

Sexual Behavior Patterns of Customers of Male Street Prostitutes

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Information about male customers of male prostitutes, including sociodemographic and life-style characteristics, sexual and drug use behaviors, and knowledge about HIV infection were collected from a convenience sample of 211 male street prostitutes and a convenience sample of 15 male customers as part of a feasibility study. Data from these two groups indicate that despite knowledge of HIV infection and its transmission, customers engage in high-risk sexual and drug use behaviors with prostitutes. Because there is a high HIV infection rate within the male prostitute sample (175/1000) and because these customers for the most part describe themselves as bisexual or heterosexual, it is likely that male customers of male prostitutes serve as a vector of transmission of HIV infection to their other partners including the heterosexual population.

KEY WORDS: prostitution; HIV; AIDS.

INTRODUCTION

As part of an extensive study of the male street sex industry in relationship to the transmission of the human immunodeficiency virus (HIV), data were collected from two at-risk nonclinical samples: male street pros-

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titutes and male customers of male street prostitutes. The dearth of information about the life-style and risk behavior practices of male customers of male prostitutes coupled with the high rate of HIV infection within the sample of male prostitutes (175/1000) suggests the need for research studies of customers. Despite their extensive knowledge about HIV infection and its transmission, customers of male prostitutes engage in unsafe sexual practices making them potential recipients and natural bridges of transfer of HIV infection to their other sexual partners. Depending on the sexual orientation of the customer and his sexual practices, it is possible that his partners, many of whom are women, will be exposed to the virus, thereby potentiating the spread of HIV into the heterosexual population. To better understand the health risks presented both to male customers of male street prostitutes and by these customers to others, data about customers were obtained from male prostitutes and directly from the customers themselves. Both groups were sampled in the Greater New Orleans metropolitan area over a 2-year period. Information about customers' sociodemographic and life-style characteristics, sexual and drug use behaviors (with both male prostitutes and female sexual partners), sexual orientation, and knowledge of HIV transmission were collected from prostitutes and customers. The following presentation compares and contrasts prostitutes' and customers' characterizations of several critical dimensions of their sexual exchange relationships related to health risk. Gaining a more comprehensive understanding of male customers of male prostitutes and the interaction between prostitute and customer can provide crucial data necessary to the development of more effective intervention strategies aimed at reducing the spread of HIV infection.

Previous Research

Purchasing sexual acts from male street prostitutes, if the transaction is characterized by either unsafe sex and/or IV drug use, dramatically increases customers' chances of being exposed to HIV. Because male prostitutes represent a locus of interaction among many risk factors (IV drug use; exposure to blood and semen from multiple customers; frequent practice of high-risk sex acts; a tendency to remain in prostitution after being diagnosed as HIV seropositive; and a prevalence of cofactors associated with HIV susceptibility, such as genital infections and syphilis), they serve as a vector for transmission of HIV infection (Morse *et al.*, 1991).

To date, little research data about customers of male prostitutes have been reported. The data presented consist primarily of descriptive typologies of customers and accounts of deal making and sexual transactions be-

tween customers and male prostitutes (Caukins and Coombs, 1976; Pieper, 1979; Luckenbill, 1984). However, this literature does not present a consistent picture of the customers of male prostitutes. Caukins and Coombs (1976) and Perlonger (1985) have suggested that customers are mainly homosexuals, and they describe these men as stereotypically inadequate, unattractive, unhappy individuals with no other sexual outlets. In contrast, Pittman (1971), Fisher *et al.* (1982), and Kamel (1983) have suggested that customers are a heterogeneous group made up primarily of bisexuals who choose to have sex with male prostitutes because their married status or professional position necessitates their concealing their homosexual activities. A more recent study by Coutinho *et al.* (1988) describes male customers as more likely to be heterosexual or bisexual rather than homosexual; he suggests that these sexual orientations potentially place their unknowing sexual partners at risk for disease transmission. Similarly, preliminary findings from an ethnographic study of male prostitutes conducted in Glasgow, Scotland, suggest that many of the customers of male prostitutes are married, do not use safer sex practices, and thus, serve to potentially transmit HIV to their other sex partners (Bloor *et al.*, 1990). Although the dynamics of the sexual transaction between customer and male prostitute have been described by both Luckenbill (1984) and Pittman (1971), these studies are based solely on information gleaned from the prostitutes participating in the sale and thus reflects only their perspective of the exchange. Without corresponding information from customers themselves, there is only a partial or one-sided understanding of this interaction that carries potentially significant public health consequences. The findings presented in this study as well as data from the Glasgow study represent efforts to interview customers of male prostitutes directly.

METHODS

Subjects, both prostitutes and customers, were recruited from the Greater New Orleans metropolitan area. The male prostitute group constitutes a convenience sample of 211 adult male street prostitutes drawn using quota sampling techniques intended to facilitate comparison of subjects across race, age, and drug use practices. This $2 \times 2 \times 2$ factorial design, with quotas filled based on age (< 25 vs. \geq 25 years old), drug use (IV vs. non-IV) and race (white vs. nonwhite), yielded a minimum of 25 subjects per cell. A male street prostitute was defined as a person who walks the streets of an urban area and engages in a variety of sexual acts in exchange for money, drugs, and/or other items of monetary value. No effort was made to distinguish among classifications of prostitutes appear-

ing in the literature such as call boys, bar hustlers, kept boys, etc., because field observations indicate that such terms are not mutually exclusive categories (Morse *et al.*, 1991). Although the true characteristics of the male street prostitute population are unknown due to the clandestine nature of the occupation, the researchers ongoing observations of the male prostitutes indicated that the sample as drawn was generally representative of the prostitute population in New Orleans. The continuous presence of a researcher in the field (1987–1990) facilitated the recruitment of subjects and provided visual verification of the prostitutes engaging in the act of soliciting. Subjects not recruited directly were referred to the study by previously identified prostitutes and almost all of these subjects were subsequently observed soliciting. Approximately 97% of the prostitutes approached by the field researcher chose to participate in the study. Reasons for not participating were highly varied ranging from fear of being identified as a prostitute to suspicion that the researcher was really a police officer or a religious proselytizer in disguise. In one case a potential subject was suffering from such extreme paranoia that the researcher was unable to build a social relationship. In another case three persons initially refused to participate only because their customers drove up while the researcher was making his first contact. However, all three eventually became part of the study. Male prostitutes were paid \$25 for their participation in the study.

A convenience sample of 15 male customers of male prostitutes was drawn during the fall of 1989 constituting the feasibility phase of a larger research project. As with prostitutes, the sexual behavior of customers usually takes place clandestinely and it was unrealistic to assume that the population parameters of this group could be accurately estimated. Therefore, the technique of niche sampling was employed in order to maximize variability in the data collected. Based on the years of extensive field observations during the prostitute study, four customer niches were identified and the sample was drawn almost equally from each. The niche samples were gay/bisexual bars; car “cruising” customers; gay men’s social organizations, and direct referrals from male prostitutes. A customer was defined as any male who pays (in money or trade) to engage in a sex act with a male prostitute. Of the 15 customers constituting the final sample, 3 were approached while cruising in their cars, 7 were contacted through predominately gay-identified social organizations or bars, and the remainder were referred by male prostitutes. With the exception of one man, a tourist who regularly visited the city, the customers were residents of the Greater New Orleans metropolitan area. All customers asked agreed to participate in the study. Possible explanations for such a high level of cooperation is likely attributable to the researchers’ reputations in the streets as people who

were nonjudgmental and willing to protect confidentially. Because the male prostitute study had been conducted prior to sample selection for the customer survey it is also possible that the male street prostitutes themselves vouched for the researchers thus increasing the trust level among customers. Study participants were screened to assure that potential subjects, both prostitutes and customers, were not drawn from known clinical populations such as HIV-related medical clinics, drug treatment facilities, or hospital emergency rooms.

Procedures

Potential subjects came to the offices of the Louisiana State University Medical Center for preliminary screening and completion of interviews. Male prostitute subjects were tested for antibodies to HIV using the ELISA for screening and the Western Blot for confirmation. Due to budgetary constraints, antibody testing for customers was not done. Semistructured interview schedules, administered by highly trained and clinically experienced interviewers, were used to obtain information about subjects' sociodemographic characteristics, sexual behavior patterns, drug use patterns, and knowledge of safer sex, safe drug practices, and HIV transmission. Internal consistency checks were placed throughout the interview schedules administered to both male prostitutes and customers. Previous research by Coates *et al.* (1986; 1988) and Saltzman *et al.* (1987) has demonstrated that subjects' answers to questions regarding their sexual activities can be collected with a high degree of reliability and consistency using either interviews or self-administered questionnaires.

RESULTS

Sociodemographic Characteristics of the Male Prostitute Sample

The 211 male prostitutes were equally distributed across age groups (< age 25 and ≥ age 25), race (white and nonwhite), and IV vs. non-IV drug use as per the study design. The subjects ranged in age from 18 to 51 years with a mean age of 26.9; 105 were white and 106 were black. The educational attainment of the sample ranged from completion of Grade 1 to completion of college, with 10.9 years as the mean. Over one third (39.3%) had terminated their formal education with a high school diploma. Although 33 (15.6%) of the subjects had attended college, only 3 had completed a college degree. On the average the study participants had been

living in New Orleans for 11.2 years; however, 41.7% had been in the city less than a year. Over two thirds (70.6%) had never been married and only 9 (4.3%) were currently married, including common law. The remainder of the sample was divorced or separated (24.2%) or widowed (0.9%) in the case of two individuals. Almost one half (47.4%) considered themselves full-time prostitutes hustling 5 or more days a week. Occasionally some of the prostitutes worked at other jobs. Of those not solely employed as prostitutes, 54.4% worked as unskilled laborers, 19.9% worked as skilled laborers, and 6.6% stated that they supplemented their prostitution income from other illegal sources such as drug sales and theft.

Sociodemographic Characteristics of the Customer Sample

The small size of the customer sample should be kept in mind when assessing the data trends presented. The sample of customers was almost equally divided between blacks and whites (8 black and 7 white). Subjects ranged in age from 19–49 years with a median age of 30. Seven (46.6%) reported having never been married and of the remaining 8, 4 (26.6%) were currently married and 4 (26.6%) were either separated or divorced.⁴ The customers' level of education varied from completion of the 10th grade to college graduate, with a modal category of high school graduate. Fourteen resided in the Greater New Orleans metropolitan area and one was a tourist who visited the city at least annually. Three (20%) of the customers identified themselves as businessmen or professionals, while 12 (80%) indicated that they worked in skilled or semiskilled jobs. The sample reported using male prostitutes an average of 2.5 times a week.

Sexual Orientation

Customers' sexual orientation is thought to impact both their risk of acquiring HIV infection and their potential to transfer HIV to either gender (Morse *et al.*, 1991). However, the question of which reference point or index of behavior to use as the basis for categorizing subjects' sexual orientation can be problematic. In an effort to limit distortions which might arise from a researcher-imposed definition of a subject's sexual orientation (based on the type of sexual act performed and the biological sex of the sexual partner), customers' sexual orientation was operationally defined in

⁴Although the *n* for the customer sample is small, percentages are shown to facilitate comparisons between prostitutes' and customers' reports.

terms of both the customer's own perception and male prostitutes' perceptions of the customers orientation.

The sexual orientation of customers as perceived by the male street prostitutes and as defined by the customers themselves presents a contrasting picture. Based solely on remarks made during the course of their sexual exchanges, the male prostitutes estimated that approximately 33% of their customers were either heterosexual or bisexual. Further, the prostitutes appeared confident that, on average, at least 40% of their customers were married at the time of their encounter with the prostitute. These findings closely approximate those of Bloor *et al.* (1990) and Coutinho *et al.* (1988).

Sexual orientation based on the customers' self-report indicated higher rates of regular sexual contact with women. Eight (53.3%) of the customers identified themselves as bisexual. Six (40%) saw themselves as heterosexual while only 1 identified himself as homosexual. Therefore, based on their own reports of sexual orientation, customers are more than twice as likely than the prostitutes had estimated to have sexual contact with women.

Sexual Acts

Reports from both prostitutes and customers are consistent in terms of the types of sexual acts usually requested by customers. Ninety-nine percent of the male prostitutes surveyed indicated that they perform oral-genital sex with their customers either singularly or in combination with other acts. Further, just over 80% of the prostitutes indicated that they engage in anal sex with their customers. Lastly, approximately 63% stated that they participate in some combination of rimming (oral-anal stimulation), water sports (urination either externally on partner or internally in partner's anus), and/or light sadomasochism with their customers. Similarly, direct reports from customers show that all report having purchased oral sex from male prostitutes, 13 purchased anal intercourse, and of these, 8 procured some combination of rimming, water sports, and/or light sadomasochism. Preliminary data from the Glasgow study of 18 clients of male prostitutes indicate parallel findings as regards customers' participation in anal intercourse (Bloor *et al.*, 1990). Eleven (73.3%) of the customers surveyed stated that in addition to having sex with male prostitutes they also regularly have sex with female prostitutes. Although this study did not focus on constructing an elaborate data base about why men use the services of male prostitutes, parallel to attitudes of men who use female prostitutes (Winick, 1971), customers of male prostitutes reported enjoying having sex with

someone whom they feel is not taking advantage of them and where there is no expectation of emotional involvement.

Condom Use

Both prostitute and customer reports of sexual acts requested during prostitution activities suggest that customers are at risk of exposing themselves to sexually transmitted diseases in general and to HIV specifically if they do not practice safer sex techniques. However, reports of condom use from both groups indicate that safer sex is not practiced with any regularity. The male prostitutes stated that, on average, less than half of their customers requested the use of condoms. When the customer was the insertive partner, the prostitutes stated that less than half (46%) wore a condom. When the prostitute was the insertive partner in anal sex, they reported that 67% of their customers did not require or request use of a condom. In fact, almost 30% of the male prostitutes perceived that customers solicited them primarily for participation in high-risk sexual acts.

The self-report data gathered from the customers regarding condom use presents a similar picture. Eight (53.3%) of the customers reported that they never wore a condom with either a male prostitute or a regular partner. The other seven (46.6%) customers indicated that they infrequently wore a condom with male prostitutes and never wore them with their regular sexual partner(s). This low frequency of condom use reported by customers is similar to that found by Bloor *et al.* (1990). Underlying this sample's lack of condom use are two potentially critical factors. First, customers reporting sporadic use of condoms were unable to explain what triggered their decision to use or not use a condom during a specific sex act with either a male prostitute or other sexual partner. Second, and more importantly, 10 of the 15 customers surveyed (66.6%) indicated that if a male prostitute demanded the use of a condom they would cancel the purchase and seek another male prostitute.

Alcohol and Drug Use

From both the customers' and prostitutes' perspectives the use of drugs and alcohol prior to and after the sexual exchange is ubiquitous. Over half (57%) of the male prostitutes reported using alcohol and a wide variety of drugs with their customers. Further, 45% of the male prostitutes stated that they accepted drugs or alcohol in trade for sex acts performed. Reports from the IV drug-using prostitutes showed that 28% injected drugs and shared needles with their customers.

Reports from customers generally parallel those of the male prostitutes. Five (33.3%) of the customers stated that they use intravenous drugs while seeking and experiencing sexual activities with male prostitutes. Additionally, the customers stated that the use of alcohol, often in heavy amounts, was almost universal during all phases of the process of seeking and selecting the desired prostitute, negotiating the deal, and engaging in the sexual transaction.

Knowledge of AIDS

A 20-item true-false inventory was used to assess customers' knowledge of HIV and its transmission. Ten (66.6%) of the customers answered 27 or more questions correctly. Similar to the sample of male street prostitutes working in the same community (Morse *et al.*, 1991), the customers demonstrated an accurate and extensive knowledge of AIDS, modes of HIV transmission, and safer sex practices. Although the customers were not tested for antibodies to HIV at the time of the interview, 11 subjects said they had been tested previously. One indicated that he was HIV seropositive, 9 said that they were negative, and 1 subject had not yet received his test results. Those who had not been tested felt that they were either not at risk or did not wish to know their HIV serostatus.

DISCUSSION

The information about customers of male prostitutes presented in this paper is significant because it describes a heretofore understudied population and uses data about customers as perceived by their male prostitute partners and the customers themselves to verify responses and assess consistency in data collection. The fact that 15 customers were successfully approached and agreed to be interviewed provides documentation that such studies can be conducted and supports claims made by others (Coates *et al.*, 1986, 1988; Saltzman *et al.*, 1987) that persons are willing to speak openly about their sexual lives even if, as in this case, social imperatives could cause them to distort their sexual behavior patterns in order to bring them into closer compliance with cultural standards.

Natural skepticism about the reliability of information solicited from individuals' reports of their sexual behavior practices coupled with the clandestine nature of the sexual exchange that takes place between prostitute and customer leads to concerns about the reliability of the data collected. However, a comparison of customers' responses about themselves and

street prostitutes' responses to parallel questions about perceptions of their customers demonstrates that in general the data presented exhibit a reasonable level of consistency across both samples.

The high-risk sexual and drug use behaviors of male customers of male prostitutes as portrayed by both the customers and the male prostitutes point to potentially serious medical consequences for all participants in terms of the spread of HIV infection. Because customers of male street prostitutes are engaging in high-risk sexual acts on a regular basis and not using condoms themselves nor requesting that the prostitutes use them, they are likely to become infected and to pass that infection on to other partners. Added to this is the small but potentially important subset of customers who engage in needle sharing with male prostitutes. Therefore, customers of male prostitutes, most of whom describe themselves as heterosexual or bisexual and report not using condoms with their female partners, potentially function as a vector of HIV transmission from male prostitutes to their female partners and into the more mainstream heterosexual population. Of major concern is the fact that these unsafe sexual and needle-sharing practices take place within a cognitive environment where almost all participants possess accurate knowledge regarding high-risk behavior, modes of transmission of HIV, and methods to prevent the transfer of the virus from one individual to another. Thus, it appears that having information about the risk of contracting HIV is not in and of itself an efficacious deterrent to engagement in high-risk behavior. To the extent that the trends in the data can be generalized to other persons who utilize male prostitutes, there is critical need to design and undertake effective public health intervention programs that go beyond mere dissemination of information. In an attempt to foster adoption of safer sex and drug use behaviors it is important to target both the male prostitute and customer populations. Because the customer of the male prostitute usually possesses the balance of control over the hustling situation through his buying power, it is logical to suggest that customers can demand and receive safer sex. Acknowledging that prostitution will continue to exist as a social reality, it becomes important not only to provide customers with information about HIV transmission and prevention but also to suggest or instruct them in ways to negotiate with prostitutes for the performance of safer sexual acts. The urgency with which intervention programming should be implemented is underscored by the fact that male customers of male prostitutes do not confine their sexual activity to prostitutes. Because they also have female sexual partners they potentially serve as a link of infection between male street prostitutes, who have a high rate of HIV infection (175/1000), and the heterosexual sector of society. The material presented here represents only a beginning understanding of the behavior patterns of customers of

male prostitutes. However, in light of the continuing spread of HIV infection, society's public health concerns dictate the need to better elucidate the clandestine sexual and drug-based behavioral exchanges that characterize that male street sex industry.

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