



HHS Public Access

Author manuscript

Int J Gynaecol Obstet. Author manuscript; available in PMC 2017 January 01.

Published in final edited form as:

Int J Gynaecol Obstet. 2016 January ; 132(1): 55–59. doi:10.1016/j.ijgo.2015.07.004.

Socio-structural and behavioral risk factors associated with trafficked history of female bar/spa entertainers in the sex trade in the Philippines ☆

Lianne A. Urada^{a,*}, Sonja Halterman^b, Anita Raj^a, Kiyomi Tsuyuki^a, Nymia Pimentel-Simbulan^c, and Jay G. Silverman^a

^a Division of Global Public Health, Department of Medicine, University of California, San Diego, La Jolla, CA, USA

^b School of Medicine, University of California, San Diego, La Jolla, CA, USA

^c Department of Behavioral Sciences, College of Arts and Sciences, University of the Philippines, Manila, Philippines

Abstract

Objective—To explore factors associated with trafficking (deceptive/coercive entry to sex trade) among female bar/spa entertainers who traded sex in the Philippines.

Method—Female bar/spa entertainers who traded sex in the past 6 months were recruited from 25 bar/spa venues in Metro Manila (April 2009–January 2010) and assessed via cross-sectional survey data collection for HIV-risk-related socio-structural factors associated with deceptive/coercive entry into the sex trade. The study employed hierarchical linear modeling.

Results—Of 166 bar/spa entertainers assessed, 19 (11.4%) reported being deceived/coerced (i.e. trafficked) into their first jobs. Trafficking history was independently associated with current drug use (adjusted odds ratio [AOR] 2.05; 95% confidence interval [CI] 1.00–3.97) decreased availability of condoms at venues for entertainers (AOR 0.18; 95% CI 0.05–0.71) and, conversely, increased peer support for practicing safer sex behaviors (AOR 3.08; 95% CI 1.63–5.09). Those deceived/coerced into their positions were more likely than non-trafficked women to have been recruited by an agency who came to their rural province (AOR 12.07; 95% CI 1.77–82.25) as opposed to getting the job from advertisement (AOR 0.10; 95% CI 0.02–0.65) or a friend/acquaintance (AOR 0.02; 95% CI 0.00–0.48).

☆Presented at the American Public Health Association Annual Meeting and Exposition; November 17, 2014; New Orleans, LA, USA.

* Corresponding author: Lianne A. Urada, Division of Global Public Health, University of California, San Diego School of Medicine, 9500 Gilman Drive, MC 0507, La Jolla, CA 92093-0507, USA, Tel.: +1 310-621-6846, Fax: +1 858-534-7566. lurada@ucsd.edu.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Conflict of interest

The authors have no conflicts of interest.

Conclusion—The findings have implications for designing interventions to prevent and target trafficked women in the Philippines who may be more vulnerable to substance use and, potentially, HIV infection.

Keywords

HIV/AIDS; Sex work; Socio-structural factors; Sexually transmitted infections; Trafficking

1. Introduction

Sex tourism, and sex trafficking in particular, are flourishing in the Philippines, yet both are illegal [1]. The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Person, Especially Women and Children [2] defines trafficking as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat, use of force, or other forms of coercion, abduction, fraud, deception, abuse of power...for the purpose of exploitation.” The 1979 Convention on the Elimination of All Forms of Discrimination against Women and the 1989 Convention on the Rights of the Child also have anti-trafficking measures. The sex trade includes both trafficked and non-trafficked females. Sex trafficking is defined as the “forced, coerced, fraudulent, or deceitful entry of women [or any minor under 18 years old] into the commercial sex trade for the purpose of exploitation” [2]. The present paper focuses on trafficked females in the sex trade, with the sex trade being an environment where trafficked females appear to be more vulnerable to sexually transmitted infections (STIs) and HIV.

Reliable human trafficking statistics tend to be unavailable, but Filipino workers are allegedly trafficked to 32 countries to work, and 60 000–100 000 children are reportedly forced into prostitution in the Philippines [3]. The Philippines passed a 2012 Expanded Anti-Trafficking in Persons Act (following a 2003 Act) to prevent, prosecute, and provide victim-protection services. The government helped 2569 victims of human trafficking, and coordinated services for Filipino victims abroad, including 2604 in Malaysia and Saudi Arabia in 2012 [3, 4]. However, enforcing anti-trafficking legislation remains problematic: only 24 traffickers in the Philippines were convicted that year.

Women and girls in poverty in the Philippines are often under extreme economic duress to support their families, making them potentially more vulnerable to trafficking recruitment tactics [5]. The dynamics of deception/coercion of women and girls into jobs as venue-based sex entertainers (globally and in the Asia-Pacific region), and the health and psychological consequences for those trafficked once they enter the sex trade, remain understudied. Human-trafficked individuals globally, and in Southeast Asia, have experienced poor health outcomes, injuries, depression, and post-traumatic stress disorder [6, 7]. Women who trade sex experience increased risk for repeated violence and sexual assault [8–10]. Trafficked women in the sex trade have even greater negative health outcomes, including an increased risk for physical and sexual violence [11–14], and HIV/STI infection [15–18]. One study of trafficked sex workers in Thailand concluded that higher rates of abortion (unspecified type) among trafficked versus non-trafficked sex workers indicated unmet contraceptive need [12]. A previous study of female sex workers in the Philippines demonstrated associations

between socio-structural occupational factors and consistent condom use among female sex workers [19]. However, the relationship between trafficking history and the socio-structural health risk factors in the workplace is not completely understood. Further investigation is required to better direct interventions for women who have been trafficked into commercial sex.

As far as we are aware, the current study is the first to quantitatively assess the sociodemographic, socio-behavioral, and socio-structural health risk factors that were associated with a history of deceptive/coercive entry into their jobs as entertainers, a common entry point for the sex trade in the Philippines. The aim of the present study was to explore socio-structural and behavioral factors associated with a history of trafficking among female bar/spa entertainers in the Philippines in order to better understand and target interventions for this population.

2. Materials and methods

In a cross-sectional study, female bar/spa entertainers (aged 18 years and older) were recruited from 54 legally operated entertainment clubs, karaoke bars, or spa venues in Metro Manila between April 1, 2009 and January 31, 2010, via time-location sampling methods. The institutional review boards of the University of the Philippines, Manila, and University of California, Los Angeles, approved the study protocol; all participants gave prior verbal informed consent (signatures were waived by the institutional review boards owing to the sensitive nature of the population).

In the Philippines, bar/spa venues are legally operated entertainment establishments and sex work, when it occurs, takes place illegally (e.g. as an additional service). Although sex work is illegal, managers of bars/night clubs, karaoke bars, and spas/saunas are required to have business health permits and to send their entertainment workers to government-run “Social Hygiene Clinics” for weekly or biweekly STI check-ups. However, not all entertainers and managers comply, and STI check-ups and medications are not free. Approximately 35.0% of the entertainers in the overall study self-reported having sex with venue guests [8].

Specifically, two Social Hygiene Clinics provided lists of venues, which were stratified by type and sampled proportionally (on the basis of the number of workers). Trained nongovernmental organization workers recruited the participants in the venues with permission from the venue managers and a letter from the health department endorsing the study. They conducted face-to-face interviews using structured questionnaires with the entertainers during work hours in the venues and clinics.

Survey measures included sociodemographic, socio-behavioral, and socio-structural factors [20], adapting a Rhodes’ risk environment framework including physical, social, economic, and political environment factors [21]. Being deceived/coerced into their work as a bar/spa entertainer was measured by the dichotomous question, “Have you ever been trafficked (tricked or forced) into a job as an entertainer?” (individuals’ age of entry into sex work was not assessed; therefore the definition of trafficking was limited to this definition). The sociodemographic variables included age, education, number of children, lifetime history of

physical or sexual abuse, and number of months worked as a bar/spa entertainer. The socio-behavioral measures were number of sexual contacts in a typical week, and the frequency of HIV and STI testing. Alcohol use was measured by the questions, “How often do you have beer or drinks containing alcohol? (everyday, often but not daily, once a week, once or twice a month, never)”; “How often do you drink beer or alcohol with your establishment guests”; and “How often are you drunk when having sex (never, sometimes, occasionally, often, always)”. A single question inquired whether they currently used drugs. The socio-structural factors included whether “condoms are available at your establishment for the workers who work there”, sources of support (e.g. for practicing safer sex behaviors), and how women found out about their first job as an entertainer.

The data were analyzed using Stata SE 13.0 (StataCorp, College Station, TX, USA). G-Power 3.1.2 [22] and HIV-risk variables from a dataset collected previously in the southern Philippines [23] was used to determine a single variable's power to predict different outcomes (e.g. condom attitudes) a priori. With an effect size of 0.02 for the predictor “condom availability”, and alpha error probability of 0.05, a power of 0.80, and nine predictors, the required sample size was 357.

For a subanalysis conducted for the present study, the sample was restricted to female bar/spa entertainers who had traded sex in the past 6 months. *t* tests and X^2 tests were performed to examine the differences between individuals who were deceived/coerced into sex work and those who were not in terms of the demographic, and behavioral and structural factors that make these women more vulnerable to HIV. Variables with $P < 0.10$ in bivariate regressions were retained in multivariable logistic regressions, using a forward stepwise approach, beginning with those with the most significant differences in the bivariate regressions. Variables with $P < 0.05$ in multivariable logistic regression analyses were considered significant. Hierarchical linear modeling was used to adjust for individuals nested within venues, which allowed for the detection of net differences in individual sociodemographic factors and differences in venue-specific effects.

3. Results

A total of 498 participants were recruited. Of the 166 female bar/spa entertainers who had traded sex in the past 6 months, 19 (11.4%) self-reported being trafficked (i.e. being deceived and/or forced into a job as an entertainer). Sociodemographic factors provided insight into the characteristics of those who were trafficked (Table 1). The median age for both trafficked and non-trafficked individuals was 22 years, that median years of education completed was 10 years, 42.2% had children, and the overall median months worked as a bar/spa entertainer was 13 months (12 months for those forced/coerced, 13 months for those not forced/coerced). More non-trafficked females working in the sex trade were still in education in older childhood (aged 7–15 years; 90.5%) in comparison with trafficked females working in the sex trade (78.9%). Females self-reported having STIs in the past 6 months ($n=3$ [15.8%] for trafficked; $n=8$ [5.4%] for non-trafficked); none had received an HIV diagnosis.

Socio-behavioral factors defined how females behaved once they entered the sex trade (Table 2). Whilst the number of sexual contacts per female in a week was similar for both trafficked and non-trafficked females (0–8 times a week), the frequency of drinking alcoholic beverages was significantly higher for trafficked individuals than for non-trafficked individuals (odds ratio [OR] 0.48, 95% confidence interval [CI] 0.11–0.86); 48 (32.7%) non-trafficked women never drank alcoholic beverages. Drug use was significantly higher among trafficked individuals in comparison with non-trafficked women (n=8 [42.1%] vs n=20 [13.6%]); of the non-trafficked individuals, 127 (86.4%) never used drugs. Trafficked women were less likely to have never taken an HIV test (n=7 [36.8%]) than non-trafficked women (n=75 [51.0%]). However, they attended STI exams less consistently (n=3 [15.8%]) than non-trafficked women (n=54 [36.7%]).

For the socio-structural environment of the entertainers' work place, most trafficked females confided with other peers at work (n=18 [94.7%]) whilst most non-trafficked females could not confide at all (n=41 [27.9%]) or confided only a little (n=42 [28.6%]) with their peers (Table 3). Peers amongst trafficked females gave a great deal of support in practicing safer sex behaviors (n=13 [68.4%]) in comparison with peers among non-trafficked females (n=19 [12.9%]). Surprisingly, trafficked females said that they could confide a great deal with their managers (n=9 [47.4%]) in comparison with non-trafficked females, of whom 42 (28.6%) said they could confide a little in their managers. Trafficked women were also more likely to report receiving a great deal of manager support for practicing safer sex (n=10 [52.6%]) than were non-trafficked women (n=18 [12.2%]). Trafficked women were more likely to be recruited to their first job as an entertainer by an agency that came to their province (n=5; 26.3%) than those not trafficked (n=6; 4.1%).

In a multivariable logistic regression that utilized hierarchical linear modeling to adjust for individuals nested within venues, factors independently associated with having been deceived/coerced into jobs as bar/spa entertainers that included sex work were the socio-behavioral variable of greater current drug use (adjusted odds ratio [AOR] 2.05; 95% CI 1.00–3.97), and the socio-structural variables of having less availability of condoms at venues for the entertainers (AOR 0.18; 95% CI 0.05–0.71) and increased peer support for engaging in safer sex practices (AOR 3.08; 95% CI 1.63–5.09) (Table 4). In comparison with women not deceived/coerced, trafficked bar/spa entertainers were significantly more likely to get their first job as a bar/spa entertainer via an agency recruiting them from their province (AOR 12.07; 95% CI 1.77–82.25), and less likely to be recruited via an advertisement or a friend/acquaintance (AOR 0.10, CI 0.02–0.65; AOR 0.02, CI 0.00–0.48, respectively) (Table 4).

4. Discussion

Of female bar/spa entertainers in Metro Manila, Philippines, who had traded sex in the 6 months prior to being surveyed, one in nine was found to have a history of being deceived/coerced into their work. Although this represents a small proportion, similar to other studies in the region [13], trafficked women's higher socio-behavioral and structural risks relative to non-trafficked bar/spa entertainers are important findings. The results provide insight into who is being trafficked into the sex trade (those with less education), an indication of their

behavior once they are in the trade (higher alcohol/drug use), and the socio-structural context that might predispose them to HIV and STIs (condom support and availability).

Demographically, the longer an individual remained in education, the less likely she was to be lured by trafficking agents, consistent with other qualitative accounts [5]. For reasons unknown, on a socio-behavioral level, trafficked females in the sex trade exhibited higher alcohol use and were nearly twice as likely to report current drug use; this is consistent with studies (e.g. in India) that documented high levels of drug and alcohol use among trafficked sex workers [17]. These findings demonstrate the critical need for drug treatment in this population and also indicate that active substance use by an individual could be one marker for a history of deception/coercion into their job.

On a socio-structural level, trafficked females confided in their manager at work a great deal more than non-trafficked females, possibly due to greater dependence on their managers because of their isolation. In comparison with non-trafficked individuals, trafficked individuals were nearly three-times more likely to have peer support for safer sex practices, which could explain why, in a study in India [18], sex workers forced/coerced into sex work had a greater tendency to engage in protected sex than those who entered sex work voluntarily. Other studies in India have shown that trafficked women often did not access female sex-work focused services [14]. Unfamiliar with their new surroundings and support in the community, trafficked females may instead rely on peers at work.

Condoms were less available at venues where trafficked women worked, a finding that could potentially explain the reasons for lower condom use among trafficked sex workers [13]. Further work is needed to see if and why trafficked women tend to work in places where condoms are unavailable, both in their initial workplaces and at subsequent venues. Condom unavailability at the venues, despite high support from staff and peers at the venue for condom use and safer sex, was possibly due to fears about condoms being used as evidence for arrest during police raids [24, 25]. More research into the overlap of social support for condom use and other socio-structural factors (e.g. law enforcement, venue management, availability of condoms/contraception, and care provided by Social Hygiene Clinics) is necessary to support HIV prevention in the context of the sex trade.

The finding that trafficked women, in comparison with non-trafficked women, were more frequently recruited by an agency that came to their province, has important implications in preventing sex trafficking by targeting agencies actively recruiting in rural provinces, an area little studied. More research needs to document the dynamics of sex-trafficking entry points, especially in rural areas, and interventions to target vulnerable women and families in other arenas (e.g. widespread underground recruitment through the internet and cybersex). Anti-trafficking efforts in the Philippines have raided venues for employing underage girls and targeted agencies that deceptively recruit and traffic individuals into overseas jobs [3,4], but few have been prosecuted. Further research may explore how women are deceived (or trapped by debt bondage), and whether non-trafficked females, from the outset, understand that entertainment will include sex. Additionally, more research is needed on how to target enabling factors that predispose females to be lured by trafficking agents (e.g. home situation, coercion from friends, family, and a previous history of violence or sexual abuse

before entering the entertainment industry), the types of information females receive about the entertainment industry, and the psychosocial health effects of trafficking.

The limitations of the present study include the cross-sectional design and the unspecified time frames for drug use and deception/coercion into individuals' jobs as entertainers. It is unclear whether the initial bar/spa worker's job involved sex work, although the similarity in time frames between the inclusion criterion (sex work in the past 6 months) and the median time working in the industry of 13 months indicate that this is likely. Other study designs are needed—qualitative studies, to learn why and how females with this socio-demographic pattern are trafficked into the sex trade and more case-control studies to examine HIV prevalence in this population.

These findings have important implications for points of intervention for women trafficked within the Philippines and may be generalizable to females working in entertainment venues in other countries in the region that serve as tourist destinations. If more education for females has a protective effect against the lure of trafficking agents, keeping girls in school is worth exploring, as is counseling and treatment to prevent and reduce drug/alcohol use and HIV infection. Stronger enforcement of anti-trafficking laws, beyond raiding venues for underage girls, and more education about trafficking (e.g. in provincial schools) may help to curb the deception/coercion of young women into the sex trade.

Acknowledgements

University of California Office of the President Pacific Rim Research Program, UCLA International Institute, Fordham University HIV Prevention Research Ethics Training Institute (R25DA031608-02), and the National Institutes of Drug Abuse (T32DA023356, 3R01DA028692-04S1, K01DA036439) funded this project.

References

1. Mehlman-Orozco, K. [December 15, 2014] Human Trafficking in the Philippines: A Blemish on Economic Growth. <http://diplomaticourier.com/news/topics/security/2197-human-trafficking-in-the-philippines-a-blemish-on-economic-growth>. Published 2014.
2. United Nations. [September 9 2015] Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime. <https://treaties.un.org/doc/Publication/MTDSG/Volume%20II/Chapter%20XVIII/XVIII-12-a.en.pdf> Published 2000.
3. US Department of State. [December 15, 2014] Trafficking in Persons Report 2013, Philippines. <http://www.state.gov/documents/organization/210741.pdf>. Published 2013.
4. Congress of the Philippines. [June 17, 2015] Republic act no. 10364. An act expanding Republic Act no. 9208. An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations and for other purposes. http://laws.chanrobles.com/republicacts/104_republicacts.php?id=10019. Published 2012.
5. Williams TP, Alpert EJ, Ahn R, Cafferty E, Konstantopoulos WM, Wolferstan N, et al. Sex trafficking and health care in Metro Manila: identifying social determinants to inform an effective health system response. *Health Hum Rights*. 2010; 12(2):135–47. [PubMed: 21178195]
6. Richards TA. Health implications of human trafficking. *Nurs Womens Health*. 2014; 18(2):155–62. [PubMed: 24750655]
7. Kiss L, Pocock NS, Naisanguansri V, Suos S, Dickson B, Thuy D, et al. Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study. *Lancet Glob Health*. 2015; 3(3):e154–61. [PubMed: 25701993]

8. Urada LA, Strathdee SA, Morisky DE, Schilling RF, Simbulan NP, Estacio LR Jr, et al. Sex work and its associations with alcohol and methamphetamine use among female bar and spa workers in the Philippines. *Asia Pac J Public Health*. 2014; 26(2):138–46. [PubMed: 23343641]
9. Odinkova V, Rusakova M, Urada LA, Silverman JG, Raj A. Police sexual coercion and its association with risky sex work and substance use behaviors among female sex workers in St. Petersburg and Orenburg, Russia. *Int J Drug Policy*. 2014; 25(1):96–104. [PubMed: 23916802]
10. Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet*. 2015; 385(9962):55–71. [PubMed: 25059947]
11. George A, Sabarwal S. Sex trafficking, physical and sexual violence, and HIV risk among young female sex workers in Andhra Pradesh, India. *Int J Gynecol Obstet*. 2013; 120(2):119–23.
12. Wirth KE, Tchetgen Tchetgen EJ, Silverman JG, Murray MB. How does sex trafficking increase the risk of HIV Infection? An observational study from Southern India. *Am J Epidemiol*. 2013; 177(3):232–41. [PubMed: 23324332]
13. Decker MR, McCauley HL, Phuengsamran D, Janyam S, Silverman JG. Sex trafficking, sexual risk, sexually transmitted infection and reproductive health among female sex workers in Thailand. *J Epidemiol Community Health*. 2011; 65(4):334–9. [PubMed: 20515895]
14. Gupta J, Reed E, Kershaw T, Blankenship KM. History of sex trafficking, recent experiences of violence, and HIV vulnerability among female sex workers in coastal Andhra Pradesh, India. *Int J Gynecol Obstet*. 2011; 114(2):101–5.
15. Silverman JG, Decker MR, Gupta J, Maheshwari A, Willis BM, Raj A. HIV prevalence and predictors of infection in sex-trafficked Nepalese girls and women. *JAMA*. 2007; 298(5):536–42. [PubMed: 17666674]
16. Falb KL, McCauley HL, Decker MR, Sabarwal S, Gupta J, Silverman JG. Trafficking mechanisms and HIV status among sex-trafficking survivors in Calcutta, India. *Int J Gynecol Obstet*. 2011; 113(1):86–7.
17. Silverman JG, Raj A, Cheng DM, Decker MR, Coleman S, Bridden C, et al. Sex trafficking and initiation-related violence, alcohol use, and HIV risk among HIV-infected female sex workers in Mumbai, India. *J Infect Dis*. 2011; 204(Suppl 5):S1229–34. [PubMed: 22043037]
18. Silverman JG, Saggurti N, Cheng DM, Decker MR, Coleman SM, Bridden C, et al. Associations of sex trafficking history with recent sexual risk among HIV-infected FSWs in India. *AIDS Behav*. 2014; 18(3):555–61. [PubMed: 23955657]
19. Urada LA, Morisky DE, Hernandez LI, Strathdee SA. Social and structural factors associated with consistent condom use among female entertainment workers trading sex in the Philippines. *AIDS Behav*. 2013; 17(2):523–35. [PubMed: 22223297]
20. Urada LA, Morisky DE, Pimentel-Simbulan N, Silverman JG, Strathdee SA. Condom negotiations among female sex workers in the Philippines: environmental influences. *PLoS One*. 2012; 7(3):e33282. [PubMed: 22448241]
21. Rhodes T, Simic M. Transition and the HIV risk environment. *BMJ*. 2005; 331(7510):220–3. [PubMed: 16037463]
22. Faul F, Erdfelder E, Lang AG, Buchner A. G*Power 3: a flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behav Res Methods*. 2007; 39(2):175–91. [PubMed: 17695343]
23. Morisky DE, Stein JA, Chiao C, Ksobiech K, Malow R. Impact of a social influence intervention on condom use and sexually transmitted infections among establishment-based female sex workers in the Philippines: a multilevel analysis. *Health Psychol*. 2006; 25(5):595–603. [PubMed: 17014277]
24. Earausquin JT, Reed E, Blankenship KM. Police-related experiences and HIV risk among female sex workers in Andhra Pradesh, India. *J Infect Dis*. 2011; 204(Suppl 5):S1223–8. [PubMed: 22043036]
25. Urada LA, Simmons J. Social and structural constraints on disclosure and informed consent for HIV survey research involving female sex workers and their bar managers in the Philippines. *J Empir Res Hum Res Ethics*. 2014; 9(1):29–40. [PubMed: 24572081]

Synopsis

Philippines bar/spa entertainers deceived/coerced into first jobs, compared with those not, were agency recruited, used drugs, had less venue condom availability but more peer support.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Sociodemographic characteristics associated with being deceived/forced into working as female bar/spa entertainers in the Philippines.^a

Variable	Total (n=166)	Forced/coerced (n=19)	Not forced/not coerced (n=147)	P value
Age, y	22 (18–37)	22 (18–30)	22 (18–37)	0.90
18–22	94 (56.6)	11 (57.9)	83 (56.5)	
23–27	57 (34.3)	5 (26.3)	52 (35.4)	
28–32	9 (5.4)	3 (15.8)	6 (4.1)	
33–37	6 (3.6)	0	6 (4.1)	
Education completed, y	10 (1–15)	10 (3–13)	10 (1–15)	0.11
1–6	18 (10.8)	4 (21.1)	14 (9.5)	
7–15	148 (89.2)	15 (78.9)	133 (90.5)	
No. of children	0 (0–4)	0 (0–2)	0 (0–4)	0.65
0	96 (57.8)	11 (57.9)	85 (57.8)	
1–2	40.4 (67)	8 (42.1)	59 (40.1)	
3	1.8 (3)	0	3 (2.0)	
Physically abused (ever)				0.25
Yes	43 (25.9)	7 (36.8)	36 (24.5)	
No	123 (74.1)	12 (63.2)	111 (75.5)	
Sexually abused (ever)				0.49
Yes	58 (34.9)	8 (42.1)	50 (34.0)	
No	108 (65.1)	11 (57.9)	97 (66.0)	
Time working as bar/spa entertainer, mo	13 (1–240)	12 (1–52)	13 (1–240)	0.42
1–25	123 (74.1)	73.7 (14)	109 (74.1)	
26–50	36 (21.7)	4 (21.1)	32 (21.8)	
51–75	4 (2.4)	1 (5.3)	3 (2.0)	
75	3 (1.8)	0	3 (2.0)	
STI in the last 6 months	11 (6.6)	3 (15.8)	8 (5.4)	0.10

Abbreviation: STI, sexually transmitted infection.

^aValues given as median (range) or number (percentage), unless indicated otherwise.

Table 2

Socio-behavioral characteristics associated with being deceived/forced into working as female bar/spa entertainers in the Philippines.^a

Variable	Total (n=166)	Forced/coerced (n=19)	Not forced/not coerced (n=147)	P value
Number of sexual contacts female has in a typical week with venue guests	4 (0–36)	3 (1–10)	4 (0–36)	0.16
0–8	134 (0)	17 (89.5)	117 (79.6)	
9–17	24 (14.5)	2 (10.5)	22 (15.0)	
18–26	7 (4.2)	0	7 (4.8)	
27–36	1 (0.6)	0	1 (0.7)	
Consumption of beer or drinks containing alcohol				0.01
Every day	22 (13.3)	2 (10.5)	20 (13.6)	
Often, but not every day	47 (28.3)	13 (68.4)	34 (23.1)	
Once a week	21 (12.7)	0	21 (14.3)	
Once or twice a month	27 (16.3)	3 (15.8)	24 (16.3)	
Never	49 (29.5)	1 (5.3)	48 (32.7)	
Consumption of beer or drinks with guests				0.04
Never	85 (51.2)	5 (26.3)	80 (54.4)	
Sometimes	32 (19.3)	4 (21.1)	28 (19.0)	
Occasionally	7 (4.2)	0	7 (4.8)	
Often	20 (12.0)	5 (26.3)	15 (10.2)	
Always	22 (13.3)	5 (26.3)	17 (11.6)	
Being drunk while having sex				0.04
Never	83 (50.0)	8 (42.1)	75 (51.0)	
Sometimes	58 (34.9)	4 (21.1)	54 (36.7)	
Occasionally	16 (9.6)	5 (26.3)	11 (7.5)	
Often	9 (5.4)	2 (10.5)	7 (4.8)	
Always	0	0	0	
Drug use (current)				0.01
Never	138 (83.1)	11 (57.9)	127 (86.4)	
Sometimes	12 (7.2)	2 (10.5)	10 (6.8)	
Occasionally	8 (4.8)	1 (5.3)	7 (4.8)	
Often	8 (4.8)	5 (26.3)	3 (2.0)	
Always	0	0	0	
HIV testing				0.01
Never	82 (49.4)	7 (36.8)	75 (51.0)	
Occasionally	57 (34.3)	4 (21.1)	53 (36.1)	
Somewhat often	5 (3.0)	3 (15.8)	2 (1.4)	
Very often	4 (2.4)	2 (10.5)	2 (1.4)	
Always	18 (10.8)	3 (15.8)	15 (10.2)	
STI testing				0.01
Never	64 (38.6)	6 (31.6)	58 (39.5)	

Variable	Total (n=166)	Forced/coerced (n=19)	Not forced/not coerced (n=147)	P value
Occasionally	32 (19.3)	4 (21.1)	28 (19.0)	
Somewhat often	9 (5.4)	3 (15.8)	6 (4.1)	
Very often	4 (2.4)	3 (15.8)	1 (0.7)	
Always	57 (34.3)	3 (15.8)	54 (36.7)	

Abbreviation: STI, sexually transmitted infection.

^a Values given as median (range) or number (percentage), unless indicated otherwise.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 3

Socio-structural characteristics associated with being deceived/forced into working as female bar/spa entertainers in the Philippines.^a

Variable	Total (n=166)	Forced/coerced (n=19)	Not forced/ not coerced (n=147)	P value
How much you can confide in a peer at work?				0.01
Not at all	42 (25.3)	1 (5.3)	41 (27.9)	
A little	45 (27.1)	3 (15.8)	42 (28.6)	
Moderately	34 (20.5)	5 (26.3)	29 (19.7)	
Quite a bit	27 (16.3)	1 (5.3)	26 (17.7)	
A great deal	18 (10.8)	9 (47.4)	9 (6.1)	
How much you can confide in a manager or owner at work?				0.01
Not at all	42 (25.3)	1 (5.3)	41 (27.9)	
A little	45 (27.1)	3 (15.8)	42 (28.6)	
Moderately	34 (20.5)	5 (26.3)	29 (19.7)	
Quite a bit	27 (16.3)	1 (5.3)	26 (17.7)	
A great deal	18 (10.8)	9 (47.4)	9 (6.1)	
Support received for practicing safer sex behaviors from peers				0.01
None	39 (23.5)	1 (5.3)	38 (25.9)	
A little	28 (16.9)	2 (10.5)	26 (17.7)	
Moderately	33 (19.9)	2 (10.5)	31 (21.1)	
Quite a bit	34 (20.5)	1 (5.3)	33 (22.4)	
A great deal	32 (19.3)	13 (68.4)	19 (12.9)	
Support received for practicing safer sex behaviors from manager or owner at work				0.01
None	54 (32.5)	1 (5.3)	53 (36.1)	
A little	36 (21.7)	2 (10.5)	34 (23.1)	
Moderately	22 (13.3)	5 (26.3)	17 (11.6)	
Quite a bit	26 (15.7)	1 (5.3)	25 (17.0)	
A great deal	28 (16.9)	10 (52.6)	18 (12.2)	
Method of recruitment to first job as a bar/spa entertainer				0.01
Someone from an agency came to their province to recruit them	11 (6.6)	5 (26.3)	6 (4.1)	
Friend/acquaintance	121 (72.9)	12 (63.2)	109 (74.1)	
Advertisement	18 (10.8)	1 (5.3)	17 (11.6)	
Other (e.g. relative)	16 (9.6)	1 (5.3)	15 (10.2)	
Condoms available at venue	92 (55.4)	8 (42.1)	57 (38.8)	0.22
Venue type				0.23
Bar/club/beer garden	58 (34.9)	8 (42.1)	50 (34.0)	
Massage parlor/barber shop	81 (48.8)	6 (31.6)	75 (51.0)	
Karaoke bar	27 (16.3)	5 (26.3)	22 (15.0)	

^aValues given as number (percentage).

Table 4

Hierarchical linear modeling of factors independently associated with having been deceived/coerced into working as female bar/spa entertainers in the Philippines (n=166).^a

Variable	Crude OR (95% CI)	Adjusted OR (95% CI)
Sociodemographic		
Age	1.01 (0.89–1.14)	1.10 (0.89–1.36)
Years of education	0.85 (0.70–1.04)	0.95 (0.68–1.34)
Number of children	0.85 (0.43–1.69)	0.98 (0.35–2.71)
Months worked as bar/spa entertainer	0.99 (0.96–1.02)	0.95 (0.89–1.00)
Socio-behavioral		
Drug use (current)	2.31 (1.46–3.65) ^b	2.05 (1.00–3.97) ^b
Socio-structural		
Availability of condoms for the workers at the venues	0.55 (0.21–1.44)	0.18 (0.05–0.71) ^b
Support in practicing safer sex behaviors from peers	2.37 (1.48–3.81) ^b	3.08 (1.63–5.09) ^b
Method of recruitment to first job as a bar/spa entertainer		
Agency came to province to recruit	8.39 (2.27–31.03) ^b	12.07 (1.77–82.25) ^b
Advertisement	0.13 (0.40–0.50) ^b	0.10 (CI 0.02–0.65) ^b
Friend/acquaintance	0.07 (0.01–0.73) ^b	0.02 (CI 0.00–0.48) ^b

Abbreviations: OR, odds ratio; CI, confidence interval.

^a Adjusting for individuals nested within venues.

^b $P < 0.05$.