Individual and system level health promotion project for Asian female sex workers in San Francisco

Tooru Nemoto, PhD 1, Mariko Iwamoto, MA 2, Diem Tran, MPH, MS 2, Mary Hsueh, BA 1, Samantha Witt, BA 2, Ha Chu, BA 2, Yoon-jung Kim, MA 2, Yon-Hee Kim 2, Phuong Ngo, BA 2. (1) Center for AIDS Prevention Studies, University of California, San Francisco, 50 Beale St., Suite 1300, San Francisco, CA 94105. (2) Center for AIDS Prevention Studies, University of California, San Francisco, Asian and Pacific Islander Health Intervention Projects, 466 Geary St., 4th Floor, San Francisco, CA 94102.

Issues: The Health Project for Asian Women (HPAW) provides HIV prevention and health promotion counseling to Asian female sex workers at massage parlors and their managers/owners. Asian masseuses are exposed to a high-risk work environment (e.g., high volumes of sexual encounters, violence, and substance use) with minimal protection from managers/owners. Description: Twenty-three massage parlors were identified in Tenderloin and Mission districts in San Francisco. Due to our culturally appropriate and consistent outreach efforts, more than 70% of massage parlors are accessible to our Vietnamese and Korean health educators who provide escort services for masseuses' medical check-ups and health promotion counseling (Three 1 and ½ hour sessions) for masseuses and owners at their parlors. The counseling programs are evaluated at pre-, post-, and 6-month follow-up interviews using a structured questionnaire. The pre-test data of masseuses (N=75) indicate that they work 11 hours/day for 5.5 days/week and have 25 male customers/week, on average, and that 24% had used drugs and 74% used alcohol. Masseuses' levels of AIDS knowledge were significantly increased at the post-test. Lessons Learned: It took a long time to establish rapport with Asian masseuses and managers/owners. The original intervention design (e.g., randomization) did not work for this highly stigmatized and hard-to-reach population. Providing services specific to their needs (e.g., escort services for masseuses and information about law and regulations for owners/managers) facilitate their participation in the intervention study. Recommendations: Recruiting culturally sensitive health educators and providing skills training and support for them are keys to continue a community-based intervention study.