related to the Use of Print/Written Materials and Prevention Devices

In their attempt to persuade unwilling clients to use a condom, some LAFSWs who do not speak the German language fluently expressed that in addition to saying 'no' they show the customers print materials on health and disease prevention. That was the case of a woman, probably in her early thirties, who stated that because she does not speak German like her colleagues, she uses a German flyer on venereal diseases to show the client the risks involved in not using a condom. Another way that sex workers who do not speak German fluently may have to insist on the use of condoms is to show the client the condoms. That was the practice of two sex workers who explained that they barely spoke German.

FIGURE 8.1: NON-VERBAL CONDOM NEGOTIATION STRATEGIES OF INDOOR LAFSWS



Another woman who reported using non-verbal strategies was the sex worker who reported she had engaged in commercial sex work for 6 years and cheats the client occasionally (Quotation 69:97 page 45). She indicated employing a list of phrases. The list was prepared by a client after she requested him to write phrases which she could use, in order to encourage safer sex amongst unwilling clients:

> (69:98) (165) I asked a client to write me what I can answer when they want it without a condom. Look, here you have the things he has written. What do you think about the phrases?
>
> The worker shows a booklet with phrases in German including: *'Ich liebe meine Gesundheit'* ('I love my health').

Non-Verbal Negotiation Strategies Related to Body Language

The most common non-verbal negotiation techniques used by the participant LAFSWs were body language strategies. In a negotiation procedure, as in other communication processes, the form in which words are said is equally important as the words themselves. The meaning of the words depends thus on the intonation, module of the voice, gestures, hand movements and corporal posture of the interlocutor. The importance of the corporal posture in the condom negotiation emerged when a young sex worker spoke about the factors that are crucial by trying to encourage condom use among reluctant clients:

> (8:18) (15) Confidence is very important, to talk to them directly, firmly, to look them in the eyes. To be flirtatious is also important. One should talk to them with 'a lot of confidence'.
>
> (When she mentions that talking with confidence is important, she shows herself confident, she shows a confident attitude; she holds her head up and adopts a very straight posture with a lot of control over what she says and what she does).

The significance of the voice modulation in the safer sex negotiation emerged through diverse interviews. Many sex workers declared that, in order to have better chances with the clients, sex workers should talk to them in a friendly way. That was the case of one of the participants of the focus group of city 'Y', a mature woman who emphasized that a soft voice and a kind attitude are of great importance in persuading an unwilling client:

> (45:187) (69) When we are in the mood for talking, for 'enchanting', we say: "No my love. I do it to you with pleasure; I do it to you with affection… I give you my life… but with the rubber!"
>
> In this way, no? With 'grace'! That is the grace that a woman standing at the door has: "I do everything for you, but… with the rubber. OK daddy?". All sweet, eh? The client is enchanted! You are 'like a cobra'! 'Cuik'!
>
> (When the participant makes the sound 'cuik', she makes a movement with her hands like she had just trapped a prey).

8.2 VERBAL NEGOTIATION STRATEGIES

Data analyses suggest that LAFSWs who verbally negotiate may insist on protected sex by employing at least one of the following 5 types of verbal strategies (Figure 8.2, Table 8.2):

1. To talk with the client, providing him with arguments.
2. To offer him something (extra) if he accepts to wear a condom
3. To propose that he adopt a positive/accessible attitude (in order that he would be able to enjoy sex with a condom)
4. To request something (extraordinary) from him in order to demotivate him
5. To ask him questions

Provide the Client with Arguments

The majority of the LAFSWs who stated that they negotiated shared they try to encourage condom use by talking with the reluctant client and/or by providing him with safer sex-related arguments. A very recurrent verbal strategy used by LAFSWs was to talk with the client, letting him know that they will not accept his proposal of having unsafe sex. This behavior is practiced by the following sex worker who explicitly said that in former times, at the beginning of her career, she did accept working without a condom when she was requested to practice unsafe sex:

> (31:33) (4) Researcher: What do you do if a client comes to your door and requests it without a condom?
>
> Sex Worker: I say to them 'no'. There are some who come back, others who don't. I don't become upset or insult them. The client takes it, or leaves it.

Another verbal strategy frequently reported was the provision of health-related arguments:

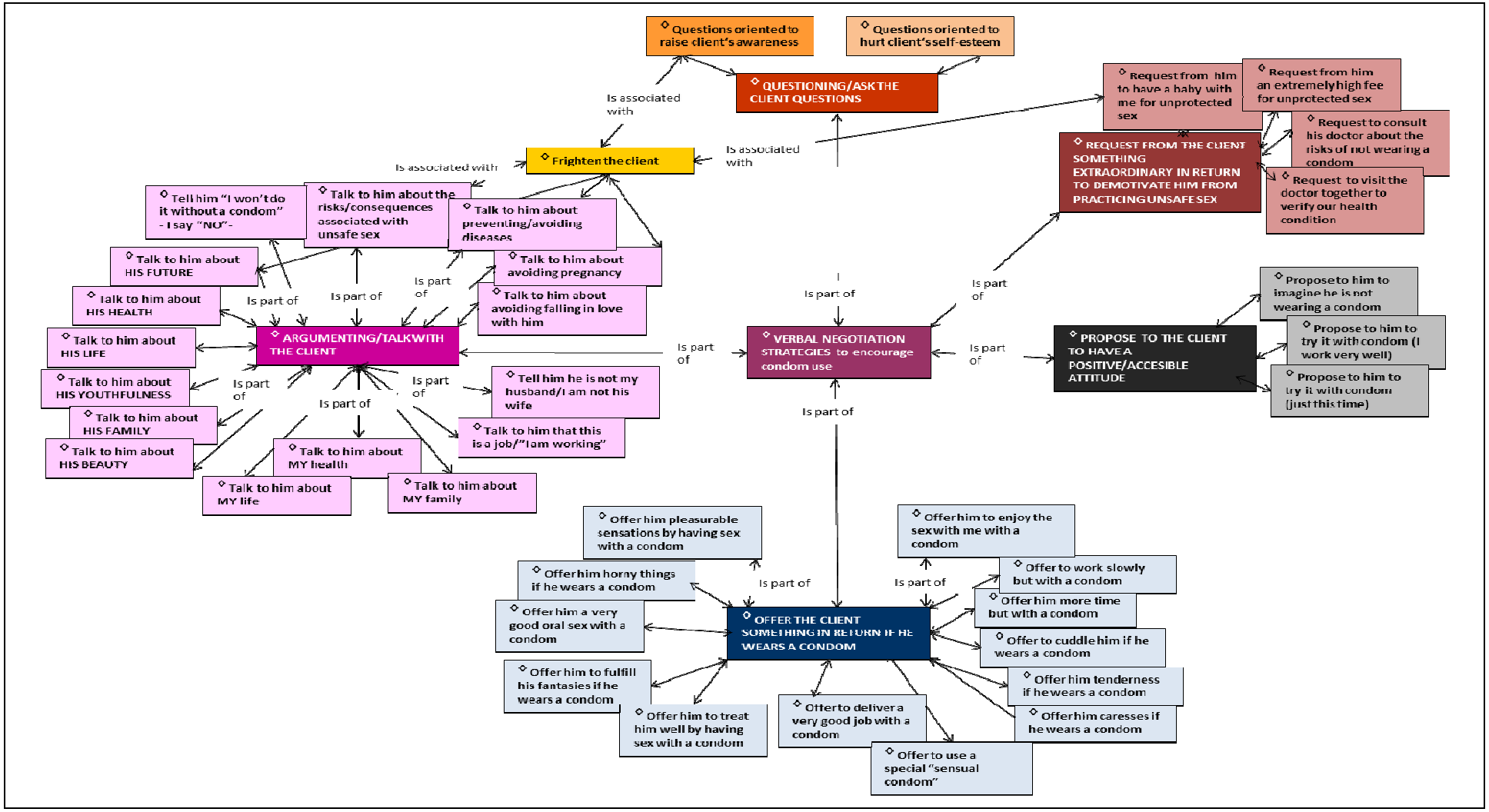
> (5:27) (25) Researcher: Which strategies exist to convince a client to use a condom?
>
> Sex worker: Which strategies exist? Better to say: which arguments exist! My arguments are to be protected from the diseases, from AIDS.

On the other hand, it was observed that participant LAFSWs who negotiate repeatedly say 'no' to the unwilling client as a verbal strategy. In addition, workers provide health-related arguments to encourage condom use. It was found that few sex workers use health statements to emphasize condoms as a means to ensure a healthy life, while a large number of participants employ statements focused on the risks associated with unsafe sex. In a follow-up interview for example, Participant II of the focus group in city 'Y' mentioned that she provides the unwilling client with risk-related arguments when trying to persuade him to practice safer sex: "I say to him that 'it is a *Risiko* (risk) to work without a condom as there are many diseases'. The woman should know how to convince the client before letting him enter (into the room). If the man doesn't want it, let's move on to another story! Let's wait for another man!".

A woman makes special mention of the health risks involved in not wearing a condom, when she is asked to practice unprotected oral sex. Using disease-related arguments, she tries to frighten the client to change his mind:

> (22:57) (4) Researcher: What do you do if a client comes to your door and requests it without a condom?
>
> Sex worker: I say no. I also say to them they should take care of themselves. I say that it is not possible because it is dangerous. I also say that by giving oral sex without a condom, one can also acquire diseases. I say: "*Oralsex ohne Gummi ist das gleiche wie Geschlechtsverkehr ohne Gummi* (Oral sex without a rubber is the same as penetrative sex without the rubber)". I say to them they should consult their doctor…
>
> I say to them: "The woman who gives oral sex without a condom '*ist 100 Prozent kra*nk' ('is 100 percent ill')". I say to them that the woman who does it that way doesn't care about using a condom because she is already ill. That is the argument I use. I send them home thinking: 'Is it true?' I frighten them…
>
> In the countryside it is different. I work in a town and come to the city to work for two or three days. In the countryside, one works with the rubber too by the oral sex…

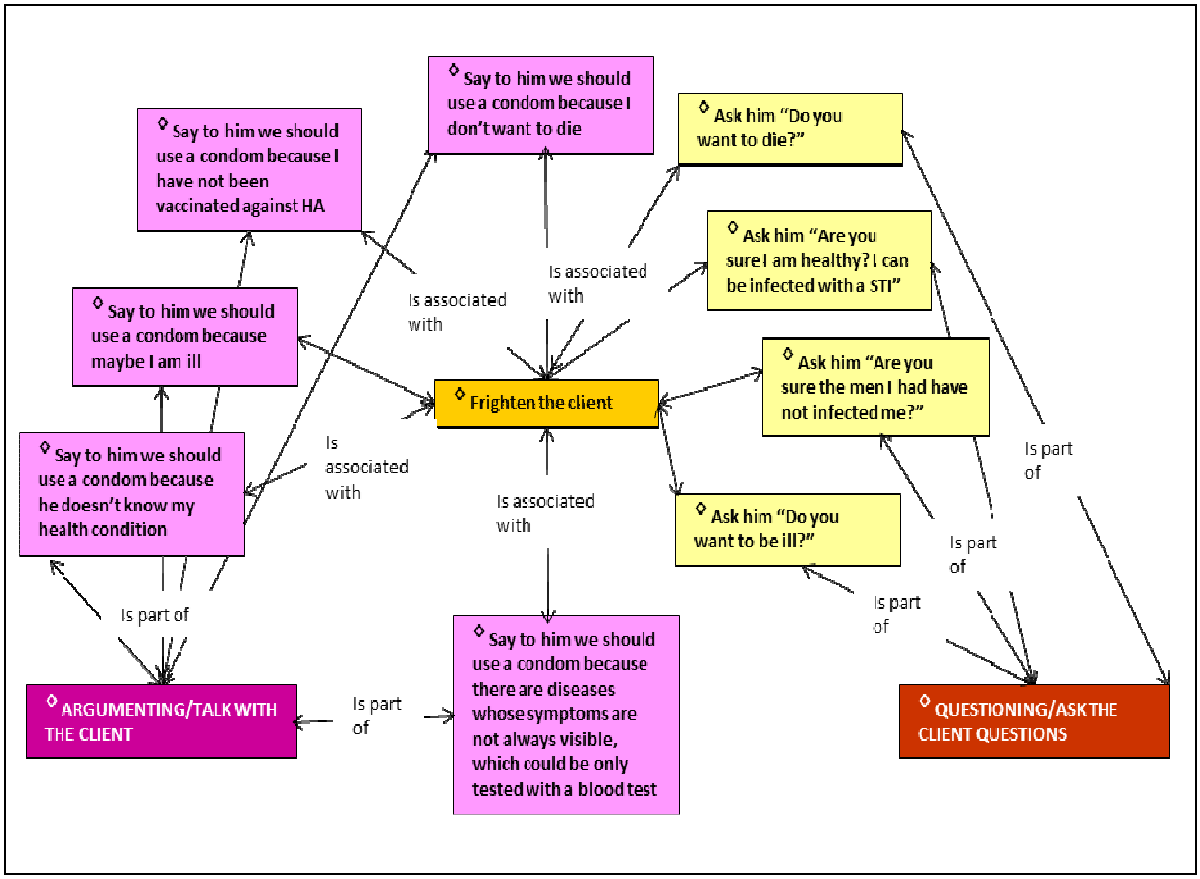
FIGURE 8.2: VERBAL CONDOM NEGOTIATION STRATEGIES OF INDOOR LAFSWS



Frightening the client was also used by a mature woman as a means to demotivate the client from having unprotected intercourse (see Figure 8.3 for more strategies associated with frightening the client about acquiring STIs):

> (67:41) (9) I frighten the client, I say to him that maybe I´m not well. I say to him that maybe I'm '*gesund oder… nicht gesund*' ('healthy or… not healthy')… I tell them that I'm '*vielleicht krank*' ('maybe ill').

FIGURE 8.3: VERBAL NEGOTIATION STRATEGIES OF INDOOR LAFSWS ASSOCIATED WITH FRIGHTENING THE CLIENT ABOUT ACQUIRING STIS



Other arguments frequently mentioned were those in relation to the family topic. It was found that the family theme is recurrently used to raise the client's awareness about the risks involved in practicing unprotected sex:

> (62:1) (5) I tell him: "We should better protect ourselves. That way you tranquilly go home, you tranquilly have sex with your wife and you can sleep. You won't stay awake thinking: 'Why didn't I use it?' 'What infections did this woman have?'".

Offer the Client Something in Return

Other frequent verbal strategies that emerged were those regarding offering the unwilling client 'an extra bonus' in return for wearing a condom (see Table 8.2 for the complete list of strategies). In contrast to the health-related techniques, these strategies have their focus mainly on the pleasure and satisfaction of the client. Instead of making the unwilling customer aware about the risks associated with unsafe intercourse, sex workers using these strategies try to encourage condom use by assuring the client's sexual satisfaction. In these 'extra bonus' techniques in particular, sex workers may offer the client: more time, a slower work, an outstanding sexual service, or a kinder treatment. It appears that these kinds of strategies are broadly employed with old customers and with those who argue they are unable to have sensations or an orgasm if they wear a condom. These techniques were indicated by mature sex workers. This was the case of the woman who earlier reported employing disease prevention arguments to try to encourage condom use (Quotation 5:27 page 49). She communicated that she also uses the strategy of offering a 'special condom' with which the client could enjoy sex:

> (5:41) (21) I tell them that I have a condom which is like a 'second skin', that it is more 'sensual'. I tell them that with that condom they will last longer and they could '*mehr genießen*' ('enjoy more'). I tell them also that I am going to work '*langsam*' ('slowly').

Propose to the Client a Positive/Accessible Attitude

Other strategies that emerged focusing on the joy of sex were those related to proposing to the reluctant client to adopt a positive attitude towards wearing a condom in order that he could enjoy protected sex (see Table 8.2 for the list of strategies). These kinds of strategies were employed by a mature woman, who expressed that she would retire soon. She described that she frequently uses such tactics with men who declare they do not enjoy sex with a condom. Among other strategies, she proposes to unwilling clients 'to relax and imagine they are not wearing a condom'.

TABLE 8.2: VERBAL NEGOTIATION STRATEGIES OF INDOOR LAFSWS (first part)

STRATEGY TYPE	VERBAL NEGOTIATION STRATEGIES
1. To talk with the reluctant client/to provide the unwilling client with arguments	say 'no' (I won't do it without a condom/I work just with a condom) talk to him about preserving health talk to him about the risks/consequences of not using a condom talk to him about preventing/avoiding diseases say to him we should use a condom because he doesn't know my health condition say to him we should use a condom because I don't know his health condition say to him we should use a condom because maybe I'm ill say to him we should use a condom for precaution say to him we should use a condom because there are diseases whose symptoms are not always visible, which could be only tested with a blood test say to him we should use a condom because I don't want to die say to him we should use a condom because I have not been vaccinated against HA say to him we should use a condom because I have several sexual partners say to him we should use a condom to prevent AIDS say to him we should use a condom to prevent STIs say to him we should use a condom to avoid death say to him we should use a condom for his and my safety say to him we should use a condom for his and my peace of mind say to him we should use a condom to avoid problems talk to him about his beauty talk to him about his family talk to him about his future talk to him about his health talk to him about his youthfulness talk to him about his life say to him we should use a condom to live in health say to him we should use a condom to keep enjoying life talk to him about my family talk to him about my health talk to him about my life say to him we should use a condom because I want to live further tell him he is not my husband/I am not his wife tell him that this is a job/'I am working' talk to him about avoiding pregnancy say to him we should use a condom because I could get pregnant (I don't take the pill) talk to him about avoiding falling in love with him

TABLE 8.2: VERBAL NEGOTIATION STRATEGIES OF INDOOR LAFSWS (second and last part)

STRATEGY TYPE	VERBAL NEGOTIATION STRATEGIES
2. To offer him something (extra) if he accepts to wear a condom	offer to work slowly but with a condom offer him more time but with a condom offer to deliver a very good job with a condom offer him horny things if he wears a condom offer him very good oral sex with a condom offer him to enjoy the sex with me with a condom offer him he will feel even with condom (he will have pleasurable sensations even with condom) offer to fulfill his fantasies if he wears a condom offer to treat him well by having sex with a condom offer to cuddle him if he wears a condom offer him caresses if he wears a condom offer him tenderness if he wears a condom offer to use a special 'sensual condom' (to get a longer erection and more pleasure)
3. To propose that he adopt a positive/accessible attitude (to enjoy sex with a condom)	propose to him to imagine he is not wearing a condom propose to him to try it with a condom (I work very well) propose to him to try it with a condom (just this time)
4. To request something (extraordinary) from him in return to demotivate him	request an extremely high fee for unprotected sex request to have a baby with me for unprotected sex request to consult his doctor about the risks of not wearing a condom request to visit the doctor together to verify our health condition before having unprotected sex
5. To ask him questions	ask questions oriented to raise client's awareness (by frightening him) ask him if he wants to die/to become sick/infected ask him if he is paying to become sick/infected ask him if he is not afraid (of becoming sick/infected) ask questions oriented to hurting client's self-esteem ask him if he has erection problems ask him if he doesn't take care of himself ask him if he is infected

Request from the Client Something Extraordinary In Return

Another type of strategy shared by some sex workers was the technique of demotivating the unwilling client by making him an extraordinary request in return for practicing unsafe sex. Most of the women who employ this strategy request from the client a large amount of money (e.g. 1,000 Euros) to discourage the client from practicing unprotected intercourse.

Questioning

Some women mentioned that they question the unwilling client. Most of the questions were focused on raising the customer's awareness about the risks associated with unsafe sex, while few questions were focused on damaging the self-esteem of the client: "I take care of myself. Don't you take care of yourself? I do".

9. DIFFERENTIATED NEGOTIATION STRATEGIES EMPLOYED BY LAFSWs

In order to have a better position in the negotiation, brothel-based sex workers may insist on safer sex at the room door before the client enters. The importance of the negotiation site was explained among other participants, by the women of the focus group of city 'Y':

> (45:185) (286)
>
> Sex Worker I: When you are working at the door, you talk about what you are going to do, about how much money you want for your work. I have at work an 'announcement' with three different types of prices. I'm organized in my job… I have three types of prices. I have a big piece of paper with the things I do: "This, this, this, this…". If he enters into my room therefore, he already knows, like in a restaurant, 'what he is going to eat'!… When he enters then, he already knows what things he is paying for, what you are going to do.
>
> Moderator: When he enters, the deal is already made?
>
> Sex Worker I: *Ja* (Yes).
>
> Moderator: Like in a contract that is closed… When he enters, you give the service.
>
> Sex Worker I: Yes. The first thing: the money!
>
> Moderator: Is persuasion to use a condom always before then?
>
> Sex Worker II: Before.
>
> Sex Worker I: Before.
>
> Sex Worker II: Because after, when he is already inside, it is more difficult.

Data analysis suggests that negotiation significantly depends on the provision, or absence, of arguments by the unwilling client.

9.1 VERBAL NEGOTIATIONS WHEN THE CLIENT DOES NOT PROVIDE ARGUMENTS

In those cases in which the customer does not provide any kind of argument to request unsafe sex, but offers an extra amount of money for unsafe intercourse, the sex worker may center the negotiation on decreasing the value of money as a way to correct the power imbalance between the client and the sex worker.

> (17:30) (12) I also have experienced that in the middle of the act the client tells me: "Look, I give you 50 and we do it without". I respond to him: "No my love, let's keep using it. I am OK with 30. I feel at peace that way".

On the other hand, when the customer does not argue and does not propose an extra amount of money, sex workers may negotiate by providing arguments (related principally to the family and infection prevention), or by putting into practice negotiation strategies oriented to the client's age.

Strategies for Young Reluctant Clients who do not Provide Arguments

It is suggested that with young clients, sex workers may often use the verbal strategies of providing arguments and asking questions. With a young client, sex workers may try to encourage safer sex by talking about health, disease prevention, and about the life, future, beauty, and youthfulness of the client himself (see Figure 9.1). The prevention-related topics that sex workers with young customers frequently talk about are illustrated in the experience shared by the following worker, who insisted that they should use a condom for precaution due to the sexual partners she has had:

> (82:5) (73) The other day a young man arrives, very neat. He didn't say a word; he came directly into the room. Inside the room he told me he wanted it without a condom. I told him he should consider that he is young, that I have been with a lot of men. I told him that when he had a woman just for himself, than he could do it without a condom with her. I told him that I didn't do it 'that way'.

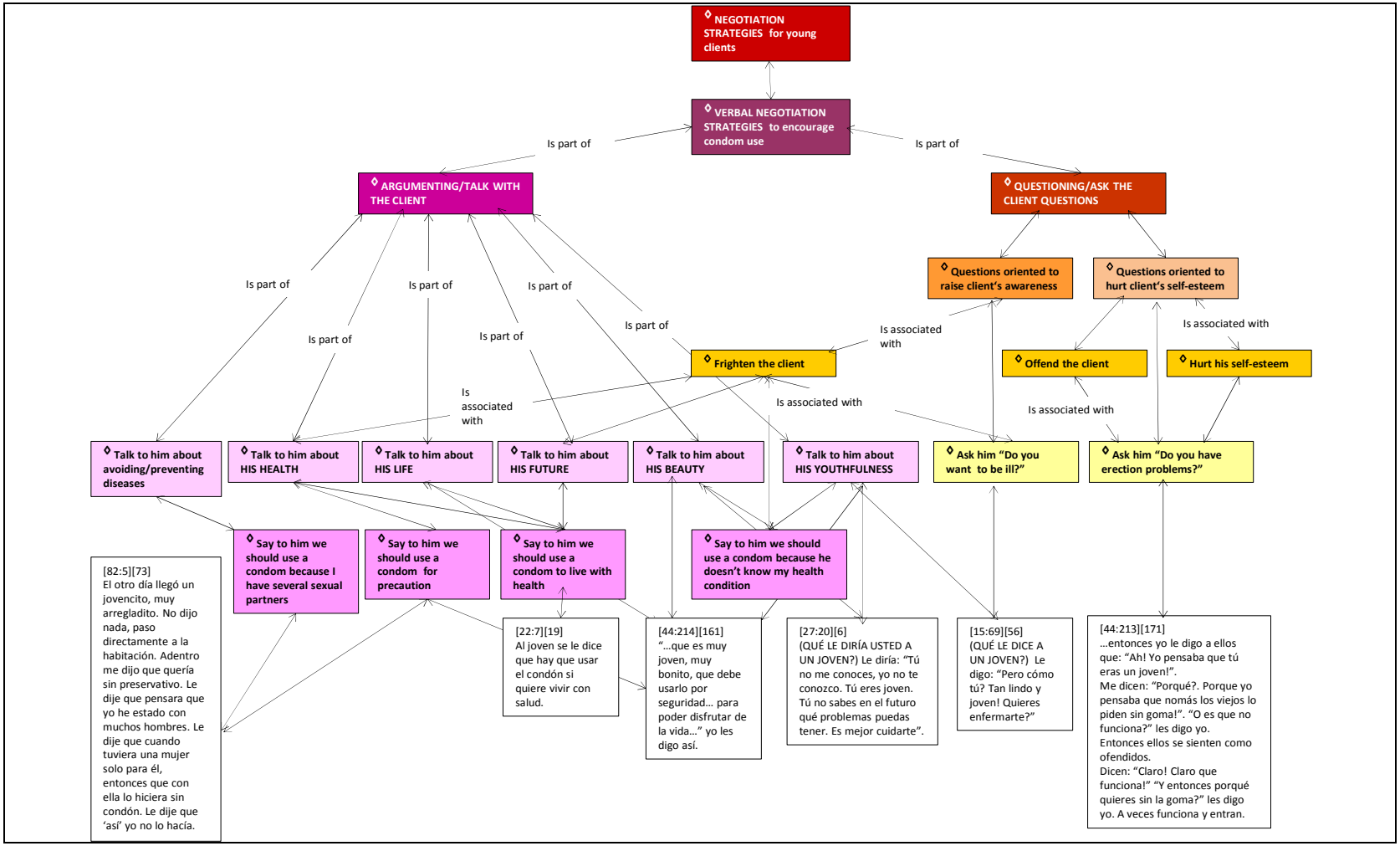
On the other hand, it was suggested that the provision of health-related arguments could have a bigger impact among young clients, than among the older ones. This was argued by a worker in the validation interviews. As she was asked about with which clients, young or old, health-related negotiation strategies were more effective, she said: "With the young men. The youth listen; they pay more attention than the old men. An old man thinks: 'I am on the way to dying'". For the same question, other LAFSW pointed out: "That works better with the young people. They are more afraid". Another 2 sex workers were of the opinion too that health-related negotiation strategies could have a positive impact on the protective behaviors of young men. One of them stated: "The old men are more closed. One can give more information to the young men. They have more conscience, they understand more. With them you can talk about preventing venereal diseases". A second woman had a similar opinion: "I think that among all of them, the young people are more conscious, they can be more easily persuaded".

A further negotiation technique that sex workers may use with young men is to ask questions. Questions may acquire a negative connotation if there is an important age difference between the sex worker and the client. In these cases, the sex worker may ask questions to hurt the client's self-esteem as a way to tackle the power inequalities between her and the young customer.

The mature participant B of the focus group in city 'X' for example, said that sometimes young clients requested unsafe sex arguing that she is an 'old woman'. To encourage condoms, she asks young clients if they have erection problems:

> (44:213) (171) I say to them: "Ah! I thought you were young". They say to me: "Why?". "Because I thought that only old men request it without the rubber. Or is that because it doesn't work?" I say to them. They feel then like… like offended. They say: "Of course! Of course it works!" "And then, why do you want it without the rubber?" I say to them. Sometimes it works out and they enter.

FIGURE 9.1: INDOOR LAFSWS' CONDOM USE NEGOTIATION STRATEGIES FOR YOUNG CLIENTS



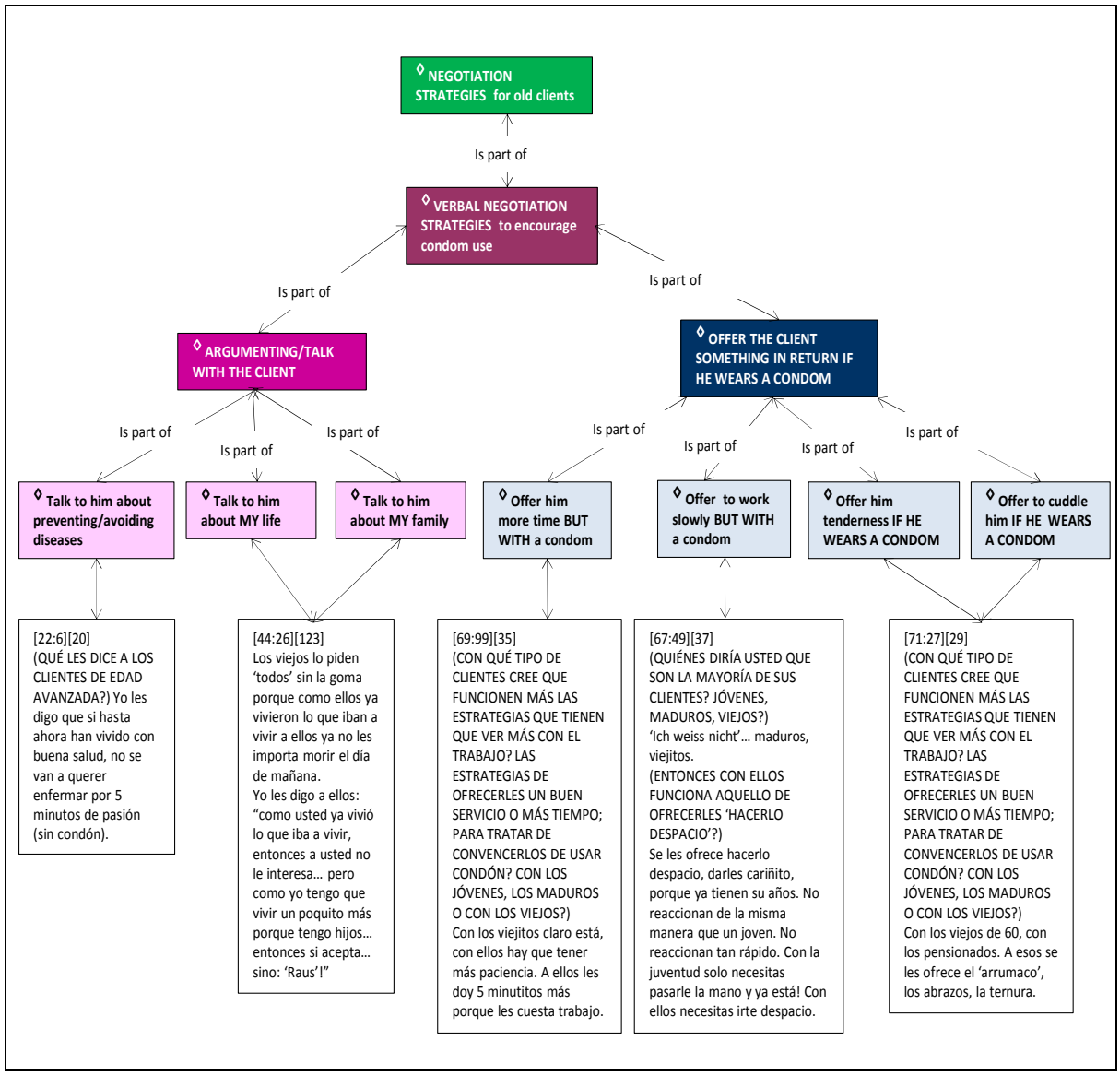
Strategies for Old Reluctant Clients who do not Provide Arguments

In the negotiation with old clients, analysis results suggest that sex workers may provide them with related arguments, but also may offer an 'extra bonus' in return for using a condom (see Figure 9.2). The 'extra bonus strategies' reported to be used with old customers were those related to giving them more time, working slowly, and promising them a kinder treatment. Some women for example shared that they offer more minutes because old men frequently need more time to have an erection.

With regard to the argumentation, sex workers reported providing old customers not only with health-related arguments (regarding the prevention of diseases), but also with arguments regarding life and family topics. It is important to mention however that even these topics were also indicated to be employed by safer sex negotiation with young clients; the focus that LAFSWs gave to these themes in the negotiation with old customers totally differed from the focus they used with young men. In an attempt to correct the power imbalance that prevails with a young customer, sex workers oriented the negotiation to the client (emphasizing 'his' life, 'his' family, etc.), while with old customers, the negotiation was oriented to the sex worker herself ('her' life, 'her' family). The focus of the negotiation can be observed by the narrative of Participant A of the focus group in city 'X'.

> (44:26) (123) The old men ask for it, 'all of them', without the rubber; because they already lived what they are supposed to live they don't care if they die tomorrow. I tell them: "Because you lived what you should live, you don't care… but because I have to live further 'cause I have children… If you accept it… if you don't… '*Raus*' ('get out')!".

FIGURE 9.2: INDOOR LAFSWS' NEGOTIATION STRATEGIES FOR OLD CLIENTS



9.2 VERBAL NEGOTIATIONS WHEN THE CLIENT PROVIDES ARGUMENTS

Negotiation takes the form of a 'contra-offensive' process when an unwilling customer provides sex workers with arguments. In these cases, sex workers employ strategies focused on client's arguments.

Strategies to Use with Clients Employing Health-Related Arguments

It is suggested that when a reluctant client assures that his health condition is good and no risk is involved in avoiding a condom, a sex worker mainly uses health-related strategies like making the client afraid of acquiring a disease.

FIGURE 9.3: INDOOR LAFSWS' CONDOM USE NEGOTIATION STRATEGIES RELATED TO THE CLIENT'S ARGUMENT "I AM HEALTHY"

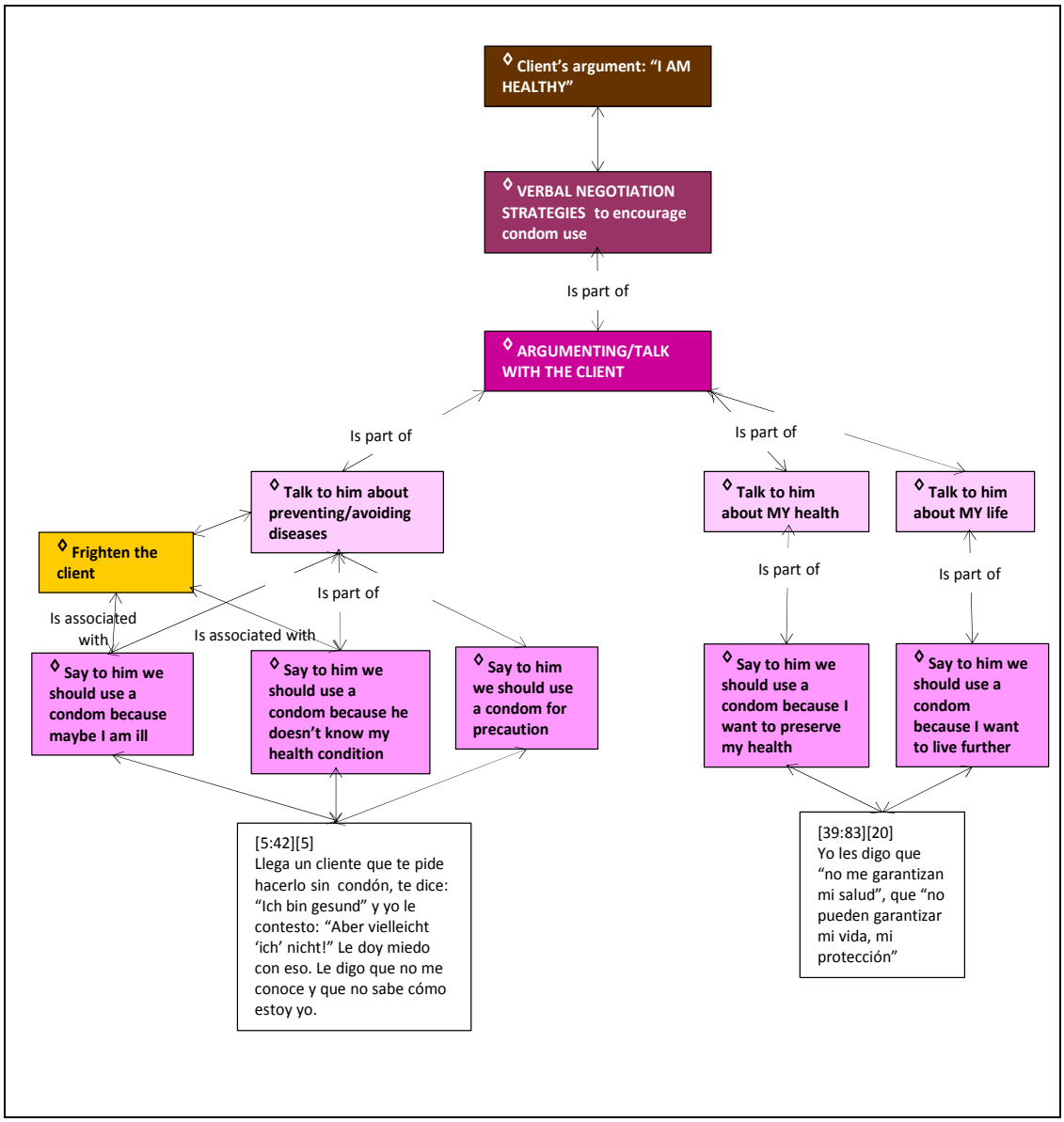
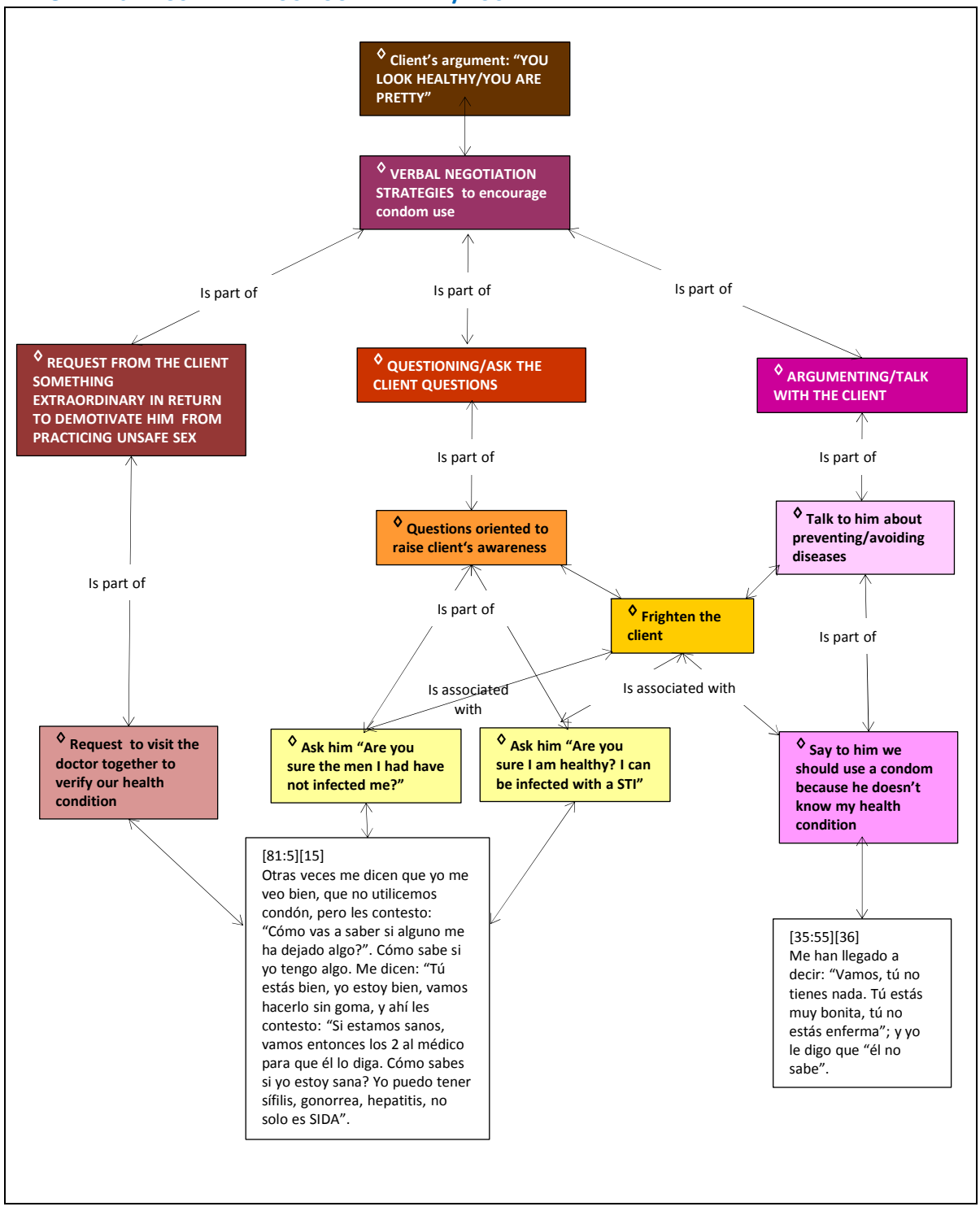


FIGURE 9.4: INDOOR LAFSWS' CONDOM USE NEGOTIATION STRATEGIES RELATED TO THE CLIENT'S ARGUMENT "YOU LOOK HEALTHY/YOU ARE PRETTY"



Asking questions and requesting something extraordinary were also identified when the client tries to persuade the sex worker to have unprotected intercourse by saying that the sex worker has a good health condition.

The response of the following woman illustrates the use of asking negative connotation questions and the request of something 'unusual':

> (81:5) (15) Sometimes they tell me that I look well, that we should not use the condom. I answer them: "How can you know if some of the men left me something?" How can he know if I have something? They tell me: "You are well, I am well, let's do it without rubber"; and then I answer: "If we are healthy, let's visit the doctor together to hear that from the doctor" "How can you know if I am healthy? I can have syphilis, gonorrhea, hepatitis; it is not only AIDS".

Strategies to use with clients employing arguments oriented to the supposed physical side effects of condoms

When the client argues that the condom has negative effects on his sexual satisfaction or performance, pleasure-oriented strategies may be employed to try to persuade him, as illustrated in the following citation:

> (25:65) (8) I say to them to use fantasy, that they should imagine they don't wear a condom. I invite them to try. I tell them that I am going to work very well; that they will see that with the condom one can also feel; that they will enjoy it. And if they don't want to, it is their problem, they can go!…
>
> They say they don't want the condom because 'they don't feel anything'. However, that is something they have in their head! I would say to them, that it is not like that, that it is something they have just in the head!…
>
> It is important to have persuasion power, to know how to work well. One says to them that one will work slowly but with the 'hat'. One invites them to try that way. And then, when they accept it, one should 'really' work well for our good and their good.

Strategies focused on the joy of sex are used by very confident workers, like the following woman responding to a reluctant client:

> (38:76) (6) "My love, you have your wife at home, I have my husband too. I am here to earn money, but with a condom. *Lass uns Spass haben aber mit Gummi* (Let's have fun but with rubber). *Ich möchte immer gesund bleiben* (I want to stay always healthy)". And they tell you: "*Aber ich bin gesund und alle Frauen hier gehen zum Arzt* (But I am healthy and all women here visit the doctor)". And I answer to them: "*Das war früher, jetzt nicht mehr* (That was in the past, not anymore)".

RESULTS ON NEGOTIATION FACILITATORS AND SKILLS BUILDING OPTIONS

PART IV

10. FACTORS THAT INFLUENCE CONDOM USE NEGOTIATION

The present study identified LAFSWs who do not negotiate and refuse reluctant clients as they believe they cannot influence such clients to practice safer sex, as well as other LAFSWs who apparently do negotiate and have success in encouraging those clients, for example the sex worker who previously stated that 'she always persuades' (Quotation 46:163 page 42). Data analyses suggest there are factors that may positively impact LAFSWs in their efforts to negotiate. On the other hand, the collected data also suggest that there are influencing factors that are not restricted to LAFSWs. In other words, there may be features that may not exclusively affect LAFSWs' decisions in negotiation, but factors that may influence sex workers in general, independently of their origin. The features influencing condom use negotiation in general will be presented next. In relation to these factors, it appears that sex workers' decisions to initiate a negotiation are multi-factorial, that they depend on: structural, client-related, and sex worker-related features. An expert interviewed in contact with outdoor sex workers, for example, listed the following as factors that facilitate negotiation:

- A confident presence;
- An attractive and neat appearance;
- A good level of self-confidence;
- Solidarity, teamwork and consensus among the prostitutes: if everyone has the same 'standards' at work, it is easier to say 'no';
- To be informed about the infection ways and protection options;
- To work in a relaxed work atmosphere;
- To work with informed, respectful, responsible and accessible clients;
- To speak the client's language; and
- A self-concept of 'professional'.

10.1 STRUCTURAL FACTORS THAT INFLUENCE CONDOM USE NEGOTIATION

According to the information analyzed, structural factors such as the conditions under which sex workers practice prostitution may be decisive for the practice and negotiation of safer sex. In this sense, sex workers who are forced to work are especially limited in their negotiation chances, as well as the sex workers who work under deprived labor conditions like those working on the streets, in parks, or in parking lots. They have much fewer options to negotiate the use of condoms than those working in indoor establishments where the hygiene and work conditions are better. Nevertheless, the options that indoor sex workers have to persuade a client into wearing a condom also depend on the type of the establishment.

In other words, persuasion may significantly depend on whether the establishment manager promotes the hygiene and health of the workers. There are establishments for example whose managers support the health offices and NGOs in their street work activities with the sex workers by facilitating them to have direct access to the workers, to talk to and provide them with health education materials. An expert interviewed explained: "We have a good relationship with this manager. She informs us about new women. She says to us: 'I expect the arrival of three women next week. Can you come next week?" On the contrary, there are other establishments which prohibit direct contact with the workers. Sex workers of these kinds of establishments may negotiate less than the workers of the other kind of venues, as they have less health information. Other key factors that seem to affect the degree of workers' negotiations are competition and worker solidarity. Workers of establishments where an extremely high rate of competition prevails may negotiate less than those working in establishments where the competition is not that hard. After questioning her about the barriers of condom use negotiation, an expert replied in the following way:

> EXP (10:50) (234)[24] The competition. There is always someone who is cheaper. There is always another person. You are an 'exchangeable thing'… That is what makes your job very risky, because there will always be more women…

Sex workers of establishments where solidarity prevails may have many more skills to negotiate, than those at places where solidarity is not shown: "It is the subject of the context where the woman works too, if she has contact or not with other colleagues who could teach her or who could give her tips". Another expert also mentioned solidarity as a key factor to work safely: "It has a lot to do with the relationship with the colleagues, if there is collegiality, if there is complicity, if they support each other... Solidarity! That of course! Not just because you learn from the others, but because you feel more secure knowing that if you need something, your colleagues are there".

Stigma is other crucial factor that affects condom negotiation in a substantial way. An expert cites the impact that stigma has on the professionalization of sex work: "There you have the society and how the society views prostitution. If that does not change, if prostitution is not recognized as a job, if the prostitutes further consider themselves in a negative way, if they are further stigmatized, nothing will happen. One should be professional, act professionally; but then you have the negative perception of what prostitution is. These things collide. Something in society should be changed with regard to how prostitution is perceived".

In a similar way, the criminalization of sex workers (and the criminalization of their clients too) could be an enormous obstacle in the practice of health habits. That is, for example, the opinion of the following expert. Making reference to outdoor sex workers (a group different to the study population), the expert pointed out that drug addiction is also a significant barrier to negotiate the use of condoms in this particular group of sex workers:

[24] The abbreviation "EXP" was included to differentiate that the quotations belong to the second Atlas.ti hermeneutic unit opened with the expert interviews and consultations.

EXP (6:17) (26) Researcher: Which factors obstruct negotiation?

Expert: All collateral effects caused by the Restricted Area Law, especially those regarding the criminalization of women. We observe that it is more important for the women to conserve their freedom than to protect their health. The quicker they get into a client's car, the quicker they disappear from the public space. They minimize with this the risk of being watched by the police and being captured…

Drug dependence and everything related to this. There are clients who take advantage of the body symptoms of a drug addict. They know that the women suffer from the abstinence affects, if they don't get their drug in a specific time. There are clients who wait for this time because they know the woman won't follow her standards, in other words, that she will be susceptible to being pressured.

10.2 CLIENT-RELATED FACTORS THAT INFLUENCE CONDOM USE NEGOTIATION

Other factors that affect condom use negotiation are those regarding the second most important player of the sex work scene: the client. As previously described, negotiation is determined by the client type. Regarding this matter, a sex worker pointed out in the interviews that: "It depends on how the client is. You cannot talk the same way to everyone; you cannot persuade everyone in the same way". However, it seems there are some kinds with whom negotiation is particularly hard to carry out. A skilled sex worker cited: "One cannot always convince them. The *'Ohne-gumeros*' ('Without-rubber men') cannot be convinced". This woman, like others, pointed out that there are men who pay for sex only when they do not have to wear a condom.

Other factors that significantly influence negotiation are the time availability and disposition of the clients. Sex workers may be in a better position to persuade if the client has time to hold a discussion and if the client is in the mood for it. The importance of the time factor was addressed by the sex worker who claimed to successfully negotiate safer sex practices:

> (46:121) (32) Moderator: And you, in the case a client comes to you and says: "I don't want", "I want to do it without a condom"; what do you do?
>
> Sex Worker: What do I do? Well, one has a dialogue with him, if he is not in a hurry, and makes the effort to convince him that there are… many activities to protect us, to protect ourselves, and protect him.

10.3 SEX WORKER-RELATED FACTORS THAT INFLUENCE CONDOM NEGOTIATION

The economic conditions under which sex workers are living, as well as their knowledge of the German language, affect condom use negotiation. Data suggest that sex workers who are under economic pressure are less likely to try to persuade unwilling clients than workers who are not: "An important factor is to have some stability, right? In other words, to know that: 'if I lose that client, I still have others. I have money. I have enough money'…". In this sense, workers who do not have the necessary money to cover their basic expenditures (for the payment of their room and internet advertisements) feel pressured and may be less likely to negotiate than those who do have the money. Similarly, workers who are the only source of resources in their families, who have to send money to their dependent children and parents living in their countries of origin, are less likely to negotiate than those who count on the financial support of their husband/intimate partner (or other relative) and have a more relaxed economic situation. On the other hand, the regularity of their job could also influence sex workers' intentions to negotiate. It is suggested that those whose work in prostitution is not their primary occupation could be more open to discussing with the client about the benefits of wearing a condom, than those for whom the practice of prostitution is their only monetary resource: "The woman may negotiate if she looks for other options to make money. 'If this doesn't work out, I can do cleaning'. I don't know… 'I can work as a waitress'. Options, right?" Other experts cited that financial stress especially influences non-verbal negotiation:

> EXP (4:14) (49) For the majority of women, independently of the country they come from, it is the earning of a little money. I think it is something that always puts you in a bad mood and makes the negotiation difficult, especially the things related to the gestures and mimicking.

The relationship with a pimp is another factor that could stop or diminish negotiation. An expert remarked on the influence of a pimp as she was asked about the factors that could make the persuasion process easier to the sex workers:

> EXP (8:9) (55) The independence of their work maybe, that there is no '*Zuhälter'* ('pimp') behind them who exerts pressure: "If I don't have that amount of money, I am going to get a punch".

The residence status of the sex workers seems to be crucial as well. Women holding a legal status, who have residence permission in Germany, may tend to negotiate more frequently than those who stay illegally in the country. Individuals who are illegal have the fear of being discovered and consequently try to avoid any stress or anger situations with other people, in order to keep their anonymity. According to an interviewed expert who has vast experience in sex work research, multiple factors, including their legal status and the information sex workers are provided with, may increase their options to negotiate the use of condoms:

> EXP (9:39) (23) It depends also on her safety, on her legal situation in the country, if she is scared, or has some pressure from a third person; or if she has the pressure that she needs money because she has an ill child at home; or if she has information on her rights, that she has the right to work with a condom, that she is not forced to do some things… I think there are factors that make her have more possibilities to negotiate… Human rights, the rights she has as an immigrant in this country: that, if she refuses a client, she will not be taken to the police, she will not be deported. Also information on health… that she says to the client: "I work only with a condom… due to a matter of health"…
>
> I think that having information is a weapon for a woman, to defend herself, to be able to provide arguments and negotiate. Thus, if she does not have information, she cannot provide arguments.

Accurate information raises people's awareness on the severity of a disease, on how negatively particular behaviors and habits could affect health. Information should produce the same effects on people's perception of the health risks involved in particular sexual practices.

Risk perception appears to play a central role in the negotiation of condom use. The collected information suggests that sex workers aware of the negative effects of not using condoms may attempt to persuade the client to wear it. This is illustrated in the response that a sex worker gave as she was asked about the key elements of working safely: "One should convince. You say to him you don't work without a condom… I say to them 'I have a family. If I get ill, what will I say to my children? How will I explain to them from where I got ill?'… How could I work without a condom? There are bacteria that you can get! Should I go home and pass the bacteria on to someone?".

Another factor of special relevance in the protection of the sex workers is the family. As observed in the previous citation, it seems that workers who have children especially tend to encourage the use of condoms among their clients. However, the data suggest that the persuasion attempts of a sex worker could be strongly determined by whethere the worker consumes drugs and how severe her addiction to drugs is. According to an expert dealing with outdoor workers users of drugs, women who are addicts do not practice prostitution as a means to support their families, but as a means to support their drug consumption: "When they have the addiction to drugs, these are the things they have: to consume more drugs and prostitution. Many have children, but the children are no more with them. They live with foster families… This is another difference compared to the women who engage in commercial sex as a job, as the source of resources for living. The women with whom I work, they work as prostitutes to pay for their drug consumption. They are a very different group". Addiction to drugs may strongly reduce (even nullify) the practice of protected sex and negotiations:

> EXP (6:15) (28) We know that addiction and the will for freedom are stronger than the need to protect one's own health… It is also difficult for the women to achieve condom use when they are 'high'. They allow many things which they would never accept if they were 'clean'. Some women are under such a state caused by drugs that they never realize in which car they are getting into, to which place the client drives, neither what he does with her.

Data suggests that people engaged in commercial sex are particularly aware of HIV/AIDS. Nevertheless, it seems that there are sex workers who are not aware of other STIs, their transmission modus and negative impacts on health. According to the conducted analyses, sex workers perceive differentiated levels of risk in the diverse forms of unprotected sex. It is suggested that the practice of unprotected penetrative sex (both, vaginal and anal) is perceived as a great risk for acquiring (and transmitting) HIV. However, data also suggest that giving unprotected oral sex is broadly perceived as no risk for health, and therefore it is largely practiced. Some of the consulted experts for example pointed out that oral sex with no condom is a 'regular' practice, and also mentioned that, in order to make it attractive to the clients, many sex workers (and also establishments) put announcements in the internet about their services, emphasizing that unprotected oral sex is provided. Some of the interviewed sex workers also drove the attention to this point. They highlighted both the significant offers and demands that exist in relation to oral sex without a condom. The 6-years experience sex worker who earlier cited that she does 'the trick' and teaches other workers how to perform it (Quotation 69:97 page 45) related that due to the large demand that exists, she has to cheat the clients when performing oral sex: "I lie. I say to the clients that 'I have normal sex only with a condom, but I give oral sex without it', because otherwise I could not get any clients". The sex worker who earlier shared that she usually tells the clients "The woman who provides oral sex without a condom is 100 percent ill" also emphasized the considerable number of women who accept that risky job:

> (22:58) (41) Investigator: Do you have some question or comment?
>
> Sex worker: I think it is not a matter of persuading the men to use a condom. The people who should be persuaded are the women. The most difficult part is to persuade 'the women'. We have to take care of ourselves. We should wear gloves too. I am furious. I feel helpless. How is it possible that, knowing how dangerous working without a condom is, they don't care about it?
>
> You should do a survey with a man; that an 'undercover man' asks for oral sex *ohne Gummi* (without rubber). You will see that the majority will accept to do it like that. That is my suggestion.

Some sex workers may see no risk in providing oral sex without a condom, as they may exclusively consider the low risk of acquiring HIV, but may not consider the possible transmission of other STIs (like gonorrhea, syphilis, etc.). Experts expressed that many sex workers speak about this practice without hesitation as they do not take it as a health risk behavior: "It is interesting that many women do not accept to perform vaginal sex without a condom. They do not say: 'Yes. I do vaginal sex without a condom'. However, many accept: 'Yes. I give oral sex without a condom', because for them 'There's nothing to worry about', then 'I can openly accept it'…" An interviewed expert who provides counseling to outdoor sex workers remarked on her efforts to make them aware of the risks involved in giving unprotected oral sex:

> EXP (5:52) (22) In relation to this point, to giving oral sex without a condom… I must say that the women often don't know that gonorrhea could be transmitted by oral sex. They don't know that. When they say: "I give oral sex without a condom because it is safe", or "I do it without a condom because nothing happens", I say to them that there is gonorrhea, or that there are other inflammations, herpes… I try to inform them about it.

Experience also is a key factor in persuading reluctant clients: the more experience a sex worker has, the more astute a worker is, and the more use of creative solutions she makes. One focus group participant said in relation to the link between persuasion and creativity: "The woman should be an artist to convince the client. This is theater". On the other hand, the more experienced the sex worker is, the better she can recognize the type of client she is dealing with and the more accurate are the strategies she will employ with them: "It is also subject to how long they have been working in this branch, right? The longer they have worked, the better they can appreciate the situation and relax". Therefore, a relaxed sense of humor, as well as other attitude-related factors, such as a good disposition for example, may influence negotiation. It is suggested that a sex worker who is in a good mood may use more strategies to encourage safer sex, than a sex worker who is in a bad mood or is demotivated.

Similarly, a sex worker who is relaxed seems to be more likely to negotiate, than the worker who is distressed. It is important to notice that as a consequence of their occupation, it seems that sex workers could be distressed both physically and mentally as the following woman engaged in commercial sex said:

> (57:61) (68) One always pays attention to the sexual health of the prostitutes. However, one forgets other things that are equally important. One should consider 'all the health'… It is not just the sexual part. It is the mind. It is the body. If I get a big man, a heavy man, I will get back pain, body pain. Such things are not seen. Such things also affect health. The gynecological part is not the only thing that affects health. One should take care of the whole body. All the health in general is important. It is a hard job. This job demands a lot of control and demands having a prepared spirit.

The personality of a sex worker may also have a notable influence on persuasion. It seems that negotiation is facilitated when a sex worker has a kind character and treats the reluctant client gently. In the opinion of many experienced sex workers, the caring treatment to the clients is a key requisite for negotiating and above all, for keeping the clients. The sex worker who stated that she always managed to convince (Quotation 46:163 page 42) points out that this behavior is important to conserve a client's sexual excitation: "To have a good temperament is the most important thing. If you act badly, you won't get anything… you will make the man cold". On the other hand, sex workers with a kind character apparently tend to talk more with an unwilling client, employing more verbal strategies than the workers who are aggressive, or than those who directly refuse the client. Talking, communication with the client, is essential to improve negotiation. In this sense, sex workers who are shy may have more difficulties to initiate a conversation with the client than the workers who have an open character. The personality differences among workers are important to be noticed. One could think that women with this occupation are extroverted, but this is not necessarily the rule. In the field work conducted, diverse personalities among the sex workers were found, including very reserved workers. These character differences were also mentioned by diverse women at the time they were interviewed.

One of them for example related that she had recommended a very shy young woman that, at the moment the clients were on the stairs, she should send them kisses with the hand in order to get their attention.

Self-confidence is another factor that may impact condom use negotiation in a very important way. Data analyses suggest that sex workers who look directly at the client, who show themselves to be confident, as professionals, who talk with confidence at the moment of the negotiation, may have more chances to persuade the client than the women who show themselves as insecure. One of the consulted experts for example noted that self-confidence and showing 'professionalism' are especially relevant for negotiation when the client has no time for a long discussion:

> EXP (11:83) (28) It should be quick. Based on our experience with the women, it is the confidence. To transmit confidence when one talks with them… To transmit that she is clear about the 'no', and principally, to transmit all that 'professionalism'. The 'professionalism' is the important thing. It is what impacts them: to see that the woman is clear about that. It is to make them understand that you are confident, that you have all the confidence of the world, and particularly, that he can't cheat. Cheating is not allowed. To transmit: "Don't you dare cheat because I am empowered. I am very confident". Right?...

Self-esteem was noticed as a key factor for the practice of safer sex. On one hand, it seems that a sex worker with sex-appeal, who shows herself to be attractive to the client, may have better chances to motivate him to practice safer sex than a worker who presents herself as unattractive: "Yes, because you have that. There are men, who like a woman and don't like the rubber, but because they liked the woman, they enter with her". On the other hand, it was recognized that condom use negotiation was specially promoted by empowered sex workers. These were women who recognize themselves as workers, as 'professionals' providing a service. On the contrary, women engaged in commercial sex for different reasons (to assure their drug consumption for example); those that do not consider they are performing a job, who lack the mentioned 'professional attitude', may not have the same motivation to persuade a client to wear a condom.

11. CONDOM USE NEGOTIATION SKILLS BUILDING OPTIONS

11.1 SKILLS BUILDING OPTIONS THAT EMERGED FROM INTERVIEWS

Diverse approaches were recognized to develop and improve sex workers' skills in condom use negotiation using the strategies identified in the current research (see Chapter 8 for the list of strategies). In the consultations with experts, contacting sex workers was addressed as a decisive factor to promote negotiation skills. One expert stated: "It is always an issue to access the women, to raise their interest. It is the most difficult thing of all". Thus there were two critical factors to identify: 1) *Who* could contact sex workers to bring their attention to learn the strategies?; and 2) *How*, *by which means*, the outreaching agents could encourage sex workers to learn the strategies? Data analyses suggest that these agents could be those who regularly contact sex workers: the entities whom sex workers trust, and with whom they habitually talk about job issues. As an interviewed expert expressed: "The issue is: Who approaches the sex workers?… With whom do the sex workers talk about job things?... They do not come home and talk with the husband about the job. They do not talk with friends about the job… They talk with colleagues, with the people from the organizations and health offices… and with the people ruling the establishments where they work". In this sense, *who* could promote the negotiation skills among the LAFSWs would be: governmental institutions which have contact with sex workers (e.g. health offices and local representations of the German Agency against AIDS), organizations aimed at improving sex workers' life and labor conditions, and the sex workers themselves. It is important to note that the suitability of the mentioned institutions to encourage negotiations among the sex workers is not only based on the capacity they have to contact the sex workers, but on the trust and confidence they have built. Sex workers (and also establishment managers) trust these institutions with respect to the counseling they provide on health, social services, and other important matters, like civil rights, and taxes.

This was observed in the street work rounds performed with the organizations supporting this research, and also by the interviews conducted. One sex worker for example stated: "I know the diseases because of the Health Office here", another said: "I get information on the infections from the organization. Do you have more flyers? I would like to show them to other persons". The good reputation, and the confidence that sex workers have in the institutions was also mentioned by the consulted experts. One of them claimed that sex workers with whom they already have contact encourage other workers to visit, or to call, the organization when they are in need of advice or orientation. The specialist also stated that when they have difficulties to get access into a sex workers' flat, they make it clear that they work for the organization, and show education materials to them in order to be admitted.

In relation to the potential skills building method, the *how*, it was identified that the official institutions and organizations could teach the negotiation skills through the interventions they routinely conduct to promote health and to assist sex workers, like counseling and street work.

On the other hand, with regard to the *means*, experts and sex workers recommended promoting the negotiation strategies in the form of short phrases. They suggested transforming the verbal strategies identified here into a manageable and friendly format. To facilitate their learning, it was recommended converting the LAFSWs' experiences on condom use negotiations into short key phrases and grouping them by arguments and kinds of clients (Table 11.1 contains examples of the strategies converted into key phrases to use when the client is an old man).

TABLE 11.1: POTENTIAL VERBAL CONDOM USE NEGOTIATION STRATEGIES AND PHRASES TO EMPLOY WITH A RELUCTANT *OLD* CLIENT

POTENTIAL STRATEGIES	SHORT PHRASES TO ANSWER		
	IN ENGLISH	IN SPANISH	IN GERMAN
Sex worker **offers him she will work slowly but with a condom**	Let's use a condom. Come on. I am going to do it slowly.	Usemos condón. Vamos, te lo voy hacer despacio.	Lass es uns mit Kondom machen. Komm, ich mache es Dir langsam.
Sex worker **offers him more time but with a condom**	Let's use a condom. Come on. I am going to give you more time.	Usemos condón. Vamos, te doy más tiempo.	Lass es uns mit Kondom machen. Komm, ich schenke Dir mehr Zeit.
Sex worker **offers him more time but with a condom (5 Minutes more)**	Let's use a condom. Come on. I am going to give you 5 minutes more.	Usemos condón. Vamos, te doy cinco minutos más.	Lass es uns mit Kondom machen. Komm, ich gebe Dir fünf Minuten mehr.
Sex worker **talks to him about preserving health**	Don't risk the healthy life, what you have had until now, for 5 minutes of passion.	No arriesgues la vida, que hasta ahora has tenido con salud, por 5 minutos de pasión.	Riskier nicht das gesundes Leben, das Du bis jetzt hattest, für 5 Minuten Leidenschaft

According to the interviews conducted, condom use negotiations could be promoted among sex workers in three possible ways: verbally (in the institutions' facilities and in the sex workers' work places), graphically (with the help of educational materials) and virtually (through the organizations' Facebook sites or virtual chat-rooms):

> EXP (7:60) (65) Researcher: How do you think one could teach the negotiation strategies to the sex workers?
>
> Expert: Through the work of the counseling services, through the street work. Through the advice provided in the streets, or in their work places. Those are the easiest ways for the women. The provision of information is pretty important. To inform them in their own language, when the woman is a migrant.

Two major condom use negotiation skills buildings were identified based on the recommendations that experts (and sex workers) made to the researcher, and based on the postulates of the Social Cognitive Theory (SCT). The theory addresses that in order to achieve a behavior change, people need to be given not only reasons to perform a specific behavior, but also the skills to accomplish such behavior. The theory postulates that people's skills can be expanded thorough the improvement of their self-efficacy, which at the same time can be strengthened by modeling (by observing and learning from model exemplars of the same social group or community) (Bussey & Bandura 1999).

OPTION 1: CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH VERBAL APPROACHES

SUB-OPTION 1.1: Skills Building to Be Conducted in Organization's Facilities

The verbal promotion of the differentiated negotiation strategies identified in the current research could take place in the facilities of the health offices, organizations, and DAH representations, during the counseling that physicians, nurses, and social workers routinely provide to sex workers. As an interviewed expert recommended, advising on condom use negotiations in an individual session could be conducted as follows: "One could ask the woman: 'What do you do if someone asks you to work without a condom?' You can then say: 'Did you already consider doing this… (an identified strategy)?' 'Some colleagues stated that they do this… (another strategy). Other colleagues stated that they say this… (a further strategy).' 'Maybe you can try some of these techniques'". It would be especially crucial in the counseling that the counselor remarks that the negotiation sources were peers, other women also engaged in commercial sex in Germany. This specification would be vital for two reasons. Firstly, by making the source transparent, the strategies gain credibility that they are sex worker-oriented as they were developed by women in the same job, not by other women with different occupations. Secondly, by making it clear that the strategies developers were peers, one strengthens sex workers' self-efficacy, in the sense that they may be motivated to repeat actions that individuals with the same occupation, facing similar problems, already performed.

SUB-OPTION 1.2: Skills Building to Be Conducted in Sex Workers' Workplaces

a) Skills Building in Workshops in Indoor Establishments

The experts interviewed suggested that sex workers could be educated in condom use negotiation in indoor establishment workshops which could be conducted employing the capacity building methodology "ProfiS" developed by Stephanie Klee (2008; 2012).

According to the diverse experts consulted, the "ProfiS" workshops have shown to be a useful intervention to reach sex workers, to advise them, and to provide them with information on health and other relevant topics. An expert interviewed talked about her experience in conducting such workshops, and placed special emphasis on the positive consequences of having the support of peers in the workshops:

> EXP (4:89) (108) When we go to a brothel, to a club, or to a flat, where prostitutes work, it is a relatively protected zone. The women there, in the workshops, are more open, and approach the social workers. The behavior of the women changes then, and we can ask other kinds of questions, than the questions we normally ask at the window… The women come into the room, and go, when they want. They don't have the feeling that 'the colleague at the window is listening'… However, the workshops are much more intensive, when sex workers are in the team.

Klee's methodology (2008) (2012) stipulates that the workshops should have a flexible structure with regard to their time schedules and their topics. In accordance with Klee, the topics to be treated in the workshops should be those proposed by the sex workers themselves. However, it was pointed out that the organization staff conducting the workshop could suggest the negotiation techniques theme in addition to other topics of interest for the sex workers. An expert said to the researcher: "I don't know if it would be efficient to have a workshop only on that… It would be better to combine it with other interesting things. I tell you this because we had an experience like this. It would be better to combine it with topics which are important for the prostitutes nowadays, like the 'Prostitution Law', or 'taxes'. To put everything together. To put it together with other information. The more information they have, the safer they are, the greater the possibility they have to negotiate in another way, right?" In the opinion of the same expert, the negotiation techniques could be promoted in the workshops through 'role-play' exercises:

> EXP (9:27) (53) To make something like games too, like *Rollenspiele* (role-play games). To construct a situation in which I say: "I am the client. You are the sex worker. I want sex without a rubber. What do we do? Then a woman gives a strategy, the colleague gives another. Then you can start a discussion, because one woman says: "I do this", and the colleague says: "That works but in this way". Then people can discuss why it works. The woman instructs the other woman. 'I do it this way; but if you give me ideas, it would be fantastic! I could do it in another way'. With this one will induce the exchange of information… of experiences…

An expert consulted in another German state shared the experience she had in promoting condom use negotiation techniques using the discussion method:

> EXP (4:92) (128) Expert: "We did it on the AIDS-day in December. We brought them condoms and then we talked to them about safer sex. We explained to them what the AIDS-day is, about the sexually transmitted diseases, about the sexually transmitted infections. And after that, we asked specific questions: 'What do you in such cases (when you are asked to have unprotected sex)? What do you do?'".
>
> Researcher: "And on that AIDS-day, did you talk with the women at the door, or did you come into the houses?".
>
> Expert: "Both things. There are houses in which we are very welcomed and whose doors open quickly. Or we say that we have presents and we come into the kitchen. However, there are also houses in which the situation is not like that and then we talk with the women at the window".

In this sense, an additional method to be conducted in the workshops would be the guided discussions. Both methods, the discussions and the role-playing, are actually key instruments in Klee's methodology-based workshops (2008) (2012). Taking into account the experts' experiences on Klee's methodology-based workshops, their recommendations on the 'role-play' and discussions methods, the recently related experience on negotiation skills building, as well as the factors identified as likely facilitators of condom use negotiation (see Chapter 10 for details on the factors), the negotiation strategies identified in the current research could be promoted in Klee's workshops by following the next steps:

1. Guided discussions or 'role-play' exercises,
2. STI prevention talk to raise sex workers' awareness,
3. Speech to strengthen workers' empowerment,
4. Discourse to raise workers' self-esteem, and
5. Brief presentation of identified strategies (including key phrases).

In the first phase, a guided discussion similar to a focus group would be conducted. A moderator (a staff member of the organization/institution visiting the workers) would encourage some of the workshop participants to talk about their own experiences on condom use negotiation: how participants responded to the request, the negotiation techniques and the factors that facilitated the persuasion if they negotiated, etc. Subsequently, the moderator would ask other participants if they had a similar experience, and how they faced it. Similarly to the guided discussions, in a 'role-play' exercise a moderator would invite two sex workers attending the workshop to participate in a brief theater piece. One of workers should be encouraged to play the role of a client, and the second one to play the role of a sex worker who is requested by the client to practice unprotected sex. The moderator would encourage this last participant to try to persuade the client to wear a condom. The rest of the participants would be asked afterwards if they had reacted similarly, or what they had done differently to successfully convince the client.

In the second phase, as risk perception appears to play a central role in condom negotiation, the moderator should briefly relate that the adequate and consistent use of condom in every sexual intercourse is an effective measure to prevent not just HIV/AIDS, but other STIs. Furthermore, it should be highlighted that the use of a condom is crucial not just in vaginal and anal sex, but also when giving oral sex too. The moderator should briefly relate that diverse STIs like syphilis and gonorrhoea could be transmitted by practicing unprotected oral sex.

It is important that the moderator emphasizes the use of the condom in the oral sex, as collected data suggest that unprotected oral sex is a service frequently demanded and offered.

In the two following phases, using motivational language, the moderator should be focused on increasing the self-esteem and empowerment of the participants as they are factors that may significantly influence safer sex practice and negotiation. In relation to empowering the sex workers, a specialist interviewed declared: "I think that any empowerment experience that the women could have increases their professionalism, increases the possibilities that they work more safely". In this sense, in the third phase, as a way to empower the participating sex workers, the moderator could remind the participants that they are the 'experts' in the branch in which they are working. The moderator could point out that as 'professionals', the participants should deliver a 'professional' and safe service, and consequently they should refuse unprotected sex proposals.

In the fourth phase, to help increase their self-esteem, the moderator should remind the sex workers that they are valuable individuals who have already achieved goals in life: for example supporting themselves and their families due to their work. To motivate them, the moderator could give a brief speech similar to the speech a consulted expert gives to the sex workers she visits during street work: "When the women say to me: 'I won't do it'. I say to them: 'You came alone to Germany. You couldn't speak the language. But now, you are earning your own money, you support your whole family. You are courageous. You have had many achievements even if you didn't know many things. Therefore, you are a strong woman'". In this sense, the moderator should persuade the sex workers that they are capable women, and, like they did it before, they could face another challenge successfully. In other words, the moderator should encourage the sex workers to meet the challenge of refusing unprotected sex proposals, and the challenge of persuading a reluctant client to practice safer sex, if they decide to work with him.

In the fifth and final phase, the moderator should present the negotiation strategies identified in the current research. In order to motivate the participants and positively influence their self-efficacy, the moderator should emphasize that these are techniques that other sex workers facing the same difficulties put into practice with the purpose of persuading an unwilling client. The moderator should then show examples of verbal strategies (with the corresponding short phrases), and examples of non-verbal strategies. The relevance of this last group should be addressed, especially the importance of the strategies related to showing confidence and speaking with confidence. The moderator could talk about the consequences that a passive conduct could bring, such as that which a consulted specialist referred to:

> EXP (11:84) (216) I think it especially works to identify what a passive behavior is: when the client says "I want to do it without a condom", and for example, one becomes a 'little thing', one doesn't speak with confidence. That non-verbal attitude of 'making yourself into a little thing', enables the client's strengthening… The client will try to disorient you, to demolish the negotiation. He will try to surround you. He will look for his interest, like the clients do in any business! It's the way it is. A client wants to get the greatest benefit for the things he is paying for. It works like this in business and in all areas.

It is also crucial to advise the participants that the learning of the negotiation strategies, like the improvement of the communication skills, is a gradual process which requires time for the acquisition of the new knowledge. Regarding the discussion approach, the moderator should guarantee that the discussion had a relaxing 'colleagues conversation' approach, not the 'formal character' of strict training, in order to encourage attendees to participate, to expose their points of views, and to exchange their experiences and knowledge.

It is also vital to clarify to the participants that negotiation is a very individual process. There is no 'magic recipe'. There are no fixed rules in the employment of the negotiation techniques. The techniques to use will thus depend on the circumstances under which a client demands unprotected sex, on the characteristics of the client who makes the petition, and of course, on the skills, knowledge and character of the sex worker herself. In this sense, the moderator should remark that the strategies can be changed. She should motivate the sex workers to try to use the strategies, to identify with which of the original techniques they felt more comfortable, to keep using these (the most effectives for them), to feel free to adapt the strategies to every situation and every client, and to develop new ones.

Based on the positive experiences of the experts in counting on cultural mediators and peers in the workshops and in the street work that they habitually conduct, and also based on Klee's postulates regarding the people who should facilitate the workshops (2012), it should be of special relevance that the group discussions and the 'role-play' exercises would be conducted by cultural mediators or by sex workers sharing the same culture and language of the participants (peers), instead of being conducted by members of the organization who have a cultural background different to the participants' background.

In this sense, the group discussions and the 'role-play' exercises in the workshops may have a greater acceptance among sex workers, and may count towards a bigger and more active participation by sex workers, if the exercises could be guided by cultural mediators from Latin America, or by trained LAFSWs working for the organization/institution.

b) Skills Building during Street Work

Condom use negotiation strategies could also be promoted as the sex workers are approached through the outreach methodology of street work. If the sex worker contacted had the time and were in the mood to have a brief conversation, the organization members[25] approaching the sex worker may intend to follow the individual previously-mentioned session steps. In this sense, after introducing themselves[26], presenting the organization/institution they work for, and providing the sex worker with the materials the organization normally disseminates (health information, information on the organization, male condoms, etc.); the outreach agents could ask the sex worker about her reactions to an unsafe proposal and the options she had to negotiate. After that, they could present some of the strategies of the current research, explaining here too that they are techniques that other sex workers put into practice to try to persuade the client into using a condom when the workers want to keep the client but practicing nothing less than safer sex with him.

Just like in the case of the workshops, the contacting staff may have a greater influence on the sex worker motivating her more to learn negotiation techniques, if the staff could speak the sex worker's language and had the sex worker's cultural background. The influence would be much greater if the visiting staff were peers: active, or retired, sex workers with the same language and culture as those of the woman approached. In the interviews carried out with experts, the impact of including peers in the street work was mentioned: "Sometimes, sex workers join us in the rounds we make to the brothels. And of course, they have another language. They hold other conversations, different to the talks that the social workers have with them. They talk about other topics."

[25] It refers to health offices as well as DAH representations.
[26] The reader should bear in mind that normally two organization members perform the street work.

c) Skills Building through Natural Peer Leaders

A peer education method based on the collaboration of non-staff peers would be another approach to verbally disseminate condom use negotiation strategies, to encourage the sex workers to learn the techniques, and to motivate the workers to try to use them the next time they receive an unprotected sex offer. This approach which focused on transferring knowledge from one peer to another was the most cited method among the sex workers when they were asked about the possible forms to teach others how to persuade an unwilling client:

> (68:29) (61) Researcher: How would you teach the new ones to work protected?
>
> Sex Worker: One talks with the new ones, right? Since the youth is the youth. I do talk with them. One talks 'from colleague to colleague'. But it depends too on the personality of the young woman. There are many of them one can talk to, but there are others one cannot.

This approach would be oriented to enable experienced sex workers to instruct other less-experienced sex workers from the same establishment. It would have a 'natural leader' conception. It should facilitate influential sex workers to promote the strategies among the workers over whom they have influence, or among the workers with whom they normally have contact and a good colleague relationship. This peer approach would be a 'replication' of the 'natural' way in which sex workers learn work-related things from other workers (for example, how to approach clients, how to provide certain sexual services, etc.). In this sense, it would be a procedure to learn an additional relevant matter concerning the job: how to keep the client without affecting one's health.

In the participant observation carried out, as in the interviews conducted, the transfer of knowledge from one sex worker to another, or others, was observed. Some of the answers that sex workers gave to the question "How did you learn to work protected?" were for example: "I learnt by listening to colleagues", "When you arrive here, when you are 'new', they show you how to work", or "I learnt it from the other women".

Another example of the knowledge transference among peers is the testimony of the confident sex worker who shared that she learnt to offer (and practice) safer sex alternatives to unwilling customers from her best friend in the branch. One can also mention the case of a sex worker who learnt, from a family member also engaged in commercial sex in Germany, how to say in German the sexual services the clients could receive from her[27]. Other cases worth mentioning were the mature women who related that they have instructed others about the 'trick', about how to put the condom on with the mouth without the client's consent.

To carry out this peer education approach, diverse steps should be previously taken. The first of them would be the identification of influencing sex workers from all workers in an establishment, as it was extensively related and clearly detailed by Harcourt and Donovan in their work "The Many Faces of Sex Work" (2005), that not all the sex workers share the same characteristics. One of the interviewed sex workers also emphasizes this point. She stated that there are hierarchies among the sex workers. She said that when she retires, she is going to write a book about that. The chief of one of the organizations supporting the present research also brought attention to this fact as focus groups' questions[28] were presented to sex workers in street work. She made the researcher aware that there were women who promptly answered the questions and women who did not. In the opinion of the organization chief, the sex workers who did not answer were the women who waited first for the response of the leader in the floor.

A similar situation was observed later in the triangulation process, as the researcher was conducting the validation interviews to prove the accuracy of the collected information on the strategies.

[27] The researcher observed that the sex worker always had in her hand a small piece of paper with the service names that the family member had translated into German, in slang for sex workers.
[28] Focus groups were part of the instruments employed to collect data. For more information about this instrument, see Section 5.2.

On different occasions it was observed that sex workers gathered in the room of the worker who asked a client to write negotiation phrases for her to have lunch together. While this woman was being interviewed and shared her experiences in detail, it was also observed that sex workers from the establishment (and also workers from outside) came to visit her. This woman was the sex worker who related that she has instructed others on how to perform the 'trick' to work safely, and who said she advised the new and youngest worker of the establishment on how to catch the attention of the clients. This sex worker is a natural peer educator and leader.

The conducting of the approach needs to identify sex workers, like this woman, who have a positive influence on other workers' life and health. They would be empowered sex workers who have gained the respect and trust from their colleagues. Once they have been located, street workers who have already gained access to influencing sex workers, should approach them and inform them about the negotiation strategies, and about the importance of developing such negotiation skills to avoid unprotected sex to prevent acquiring and transmitting STIs.

After the sex workers have being informed, the street workers should ask for their support. They should be kindly requested to talk with their colleagues about the techniques and the importance of avoiding unsafe sex.

<u>OPTION 2</u>: CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH GRAPHIC APPROACHES

According to the experts who were interviewed, another promising approach to promote the negotiation strategies among the sex workers is through the dissemination of educational materials containing condom use negotiation techniques. However, the specialists warned that these materials should be quality products to catch the attention of the sex workers.

An interviewed expert with experience in counseling and designing materials for sex workers put special emphasis on this point as she was asked about the methods to transfer the negotiation skills to other sex workers:

> EXP (3:41) (22) The best to do would be to have women in the counseling services, who were self-confident and were engaged in commercial sex; and from them, to find someone who could bring this to the women, someone who one thinks the women would listen to. The other way is, like we always try to reach the sex workers, through flyers and other similar products. However, it is always the problem that many of them do not read. If they do, one should invest a lot of money. My experience is: when the flyers are good, that means: little text, many illustrations, something colorful and looking good; you raise their interest first; and then maybe I have the chance that they will browse them, and with this the chance they will say: "Oh! It is interesting"; and they will read further.

Regarding the design, experts recommended that the researcher employ some of the graphic tools that are normally used in the educational materials for sex workers, like pictures, colorful illustrations and comics, and to use the fewest and the most concise texts possible. Experts also addressed the importance of considering the literacy differences among the sex workers at the moment of designing educational materials as there are workers who can hardly read and write. For such sex worker groups, materials with pictograms and almost no text were more appropriate. With regard to the format, in the opinion of diverse experts, flyers and postcards could be useful educational materials to promote the negotiation techniques among the sex workers. From these educational forms, the postcard format was particularly recommended by one of the consulted specialists with extensive experience in advising Latin American sex workers (see Annex 10 for card prototypes with condom use negotiation strategies to use with young clients and with old clients).

In relation to the distribution channels, the educational materials could be disseminated in health offices, local representations of the *Deutsche AIDS-Hilfe*, and in organizations dealing with people engaged in commercial sex. The materials could also be distributed in their work places during street work, or during workshops.

11.2 RESULTS OF THE ANALYSIS OF THE SKILLS BUILDING OPTIONS

The two potential skills building options identified were examined employing the STP method (STP = SUPPORT Tools for Evidence-Informed Health Policymaking) (see Section 6.2 for method details). The key results of the analysis are presented next.

A) CHARACTERIZATION OF THE OPTIONS USING EVIDENCE

Option 1:

Conducting verbal condom use negotiation skills building at:

1.1 The facilities of health offices, NGOs, or DAH representatives: condom use negotiation strategies could be taught during the regular individual counseling; and

1.2 Sex workers' work places (at indoor venues): condom use negotiation strategies could be taught through:

a) Role-play exercises and guided discussions in "ProfiS" workshops (see Section 3.3 for workshop details);

b) The regular counselling provided during outreach work; and

c) Peer education initiatives with natural leaders.

No specific systematic reviews on HIV prevention behavioral interventions for Latin American women engaged in commercial sex work in Germany were located. However, five systematic reviews on HIV and STI prevention for sex workers (Chersich et al. 2013; Wariki et al. 2012; Ota et al. 2011; Hong et al. 2011; Shahmanesh et al. 2008) were found to be relevant to inform Option 1 (see Annex 8 for the search strategy used to find the evidence). Differences in the quality of the systematic reviews were recognized after evaluating the reviews with the Measurement Tool to Assess Reviews (AMSTAR) (see Annex 9 for the results of the assessment). One literature review on HIV prevention for sex workers in Sub-Saharan Africa (WHO 2011) and one more review on sex harm reduction (Rekart 2005) were further considered relevant to inform this option. The key findings of the systematic reviews and the additional evidence in relation to Option 1 are presented next (Table 11.2).

TABLE 11.2: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 1 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *VERBAL APPROACHES* *(first part)*

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Benefits	• According to Ota et al. (2011), behavioral interventions like individual counselling, peer education, negotiation of condom use, assertiveness and role playing, may have a positive effect on reducing the prevalence of STIs, and on improving the knowledge of sex workers and their clients in relation to HIV modes of transmission. More specifically, Ota et al. (2011) point out that interventions on condom negotiation techniques which include role-playing and peer group discussions may be effective strategies for women engaged in commercial sex work. • In accordance with Chersich et al. (2013), evidence supports the implementation of peer-mediated condom promotion, risk-reduction counselling and safer sex skills building interventions to reduce unprotected sex among female sex workers. With regard to condom use, the authors cited several studies which suggest that peer-mediated condom promotion is particularly effective in promoting consistent condom use. On the other hand, Chersich et al. (2013) refer to the study of Wechsberg et al. (2006) in which the impact of a multi-component education intervention to improve risk-reduction skills and increase self-efficacy among sex-worker users of drugs was assessed. In accordance with Chersich et al. (2013), the study showed a lower substance use and a smaller number of STI symptoms in the intervention population than in the control group. Wechsberg et al. (2006) point out that the intervention consisted of two one-to-one sessions. They described the main intervention components as the demonstration of the proper use of male and female condoms, the dissemination of information on the importance of condom use, and the provision of communication techniques to use in difficult situations in order to prevent violence. In accordance with Wechsberg et al. (2006), role-playing and the rehearsal of verbal assertiveness with each participating sex worker were employed to transfer such knowledge. • According to Rekart, promising strategies to reduce harm in sex work settings are: "education, empowerment, prevention, care, occupational health and safety, decriminalization of sex workers, and human-rights-based approaches" (Rekart 2005, p. 2123). The author also addresses outreach initiatives delivered by educators, social workers, nurses, and community members which have also shown success. He further points out that training in condom-negotiating skills and peer education are successful harm-reduction interventions. Rekart (2005) cited that peer education is associated with important increases in HIV and other STI knowledge, use of the condom, and safer sex, as well as with reductions of HIV and STI incidence. In the opinion of Rekart (2005), experienced sex workers can provide advice to young workers about how to live safely.

TABLE 11.2: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 1 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *VERBAL APPROACHES*
(second part)

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Benefits *(more information on benefits in the previous page)*	• In accordance with Shahmanesh et al. (2008), the review showed that risk reduction counselling in combination with condom promotion produced reductions in STI risk or increases in condom use. • Shahmanesh et al. (2008) state that in Madagascar, according to Feldblum et al. (2005), the combination of clinic-based risk-reduction counselling and peer education (centered on counselling sessions for individual risk assessment, the demonstration of condom use, and the provision of advice on condom use negotiations, among others) lead to an increase in condom use and to a reduction of STIs.
Potential harms	• No related information of potential harms was identified in the evidence located.
Costs and/or cost-effectiveness in relation to the status quo	• Rekart (2005) cites that peer education in Chad was a cost-effective option for the prevention of HIV/AIDS at less than $100 dollars per infection prevented.
Uncertainty regarding benefits and potential harms or risks	• In their systematic review, Ota et al. (2011) included the behavioral study of Wong et al. (1998) comprising multiple interventions to motivate sex workers to use condoms, develop their negotiation skills and increase their self-efficacy: videos to demonstrate negotiation skills, role-playing, group discussions, peer leader counseling and educational pamphlets, among others. According to Wong et al. (1998), the study resulted in increases of refusals for unprotected sex in the intervention groups (from 44.4% at the baseline to 65.2% in 5 months, 73.6% in 1 year, and 90.5% in 2 years). However, Ota et al. (2011) warned that this study is likely to be met with some bias.
Key elements of the policy option	• Ota et al. (2011) cite that, in accordance with Fisher et al. (2006a, 2006b), key components of interventions aimed at changing the behavior among sex workers and their clients included not only information but also motivation and skills. • The World Health Organization (2011) addresses that condom negotiation skills are central for the consistent use of the condom in sex work. According to the Organization, sex workers should be empowered to discuss condom use with clients and to refuse unwilling clients if negotiation fails. • The WHO (2011) also emphasizes that sex workers' knowledge on STI symptoms can be improved through peer education. • In relation to peer interventions, Rekart (2005) points out that peer educators should be trained, and provided with support, protection and standards of conduct. • In the opinion of Wariki et al. (2012), a mix of HIV prevention behavioral interventions may have a greater impact than single interventions like peer education or manager training alone. • In accordance with Hong et al. (2011), outreach and the engagement of key stakeholders (e.g. venue managers, local government agencies) were identified as critical elements in community-based behavioral interventions.

TABLE 11.2: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 1 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *VERBAL APPROACHES*
(third and last part)

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Views and experiences of target population and stakeholders	• Ota et al. (2011) included, in their systematic review, the study of Surrat et al. (2010), aimed at examining risk behaviors of drug-using female sex workers in Miami and at assessing the impact of HIV and hepatitis change behavior interventions. According to Ota et al. (2011), sex workers participating in the study of Surrat et al. expressed that peer intervention programs may have positive effects on the interventions. Furthermore, Ota et al. (2011) state that the study was more accurately tailored to sex workers by employing the language suggested by sex workers themselves.

Evidence from the reviews of Table 11.2 suggests that multi-component behavioral programs containing condom negotiation interventions (including the verbal approaches proposed in the present study for outreaching, individual counselling, role-playing, group discussions, and peer education) may be effective to reduce unprotected sex among sex workers. Although peer-guided initiatives seem to be particularly cost-effective, it is not clear which of the condom negotiation interventions reported the greatest impact in engaging safer sex. Interventions were not evaluated separately.

On the other hand, it is neither clear with which intervention sex workers' negotiation abilities were improved the most. Evaluations of the programs containing the interventions were focused on assessing outcomes like condom use frequency, refusals of unsafe sex, number of STI symptoms, etc. They were not centered on individually measuring changes in condom use negotiation skills. They were not focused for example on measuring if sex workers' communication regarding safer sex was improved, and to which extent, after a role-playing intervention was carried out.

Option 2:

Conducting graphic condom use negotiation skills building centered on the design (and dissemination) of educational materials on condom use negotiation (e.g. postcards, and pamphlets).

No specific systematic reviews evaluating print media to reduce HIV transmission among Latin American females engaged in commercial sex work in Germany or any reviews assessing the individual impact of educational materials targeting sex workers were found. Nevertheless, six reviews on HIV prevention for sex workers already employed in Option 1 (Chersich et al. 2013; Hong et al. 2011; Wariki et al. 2012; Shahmanesh et al. 2008; WHO 2011; Rekart 2005) were also found to be relevant to inform Option 2. Further relevant to Option 2 were the systematic reviews of Xiao et al. (2013), Noar et al. (2009) and Bertrand et al. (2006) on HIV media interventions which included initiatives for sex workers.

Differences in the quality of the systematic reviews were recognized after evaluating them with AMSTAR (see Annex 9 for the assessment). The key findings of the systematic reviews and the additional evidence in relation to Option 2 are presented next (Table 11.3).

TABLE 11.3: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 2 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *GRAPHIC APPROACHES* *(first part)*

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Benefits	• In the literature review from WHO (2011), and in the subsequent systematic review conducted by Chersich et al. (2013), print materials, peer-led drama, slides, video sessions and role-playing exercises were pointed out as successful approaches. • Xiao et al. (2013) and Hong et al. (2011) considered, in their systematic reviews, the study of Rou et al. (2007), aimed at evaluating a HIV/STD prevention program for female sex workers working in entertainment establishments of five different cities in China. It was reported that the intervention, based on sexual health care services, videos, educational print materials and cartoon folders, was effective for increasing condom use and reducing STDs among sex workers.

TABLE 11.3: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 2 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *GRAPHIC APPROACHES*
(second part)

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Benefits *(more information on benefits in the previous page)*	• According to Bertrand et al. (2006), the systematic review they conducted presented mixed results on the effectiveness of media interventions to change HIV-related behavior. In accordance with the authors, the studies showed no impact of mass media in most of the set outcomes; however, at least half of the reviewed studies showed a positive effect of the media in increasing knowledge of HIV transmission and in reducing high-risk sexual behavior. One of the studies with a positive effect in HIV knowledge was the evaluation of a HIV prevention program for female sex workers in Thailand conducted by van Griensven et al. (1998). The intervention was based on an informational and educational campaign, a peer educator training, and a condom promotion strategy based on distributing condoms and having meetings with establishment owners and managers to encourage them to support the use of condoms. In accordance with van Griensven et al. (1998), the program campaign consisted of distributing audios, handing out leaflets and comic books regarding HIV in a STD clinic, showing videos in the clinic, and putting up posters, stickers and informative leaflets about condoms in sex establishments. Van Griensven et al. (1998) reported a larger increase in knowledge and perceived vulnerability in the intervention area, and an increase in refusing unwilling clients in the intervention and comparison areas. • In the review conducted by Noar et al. (2009) in which HIV/AIDS media campaigns were systematically examined, the authors included the study of the CDC AIDS Community Demonstration Projects Research Group which evaluates a theory-based intervention to promote condom and bleach use among populations at risk for HIV infection (drug users, female sex partners of male injection drug users, female sex workers, youth at risk, and residents of areas where STD rates were high). In accordance with the CDC (1999), the intervention included the distribution of materials and the verbal dissemination of prevention messages among peers; the creation of the materials with prevention messages in the form of role-model stories; and the distribution of condoms and bleach. According to the CDC (1999), the materials distributed included newsletters, pamphlets, and cards containing, among other information, real stories from people in the community describing how they were changing their HIV-related risk behaviors. The CDC (1999) point out that the stories emphasized factors associated with the adoption of less risky practices like self-efficacy, attitudes, and perceived norms. In their results, the CDC (1999) state that the intervention showed success in promoting consistent condom use for vaginal sex.

TABLE 11.3: SUMMARY OF KEY FINDINGS FROM THE EVIDENCE RELEVANT TO OPTION 2 FOR CONDOM USE NEGOTIATION SKILLS BUILDING THROUGH *GRAPHIC APPROACHES*
(third part and last part)

CATEGORY OF FINDINGS	SUMMARY OF KEY FINDINGS
Potential harms	• Shahmanesh et al. (2008) and Wariki et al. (2012) cite the work of Egger et al. (2000), in which the mix of health education with condom promotion did not produce the expected results on condom use. In the study of Egger et al. (2000), in addition to providing couples visiting motels in Nicaragua with condoms, leaflets were left on the motel beds and posters were collocated on walls. According to Egger et al. (2000), the frequency of condom use among sex workers and their clients was reduced because of the presence of the health-education materials which were actually oriented to increasing knowledge of HIV and AIDS. In accordance with the authors, the leaflets further intended to address condom use skills and to be funny. According to Egger et al. (2000), leaflets were illustrated with comics presenting the advantages of using condoms (the protection they offer against HIV/AIDS and other STIs, and the role they have in preventing unplanned pregnancies), and with statistics on HIV infections and people living with AIDS in Nicaragua and in Central America.
Costs and/or cost-effectiveness in relation to the status quo	• According to Bertrand et al. (2006), only a small number of studies consider the cost and cost-effectiveness of mass communication programs, which leaves funders and policy makers without the needed information to determine which intervention offers the lowest cost per person reached.
Uncertainty regarding benefits and potential harms or risks	• No information on the assessment of the specific benefits of print education materials was located. In the opinion of Bertrand et al. (2006) it is difficult to disaggregate the impact of the different components of a campaign.
Key elements of the policy option	• In the literature review from WHO (2011), and in the subsequent systematic review conducted by Chersich et al. (2013), it is claimed that sex workers can be provided with information and education when they attend health services, when outreach and peer-education initiatives are conducted, or when they visit Drop-In Centers (DICs). • In accordance with the WHO (2011), educational materials that have been successfully used are print and media materials. The WHO (2011) points out that materials on HIV and STI prevention should be adapted to sex workers' subgroups and languages, as well as to traditional and cultural behaviors. According to the Organization, in order to achieve these goals, sex workers should participate in the design of the materials. • According to Rekart, successful educational materials for sex workers are "simple, clear, consistent, non-judgmental, attractive, and culturally sensitive" (Rekart 2005, p. 2126).
Views and experiences of target population and stakeholders	• No related information on the views and experiences of the target population and stakeholders was found.

The evidence in Table 11.3 suggests that multi-component programs using print materials (like the cards and pamphlets recommended by the current research for teaching condom use negotiation strategies) may be effective in promoting healthy behaviors among sex workers. However, similar to the verbal skills building approaches, the individual impact of each kind of educational material is not specified. It addresses the fact that education materials for sex workers should be simple, clear and attractive. Furthermore, according to the literature, it is highly recommended that the materials would be culturally sensitive (adapted for sex workers' culture, traditions and language) and moreover, that sex workers participate in the design and contents of the materials to assure their appropriateness. Nevertheless, no evaluations were conducted to measure the extent to which specific print material increased (or did not increase) condom use in sex work. Neither were evaluations performed to assess to which extent sex workers' negotiation skills improved (or did not improve) as a consequence of particular print material.

B) Implementation Considerations

An analysis of the potential barriers and facilitators to implement the complementary skills building approaches are presented next, in Table 11.4.

In this sense, factors that could obstruct and factors which could facilitate the implementation of the verbal and graphic approaches identified to teach condom use negotiation strategies are now examined at the levels of: individuals (to whom the actions are oriented: sex workers), providers (personnel who should conduct the actions: outreach staff, peer educators), organizations (providers' entities: e.g. health offices) and systems (e.g. the health sector).

TABLE 11.4: POTENTIAL BARRIERS AND FACILITATORS IN THE IMPLEMENTATION OF THE OPTIONS

Level	Option 1 for condom use negotiation skills building through *verbal* approaches	Option 2 for condom use negotiation skills building through *graphic* approaches
Individuals	Condom use negotiation strategies can be verbally promoted in health offices, DAH (*Deutsche AIDS-Hilfe*) representations and organizations aimed at improving sex workers' health and well-being, if sex workers visit these institutions to receive counselling and also if they have an interest in increasing their knowledge on how to persuade an unwilling client to use a condom. On the other hand, the strategies can be verbally promoted in the sex workers' work places, if the workers have time and interest to: a) have a conversation with the street workers, and b) attend the workshops to be conducted employing Klee's methodology.	The negotiation strategies can be promoted through print educational materials (like cards or pamphlets), distributed in sex workers' work places if the materials are taken and read by the sex workers.
Providers	The verbal promotion of the strategies could be effective if the staff contacting the sex workers are aware of the importance of improving the negotiation skills of sex workers, and if the outreach staff receive adequate training on: a) how to transmit this knowledge to the sex workers, b) how to encourage them to talk about safer sex negotiations, c) how to motivate them to try alternative negotiations, and d) how to adequately conduct guided discussions and role-playing exercises on condom use negotiation. Regarding the training, the implementation of the guidelines of the FENARETE Project (Borlone & Macchieraldo 2004) would be useful to educate sex workers as peer educators. FENARETE was a project supported by the European Commission to provide practicing and former sex workers with vocational training to become educators (multiplicators) with an emphasis on justice, health and social affairs (Amnesty for Women 2013).	It is more likely to raise sex workers' interest in the materials and motivate them to look at them, if they are attractive enough for the sex workers. For the development of more attractive educational materials, it would be necessary for sex workers to participate in the design of the materials and in the formulation of accurate messages. The UNAIDS (2002) states that it is important to consider the active involvement of sex workers in the development, implementation, monitoring and evaluation of programs.
Organi-zation	To adequately implement the two skills building options, it is necessary that the official institutions and organizations can count on enough financial resources to cover the production and dissemination of the educational materials, the staff training, as well as the hiring and training of sex workers to become peer educators.	
System	The support and collaboration of key stakeholders (e.g. managers and owners of the establishments where the sex workers are working) is of special relevance to fully conduct the skills building. For example, if the institutions/organizations cannot count on their support to get inside the establishments, the outreach staff could not conduct the workshops and the related activities.	

DISCUSSION AND CONCLUSIONS
PART V

12. DISCUSSION, STUDY STRENGTHS AND CONCLUSIONS

12.1 GENERAL DISCUSSION

To prevent HIV/AIDS in commercial sex work, the Joint United Nations Programme on HIV/AIDS states the necessity of formulating and implementing comprehensive and evidence-informed programs for sex workers and their clients (UNAIDS 2012). The current study was centered however on one of these key populations at higher risk of exposure to HIV: the sex workers. In this sense, the present study was oriented to examine how migrant sex workers in Germany negotiate condom use, specifically female sex workers coming from Latin America who are one of the five largest populations of migrants engaged in commercial sex work in the country (TAMPEP 2010).

The findings of the present study suggest that Latin American Female Sex Workers Working in Germany (LAFSWs) may respond in four different ways when they are requested to work without the protection of a condom. These responses are: a) to categorically refuse the client asking for unsafe sex; b) to negotiate the use of the condom by penetrative intercourse (in the sense that sex workers try to persuade the unwilling client to wear a condom); c) to cheat him, in the sense of fitting him with a condom when he is unaware; and d) to negotiate safer sex alternatives instead of having unprotected penetrative intercourse. The reactions found in this study differ to some extent with those presented by Overs and Hunter[29].

[29] Elements of the Grounded Theory were employed to analyze the research data. As Grounded Theory postulates that previous in-depth knowledge should be avoided, evidence on condom use negotiation strategies and on training in condom use negotiation were examined only after the collected information was analyzed. For this reason, an examination of the literature on safer sex negotiation did not appear early in the document.

In their opinion, sex workers could respond in six forms to a client demanding unprotected sex: a) to be solidary (in the way that all sex workers from an establishment agreed to exclusively deliver protected services), b) to refuse the client, c) to cite the 'house rules' (to tell the client that according to the house manager, condom use is compulsory in the establishment), d) to discuss the matter, e) to offer alternative services, and f) to perform 'tricks of the trade' (including fitting a condom without the client knowing, and simulating vaginal intercourse). On the other hand, the present research found that multiple techniques may be employed to negotiate condom use. This agrees with the study of Otto-Salaj et al. (2008) aimed at examining women's and men's preferences in the use of six different styles of negotiation (coercive, reward, legitimate, expert, referent, and informational). The authors concluded that there was no strategy that women or men preferred universally.

The current investigation also hinted that condom use negotiation in the sex trade may be multi-factorial. It is strongly suggested that such negotiation depends on the self-esteem, self-efficacy, skills, perceptions (risk-perception, self-perception as a worker), knowledge (of STIs, language), financial condition, and mood of the sex worker (positive attitude to negotiate, or not); the circumstances under which the negotiation takes place (e.g. labor conditions); and the available time the client has to initiate a discussion, his attitude, and his type. These features are consistent with the influencing factors mentioned in the guide "Comprehensive Care for the Family Living with HIV/AIDS" (*Atención Integral de la Familia Viviendo con el VIH/SIDA*) (Ministerio de Salud, CONAMUSA & The Global Found 2008). In the guide, poor self-esteem, partner dependency, poor ability to communicate one's own needs, and poor skills to defend what the negotiating person wants were referred to as barriers. Obstacles in the negotiation that were also cited in the literature but not recognized in the current research were: fear of violence (Maher et al. 2013), and alcohol abuse (by the sex worker or the client) (Maher et al. 2013; Sarkar et al. 2008).

The first dissimilarity amongst the studies could have two reasons. The first one would be a gender inequality reason. While the present research was done in Germany, where the majority of its population lives in a society which promotes equal rights for women and men, the other investigations were conducted in Asian countries (Cambodia and India) were women face the inequalities of a patriarchal social system which supports female subordination and favors men, their decisions and their acts (including violent behaviors against women). The second reason could be differences in the sex trade legality. While in Germany the legislation stipulates that prostitution is a legal activity and consequently endorses a relationship of equal commercial partners, in the other two countries prostitution has a different legal status[30] that puts sex workers at a disadvantage in relation to the client. On the one hand, in places where prostitution is illicit, some clients may believe that because sex workers are conducting an illegal activity, the workers are not allowed to encourage safer sex.

On the other hand, customers may think that the decision on the services that sex workers should deliver (including unsafe sex) depends exclusively on them, and consequently, that they are permitted to react violently if sex workers do not provide the services they wish. On the contrary, it is suggested that in Germany the type (and price) of the sexual services are negotiated between the client and the sex worker. Further, it is supposed that once the service characteristics are agreed, both parties should follow the agreement. Apparently, if a client breaks the deal, sex workers working in brothels, clubs or window houses can report this (as well as violent and improper client behaviors) to the establishment administration.

One explanation of the second dissimilarity concerning alcohol abuse could be the differences in sex work settings considered for the recruitment of the participants.

[30] Prostitution is not a criminal offense in India but soliciting sexual services to a prostitute and prostitution in any public place are illegal (Gangothri 2014). In Cambodia prostitution is illegal.

It is possible that in the current research alcohol did not emerge as a relevant negotiation barrier because the participants were women working in brothels and window houses where apparently the consumption of alcohol is not frequent. In contrast, in the investigation of Maher et al. (2013), the participants were young female sex workers engaged in brothels but also in other venues like entertainment establishments where the consumption of alcohol is probably relevant. A second possible explanation could be the differences in the instruments used to collect information and also the differences in the sample size. While in the current research short field interviews were carried out, in the study of Maher et al. (2013) only in-depth interviews (with a length between 40 minutes and two hours) were conducted which enable the collection of a greater quantity of more precise information. On the other hand, while the findings of the present research are guided by the experiences and knowledge of around 60 sex workers, the investigation results of Sarkar et al. (2008) are based on the information shared by 580 sex workers. The bigger the sample size is, the larger the information quantity will be.

With regard to the positive influencing factors, self-esteem was also cited in the literature as a crucial component for condom use and negotiation. For example, in her work "Stigma to Sage: Learning and Teaching Safer Sex Practices Among Canadian Sex Trade Workers", Meaghan (2002) relates that one woman engaged in commercial sex work expressed that 'thinking in a good way about herself' helps her to avoid risky sexual situations.

Findings further suggested that partner type plays a crucial role in the negotiation of condom use. This is consistent with the results of Otto-Salaj et al. (2010), aimed at exploring the reactions of heterosexual African-American men to negotiation attempts by a hypothetical female partner. They claim that the effectiveness of the negotiation importantly depends on the partner characteristics.

Self-Efficacy

The current study also suggested that self-efficacy impacts condom use negotiation. Previous qualitative research supports this finding. In the study of Eisenberg et al. (2011) oriented to exploring how safer sex is discussed among young gay men, self-efficacy is shown as a central influencing feature. According to Eisenberg et al. (2011), participants acknowledged that their engagement in safer sex depended on their self-efficacy to hold three conversations: 1) to initiate a dialogue around safer sex, 2) to explicitly introduce the topic of condom use during the sexual act, and 3) to renegotiate, in the case where the intention of using condoms had been misunderstood. Furthermore, in their work aimed at gaining a better understanding of the approaches and difficulties that sex workers in Singapore have in encouraging condom usage and other low risk behaviors, Wong et al. (1994) point out that sex workers' attempts to discuss condom use may depend on the sex worker's self-esteem, perceived barriers and self-efficacy. In accordance with the authors, workers with low self-efficacy did not even try to negotiate. In addition, Wong et al. indicate that the resistance that a sex worker could offer to an unwilling client would be determined by the provision of arguments, her perceived self-efficacy, her communication skills, as well as her motivation.

Time

The research further showed that time plays a key role. It suggested that condom use negotiation is a quick process in commercial sex. The more time the unwilling client has to talk with the sex worker, the more arguments the worker can provide to encourage safer sex, and vice versa. It seems that time makes the negotiation process among sex workers different to the negotiation of other groups.

This is evident when examining the guide of the Peruvian Health Ministry (Ministerio de Salud, CONAMUSA & The Global Found 2008). In the guide, a deep conversation with the partner is suggested to facilitate the negotiation. However, this talk can be held only if both partners are open to such dialogue and have enough time.

In commercial sex, this is not always possible as there are important time limitations that restrict the duration of the sexual encounter and the communication chances between the sex worker and the client. The present study further suggested that a good time to negotiate safer sex with a resistant client would be the moment when the sex worker and the client are discussing the price and the characteristics of the services to be delivered, when the sex worker has a better control of the situation. It would be the moment before the sex worker permits the client to enter her room. As expected, this is different in a non-paid relationship, in which the condom is rather negotiated at the last minute, when the couple has no more clothes on, according to Broaddus et al. (2010).

A Commercial Relationship

On the other hand, the analyses of the current research indicated that condom negotiation in the sex trade has a commercial scope. This substantially differs from the negotiation among intimate partners. While the first negotiation is focused on a commercial relationship involving money, the second one is based on a relationship involving emotions (love, care, etc.). More precisely, condom use negotiation among intimate partners is oriented around emotions. In the guide of the Peruvian Health Ministry for example, a strategy empathizing love is shown as a negotiation tactic. Moreover, a 'relationship strategy' guided by emotional arguments is one of the 6 strategies (withholding sex, direct request, seduction, relationship conceptualizing, risk information, and deception), which in accordance with Noar et al. (2002), are used by heterosexual men and women to negotiate condom use (see Annex 11 for details on the strategies). Similarly, in the work that Fischer et al. (2005) developed for Family Health International (FHI), love and trust-oriented arguments were included in the negotiation strategies for youth (see Annex 15 for the arguments).

Negotiation Participants

The present research also hinted that condom use negotiation in commercial sex is a process in which two persons are exclusively involved: the sex worker and the client. This restricted number of persons participating in the process makes the negotiation in sex work further different from the negotiation involved in an intimate relationship. In accordance with the WHO (2005), a third person could help to discuss safer sex with the unwilling partner.

Verbal and Non-Verbal Negotiations

The findings strongly suggested that condom use is encouraged verbally as much as non-verbally. These two negotiations are consistent with the results of previous research. Broaddus et al. (2010), Tschann et al. (2010), Pareja (1991), Lam (2004) and Wong et al. (1994) talk explicitly about verbal and non-verbal negotiation techniques, while Noar et al. (2002), Browne and Minichiello (1995), HETAIRA and GENERA (2011) make implicit reference to the techniques. In "Why clients of sex workers don't use condoms", Pareja (1991) reported for example that sex workers in the Dominican Republic employ two strategy types to get clients to wear condoms: the use of arguments and the performance of direct actions to put condoms on. Similarly, in "What Really Works? An Exploratory Study of Condom Negotiation Strategies", Lam et al. (2004) inform on verbal negotiations, including direct (e.g. threaten, plead, and the provision of health reasons) and indirect strategies (e.g. deceive, flatter and drop hints), and on non-verbal negotiations, also comprising direct and indirect tactics.

The present research further advised that sex workers, rather than using one type of technique (verbal vs. non-verbal) exclusively, may employ a combination of both techniques. This is supported by the findings of Browne and Minichiello (1995) who indicate in their investigation on male sex work that negotiation interaction is multi-faceted and involves both verbal and non-verbal dialogues.

Verbal Negotiation Strategies

The present research further advised that LAFSWs may attempt to verbally encourage condom use through 5 types of negotiation strategies (Figure 8.2) (Table 8.2): a) to provide the unwilling client with safer sex-related arguments; b) to offer him something extra if he accepts to wear a condom; c) to propose that he adopt a positive attitude in order to be able to enjoy sex with a condom; d) to request something extraordinary in return to demotivate him from practicing unsafe sex; and e) to ask him questions to demotivate him from practicing unsafe sex.

It is important to mention that not all research findings could be confirmed with the literature. However, some of the results could be strongly supported by the available evidence. For example, the current study suggested that negotiation initiates by communicating to the resistant client that unsafe sex will not be performed. This tactic was broadly found in the literature (e.g. Lam et al. 2004; Maher et al. 2013; HETAIRA). According to Maher et al. (2013) for example, young women engaged in sex work in Cambodia reported the 'threaten to refuse' strategy, what they called "No condom equals no sex". Moreover, in its guide on sexually transmitted and other reproductive tract infections, the WHO (2005) also emphasizes that women could employ the statement "No condom, no sex" to negotiate safer sex. Refusal techniques (or 'withholding-sex strategies') are also presented by Noar et al. (2002) in "Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire".

Among the verbal strategies recognized, it was identified that talking with the resistant client and providing him with explanations is a recurrent strategy among sex workers. The provision of arguments was extensively found in the literature on condom use negotiation (Maher et al. 2013; Broaddus et al. 2010; Otto-Salaj et al. 2010; Lam et al. 1994; Browne and Minichiello 1995; Wong et al. 1994; Pareja 1991; HETAIRA). For example, this technique is mentioned by Browne and Minichiello (1995), cited by Vanwesenbeeck (2001).

According to the authors, male sex workers in Australia employ 5 strategies to encourage condom use: to formulate contra-arguments using evidence, to treat protected sex as natural and expected, to teach the client, to propose safer forms of sex, to leave the client if he insists on unsafe sex, and to use 'tricks of the trade' (in order to engage in safer sex practices, but not permitting the client to know about it).

Health, Family and Pregnancy

Furthermore, the present research identified health as one of the most frequent arguments used by sex workers to discuss safer sex. The use of this argument is reported in the recently mentioned research and in further literature as well (e.g. Tschann et al. 2010; WHO 2005; Ochoa 2005; Lam 2004; Noar et al. 2002; Pareja 1991; IMPACTA, CEPESJU). For example, in the materials for sex workers "Safe Blanca Always Protects Herself" (*Blanca Segura Siempre se Protege*) (IMPACTA), and "For a Healthy Life. Let's Learn to Protect Us" (*Por una Vida Saludable. Aprendamos a Protegernos*) (CEPESJU), it is recommended to provide the client with health risk information to negotiate condom use.

Family was identified as another argument extensively used by sex workers. This is strongly supported by previous investigation on sex work. The topic was found in the strategies of Wong et al. (1994), IMPACTA, Maher et al. (2013), and Pareja (1991). For example, Wong et al. (2004) indicate that sex workers in Singapore use the family-related argument: "You have a wife and children to support. I'm sure you don't want your wife to acquire AIDS from you. It is better for you to wear a condom. I am not implying that I have AIDS but it is better for both of us to use condoms". Maher et al. (2013) present the 'fear strategy' involving the client's family: "If you don't use a condom with me, your wife and your kids may face the consequences". Importantly, they point out that this tactic reinforces the stereotype of sex workers as vectors of infection.

The current research also recognized that a small number of sex workers use as an argument the prevention of undesired pregnancies to encourage condom use. This argument was located in the investigation of Pareja (1991) but broadly found in the literature on condom negotiation among other populations (Tschann et al. 2010; Fischer et al. 2005; WHO 2005; Lam et al. 2004; Noar et al. 2002). For example, Lam et al. (2004) indicate that undergraduate students use the following indirect strategy of 'dropping hints' to induce condom use: "I heard so–and–so got pregnant" (see Annex 12 for more direct and indirect tactics).

Pleasure Rewards

The findings further suggested that some sex workers try to encourage condom use by employing strategies focused on the joy of sex. For example, some women may 'offer something special' (e.g. more time, a more delicate service) to unwilling clients (especially to older clients) if they accept to wear a condom. Some literature supports this 'offer strategy'. On the one hand, this tactic is to some extent comparable with the 'reward strategy' that Otto-Salaj et al. (2010, 2008) verified among African-American adults (6 negotiation techniques were proved: coercive, legitimate, expert, referent, reward and informational). According to Otto-Salaj et al. (2010), the 'reward strategy' includes for example telling the partner that both could have sex for a longer time when a condom is used, or to promise something that would make the partner feel particularly good while a condom was being used. On the other hand, the tactic is similar to one of the techniques reported by Pareja (1991), who cites that sex workers in Santo Domingo may offer something that the client appreciates very much (e.g. oral sex) on the condition that he uses a condom. Another analogous strategy is that related by IMPACTA of proposing to the client to help him put the condom on in a pleasurable way: "We can persuade them by talking to them sweetly, by proposing to them that it is a different way to have sex, or by telling them that we can put the condom on with the mouth".

Among the strategies of 'promising something special', the current study included a sex worker who reported to offer the client much more pleasure if he used a special condom (a 'sensual condom') (Table 8.2). This strategy is to some extent comparable with the verbal 'erotization of the condom'. In "Facilitating Condom Use with Clients during Commercial Sex in Nevada's Legal Brothels", Albert et al. (2008) reported that brothel sex workers verbally eroticize condoms in 2 ways to encourage safer sex: by seductively describing their 'sexual consequences' (e.g. "I give much better head with a condom") and by assuring more pleasure with particular condoms (e.g. "I have a new condom with ribbing on the outside which is great for me too"). Other examples of erotization can be located in "Urban Women's Negotiation Strategies for Safer Sex with their Male Partners" in which Williams et al. (2001) cite a woman reporting the following strategy based on making the condom exciting to engage in protected sex: "I tell him that it turns me on when he wears a condom".

The current study found further negotiation strategies focused on sexual satisfaction. These strategies were those related to proposing to the resistant client a positive attitude in order to enjoy protected sex. These techniques (reported by a mature sex worker) are similar to the negotiation of emphasizing the joy of sex with a condom, as recommended by CEPESJU.

Fear Arousal

Results also suggested that some women ask the unwilling client unpleasant questions to demotivate him from practicing unsafe sex. Some of the questions are directed to frighten him against acquiring an STI. This technique is somewhat similar to the risk information strategies reported in qualitative investigations on Latino youth (Tschann et al. 2010) (Annex 13) and on heterosexually active men and women (Noar et al. 2002). The technique is also to some extent comparable to the frightening strategies cited by Wong et al. (1994) and Pareja (1991). Wong et al. (1994) for example, indicate that experienced sex workers use the following fear arousal tactics to encourage condom use (Wong et al. 1994, p. 62):

- "My previous client looked dirty and unwell. I am not sure whether he has spread AIDS or STDs to me. You better use a condom to protect yourself".
- "I felt some itchiness and redness in my private parts recently. You better use a condom so that I will not pass the skin infection on to you".
- "I am still getting injections for my STD. You better use a condom to protect yourself".

Non-Verbal Strategies

The present study also showed that sex workers may negotiate the use of a condom using non-verbal strategies. Two principal types of non-verbal techniques were identified (Table 8.1): a group of strategies centered on print materials and prevention devices (condoms), and a group focused on the communication with the body. It was recognized that sex workers employ body language strategies like 'looking the client in the eyes while they are talking' or 'having a tender attitude while they speak to the client' to persuade a resistant customer to use a condom. Diverse body language techniques were also found in the literature (IMPACTA; Maher at al. 2013). For example, a 'sweet conversation' approach is reported in the investigation of Maher at al. (2013). According to the authors, three strategies are used by sex workers in Cambodia to encourage protected sex: the fear arousal, the 'sweet talk' and the 'no condom equals to no sex' strategy. It was also identified that strategies like 'using print materials to provide the client with disease prevention information' or 'showing a condom' are also employed. Similar findings were reported in previous qualitative research (Lam et al. 2004; Wong et al. 1994).

Differentiated Client-Oriented Strategies

The current study strongly suggested that sex workers may employ differentiated condom use negotiation techniques in persuading unwilling clients. The research identified argument-oriented negotiation strategies based on the justifications (health-related vs. condoms' side effects arguments) that a client provides to request unsafe sex, as well as client-oriented negotiation strategies based on the client's age group (young vs. old clients) (Section 9.1).

For example, in those cases when clients do not provide arguments by soliciting unprotected sex, the findings suggest that strategies of questioning and those focused on the youngness, future and family of the client may be employed by sex workers to convince a young resistant client to use a condom. In contrast, strategies of offering something special in return, as well as those focused on the future and family of the sex worker may be used to persuade an old reluctant client. Some evidence on contra-argument negotiation strategies was located in STI literature (e.g. Fischer et al. 2005; WHO 2005); however, almost no evidence on strategies oriented by a client's age was found. The client-oriented techniques which were found were those from Wong et al., tailored to young clients. In accordance with Wong et al. (1994), if the client is young and unmarried, sex workers can try to get him to use condoms by saying: "You are young, capable and have potential and a bright future ahead. One day you will want to get married and have children. So, why don't you use a condom? It will protect you and me" (p. 62).

Further Negotiations

After contrasting the research findings and the available literature on sexual negotiation, one recognizes that in addition to the tactics identified in the interviews, sex workers could employ several further verbal strategies. Other techniques were mentioned for example by the experts consulted. One expert cited that sex workers also use the following strategy focused on the emotional partner's health: "We should use a condom because I have a boyfriend, and I don't want that something to happen to him". Another expert further shared that another condom negotiation technique is to emphasize the client's virility: "You appear to be 'extraordinary'. You are going to be awesome with a condom". Further verbal negotiations were also located in the literature. One of them is the tactic of 'referring peers'. In the opinion of Wong et al. (2004), sex workers in Singapore may negotiate condom use by employing 4 different approaches: a positive, an assertive, a fear arousal, and a peer pressure approach. The authors indicate that this last technique is used by more experienced workers who look to influence their clients by relating peers' acts: "Most of my clients wear a condom. You better use it too".

A similar tactic is also proposed by the WHO (2005) which recommends taking other people as examples to facilitate the discussion on safer sex. Another verbal negotiation was mentioned by Pareja (1991). According to the researcher, sex workers cited, as an effective strategy, encouraging condom use by saying the following to the client: "Please honey, wear the condom, just for me".

Further non-verbal negotiations were found in the literature as well. One of them is the 'solidarity approach' proposed by Overs and Hunter and HETAIRA, of making a deal among sex workers that they will work just with condoms. Other non-verbal strategies are the manual erotization of condoms (Meaghan 2002; Williams et al. 2001) and the 'excitement technique' reported by Pareja (1991): "A frequent tactic was to get the client so aroused that he cannot rationalize a 'no' to the condom. If arousal is carried to the proper height, he will plead with her to put the condom on him" (p. 10).

Negotiation Skills building Approaches

In addition to recognizing strategies that Latin American female sex workers in Germany (LAFSWs) put into practice when they try to negotiate safer sex with resistant clients, the present study had as a secondary major goal to identify skills building (teaching) approaches to transfer knowledge on condom use negotiation to other sex workers. Findings indicated that the strategies can be potentially taught through short key phrases, which in the case of the differentiated strategies could be organized into groups of arguments and clients. This approach is to some extent consistent with the 'strategies repertoire' recommendation found in Otto-Salaj et al. (2010) and also consistent with the learning method by Wong et al. (1994), who indicate that sex workers should be provided with practical tips to be able to anticipate the arguments of clients and give effective counter arguments. It is also consistent with the approach on responses to objections that partners may raise when asked to use condoms, as suggested by the World Health Organization (2005) (Annex 14) and by Fischer et al. (2005) (Annex 15).

Furthermore, guided by the recommendations that experts (and sex workers) made, and by the Social Cognitive Theory which postulates that people's skills can be expanded thorough modeling (through model exemplars of the same social group or community), the present study proposes two potential condom use negotiation skills building options to teach the negotiation strategies in the form of key phrases: a graphic option and a verbal option. The first skills building option suggested by the current research is to design and to distribute educational materials containing negotiation key phrases (like the negotiation with postcards in Annex 10). This graphic option was modeled on the reviews of Xiao et al. (2013), Chersich et al. (2013), WHO 2011 Hong et al. (2011), Wariki et al. (2012), Shahmanesh et al. (2008), Noar et al. (2009), Noar et al. (2006), Bertrand et al. (2006), and Rekart (2005). Additional evidence related to this graphic option was found in the literature on condom use negotiation strategies previously mentioned in this chapter. Wong et al. (1994) point out for example that the dissemination of negotiation knowledge could be done through talks or print materials. However, they stress that the educational materials to be developed should be attractive as 'attention is always selective'. This is consistent with the research finding that such materials should be quality products in order to catch the attention of the sex workers. Moreover, Wong et al. (1994) suggest the production of comic books showing strategies that sex workers put into practice to deal with difficult clients. Additionally, they recommend the participation of sex workers and health educators in the preparation of the comic books.

Moreover, the present research proposed as a second option to teach the negotiation strategies through three verbal approaches: 1) single counselling in health offices, DAH representations, and organizations dealing with sex workers; 2) role-play exercises and group discussions in workshops conducted in sex workers' work places and based on Klee's methodology (2008) (2012); and 3) peer-based counselling also in workers' work places. In an analogous way, employing the STP methodology, the verbal skills building option was analyzed and informed with the reviews of Chersich et al. (2013), Wariki et al. (2012), WHO (2011), Ota et al. (2011), Hong et al. (2011), Shahmanesh et al. (2008) and Rekart (2005).

Further evidence related to the skills building options was located in the reviewed literature on condom use negotiation strategies. Overs and Hunter point out for example that one method to transmit information to sex workers is by conducting workshops. This is consistent with one approach suggested in this research. However, Wong et al. indicate that, in addition to print materials, talks, role-play and discussions with peer educators (all approaches suggested in the current study), negotiation strategies can also be taught in focus groups in STI clinics and with video clips on negotiation skills. It is important to notice that these skills building approaches were not identified in the present research. Nevertheless, it is important to be cautious with the categorization analysis from Tables 11.2 and 11.3 as the systematic reviews used to inform both Option 1 and Option 2 were assessments of interventions conducted in other countries, not in Germany. Furthermore, part of the evidence taken to inform on Option 2 did not exclusively refer to reviews on interventions for sex workers, but to reviews on HIV media interventions including initiatives for sex workers. Additionally, it is essential to remember that the systematic reviews presented different levels of quality according to the AMSTAR evaluation (Annex 9).

12.2 STUDY STRENGTHS AND LIMITATIONS

Study Strengths

The current study is a valuable compilation of information on the negotiation of condom use in sex work. It presents a repertoire of negotiation strategies that had not been examined before in Germany. It is a contribution to knowledge on the sex workers engaged in the country, a population who is extremely hard to reach. Not only reaching sex workers was particularly difficult, but also contacting the gatekeepers and the subsequent work were a challenge. It was challenging because it took a long time both to find organizations which participated in the investigation and to learn from the supporting organizations, and it was also challenging because of the street work itself. It was not easy for example to visit brothels with bad ventilation in which natural light hardly enters.

Furthermore, the current work is a valuable study because it presents data from a hidden group who is difficult to be contacted, as well as particularly hard to obtain information from. The collection of data on negotiation strategies was mainly possible because of the intensive outreach work conducted with the organizations, and because of the 'supportive expert approach' employed by consulting sex workers. Sex workers were asked as experts of the branch who, in a solidarity gesture, could contribute to improving the health and labor conditions of their colleagues (especially the younger ones) by sharing their expertise and knowledge on condom use negotiation.

During the field work, it was possible to confirm what the supporting organizations had advised about the difficulties they have to convince new women in sex work about visiting their facilities to receive counselling. They warned that, because of the stigmatization that sex workers face, the 'double life' that many lead and the consequent anonymity in which sex workers wish to remain, it is extremely difficult to gather sex workers outside their work places. This was confirmed by the poor attendance observed in the second round of focus groups planned in the early stage of the study. Despite the groups' locations (at organizations' facilities) and the careful preparation of the groups, only one sex worker attended the two new focus groups planned. The difference in the number of attendees between the first and the second groups is also a reason for the methodologies employed to recruit participants. While in the first groups, recruitment was performed by the organizations' staff who personally called on sex workers with a close relationship to invite them to the groups, in the second groups, recruitment was done only in the establishments, during the first stage of the street work when the researcher was still an unknown person to the sex workers approached.

These differences in the responses thus make evident how the data collection instrument, the recruitment method, and the liaisons of trust between the researcher and the hard-to-reach population could affect the recruitment of participants, and consequently, the gathering of data from the hidden population. This brings attention to the point that the investigator should carefully select the instruments to collect data, and furthermore, should be flexible enough to opt for other instruments if they result in being inappropriate for the study population and the prevailing context. After observing that the resulting focus groups were inadequate for collecting enough data to accomplish the research's goals, the researcher took the decision to conduct field interviews instead.

This is a lesson confirming that the method should be necessarily adapted to the study population and the context, and not the other way around. It is also a lesson confirming that investigators should specially adapt themselves to the research's context when field observation is being conducted. They should be coherent with the field. Among other precautions, they should be careful in dressing pertinently for the field. The researcher[31] would probably not have obtained any cooperation from the organizations, nor from the sex workers, if she had contacted them wearing a costly suit. Furthermore, it was essential for the field work that the sex workers were not treated as a victim, to give them the treatment of workers who freely decide to practice prostitution as their profession. This was crucial firstly because adult sex work is not a synonym for human trafficking, nor a synonym for permanent violence perpetrated by clients, and secondly because the occupational health approach is reported as a successful and promising harm-reduction strategy in sex work (Rekart 2006). For the objective of gathering and analysis of information, it was also important to avoid stereotypes concerning sex workers. For example, it is a recurrent stereotype among the general population to think that female sex workers are young extroverted women with exceptional beauty and an extraordinary body.

[31] 'The Researcher' refers to María Ixhel Escamilla Loredo developer of the current study.

However, during the outreach work in the 3 different German cities, one could observe many other types of women practicing sex work: young, mature, elderly, small, thin, overweight, shy, with high self-esteem, etc. If one had kept such preconceived ideas as the attributes that characterize the majority of the female sex workers, one could wrongly have taken the other sex workers (e.g. the mature workers) as exceptions (outliers), and could mistakenly have concentrated their attention and efforts principally on approaching the young extroverted and attractive sex workers. It is precisely because of the diverse types of women who are engaged in commercial sex work that this research is further relevant as it presents a list of different condom use negotiation strategies which were shared by a heterogeneous group of sex workers.

The study presents a compilation of condom use negotiation strategies of great value. They are valuable because such negotiation information was not available in Germany previously, and because they are a collection of practical tips, the format suggested by Wong et al. (1994) to transmit condom negotiation techniques to sex workers. In this sense, sex workers may gradually try the negotiation strategies, appraise them, and then use those with which they feel more comfortable with according to their personality, the client asking for unprotected sex, and the specific circumstances under which the negotiation would take place.

Sex workers' heterogeneity was not the only feature witnessed in the field. Contrary to the stereotyped idea that sex workers' clients are unattractive, unsociable, or men of a poor socio-economic status, the researcher observed men from different age groups, with diverse physical attributes, from different socio-economic conditions, requesting sex workers' services in the establishments visited. This brings again attention to the point of how important it is that HIV/STI prevention programs aimed at increasing condom use in sex work include disaggregate client-oriented measures, like the differentiated strategies identified in the current research.

It is further relevant for the developers of condom promotion programs to be aware that condom use negotiation in sex work significantly differs from the negotiation which could be carried out in a non-commercial relationship. They should be aware that in sex work the procurement of health may not necessarily be the most effective argument that a sex worker could employ to persuade a reluctant client to use a condom. As this study and the available literature showed, sex work is a heterogeneous complex world in which different types of clients with different kinds of sex workers in different types of settings interact; precisely due to these variations, multiple condom use negotiation strategies exist. Developers of condom promotion programs should therefore be aware of these differences and accordingly, should be aware that the strategies with which sex workers may encourage safer sex may not be exclusively those focused on raising clients' awareness of the health risks that unsafe sex involves.

They should know that resistant clients may be potentially persuaded with additional strategies like those focused on protecting the wellbeing and/or the stability of the client's family, or those focused on warranting a client's sexual satisfaction while he is wearing a condom. On the other hand, the present study may be further useful for HIV/STI prevention program developers as it presents skills building options to potentially teach the condom use negotiation strategies identified here. They are multi-component approaches which could positively complement the efforts that health offices, DAH and NGOs, conduct in Germany to empower the people engaged in commercial sex work and to improve their health condition. Not only the national prevention initiatives could benefit from the current research, but also similar interventions in Europe as one of the principal characteristics of the migrant sex workers engaged in the country is their high mobility. According to TAMPEP (2010), 80% of the migrant sex workers contacted in Germany were reported to have worked in another country. The current research could thus strengthen European programs for people engaged in sex work.

Moreover, it could be a starting point of a collaborative work aimed at enhancing sex workers' condom negotiation abilities between health offices, DAH representatives, organizations dealing with sex workers and sex workers whose valuable support in fact made the development of this research possible.

Study Limitations

The present study has several limitations. The major limitation refers to the study design. Data was collected through a mix of qualitative methods: field observation, field interviews with LAFSWs, focus groups and expert interviews. The identification of condom use negotiation strategies was centered on the information gathered through focus groups and interviews with the workers. Individual interviews and focus groups had a convenience, not a theoretical sampling. The study did not thus have a contrasting sampling which included sex workers from all age groups and from all settings. In other words, not all types of sex workers were interviewed as only workers accepting to share their experiences and working in brothels and window houses were consulted. Sex workers engaged in flats were approached during the first period of the field work, but they were not interviewed, neither were the women working on the streets nor those working in night clubs. On the other hand, sex workers were approached in the day time on week days. Therefore, women who exclusively work at night, and those who only work on weekends were not considered in this research. Neither does the sample represent all LAFSWs, as participant recruitment took place in 3 cities belonging to 3 different German States. Sex workers engaged in towns were therefore left behind. For these reasons, the research findings on condom negotiation strategies may not be generalized. It is important to say that the decision to use a convenience sample was not arbitrary. On the contrary, the decision was made based on the constraints to reach this hidden population. Due to the difficulties in reaching this group, health investigations on sex work have also employed this sample; for example, Kerrigan et al. (2008) utilized convenience sampling in the survey of the study about HIV/STI-related vulnerability among sex workers in Rio de Janeiro, Brazil.

On the other hand, no in-depth, only field interviews were conducted. However, it is crucial to explain that many factors led the researcher to take this decision. The principal factor was the limited access to the study population previously referred. The other relevant factor was that the interviewees of the current study would not receive any monetary compensation. It is usual in investigations on HIV/STIs that participants do receive financial incentives. For example, in the study on risk-behavior determinants by Eldemire-Shearer and Bailey (2008), a small monetary incentive was offered to Jamaican sex workers who participated in the investigation. Similarly, in a HIV and syphilis research conducted in two United States-Mexico border cities, money was also given to participants to cover transportation costs and to compensate them for the time they invested (Frost et al. 2006). Nevertheless, it is important to mention that no monetary compensation was provided as one of the organizations supporting the present research made that request in order to prevent the disruption of its regular outreach activities. Some similar methodological limitations were faced by Baker et al. (2003) in their pilot study "General Health Problems of Inner-City Sex Workers". To gain access to the study population, Baker et al. (2003) received the support of an agency that drove a van to provide female sex workers with outreach services (including the delivery of condoms, bleach kits, personal hygiene items, sandwiches and drinks). The agency however did not accept that the sex workers would sign a consent form, arguing that this action would interfere with its work. Baker et al. (2003) decided then not to talk with the sex workers who came to the van, restricting their data collection in this way.

In the present study, individual interviews were thus field interviews with no monetary compensation for participants. Interviews were not scheduled. They were carried out only with LAFSWs contacted during street work (at their work places during business hours) who were not busy with clients at that time and who agreed to participate. Approaching sex workers in the field led to some difficulties in properly interviewing some workers.

For example, some interviews could not be completed because some sex workers decided not to answer certain questions, and because some others decided to stop the interview to attend to clients who came to visit them at the moment the interviews were taking place (women were informed that they could bypass questions or finish the interview when they decide to). Nevertheless, it is important to note that this restriction in the collection of data is expected when an investigation, like the current study, is conducted under the following conditions:

a) Sex workers do not receive any monetary compensation for their participation;

b) Privacy is absent during the interviews (one should not forget that in the present study interviews were not conducted in secure venues like health offices, organizations' facilities, but at the sex workers' rooms in brothels and window houses);

c) The researcher follows the recommendations of 'not obstructing' and 'showing respect and flexibility to the study population'; and

d) The study is guided by the premise: "The wellbeing and safety of the study population are above the investigation itself".

In this sense, as accessing hidden populations like sex workers and gathering information from them are two of the major methodological challenges in qualitative health research, incomplete interviews were also included in the study analyses.

Furthermore, some sex workers may have provided inaccurate information, possibly with the intention of promptly concluding the interview and not losing clients, or with the purpose of showing permanently perfect health behavior to the organizations' staff and the investigator. Of all the women interviewed for example, only one sex worker explicitly said that at the beginning of her career she did accept to work without a condom when she was requested to practice unsafe sex.

However, it is important to point out that this problem is recurrently faced in sex work research. The study of Malta et al. (2008) "HIV/AIDS Risk among Female Sex Workers Who Use Crack in Southern Brazil" clearly refers to this problem: "The major limitation of our study is the reliance only on self-reported data, particularly important for studies addressing sensitive issues such as drug abuse and sexual behavior. The evaluation of beliefs and behaviors related to those issues through self-report might lead to some 'socially acceptable' responses, such as consistent condom use, that may have been over-reported" (Malta et al. 2008, P. 836).

Another limitation that the study presents is that field interviews with sex workers were not tape-recorded. Contrary to the focus groups and expert interviews which were recorded, field interviews were documented by using note-taking. The reader should use caution with the study findings as the data collection limitations and the problems faced in the field could have led to the misunderstanding of the strategies and/or the omission of relevant techniques. Nevertheless, to minimize a possible collection bias, notes were carefully expanded and a triangulation process was carried out: individual interviews were conducted in 3 different German cities, and furthermore, using preliminary results on negotiation strategies, validation interviews were conducted and strategies were discussed with experts.

12.3 CONCLUSIONS

Despite the impact that condom use negotiation skills have on the prevention of HIV/AIDS and other STIs among people engaged in commercial sex work, their clients and their intimate partners, little is known about the specific condom negotiation strategies that sex workers employ to persuade resistant clients to engage in safer sex. Qualitative research has been conducted to examine condom use negotiation strategies in particular populations, for example in African-Americans or in Latino youth; however, little research has been carried out to determine specific negotiation tactics in sex work. Investigations on condom use negotiation strategies among sex workers have been conducted in Asia and in the American continent, but not in Germany.

Considering the relevance and the scarcity of data on condom use negotiation, the present study was conducted with the primary goal of identifying negotiation techniques that Latin American female sex workers working in Germany (LAFSWs) employ when they try to encourage condom use among reluctant clients. The study is an explorative qualitative research. It did not intend to demonstrate if negotiation strategies recognized in other qualitative investigations are employed by this group of sex workers. Neither was it aimed at proving if condom negotiation in sex work follows the premises of a particular theoretical model. The current research was not oriented to evaluate the effectiveness of particular strategies. It was neither focused on assessing if a specific Behavior Change Theory guides the learning nor teaching condom negotiation among sex workers. The current study was rather aimed at identifying: a) condom use negotiation strategies that Latin American female sex workers working in Germany at indoor venues (LAFSWs) use when they attempt to convince resistant clients, and b) possible approaches to teach sex workers condom use negotiation strategies.

After carrying out intensive field work in brothels and window houses in 3 German cities of 3 German states in collaboration with organizations aimed at improving the health and social conditions of sex workers, concrete verbal and non-verbal condom use negotiation strategies were recognized (including innovative techniques which had not been reported in the literature). Moreover, differentiated client-oriented strategies, as well as 5 groups of verbal strategies, were identified.

The analysis of the similarities and the differences between the techniques identified here and those located in the literature suggests that some negotiation strategies are more often employed than others in sex work. Examining which strategies are most frequently used, by which kind of sex workers (e.g. brothel-based or engaged in flats; young or mature; introverted or extroverted; illiterate or educated; female or transsexual) would be particularly significant to design more accurate HIV/STI prevention programs focused on developing condom negotiation skills.

Moreover, the apparent variations in use hint that some strategies may be more effective than others to encourage safer sex. This reinforces the great need for assessing the effectiveness of the negotiation techniques identified here. It is necessary to evaluate what strategies are effective, among which kinds of sex workers, with which types of clients (e.g. young or old; regular or sporadic; with a low socio-economic condition or with a high socio-economic condition), in which sex work settings (e.g. in night clubs or on the streets) and under which circumstances (e.g. on weekends or regular week days; in big cities or in small towns). This in-depth information is crucial to develop differentiated prevention interventions that effectively improve sex workers' negotiation abilities.

Findings suggest for example that with tactful strategies (e.g. talking sweetly to the client), sex workers may convince resistant customers more easily. However, in the study the characteristics of the women who may succeed with such techniques could not be distinguished. In this sense, it is of special relevance to examine the associations between the sex workers' characteristics (not only socio-demographic but also characteristics in relation to their character or personality) and the impact of the strategies they use in order to design more effective interventions. Without this disaggregated information, prevention efforts could be improperly oriented. In other words, without these specifications, particular condom negotiation techniques could be inappropriately encouraged. For example, it could hypothetically happen that tactful techniques may be wrongly suggested among all sex workers when such strategies may be exclusively effective for extroverted workers, but not for shy workers. In the development of condom promotion interventions, it is therefore relevant to consider in addition to personality variations, cultural and ethnic differences as well. It could happen for example that, because of cultural (gender) reasons, a female sex worker has not been educated about negatively responding to a man's petitions. Further investigations with sex workers from different cultures would be thus especially useful for condom programming.

It would also be essential to conduct research with sex workers from other settings and with groups at most risk, for example with transgenders or with sex workers engaged on the streets whose majority faces the problematic of drug abuse which makes the negotiation of safer sex particularly difficult. Another critical concern to investigate is condom use and its negotiation in oral sex as it appears that the use of condoms is particularly inconsistent in oral sex.

Finally, there is an imperative necessity for evaluating the effectiveness to improve condom use negotiation abilities among sex workers of the different skills building approaches proposed in the present study.

REFERENCES AND ANNEXES

PART VI

13. REFERENCES

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14. ANNEXES

ANNEX 1: SEARCH STRATEGIES EMPLOYED TO FIND RELEVANT DATA ON HIV/AIDS AND OTHER STIs, SEX WORK, AND PREVENTION OF HIV/STIs FOR SEX WORKERS

Relevant evidence from the last 10 years was electronically searched in the websites of: the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the World Health Organization Regional Office for Europe (WHO/EUROPE), the European Centre for Disease Prevention and Control (ECDC), the German Federal Ministry of Health (*Bundesministerium für Gesundheit -BMG-*), the Robert Koch Institute (RKI), the German Federal Centre for Health Education (*Bundeszentrale für Gesundheitliche Aufklärung -BZgA-*), and the German Agency against AIDS (*Deutsche AIDS-Hilfe -DAH-*). Further evidence of significance was searched through Google-Scholar. Combinations of the following keywords (in English and German) were used in the search.

Keywords Employed in the Electronic Searches to Find Relevant Data on HIV/AIDS and other STIs, Sex Work, and Prevention of HIV/STIs for Sex Workers

Keywords for epidemiological data on HIV/AIDS and other STIs	Keywords for search data on prevention of HIV/STIs for sex workers	Keywords for data on sex work
Epidemiology	HIV	Sex work
Epidemiological data	AIDS	Commercial sex work
HIV	Groups at risk	Prostitution
AIDS	Population at risk	Sex for money
STI	Health risks	Sex workers
STD	Risky behaviors	Prostitutes
Gonorrhea	Sex workers	Demographics
Syphilis	Prostitutes	World
Chlamydia	HIV prevention	Worldwide
Groups at risk	AIDS prevention	Europe
Population at risk	STI prevention	European countries
World	Prevention strategies	Germany
Europe	Individual strategies	
Germany	Behavior strategies	
	Condom use	
	Condom negotiation	
	World	
	Europe	
	Germany	

ANNEX 2: FOCUS GROUP GUIDE (ENGLISH VERSION)[32]

ROLE OF THE MODERATOR:
Playing an important role in the proper development of the group, the moderator should:

- Ask the attendees for their consent to participate in the group (she should ask for their permission to tape the discussion).
- Explain how the focus group will work (she should explain to the workers that their participation is anonymous and they should thus avoid mentioning real contact information).
- Motivate all attendees to participate actively.
- Assure a comfortable, relaxed and unintimidating environment in the group.
- Be aware that what counts is the interaction between participants, not the interaction between the participants and the moderator.
- Be alert when a topic of relevance emerges to encourage the participants to further talk about the topic.
- Avoid asking questions which could have short answers (e.g. yes, no).

NOTE TAKER'S TASKS DURING THE GROUP DISCUSSION
The person assisting the moderator has the major task of recording the group discussion and making notes of the participants' interventions (always assuring their anonymity). The note taker should be aware of the comments of the participants, but also of their gestures and facial and body expressions while they make a point.

INTRODUCTION GREETING (OFFER BY THE MODERATOR)
"Good morning. We are very pleased to have you here. Thank you very much for coming. My name is _____ from the organization _____. I will be the moderator of this focus group which is part of the doctoral work from Ixhel Escamilla '*Developing Safer Sex Negotiation Skills among Latin American Female Sex Workers Working in Germany*' whose objectives are to know about condom use negotiation strategies and to identify how condom negotiations could be taught to sex workers.

You know very well that there are clients who ask for sex without a condom. This is the reason why we are here, because we would like to know from you, from your experiences. We would like to know what problems you had while you demand the use of a condom and how you succeeded. We would like to transmit this valuable knowledge to other sex workers who do not know how to request such clients to wear a condom.

Do you agree to participate in the group? Your participation is anonym. May we record the discussion?

Thank you very much. Now I will explain to you the rules of the group. They are very simple: We should be respectful; we should not interrupt the person who is talking; and we should permit all to share their points of view. Do you have another rule that we should consider?... Well, let's begin…"

[32] The focus group guide was constructed based on the following literature: Avants (2001a), Avants (2001b), Bender and Ewbank (1994), Campbell et al. (1999), Colucci (2007), Kitzinger (1995), Krueger and Casey (2009), and Mack et al. (2005).

PRINCIPAL ACTIVITIES PLANNED FOR THE FOCUS GROUP:

A. Questions for the participants:

- What do you imagine when you hear the sentence 'safer sex'?
- What safer sex options do you offer to your clients?
- What do you do if a client asks for sex without a condom?
- What kind of clients frequently ask for sex without a condom?
- If you want to work protected with a client who doesn't want a condom, what would you do to persuade him to use a condom?
- What are the major difficulties you have faced to persuade a client to use a condom?
- Do you think that the women working on the streets also negotiate the use of a condom?

B. Exercises:

- Sentence completion: The participants should be encouraged to complete the following phrases:
  - Although the client asks to avoid condoms, he will wear a condom, if I…
  - I can't persuade a client to use a condom when…
  - I can always persuade a client when…
- Role-playing: Two attendees should be invited to participate in role-playing while the other attendees should observe. One participant should act as a client who requests unprotected sex arguing that "he feels nothing when he wears a condom", while the second participant should act as a sex worker who wants to try to convince him to use a condom. The moderator should encourage the rest of the participants to comment on the reactions of the sex worker and the client.
- Cartoon: The participants should be provided with the cartoon "It is our right to protect ourselves from the sexually transmitted diseases (Es nuestro derecho protegernos de las enfermedades de transmisión sexual)" (CEPESJU, HEGOAK, Ayuntamiento de Portugalete). Once the participants have taken a look at the cartoon, they should be asked:
  - What is the part of the flyer that you found the most interesting? Why?
  - What do you think about the woman appearing in the flyer who says: "One should always use a condom with the clients, with the boyfriends, and with the husband"?

ANNEX 3: QUESTIONNAIRE FOR PRIMARY FIELD INTERVIEWS (ENGLISH VERSION)

QUESTIONS:

- What do you do if a client asks for sex without a condom?
- What kind of clients ask for sex without a condom?
- If you want to work protected with a client who doesn't want a condom, what would you do to persuade him to use a condom?
- How did you learn to persuade such clients?
- How would you teach other sex workers to persuade such clients?
- What things are important to persuade a resistant client to use a condom?
- What kinds of clients are difficult to persuade?
- Can you easily persuade a resistant client who has consumed alcohol/drugs?
- Could you also easily persuade a client in your country, in the case where you had practiced prostitution there?
- What is your opinion regarding the use of a condom in every sexual act (in vaginal sex, in anal sex, in oral sex)?
- What is your opinion regarding the use of a condom with an emotional partner (boyfriend, husband)?
- Is there a relevant topic that I have not mentioned which you would like to talk about?
- Do you have any question?

ANNEX 4: FLYER ON ALTERNATIVE SAFER SEX ACTIVITIES (ENGLISH VERSION)

A. OUTSIDE SLIDE OF THE FLYER

Use your creativity to take care of your health and do not damage your body

(Do you use your creativity?)

"Yes, (one) should have a lot of creativity to work. The woman who doesn't have creativity at work has to have sex and more sex…" "It is good to become creative…in that way they won't get so exhausted and diseases will not come that often".

(Is it an art?)

"It is an art. I also worked (in my country) years ago… and I did penetrative a lot for that reason, because I did not have that creativity that I have now in Europe". "In the area I am now, thank God, I have more options to convince a client. I have a lot of things in my room to convince him. A lot of things! I have become specialized, but because I wanted to, because if I don't want to employ my body, I look for other good things too".

(So you are gaining experience?)

"Ave María! One is gaining experience like having a university title or something like that!".

(Worker Linda)

A nice temperament is important

"(It is good) to know how to convince, to be erotic, to be kind; to have a nice temperament is the most important thing! Because if you are not kind, you are not getting anything…. You are going to make him cold". *(Worker Linda)*

Clients appreciate gentle treatment

"All of us sell the same service, but I make a difference … I treat them gently. It is the same thing when someone has to buy something and you have two shops to get what you need. In one shop people do not even say hello to you and in the second shop they treat you well. In which shop are you going to buy? In the place where you received good treatment! The same happens in this job". *(Worker Anita).*

"There are women who have a big interest in the money". "That is what kills them: the money!… If they could work more '*langsam*', they would make more money and they would not become so exhausted".

It's better to make money taking care of your body, than making more money by putting yourself at risk

"I am thankful for a friend of mine who showed me how to work. She has been here since a long time ago. I am thankful for her, she told me: 'No. Look, let's work that way… Today or tomorrow I will not be there and you will be able to earn money and not make your body exhausted'…". *(Worker Linda)*

" (The women) should have more patience and make an effort to work more often with the condom… and to have more dialogue". *(Linda)*

Be patient, try to talk with the client

For your health, work with condoms

A product of Ixhel Escamilla

Negotiation with a client to keep working protected

Experiences of Sex Workers Working in Germany

Alternative Activities

Condoms are the most reliable method to protect ourselves from HIV/AIDS. They also protect us from other sexually transmitted infections like syphilis, gonorrhoea and chlamydia, which have serious consequences and frequently have no symptoms.

Therefore condoms should be used correctly and consistenly to prevent the bacterias and viruses that lead to such diseases.

(WHO. 2005. "Sexually transmitted and other reproductive tract infections. A guide to essential practice")

B. Inside slide of the flyer

Despite the risk that leads to not wearing a condom, there are clients who ask for a service without a condom. We present you with information on how sex workers in Germany have faced this situation. Sex workers tell you what they have done to work protected and how they have negotiated alternative activities. All names that appear here are not real; they have been changed to keep anonymity.

You can try to convince him, but if he doesn't want to use it, he should go!

(If the woman wants to work protected…) "She should fit a condom on him to work protected; she can try to convince him; but if she doesn't do this, he should go". *(Worker Lola)*

Choose your clients

"It is not a matter of looking at the money and letting any client come in. It is a matter of looking at the client, observing him and taking a look at his eyes. It is not the money for the money". *(Worker Cuquita)*

"I try to select the best among all that arrive here… "
"One should be cautious". *(Worker Paty)*

Tell him about the diseases, propose alternative activities to him

(In the case where a client comes to you and says "I don't want it", "I want to do it without a condom", what do you do?) "What do I do? Well, one has a chat with him if he is not in a hurry, and makes an effort to convince him that there are a lot of diseases, that there are a lot of activities to protect us, to protect myself and to protect him. You say to the client: 'Look, there are more horny things' … ". *(Worker Linda)*

Masturbation is an option you can offer

"I offer him to work with the boobs, to work it with the hand. The client enjoys it… when the women 'work themselves'… when women touch themselves or masturbate… It is a clients´ fantasy to look at the women when they are masturbating". *(Worker Esperanza)*

Employ all your senses, you can also give him a massage

"When you work with a client, you have your senses… You 'stroke' the 'man's part'… You give him a massage… There are many men who do not go there for sex, but because they want a massage … a cuddle from a woman". *(Worker Concepción)*

"There are men… who come here after work. Sometimes we even have no sex. I give them a massage, an erotic massage and it is better for me. That and other safe things are better for me, because that way I do not damage myself that much". *(Worker Rocío)*

Be cautious, be respectful of the client´s culture

(If a client comes to you and you want to provide him with a service, but he doesn't want to use a condom…) "Ahhh, I look for other things to do with him… I give him a nice erotic massage and then to finish, to make him happy, I give him a massage on the back, on the legs, with a cream …" "If you can see that the client's culture allows that". *(Linda)*

Use your fantasy, you are an artist, have some erotic instruments in your room

(That means, you offer him other things?) "Sure! Yes!" "…one works with a lot of instruments, there are a lot of fantasy objects, because the Europeans have a lot of fantasy objects… Here you have a lot of ways to defend yourself".

(That means, you can do more things here? You can use your fantasy more?) "Sure! More erotic things! You can use something you have in your room and make it erotic. You don't need to invest too much…it is always good that the women have some vibrator, something erotic … Then the man is going to have more fantasies, he will get excited more than just with your body… Just with the fantasy!" *(Linda)*

"The woman should be an artist who can try to convince. This is a theater". *(Worker Concepción)*

ANNEX 5: QUESTIONNAIRE FOR EXPERT INTERVIEWS (ENGLISH VERSION)

QUESTIONS:

- Could you tell me which negotiation strategies you know that sex workers employ to persuade a resistant client to use a condom?
- Which factors would you say facilitate condom use negotiation?
- Which factors would you say make condom use negotiation difficult?
- How could condom use negotiation strategies be taught among sex workers?
- Do you know a successful method to teach condom use negotiation? (Do you know a successful initiative that has increased condom use negotiation skills among sex workers?)
- How could the sex workers' communication skills needed in condom negotiation be improved?
- Do you have any question or comment?

ANNEX 6: ORIGINAL INTERVIEWS QUOTATIONS

Field Interviewees' Quotations

[5:27] [25] [Investigadora: ¿Qué estrategias hay para convencer al cliente de usar un condón?

Trabajadora del sexo: ¿Qué estrategias hay? Mejor dicho: ¡¿qué argumentos hay?! Mis argumentos son cuidarse de las enfermedades, del AIDS.]

[5:41] [21] [Yo les digo que tengo un condón que es una 'segunda piel', que es más 'sensual'. Les digo que con ese condón van a durar mucho y que van a poder '*mehr genießen*' ('disfrutar más'). Les digo también que voy a trabajar '*langsam*' ('lento').]

[8:18] [15] [Es muy importante la seguridad, hablarles de manera directa, firme, mirarles a los ojos. La coquetería también es importante. Hay que hablarles 'bien seguras'.

(Cuando menciona que hablar con seguridad es importante, lo hace con mucho porte, con mucho garbo; alza su rostro y adopta una postura bien derechita, con mucho control de lo que dice y de lo que hace).]

[17:30] [12] [También me ha tocado que a la mitad me dice el cliente: "Mira, te doy 50 y lo hacemos sin". Yo le digo: "No mi amor, sigamos usándolo. Yo con 30 estoy bien. Así me siento tranquila".]

[22:57] [4] [Investigadora: Qué hace usted si un cliente llega a su puerta y le pide hacerlo sin condón?

Trabajadora del sexo: Digo que no. Les digo que se cuiden. Les digo que no es posible así, que es peligroso. También les digo que haciendo sexo oral sin preservativo también se pueden agarrar enfermedades. Les digo que: "*Oralsex ohne Gummi ist das gleiche wie Geschlechtsverkehr ohne Gummi* (sexo oral sin goma es lo mismo que sexo penetrativo sin goma)". Les digo que le pregunten al doctor suyo…

Yo les digo: "La que hace sexo oral sin condón '*ist 100 Prozent krank*' ('está 100 por ciento enferma')". Les digo que quien lo hace así, ya no le interesa el condón porque ya está enferma. Ese es el argumento que utilizo. Los mando a su casa pensando: '¿será verdad?'. Los asusto…

En los pueblos es distinto. Yo trabajo en un pueblo y vengo a la ciudad a trabajar por unos dos o tres días. En los pueblos se trabaja con la goma también en el sexo oral…]

[22:58] [41] [Investigadora: Tiene alguna pregunta o comentario?

Trabajadora del sexo: Yo creo que no es cosa de convencer a los hombres de usar el preservativo. A quien se tiene que convencer es a las mujeres. La parte más difícil es convencerlas a 'ellas'. Una tiene que cuidarse. Usar guantes también. Es que a mí me da rabia. Me da impotencia. Cómo sabiendo lo peligroso que es trabajar sin condón no les importa?

Deberían hacer ustedes pero una encuesta con un hombre; que un hombre vaya 'encubierto' y pregunte por sexo oral *ohne Gummi* (sin goma). Ahí se darán cuenta que una gran mayoría va a aceptar hacerlo así. Esa es mi sugerencia.]

[23:61] [9] [Yo les doy (a los clientes) un 'rotundo no'. Les pongo mala cara. Les hago notar que me siento ofendida, que me ofendieron. Unos hasta me dicen: "Pero no te pongas así, yo solo preguntaba". Les hago un gesto de repulsión. Y así como que les da un poco de vergüenza. Te dicen después que: "Nada más querían saber". A unos les da vergüenza y entran. Algunos se van.]

[25:65] [8] [Les digo también que usemos la fantasía, que se imaginen que no traen condón. Les invito a que prueben. Les digo que voy a trabajar muy bien; que ellos mismo se darán cuenta que con el condón también se siente, que van a sentir rico. Y si no quieren, peor para ellos; ¡se pueden ir!…

A uno le dicen que no quieren condón porque con el condón 'no sienten nada'. Sin embargo, ¡eso lo tienen en la cabeza! Yo les diría que no es así, que ¡es algo que tienen en la cabeza!…

Es importante tener poder de convicción, saber trabajar bien. Se les dice que se les va a trabajar despacio pero con el 'sombrero'. Se les invita a que prueben así. Y después, cuando aceptan, entonces 'realmente' trabajar bien para el bien de uno y el de ellos.]

[26:51] [4] [Investigadora: ¿Qué hace usted si un cliente llega a su puerta y le pide hacerlo sin condón?

Trabajadora del Sexo: Mi respuesta es 'no'… Yo soy 'correcta'. No trabajo sin goma. No estoy casada, ni tengo hijos, pero tengo familia. Yo uso la goma por ellos. Trabajo bien por ellos, ¡por mí! ¡Ante todo estoy 'yo'! ¡'Yo' valgo!…

Investigadora: ¿Cómo aprendió a tener esa postura 'firme' frente al cliente?

Trabajadora del Sexo: ¿Que cómo aprendí a 'defenderme'? Lo aprende uno mismo. Yo sé que muchas lo hacen para salir de un problema… Pero el dinero no lo es todo. 'Primero estoy yo. Primero está mi higiene. Primero está mi seguridad'.]

[31:33] [4] [Investigadora: ¿Qué hace usted si un cliente llega a su puerta y le pide hacerlo sin condón?

Trabajadora del Sexo: Les digo que 'no'. Hay unos que regresan, otros no. No me enfado, ni los insulto. El cliente o lo toma, o lo deja.]

[32:43] [29] [No se puede negociar. No se puede confiar en el cliente que viene y te pide hacerlo sin la goma, ya no es de fiar. El ya trae en su mente la intención de no usar condón. Por eso les digo a mis amigas que el que pide eso 'es un loco', 'está enfermo'! ¿Cómo te va a pedir alguien hacerlo 'sin' sabiendo que pasan muchos hombres? ¡Esos clientes son mucho riesgo! ¡Se pueden llegar a quitar el condón!]

[38:42] [45] [Hay hombres que vienen contigo y te preguntan; y tú les dices que no. Regresan en un mes y te dicen: "¡Hola! ¿Eres nueva aquí? ¿Haces *ohne Gummi* (sin goma)?" ¡Como si fuera la primera vez que te vieron! Ellos piensan que no te acuerdas de ellos, ¡que eres idiota! Cuando los reconoces y sabes que te vienen a preguntar eso, ¡ya no les das tiempo de hablar! … Les dices: "¡*Tschüss* (adiós)!". A esos no les das chance.]

[38:76] [6] ["Mi amor, tú tienes tu esposa en la casa, yo también tengo mi esposo. Yo estoy aquí para ganar dinero, pero con condón. *Lass uns Spass haben aber mit Gummi* (Vamos a divertirnos pero con goma). *Ich möchte gesund immer bleiben* (Quiero estar siempre saludable)". Y ellos dicen: "*Aber ich bin gesund und alle Frauen hier gehen zum Arzt* (Pero estoy sano y todas las mujeres de aquí van al doctor)". Y yo les contesto: "*Das war früher, jetzt nicht mehr* (Ya no, eso era antes)".]

[44:26] [123] [Los viejos lo piden, 'todos', sin la goma, porque como ellos ya vivieron lo que iban a vivir a ellos ya no les importa morir el día de mañana. Yo les digo yo a ellos: "Como usted ya vivió lo que iba a vivir, entonces a usted no le interesa… pero como yo tengo que vivir un poquito más porque tengo hijos… entonces si acepta… sino: ¡'*Raus*' ('fuera')!".]

[44:213] [171] [Entonces yo le digo a ellos que: "¡Ah! Yo pensaba que ¡tú eras un joven!". Me dicen: "¿Porqué?". "Porque yo pensaba que nomás los viejos lo piden sin la goma! O es que, ¿no funciona?" les digo yo. Entonces ellos se sienten como… como ofendidos. Dicen: "¡Claro! ¡Claro que funciona!". "Y entonces, ¿porqué quieres sin la goma?" les digo yo. A veces funciona y entran.]

[44:243] [140] [Yo tengo la experiencia de que un hombre que te entra una vez…y te vuelve a entrar. Te entra dos, tres 'vecesitas'… ya a la cuarta vez 'se cree el marido de uno'. Entonces ya viene y te dice: "Ay, ¿porqué no hacemos eso?… Yo no vengo sino contigo… Yo nunca… Yo la primera vez que vine, fue la primera vez que te conocí…". ¡Todos los rollos que se puedan imaginar! ¡Películas que ellos le vienen a contar a uno!]

[44:244] [153] [Vienen con el cuento de que… se van a casar pero que a ellos les gusta sin la goma, pero que la única mujer que tienen es la novia y uno).]

[45:185] [286] [Trabajadora del Sexo I: Cuando estás trabajando en la puerta, tú ya estás hablando de qué vas a hacer, de cuánto cobras por un trabajo tuyo. Yo tengo en mi trabajo una 'plaqueta' con tres tipos de precios. Yo soy organizada en mi trabajo… Tres tipos de precios… Tengo un papel grande con las cosas que hago: "Esto, esto, esto, esto…" Entonces si él entra conmigo, está sabiendo, como en un restaurante, '¡qué va a comer'!... Entonces cuando él entra, él ya está sabiendo qué ésta pagando, lo qué vas a hacer.

Moderadora: Cuando él entra, ¿el trato ya está hecho?

Trabajadora del Sexo I: *Ja* (Si).

Moderadora: Como un contrato que ya está terminado… Cuando él entra, ¿tú haces ya el servicio.

Trabajadora del Sexo I: Si. La primera cosa: ¡el dinero!

Moderadora: Entonces, ¿el convencer de usar el condón es siempre antes?

Trabajadora del Sexo II: Antes.

Trabajadora del Sexo I: Antes.

Trabajadora del Sexo II: Porque después, cuando ya está adentro, ya es más difícil.]

[45:187] [69] [Cuando estamos con ganas de hablar, 'de encantar', hablamos: "No mi amor. Te lo hago con gusto; te lo hago con cariño… te doy mi vida… pero ¡con la goma!".

Así, ¿no? ¡Con 'gracia'! Esa es la gracia que tiene la mujer cuando está en la puerta: "Te hago de todo, pero… con la goma. ¿OK papi?". Ahí toda melosa, ¿eh? ¡El cliente se encanta! ¡Tú eres 'como una cobra'! ¡'Cuik'!

(Cuando la participante hace el sonido 'cuik', hace un movimiento con las manos como atrapando una presa)]

[46:118] [50] [Moderadora: Si llega con usted un cliente que está guapísimo y usted lo quiere entrar, pero él no quiere usar condón…

Trabajadora del Sexo: Ahhh! Pues yo busco otras cosas que hacerle. Le hago masaje en próstata. Le hago un buen masaje erótico. Y después para finalizar, para que quede contento, le hago un masaje con una cremita en la espalda, en las piernas, y lo amaño. Va a ver que no se hizo lo que él quiso pero se sintió más mejor.

Moderadora: Ósea, ¿le dio otras opciones?

Trabajadora del Sexo: Si, otras opciones. "Primera vez que me atienden así, me lo pase súper bien" (dice el cliente). Y se van súper contentos.]

[46:121] [32] [Moderadora: Y usted, en caso de que el cliente llegue con usted y él le dice: "no quiero", "quiero hacerlo sin condón"; ¿qué es lo que usted hace?

Trabajadora del Sexo: ¿Qué es lo que uno hace? Pues tiene uno un diálogo con él, si él no está muy deprisa, y se brega uno a convencerlo de que hay… muchas actividades para uno cuidarse, cuidarse uno y cuidarse él.]

[46:163] [290] [Moderadora: ¿Qué tipo de clientes son más fáciles de convencer de usar un condón?

Trabajadora del Sexo: ¡Todos! Cosa de que uno les sepa hablar…

Moderadora: ¿No ha tenido nunca problemas para convencerlo?

Trabajadora del Sexo: No, no.

Moderadora: Si él dice 'no', si el cliente se niega completamente, ¿qué pasa? ¿Se va?

Trabajadora del Sexo: No sé. No he tenido ese caso, pero amigas mías lo han tenido.

[57:61] [68] [Siempre se le da importancia a la salud sexual de las prostitutas. Sin embargo, se les olvidan otras cosas que son igualmente importantes. Hay que ver 'toda la salud'… No solo es lo sexual. Es la mente. Es el cuerpo. Si yo tengo un hombre grande, un hombre pesado, acabo con dolor de espalda, de cuerpo. Eso no se ve. También eso le afecta a uno su salud. La parte ginecológica no es lo único que debe tratarse. Se debe cuidar todo el cuerpo... Toda la salud en general es importante. Es un trabajo difícil. Este trabajo exige mucho control y tener un espíritu preparado].

[62:1] [5] [Le digo: "Mejor nos cuidamos. Así llegas a tu casa tranquilo, tienes relaciones con tu esposa tranquilo y vas a poder dormir en la noche. No se te va a ir el sueño pensando: 'Ay, ¿porqué no lo use?' '¿Qué infecciones tendrá esta mujer?'".]

[67:41] [9] [Yo lo asusto, le digo que tal vez no estoy bien. Le digo que puede ser que estoy '*gesund oder… nicht gesund*' ('sana o… tal vez no sana')… Les digo que yo estoy '*vielleicht krank*' ('tal vez enferma').]

[68:29] [61] [Investigadora: ¿Cómo le enseñaría a las nuevas a convencer, a trabajar protegidas?)

Trabajadora del sexo: Se habla con las nuevas, ¿cierto? Porque la juventud es la juventud. Yo si llego a platicar con ellas. Se les habla 'de colega a colega'. Aunque también depende de la personalidad de la muchacha. Hay muchas con quien si se puede hablar, pero hay otras con quien no.]

[69:97] [86] [Yo le he enseñado a ella a hacer la trampa. Ella me dice: "Ay, es que me pongo nerviosa". Y yo le digo: "No, usted es la profesional". Ella era la más joven…

Es cosa de practicar, practicar con un dildo, con un banano. Uno cuando entra no sabe muchas cosas. Sin embargo, uno va aprendiendo. Yo no sabía que era un dildo.]

[69:98] [165] Yo le pedí a un cliente que me escribiera de favor qué cosas puedo responder cuando lo quieren sin condón. Mira ahí tienes las cosas que me ha escrito. ¿Cómo las ves?

La trabajadora enseña una libreta con frases en alemán como: *'Ich liebe meine Gesundheit'* ('Amo mi salud').]

[75:26] [89] [Una cosa que también hago, pero que no se debería poner aquí (en tu folleto), porque es de cuidado, es hacerles la trampa. Con todo y los espejos que ves aquí, cuando no se dan cuenta se los pongo.

Yo los engaño en el oral, pero eso no se debería poner en un folleto porque es algo muy delicado. No con todo el mundo se puede. Los clientes se pueden violentar al notar el engaño.]

[81:5] [15] [Otras veces me dicen que yo me veo bien, que no utilicemos condón. Yo les contesto: "¿Cómo vas a saber si alguno me ha dejado algo?". ¿Cómo sabe si yo tengo algo? Me dicen: "Tú estás bien, yo estoy bien, vamos hacerlo sin goma"; y ahí les contesto: "Si estamos sanos, vamos entonces los 2 al médico para que él lo diga". "¿Cómo sabes si yo estoy sana? Yo puedo tener sífilis, gonorrea, hepatitis; no solo es SIDA".]

[82:5] [73] [El otro día llego un jovencito muy arregladito. No dijo nada; pasó directo a la habitación. Adentro me dijo que quería sin preservativo. Le dije que pensara que es joven, que pensara que yo he estado con muchos hombres. Le dije que cuando él tuviera una mujer solo para él, entonces que con ella lo hiciera sin condón. Le dije que 'así' yo no lo hacía.]

Expert Interviewees' Quotations

EXP [3:41] [22] [Am Besten wäre es, wenn es bei Beratungsstellen Frauen gibt, die selbstsicher und in der Sexarbeit tätig sind, und dass man da erstmal jemand findet, der es den Frauen näher bringt, jemand von dem man denkt, dass die Sexarbeiter zuhören. Das andere ist, wie wir immer versuchen zu den Sexarbeitern herein zu kommen, über Flyer oder Ähnliches. Nur da ist es immer das Problem dass, ganz viele einfach nicht lesen. Wenn überhaupt muss man viel Geld investieren. Meine Erfahrung hier ist: wenn die Flyer sehr gut gemacht sind; das heisst: wenig Text, viele Bilder, irgendetwas zu erstmal bunt und gut aussieht, wo sie erstmal neugierig werden; dann habe ich vielleicht die Chance dass sie die zumindest überfliegen; und damit hat man die Chance: "Oh! Es ist spannend", und sie lesen weiter.]

EXP [4:14] [49] [Bei den meisten Frauen, unabhänging aus welchem Land sie kommen, es ist der schlechte Verdienst. Ich glaube dass, es ist etwas das immer schlechte Laune macht, und was die Verhandlung prinzipiell schwer macht, besonders was mit den Gesten und Mimik angeht.]

EXP [4:89] [108] [Wenn wir in ein Bordell, einen Club gehen, oder... in eine Wohnung, wo Prostituierte sind, da ist ein relativer geschützer Rahmen. Und da werden, in der Regel, bei diesen Workshops, die Frauen offener, auch den Sozialabeitern gehenüber. Also ändert es sich von Verhältnis und wir können andere Fragen stellen, als wir sonst am Fenster immer stellen... Die Frauen können kommen, und gehen aus dem Raum, wenn sie wollen. Sie haben nicht das Gefühl dass 'die Kollegin am Fenster hört das'... Nichstdestotrotz laufen die Workshops noch immer intensiver, wenn Sexworkers dabei sind.]

EXP [4:92] [128] [Expertin: "Das haben wir schon gemacht am Welt AIDS-Tag, der im Dezember ist. Wir gehen dort herum, und verteilen kleine Aufmerksamkeiten, und fangen das Gespräch an was Safer-sex angeht. Wenn man Kondome in der Hand hat, oder mehrere... die Kondome verteilen, und dann erstmal erklären was der Welt AIDS-Tag ist, die STIs erklären... und dann ganz konkrete Fragen: 'Was machst Du eigentlich (wenn Du nach Sex ohne Kondom gefragt bist)...? Wie machst Du es?'…"

Forscherin: "Und am diesen AIDS-Tag... hat man es drin in den Häusern gemacht, oder an der Tür? "

Expertin: "Es geht beides. Es gibt einfach Häuser, die, wenn wir kommen, automatisch den Öffner drücken... oder wenn wir sagen: ‚Wir haben Geschenke', gehen wir automatisch in die Küche. Und gibt es Häuser, wo das einfach nicht so ist, und dann reden wir mit den Frauen am Fenster"]

EXP [5:52] [22] [Zu diesem Punkt hier, Oralsex ohne Kondom... dazu muss ich sagen dass, die Frauen oftmal gar nicht wissen, dass auch Tripper über Oralverkehr übertragen wird. Das wissen sie nicht. Wenn wir an der Stelle sind, dass die Frauen sagen: "Oralsex ohne Kondom ist sicher" oder "ich mache es ohne Kondom weil passiert nichts", dann sage Ich dass, es Tripper gibt, und dass es andere Entzündungsprozesse gibt, Herpes... Ich versuche darüber aufzuklären.]

EXP [6:15] [28] [Wir wissen, dass Suchtdruck und Freiheitsdrang stärker sind als das Bedürfnis, die eigene Gesundheit zu schützen...andererseits haben die Frauen es aber genauso schwer, auf Kondomeinhaltung zu bestehen, wenn sie durch den Konsum ihrer Drogen, 'breit', also berauscht sind. Dann lassen sie vieles mit sich machen, wozu sie im 'nüchternen Zustand' nie ja sagen würden. Manche Frauen stehe so unter dem Einfluß von Drogen, dass sie nichts mehr mitbekommen, weder in welches Auto sie einsteigen, noch wo der Kunde hinfährt, noch was er mit ihnen macht.]

EXP [6:17] [26] [Forscherin: Welche Faktoren behindern die Verhandlung?

Expertin: Alle mit der Sperrgebietsverordnung einhergehenden Nebeneffekte, insbesondere die damit verbundene Kriminalisierung der Frauen. Wir beobachten, dass es den Frauen letztlich wichtiger ist, die eigene Freiheit zu bewahren, als ihre Gesundheit zu schützen. Je schneller zu einem Kunden ins Auto steigen, desto schneller sind sie aus dem öffentlichen Raum verschwunden. Damit haben sie das Risiko minimiert, von der Polizei beobachtet und überführt zu werden...

Drogenabhängigkeit und alles was damit zu tun hat. Es gibt Kunden, die die körperlichen Symptome einer Suchtmittelabhängigkeit ausnutzen. Sie wissen, dass die Frau unter Entzugserscheinungen leiden wird, wenn sie nicht innerhalb eines bestimmten Zeitfensters ihre Droge erhält. Es gibt Kunden, die genau diesen Zeitpunkt abpassen, weil sie wissen, dass die Frau dann mit ihren Standards runtergeht bzw. erpressbar ist.]

EXP [7:60] [65] [Forscherin: Wie könnte man den Sexarbeiterinnen in Deutschland neue Verhandlungstechniken vermiteln?...

Expertin: Natürlich erstmal durch die Arbeit der Beratungstellen, durch die Street-work, durch, wirklich, um mittelbare Beratung auf der Strasse, oder an dem Arbeitsplatz der Frauen... Es sind sozusagen die Wege, die für die Frauen einfach sind. Aufklärung ist natürlich sehr sehr wichtig. Aufklärung in der Muttersprache, wenn die Frau Migrantin ist...]

EXP [8:9] [55] [Tal vez la independencia de su trabajo, que no haya un '*Zuhälter'* ('chulo') detrás de ellas que te está presionando: "Si no tengo tal cantidad de dinero entonces voy a recibir una paliza"]

EXP [9:27] [53] [Hacer también como juegos, o como *Rollenspiele* (juego de roles). Hacer una situación en la que yo digo: "Yo soy el cliente. Tú eres la trabajadora del sexo. Yo quiero sexo sin goma. ¿Qué hacemos?" Entonces una mujer da una estrategia, la colega otra. Entonces ahí puedes empezar una discusión, porque una dice: "Yo hago esto", y la colega dice: "Eso funciona de esta forma". Entonces discutir porqué le funciona a una, pero a su vez, una le enseña a la otra. "Yo lo hago de una forma, pero si me das ideas, sería fantástico!" "Entonces también lo puedo hacer de otra forma". Entonces con eso se incentiva el intercambio de información… de experiencias...]

EXP [9:39] [23] [También depende muchas veces de su seguridad, de su situación legal en el país, si ella tiene miedo; o tiene alguna presión de una tercera persona; o tiene la presión de que necesita ganar plata porque tiene un hijo enfermo en casa; o si tiene también información sobre sus derechos, que tiene derecho a trabajar con condón, que no está obligada a trabajar ciertas cosas… Entonces yo creo que hay una serie de factores que hacen que tenga más posibilidades de negociación… Derechos humanos, derechos que tiene como inmigrante en este país: que si rechaza a un cliente, no va a ir a la policía, no va a ser deportada. También conocimientos sobre salud… que le dice al cliente: "Yo solo trabajo con condón… por una cuestión de salud"…

Yo creo que el tener información es una arma para la mujer, para que ella se pueda defender, para poder argumentar y negociar. Entonces si ella no tiene información, no puede argumentar.]

EXP [10:50] [234] [La competencia. Siempre hay alguien más barato. Siempre hay otra persona. Eres un 'intercambiable'… Eso es lo que hace tu trabajo muy riesgoso hasta un punto, porque siempre va a haber más mujeres…]

EXP [11:83] [28] [Tiene que ser rápido. Por nuestra experiencia con las chicas, es la seguridad. El transmitir seguridad al hablar con ellos… Transmitir que tiene muy claro que 'no' y transmitir sobre todo esa 'profesionalidad'. 'La profesionalidad' es lo importante. Es lo que a ellos les impacta: el ver que la mujer lo tiene muy claro. Es dar a entender al cliente que tú estás muy segura, que tienes toda la seguridad del mundo, y sobre todo, que él no puede hacer trampas, que las trampas no valen… Transmitir: "No intentes hacerme trampas en esto, porque estoy muy posicionada en esto. Estoy muy segura". ¿No?….]

EXP [11:84] [216] [Creo que funciona mucho el que identifiquen lo que es la conducta pasiva: el que el cliente te diga "quiero hacerlo sin condón", y poner el ejemplo de 'hacerte pequeñita', de no hablar con seguridad. Esa posición no verbal de 'hacerme pequeña' hace que el cliente se venga arriba… El cliente va a intentar marearte, va a intentar pisotear la negociación… Va a intentar acorralarte más. Va por su interés, como los clientes de cualquier negocio! Esto es así. Un cliente quiere sacar el máximo rendimiento de lo que va a pagar. Funciona así en el comercio y en todos los sentidos.]

ANNEX 7: AMSTAR (A MEASUREMENT TOOL TO ASSESS REVIEWS)

In accordance with Lewin et al. (2009), the AMSTAR comprises the following 11 criteria. In the opinion of the authors, the more AMSTAR-points obtained (the larger the number of the criterion fulfilled), the greater confidence which can be placed in the systematic reviews' findings. In the present study, the reviews' quality was scored according to the following scale: 0-4 AMSTAR-points = poor quality; 5-8 points = moderate quality; and 9-11 points = high quality.

AMSTAR

Criteria	Possible responses
1. Was an 'a priori' design provided? The research question and inclusion criteria should be established before the conduct of the review.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
2. Was there duplicate study selection and data extraction? There should be at least two independent data extractors, and a consensus procedure for disagreements should be in place.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
3. Was a comprehensive literature search performed? At least two electronic sources should be searched. The report must include the years and databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and, where feasible, the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
4. Was the status of publication (i.e. grey literature) used as an inclusion criterion? The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language, etc.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
5. Was a list of studies (included and excluded) provided? A list of included and excluded studies should be provided.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
6. Were the characteristics of the included studies provided? In an aggregated form such as a table, data from the original studies should be provided about the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
7. Was the scientific quality of the included studies assessed and documented? 'A priori' methods of assessment should be provided (e.g. for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria). For other types of studies, alternative items will be relevant.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
8. Was the scientific quality of the included studies used appropriately in formulating conclusions? The methodological rigor and scientific quality of the studies should be considered in the analysis and the conclusions of the review, and explicitly stated when formulating recommendations.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
9. Were the methods used to combine the findings of studies appropriate? For the pooled results, a test should be done to ensure the studies were combinable and to assess their homogeneity (i.e. Chi-Square test for homogeneity, I2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should also be taken into consideration (i.e. was it appropriate to combine the results?).	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
10. Was the likelihood of publication bias assessed? An assessment of publication bias should include a combination of graphical aids (e.g. a funnel plot, other available tests) and/or statistical tests (e.g. Egger regression test).	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable
11. Was the conflict of interest stated? Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.	☐ Yes ☐ Can't answer ☐ No ☐ Not applicable

Source: Adapted from Lewin S, Oxman AD, Lavis JN, Fretheim A. (2009). "Guide. SUPPORT Tools for evidence-informed health Policymaking (STP) 8: Deciding how much confidence to place in a systematic review". Health Research Policy and Systems 2009, 7(Suppl 1). Page 4.

ANNEX 8: SEARCH STRATEGY EMPLOYED TO FIND EVIDENCE TO INFORM THE PROPOSED NEGOTIATION SKILLS BUILDING OPTIONS

Following the recommendations of Lavis et al. (2009) on the methodology to look for research evidence to inform on potential interventions, systematic reviews and other relevant evidence from the last 10 years were electronically searched employing the database of PubMed. Combinations of the following keywords using the "[Title/Abstract]" search specification were used in the search. Further evidence of significance for the options was searched through the WHO's web-site.

Keywords Employed in the Electronic Searches to Find Evidence Relevant to the Skills Building Options

Keywords for Option 1	Keywords for Option 2
Systematic review	Systematic review
Review	Review
Germany	Germany
Latin American sex workers	Latin American sex workers
Sex workers	Sex workers
Sex work	Sex work
HIV	HIV
HIV prevention	HIV prevention
Effectiveness	Effectiveness
Strategies	Strategies
Interventions	Interventions
Behavioral interventions	Behavioral interventions
Behavioral	Behavioral
	Communication
	Media
	Print media

ANNEX 9: QUALITY ASSESSMENT OF THE EVIDENCE EMPLOYED TO INFORM ON THE PROPOSED NEGOTIATION SKILLS BUILDING OPTIONS

Summary of Systematic Reviews Relevant to Options 1 and 2

Elements of the options	Focus of systematic review	Key findings	Year of the most recent included study	AMSTAR quality*	Percentage of studies that were conducted in Germany
Peer education, skills building, counselling, role-playing, print materials	Chersich et al. (2013): To systematically review studies on interventions aimed at reducing HIV transmission among women engaged in commercial sex work in Sub-Saharan Africa.	Chersich et al. (2013): The evidence supports the implementation of peer-mediated condom promotion, risk-reduction counselling and safer sex skills building interventions to reduce unprotected sex among female sex workers.	2010	Moderate Quality	0%
Peer education, counselling, print education materials	Wariki et al. (2012): To evaluate behavioral interventions aimed at reducing HIV infections among sex workers and their clients in low- and middle-income countries.	Wariki et al. (2012): Available evidence suggests that compared with no exposure, behavioral interventions may be effective in reducing HIV and STIs amongst female sex workers.	2010	High Quality	0%
Outreach, print education materials	Hong et al. (2011): To review HIV/STI prevention interventions targeting female sex workers in China.	Hong et al. (2011): Significant effects were reported in the majority of the studies, especially in HIV/STI knowledge and condom use.	2008	Poor Quality	0%
Empowerment, counselling, print education materials	Shahmanesh et al. (2008): To review the effectiveness of HIV and other STI prevention interventions targeting female sex workers in poor settings.	Shahmanesh et al. (2008): Evidence reviewed suggests that the combination of interventions on sexual risk reduction, condom promotion and access to STI treatment reduces the acquisition of HIV and other STIs in sex workers exposed to the interventions.	2007	Moderate Quality	0%

**Poor quality= 0-4 AMSTAR-points. Moderate quality= 5-8 AMSTAR-points. High quality=9-11 AMSTAR-points.*

Summary of Further Systematic Reviews Relevant to Option 1

Elements of the options	Focus of systematic review	Key findings	Year of the most recent included study	AMSTAR quality*	Percentage of studies that were conducted in Germany
Counselling, peer education, condom use negotiation, discussions, role-playing, motivation, empowerment, self-esteem, self-efficacy	Ota et al. (2011): To evaluate behavioral interventions aimed at reducing HIV infections among sex workers and their clients in high-income countries.	Ota et al. (2011): Behavioral interventions (e.g. individual counseling, testing, peer education, negotiation of condom use, assertiveness, and role playing, among others) may have a positive impact on reducing the prevalence of STIs and on improving the knowledge of sex workers and their clients in relation to HIV modes of transmission.	2010	High Quality	0%

**Poor quality= 0-4 AMSTAR-points. Moderate quality= 5-8 AMSTAR-points. High quality=9-11 AMSTAR-points.*

Summary of Further Systematic Reviews Relevant to Option 2 *(first part)*

Elements of the option	Focus of systematic review	Key findings	Year of the most recent included study	AMSTAR quality*	Percentage of studies that were conducted in Germany
Print education materials	Xiao et al. (2013): To examine HIV prevention interventions conducted in China from a health communication perspective.	Xiao et al. (2013): The review results show that many HIV prevention interventions in China have had an impact in reducing HIV risk-related outcomes.	2011	Poor Quality	0%
Print education materials	Noar et al. (2009): To systematically review HIV/AIDS campaigns published from 1998 to 2007, and to compare the results with a previous systematic review of campaigns from 1986 to 1998.	Noar et al. (2009): The review suggests that HIV/AIDS campaigns have changed and have had improvements over time. Despite the enhancements, most campaigns continue to use weak evaluation designs.	2007	Poor Quality	0%

**Poor quality= 0-4 AMSTAR-points. Moderate quality= 5-8 AMSTAR-points. High quality=9-11 AMSTAR-points.*

Summary of Further Systematic Reviews Relevant to Option 2 *(second and last part)*

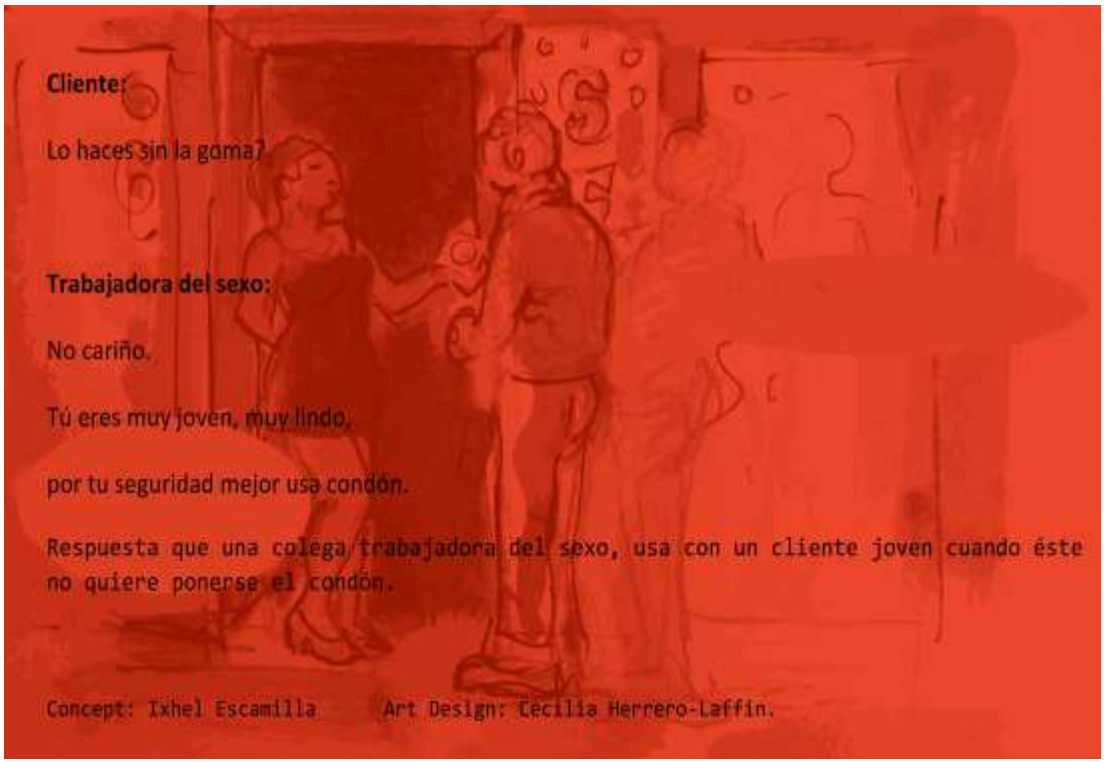
Elements of the option	Focus of systematic review	Key findings	Year of the most recent included study	AMSTAR quality*	Percentage of studies that were conducted in Germany
Print education materials	Bertrand et al. (2006): To review the effectiveness of mass media interventions conducted in developing countries aimed at changing knowledge on HIV, related attitudes and behaviors.	Bertrand et al. (2006): Mixed results on the effectiveness of mass media interventions to change HIV-related behavior were observed. At least half of the reviewed studies showed a positive effect of the mass media in increasing knowledge of HIV transmission and in reducing high-risk sexual behavior. However, examined studies showed no impact of mass media in most of the set outcomes. Among the studies which showed an impact, it was only small to moderate.	2004	Moderate Quality	0%

**Poor quality= 0-4 AMSTAR-points. Moderate quality= 5-8 AMSTAR-points. High quality=9-11 AMSTAR-points.*

ANNEX 10: PROTOTYPES OF CONDOM USE NEGOTIATION POSTCARDS BASED ON THE CURRENT STUDY FINDINGS

A. CARD TO USE WITH YOUNG CLIENTS (WITH A POSSIBLE RESPONSE)

(FRONT VIEW)



(BACK VIEW)

B. **CARD TO USE WITH OLD CLIENTS (WITH A POSSIBLE RESPONSE)**

(FRONT VIEW)

(BACK VIEW)

ANNEX 11: STRATEGIES USED BY HETEROSEXUALLY ACTIVE MEN AND WOMEN TO PERSUADE PARTNERS TO USE CONDOMS, ACCORDING TO NOAR ET AL. (2002)

Influence strategies used by heterosexually active men and women to persuade partners to use condoms 1/	Verbal	Non-Verbal
1. Withholding sex		
Tell my partner that I will not have sex with him/her if we do not use condoms.	X	
Make it clear that I will not have sex if condoms are not used.	X	
Let my partner know that no condoms means no sex.	X	
Refuse to have sex with my partner unless condoms are used.	X	
Tell my partner that we are going to use a condom… There's no question about it.	X	
Tell my partner that I have made the decision to use condoms, and so we are going to use them.	X	
2. Direct request		
Request that my partner go along with the use of a condom.	X	
Ask that we use condoms during sex.	X	
Make a direct request to use condoms.	X	
Be clear that I'd like us to use condoms.	X	
Tell my partner that I would be more comfortable using a condom.	X	
Say that since we're going to have sex, I'd like to use condoms.	X	
3. Seduction		
Start ''fooling around'' and then pull out a condom when it was time.		X
Take out a condom to use without saying a word.		X
Begin putting a condom on at the appropriate time.		X
Get my partner very sexually excited and then take out a condom.		X
Take a condom out during foreplay.		X
In the heat of the moment, I would take a condom out to use.		X
4. Relationship conceptualizing		
Tell my partner that if he/she really loves me than he/she will use a condom.	X	
Tell my partner that since we love and trust one another, that we should use condoms.	X	
Let my partner know that using a condom would show respect for my feelings.	X	
Tell my partner that it would really mean a lot to our relationship if he/she would use a condom.	X	
Tell my partner that using a condom would really show how he/she cares for me.	X	
Stress that my partner should accept my request to use a condom because we care about each other.	X	
5. Risk (STD) information		
Tell my partner that we both would be safer from disease if we used a condom.	X	
Tell my partner that if we don't use condoms, then one of us could end up with a sexually transmitted disease (STD).	X	
Explain to my partner that there are too many sexually transmitted diseases (STDs) going around to not use a condom.	X	
Let my partner know that there are so many sexual diseases out there that we should use condoms.	X	
Tell my partner that using a condom will protect us from sexually transmitted diseases (STDs).	X	
Tell my partner that we need to use condoms to protect ourselves from AIDS	X	
6. Deception		
Tell my partner that we should use a condom to prevent pregnancy, even though my real worry is sexually transmitted diseases (STDs).	X	
Make up a reason why I want him/her to use a condom, even though my real reason is to protect myself against diseases.	X	
Tell my partner I only have sex with condoms, even though sometimes I don't.	X	
Make up a reason why we should use condoms to get my partner to use them.	X	
Make my partner think I always use condoms when I have sex, even though sometimes I don't.	X	
Pretend that I'm really concerned about pregnancy, when my real concern is sexually transmitted diseases.	X	

1/ Source: Adapted from Noar SM, Morokoff PJ, Harlow LL. (2002). "Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire". Psychology & Health, 17:6. Pages 720 and 721.

ANNEX 12: STRATEGIES FOR INFLUENCING A PARTNER TO USE CONDOMS, ACCORDING TO LAM ET AL. (2004)

Type	Verbal	Non-Verbal
Direct	**Threaten:** Person makes a threat (e.g., no condom, no sex) to persuade partner. **Plead:** Person uses pleading (e.g., begging, complaining) to persuade partner. **Health reason:** Person uses a health reason (e.g., pregnancy, STDs) to persuade partner.	**Open condom:** Person opens a condom in front of partner.
Indirect	**Deceive:** Person uses deception (e.g., give partner pregnancy reason to use condoms when you're really concerned with STDs) to persuade partner. **Flatter:** Person uses flattery (e.g., we'll need to use extra–large condoms) to persuade partner. **Drop hints:** Person drops hints (e.g., I heard so–and–so got pregnant) to persuade partner.	**Place condom:** Person places a condom on dresser or pillow. **Pamphlet:** Person places a safer sex pamphlet in view of partner.

Source: Adapted from Lam AG, Mak A, Lindsay PD, Russell ST. (2004). "What really works? An exploratory study of condom negotiation strategies". AIDS Educ Prev. 2004 Apr;16(2). Page 164.

ANNEX 13: STRATEGIES TO OBTAIN CONDOM USE, ACCORDING TO TSCHANN ET AL. (2010)

Strategies to Obtain Condom Use 1/	Verbal	Non-Verbal
1. Risk information / request		
Say you/partner could get pregnant	X	
Say you didn't want to have a baby	X	
Tell partner a condom is needed to be safe	X	
Tell partner there are a lot of STDs	X	
Say you wouldn't have sex without a condom	X	
Ask partner if they have a condom	X	
Tell partner to put a condom on / on you	X	
2. Direct verbal / nonverbal communication		
Just pull out condom to use		X
Say you would get a condom	X	
Offer to put condom on	X	
Tell partner you have a condom	X	
Hand a condom to partner		X
Put on a condom without saying anything		X
3. Insist on condom use		
Insist on using a condom	X	
Ask partner if he/she wants to use a condom	X	

1/ Source: Adapted from Tschann JM, Flores E, de Groat CL, Deardorff J, Wibbelsman CJ. (2010). "Condom negotiation strategies and actual condom use among Latino youth". J Adolesc Health. 2010 Sep;47(3). Page 12.

ANNEX 14: SUGGESTIONS FOR RESPONSES TO COMMON OBJECTIONS THAT PARTNERS MAY RAISE WHEN ASKED TO USE CONDOMS, ACCORDING TO THE WORLD HEALTH ORGANIZATION (2005)

If he says:	Try saying:
It will not feel as good…	It may be feel different, but it will still feel good. Here, let me show you. You can last even longer and then we will both feel good!
I do not have any diseases!	I do not think you have any, either. But one of us could and not know it.
You are already using family planning!	I would like to use it anyway. One of us might have an infection from before that we did not know about.
Just this once without a condom…	It only takes one time without protection to get an STI or HIV/AIDS. And I am not ready to be pregnant.
Condoms are for prostitutes. Why do you want to use one?	Condoms are for everyone who wants to protect themselves.

Source: WHO. (2005). "Sexually Transmitted and Other Reproductive Tract Infections. A guide to essential practice. Integrating STI/RTI Care for Reproductive Health". Department of Reproductive Health and Research. World Health Organization. Page 56.

ANNEX 15: RESPONSES THAT YOUNG WOMEN COULD GIVE TO ENCOURAGE CONDOM USE IF THE PARTNER IS PRESSURING NOT TO USE CONDOM, ACCORDING TO FISCHER ET AL. (2005)

If their partner says:	They can say:
"I don't like using condoms. It doesn't feel good."	"I'll feel more relaxed, and if I'm more relaxed, I can make it feel better for you."
"We have never used a condom before."	"I don't want to take any more risks."
"Using a condom is no fun."	"Unplanned pregnancy or getting a STI is much less fun."
"Don't you trust me?"	"I trust you are telling the truth. But with some STIs, there are no symptoms. Let's be safe and use condoms."
"Why should we use a condom? Do you think I have AIDS?"	"No, but I could have an STI. We need to protect both of us."
"I will pull out in time."	"I can still get pregnant or get an STI."
"I thought you said condoms were for casual partners."	"I decided to face the facts. I want us to stay healthy and happy."
"I guess you don't really love me."	"I do, but I don't want to risk my health to prove it"
"We're not using condoms, and that's it."	"O.K. Let's do something else, then."
"Just this once without"	"It only takes once to get pregnant, or get an STI, or get HIV."

Source: Fischer S, Reynolds H, Yacobson I, Barnett B, Schueller J. (2005). "HIV Counseling and Testing for Youth. A Manual for Providers". FHI. YouthNet. USAID. Page 47.

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