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Sexual behaviors in male sex workers in Spain: modulating factors.

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Abstract

The aim of this study is to analyze how cultural origin, years of schooling, sexual orientation and experience as a Male Sex Worker (MSW) may mediate their commercial sexual behaviors. One hundred Spanish agency-based MSWs were interviewed. Most of them were young men, Latin-American, homosexual and had a middle educational level. Our results show that cultural differences are not a predictor of unsafe sex with clients. This is more frequent for Spaniards and Latin-Americans. Moreover, Sexual orientation mediates the sexual role adopted by MSWs and some practices, for example with women which are more frequent for heterosexuals. On the other hand, educational level has shown differences in HIV fear or practices even though they were not statistically significant. Finally, the time spent in this kind of employment facilitates their self-perception as a MSW. Therefore, our results support a major heterogeneity among the MSW profile and their diverse practices of sex work which entails different risks.

Key words

Male Sex Workers, Socio-demographic variables, sexual behavior, HIV infection, sexual health

Introduction

The number of people engaged in sex work has increased, especially among immigrants because of financial need (Belza et al., 2001) and the possibilities offered by new technology (Gaffney, 2003). Nevertheless, scientific literature about sex work has been focused on women who are engaged in sex work. There are few studies on Male Sex Workers

(MSW) (Lorway et al., 2009) and they have had some deficiencies (Mariño, Minichiello & Disogra, 2003). For example, previous researchers have usually paid attention to street-based young male sex workers (Kaye, 2008). Therefore, other places where male sex workers offer their services and interesting aspects such as characteristics of their clients are rarely considered (Weitzer, 2005; Parker, 2006; Weitzer, 2009; Ballester et al., 2012). In addition, they have focused on topics such as drug consumption, HIV prevalence and condom use with clients. In fact, most of them have assumed the MSW population as a significant source of HIV infection (Llewellyn-Jones, 1987; Anderson, 2002;; Romi, 2006; Bimbi, 2007).

On the other hand, few studies have explored sexual behavior patterns among MSWs going beyond sexual risk behaviors. For example, some of them have shown masturbation, oral sex and anal penetration as the most common sexual behaviors with clients (Ballester & Gil, 1996; Liguori & Aggleton, 1998; Minichiello et al., 2002). However, they have paid limited attention to personal variables such as personal motivations to engage in sex work, sexual behaviors with steady or casual partners or personal and professional satisfaction.

In Spain, the first research which investigated different variables divergent from risk behaviors was carried out by Ballester & Gil (1996) with a group of 20 MSWs offering sexual services in apartments. The study analyzed aspects such as physical self-perception, sexual history, location of their sex work, most common practices with clients, and condom use in their professional and personal relationships, factors related to life satisfaction, etc. Later, because of the increase of immigrants engaged in sex work, Zaro et al. (2007) explored other aspects such as the prevalence of the culture of origin related to sexual condom use with clients and HIV testing. However, the approach taken in these studies was descriptive.

Moreover, some researchers have examined possible connections among personal and socio-demographic characteristics of MSWs, their commercial sexual behavior and HIV risk (Smith & Seal, 2008). For example, gay-identified MSWs reported higher rates of condom

use in both personal and commercial sex exchange (Smith & Seal, 2008). In addition, the culture of immigrant MSWs has revealed some influences on their sexual risk and sexual behavior (Padilla, 2008). Cultural myths and taboos may condition the MSW's protection and safe sex (Arredondo et al., 2004; Ballester et al., 2012). In Spain, immigrant MSWs have reported lower education and the propensity to engage in more sexual risk practices than Spaniards (Belza et al., 2001). Nevertheless, after analyzing multiple variables associated with men engaged in sex work, different authors have concluded that the group of MSWs is very heterogeneous. As a consequence, generalizing results is difficult (West & de Villiers, 1993; Parsons et al., 2004) and our knowledge of sexual behaviors or HIV transmission among MSWs is still insufficient (De Cai et al., 2009). In fact, considering the relevance of some social-cognitive theoretical models, more information about the personal and professional MSW's profile is needed to explore their sexual behavior. Particularly, Theory of Reasoned Action (Fishbein & Ajzen, 1975) and the Theory of Planned Behavior (Ajzen, 1991) have explained HIV risk behaviors in different populations of MSM (Janssen et al., 2000; Lau et al., 2011). Specifically this framework, which guide our analyses, considers the main role of attitudes, subjective norms and intention to motivate condom use (Albarracín et al., 2001), but also the relevance of some background mediators such as sexual orientation or gender (Fishbein & Ajzen, 2011). In particular, for some populations of MSM, these factors such as cultural aspects and origin (Goodwin et al., 2002), level of education (Janssen et al., 2000) or the level of coercion in the relationship (Gavey et al., 2009); have modulated the interaction of other cognitive and motivational variables.

For this reason, in the absence of general updated data in Spain about MSWs and, especially, about those characteristics (Salmerón, 2011), the aim of our study is to examine some aspects of the professional activities of MSWs: self-perception as male sex workers, reasons for starting sex work, perceived risk of this activity, frequency of certain sexual

behaviors and reasons for refusing to engage in certain practices. We also examine the possible influence of some variables (culture of origin, educational level, sexual orientation and how long they have been a MSW) on sexual behaviors and their access to social and healthcare resources. These factors may increase the degree of stigma and secrecy with which this activity is carried out, thereby their vulnerability to HIV infection and social exclusion could be increased (Padilla et al., 2008).

Methods

Participants

A hundred MSWs offering their services (21 days in an apartment managed by a third party manager) were recruited in the cities of Castellón and Valencia (Spain). The mean age was 23.7 years old (SD = 3.61), and the ages ranged from 18 to 35 years. The majority of the participants (83%) were Latin American, 5% were Spanish and 12% were from other European countries. Most of the immigrants (57%) were from Brazil and 73.5% of the Latin Americans were illegal in Spain. Regarding educational level, 18% started their degree, 62% had a secondary school education, 10% had primary education and 2% had no education. In addition, 16% self-reported as atheists or agnostics, 56% Catholics and 17% believed in another religion. As for self-perceived sexual orientation, 66% of MSWs were homosexuals, 20% were bisexual and 13% were heterosexuals. One MSW did not want to classify himself in any sexual orientation category. All participants reported that their participation in sex work was voluntary.

Measures

The Semistructured Interview for Male Sex Workers (Ballester, Gil, Salmerón and Albiach, 2009) contains 82 questions divided into seven blocks: socio-demographic data,

sexual history, aspects of sex work, health conditions, drug use, HIV/AIDS and general welfare.

This study shows the results related to MSW activity and sexual behaviors: different aspects of sex work (self-consideration as MSW and motivations were assessed by open-questions); perceived risks and fears of sex work (different yes/no questions); services that MSWs refused to carry out (an open-question); real frequency of sexual behaviors with clients (a Likert scale for each behavior: never-sometimes-quite often-always). On the other hand, some independent variables have been studied, such as: educational level (none; basic; secondary; university), country of origin (Spain, other European countries and Latin-American), sexual orientation (heterosexual, bisexual and homosexual) and time worked as a MSW.

Procedure

The interviews were conducted from March 2009 to April 2010 in five apartments managed by a third party person in Valencia and in Castellón (Spanish cities). We contacted all the apartments where MSWs worked in both cities during this period and the purpose of the study was explained to the participants and their managers.

The participants stayed 21 days in the same apartment with other MSWs and then, they were relocated to apartments in other cities. All the MSWs were informed about the research, two of them refused to participate and five who did not understand Spanish were excluded.

Each interview involved the interviewer (the research team's psychologist) and one MSW and lasted one hour approximately. In order to obtain a climate of trust and intimacy, the interviews and the informed consent were carried out in one room of the apartments where they worked. Written consent forms included only the MSW's first name because most

of the participants were illegal immigrants. Anonymity and confidentiality were guaranteed throughout the process. Participation was completely voluntary; however, the MSWs were given a monetary incentive (10 €) at the end of the interview.

The contacts with the apartment managers were facilitated by *Col·lectiu Lambda*, a lesbian, gay, transgender and bisexual association from Valencia that implements various programs to prevent HIV infection among MSM and MSWs. This study was approved by the Ethics Committee of University Jaume I (Spain).

Analyses

Statistical analysis was performed with SPSS-17 software. Descriptive statistics were calculated to examine socio-demographic variables and other questions related to several aspects about sex work. Differential analyses were also calculated: ANOVA and Scheffé post-hoc test (variables such as condom use) or Chi-square for nominal variables (i.e. infection as a perceived factor).

Multiple linear and logistic stepwise regression models were analyzed in relation to associations among the independent variables (educational level, country of origin, sexual orientation and time as MSW) and fear of HIV infection during sex work, no perceived risk in their job, refused sexual behaviors with clients (unprotected intercourse, not ejaculating in MSW's mouth and not adopting a passive role) and sexual behaviors frequency (vaginal sex, cunnilingus, insertive and receptive fellatio and insertive and receptive anal sex).

Results

Characteristics of sex work

A quarter of participants (25%) did not recognize themselves as “a sex worker” because they wanted to do the work only for a short time period (9%). Of those young men

participating, 5% felt ashamed at this description and preferred not to be classified and some of the MSWs (3%) preferred to say that they were “escorts”.

Despite the temporary nature of their job, some respondents had been doing sex work for years. Among those MSW, 25% have been in this business for over five years, 52% from one year to four, while 19% had been working for less than one year. Four MSWs did not answer this question. The average age for starting in this activity was 21.1 years old (SD = 4.03).

The main reason for engaging in sex work was economic necessity (83%). They have usually earned an average of 1842.9 € (SD = 2005.8) per month. In addition, 6% reported that they were immigrants and they did not have legal papers in Spain and another 6% that as well as financial motivation, they also enjoyed the sexual pleasure obtained with some of their clients. Despite this economic motivation, 15% had other kinds of jobs.

Perceived risks and fears of the sex work exercise

The main fear among MSW was the possibility of becoming infected with an STI, especially HIV (73%), although 13% of them did not perceive any risk of their profession. Other risks include the client aggression (15%), increased substance use (9%) or if their illegal status is reported by the client (4%). The fear of mafia organization is virtually non-existent (1%). None mentioned perceived stigma towards sex workers.

Most common sexual behaviors

The frequency of certain sexual behaviors was evaluated on a Likert scale (never, sometimes, quite often or always). Table 1 shows that the most common behaviors were fellatio on the MSW ($\bar{x} = 2.52$; SD = 0.69), anal penetration to client ($\bar{x} = 2.31$; SD = 0.73),

MSW masturbation ($\bar{x} = 2.21$; $SD = 0.82$), fellatio to client ($\bar{x} = 2.19$; $SD = 0.96$), client masturbation ($\bar{x} = 2.15$; $SD = 0.90$) and receptive anal intercourse ($\bar{x} = 1.44$; $SD = 1.04$). Vaginal sex was very common ($\bar{x} = 1.50$; $SD = 1.10$), but 57% of the participants never accepted female clients.

Table 1 about here.

Moreover, male sex workers refuse to provide some services for clients, such as any risk behavior without protection (51%), especially if it involves the client ejaculating in their mouth (6%). Out of participants, 10% of the MSW never adopt a passive role in sexual intercourse and some of them never do some sexual behaviors with their customers, such as: licking the client's anus (17%), kissing the client (13%), sadomasochism (15%) or scatological behaviors (11%).

The reasons argued for refusing these behaviors were fear of HIV infection (21%) and that they felt certain practices were disgusting (13%). Some of them (8%) reported both reasons.

Differences according to country of origin, educational level, sexual orientation and time worked as a male sex worker.

We studied the possible difference depending on educational level, country of origin, sexual orientation and time worked as a MSW in some variables related to sex work such as self-perception as a sex worker or reasons for engaging in this activity, and others that may mediate possible sexual risk behaviors: perception of risks associated with their professional activity, behaviors related to risk of HIV infection and frequency of sexual practices that may entail risk of infection if protection is not used (table 2).

Table 2 about here.

Educational level

Firstly, there are no statistically significant differences by educational level in the following variables: self-perception as a sex worker ($\text{Chi}^2 = 2.64$; $p = .856$), the economic motivation for engaging in sex work ($\text{Chi}^2 = 4.44$; $p = .974$) or perceived risks (fear of infections: $\text{Chi}^2 = 1.35$; $p = .717$; no risk: $\text{Chi}^2 = 2.14$; $p = .543$). Nonetheless, most of the times MSWs who perceived no risk in their profession, had been secondary school or university students. In fact, the STI risk perception decreases with an increasing educational level.

With regard to those behaviors that the MSWs refused to practice, there are some differences in “I refuse the client ejaculating in my mouth” ($\text{Chi}^2 = 6.66$; $p = .084$), where the bigger percentage appears in those participants with primary school (none studies = 0%; primary = 20%; secondary = 1.7%; university = 5.9%), and in “not adopting a passive role with the client” ($\text{Chi}^2 = 6.57$; $p = .087$), which is also more common among those who have not any type of education (none studies = 50%; primary = 10%; secondary = 5.2%; university = 17.6%). There are no differences in the variable “engaging in unprotected sexual intercourse” ($\text{Chi}^2 = 2.69$; $p = .442$).

Finally, ANOVA analysis shows no statistically significant differences by educational level in any of the behaviors analyzed. However, the frequency of receptive anal intercourse seems to be more relevant ($F = 2.29$; $p = .084$). The MSWs with no educational level had never been penetrated by clients (none studies $\bar{x} = 0$, $SD = 0$; primary $\bar{x} = 1.8$, $SD = 1.23$; secondary $\bar{x} = 1.52$, $SD = 0.95$; university $\bar{x} = 1.67$, $SD = 1.15$).

Country of origin

Because of the wide range of countries of origin, this variable was grouped into three categories for differential analysis: Spanish, MSWs from elsewhere in Europe, and Latin American.

On the one hand, there were significant differences in their reasons for engaging in sex work ($\text{Chi}^2 = 40.68$; $p = .000$). Therefore, economic need is more common for the immigrants from Europe and Latin America (table 2).

There are also statistically significant differences by country of origin in two services that the participants refuse to practice: "unprotected behaviors" ($\text{Chi}^2 = 7.02$; $p = .030$) which is more likely to be refused by the Latin American and Spanish MSWs, while the European did it the least, and "ejaculating in MSW's mouth" ($\text{Chi}^2 = 10.58$; $p = .005$), which is more rejected by the Spanish and, by contrast, less refused by the Latin Americans.

We also found statistically significant differences in the frequency of client fellatio ($F = 8.25$; $p = .000$). The Spanish and Latin American MSW perform this behavior more often than the European MSWs. On the other hand, the rest of variables have not shown statistical differences.

Sexual Orientation

Homosexual and bisexual MSWs performed more fellatio on clients than their heterosexual peers although the statistical differences are not significant ($F = 2.94$; $p = .058$). Contrarily, there is statistical significance when the client penetrates the MSW. Heterosexual respondents engaged in this behavior less than homosexual and bisexual MSWs ($F = 20.31$; $p = .000$). We also found statistical differences in being receptive in anal intercourse ("adopting a passive role with the client") ($\text{Chi}^2 = 18.56$; $p = .000$), being heterosexuals more reluctant to engage in this behavior than bisexuals and homosexuals (table 2).

Finally, we found that heterosexuals carried out oral sex with female clients ($F = 4.01$; $p = .024$) and vaginal sex ($F = 7.57$; $p = .001$) more often than homosexuals. We have not found differences according to MSW sexual orientation in other variables.

Time worked as a male sex worker

Participants who had been engaged in sex work for a longer period of time acknowledged themselves as "male sex workers" more frequently ($r = 0.23$; $p = .026$). There are no significant correlations according to general aspects of sex work, perceived fears, refused sexual behaviors and the frequency of sexual behaviors with customers.

Predictive variables: educational level, country of origin, sexual orientation and time as MSW

The percentage of variance explained by independent variables (educational level, country of origin, sexual orientation and time worked as a MSW) is very low for cunnilingus (9.9%), insertive (2.7%) and receptive (11.2%) fellatio and insertive anal sex (2.5%). Regarding vaginal sex (24.3%) and receptive anal sex (29.2%) the percentage of variance explained is higher. Moreover, the results show that "country of origin" predicts the frequency of receptive fellatio ($B = -0.88$; $p = .005$) and "sexual orientation" predicts the frequency of cunnilingus ($B = -0.60$; $p = .015$), vaginal sex ($B = -0.75$; $p = .000$), and receptive anal sex ($B = 0.80$; $p = .000$). Spaniards have more probability for engaging in insertive fellatio and heterosexual MSWs in cunnilingus and vaginal sex, while these could carry out receptive anal intercourse less frequently.

On the other hand, the percentage of variance explained for variables analyzed by logistic regression is low (infection fear = 7.7%; no risk perceived = 11.7%; refuse unprotected behaviors = 14.3%; refuse ejaculation in the mouth = 8.3%). The exception is

refusing a passive role with clients in which the percentage is 28.7%. Moreover, bisexual MSWs perceive less risk during sex work (OR = 6.89; $p = .027$).

Discussion

With this study, we have contributed to a better knowledge of apartment-based male sex workers in Spain. As West & de Villiers (1993) indicated in street male sex workers, our research findings also reveal considerable heterogeneity among men engaged in sex work in apartments managed by a third party .

Despite these differences, we have observed some common points among the apartment MSW population. In terms of demographic characteristics, as in other studies (Minichiello et al., 2002; Zaro et al., 2007; Meng et al., 2010), these MSWs were young men and most of them were homosexuals. In Spain, some publications have shown that most of men engaged in sex work are immigrants, especially from Latin America, Eastern Europe and Arab countries (Belza et al., 2001; SPNS, 2005; Zaro et al., 2007). In our investigation, although most of the MSW are immigrants, they were from Brazil and other Latin American countries, and we have not detected any sex workers from Arabic countries.

On the other hand, we have analyzed other personal characteristics that had not been studied before in Spain. For example, MSWs presented a medium education level and most of the participants were Catholics. We considered that these variables could be important, because some of these factors, such as the culture, religion or sexual orientation, may influence attitudes and behaviors related to HIV prevention (SPNS, 2005; Zaro et al., 2007) and sexual behaviors in general (Padilla, 2008). Therefore, it is important to take into account these cultural differences in health and prevention programs with MSWs.

Sex work provides incomes quickly (Allman, 1999; Harcourt & Donovan, 2005; Jordan, 2005). As in other studies (West & de Villiers, 1993; Ballester & Gil, 1996; Uy et al.,

2004; Mimiaga et al., 2008) we found that the main motivation for starting and continuing to engage in sex work is an economic need. For that reason, their time spent as a sex worker turned out to be longer than they expected. Perhaps this situation is related to the high level of illegal immigration associated with the sex trade. On the other hand, economic factors play an important role in determining sexual behaviors with clients (Smith & Seal, 2007), so illegal immigration and economical difficulties among MSWs could facilitate more sexual risk behaviors when clients offer more money if they perform unsafe sex acts. In our study, MSWs told the authors that this amount of money is independent from the amount negotiated by the manager and the client previously and the MSW never talks about this amount of money received.

The main fear associated with sex work is the risk of a possible infection, and in particular, HIV infection. According to their responses, MSWs refuse to perform sexual behaviors which involve a real risk of infection, such as penetration without a condom. Fear and perceived risk could be a moderator of risk behavior as has been suggested in other populations such as the general population (Ballester et al., 2009) or men who have sex with men (Das et al., 2008; Kalichman et al., 2008). However, this type of results might be related to the internalization of the institutional discourse about condom use, as Zaro et al. (2007) indicated and unprotected sex could be more common than they have acknowledged. A possible tendency to underreport some socially unacceptable information could question self-reported condom and HIV testing (Sackett, 1979; McCabe et al., 2011). For this reason, asking about the frequency of certain behaviors might be more useful than investigating alleged condom use (Mariño et al., 2003).

As for the influence of certain personal variables on behavior and sexual attitudes of MSWs, we found that educational level does not influence which type of sexual practices are engaged in with clients. By contrast, sexual orientation plays the most important influence

(Smith & Seal, 2008). Heterosexual MSWs indicate more frequent vaginal sex (oral and penetration) and engage in receptive anal sex least often. Homosexual MSWs are more reluctant to engage in certain behaviors with female clients. In addition, homosexuals assume a passive role with male clients more frequently than heterosexual or bisexual MSWs and their clients are usually men. On the other hand, most homosexual MSWs reject intercourse with women, so information about female clients must be considered with caution.

Regarding the country of origin, immigrant MSWs undertake sex work for economic reasons more frequently than Spaniards. If we pay attention to Latin Americans, they also reported as a motivation for starting sex work, their illegal status in Spain. However, European immigrants do not mention this reason. Probably because they are EU citizens and do not have problems with their residence status in Spain. In addition, Spanish and Latin American MSWs refuse to perform unsafe sex more often than the others, and European MSWs perform unprotected oral sex more frequently. Some studies have suggested that morality and culture associated with the country of origin may lead to avoid certain sexual behaviors (Zaro et al., 2007; Belza et al., 2001).

In our study, we observe that Spanish and Latin American sex workers engage in unprotected behaviors less than European immigrants. Moreover, Spaniards reject a client ejaculating in their mouth more frequently. On the other hand, Latin Americans adopt a passive role with clients more easily than the others. Moreover, we have seen that country of origin could predict receptive fellatio with clients. So, more research about the role of cultural, religion and moral differences on sexuality and sexual risk behaviors is required. Some cultural values may influence on sexual behaviors or roles such as “to be always the man and maintain a masculine social reputation” (Padilla, 2008).

Concerning the time worked, our research shows that those MSWs who have worked as a sex worker for a long time define themselves as "male sex workers" more readily.

Although the “time worked as a sex worker” has not influenced aspects such as unprotected intercourse with clients or warning the client about ejaculating in the MSW’s mouth, the MSWs have probably internalized a greater ability to manage risky behaviors because they have had more experienced with clients and their demands.

Furthermore, related to our regression analyses, educational level or time worked as MSW could not predict sexual behaviors with clients or fears during sex work. But sexual orientation seems to be an important variable when we analyze sexual behaviors and risk perceived in sex work. In this sense, heterosexual MSWs would engage in vaginal penetration and oral sex with women with a higher frequency than bisexuals and homosexuals, while homosexuals would carry out receptive anal sex more frequently. Bisexual MSWs perceived less risk in sex work. In Spain, sexual risk behaviors programs with MSWs are organized by Lesbian, Gay, Transsexual and Bisexual Associations. So, the implication of other general social and health organisms is necessary because non-homosexual MSWs could identify themselves with other institutions more deeply.

Therefore, our study presents some implications although some limitations should be considered. First of all, we focused on the MSW working in an organized apartment, but this can help us to compare our results with other studies with MSWs offering their services in open air venues such as streets, bars and parks. As a consequence, possible differences among the interventions for each group could be established. Apartments were chosen because of the lack of information about MSWs who offer their services there. However, there are no formal data in Spain on how many men are engaged in sex work and how many work in particular venues (streets, bars, saunas, apartments, etc.). Second, this study is marked by the subjectivity of the MSW participants, for this reason comparing their information with the reports of clients would be appropriate. However, this is a very difficult task because clients are afraid of being recognized due to the shame associated with this

activity (Pinedo, 2008). So they are reluctant to participate in this type of research. In addition, the instrument was an interview and it was not a validated questionnaire. Finally, the number of participants makes it difficult for some differential analyses to be carried out. Probably, adding more immigrant MSWs which require the assistance of the interviewer because of their language, and the possibility of obtaining further information, would no doubt enrich this line of research. . Nevertheless, the access of all the apartments in the geographical area in which the study took place shows the reality of men engaged in sex work in Spain.

Summarizing, the considerable diversity of MSWs must be considered for designing and carrying out programs for healthcare access, such HIV prevention. Related to the implementation of these programs, more experienced MSWs could play a key role to prevent risky sexual behaviors (Mariño et al., 2003). Moreover, given the differences in sexual orientation among MSWs, sexual risks must be analyzed depending on the behavior or on the role adopted. Therefore, safe-sex negotiating, communicating skills or rational decision-making, that can be easily learned, should be included in prevention programs among MSWs (Bloor et al., 1993; Mariño et al., 2003). Given the differences between street and agency MSWs, specific strategies, programs and materials should be developed. Moreover, coordinated community projects are needed among this population, especially with those illegal immigrants who have more difficulties in having access to social and health resources.

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Conflict of interest

Authors declare no conflict of interest.

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Table 1: Sexual behaviors with clients sorted out by frequency (last 6 months)^a

	\bar{x} (SD)	%			
		never	sometimes	quite often	always
Fellatio to the MSW	2.52 _(0.69)	0	11	25	63
Anal penetration to client	2.31 _(0.73)	1	13	40	46
Masturbating the MSW	2.21 _(0.82)	0	25	29	46
Fellatio performed on client	2.19 _(0.96)	4	26	17	53
Masturbating the client	2.15 _(0.90)	3	25	26	46
Vaginal penetration	1.50 _(1.10)	10	26	5	17
Anal penetration of MSW	1.44 _(1.04)	21	34	25	20
Threesomes or orgies	1.29 _(0.61)	3	69	22	5
Making clients' fantasies come true	1.11 _(0.84)	16	47	9	8
Cunnilingus	1.10 _(1.23)	26	13	4	14
Rimming the MSW	1.03 _(1.02)	36	39	11	14
Inserting objects into the anus/vagina	0.89 _(0.84)	32	52	5	8
Inflicting pain on clients	0.71 _(0.71)	40	47	8	2
Golden shower	0.52 _(0.63)	54	41	4	1
Rimming the client	0.22 _(0.44)	79	20	1	0
Others	0.14 _(0.49)	33	1	2	36
Inflicting pain on the MSW	0.11 _(0.32)	86	11	0	0

^a Likert scale (0 = never; 1 = sometimes; 2 = quite often; 3 = always)

Table 2: Differential analysis according to country of origin and sexual orientation

Chi ²	COUNTRY OF ORIGIN					SEXUAL ORIENTATION				
	SP% n=5	LA% n=83	EU% n=12	Chi ² (df)	p	HE% n=13	BI% n=20	HO% n=66	Chi ² (df)	p
General aspects:										
Consideration as MSW	100	70.4	81.8	2.64 ₍₄₎	.620	69.2	75	74.6	0.78 ₍₄₎	.941
Motivation of MSWs	60	83.1	91.7	40.68 ₍₁₂₎	.000*	100	80	80.3	8.86 ₍₁₂₎	.715
Perceived fears:										
Infections	100	70.7	83.3	2.73 ₍₂₎	.255	69.2	75	73.8	0.15 ₍₂₎	.928
No risk	0	13.4	16.7	0.89 ₍₂₎	.640	30.8	10	10.8	3.99 ₍₂₎	.135
MSWs refuse :										
Unprotected behaviors	40	59.5	18.2	7.02 ₍₂₎	.030*	38.5	44.4	60.3	2.94 ₍₂₎	.230
To ejaculate in mouth	40	3.8	9.1	10.58 ₍₂₎	.005*	7.7	5.6	6.3	0.06 ₍₂₎	.971
To adopt a passive role	20	7.6	27.3	4.47 ₍₂₎	.107	38.5	22.2	1.6	18.56 ₍₂₎	.000*
ANOVAS										
	\bar{x} (SD)	\bar{x} (SD)	\bar{x} (SD)	F(df)	p	\bar{x} (SD)	\bar{x} (SD)	\bar{x} (SD)	F(df)	p
Vaginal sex	2 _(1.41)	1.41 _(1.08)	1.75 _(1.14)	0.66 _(2.55)	.519	2.42 _(0.99)	1.41 _(1.00)	1.11 _(0.96)	7.57 _(2.54)	.001*
Fellatio to clients	2.80 _(0.45)	2.29 _(0.86)	1.25 _(1.21)	8.25 _(2.97)	.000*	1.62 _(1.32)	2.25 _(0.91)	2.30 _(0.86)	2.94 _(2.96)	.058
Fellatio on MSW	2.40 _(0.89)	2.57 _(0.68)	2.25 _(0.62)	1.24 _(2.96)	.294	2.46 _(0.66)	2.74 _(0.45)	2.48 _(0.75)	1.05 _(2.95)	.352
Cunnilingus	0.50 _(0.71)	1.07 _(1.22)	1.33 _(1.37)	.45 _(2.54)	.638	1.75 _(1.29)	1.35 _(1.37)	0.67 _(1.00)	4.01 _(2.53)	.024*
Insertive anal sex	2 _(0.71)	2.37 _(0.73)	2 _(0.74)	1.86 _(2.97)	.162	2.23 _(0.72)	2.40 _(0.82)	2.30 _(0.72)	0.22 _(2.96)	.801
Receptive anal sex	1.80 _(1.30)	1.49 _(0.99)	0.92 _(1.16)	1.98 _(2.97)	.144	0.38 _(0.96)	0.85 _(0.99)	1.83 _(0.83)	20.31 _(2.96)	.000*

SP: Spanish; LA: Latin American; EU: European/ HE: heterosexual; BI: bisexual; HO: homosexual