HIV Risk Behaviors among Male Customers of Asian Massage Parlors in San Francisco

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Study Aims

- To understand HIV risk behaviors and attitudes among male customers of massage parlors in order to develop and implement intervention programs targeting Asian masseuses
- To understand masseuses' environmental factors and relationships with customers that increase both party's HIV risks

Massage Parlors in San Francisco



23 Asian own massage parlors in the Tenderloin area



Methods

- 5 focus groups with male customers
 - Stratified by race (W, AA, and A)
 - Two racially mixed groups
- Focus group discussion topics:
 - Substance use behaviors
 - Perception toward massage parlor and masseuses
 - Sexual behaviors with masseuses
- Recruitment
 - Masseuses' referrals and advertisements

Demographics (N=34 males)

Age	38 years (range: 21-68 years)
Ethnicity	47% Asian, 32% Caucasian, 21% African American
Marital Status	68% Single, 6% Living w/ Partner,
	9% Married, 12% Separated/Divorced,
	6% Widowed
Education	50% College degree or higher
	44% High school degree
	3% Less than high school degree

Demographics (N=34 males)

Income	44% \$40,000/year or more
MP Visits	2 times/month (range: 1-8 times)
Money Spent per Visit	\$200 (range: \$65 - \$1,000)
HIV+ Status	3 participants
History of	21%
STDs	(gonorrhea, genital herpes, hepatitis)

HIV Risk Behaviors Frequent Massage Parlor Visit

- In San Francisco
- In Asian countries (Asian customers)
 - An average of over 30 to 40 visits to massage parlors abroad in one year

HIV Risk Behaviors Frequent Massage Parlor Visit

"I go abroad around 4 or 5 times a year. And when I'm abroad, like if I go to Thailand for a couple of weeks, I will probably frequenting it (massage parlors) a lot...let's see, in a 2 week period, probably like 10 times... The culture like in Thailand, for example, sex is normal. Over here, there is a negative taboo on it. When I'm over there, everything is open, you know, sex is not big deal. So, there is less taboo over there and much better selection."

HIV Risk Behaviors Frequent Massage Parlor Visit

Other sex venues in the U.S

"Most of the places I've been in Nevada, for a long time, you didn't have to wear a condom. But now, they absolutely demand it. I mean that they've got condoms in every room. And I was really disappointed 'cause I thought this one cat house was really good, 'cause they didn't make the guys wear condoms. And then, 6 months later, they had stacks and stacks of condoms in every room. And girls were really careful on that. That was kind of a distraction."

HIV Risk Behaviors Inconsistent Condom Use

 Preference to not using condoms for vaginal sex regardless of intention to prevent HIV and condom availability at massage parlors

"I've been HIV (positive) for 3 and a half years, but yeah, since that point (I started using condoms). But, before then, no condom use. I'm not a really good condom fan."

HIV Risk Behaviors Inconsistent Condom Use

"I really feel that the guys who come in there and he's gonna drop \$ 400-\$500, & he say he don't wanna use a condom, they (masseuses) gonna let him go without a condom. It depends on what you're spending. And if you spend enough, you're gonna get it the way you want to get it."

HIV Risk Behaviors Inconsistent Condom Use

 Common practice of unprotected oral sex unless masseuses insisted on using condoms

"It's (condom use for oral sex) kinda like pointless to me."

"I never found out whether it is almost impossible to get it (HIV) that way (by having oral sex without a condom) or not. Somebody happen to know what that about?"

HIV Risk Behaviors Sex under the Influence of Substances

- Strong association with heavy alcohol use and visiting massage parlors (Asian customers)
 - Male social activities
 - "The last time when I visited a massage parlor was probably when we had a bachelor party for one of my friends. And went around town and eventually had drinks. And we ended up going to a massage parlor. It's an entertainment outlet like a lot of guys may go to a strip club, maybe play pool, and go drinking."

HIV Risk Behaviors Sex under the Influence of Substances

- Visited massage parlors while being high on drugs (W and AA customers)
 - Many of them were current drug users
 - 2 injection drug users
 - Commonly used cocaine and marijuana on a weekly basis

 Skeptical about the actual possibility of personally becoming infected with HIV

"My brother happened to die of AIDS 11 years ago. I know a lot about HIV, how you can get it, how you can't get it. On the other hand, I have this dichotomy because I also don't like to have safe sex."

"I just don't have that fear of catching it (AIDS). I shoot out. I don't suck up. I can understand a woman getting it from a man, I can understand a man getting it from a man, and I can understand a drug user getting from each other. But I think the likelihood of me catching AIDS is very slim."

Infrequent HIV/STI testing

Widely ranged from every 6 months to seldom or never tested

Low HIV/AIDS knowledge

Only 10 out of 20 HIV/AIDS quiz questions were correctly answered

- Misconceptions regarding personal susceptibility to HIV infection
 - Believe that masseuses were the ones who were infected with HIV, but not from masseuses to customers.

HIV Risk Behaviors Perception toward Massage Parlor

- Convenient place to meet Asian women and have sex with them (AA & W customers)
- Physically and mentally safe place to have sex with sex workers (AA customers)
 - On-site owners/managers
 - Security cameras
 - Less fear of being arrested by police
 - Assumption that masseuses are clean and disease free compared with street sex workers

HIV Risk Behaviors Perception toward Massage Parlor

"Yeah, you feel like it's like a safe place to go. It's safe. It's a secure environment. ... In my 30's, I kinda wanted more danger and excitement, so I would like to go out to the street where there was more variety, more danger, and more excitement. And that fulfilled my fantasy.... You know, people are getting violent, cops, getting busted (on street). It's little more expensive (at massage parlors), but it's safe and cleaner."

HIV Risk Behaviors Perception toward Massage Parlor

"I won't go across the street (street prostitutes) anymore. I figure half of them are HIV positive. They've used drugs or get it from the needle. And somebody at a massage parlor, they might be a little more safer."

HIV Risk Behaviors Perception toward Masseuses

- Stereotypical views of Asian women
 - Exotic, submissive, docile
 - Leading to sexual curiosity
 - "I expect the Asian woman to tend to play it or at least act submissive. And this girl (masseuse) started arguing. ... I was surprised."
 - "I was surprised the first time I went (to massage parlor). I found that sex with Asian women can be very exciting."

HIV Risk Behaviors Perception toward Masseuses

Impoverished immigrants

- Sex work is the only job for them because of their limited English proficiency
- Restrictive immigration status (e.g., illegal immigrants)
- Desperate need for money to survive in the U.S.

HIV Risk Behaviors Perception toward Masseuses

- Customers' attitudes toward getting the best services (AA and W customers)
 - Power and control over masseuses
 - "If I pay for it, I want to do what I want to do."
 - "I really don't feel at all (to masseuses). I know they are immigrants. Some of them don't want to be there. Some of them are trapped in the lifestyle or that's their life. And I figure, they're here. I am not going to be mean to them, I might as well use them to satisfy my need."

Conclusion

- Customers' high frequency of sexual activities with masseuses and other sex workers
- Unsafe sexual practices although being aware of the benefits of condom use
- Low perceived susceptibility and perceived severity of STIs through unprotected sex

Conclusion

- Inconsistent condom use, frequent massage parlor visits under the influence of substances, and relatively high STD/HIV prevalence rates would enhance masseuses' vulnerability toward HIV/STIs
- Male customers would serve as a bridge for HIV and other STI transmission from them to masseuses, as well as to their private and casual partners

Discussion

- Understanding the client-masseuse dynamics is crucial in developing effective intervention programs targeting both clients and masseuses
- Barriers to condom use should be addressed at individual (e.g., prejudice against Asian masseuses), interpersonal (e.g., cultural misunderstanding in communication), and environmental levels (e.g., massage parlor policies on condom use and violence against masseuses)

This study was supported by the National Institute on Drug Abuse (NIDA) PI: Tooru Nemoto, Ph.D.

Grant No: R01DA13896.