

# Parejas

Early one Monday morning, on my way to the Parejas office with a colleague, I observed a scenario that encapsulates the inequities and contradictions of working in the Red Light District of Tijuana. On the left side of the street was the usual spot where very young *paraditas* (street-based sex workers who stand along the sidewalks) adorned in schoolgirl outfits lined up to sell sex. On the right side a disheveled older woman was lying in the sidewalk, her blackened bare feet hanging into the street. We stopped the car, fearing she was dead, but it turned out that she was sleeping. My colleague commented, “The girls on the left side of the street never think they’ll turn into the woman on the right side of the street.”

As I worked on the Parejas study, I grew to understand how the concentrated spaces of exclusion and disadvantage along the Mexico-US border configured life opportunities, which in turn profoundly shaped the interior emotional experiences of the sex workers we studied and their strategies for survival. Multiple study participants told me stories of being out on the streets alone, experiencing hardships, and even almost dying before they found their partner. I started to realize how the multiple forms of support that partners provided each other were critical on so many levels. When the stakes of intimate relationships are so high, the situated rationality of dangerous safe havens that to outsiders seem “risky” begin to make sense as strategies for ensuring collective survival.

This chapter takes readers into the Red Light District of Tijuana to explore the historical economic, social, and structural contexts of sex work and drug use in a world-renown tourist district just minutes from the US border. I then discuss how a series of studies about sex work here gave rise to new research questions, including those driving the development of Proyecto Parejas, the inspiration of my book. To date Parejas remains the largest study of HIV/STI risk among female sex workers and their intimate, noncommercial partners. Based on my long-term engagement in this project and regular fieldwork in Tijuana, I developed my own study’s focus on love and emotional intimacy among sex workers and their

partners and sampled a small number of couples from Parejas who make up the focus of this book.

Within this broader historical and research framework, the final section of this chapter provides a brief overview of the couples who participated in the groundbreaking Parejas study. It begins sketching out the material and emotional grounds on which couples formed intimate relationships amid the risks of sex work and drug use. I explore some of the key dimensions of sex workers' intimate relationships as a way to situate their emotional importance, including how couples define love within their relationships. This sketch sets the stage for forthcoming chapters that raise additional empirical questions and offer theoretical considerations about what it means to love and care in contexts of inequality.

### WELCOME TO TIJUANA

The modern-day Mexico-US border is drawn on land stolen from indigenous populations and stands as a legacy of US colonial expansion and imperialism asserted during the Mexican-American War of 1846–48. Today the Mexico-US border traverses eighty *municipios* (municipalities) in six Mexican states and forty-eight counties in four US states. With a population of about five million people, the San Diego–Tijuana corridor makes up about 40 percent of the total border population, representing the most heavily populated as well as economically polarized region of the 1,993-mile-long border (Loucky and Alper 2008, 23).

But borders are not only geographic spaces; they are social spaces of deep symbolism. Chicana feminist scholar Gloria Anzaldúa calls the Mexico-US border “*una herida abierta* [an open wound] where the Third World grates against the first and bleeds” ([1987] 2012, 3). But in this grating, Anzaldúa also notes that new spaces for contradictions and contestations emerge, with the potential to generate new forms of consciousness. Likewise, anthropologist Josiah Heyman (1994) notes that the border is a distinctive space characterized by inequality, extraction, ingenuity, creativity, marginalization, and resistance, all of which shape interior emotional experiences and generate new social possibilities. The sociopolitical complexity of the border region serves as a critical backdrop through which to understand couples' experiences, opportunities, and search for intimacy and emotional security.

Tijuana often evokes a strong collective imagination of sin, curiosity, and fear that is perpetuated by the popular media. Although Tijuana is a cosmopolitan metropolis home to more than 1.7 million residents and boasts vibrant cultural, culinary, and arts scenes, its seedier reputation for sex, drugs, and violence often supersede its virtues. To be clear, such stereotypes exaggerate but a small slice of life in this dynamic and complex border city. Furthermore, by no means is it “natural” that Tijuana developed industries of vice and garnered a notable reputation; it

did so because of a specific historical political economy that is deeply intertwined with the United States.

Tijuana's geopolitical location has profoundly shaped its history from that of a small cattle-ranching village in the 1880s to the busiest land border crossing in the Western Hemisphere, where more than thirty million residents, visitors, family members, schoolchildren, tourists, sex work clients, researchers, and many others cross the border northbound into the San Ysidro port of entry annually.<sup>1</sup> Much of Tijuana's growth and development in the early 1900s is linked to its famous leisure economy, in which bars, liquor stores, and night clubs catered to Americans. By 1919 Tijuana was linked by railway to Southern California, where the US Volstead Act federally established alcohol Prohibition. The 1920s saw the city as a destination for indulgence and a "Satan's Playground" for movie stars, celebrities, and other tourists (Vanderwood 2009). Around this time gambling and racetracks became principal tourist draws, and Avenida Revolución developed into a concentrated street of bars and dance clubs that continues to function as a central tourist attraction. The establishment of new military bases in Southern California in the 1940s also provided a significant population of young men who crossed into Tijuana to take part in leisure pursuits.

Given its location as a gateway between northern Mexico and Southern California, migration and mobility have always played a key role in Tijuana's history. Significant social and economic disparities between southern and northern Mexico have been key drivers of migration to the urban centers and industrial zones along the northern border, which promised new opportunities and proximity to the United States. During the 1940s–60s Mexican migrants also passed through Tijuana to work in the agricultural sector in the United States, thanks to the *bracero* program and guest-worker visas that opened the border. Mexico's increasing integration into the world economy has continued to push migrants northward for employment opportunities both within the country and into the United States, particularly in times of economic precarity.

Although from the 1940s through the 1970s, policy makers in Mexico prioritized strategies to support local industry and domestic growth, a major economic crisis in the 1980s ushered in significant political changes, including the reorganization of labor markets and reduction in public sector employment, food subsidies, and public expenditure (Middlebrook and Zepeda 2003). The urban poor were hit particularly hard by shrinking wages, increasing unemployment, stagnant job opportunities, and decreased public spending on social services and subsidies for basic goods that provided a safety net (Latapi and González de la Rocha 1995). The financial crisis devastated families and necessitated households to economically and socially reorganize themselves to survive, including contributing to growing informal economies. In the 1990s the Mexican government devalued the peso as consumer prices and unemployment soared. During this time

Mexico agreed to a series of structural-adjustment policies and market reforms authored by the International Monetary Fund and the World Bank that liberalized trade policies, deregulated financial institutions, and privatized Mexico's state-owned enterprises (Middlebrook and Zepeda 2003). The well-known 1994 North American Free Trade Agreement (NAFTA) eliminated barriers to free trade between the three nations of North America and opened the flow of capital across borders while clamping down on the flow of laborers and labor rights. These policies have carried a range of consequences, including decimating local agricultural markets in the interior of Mexico while facilitating maquiladora (factory) expansion along the northern border, drawing poor migrants from all over Mexico for economic opportunities. The factories only exacerbated inequalities through exploiting a migrant workforce, particularly women, with low wages, weak labor protections, exposure to toxic substances, and vulnerabilities to social harms like sexual harassment and violence (Bucardo et al. 2004; Katsulis 2009).

In 2020 NAFTA was replaced by the United States–Mexico–Canada Agreement, a complex revision of policies ostensibly designed to open economic markets while better safeguarding labor, environmental, and intellectual property rights. Although it is still early in its implementation, some scholars forecast that the agreement will actually further entrench economic and health inequities (Labonté et al. 2019, 2020). Taken together, ongoing historical relations with the United States and promises of neoliberal reform have largely failed to promote equitable and sustainable development in Mexico, which has a tangible impact on the lives of border residents.

Amid shifting political conditions individuals continue to migrate to Tijuana for a variety of reasons. Some end up settling there unexpectedly if they are unable to cross into the United States or if they get deported. According to the 2010 Mexican Census, over half of Tijuana's residents (52.4 percent) were born in another Mexican state or country (INEGI 2010). Limited opportunities for economic mobility have left many people without formal employment, seeking survival in the growing informal economy. Research has suggested that informal jobs in Tijuana represent 25–40 percent of the city's employment alongside a growing sector of related criminal activity (Koff 2015, 478). Anthropologist Mercedes Gonzáles de la Rocha, who has studied gender and shifting household dynamics among the urban poor, has characterized the precarity of Mexican cities as a "social and cultural context of *radical exclusion*" (2006, 69). In other words, multiple forms of economic hardship and social exclusion shape the individual lived experience of those who have been cast to the edges. Individuals pushed into informal activities like sex work and the street-level drug economy become only further excluded from development initiatives and social opportunities.

The Zona Norte, or northern area of Tijuana, remains a destination of concentrated bars, dance clubs, strip clubs, hotels, and restaurants (including the one that invented the Caesar salad), where active economies of sex work and drug use

flourish. During my fieldwork heightened concern over drug-related violence had slowed (but never stopped) tourism, even if the news media and university system expressed concern over the safety of Americans. However, toward the end of my project and in the years immediately afterward, in the wake of the drop in tourism, yet another reinvention of this resilient city occurred, with art galleries, craft-beer bars, and an incredible culinary scene sprouting in place of kitschy tourist bars.<sup>2</sup>

### SEX WORK AND THE CITY

In Mexico no federal laws regulate sex work, though local jurisdictions may legislate its practice. In total, thirteen of the nation's thirty-two states have such regulations where sex work is typically designated in *zonas de tolerancia* (tolerance zones, or Red Light Districts). Along the Mexico-US border these zones began to emerge during a period of economic insecurity at the end of nineteenth century. Border cities attempted to fill economic gaps by appealing to US markets, which helped transform the local economic and tourist landscapes during US Prohibition. In Tijuana sex work is woven into the city's history and deeply shaped by the city's ties with the United States, patterns of migration, border policies (e.g., militarization and deportation), and its location on a major drug-trafficking route, which has simultaneously influenced the development of local drug markets, drug tourism, and drug-related violence.

Most famously, Tijuana's Red Light District is located just across the US border, where sex can be purchased from a diverse group of women in any number of clubs or on the streets. As a practice, sex work in Tijuana is quite diverse and differentially configures the types of risk that individuals must navigate. One limitation of my book is that I interacted only with women engaged in sex work who were involved in intimate, heterosexual relationships. But a diversity of male and transgender sex workers who may or may not be in heterosexual or same-sex intimate relationships are also a key part of Tijuana's sex industry and face unique risks that merit social and health support (Bringas Rábago and Gaxiola Aldama 2012; Katsulis 2009; Salas-Espinoza et al. 2017).

Nonetheless, the most iconic image of sex work in Tijuana—that of the carefully sculpted women who appear on billboards in and around the city—are those women working in the sex clubs in the Red Light District. These women are considered venue-based sex workers. Outside such venues on the Calle Coahuila and surrounding streets are the highly visible and diverse group of *paraditas* who line the sidewalks to solicit clients. There are also other areas outside of the city center with clubs where sex work occurs. While these are the most visible forms of sex work, many other types of commercial exchanges take place in Tijuana outside of such formalized work spaces as forms of small scale, self-organized, and informal sex work. Such “freelance” sex workers operate outside of state regulation and may have a considerable amount of agency in terms of their labor.

Prior research in Tijuana suggests that women who engage in sex work are a diverse group who experience a range of social and health-related effects depending on the context of their work (Burgueño et al. 1992; Castillo et al. 1999; Choudhury 2010; Katsulis et al. 2010). Women span a wide age range and work for periods from a few weeks to many years, and many engage in sex work out of economic necessity as the primary supporters of their families (Bucardo et al. 2004; Castillo et al. 1999; Ojeda et al. 2009). In her ethnography of sex work and geographies of occupational risk in Tijuana, anthropologist Yasmina Katsulis (2009) notes that many of these women work for “milk money,” or provisions for their families, which may include sending money to relatives to support children. Other women may use sex work as a way to attain social mobility, while others support their drug use. Sex work may be monetarily driven but may also involve negotiations of housing, clothes, school fees for children, other material goods, and drugs or money to directly support drug use.

Reflecting broader historical trends of migration to the northern border of Mexico, a substantial number of female sex workers in Tijuana are not originally from this city. Many of these women are migrants from southern or central Mexico who come to Tijuana looking for new opportunities. They may vacillate between sex work and other options in response to economic need, family caretaking responsibilities, or the intolerable working conditions in the *maquiladoras*. Lack of skilled employment opportunities, high living expenses, and financial obligations often constrain sex workers’ options for geographic, economic, and social mobility to secure other positions (Katsulis 2009). Most recently, women who have been deported from the United States are joining this diverse group of women practicing sex work, as many find themselves with few economic opportunities other than the informal economy (Robertson et al. 2012).

As is the case globally, women involved in sex work in Tijuana tend not to be viewed for their complexity as individuals but rather for their potential to spread disease. Local regulation of sex work is focused on disease surveillance and prevention. On the surface this seems like a reasonable public health strategy, but the benefits of the registration system to the sex workers themselves are arguable. As anthropologist Patty Kelly (2008) details in her ethnography of the Red Light District in Tuxtla, Mexico, public health-based registration systems have sociopolitical implications. Kelly documents how the state’s system links public health measures with ideals of modernity, while stigmatizing poor women who are not intended to be included in projects of modern development and progress.

Similarly, in Tijuana the effects of registration are uneven at best and may further marginalize the women most vulnerable to HIV/STIs. The registration system requires that women have regular medical checkups to obtain health cards to work. Sex work registration in Tijuana costs hundreds of dollars per year and requires regular HIV/STI testing. Women registering as sex workers who test positive for an STI are treated with antibiotics according to federal guidelines, and, if they test

positive for HIV, their cards are revoked, and they are referred to specialty care in the city HIV clinics. However, enforcement of sex work registration is difficult, and the penalties of noncompliance often fall disproportionately on women rather than the owners of businesses where these women work. Women with infections cannot work, but the bars that employ them can remain open.

As such, the regulation of sex work may actually contribute to health and social inequities. Women who are not registered often cannot afford the regular check-ups or may be migrants without proper documentation who do not want to be included in the system. In a study of 410 female sex workers in Tijuana, just 44 percent were registered with the health department. Registration was less likely among women who engaged in street-based sex work, used stimulants, and were born outside of the state of Baja California. Registration did not independently predict lower rates of HIV/STIs compared to women who were unregistered (Sirotnin et al. 2010a). In practice the registration system largely fails to serve the health needs of street-based sex workers who use drugs and are at the highest risk for HIV/STIs (Sirotnin et al. 2010b).

The women in this book are largely freelance sex workers who use drugs and operate under the radar of the state surveillance. These women occupy the bottom of what has been called the “whorearchy,” or the ranked ordering system that assigns certain sex workers less worth than others. These rankings are driven by stigma and judgment that even come from within sex worker communities.<sup>3</sup> The rankings relegate sex work driven by drug addiction to be among the least respectable and even outright reprehensible reasons to engage in the job. Ethnographies of sex work in the Mexico-US border region have shown that the overlap between sex work and drug use is highly stigmatized by other sex workers who engage in the work to fulfill their social and moral obligations to their children and families (Katsulis 2009; Luna 2020). Common discourses individualize blame against these “selfish” women for their drug use without taking into account their life circumstances and the pervasive drug economies that create and sustain the conditions of women’s addiction in the first place.

#### WARS ON DRUGS

Tijuana’s economies of sex work are intertwined with its location on a strategic global drug-trafficking route. In the early twentieth century, much of the original drug trafficking in the Western Hemisphere was concentrated in the western border cities of Tijuana and Mexicali. More recently, the border has been caught in the crosshairs of two ongoing “drug wars.”<sup>4</sup> The first is former president Richard Nixon’s War on Drugs, a now multidecade, multibillion-dollar offensive that has essentially had no significant effect on drug demand, consumption, or importation of drugs into the United States (Campbell 2010; Lusk, Staudt, and Moya 2012a). Even before the official 1971 declaration of war, Mexico was singled out as a key



source of drugs entering the United States and targeted for increased surveillance. In 1969 Operation Intercept demanded thorough car inspections for drugs at the Mexico-US border, causing major transportation disruptions. This likely signaled the beginning of local consumption markets due to the “spillover” of drugs that did not make it across the border.

The second major offensive is the drug war in Mexico, launched in 2006 by former president Felipe Calderón, which was waged among competing cartels, gangs, federal and municipal police, and the army, who have all vied to control drug-smuggling operations into the United States (Lusk, Staudt, and Moya 2012a). These efforts have resulted in periods of horrific and highly publicized violence, much of which remains tied to US demand for drugs even as vast numbers of US weapons travel southbound to arm cartels (Boullosa and Wallace 2015). Overall, Calderón’s offensive resulted in more than 121,669 homicides, which breaks down to an average of more than 20,000 people per year (Heinle, Ferreira, and Shirk 2014). Between 2007 and 2011 alone, Mexico’s homicide rate tripled from 8.1 to 23.5 homicides per 100,000, reaching what the World Health Organization considers “epidemic” levels (Heinle, Molzahn, and Shirk 2015). Political scientist Héctor Bezares Buenrostro (2019) has argued that constructions of Tijuana as a violent and dangerous city in the global drug trade have only enabled further acts of violence to be perpetrated by state and private agents against people who use drugs, thus exacerbating conditions of fear and precarity along the border.

In the context of drug-related violence and growing rates of drug use across the country, Mexico started experimenting with public health–informed approaches to drug policy. In 2009, when the Parejas research first began, the government set forth legislation offering alternatives for drug treatment rather than incarceration for drug-related offenses (Robertson et al. 2014a). By 2010 Baja California enacted these “*narcomenudeo*” reforms, which decriminalized possession of small amounts of drugs for personal use (Beletsky et al. 2016). When apprehended by police, individuals with amounts below the tolerated drug thresholds are not to be charged with a crime but reported to the health authorities and released. On the third “strike” individuals are incarcerated or mandated to drug treatment. However, drug treatment in Mexico often means deplorable conditions that enact further violence.

Harm reduction efforts have also been variously implemented across Mexico as a public health strategy to reduce disease transmission and other harms related to drug use. Harm reduction is a philosophy that provides an alternative to punishment and aims to build autonomy and dignity among people who use drugs by providing the tools to make drug users safer. This can include safer drug use supplies (e.g., syringes, smoking supplies); linkages to HIV and hepatitis C virus testing and care; wound care (for injection-related abscesses); education and access to naloxone (an opioid overdose reversal medication); and referrals to drug treatment, among a host of other services. Although harm reduction provides a



promising alternative to the drug wars, programming has been inconsistent and inadequately funded to meet the demand in Tijuana. Furthermore, while federal law does not criminalize syringe possession or over-the-counter pharmacy sales of syringes, decisions around nonprescription pharmacy sales of syringes can be arbitrary and frequently denied to people who “look like” a person who uses drugs (Pollini et al. 2010, 2011).

Yet local drug markets in Tijuana have proliferated and offer opportunities to sell and purchase heroin, methamphetamine (meth), cocaine, cannabis, and more. According to government survey data, the northwestern border region of Mexico has the highest rates of drug consumption in the country, as 2.8 percent of the general population twelve to sixty-five years old reported past-year drug use, compared to 1.5 percent of the national average (INPRFM 2011, 33). However, household surveys miss the most vulnerable populations and may underestimate drug use. A recent review of studies in Mexico suggests much higher rates of drug use among female sex workers, with lifetime estimates of drug use among this group ranging from 52.5 to 61.0 percent, rates of any recent drug use ranging from 10.6 to 38.2 percent, and rates of recent injection drug use ranging from 10.3 to 23.6 percent (Iversen et al. 2021, 101).

High rates of drug use among sex workers also intersect with concerns about policing, and during my fieldwork I heard a lot of stories from couples (and others) subjected to constant police harassment and violence. A recent study in Tijuana reflects these concerns, as 68 percent of a sample of 584 sex workers who inject drugs reported experiencing some form of police violence (West et al. 2020, 10). The forthcoming chapters illustrate not only the constant harm enacted by arbitrary and violent policing on couples’ daily lives but how the urgency of drug addiction can be mutually reinforcing in women’s sex work. The violence of the drug wars provides a critical backdrop to couples’ stories, all of whom navigated the health and social risks of local drug markets as their drug use also shaped their notions of intimacy and care.

#### *WHO IS MISSING FROM SEX WORK RESEARCH?*

The growing visibility of the sex trade, emerging local drug markets, and public health concern for cross-border infectious disease transmission has drawn increased attention over the years by researchers and policy makers alike. Tijuana is now a robust research site with investigators and cadres of students who have invested their energies into addressing the HIV epidemic and related health concerns. While there is a longer history of local research with sex workers (e.g., Burgueño et al. 1992; Castillo et al. 1999), here I focus on the genealogy of a collaborative research program that began between investigators from the University of California, San Diego (UCSD) and a team of Mexican collaborators from a nongovernmental organization called Prevecasa (the Prevention House).

This partnership began with a small qualitative study with sex workers to learn about their HIV risk behaviors but has blossomed into a well-funded portfolio of significant public health interventions.

The original qualitative work suggested that sex workers along the border were at high risk of HIV infection due to their sexual behaviors in the context of sex work, yet access to information and health services was limited (Bucardo et al. 2004). Driven by these findings, this team developed the first public health intervention trial in the region to focus on HIV risk among sex workers. *Mujer Segura* (Safe Woman) was a National Institutes of Health (NIH)–supported behavioral intervention that investigators developed based on the intervention literature and formative qualitative work. *Mujer Segura* used motivational interviewing and theory-based techniques of behavioral change to increase condom use and reduce the number of new HIV/STI infections among sex workers and their clients in Tijuana and Ciudad Juárez (Patterson et al. 2006). The results were promising: the intervention group showed a 40 percent reduction in HIV/STI incidence, or new cases of infection, over the study period (Patterson et al. 2008).

However, it turns out that this intervention did not work equally well among all sex workers, particularly women who injected drugs. At enrollment into the study, the women who injected drugs were more likely to have an STI (HIV, syphilis, chlamydia, or gonorrhea) and HIV prevalence was 12.3 percent among sex workers who injected compared to 5.1 percent among those who did not. In a multivariate statistical analysis, a number of factors were independently associated with injection drug use, including identifying as a street-based worker, speaking English, being married or in a common-law relationship, engaging in sex work and living in the study location for longer periods, and associating with fellow sex workers who also injected drugs. These epidemiologic data reflect the social history of the border region, including its deep and ongoing connections with the United States, how the drug market and economic precarity in Tijuana can shape individual behavior, and the importance of social relationships for women who inject in the context of sexual HIV/STI risk (Strathdee et al. 2008b). Compared to the women who had never injected drugs, those who injected showed less improvement in sexual risk reduction, and their drug-related risks such as needle sharing did not change (Strathdee et al. 2009). Essentially, the women who injected were at higher risk for poor health outcomes, but they did not benefit from the intervention because it was not tailored to address drug use. The risks associated with injection drug use carry clear global health implications for dynamic, cross-border infectious disease epidemics and merit attention. These findings inspired *Mujer Mas Segura* (Safer Woman), an NIH-funded intervention study addressing both injection and sexual risk behaviors among sex workers who inject drugs (Strathdee et al. 2013; Vera et al. 2012).

During a project meeting one winter day in Tijuana, Steffanie Strathdee, the principal investigator of *Mujer Mas Segura*, began to realize that another critically

important factor in female sex workers' lives was being neglected: the role of their intimate male partners. In this meeting women complained to Strathdee that the project's intention to create a "woman-only space" in the office meant that the sex workers' male partners were left out. One sex worker in particular, who had been a health-care worker in the United States, was impassioned and convincing that excluding intimate partners overlooked a critical part of women's lived experience, including their health and well-being.

Back in San Diego, Strathdee asked a statistician to check the percentage of women in the study who reported having a common-law or steady partner and found that it reached 50 percent. "I was so struck by this that I thought it warranted a new study to see if the couple could be a target for an intervention rather than the individual," she told me.<sup>5</sup> A subsequent analysis of the *Mujer Segura* data also confirmed that the original sexual risk-reduction intervention had no effect on condom use with intimate partners, with whom women were more than twice as likely to have unprotected sex with compared to clients (Ulibarri et al. 2012).

Taken together the evidence suggested both the epidemiological and social importance of sex workers' intimate male partners. From an epidemiological perspective the lack of condom use with intimate male partners who may engage in their own risk behaviors could intensify an already concentrated HIV epidemic along the border. The efficiency of injection drug use to spread disease could further compound forms of sexual risk. From an anthropological perspective the lack of condom use could also signal the social meanings embedded in noncommercial relationships, calling for new approaches to health interventions. However, we knew virtually nothing about these male partners or how they shaped their female partner's health and well-being. Thus, a new NIH-funded study was born: *Proyecto Parejas*, or the "Couples Project." I started a fellowship at UCSD three days before the very first team project meeting, which I attended by invitation. The rest of this chapter, and indeed *Dangerous Love*, is an outgrowth of my serendipitous involvement in this pathbreaking project.

#### A FIRST OF ITS KIND

Parejas was the first prospective, mixed-methods study of the social context and epidemiology of HIV/STIs among female sex workers and their primary, noncommercial male partners. In total 214 female sex workers and their male partners in Tijuana and Ciudad Juárez participated in quantitative surveys and HIV/STI testing (106 couples in Tijuana and 108 couples in Ciudad Juárez; total individual  $n = 428$ ). The mixed-methods study design included a quantitative survey and biological testing every six months over a twenty-four-month period. At each visit nurses drew blood to test for HIV and syphilis and collected urine samples to test for chlamydia and gonorrhea, for which all positive cases received free treatment. A subset of couples at each site participated in qualitative interviews at their first

(baseline) visit ( $n = 46$ ) and one-year follow-up ( $n = 29$ ) to contextualize the survey data and provide additional insight into the social dynamics of these relationships over time.<sup>6</sup>

The specific aims of Parejas were to examine the social context and sexual and drug use behaviors among female sex workers and their noncommercial partners; determine the prevalence (existing cases) of HIV/STIs and their correlates at the individual and partner levels among couples; identify predictors of HIV/STI incidence (new cases) at the individual and partner level; and assess the feasibility of conducting a behavioral intervention either individually or as a couple. Reflecting NIH priorities, the aims focused on generating public health data to inform health interventions. While I offer insights on the study's public health significance throughout the book, and many of my recommendations are focused on such efforts, I also want to note that the mixed-methods study design opened opportunities to ask complementary, open-ended questions about the lived experience and meaning of sex workers' relationships. This is just as the sex workers had demanded.

To give readers a sense of the sociodemographic characteristics of the overall Parejas sample, men were significantly older than women (median age thirty-seven vs. thirty-three years, respectively), and participants completed a median of seven years of education, with an interquartile range of six to nine years (IQR is a statistical measure of dispersion between the twenty-fifth and seventy-fifth percentile). Economic insecurity was prevalent, as 43 percent of couples earned less than US\$200 per month. Less than half (47 percent) of the sample reported being born in the city study site, indicating high levels of migration and deportation, and 60 percent reported being arrested in their lifetime. In terms of health risk behaviors, the majority of couples reported never using condoms together. Recent drug use was common, with 63 percent of participants using heroin, 31 percent using meth, 20 percent using cocaine, 14 percent using crack, and 60 percent recently injecting drugs.

Couples had to be in a stable relationship for at least six months to qualify for the Parejas study, but we found that many were in longer-term unions. The median relationship duration was three years (IQR: two to six years). However, there were outliers to this range, and some of the most durable relationships persisted over decades. Quantitative measures of relationship satisfaction (median score of 15 out of 20) and trust (median score of 9 out of 10) were high among couples. However, conflict and violence were also prevalent across our sample, as 49 percent of partners reported perpetrating some type of interpersonal violence, and 47 percent experienced interpersonal violence in the past year (Ulibarri et al. 2019, 556). While high scores measuring both positive relationship aspects and violence may seem antithetical, anthropologists have pointed out that love and violence commonly co-occur in contexts of extreme inequality and duress (Garcia 2010; Luna 2020).

Taken together the survey data indicate that couples come largely from disadvantaged backgrounds and live in economic precarity. Their relationships are not just short-term arrangements; many are enduring, trusting relationships satisfying to both partners. Even though men were aware of women's sex work, not using condoms within the primary relationship was the norm. High levels of drug use, and particularly injection drug use, introduced additional health concerns. While these survey data give us a general description and indication of how common particular behaviors are across the sample, qualitative data allow us to explore the social context of behavior, including how life circumstances shape decision making and configure opportunities to build meaningful lives.

### LOVE AND RISK

At the intersection of historical political economy, social vulnerability, and emotional lived experience, possibilities for love emerged in the intimate relationships of couples enrolled in Parejas. Similar to Sarah Luna's (2020) approach to studying love and obligation among sex workers in the border city of Reynosa, I also draw on a set of emic (insider) concepts to develop an ethnographically-grounded analysis of love. However, rather than the obligation (*obligar*) that shaped the various social relationships of the sex workers Luna studied, the couples in Parejas used a different set of concepts to describe the love in their intimate relationships. The following passages begin to tease out the caring, complex, and often contradictory meanings of love in contexts of sex work and drug use based on the perspectives of the couples themselves.

I start by exploring baseline qualitative interview data from the Parejas study to ground our understanding of these understudied relationships while opening up further questions to be addressed throughout the rest of this book.<sup>7</sup> The forty-six couples in Parejas who participated in these interviews were asked questions about their relationships, including how they met, their economic and household situation, how (if at all) they discussed and managed sex work, and their drug use patterns, sexual risk behaviors, and drug-treatment experiences. The interviews opened by asking if they considered themselves to be in love with their partner.

In the Spanish language "love" is a more nuanced construct compared to its usage in English, and it can be expressed with multiple words to convey different strengths of emotion. Partners described the meaning and emotional intensity of their love along a continuum. The verb *querer* typically signifies a warm, friendly love, while *amar* and *enamorarse* typically imply a strong, passionate love, akin to being "in love" with an intimate partner. Nearly every couple said that love was foundational to their intimate bond, even if its intensity varied. Moreover, reflecting a multifaceted and active definition of love as a "mix of ingredients," partners drew on several other common words to describe their relationships, including trust (*confianza*), respect (*respeto*), feelings (*sentimientos*),

understanding (*comprensión*), support (*apoyo*), gratitude (*agradecimiento*), affection (*cariño*), friendship (*compañerismo*), protection (*protección*), and happiness (*felicidad*), in the good times and the bad times (*en las buenas y las malas*).

About half of the forty-six couples subjectively assessed their relationship as loving and caring. These couples may not have been *in love* (*enamorarse*) or have felt *strong love* (*amar*), but they expressed love (*querer*) for each other in a caring sense. Another quarter of these couples considered themselves to be *in love*. These couples were unequivocal in their deep emotional connection with their partners, and these relationships were often described as transformative in partners' lives. The remaining quarter of the sample considered their unions less based on love as such and more oriented to mutual care, feeling "comfortable" or "accustomed" to each other, and offering forms of "support," including raising their children together. Importantly, other ingredients of love such as understanding, respect, and standing by each other in the good times and the bad times were interwoven across descriptions of all relationship types. A fine-grained reading of the data reveals that these relationships transcend westernized imaginations of romantic love. The couples embodied common experiences of emotional intimacy that were invariably and uniquely shaped by the broader sociopolitical context of their precarious lives, including women's economic need to engage in sex work.

Some relationships started out based on not love but a desire for companionship and support amid challenging life circumstances. Over time this often grew into love. These couples' experiences lend insight into how structural violence shapes interior emotional experiences and compels individuals to look for hope. Speaking to the transformative potential of these relationships, several couples reflected on how much they struggled prior to meeting their partner and how their partner made a fundamental difference to their well-being:

*I'll be honest with you. When I met him I never thought that I was in love with him [estaba enamorada]. When I decided to be with him, it was because I was feeling very lonely and stressed, and I felt I needed someone by my side. But slowly I came to realize that I love him [lo quiero y lo amo] as a partner, husband, father of my son, and as a person. He has respected me as a person, and I respect him.*

—MONA, TWENTY-EIGHT

*I met her, and then I started to change my life; then I wasn't just hanging out anymore. Everything changed. I think that if I hadn't met her maybe I would even be dead now. . . . For me she is the most beautiful thing I've had in my life. . . . She is my light; she is my star; she is the path to my happiness.*

—FRANCISCO, FORTY-TWO

Many couples described the emotional importance of their relationships amid their challenges related to economic insecurity and the social exclusion they experienced due to their involvement in sex work and drug use. Raphael, forty-two, and Martina, thirty-four, were in a relationship for nearly two years. Martina said

that she “needs him emotionally” and loves him. In the following passage she describes what she values about their relationship: “His maturity that he has and the way that he thinks of doing things, that it is not a game, that he has shown me that it is not to get money from me, that it is not just to have sex with me and to leave. . . . He supports me in many ways, and, like I tell you, his maturity more than anything. ‘In love,’ I can’t say that, but I do love him a lot [*enamorado, no te puedo decir, pero si lo quiero mucho*].”

Likewise, Raphael explained that their relationship remained strong and that he feels “affection and gratitude” toward her. He acknowledged that outsiders often dehumanize and mistreat sex workers, but he saw another side of her: “Most people judge people like her [sex workers] like trash, you know? Like something that has no worth. We don’t see if they have feelings, or if it’s someone who is worthy. But she is making an effort. There are men as well as women that don’t fight to make it, to survive. She has done whatever she has to. I think that it is difficult for a woman to make a decision like that [engaging in sex work], and it is difficult to find someone that will support them, someone that values them, you know?” Through their shared struggles, they cared for and valued each other. Raphael said they were together not out of self-interest but for emotional connection: “We have gone through tough times, and we are still together because there is something there, right? Because we *feel something*.”

Similarly, Karla, forty-three, and Miguel, forty-nine, have been together for nearly fourteen years, including struggling with economic insecurity and their limited options in which her sex work is about the couples’ survival and provision for their child. Karla loves her partner and described the comfort of their relationship as “more than anything I find support, protection. I can count on him because before I just counted on myself. . . . In the good times and in the bad times, in sickness and happiness, together, morally as well as economically, we complement each other.” Karla describes some other sex workers as not understanding their relationship, some of whom have accused her of having a “pimp.” She tells them to “go to hell.” Across our sample, both quantitatively and qualitatively, couples denied that male partners were “pimps” and explained that their relationships were meaningful and distinct apart from sex work (Mittal et al. 2018).

Typical of other male partners in our study, Miguel loved Karla and expressed the meaning of their relationship as emotionally distinct from her job. However, he acknowledged the emotional turmoil that he has had to negotiate in the context of Karla’s sex work: “I mean, she is my wife. Yes, I love her [*la quiero*] and to know that she was having sex with another person would make my head go crazy. How is it possible? But I had to go through some rough times to be able to accept there is no other option, and she is my wife and I think that even then she still loves me. I mean she keeps loving me and she has been taking her job like a job, without mixing her feelings.” Miguel’s experience was common in terms of what he and other male partners like him go through in reconciling the intimacy of



their relationship with their partner's work. The distinction of women not "mixing feelings" with their job represented an important form of boundary making that distinguished intimate partners from pimps and helped both partners cope with their situation.

Juan Carlos, age fifty-two, offered one of the most provocative and clear explanations of the emotional importance of sex workers' relationships amid the myriad challenges that couples faced. In discussing his six-year relationship with his wife, Paz, forty, he eloquently delineated the difference between physical and emotional relationship boundaries:

In a relationship like mine [with a sex worker], you need to define where sex ends and emotions begin. I think it is the same for my partner, because it is more of an emotional need that I need to give her because of her work, and in that sense I don't think there is someone out there who loves her like I do [*vaya a haber alguien que la vaya a querer a ella como yo la quiero*]. I also don't think that there is another woman who will love me like she does [*como ella me quiere*]. I don't feel that there is a threat, so there is no reason for me to be jealous, because the physical is just physical, and the emotional is a whole other thing. That is why I said that you need to define your relationship.

These brief sketches begin to materialize a key theme of this book: the emotional importance of sex workers' relationships emerges from and must be understood in relation to the broader circumstances of disadvantage and vulnerability that underpin their work. These circumstances put women into situations in which they—and their male partners—rely on sex work amid few other options. Sex work creates challenges to their pursuit of intimacy and necessitates adopting strategies of emotional boundary making.

As elaborated in the composite stories of Lucia and Jaime and Julieta and Mateo in chapter 2, sex work also shifts gender roles, complicates notions of masculinity, and introduces social and health-related risks through concurrent sexual relationships that threaten to create conflict and emotional injury to partners. In response couples strategically negotiate their competing risks to uphold their emotional fidelity to each other and prioritize their dangerous safe havens. As I argue throughout the upcoming narratives, it is critically important to understand how couples emotionally demarcate their relationships, which allows us to redraw the boundaries of "love" and "risk."

\* \* \*

Further complicating these relationships, sex work is often intertwined with drug use. For many couples, addiction reinforced women's need to engage in sex work to help support the couple. Couples who use drugs have daily physiological needs to cure, including people who use heroin who often need to inject anywhere from three to five times per day to stave off debilitating withdrawal symptoms. For couples like Jazmine, forty-six, and Eduardo, thirty, who both injected

heroin, “drugs don’t have a role” in their relationship—drugs are “*our reality*,” as Jazmine put it. How does a shared reality of drug addiction shape these intimate relationships?

Per eligibility criteria, all women enrolled in Parejas reported recent drug use, as this is an epidemiological indicator of risk for HIV and other health harms. While their male partners did not have to report drug use to enroll, the majority of these men also used drugs. Couples talked about their drug use and its role in their relationship in a range of ways, from it being the glue in the relationship because that is all they had ever known together, to something the couple shared that did not diminish their love for each other.

While there is a growing literature centering on the emotional dimensions of drug use among couples (e.g., Morris et al. 2019; Rhodes et al. 2017), some social theorists have remained skeptical. In writing about drug use, bell hooks (2001a) acknowledges that individuals who have suffered pain and hardship in their lives may turn to drugs to experience the pleasure and comfort that they have been unable to find elsewhere. In the process of developing an addiction, individuals become cut off from other people and focused on drug use, which, she asserts, keeps people from being able to love. But does drug use really erase any potential for love and care?

The couples in the forthcoming chapters all experienced chaotic drug use, and, as we will see, the answers are not always so clear-cut. While plenty has been written about drug use in terms of health risks, conflict, the vulnerability of women, exploitative relationships, and other negative angles, I am more interested in writing about drug use with love (Dominguez 2000). This doesn’t mean glossing over the ugliness of addiction, but it does entail digging beneath dominant narratives to explore the emotional side. It also demands an empathetic attention to the context of the border region, where saturated drug markets, drug-related violence, and the lack of evidence-based and humane drug treatment options for couples enact even further violence if partners want to seek help.

Some partners, like Jazmine, seem to have internalized dominant ideas about how drug use makes love a condition of impossibility: “They say an addict doesn’t love, ‘since they love themselves they can’t love any other person,’” she repeated from an unknown source. When not using drugs, “you get your feelings out and you’re more aware,” she admitted. But Jazmine and Eduardo have been together for two years, and she said she loves him (*lo quiero*). She wouldn’t want to leave him even if they stopped using drugs, and she might even appreciate him more if he were “normal” (not using drugs). Eduardo had a similarly complicated view of their relationship, as he explained: “With drugs I’m not romantic,” but “there are feelings” in the relationship, and he described them as “good partners.” Neither of them knew if they would ever stop using drugs, and, if they did, what that might mean for their relationship.

Addiction is a complex physiological, social, and emotional condition, and it is perhaps unsurprising that couples often shared ambivalence around quitting and worried what that could mean for their relationships. This was further complicated when partners had different desires and motivations for quitting or in cases in which both partners used drugs but had different patterns of use that did not align with each other (e.g., injecting heroin vs. smoking meth, with their different physiological responses). However, in all cases, drug use, quitting, and relapse are not individual actions but embedded within broader sets of social relationships. These themes are further explored in chapter 3 in the stories of Celia and Lazarus and Mildred and Ronaldo.

In fact, many couples admitted that while drug use was a shared “reality” that created hardships and health risks, they contested that drugs were the *only* reality of their relationships. In some cases couples in Parejas met each other because of drugs; in these examples each partner already lived through hardships and trauma that pushed them toward drug use, and finding another partner who had similarly suffered and soothed their pain with drugs fomented a shared understanding. Many of these couples insisted on defining themselves as more than their drugs use:

*The truth is, I am a person, and, above all, I am with her, and I am with her because I have feelings for her, right? But yes, everything started with drugs. If I remained with her when I started giving her drugs, it was with one thing in mind. . . . That's how our relationship started, and, I don't know, I imagine it was the same for her, right? If she remained with me, it was for drugs too, right? But now, there's feelings from her to me, and from me to her, more than anything.*

—ESTEBAN, AGE TWENTY-TWO

*My relationship with her is not based on drugs now; it's based on feelings [sentimiento] that I have for her. I am in love with her [estoy enamorado de ella], and I love her [la quiero] the same way with drugs or without drugs. I have told her, the day that I want to leave drugs because of boredom or because of medical necessity, to say it that way, I will continue to love her the same, and I need her more than I need the drugs. And the same if she wishes tomorrow to stop using drugs, she has all my support. . . . My relationship with her doesn't just revolve around a syringe.*

—GUILLERMO, AGE FORTY-FOUR

Can couples have loving relationships while using drugs? Is this only talk, or could it be that shared addictions refashion the possibilities for care, support, and understanding that people who use drugs otherwise fail to find in society? Chapter 4 explores these questions through the story of Cindy and Beto. Their relationship challenges common notions like that of Jazmine's, who internalized the idea that “an addict doesn't love” because of preoccupation with drug use. Chapter 5 further complicates these questions, as drug use is interwoven into the life histories of Maria and Gwen but leads to different health outcomes that shaped their intimate

relationships. Without romanticizing the experience of drug-using couples or ignoring the real health harms of drug use, abjectly dismissing possibilities for love in these relationships contributes to the dehumanization of people who use drugs and enacts further harm to partners. Attention to drug use not only for its production of health-related harms but for its deep entanglements in social and sexual relations can open up new ways of thinking about what it means to love and care in contexts of disadvantage.

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For sex workers and their intimate partners in the Mexico-US border region, lifetimes of trauma, drug addiction, and forms of social and economic exclusion converge to shape couples' emotional well-being and collective survival strategies. In the border context, economies with deep histories of sex work and sexualized geographies connected to the United States offer women an option for economic independence and survival. While many studies of sex work focus on health risks, violence, and hardships—and I don't gloss over that—other dimensions of sex workers' lives are equally important in understanding their well-being. This chapter provides a historical overview of Tijuana, focusing on its economies of sex and drugs, while paying homage to an evolution of research studies that began to push beyond the usual foci in sex work scholarship. Building on these histories, this book prioritizes a space for sex workers' relationships and the possibilities of love, just as sex workers have demanded.

This chapter also offers a basic description of the Parejas study, from which the couples in this book were sampled. Drawing on data from the larger study offers insight into experiences of love and care among sex workers and their non-commercial partners. It positions the experiences of couples in the forthcoming chapters not as outliers but as illustrative of the major themes we identified across our data sources in Parejas. While the strength of the emotional bonds, the kinds of love shared, and forms of support varied across the couples in Parejas, these relationships were foundationally important. What is significant is how little attention we have paid to this critical aspect of sex workers' experiences in research and global health policy.

Certainly, key questions remain. Of course love is more complex than a description; if love is a verb, then it also needs to be understood in terms of practice. How do couples demonstrate love and care, particularly in challenging social contexts? What can ethnographic case studies help us see beneath the epidemiologic indicators of risk? Some of the creative means that couples use to define their relationships and prioritize their emotional well-being in the context of concurrent sexual relationships and sex work are taken up in greater detail in the next chapter.