

**Inner-city female sex workers in Durban South Africa: A  
qualitative inquiry**

**By**

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## **DECLARATION**

I hereby declare that this dissertation is entirely my original work, unless otherwise indicated in the text. All citations, references and borrowed ideas have been duly acknowledged. This dissertation has not been submitted to any other University for any degree or examination purposes.

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## **DEDICATION**

To the marginalised women doing their best to survive

## ABSTRACT

**Background:** Female sex workers (FSWs) in sub-Saharan Africa and South Africa are classified as a most-at-risk-population with regards to HIV acquisition and transmission. This is due to the nature of their work, which involves multiple partnerships and risky sexual behaviour. In order to fight against HIV and AIDS and to reduce the rate of new infections among FSWs, their clients and the broader population, it is vital that FSWs are exposed to effective HIV-related health promotion interventions.

**Objectives:** Due to the criminalised and stigmatised nature of sex work in South Africa, FSWs are a hidden population. This makes it difficult to design and implement appropriate HIV-related interventions for this group. Using the ecological systems theory as a framework, the objective of this study was to characterise Durban inner-city FSWs by providing a detailed and current understanding of this vulnerable group, pertaining to who they are, where they work, the challenges they face in the sex trade as well as the type of health-care services they need. This will aid in informing the design, adaptation and implementation of more effective targeted HIV-related health-promotion interventions.

**Methods:** This qualitative-descriptive case study was conducted among 39 participants recruited through snowballing. The majority of study participants were black South African isiZulu-speaking street-based FSWs. This study made use of the constructivist paradigm, which enabled the researcher to understand the world of sex workers from their Individual-lived experiences. Data were collected through participant observations, focus-group discussions and key informant interviews. Data analysis was conducted using a framework analysis.

**Results:** The majority of FSWs trading in Durban inner city are born in KwaZulu-Natal, with some coming from neighbouring provinces and other African countries as well as China and Thailand. Most participants were street-based and sex occurred in unsafe environments such as the veld or abandoned buildings. These venues expose FSWs to violence especially from clients who demand unprotected sex which increases their risk of HIV. Due to the criminalised nature of sex work in South Africa, FSWs are often victims of crime and suffer extortion from the police in the form of bribes to avoid arrest. Support organisations such as *Lifeline* and *TB/HIV Care* provide HIV counselling and testing (HCT), and peer education to FSWs and refer FSWs for further care. However, FSWs prefer receiving health care directly

from these support organisations because of long waiting times at public health facilities, as well as the perceived stigma and discrimination from health care providers.

**Conclusion:** The challenges faced by Durban inner-city FSWs are similar to challenges faced by FSWs trading in other parts of South Africa and sub-Saharan Africa. Structural challenges such as the criminalisation of sex work make it difficult for FSWs to report the violent sexual crimes they experience at the hands of their clients. The police use condom possession as proof of engagement in sex work and go as far as confiscating condoms from FSWs. All these factors exacerbate FSWs exposure to HIV. Furthermore, HIV awareness among FSWs has not necessarily translated into behavioural change, especially when faced with the challenge of providing unprotected sex for more money. Health-promotion interventions need to strive to bridge the gap between knowledge and behavioural change. Even though this group has access to HCT, condoms and peer education, accessing follow-up care after being referred is a challenge due to time constraints and issues of perceived and internalised stigma. Effective health-care response for FSWs needs to be immediate and comprehensive to minimise the need for referral. Support organisations can work closely with sex worker sensitised clinics on site to provide health care. A sex worker clinic similar to the one in Hillbrow, Johannesburg or drop in centres would be beneficial for this group of sex workers. The government should also fast-track the provision of Pre-exposure prophylaxis (PrEP), test and treat as well as access to self-test kits to FSWs through health-support organisations.

## TABLE OF CONTENTS

DECLARATION .....	i
ACKNOWLEDGEMENTS .....	ii
DEDICATION .....	iii
ABSTRACT .....	iv
LIST OF FIGURES .....	ix
LIST OF TABLES .....	x
CHAPTER ONE .....	1
INTRODUCTION.....	1
1.1 Background.....	1
1.2 Rationale for the study.....	3
1.3 Aim and objectives of the study .....	4
1.4 Research questions .....	4
1.5 Ethical considerations.....	4
1.6 Outline of dissertation .....	4
CHAPTER TWO .....	6
LITERATURE REVIEW.....	6
2.1 Introduction .....	6
2.2 The history of sex work.....	8
2.3 definition of prostitution/sex work .....	10
2.4 The history of sex work in South Africa .....	12
2.5 Characteristics of sex work in sub-Saharan Africa and South Africa .....	13
2.5.1 Factors contributing to women’s entry into sex work .....	13
2.5.2 Age and length of time in the sex work industry .....	16
2.5.3 Sex work venues .....	17
2.5.4 Working with pimps .....	18
2.5.5 FSWs’ clientele.....	19
2.5.6 HIV/AIDS vulnerabilities of FSWs in sub-Saharan Africa and South Africa.....	20
2.6 Theoretical Frameworks explaining sex work.....	21
2.6.1 Ecological systems theory.....	23
2.7 Summary.....	26
CHAPTER THREE .....	28
RESEARCH METHODOLOGY .....	28
3.1 Introduction .....	28

3.2 Study background and setting.....	28
3.3 Research paradigm and design .....	28
3.4 Community engagement - research preparation.....	31
3.5 Sampling strategy and participant selection .....	32
3.6 Research instruments .....	33
3.7 Data collection procedures .....	33
3.8 Data analysis.....	35
3.9 Data verification .....	37
3.10 Summary.....	38
CHAPTER FOUR.....	39
FINDINGS .....	39
4.1 Introduction .....	39
4.2 Demographic characteristics of participants.....	40
4.3 Person-self .....	42
4.3.1 Country of origin.....	42
4.3.2 Identities.....	43
4.3.2.1 Age of entry into sex work.....	44
4.3.2.2 Experiences leading to sex work.....	45
4.3.2.3 The secret life of FSWs.....	45
4.4 Sex work settings.....	46
4.4.1 Street based FSWs .....	46
4.4.1.2 Terms of service on the streets.....	47
4.4.1.3 Territorial boundaries in the street trade .....	48
4.4.1.4 Contending with the police .....	49
4.4.2 Brothels .....	49
4.4.2.1 Terms of service in brothels .....	50
4.4.2.2 Requirements for working in Brothels .....	50
4.4.2.3 Safety of Brothels.....	51
4.4.3 Hotels .....	51
4.4.4 Escort agencies.....	52
4.5 Sex work clientele .....	52
4.5.1 Male clients of FSWs.....	53
4.5.1.1 Client selection.....	53
4.5.1.2 Good clients and Bad clients.....	54
4.5.1.3 Stealing from clients .....	55

4.5.1.4 Clients and condom use.....	55
4.5.1.5 Mobility as strategy to obtain clients .....	56
4.6 Interpersonal relationships.....	56
4.6.1 Intimate Partners .....	57
4.6.2 Pimps.....	57
4.7 Societal prejudice against sex workers .....	59
4.7.1 Access to health care and support services .....	59
4.7.2 Legal support services.....	60
4.8 Summary.....	60
CHAPTER FIVE .....	62
DISCUSSION .....	62
5.1 Introduction .....	62
5.2 Person-self .....	62
5.3 Entry into the sex trade.....	63
5.4 Sex work settings.....	66
5.5 Challenges encountered by FSWs in the sex trade.....	68
5.6 Sex work clientele .....	69
5.7 Appropriate health care support for FSWs .....	72
5.8 Summary.....	75
CHAPTER SIX.....	76
CONCLUSION, LIMITATIONS AND RECOMMENDATIONS .....	76
6.1 Conclusion .....	76
6.2 Limitations.....	78
6.3 Recommendations .....	78
REFERENCE LIST .....	82
APPENDIX A: INFORMED CONSENT LETTER .....	93
APPENDIX B: INTERVIEW SCHEDULE.....	95
APPENDIX C: ETHICAL CLEARANCE.....	97

## LIST OF FIGURES

Figure 1: Flow diagram depicting manuscript search.....	7
Figure 2: Understanding multilevel influences on the child.....	24
Figure 3: Integration of themes with theoretical framework.....	40

## LIST OF TABLES

Table 1: Themes and subthemes identified from the data.....	36
Table 2: Demographic characteristics of study participants.....	41

## **ACRONYMS**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	African National Congress
<b>ARVs</b>	Antiretrovirals
<b>CBD</b>	Central Business District
<b>DREAMS</b>	Determined Resilient Empowered AIDS-free Mentored and Safe
<b>FSW</b>	Female sex worker
<b>HAWKS</b>	South Africa's directorate for priority crime investigation
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBBS</b>	Integrated Bio Behavioural Survey
<b>MATCH</b>	Maternal Adolescent and Child Health
<b>NDoH</b>	National Department of Health
<b>NGO</b>	Non-governmental organisation
<b>PrEP</b>	Pre exposure prophylaxis
<b>SANAC</b>	South African National AIDS Council
<b>SWEAT</b>	Sex Worker Advocacy Taskforce
<b>TB</b>	Tuberculosis

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Prostitution has existed for millennia across all continents and cultures, and is considered the world's oldest profession (Whelehan, 2001). As the world changes, the nature of prostitution has evolved including how it is viewed from both a human rights and a health-care perspective. In this regard there are two feminist schools of thought outlined by Mgbako and Smith (2009), namely, the anti-prostitution feminist and the pro-sex worker group. The anti-prostitution feminist group characterises prostitution as exploitative, a form of sexual slavery, serving a misogynist patriarchal system. This group believes that women need to be saved from prostitution. In contrast, the pro-sex worker school-of-thought uses the human rights perspective, which advocates for sex workers to be protected and sex work legitimised as a profession.

Over the years, as sex workers became more vocal through protest and activism with the aid of sex worker organisations, the word 'prostitution' in some contexts was replaced with sex work (Mgbako & Smith, 2009). This is a politically-correct term which denotes the exchange of consensual-adult sexual services as work and is non-judgemental and calls for this type of work to be addressed through a labour-rights framework (Strathdee, Cargo, Butler, Bekker, & Beyrer, 2015). This thesis will use the term 'sex work' as opposed to prostitution mainly because it emphasises a human rights approach, but will, however, demonstrate the struggle between these two schools of thought and the effects this struggle has on the human rights of sex workers.

Some countries have taken the abolitionist stance on sex work and feel that getting rid of sex work will inherently decrease human trafficking (Halley, Kotiswaran, Shamir, & Thomas, 2006). However, the effectiveness of this approach has not been confirmed. Instead the result seems to be that sex work is being conducted underground, contributing further to the abuse of sex workers (Halley et al., 2006). The abolitionist stance has contributed to the criminalised state of sex work in most Southern African countries, including South Africa (Mgbako & Smith, 2009). Notably, countries in Southern Africa are plagued by poverty and inequality. Women are more likely to be less-educated, unemployed and poorer than men, as well as being providers for their children and families (Mcferson, 2010). Thus, some women who enter sex work in these countries do so as a means for survival (Chersich et al., 2013).

However, it is equally important to acknowledge that others willingly assume a sex worker identity and become vocal and clear about their choice to remain in the trade (Bricker, 2009). Their call is not to be 'rescued' but rather for sex work to be seen and understood as a chosen occupation that should be afforded the necessary rights under labour laws (Richter, 2008). Furthermore, there are several myths as clarified by Strathdee et al., (2015), shrouding the understanding of sex workers and why they sell sex for a living. Firstly, the common belief about sex workers is that they are all women. However, research and observation has shown that there are men who are either homosexual, bisexual, heterosexual or transgender who are in the sex trade. This study will, however, focus only on female sex workers (FSWs). Secondly, not all sex workers are trafficked or coerced into sex work. Thirdly, some hold the notion that sex workers are single without children. On the contrary, some of these women are in intimate, stable; non-paying partnerships and some are married with children. Fourthly, other misconceptions about sex workers include them not wanting to use condoms with clients. However, research has shown that there are various structural issues that hinder sex workers from adequately protecting themselves and their clients, such as poor availability of condoms and water- based lubricants.

The dilemma that exists between the anti-prostitution and the pro-sex work perspectives in the human rights sphere is such that criminalisation, due to the anti-prostitution approach, is seen to contribute to situations that hamper safe-sex behaviour among sex workers and their clients (Bekker et al., 2015; Mgbako & Smith, 2009). For instance, sex workers are victims of violence and abuse at the hands of their clients, but, because they do not have legal rights and are viewed as criminals in the eyes of the law, they cannot report the atrocities practised against them (Scorgie et al., 2013). They are also known to be abused by the police who charge them for selling sex, which, most of the time, they cannot prove, and thus detain them for breaking municipal by-laws such as loitering (Beyrer et al., 2015).

The criminalised and stigmatised nature of FSWs has rendered this group vulnerable to HIV infections (Bekker et al., 2015). They are a designated key population in need of targeted health-care interventions. In order to fight the spread of HIV and other STIs, the focus on key populations has become paramount to the overall victory against HIV and AIDS.

## 1.2 Rationale for the study

In general, key populations such as FSWs are poorly represented in national HIV-surveillance studies and health-care interventions because they are perceived as difficult to access (Baral et al., 2012; Richter, Chersich, Temmerman, & Luchters, 2013). Due to low levels of condom usage, FSWs are at high risk of contracting HIV and other sexually-transmitted infections (Dunkle et al., 2005; Lancaster et al., 2016). Therefore, it is no wonder that FSWs are 13.5 times more likely to be living with HIV than other women (Shannon et al., 2015).

Due to FSWs being hidden and hard to reach (Richter et al., 2013; Scheibe, Drame & Shannon, 2012), it is difficult to plan appropriate health-promotion interventions for this group. Thus undermining global and national targets such as the quest towards zero new HIV infections, as well as 90 90 90 (90 percent of all people living to know their status; 90 percent of all with HIV should be on antiretroviral therapy and 90 percent of those receiving antiretroviral therapy to achieve viral suppression by 2020). (Baral et al., 2012; Moore et al., 2014; SANAC, 2017; UNAIDS, 2010). In order to achieve these goals it is crucial to plan appropriate HIV-related health promotion interventions for FSWs. In doing so it is important to know the structural and occupational contexts of FSWs, such as who FSWs are, where they work, the challenges they face in doing sex work as well as their health-seeking behaviour and the type of health-care support they need as a vulnerable population.

According to Scorgie et al., (2012), studies have documented sex workers as transmitters of HIV, but do not adequately characterise them so as to provide a comprehensive understanding of this population. The few studies that attempted to do so in South Africa are context-specific and conducted mainly in Hillbrow, Johannesburg as well as in Cape Town. Studies conducted in Durban by Carney, Petersen, Pludderman and Parry (2015), Needle et al., (2008) and Parry et al., (2009) have focused mainly on drug-using FSWs and we, therefore, cannot assume that all inner-city sex workers in Durban are organised in the same way or exhibit the same characteristics. It is also worthy to note that very little is understood with regard to FSWs health needs in light of the challenges they face. This qualitative study seeks to broaden and contribute to existing knowledge on FSWs and assess whether or not sexual risk behaviour among sex workers previously profiled have changed in the era of widespread HIV awareness and access to ARVs. The findings from this study could be used as a situational analysis to inform researchers' understanding pertaining

to the Durban sex trade, and to inform HIV-related health promotion interventions that would best be appropriate for this population and context.

### **1.3 Aim and objectives of the study**

The aim of this study is to characterise Durban inner-city sex workers by providing a detailed and current understanding of this vulnerable group, to inform the design, adaptation and implementation of more effective targeted-HIV-related health promotion interventions. The specific objectives of this study are:

- To provide an understanding of who enters the sex trade.
- To understand the reasons FSWs provide for entering the sex trade.
- To explore the nature of the Durban inner-city sex trade.
- To investigate the challenges FSWs encounter in the sex trade.
- To provide an understanding of the type of health-care support needed by FSWs.

### **1.4 Research questions**

In order to achieve the above-mentioned aims and objectives of this study, the following research questions were asked:

- Who enters the Durban inner-city sex trade?
- What reasons do FSWs provide for entering the sex trade?
- What is the nature of the sex trade in Durban?
- What are the challenges associated with Durban inner-city sex trade?
- What type of health-care support is needed for Durban inner-city FSWs?

### **1.5 Ethical considerations**

This study made use of secondary-data analysis. Ethical permission for the primary study was obtained from the Ethical Review Board of the University of Cape Town, Cape Town, South Africa. Ethical approval for this study was obtained from the Humanities and Social Sciences Ethics Committee of the University of KwaZulu-Natal (protocol reference number HSS/1751/016M). This study was conducted in the Durban city centre with FSWs operating within the Durban region. It complied with ethical principles (e.g. informed consent, confidentiality of information, and voluntary participation). More detail about the ethical procedures that were followed during data collection will be presented in chapter three. See attached Appendix C for ethical approval from the above-mentioned institution.

## **1.6 Outline of dissertation**

The outline of the dissertation and various aspects of each chapter are presented below:

### *Chapter one: Introduction*

A brief background with emphasis on the rationale of the study is presented in this section.

### *Chapter Two: Literature Review*

An overview of the literature on FSWs is discussed with a specific focus on sub-Saharan Africa and South Africa. The chapter is concluded with a presentation of the theoretical framework that guided the study.

### *Chapter Three: Methodology*

An overview of the research methods in relation to research tradition, participant selection and instruments are discussed in this chapter, as well as procedures followed for data collection and analysis.

### *Chapter Four: Results*

The findings of the study are presented using a qualitative approach in relation to the research questions. The results are thematically presented through the analysis to convey, as closely as possible, the views and experiences shared by the FSWs.

### *Chapter Five: Discussion*

This section provides a discussion of the study findings. The findings are discussed in relation to the literature and the theoretical framework used in the study.

### *Chapter Six: Conclusion, Limitations and Recommendations*

The first section of this chapter provides a short summary, followed by the limitations of the study. Thereafter, the concluding comments and recommendations of the study are presented.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

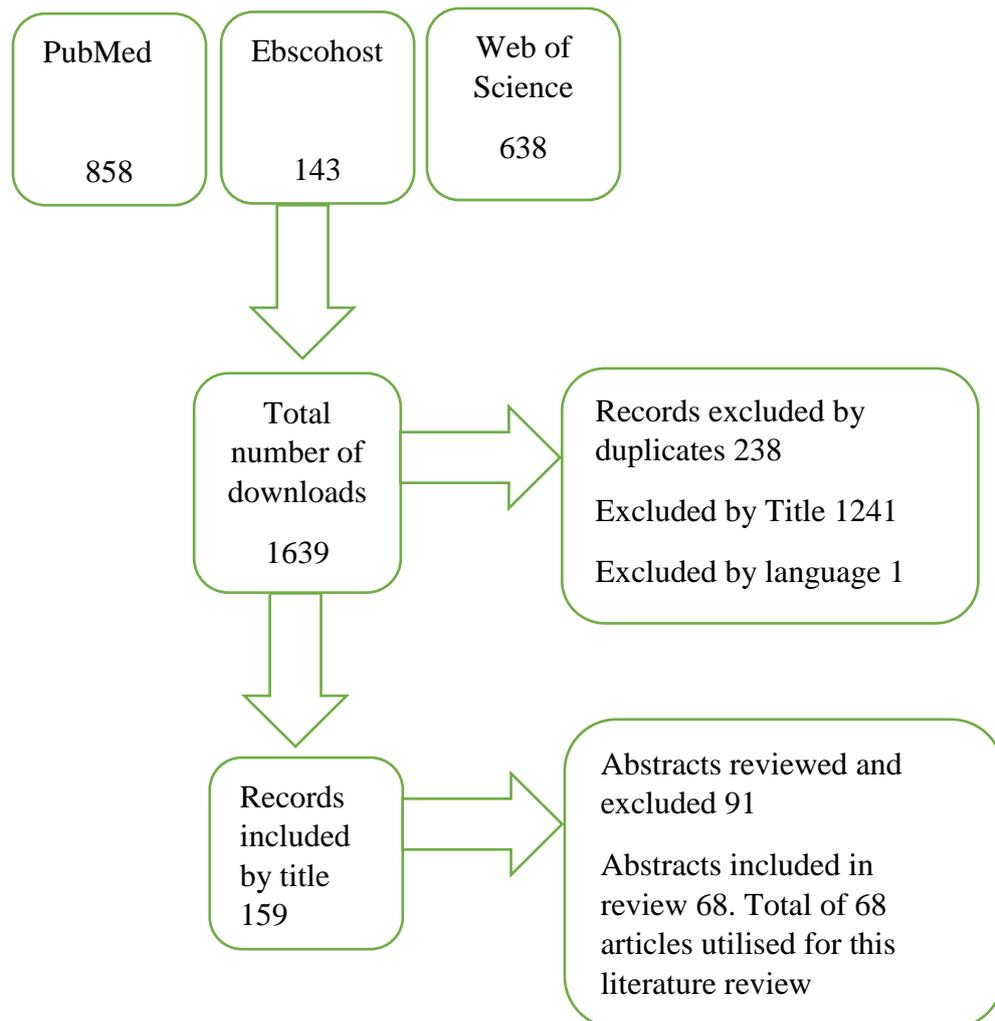
This literature review is based on a six-step scoping review methodology outlined by Arksey and O'Malley (2005), which involved firstly, identifying the research question, secondly, searching for relevant studies, thirdly, selecting studies, fourthly, charting the data, fifthly, collating, summarizing and reporting the results. The sixth step involves consulting with stakeholders to validate study findings. This literature review has followed the step one to five process. Three data bases were utilized for the search, PubMed, Ebscohost, and Web of science. The following search terms were used (sex workers or female sex workers) and (South Africa\* or sub-Saharan Africa\*). Each database yielded the following number of manuscripts: PubMed: 858, Ebscohost: 143 and Web of science: 638. The inclusion criteria were studies written in English conducted in sub-Saharan countries, including South Africa, on female sex workers in the last 15 years, focusing broadly on the history of sex work; FSW characterisation; sex work typologies; characteristics of the sex trade; and access to health care and HIV testing. From this search 238 duplicate titles were removed, one non-English title was removed, 1241 non-study related titles were removed, 91 non-study related abstracts were removed and then a total of 68 study-related abstracts were kept and all 68 studies both qualitative and quantitative were included for use in this literature review. Below is a flow-diagram that depicts the search process.

This literature review will provide a comprehensive description of sex work as an ever-evolving phenomenon, beginning with the history of sex work and how sex work has evolved along with society. This history dates back to a time when sex work was accepted and used as part of pagan (non-Christian) worship. However, when Christianity took over and instituted the marital law, sex work started being seen as one of the causes of moral decay. Under the marital law, women who were not married and not under the protection of a man where perceived as having loose morals, thus sex workers became viewed with disdain. The launch of the Industrial Revolution meant that men moved to the cities to find work and some poor women turned to sex work as a way of creating income for themselves. The history of sex work, particularly in South Africa, will provide an overview of how sex work has been criminalised to this day. The characterisation of sex work in sub-Saharan Africa and South Africa will describe the nature of sex work and how it is organised. This section will focus on women's entry into sex work, the age and length of time they spend doing it, the different

types of sex workers and venues of sex work, sex worker's clients, and mobility of sex workers as well as factors that contribute to the HIV and AIDS vulnerability of sex workers in sub-Saharan Africa and South Africa.

Figure 1

*Flow Diagram Depicting Manuscript Search*



## **2.2 The history of sex work**

Sex work has been described as the oldest profession, surviving through various eras of human history (Selfe & Burke, 2001). However, this description of sex work according to Bricker (2009), maintains the notion that sex work is trans-historical and trans-cultural. Trans-historical meaning that sex work has gone unchanged across space and time and is not unique to a particular context. The description of sex work being trans-cultural means it extends across various human cultures, its meaning and expression understood in the same manner throughout the centuries. This undermines the fact that sex work uniquely reflects the culture and context in which it occurs. Therefore, it is important to recognise how social, economic and cultural changes have played a role in shaping the characteristics of sex work in relation to the definition of sex work, societal attitudes and tolerance, as well as the laws and restrictions placed on sex work.

Societal structures have changed over the centuries and this has inevitably changed the nature of sex work. Prior to 2500 BC, societies were largely matriarchal, which elevated sex work (Selfe & Burke, 2001). Sex workers were regarded as socially and religiously powerful, used in ceremonies of worshipping of certain gods in temples, this being known as sacred prostitution (Faraone & McClure, 2006). “Sacred prostitution is defined as the sale of the body, with a portion of the profits going to a deity, usually a fertility goddess like Inanna or Aphrodite” (Faraone & McClure, 2006, p. 9). Interestingly, authors such as Stephanie Budin dispute the notion or existence of sacred prostitution stating that personnel serving in the Near East and Mediterranean temples performed duties that were not sexual in nature (Budin, 2008). However this is a debate beyond the scope of this literature review. The rise of Christianity ushered in patriarchy. Under Christianity, the marital law was instituted which encouraged monogamy, perpetuating the notion that women are weak and should be subservient to men and are in need of protection. Meaning that a woman needed to be married to receive a man’s protection and to be deemed as dignified (Brundage, 2009). Marriage demanded that a woman becomes faithful to one man and, if she behaved contrary to that, she would be shamed and shunned or even killed. However, these marital constraints applied more to women than they did to men, affording men the leeway to have external marital affairs (Brundage, 2009). This change translated to women in sex work being seen as bad because they were autonomous, not under the rule or protection of any man. This created an imbalance of power where men became dominant and thus could idealise or devalue prostitutes, labelling them as Madonna’s, or whores (Selfe & Burke, 2001).

The Industrial Revolution which occurred in the 18<sup>th</sup> and 19<sup>th</sup> centuries brought about a transition from agrarian to industrial societies (Allen, 2009). In South Africa, this industrial revolution was characterised by the discovery of gold and diamonds, which required men to move from the homelands to the mines. This rapid movement resulted in over-crowding and the creation of city slums characterised by poverty and unemployment (Wilson, 2011). Women in these environments turned to sex work as a means of survival because employment was designated for men who, in turn, took care of women (Hunter, 2007). This structure brought about the rise of three prominent types of sex work: women who had one regular client known as 'kept women'; women who worked in brothels, and women who solicited clients from the streets. The increase in sex work was considered especially by the middle class, as a sign of moral degradation and a decay of societal values (Erwin, 2005).

The loathing of sex work was further exacerbated by the spread of syphilis which was found among soldiers and sailors (Carpenter, 2000). The origin of syphilis has not clearly been established, but some early theories from the 16<sup>th</sup> century linked the origin of syphilis with leprosy, claiming that a Spanish prostitute passed it on to a leper and further passed it on to the soldiers of Charles the VIII (Tampa, Sarbu, Matei, Benea & Georgescu, 2014). The Contagious Diseases Act was passed in various countries around the world including South Africa. This Act called for the inspection of women for syphilis, sex workers and non-sex workers. This inspection resulted in women getting exposed to unsafe treatments containing mercury which led to poisoning and death. This resulted in the further discrimination of women, especially sex workers, who were seen as instrumental in spreading the disease, leading to further societal notions of anti-prostitution by religious and morally-based institutions seeking to abolish sex work entirely (Tampa et al., 2014).

The 1950s saw further efforts to eradicate sex work and laws were passed which made it illegal for sex workers to solicit clients (Bricker, 2009). However the sixties were a different era. According to Allyn (2000), it was a time characterised by the rise of popular culture evident in music and films which reflected the major events of that time marked by the cold-war politics, civil-rights movements, student protests as well as the Vietnam War. The famous slogan 'make love not war' was coined in this era which meant that sex is better than war (Allyn, 2000). This era of sexual freedom brought about a tolerance of sex workers giving them an opportunity to express themselves, further exploring the business of sex work. However the maintenance of social order still existed through the repression of sexual freedom up to the current 21<sup>st</sup> century, where sex work faces public and legal condemnation.

However, sex workers are described as being exposed to patriarchal domination and oppression and subjected to male violence with little or no protection from societal structures (Bricker, 2009).

### **2.3 Definition of prostitution/sex work**

The term ‘prostitution’ comes from the Latin word ‘prostituta’ derived from the words ‘pro’ and ‘statuere’ which means ‘to cause to stand’ ‘to set in place’, which refers to the practice of standing in public to solicit clients. “The word prostitution essentially means to expose publicly or to offer for sale” (*South African Law Commission*, 2009, p. 9). The sale is that of sexual activity in return for payment or the “sacrifice of one’s morals and dignity purely for financial gain” (*South African Law Commission*, 2009, p. 9).

*The South African Law Commission* (2009), acknowledges that to define sex work is a complex endeavour. This complexity is as a result of the shifting societal values that change over time. For example in a country like South Africa, it has for a long time been socially acceptable and expected that when a woman engages with a man sexually then the man responds by providing the woman with money or material goods as a sign that he values her (Hunter, 2007; Jewkes, Morrell, Sikweyiya, Dunkle, & Penn-kekana, 2012). The exchange of goods other than money for sex has been classified as transactional sex. However, there remains a difficulty in maintaining a clear distinction between the two, especially here in South Africa, where intergenerational sex is common between older men and younger women who engage in these relationships mainly for financial gain. This is commonly known as the ‘sugar-daddy’ phenomenon (Dunkle et. al, 2004). Interestingly, women who engage in these types of relationships, whether intergenerational or otherwise, for financial and material gain, do not identify themselves as sex workers. In fact, they shun the idea of sex work completely. They have their own distinct characteristics which they attribute to sex workers. In Wojcikicki’s (2002) study that she conducted with women in Soweto and Hammanskraal in South Africa, the women argued that the expectation of gifts or money from a man after sex is not sex work. They, however, described sex workers according to their place of work, manner of dress and behaviour. A sex worker was described as someone who works in Hillbrow (an area outside the Johannesburg city centre) wears short, revealing clothing, exposing their body to men in bars and other public places. Their behaviour is considered immorally explicit and consorting with several men in a day. Sex workers also have to contend with the police because they are known to be doing something illegal. However, women who meet men in bars and taverns do so for fun and not solely for money, which they

claim is the case with sex workers. All these were factors these women used to distinguish themselves from sex workers (Wojckicki, 2002).

These existing complexities make it difficult to come up with a definition of sex work that is culturally understood (Jewkes et al., 2012; Wojckicki, 2002). *The South African Law Commission* defines a prostitute as, “a female who engages indiscriminately in carnal intercourse or acts of indecency for a pecuniary reward” (*South African Law Commission*, 2009, p. 76). However, Bicker (2009), provides a critique of this definition firstly stating that sex workers are able to discriminate and choose the kind of clients they want and, secondly, sex workers are not only female but male too. Sex work in South Africa is currently prohibited and treated as a criminal offense and falls under the *Sexual Offenses Act 23 of 1957* that states that any person who has unlawful carnal intercourse or commits acts of indecency with any other person for rewards commits an offense. The penalty faced by the perpetrator includes a fine or imprisonment (*South African Law Commission*, 2009, *Section 20 (1) (Aa) of Act 23 of 1957*). Unlawful carnal intercourse is described as sexual intercourse taking place between unmarried persons. Not all carnal intercourse is termed unlawful except when it takes place with under-age persons or when performed for a reward. This is intercourse through penetration of the vagina by a male penis. The commission has since expanded this description for the recognition of the rights of gay men to engage in consensual anal sex. Therefore, it can be concluded that the term carnal intercourse includes both vaginal and anal sex (*South African Law Commission*, 2009).

Acts of indecency refer to practices that are offensive and contrary to recognised societal standards of decency. The courts have extrapolated from the dictionary to define indecency as unbecoming, in extremely bad taste, unseemly or immodest (*South African Law Commission*, 2009). With regards to charging a person with prostitution, proof is needed that the person has engaged in carnal indecent intercourse for a reward or payment. No person should be arrested because of suspicions that they are a sex worker or if they seemingly fit the stereotypical profile of a sex worker. The law against sex work is said to be gender-biased in the sense that when two consenting adults engage in sexual intercourse, the female is the one that bears the brunt of arrest (Decker et al., 2015). That being said, the South African criminal law has been amended to include penalties on the people who buy sex. *Section 11 of the criminal law (Sexual Offenses and Related Matters) Amendment Act of 2007* clearly states that, “A person (‘A’) who unlawfully and intentionally engages the services of a person who is 18 or older (‘B’), for financial or other reward, favour or compensation to ‘B’ or a third

person ('C') for the purpose of engaging in a sexual act with 'B' irrespective of whether the act has been committed or not; or by committing the sexual act with 'B', is guilty of engaging the sexual services of a person 18 or older." (Richter, 2008, p. 324). Thus this act prohibits the buying of sex, however the clients of sex workers are barely prosecuted, they remain invisible while sex workers are the ones who suffer regular arrests and police brutality (Richter, 2008).

#### **2.4 The history of sex work in South Africa**

Sex work in South Africa has been transforming in line with the historical and political changes that have occurred over the decades. Colonial South Africa displayed a tolerance of sex work. The first law to regulate sex work was instituted in 1895 but was not severely enforced (Wojcicki, 2003). The Apartheid government was concerned with regulating sexual activity through the *Sexual Offenses Act of 1957*, *The Immorality Act of 1950* as well as the prohibition of the *Mixed Marriages Act of 1949*. These laws sought to regulate sexual relations among people in general as well as prohibit sexual practices between different races, prostitution as well as homosexuality (Wojcicki, 2003). However, the law did not necessarily focus on prostitution as a separate sexual offense. Interestingly, following the hype of the 1960s with the rise of popular culture mentioned in the preceding paragraphs, South Africa moved towards the legalization of sex work during the 1970s, a cause which was fought by the white minority who had the right to political action. However, those debates were overshadowed by the argument that sex work would result in unprecedented public health issues as it was seen as a vehicle for the spread of diseases (Wojcicki, 2003).

Furthermore, South Africans under Apartheid held contrasting views with regards to sex work. Some were of the opinion that non-White African sex workers spread diseases to White men who solicited their services (Bricker, 2009). These White men were considered as displaying deviant behaviour in need of psychological help. However, others were of the opinion that the availability of sex workers would play a significant role in the prevention of rape, as sex workers would provide an outlet for men to ease their sexual tensions (Wojcicki, 2003). Thus these contrasting views further perpetuated existing myths about sex work such as it being the cause of marital disintegration, as well as perpetuating the notion that men have an insatiable sex drive and cannot control their urges, thus needing sex workers as a source of release (Wojcicki, 2003). The way in which sex work evolves depends on the views held by society at a particular time, attesting to its change and fluidity over time, space and culture (Bricker, 2009).

The demise of Apartheid in 1994 saw the rise of a new democratic South Africa, which ushered in a new *Bill of Rights* which pronounced South Africa as having one of the most progressive constitutions in the world (Walker, 2005). *The Bill of Rights* focused on equal rights for all persons including women and children who had minimal rights under Apartheid. This also meant that the bill was kindly disposed towards sex workers (Richter, 2008). This seemed like a fertile ground for the legalisation of sex work by the new government. However, a counter discourse was taking place between black and white South Africans. The black community believed that sex work was immoral and ‘un-African;’ that it was not in keeping with African values and should not be legalised. Thus the various attempts made to legalise sex work in 1998 with the ANC (African National Congress) government having had approved a draft legislation, has not come to effect (Richter, 2008; Wojcicki, 2003).

In essence it is evident that the dialogue around sex work in South Africa has changed over the years. The change in the discourse around sex work is due to the social, economic, and political transformation that has occurred, which has influenced societal perspectives on sex work. The history of South Africa provides great insight to the present situation and relationship dynamics between men and women, and the cycles of violence and abuse that exist. The expectation of men to play the provider-role continues to subject women to abusive, submissive relationships where they are given money or gifts to pacify them into believing that those are expressions of love. In this next section the characteristics of sex work in sub-Saharan Africa and South Africa will be discussed.

## **2.5 Characteristics of sex work in sub-Saharan Africa and South Africa**

The characteristics of sex work will focus particularly on factors contributing to women’s entry into sex work; the age and length of time they spend in the sex trade; working with pimps; FSWs’ clientele; as well as the HIV/AIDS vulnerabilities of FSWs in sub-Saharan Africa and South Africa.

### **2.5.1 Factors contributing to women’s entry into sex work**

According to the World Bank, poverty in Africa has decreased from 57 per cent in 1990 to 43 per cent in 2012 (Beegle, Christiaensen, Dabalén & Gaddis, 2016). However, because of the expansion in population size which is as a result of general increased-life expectancy, extreme poverty afflicts approximately more than 100 million people. The world’s poor are largely concentrated in Africa where the majority are living on less than a

dollar a day (Beegle et al., 2016). Southern Africa is characterised by high levels of inequality. Countries such as South Africa, Swaziland and Botswana, just to name a few, are among the top 10 most unequal countries in the world. This inequality can be attributed to factors such as unequal access to education, geography and demography (Handley, Higgins, Sharma, Bird & Cammack, 2009). For example, a young woman who is born in a village to an uneducated and unemployed mother and father is likely to find that she is unable to finish school due to economic difficulty which decreases her prospects of employment. This situation is described by the World Bank as the inequality of opportunity, whereby structural factors that one has little or no control over affect their prospects of a brighter future (Beegle et al., 2016, Cogneau & Mesple-Somps, 2008). Being born poor often means that one receives less human development in the form of education, which may hinder or diminish self-actualization, which in turn affects one's aspirations. The feeling that the odds are against you and that there are no prospects of wealth or lack of belief in one's abilities to rise above their current circumstances, tends to render a person living in this situation as apathetic, resigning themselves to their fate which in turn determines the kind of decision they make (Cogneau & Mesple-Somps, 2008). This is different for someone who has access to education and basic necessities as they are able to reach a point of self-actualization and are able to take risks and engage in activities that provide them with financial as well as social rewards. For example, people who have the resources to find decent paying employment, start businesses, or write books are not the type of people who live worrying about where their next meal will come from. Therefore, they are better able to use their time doing things that they can get greatly rewarded for in the form of income as well as recognition. Therefore, the gap that separates the rich and the poor is not only income but opportunity as well (Beegle et al., 2016; Handley et al., 2009).

The majority of women selling sex have similar stories that reflect structural and familial problems that have led them into sex work. Various studies describe women entering into sex work as having come from broken homes and poor disadvantaged backgrounds, with low levels of education and a lack of skills for other types of formal and informal work which limits their prospects for employment (Fielding-Miller, Dunkle, Cooper, Windle & Handley, 2016; Scorgie et al., 2012). A study by Pretorius and Bricker (2011), conducted in South Africa, highlighted how all the participants in their study who were FSWs referred to their dysfunctional childhoods as one of the factors that led them into sex work. Participants in the study recall being abandoned by their mothers for long periods of time, left in the care of

relatives where male relatives frequently abused them. A study by Fielding-Miller et al., (2016), conducted in Swaziland, which is one of the countries in Southern Africa characterised by high levels of inequality and unemployment, described how poverty and food insecurity drove women into sex work. Other studies have also shown that poverty and unemployment have created a situation where women find themselves having to contend with risky sexual behaviour with the aim of making money to purchase food for themselves and their children (Oyefara, 2007). Some of these women are also single mothers having to leave their children with relatives to go into towns and cities to sell sex (Fielding-Miller et al., 2016; Gould, 2014; Pretorius & Bricker, 2011; Scorgie et al., 2012; Tekola, 2005).

It is, however, important to note that the decision to sell sex is one of complexity and cannot be attributed solely to structural push-factors (Scorgie et al., 2012). A study conducted in Hillbrow, South Africa by Stadler and Delany (2006), outlines the complexity that exists around the discourse of women's entry into sex work. In their study, participants stressed that they were tricked into sex work. They were told by friends and family living in Johannesburg about prospects of employment, and upon arriving, were forced into sex work. Another study conducted in Cape Town by Gould (2014), noted that 72 per cent of street-based sex workers were introduced into sex work by friends, 50 per cent of indoor-sex workers got into the business on their own, stating openly that they were given an opportunity to leave the brothel at the time of recruitment or entry. A small number said that they were recruited deceptively through advertisements looking for masseuses or lingerie models. Upon arriving for the interview they were told what the work entailed and were free to opt out if they so wished.

An organisation known as the Sex Worker Advocacy Taskforce (SWEAT) in South Africa, describes sex workers to be in need of 'rights and not rescue' ([www.sweat.org.za](http://www.sweat.org.za)). This attests to the notion that some women choose to engage in sex work through a conscious decision to do so. For instance, studies have shown that some women view the selling of sex as entrepreneurial, a way to make enough steady income to gain independence from men (Pretorius & Bricker, 2011; Scorgie et al., 2012). Other studies describe non-economical motivations such as the desire to escape from a domesticated, boring rural life, conflict and abuse, as well as to free themselves from forced marriages or to secure independence from traditional gender norms (Campbell, 2000; Scorgie et al., 2012). Women who enter into sex work in sub-Saharan Africa commonly report a history of marital disruption. Studies have reported that between one and two-thirds of FSW's are divorced or separated (Homaifar & Wasik, 2005; Pretorius & Bricker, 2011; Scorgie et al., 2012). A study in Kenya found that

the majority of the women interviewed had moved residence following a divorce to look for work as well as to escape from divorce-related stigma (Scorgie et al., 2012; Voeten, Egsah, Ondiege, Varkevisser & Habberman, 2002). It is evident that there are a plethora of reasons why women enter sex work, thus it would be superficial to attribute their entry solely to economic difficulty.

### **2.5.2 Age and length of time in the sex work industry**

Studies have shown that the average age of women in sex work is between 24 and 31 years. Ghana has recorded a median age of 37 years (Scorgie et al., 2012) while the Congo DRC has documented the existence of underage sex workers between the ages of 14 to 18 years (Aklilu et al., 2001; Elmore-Meegan, Conroy, & Agala, 2004). In Nigeria, 16 per cent of indoor brothel-based FSW were found to be younger than 20 years of age (Scorgie et al., 2012). It has been noted that girls close to areas with a demand for sex work tend to start selling sex at an earlier age. For example, a study in Kenya found that young girls who lived near Nairobi and Kisumu entered sex work four years earlier than girls in rural areas (Elmore-Meegan et al., 2004; Scorgie et al., 2012; Voeten et al., 2002). A study by Richter et al., (2013), in South Africa recorded an average sex work debut age of 24 years among sex workers in Cape Town.

A survey conducted in Cape Town by Gould (2014), found that the mean length of time that women spend selling sex indoors was 4.6 years. The mean length for outdoor street based sex workers was 6.5 years and 75 per cent of FSWs selling sex on the streets worked on and off. They exited and entered the business erratically depending on their personal life circumstances. For instance, a woman will meet a man who fulfils her financial needs and after the relationship ends, she then goes back into sex work (Mbonye et al., 2013; Tekola, 2005). Some studies have tried to correlate length of time in sex work with HIV infection. These studies concluded that young FSWs who are new in the trade, working for less than a year are more prone to HIV infection than others. They attribute this to inexperience in navigating the gender-power imbalances that exist among the FSWs and their clients, therefore struggling to ensure consistent condom-use with clients (Scorgie et al., 2012; Sopheab, Morineau, Neal, Saphonn & Flykesnes, 2008). However, there has been conflicting evidence on this issue, with other studies stating that the longer one is in the business the higher the risk of HIV infection due to cumulative exposure to HIV (Sopheab et al., 2008).

### **2.5.3 Sex work venues**

The selling of sex takes place in a variety of indoor and outdoor settings such as brothels, hotels, escort agencies, streets, bars, hotels, massage parlours, road-side truck stops, as well as sex worker's homes (Gould, 2014; Scorgie et al., 2012; Richter et al., 2013). Some of these venues such as the street and bars are where sex workers meet clients and then negotiate with them where they will have sex (Campbell, 2000; Hubbard & Zimba, 2003). Streets that are hotspots for sex work are usually busy with people going to bars and clubs for entertainment (Mbonye et al., 2013). FSWs stand in places where they can be visible to passing men to get their attention. Some use gestures and call out to potential clients. Once a client stops and approaches the FSWs, it is then that the price and venue for sex is negotiated (Mbonye et al., 2013). Usually the starting price is fixed for women working on a particular hotspot. Prices are fixed by those sex workers who have been trading in the spot for a much longer time (Elmes et al., 2014). The fixing of prices is a way FSWs try to create order and control of the market and women who charge less tend to get chased away from the hot spot. However, the fixing of price does not always apply when clients offer to pay more money for sex without a condom and some FSWs are tempted to provide this or risk losing a client to a willing contender (Mbonye et al., 2013; Elmes et al., 2014). Prices vary depending on the length of time a client wants to spend with the sex worker and the preferred sexual act. Anal and oral sex are usually higher in price than vaginal sex (Elmes et al., 2014; Stadler & Delany, 2006). According to Stadler and Delany (2006), at the time of their study, the price for short-time (amounted to one ejaculation/round, under 30 minutes) vaginal sex ranged from R20 (\$1.45) to R50 (\$3.63) and from R250 (\$18) to R1000 (\$72) for the whole night for street-based sex workers.

Some street-based sex workers have sex with clients in hotels. Clients who cannot afford to pay for a hotel room are serviced in a client's car or apartment (Agha & Nchima, 2004; Pauw & Brener, 2003; Scorgie et al., 2012). These venues expose sex workers to violence because they do not have any form of security. Thus street-based sex work is regarded as the most dangerous because FSWs have to contend with the risk of being robbed, raped, assaulted or murdered, the perpetrators being clients and criminals (Stadler & Delany, 2006).

Escort agencies, brothels and hotels are regarded as safer venues because they usually consist of some measure of security (Pauw & Brener, 2003; Scorgie et al., 2012). However, most countries in Africa, with the exception of Nigeria, do not consist of large-scale brothels that

are common in Asia (Godin et al., 2008) A study in Kenya reported a total of 6 per cent of FSWs who worked in brothels and, in West Africa, a large proportion of FSW operate from home (Elmore-Meegan et al., 2004). Some studies have made links with venues of sex work and social status or hierarchies within the industry (Scorgie et al., 2012). Street-based sex workers are said to consist mainly of FSWs with low levels of education who charge relatively low prices compared to their brothel, hotel or escort agency counterparts (Stadler & Delany, 2006). Gould (2014), provides income levels of sex workers working in various settings. For example, a street based FSW with low levels of education makes approximately an average of R3, 771 (\$273) per month. However, an indoor FSW with more than a secondary school education can make an average of R25 000 (\$1, 816) per month. Interestingly, these figures are not far from what other tertiary-educated women who work outside the sex trade make. As much as 84 per cent of indoor and 75 per cent of street based FSW have worked in other jobs such as Retail or domestic work, with some street-based FSWs working as hairdressers and hawkers to supplement their income (Mbonye et al., 2013; Richter et al., 2013; Scorgie et al., 2012).

FSWs are regarded as a highly mobile population. This mobility is as a result of fear to engage in sex work in areas in which they live among friends and family to avoid being 'discovered'. Thus, they prefer to work in places far away from home in towns and cities, environments that are lucrative for sex work (Sangaramoorthy & Kroeger, 2013). Mobility occurs in different ways, such as the movement of a FSW from one hot spot to the next, depending on the time of the day or month when they are likely to get clients (Mbonye et al., 2013). Some brothel-based sex workers are said to go to the streets to solicit clients when the indoor business is slow or move from one area, town or city in search for more clients (Gould, 2014).

#### **2.5.4 Working with pimps**

It is often assumed that FSWs work with pimps. However, a study in Cape Town showed that 97 per cent of street-based FSWs work without pimps or intermediaries (Gould, 2014). The FSWs accept money directly from clients and this gives them some autonomy over their work and the number of clients they are willing to service (Scorgie et al., 2012). On the contrary, brothel-based FSWs pay a fee to the brothel owner who organises clients. In some establishments FSWs have to find their own clients, but have to pay for rent and security. Failure to pay may result in immediate eviction (Hubbard & Zimba, 2003; Stadler & Delany, 2006).

### **2.5.5 FSWs' clientele**

There is generally very little documented about clients of FSWs due to their hidden and inaccessible nature (Jewkes et al., 2012; Vuylsteke et al., 2003). Studies that focus on groups that seek the services of FSWs report mainly on their vulnerability to HIV. These being long-distance truck drivers, miners, seasonal agricultural workers, sailors, as well as men in the military (Ferguson & Morris, 2007; Merten & Haller, 2007; Trotter, 2007). These groups of men are described as working in stressful environments, and they are isolated and lonely, away from their families and spouses with no social support (Campbell, 2000). Often these men find themselves accessing local taverns for entertainment to relieve stress often meeting FSWs for companionship and sex (Meekers, 2000). However, clients are not only from these selected groups and are often residents from the surrounding local areas (Ferguson & Morris, 2007). These clients vary from being once-off, casual, regular clients, to being boyfriends (Scorgie et al., 2012). FSWs report using condoms with one-time clients, however, they differentiate the emotional connection they have with their partner or boyfriend by not using condoms which increases risks of infection (Luchters et al., 2013).

FSW's report having a different number of clients depending on the season, occasion or time of the month. One study found variations in the number of clients FSWs see per day from one client per day to a mean of 34 clients per week (Deceuninck et al., 2000). A study in Kenya found that urban township FSWs reported a median of nine clients per week as opposed to their rural counterparts who reported a median of four clients per week (Elmore-Meegan et al., 2004). The number of clients is dependent on various factors such the localised demand for sex, the price for sex, as well as the number of women working in that particular area (Wojcicki, 2002). Evidently, FSWs who charge lower prices tend to see a higher volume of clients per day so as to make enough money for the day, as opposed to FSWs who charge higher prices and are thus able to make their preferred daily income from fewer clients (Scorgie et al., 2012).

Clients are also considered as a 'bridge population' in the transmission of HIV from FSWs to their partners who are not in the sex trade such as wives or girlfriends. However, more research is needed in this area (Beyrer et al., 2015; Carael, Slaymaker, Lyerla & Sakar, 2006). A study conducted in South Africa among a sample of 1645 men from the ages of 18-49 found that 18 per cent of men had sex with FSWs and the 25-34 age group were more likely to buy sex than the other age groups. The older age group reported engaging mainly in transactional sex and they were predominately black African (Carael et al., 2006; Jewkes et

al., 2012). Coloured men tended to engage in both sex with FSWs as well as in transactional sex. Indian men were less likely to engage in transactional sex, but report engaging with FSWs (Jewkes et al., 2012). Low-income earning men (earning R1000-2000 per month) reported engaging predominately in transactional sex while relatively higher-income earners (over R5000 per month) solicited the services of FSWs. Cohabiting, divorced or widowed men were more likely to report engaging in both transactional sex as well as soliciting the services of sex workers (Jewkes et al., 2012).

### **2.5.6 HIV/AIDS vulnerabilities of FSWs in sub-Saharan Africa and South Africa**

In recent years, countries in Eastern and Southern Africa have seen 40 000 fewer HIV infections in 2015 which is a 4 per cent decline from 2010 (UNAIDS, 2016). These declining trends can be attributed to protective factors such as increased condom-use, increased access to anti-retroviral treatment (ART), and progress in preventing mother to child transmission (UNAIDS, 2016). However, female sex workers among other key populations are regarded as the residual drivers of HIV transmission (Baral et al., 2012; Gomez, Venter, Langer, Rees & Hankins, 2013). A survey conducted in three South African cities among FSWs showed an HIV prevalence of 71.8 in Johannesburg, 39.7 per cent in Cape Town and 53.5 per cent in Durban (UCSF, Anova Health Institute & WRHI, 2015). A call has been made for concerted efforts to address the susceptibility of FSWs to new HIV infections and transmissions (Baral et al., 2012; Moore et al., 2014).

Access to health-care among FSWs is hindered by factors such as stigma and discrimination from health-care providers, and frequent arrests from the police. All these are some of the structural problems that have been identified as deterring FSWs from seeking and accessing health care (Beyer et al., 2015; Konstant, Rangasami, Stacey, Stewart & Nogoduka, 2015; Mountain et al., 2014; Scheibe et al., 2012). It has been argued that sex workers are in need of regularly-targeted health care interventions if South Africa is to win the fight against HIV. (Lancaster et al., 2016).

Studies showed that FSWs are knowledgeable about HIV and safe sex practices. However, they are exposed to gender-based violence and physical abuse (Dhana et al., 2014; Mountain et al., 2014; Richter et al., 2013; Wechsberg, Luseno, Lam, Parry & Morojele, 2006). Thus they do not always prioritize health when faced with challenging situations, such as clients willing to pay more for sex without a condom (Carney et al., 2015; Elmes et al., 2014). Previous studies have argued this to be a result of both economic and physical safety

concerns (Campbell & Mzaidume, 2001; Carney et al., 2015; Hampanda, 2013). By insisting on safe sex, FSWs risk physical and sexual abuse from clients and loss of possible income, a pattern well demonstrated in the literature (Konstant et al., 2015; Parry et al., 2009; Voeten et al., 2002). The prospect of receiving more money and avoiding violence creates pressure that incentivises FSWs' engagement in risky sex (Needle et al., 2008; Parry et al., 2009; Voeten et al., 2002).

Furthermore, FSWs mentioned that the responsibility to carry condoms rested largely with them. However, they come across clients who refuse to utilize free *Choice* government condoms, insisting on commercialised brands too costly for FSWs to buy (Konstant et al., 2015; Malta et al., 2006; Needle et al., 2008; Richter et al., 2013). A study by Baker, Guillen, Miranda, Sigel and Cloete (2015), explored custom-fitted male condoms as a sexual-health intervention in Cape Town and outlined concerns expressed by heterosexual males with regards to use of free government *Choice* condoms. Data showed that 67 per cent of heterosexual males complained largely of condom-fit, function, breakage as well as slippage. These findings provide an explanation of some of the difficulties experienced by the FSWs in attempting to insist that clients use condoms.

A recent survey conducted along a transport route (N3) in South Africa, connecting Durban and Johannesburg, showed that 90.6 per cent of FSW are HIV positive (Grasso et al., 2016). This finding coincides with the new legislation announced by the South African Department of Health (DoH) and the South African AIDS council (SANAC), in early 2016 ,about the provision of pre-exposure prophylaxis (PrEP) to FSW, which will aid in fighting against new infections (Gonzales, 2016). The introduction of PrEP amongst FSW is coming at a time when FSWs are aware of their vulnerability to HIV. This awareness should be nurtured and encouraged, so that FSWs can convey HIV-awareness even to their clients (Grasso et al., 2016). A study by Morris, Wawer, Makumbi, Zavisca, and Sewankambo (2000), mentions that mobile populations should not only be viewed as bridge populations to the spread of HIV, but should also be seen as potentially effective in spreading messages on condom-use and HIV education.

## **2.6 Theoretical frameworks explaining sex work**

There are four major theories that attempt to understand sex work, such as; *Functionalist theory*, *Social interactionist theory*, *Classification theory* as well as the *Ecological Systems theory* (Bricker, 2009). Insights from these theories are considered in this

study. According to Järvinen (1993), the *functionalist theory* seeks to explain the cause and existence of sex work. This theory classifies sex work as being one of the oldest professions in the world, which has transcended unchanged over the centuries in different parts of the world. This theory portrays men as having an insatiable sexual drive and sex workers provide an outlet for men to experience the sexual fantasies that are not being fulfilled by their wives. *Functionalism* holds that the monogamy that has been instituted in society through marriage has indirectly created a demand for sex workers. This is opposed to societies that allow open marriages and relationships, thus creating no need for sex workers, as men would not need to hide their desires and need for variety in sexual relationships. The theory further believes that sex work provides a safety net in society in terms of decreasing the levels of rape (Järvinen, 1993).

The *social interactionist theory* views sex work as something fluid that has changed over time and place (Bricker, 2009). This theory considers how sex workers are defined and classified in society while the client is deemed anonymous and their identity not interrogated. This theory outlines this double standard where women who have relations with different men or clients are easily labelled as whores, and yet the men who sleep with these women continue being unlabelled and unknown (Järvinen, 1993). This theory sees sex work as being a career determined by financial gain, non-reproductive sex, promiscuity, non-selectivity, temporariness, and emotional indifference (Järvinen, 1993).

The *classification theory* focuses on describing societal attitudes towards sex work. According to Selfe and Burke (2001), this theory emphasises the importance of defining sex work for the purpose of containing or controlling it. It holds that, if society seeks to control sex work, it needs to have a clear understanding of what the phenomenon is. This theory argues that street-based sex workers are more public than brothel-based sex workers. This publicity has, therefore, made them a target of societal stigma. It further notes that sex work would have been more tolerated if it were hidden. The theory also describes street-based sex workers as being non-selective and non-exclusive in terms of the clients they serve. They are thus deemed as being the promiscuous ones inciting social undesirability and interference from the law. Brothel-based sex workers are seen to be more exclusive, serving mostly their regular clients and thus being seen as less promiscuous than street-based sex workers and are thus better tolerated (Selfe & Burke, 2001).

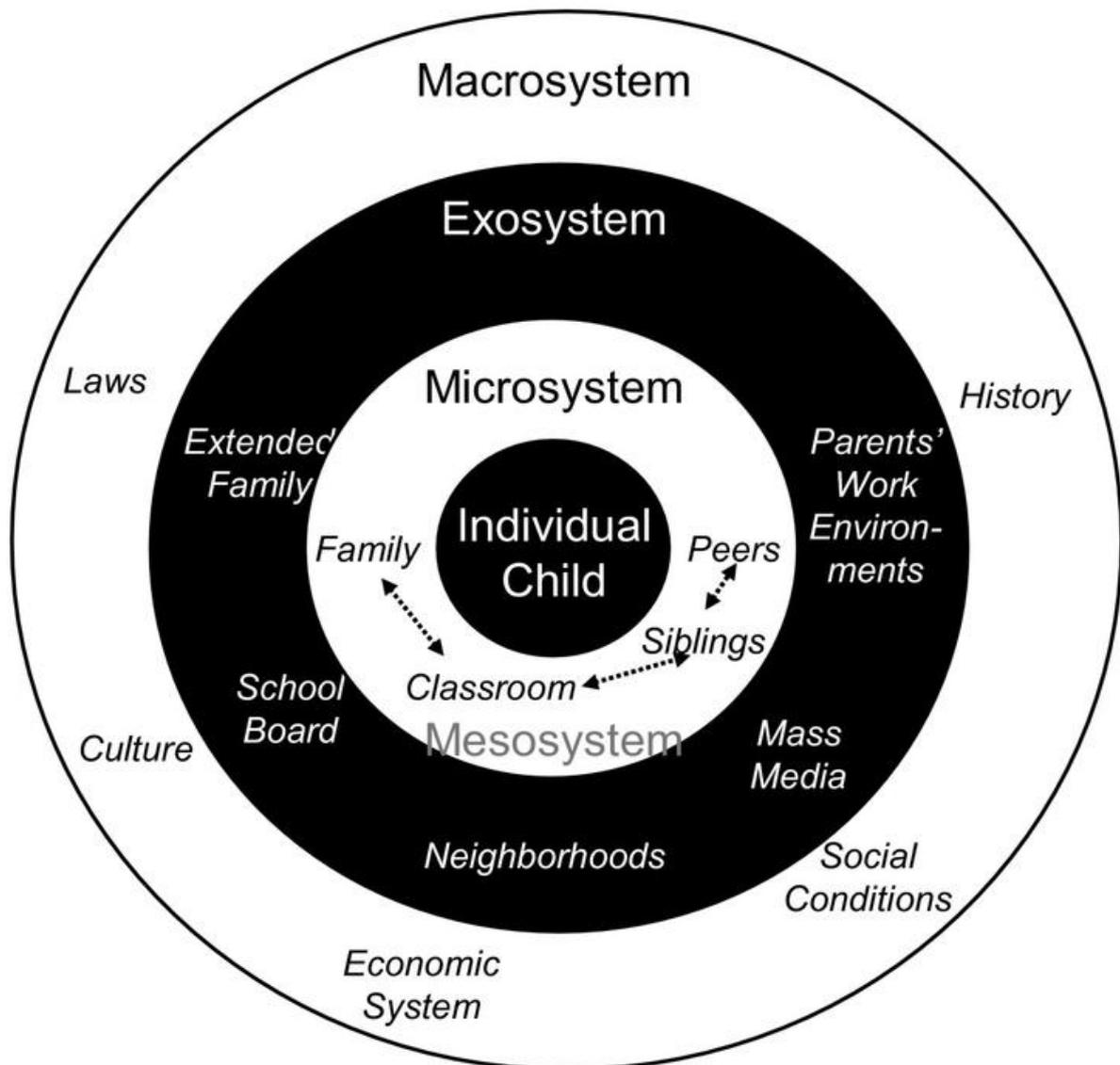
The *ecological systems theory* is one of the theories that demonstrate that sex work cannot be studied or understood through unilateral or purely individually-based approaches, but that a more holistic, systems approach is needed (Dalla, 2006) and will be discussed in more detail in the next section.

### **2.6.1 Ecological systems theory**

Systems theory in human development is influenced by multiple-environmental systems that are interdependent as well as having cumulative effects on the individual (Bronfenbrenner, 2009). The founding father of this theory, Urie Bronfenbrenner (2009), identified four systems at play, namely the micro (individual), meso (family), exo, and macro systems (socio-cultural, policy levels). These are the different levels that play a role in shaping people's choices and perspectives of the world. This study will consider the ecological-systems perspective. Below is a figure that depicts how these various systems intersect.

Figure 2

*Understanding Multi-level Influences on the Child (Bronfenbrenner & Ceci, 1994)*



### **Microsystem**

The micro-level system refers to the family environment into which one was born and how family relations have influenced or contributed to how the individual or sex worker relates to the world (Bronfenbrenner & Ceci, 1994). The family environment is characterised by its interconnectedness, implying that when one person in the family gets affected by something either good or bad, it affects the whole family (Dalla, 2006). This theory further speaks of intergenerational transmission, whereby patterns that occur in the family repeat

themselves (Bronfenbrenner & Ceci, 1994). For example, if a girl is born into a single-mother household she herself is likely to be a single mother. Or if a boy grows up seeing his father beat up his mother then there is a high chance that he will abuse his wife or partner. Thus an intergenerational transmission of beliefs, values and behaviour takes place that influences one's choices about getting into sex work as well as the cycle of abuse and rejection that one faces in sex work (Dalla, 2006). The family-systems theory is a useful sub-theory within the ecosystemic theory as it aids in contextualising the sex worker, understanding how their family background has influenced their current circumstances and, thus providing a more holistic understanding of the sex worker (Dalla, 2006).

### **Mesosystem**

The mesosystem is a combination of two or more micro systems. What happens in one micro system can affect what happens in another, thus creating a proximal causal effect (Bronfenbrenner, 1995). For example, if a young woman gets sexually abused at home her performance at school may start to suffer, which could eventually result in her dropping out of school, leaving home and struggling to get employment and then finding herself doing sex work to survive. So this combination of micro systems such as the family and school and lack of employment results in a catastrophic meso system that might push a woman into sex work (Dalla, 2006).

### **Exosystem**

The exosystem considers patterns within an environment in which one is not a member and yet they are affected by what happens in that environment, in other words it has a distal-causal effect (Bronfenbrenner, 1995). For example, a parent may face retrenchment at work and this may affect the children's livelihood.

### **Macrosystem**

The macrosystem is an overarching system and is a combination of all the sub-systems discussed (Dalla, 2006). It is a reflection of an entire society's culture, subculture or broader social environment. It considers all the structural factors that influence a person's living context and life-outcomes (Bronfenbrenner, 1995). For example, in a country like South Africa, there exists a huge gap between the rich and poor. For someone who is born into a poor family, the likelihood is that they live on a working wage from one member of the family, in a township, informal settlement or rural area. This environment may make it

difficult for a child to finish school due to financial constraints. There may also be pressures from the social environment to go into the city to look for work to support the family. If the child is a girl-child, they could become a victim of teenage pregnancy, having been involved in a relationship with an older man for financial resources and now being forced to find work to feed the child. Going into the city with low levels of education and no qualifications could mean difficulty in finding employment and, eventually, lead the young woman into sex work. This is a common eventuality of many women entering the sex trade, as outlined above.

The ecological systems theory aids in the understanding of the individual and the context in which they are born (Dalla, 2006). It therefore, provides a holistic approach in understanding the sex worker in relation to her history, and factors that may hinder her from exiting the sex trade. Applying this theory is recognition that no single factor can be used to explain sex work, thus it recognises the complexity that exists in the study of sex work that tends to be overlooked by all the other theories that are more individualist in nature (Bricker, 2009).

## **2.7 Summary**

This literature review has considered the evolving nature of sex work and the various challenges faced by FSWs in the pursuit of making a living through sex work. It has also provided a characterisation of FSWs and how the industry is organised in sub-Saharan Africa and, particularly, in South Africa. The plight that comes with the criminalisation of sex work and societal stigma that sex workers experience, which inhibits them from seeking HIV-related care, is outlined. Furthermore, the ecological systems theory has been identified as a suitable theoretical framework for this study as it encompasses the personal, interpersonal and societal factors at play that facilitate women's entry into sex work and inability to exit the trade. This theory also aids in the understanding of the challenges that they face once in the trade which contribute to their vulnerability to abuse and HIV acquisition.

Against this background, the current study should contribute to the existing body of knowledge regarding sex workers on the characterisation of FSWs in Durban and health-care access. Research studies on the characterisation of sex workers have mainly been carried out in cities such as Johannesburg and Cape Town. Most of the studies on FSWs conducted in Durban focused specifically on drug-using FSWs e.g. Needle (2008), Parry et al., (2009), and Carney et al., (2015). Leggett (1999), attempts to characterise Durban inner-city sex workers, but does not cover the health-care needs of FSWs. Trotter (2007), focused specifically on sex

workers trading along Durban's dockside. Varga (2001), looked specifically at how the FSWs in Durban coped with HIV and AIDS. Thus it would be interesting to gain a recent understanding of the perspectives of FSWs in relation to HIV, especially in this time of widespread HIV-awareness and large-scale distribution of ART, as well as to assess whether or not there has been a change with regard to risky sexual behaviour. It is also worthy to note that most of these studies have been conducted over a decade ago; this dissertation aims to provide a recent profiling of Durban inner-city FSWs. Previous studies that focused on the spread of HIV and AIDS among FSWs discuss the need for HIV-related interventions, but do not provide insight into the kind of health-care responses that are needed and suitable for FSWs. Thus the aim of this study is to provide a detailed characterisation of Durban inner-city sex workers that will help inform, the design, adaptation, and implementation of effective targeted-health promotion interventions for this group of FSWs.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This study is a qualitative case study and it describes Durban inner-city FSWs using participant observations, focus-group discussions and in-depth interviews. The purpose was to understand how FSWs experience and interpret the world around them. This study explored meanings that have been socially-constructed and interpreted by means of flexible methods of data collection that are applicable to the social context of the participants (Hancock, Ockleford & Windridge, 1998; Neuman, 2006). Qualitative research seeks to produce rich and contextual data in the form of words and narratives that describe people, places, and conversations and data that is not quantifiable or statistical in nature (Hancock et al., 1998; Neuman, 2006).

#### **3.2 Study background and setting**

This study has made use of secondary-qualitative data collected as part of a formative assessment for an integrated bio-behavioural survey on FSWs (IBBS) that was conducted in three South African cities, Durban, Johannesburg, and Cape Town in 2013. *Anova Health Institute*, an organisation where I was employed as a research assistant at the time, conducted this formative assessment. The secondary data used for this dissertation, is the data I collected in the city of Durban.

Durban is one of South Africa's major cities, after Johannesburg and Cape Town. It is known for its tourism, due to its warm sub-tropical climate, extensive beaches and many other attractions. According to Trotter (2007), Durban has the busiest port in Africa and hosts tens of thousands of foreign sailors every year. In his study on dockside sex workers, Trotter described the local women as being in the forefront of catering for the social, recreational and sexual needs of sailors, thus rendering Durban lucrative for sex work.

#### **3.3 Research paradigm and design**

This study was based on the social-constructivist paradigm which is built on the premise that reality is socially-constructed, thus there are multiple realities shaped by people's unique experiences of the social world in which they live and work (Creswell, 2014). Social constructivism has enabled me to understand the world of sex workers from their individual lived experiences.

According to Hancock and Algozzine (2015), the case-study design can be defined as a type of qualitative research that is concerned with analysing and describing specific events, individuals or groups of people for the sole purpose of acquiring an in-depth understanding of situations and how people construe and make sense of life events. Furthermore, case studies seek to explore issues from various points of view and perspectives, allowing multiple facets of a phenomenon to be revealed and understood (Baxter & Jack, 2008). Findings from case studies can be used to influence policy and further provide avenues for future research (Hancock & Algozzine, 2015). The case-study design was relevant in this study as it provided an in-depth understanding of Durban inner-city FSWs as a group. Exploring particularly the kinds of women who enter sex work, where they work, who their clients are as well as the challenges they encounter in the sex trade.

According to Baxter and Jack (2008), determining the case or unit of analysis is the first important step in case-study research. The unit of analysis in this study was FSWs. The analysis was bounded by space and time and in this case FSWs trading in Durban inner city, investigated during the time our participants were active in the sex trade. Furthermore, this was a descriptive-case study in that it described a group of individuals in their real-life context.

Participant observations were conducted in order to observe FSWs behaviour and interactions in their working environment. Focus-group discussions and individual in-depth interviews were used to extract detailed information about sex workers from the participants themselves. These two data-collection techniques provided an opportunity for participants to speak at length about their experiences, firstly as a group and, secondly, as individuals. Focus groups were useful in helping me understand the common characteristics of FSWs as well as their shared experience.

According to Denzin and Lincoln (2011), participant observation is a method that combines interviewing of informants, direct participation, observation and introspection. It provides the researcher with an opportunity to observe participants in action. However, there is a chance that the course of events is also influenced by the researcher's participation (Flick, 2014). Furthermore, the advantages of participant observation, as mentioned by Flick (2014), are that as the researcher I was able to view human interaction and the meaning participants ascribed to those interactions from the perspective of members who are directly part of situations and settings. It provided me with a view of everyday life situations, seeing people

in action as opposed to hearing of events, as well as received information as events and practices unfold.

Focus-group discussions can be defined as a qualitative data-collection technique whereby in-depth interviewing is used to elicit information from a purposefully-selected group of participants who are somewhat characteristically homogenous (Rabiee, 2004; Kitzinger, 1995). Data collected from focus groups is rich, echoing various viewpoints and perspectives from study participants (Kitzinger, 1995). Participants are selected on the basis that they have something to say on the subject of discussion, are within a similar age-range, have similar socio-characteristics and are comfortable talking to the researcher, as well as to one another (Rabiee, 2004). Focus groups gave me insight into attitudes, perceptions and feelings of participants, as suggested by Krueger and Casey (2014). They also provided me with the opportunity to observe participants in a group setting, which was more of a natural environment of peer-to-peer discussion, and influence, producing socially-orientated authentic research, which captured real life expressions (Krueger & Casey, 2014). Focus groups are dynamic in nature in that they were sourcing a validation for information gathered from participant observations. The flexible nature for focus groups meant that as a researcher I could probe further for clarity as well as encourage further thought and expression on a particular matter (Morgan, 1993). Through group discussions, I was able to gain an understanding of the nature of relationships that have been observed. For example, relationships between FSWs and pimps, as well as relationships with clients and health-care providers. The verbal and non-verbal actions among participants also provided me with insight into the social relations that exist among FSWs themselves. Thus group discussions provided me with an holistic understanding of the context in which FSWs operate by reducing the distance between me as the researcher and the social context in which sex work occurs.

In-depth interviews are one-on-one discussions that a researcher has with participants on the research topic, to tap into individual practices, beliefs and opinions (Harrell, Bradly, Rand Corporation, & National Defense Research Institute, 2009). Additionally, in-depth interviews provided insight into each individual's unique experience free from peer influence, capturing a personalised perspective of what has been discussed in the focus groups (Harrell et al., 2009) and providing me with a point of reference in being able to confirm and clarify issues that have been raised during group discussions and comparing and contrasting them with the individual experience.

### **3.4 Community engagement - research preparation**

Prior to conducting fieldwork, my research partner and I conducted desktop research in search of online, published, journal articles, grey literature and conference presentations on FSWs in sub-Saharan Africa. The purpose of this desktop research was for us to learn and familiarise ourselves with research on FSWs. To gain a contextual understanding of FSWs and the issues they face, as well as to develop a well-informed sensitivity towards this group. We also attended a sex work conference where we networked with sex work organisations, stakeholders and experts in the field as well as gained insight into emerging issues concerning sex work research. After this phase we engaged in community entry. This community entry involved informing the National Department of Health (NDoH) at both National and provincial level of the study taking place in the *EThekweni* municipality. Secondly, we contacted various organisations known to work with FSWs in Durban such as *Lifeline*, *TB/HIV Care*, *Maternal adolescent and child health (MATCH)* and *Sisonke*. *Lifeline* provides exit strategies for FSWs as well as health-care in collaboration with sex worker sensitised clinics. *TB/HIV Care* also provides HIV and TB screening with referrals to other points of care. *Sisonke*, which is an organisation by sex workers for sex workers, provides health-care advice, HIV-prevention materials such as condoms to FSWs, as well as legal advice for FSWs that have been arrested for selling sex. *MATCH* is a non-governmental organisation (NGO) with a focus on maternal child and adolescent health and HIV. At the time of our community-entry *MATCH* was conducting a survey on FSWs. We were introduced to various stakeholders as well as joined outreach-teams from *Lifeline* and *TB/HIV Care* that reached out to FSWs, with mobile clinics to provide health-care and peer-education. This gave us an opportunity to observe FSWs in their natural setting, as well as providing us with an overview of the areas where sex work occurred. Associating with these organisations gave us credibility among the FSW community and built a sense of trust between us and FSWs from which a sample was later recruited for the study. Prior to data collection, my research partner and I attended a one-week training on participant observation, interviewing and focus-group facilitation at *Anova Health Institute*. We conducted participant observations and took field notes, sat in on all the interviews and alternated in conducting one-on-one interviews and took turns facilitating focus groups and taking notes.

### **3.5 Sampling strategy and participant selection**

This study sought to recruit FSWs trading in Durban inner-city. Non-probability sampling, which does not involve a random selection of participants, in the form of network-

snowball-sampling was used in the recruitment process. Network-snowball sampling is a method developed by Coleman (1958-1959) and Goodman (1961) for the purpose of studying social networks (Heckathorn, 2011). This sampling technique is most suitable for the recruitment of hard-to-reach or hidden populations (Trochim, 2006; Neuman, 2006). FSWs are considered to be a hidden population in that they are not easily identifiable or accessible to outsiders, specifically those who are not part of the sex trade. Due to them being a highly stigmatized group, it makes it difficult for FSWs to be accessible through household surveys, therefore, access by means of peer-to-peer referral, is more appropriate.

In snowball sampling, one member of the FSW population, who was a member of *Sisonke*, an organisation for FSWs, was recruited into the study by the researchers to act as an intermediary between the researchers and FSWs. The inclusion criteria was that a participant had to be 18 or older, identified as a FSW, or must have worked or been associated closely with FSWs and had to be willing to sign informed consent to participate. They must be fluent in English, IsiZulu, IsiXhosa or Sesotho, languages that both my research partner and I are familiar with, as well as be willing to answer questions openly pertaining to the sex trade. The exclusion criteria applied to those who did not identify as FSWs as well as not willing to talk about the sex trade, were younger than 18, had not granted informed consent or could not speak any of the languages spoken by the researchers. The Sisonke member who started the recruitment chain was asked as a key stakeholder and intermediary to tell other FSWs about the study and also encouraged them to tell their friends about it. Therefore, the study consisted of a network of FSWs. However, this network was homogenous and did not represent the whole inner-city sex work community because the study consisted mainly of a network of street-based FSWs and less of the indoor brothel, hotel or escort-based FSWs.

The study consisted of a total of 39 female sex workers. Focus-group one consisted of 14 participants, group two – consisted of four participants, group three - 13 participants and group four had eight participants. Three in-depth interviews were conducted with participants who also participated in the focus-group discussions. More details as how these groups were organized and facilitated will be presented later in this chapter.

### **3.6 Research instruments**

The semi-structured interview guide was developed from information gaps identified in the literature, especially regarding detailed characterisation of Durban inner-city FSWs. The aim being to understand the inner-city sex trade as well as the context in which it occurs.

This interview guide was used for both focus-group discussions and in-depth interviews. The guide was developed to provide the facilitators with a topic structure. The open-ended nature of the questions allowed participants to speak at length about each subject and provided opportunities for probing and exploration of emerging themes. Inasmuch as participants were granted the liberty to speak at length about each topic, we continued to gently steer the conversations to the issues under inquiry (Harrell et al., 2009). The interview guide covered the demographic information of participants i.e. age, race, nationality, language, and educational level. Intra-personal characteristics i.e. reasons for entering the sex trade, experiences in working with pimps, types of sex work, including indoor and outdoor venues, places where sex takes place, challenges faced by FSWs, interpersonal characteristics i.e. interactions they have with clients, their mobility in their search for clients, as well as socializing outside of sex work, and their access to health care were all covered. During focus group discussions and in-depth interviews the researchers translated the interview guide which was in English to isiZulu, isiXhosa, or Sesotho depending on the language preferences of the group or individual.

### **3.7 Data collection procedures**

Ethical permission for the main study was obtained from the Ethical Review Board of the University of Cape Town, Cape Town, South Africa. Ethical approval for this sub-study, using secondary data, was received from the Humanities and Social Sciences Ethics Committee of the University of KwaZulu-Natal, protocol reference number HSS/1751/016M.

Community engagement for research preparation commenced at the beginning stages of the study and this facilitated the data-collection process as discussed above. Data was collected firstly, by means of participant observations, focus-group discussions and in-depth interviews. Participant observations were conducted in order to observe FSW in their natural setting over a short period of time (Gillham, 2008). We joined *TB/HIVCare* and *Life Line* on five consecutive days at different hotspots on their outreach programmes that took place at night time from 19:00 pm to 23:00 pm. Driving in a separate vehicle; we followed the *TB/HIV Care* mobile clinic that transported the study co-ordinator, HIV counsellor and a nurse. *Life Line* provided peer educators, some of them being FSWs and former FSWs. Peer educators interacted with FSWs at the various hotspots and brothels that we visited, providing condoms, legal advice as well as encouraging them to test for HIV. We shadowed peer educators who introduced us to participants and explained the purpose of our observations. Participants felt at ease around us because we were endorsed by the peer educators and we

also wore similar T-shirts to the ones peer educators wore to create a sense of conformity. The observations were descriptive in nature. Field notes were taken providing detailed descriptions of the general environment and hot spots of indoor-establishment brothels and hotels as well as street-based venues. Furthermore, we observed FSWs mannerisms, race and age, their interactions with one another, pimps, peer educators and potential clients and assessed the number of FSWs who agreed to test for HIV. Through participant observations, we were able to follow the flow of events as they unfolded, as well as monitor behaviour and interaction, which continued in its natural unaltered environment. Observations were conducted by my research partner and I, according to Flick (2014), this is advantageous because gender differences are crucial, especially when observation occurs in public places where women feel more restricted, due to a sense of danger, than men do. Therefore, the nuances of what is observed by a female may be different from what has been observed by a male and provides a more detailed and well-rounded perspective.

Organizing focus-group discussions required that we communicate with the intermediary on a regular basis to ensure that groups are assembled for the days of the data-collection period. The intermediary communicated with the FSWs about interview times and venues, as well as encouraged participants to inform other FSWs who may be willing to participate. The number of participants per focus group was dependent on the number of participants who had arrived on the day of the interview. When participants arrived for a session, my research partner and I, including the intermediary, were present to welcome participants and to lead them to the discussion room. Once all the participants were assembled, we introduced ourselves and explained the purpose of the study. Participants were encouraged to use pseudonyms when introducing themselves to ensure confidentiality. Group confidentiality was also encouraged in the case of focus-group discussions. We also outlined some housekeeping rules such as putting phones on silent, listening to each other when we spoke; avoiding speaking at the same time, as well as showing respect for one another's views. Informed consent was obtained, firstly, for participation in the study, and, secondly, for audio-recording of interviews. This occurred after we explained the aims and objectives of the study, as well as having highlighted the voluntary nature of the study and the right to withdraw from the study at any point. My research partner and I took turns facilitating and writing notes, each session was facilitated by one person while the other took notes. The note-taker was permitted to use their discretion and to probe where necessary. The

discussions were conducted in the participant's preferred language and lasted approximately 120 minutes.

Participants for the in-depth interviews were identified during the focus-group discussions. These were individuals who demonstrated deep insight and experience of the sex trade. These individuals were asked to remain after the end of each focus-group discussion and were asked whether they would be willing to participate in one-on-one interviews. Similar to the focus-group discussions, the in-depth interviews were conducted in the participant's preferred language and lasted approximately 45 minutes. My research partner and I took turns at facilitating the sessions and taking notes. Both focus group-discussions and in-depth interviews took place at the *TB/HIV Care* offices, a space that was familiar and comfortable to all participants. Data was collected between January and February, 2013.

### **3.8 Data analysis**

A descriptive-framework analysis was used to analyse the data. This type of analysis is useful for case studies as it allows the researcher to do a cross-case synthesis of the data (Baxter & Jack, 2008). Practically, this means displaying data from each focus-group discussion and key informant-interview into a framework that provided me with an holistic view of the data and a comprehensive understanding of the case. To achieve this, I went through a five-step process as outlined by Richie and Spencer (2002), of, firstly, familiarizing myself with the data by listening to audiotapes and generating transcripts from all the interviews conducted. Secondly, I read and re-read the transcripts to identify emerging themes from the data and created a thematic framework in which to filter and classify the data. Thirdly, I indexed portions of the data that corresponded with particular themes using a numbering system to match the relevant data with the corresponding theme. Fourthly, I went through a process of charting the data whereby pieces of indexed data were arranged in charts that consisted of headings and subheadings identified during the thematic framework stage. This chart was populated with evidence from the data comprising participants' quotes. The fifth stage involved the mapping and interpretation of the data which involved comparing and contrasting participants' accounts and experiences, identifying patterns and connections in the data to combine all evidence to understand the overall picture or case (Richie & Spencer, 2002). Table 1 below shows the themes and sub-themes that were developed from the data.

Table 1

*Themes and Subthemes Identified from the Data*

Themes	Subthemes	Sub-sub themes
The person self	Country of origin	
	Identities	Age of entry into sex work Experiences leading to sex work The secret life
Sex work settings	Street-based FSWs	Terms of service on the streets Territorial boundaries Contending with the police
	Brothels	Terms of service in Brothels Requirements for working in Brothels Safety of Brothels
	Hotels	
	Escort agencies	
Sex work Clientele	Male clients of FSWs	Client selection Good clients and bad clients Stealing from clients Clients and condom use Mobility as a strategy to obtain clients
Interpersonal relationships	Intimate partners	
	Pimps	
Societal prejudice against sex workers	Health care and support organisations	
	Legal support services	

### 3.9 Data verification

In order to address issues of data validity and reliability as seen in the constructivist paradigm, qualitative researchers have formulated their own terminology and criteria. Trustworthiness is a term used by Lincoln and Guba (1985), to determine the quality of qualitative research. Trustworthiness consists of four criteria, credibility, transferability, dependability and conformability.

There are a number of research strategies that can be used to enhance credibility such as prolonged engagement, persistent observation, peer debriefing, triangulation, negative-case analysis and member checking (Lincoln & Guba, 1985; Seale, 1999). For the purpose of this research, credibility was ensured firstly through prolonged engagement and persistent observation (Cohen & Crabtree, 2006). Prolonged engagement was through desktop research familiarizing ourselves with research on FSWs, as well as engaging with organisations such as *Lifeline*, *TB/HIV Care* and *Sisonke* through consultations with members and leaders. We joined the *TB/HIV Care* and *Lifeline* peer-outreach teams and engaged the FSWs who were peer educators as well as the health-care providers in informal dialogue about FSWs and how they are as people and the nature of the sex trade. Being part of the outreach teams and travelling on different nights of the week to various hotspots, afforded us opportunities for persistent observation. We observed FSWs in their natural setting and observed how they interacted among themselves, with their clients, health-care providers as well as peer educators. Secondly, we engaged in Triangulation of sources where we compared and contrasted data from the focus-group discussions as well as data from the in-depth interviews. This helped compensate for various limitations encountered with each data-collection technique (Shenton, 2004). We also encouraged honesty among participants by assuring them that there are no right or wrong answers. Each participant must feel free to narrate their own unique experience, and not feel pressure to agree with the rest of the group. Thirdly, my research partner and I conducted peer-debriefing sessions amongst ourselves as well as with the principal investigator on emerging themes and possible probes so as not to misconstrue what was being said by participants, as well as to confront our own preconceived biases or emotions that may cloud our judgment (Cohen & Crabtree, 2006; Shenton, 2004).

According to Lincoln and Guba (1985), thick description is a way to ensure external validity or transferability. It is through detailed description of events or phenomena that conclusions drawn could be transferred to different contexts, situations and people. In the case of this study we ensured that we provided thick descriptions of observations, informal

conversations and interactions through submitting detailed weekly field-reports to the principal investigator (Cohen & Crabtree, 2006; Seale, 1999).

Dependability involves external audits conducted by a researcher who is not part of the research. My supervisor was the primary external-auditor of this study and, as an outsider, questioned the research process and challenged the themes derived from my findings. She also provided comments on the adequacy of the data as well as the results as advised by Cohen and Crabtree (2006), and Seale (1999). The methodological aspects of the study such as the research design, and implementation, as well as the operational aspects of data collection have been outlined in detail so as to enable a future researcher to carry out a similar study to ensure dependability as suggested by Shenton (2004).

The concept of confirmability refers to the qualitative researcher's concern with neutrality or objectivity (Seale, 1999). The researcher ensures that the findings reflect the ideas and sentiments of the participants rather than the researcher's own preferences and ideas (Shenton, 2004). Furthermore, the use of more than one data-collection technique was to provide depth and to reduce investigator bias. According to Shenton (2004), the researcher should be clear about his or her own preconceived notions and should provide a rationale for the kind of method adopted as well as data-collection techniques, take the time to acknowledge the limitations of the chosen techniques as well as why one technique was favoured over others. In the methods section of this study I have provided comprehensive reasoning as to why I chose participant observations, focus-group discussions and in-depth interviews as data-collection techniques as well as how the research instrument was drafted in relation to gaps identified in the literature concerning the characterisation of Durban inner-city FSWs. Participants' quotes have been included in the findings to demonstrate that the researcher is, indeed, reflecting and interpreting the participants' own ideas.

### **3.10 Summary**

This chapter provided a comprehensive description of the methods used in this study. The process of research preparation, sampling strategy and participant selection was described, to provide the reader with an understanding of how the research process was executed. Furthermore, the research instruments, data-collection procedures, data analysis, as well as the data verification processes, were outlined in great detail to ensure dependability and confirmability. The next chapter will discuss the findings.

## CHAPTER FOUR

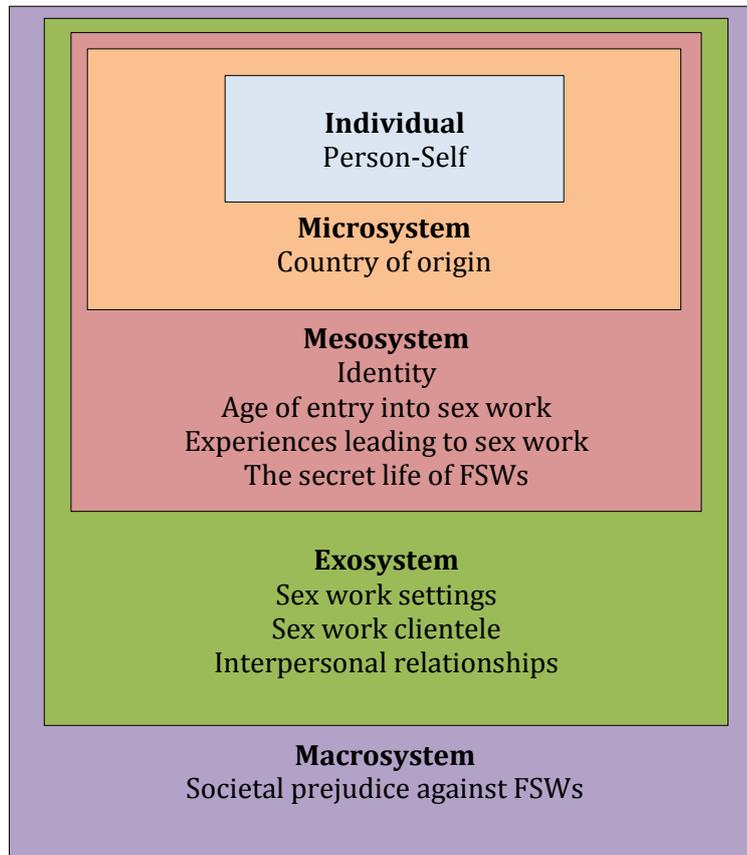
### FINDINGS

#### 4.1 Introduction

This chapter presents the demographic background of the participants and the qualitative findings from the themes and subthemes identified from the data. It also demonstrates how the findings fit in with the ecological systems framework. Theme one, the person self which refers to the individual, is classified into the country of origin which constitutes the microsystem, as well as the identity which looks particularly at the age of entry into the sex trade and the life experiences that have led FSWs into the sex trade, as well as the secret life that they lead within the trade (mesosystem). Theme two discusses sex work settings dividing them into the street, brothels, hotels and escort agencies. The street is further divided into sub-sub themes such as terms of service on the streets, territorial boundaries, and contending with the police. Brothels are also further sub-divided into terms of service in brothels, requirements for working in brothels as well as safety. The third theme looks at sex work clientele which consists of male clients of FSWs, further subdivided into client selection, good clients and bad clients, stealing from clients, clients and condom-usage, as well as mobility as a strategy to find clients (exosystem). The fourth theme looks at interpersonal relationships focusing on intimate partners of FSWs as well as FSWs relationships with pimps (exosystem). The fifth theme, entitled societal prejudice against FSWs, discusses health-care and other support organisations as well as legal services which constitute the macro-system. Figure 2 below depicts how themes have been integrated into the ecological framework of this study. Table 2 shows the demographic characteristics of participants.

Figure 3

*Integration of Themes with Theoretical Framework*



#### 4.2 Demographic characteristics of participants

This study consisted of (n=39) female participants. The majority were between the ages of 24-28 followed by the 19-23 age groups. Most participants had up to secondary school education followed by those with matric. IsiZulu was the dominant language spoken by participants and majority were born in KwaZulu-Natal. Most study participants were Black South Africans.

Table 2

*Demographic Characteristics of the Female Sex Workers*

Characteristics	Frequency	Percentage (%)
Age group		
19-23	9	23
24-28	12	31
29-33	7	17
34-38	5	13
39+	6	15
Educational level		
No school	2	5
Primary school	2	5
Secondary school	27	69
Matric	6	15
Tertiary	2	5
Language		
isiZulu	28	72
Xhosa	4	10
Sesotho	4	10
Other	3	8
Race		
Black	37	94
Coloured	2	5
Indian	0	0
White	0	0
Total	39	

### **4.3 Person-self**

The origins and identities of FSWs are explored in this theme. This theme looks at the geographic origin of FSWs and their identities pertaining to race and age of entry into the sex trade as well as experiences that have led them into the trade. Furthermore, this theme explores the secret life of FSWs that dictates how they reconcile the world in which they are sex workers and the other world which constitutes them being members of their families and society at large.

#### **4.3.1 Country of origin**

The origins of FSWs who ply their trade in the Coastal city of Durban can be traced back to various countries in and out of the African continent. These women are a group of individuals from diverse cultural backgrounds, coming from within South Africa, as well as neighbouring countries such as Lesotho, Mozambique, Zimbabwe, Malawi, Nigeria and the Congo. Asian FSWs from China and Thailand also form part of this FSW population.

“There are black, white, Indian sex workers. We have sex workers that come from different countries such as Zimbabwe, Mozambique, Malawi, Nigeria, Lesotho, and Congo. There are also Chinese girls those ones are here to eat all our money,” FSW A (focus group 1).

South African FSWs were said to come predominately from the rural Eastern Cape and Gauteng. However, the majority that sell sex in Durban are born locally from the rural outskirts of Durban such as Mtubatuba, and from popular townships such as Umlazi, and Kwa-Mashu. These FSWs live in the Central business district (CBD) of Durban.

“Some FSWs who work here in Durban come from different countries, some of us were born here in KwaZulu-Natal from Mtubatuba or Umlazi but we work in town” FSW F (Focus group 4).

Interestingly, one participant who has had the experience of working in both Johannesburg and Durban was of the opinion that FSWs that are born in KwaZulu-Natal are unique in that “they are the only ones who don’t mind working within their province or city”. For instance, she explained that there are FSWs who live and have family in Umlazi Township, 23km outside of Durban and yet, work in the Durban CBD. However FSWs working in Johannesburg are considered to be predominately from outside of Johannesburg.

“I was surprised to find that most sex workers in Durban are Zulu-speaking and are from Durban it is unlike sex workers who work in Joburg but are from other provinces or areas” FSW B (Focus group 2).

Sex workers in Johannesburg are known to work far from home. However KwaZulu-Natal-born sex workers prefer to work closer to home.

When asked whether or not they worked separately, based on their countries of origin, FSWs mentioned that they were all a community united by the common need to make money to survive. They also alluded to their shared identity that of being sex workers in a world that rejects and discriminates against them. They all seemed to be working together based on shared norms and not according to their country of origin.

“No, we do not work separately from one another - it doesn't matter where you come from, what matters is that we are all sex workers and we need money to survive, so whether you are from Zimbabwe, Malawi or from South Africa, we are all sex workers and we work together” FSW C (Focus group 3).

Through observation, it was clear that FSWs were more separated by race than the country of origin because black women worked separately from Indian women. White and Coloured women were not seen at the hotspots visited.

However Asian FSWs were described as solitary, and working separately from other races. They were viewed with mystery and envy for their supposedly well-known mastery in satisfying clients.

“The Chinese girls don't want to work with us, they do not want to work with a Black, White or a Coloured, they want to be on their own, and they work inside the private house. They do not run the streets, because they are not allowed to be here - they are ducking from the police, the cops deport them back. These girls are much better than us locals in everything they do, in their massages - believe me, the clients pay, they get more money than any other agency. If they charge R1000, the client will pay R1000” FSW D (Focus group 2).

The point made by FSW D above was further confirmed by our observations as we did not come across any Asian FSWs on the streets as well as in some of the hotels we visited that were dominated by Black sex workers.

#### **4.3.2 Identities**

This theme consists of the following sub-sub themes; age of entry into sex work, experiences leading to sex work and the secret life of FSWs.

#### 4.3.2.1 Age of entry into sex work

The majority of participants agreed that the age of entry into the sex trade can commence as early as 12 years and up to age 50. They mentioned that there are no limits of entry into and exit from the trade.

“Some start selling sex at the age of 12 years - this trade has no age limit...Some go up to age 50. The younger ones sell sex during the day, the older ones at night because they do not want to be seen” FSW I (Focus group 4).

“You will find young girls on the streets, for instance with me, I cannot stand on the streets - I am old (participant aged 41) and afraid of being seen. I cannot stand there wearing a short outfit, so it’s better for me to go hide myself and work from indoors and sell sex to mature men” FSW J (Focus group 1).

However, the above quotes imply that the older one gets, the more acute the stigma associated with being a sex worker, therefore, the requirement not to be visible. FSW J felt that due to her age she needed to hide herself or rather sell sex at night to avoid being seen during the day. We also observed that FSWs of a similar age and manner of dress stood together as a group during working hours.

Under-age girls were not recognised as sex workers by older FSWs. They were viewed as an inconvenience to the business as some clients like younger girls. Thus older FSWs saw it best to report them to social services.

“Clients like younger girls we older ones cannot work with them. We as older sex workers do not allow young kids to work with us - we call child services or social workers. (FSW D) We obviously do not consider these young ones as sex workers” FSW B (Focus group 2).

Due to their knowledge and personal experiences, older FSWs were of the opinion that underage girls were forced into sex work by adults who have the power to take advantage of them such as a neglectful parent or a deceptive pimp.

“I started doing sex work at the age of 10...minors, they are forced to do sex work, and they do not come out on their own. Their parents sell them, for example let’s say I have a daughter and I used to do sex work but I am old now and finished and clients want my daughter, they will offer me big money. So as a mother who has done this before and have no feelings, I will take the money to do drugs - and give my daughter away” FSW D (Focus group 2).

Older FSWs strongly believed that underage girls were vulnerable and needed to be rescued and protected by societal structures such as social workers and child-care services. The

underlying tone among FSWs was that the focus needed to be on the fight against minors entering the industry.

#### **4.3.2.2 Experiences leading to sex work**

In discussing their entry into sex work, poverty, neglect and abuse formed the backdrop of participants' agonising tales of childhood experiences which have led them into sex work. Interestingly, these women did not only speak for themselves, but echoed similar experiences of other FSWs, most of whom have had to contend with dire circumstances to finally surrender to the life of selling sex for a living.

“I can describe sex workers as people who feel that nobody cares about them. They think about making money all the time. They are abused and have a lot of anger” FSW E (Focus group 4).

“The women who enter this business come from very poor backgrounds with low levels of education. They have no choice but to do this work to take care of themselves and their children” FSW F (Focus group 4).

However, even though it seemed like most women surrendered to the sex trade as victims of circumstance, some participants did imply that there were women who remained in the business out of choice.

“I've seen some of these girls who are trafficked or those young ones on drugs selling sex and I ask myself why don't these girls run away, but they don't, they continue selling sex” FSW G (Key Informant interview).

Inasmuch as FSWs described their circumstances and experiences as having played a role in them entering sex work, they were also aware of the sense of agency that exists with choosing to remain in the sex trade. Once in the business some FSWs took on the identity of selling sex as a form of work that provided them with the needed income.

“There are those who do this work to satisfy a sex habit or a drug habit. So we are all different, and are in the business for different reasons...Some are educated, for instance I know of this teacher when she gets a call from a client she will leave the school kids and go attend to the client, anyway I guess it's because teachers don't get paid much” FSW H (Focus group 4).

#### **4.3.2.3 The secret life of FSWs**

Some study participants felt that being a sex worker meant that one had two identities and the sex worker identity was often kept secret from family and friends, particularly those not in the sex trade. In the quest to maintain their secret identity they often kept these two worlds in which they lived separate from one another. When asked whether participants often

associated with each other when not working, some said that they did, but only in the vicinity of town where they work, but those who live in the townships preferred not to associate with other FSWs when in the township for fear that they may be exposed.

“Yes sex workers do spend time together when they are not working but those who live in the location (township) do not like to invite their friends from town whom they work with, because they are scared that their friend might start talking about what happens when selling sex on the streets” FSW B (Focus group 2).

The fear and shame of being discovered was fundamental in determining where a FSW will choose to work, especially in a city like Durban when the majority of FSWs come from neighbouring townships and villages. Participants mentioned that “the ladies who are scared of being exposed in the streets chose to work indoors, in private houses, hotels and bars” FSW C (Focus group 3).

In leading this secret life some FSWs went as far as not telling their husbands or intimate partners that they were in the trade. One participant mentioned that she provided financially for her boyfriend and she made sure he was never in need of money. It seemed like providing financially for her boyfriend was a coping mechanism she used to make herself feel less guilty about her secret life.

“We all have our boyfriends here, I have a boyfriend and I give him money. When I come from the street and I have money and I can see that my boyfriend does not have money, then I give him some. But he doesn't know that I do this work, all he knows is that I work at night. When he is broke and waiting to get paid, I give him money because I constantly have money, I don't go broke. He has no idea where I get all this money from” FSW V (Focus group 1).

#### **4.4 Sex work settings**

Sex work took place under a variety of settings and participants mentioned that they sold sex on the streets, brothels, hotels and escort agencies. These settings were unique to how sex work was organised, how sex workers solicited clients, the prices that they charged, the challenges that they faced as well as the level of autonomy a FSW had over their trade. According to the ecological system's framework the settings for sex work fall under the exosystem which refers to the community context in which social relationships are embedded and, in the case of FSWs, this constitutes locations in which they trade and the socio-economic status of those settings. FSWs classified themselves according to where they chose to work.

#### **4.4.1 Street based FSWs**

Through observation and confirmation from participants, street-based FSW find clients by standing on the side of the road in certain areas around neighbourhoods or the city centre known as hotspots for sex work. Once a client approaches a price negotiation starts and a venue for sex is determined according to what the client can afford. If the client has the money to book a lodge or hotel room, then that is where sex will take place. However if that particular client says they cannot afford to pay for a hotel room, the sex worker will suggest a 'hidden corner' or what they also referred to as 'a dark place' which constitutes an abandoned building. Sex can also take place in the veld or in a park.

“Some of us work on the streets and sometimes clients do not have the money to book a room and so we have sex at a hidden corner. If he has money to book, we then have sex at a lodge if not, we go to a dark place (abandoned building) or by a place with long grass or a park it depends on the sort of client you meet on the street. However, even if that's not safe, you still do it because all you want is money.” FSW M (Focus group 1)

It was evident from FSW M that the issue of safety was a challenge which they recognised, but somehow felt was an unavoidable part of the trade. Providing sex to a stranger in any of the above-mentioned outdoor locations could potentially place the FSWs' life in danger. However, the need to make money far outweighed any concerns they had over physical safety.

#### **4.4.1.2 Terms of service on the streets**

Street-based participants felt that selling sex on the street gave them the opportunity to manage and determine their own income, in the sense that they chose the number of clients they serviced on a given day. However, when it came to the minimum asking-price, they adhered to the market value as set for that particular territory so as not to lower the value of the business. However, they dictated higher prices when providing an all-night service. They also had the liberty to choose their own clients and the kind of services they were willing to provide.

“In the street another nice thing is that whatever money you charge is yours” FSW B (Focus group 2).

“Whether you charge R300 or R500 or R1000, it is yours. It also depends on where you working and how much they charge. Their prices differ cause we charge from R150 going up depending on the service and how long, all night is a different price” FSW D (group 2).

The streets gave participants a feeling of autonomy over their trade because they could dictate their own hours. This fostered a sense of pride because they did not feel as though their bodies were being used to enrich someone else, pimp or brothel owner, but sold sex as a choice for their own survival. When participants mentioned the terms of service for hotels or brothels, they did so in a way that conveyed an underlying feeling of injustice in how the terms of service were dictated by owners who did not have to undergo the sexual act, individuals who may have no idea what the sex worker has to endure.

“Let’s say, you don’t do anal sex, in the streets you have a right to say no. You can decide what you will do and not do, it’s your choice. However that is different when you work at a brothel” FSW D (focus group 2).

#### **4.4.1.3 Territorial boundaries in the street trade**

Through observation it was evident that trading on the street was organised according to demarcated territories. Participants further explained that territories were marked by two main factors, age and the length of time a woman has been trading from a particular hot spot. Older women, who were in their 40s, traded in their own hotspot and did not allow any young women to work with them because clients preferred younger women and this affected their income.

“Each place has its own people there are places where only ladies who are in the 40s are allowed to work. When you come there as a younger woman they kick you out saying that you cannot work in the same place as them because you are young and you will take their clients” FSW O (Focus group 3).

The length of time in which a FSW has been working in a particular territory determined their right to that territory. It became difficult for FSWs to enter new territories because the FSWs who have been working at those hotspots felt a sense of ownership over the area, going as far as chasing away new-comers from the territory. These territorial boundaries existed largely because of competition for clients. New sex workers were seen as a threat because clients were known to ‘appreciate variety’ and were more likely to approach the new arrival.

“What I know is that in areas like area X especially by the church for instance, ladies chase us away. They will tell you that: Hey don’t come and work on this road this is our road our blood has marked this road - so you cannot work here” FSW E (Focus group 4).

“Well the reason why we chase other FSW away is because when someone new comes and works at our spot then they will make money on that day. Then they will bring a friend telling them that they have made lots of money at that spot, then the friend will bring another friend, then we, who have been here for a long time, end up

not making money. So that's why we chase new people away" FSW P (Focus group 4).

"Each area depends on who you are and when you started to work at that spot and who knows you there. We can't afford to have new faces at our spots because clients stop buying us, and then we lose out on cash. Area X is a small place; we can't afford to lose money" FSW Q (Focus group 4).

As mentioned by participants, it was important to establish where they wanted to trade as it took time to build relationships with fellow sex workers in a chosen territory, as well as establish a regular clientele. Consistently, trading from a specific area earned one the right to establish ownership over the chosen area. These territorial demarcations were not to be taken lightly as they formed an important part of creating a sense of order in the trade, and ensuring that there are no ladies monopolising the trade and that each one had a chance of establishing their own regular clientele. Failure to adhere to the 'rules of the trade' in terms of respecting other FSWs' territories could result in serious consequences, even death.

"It's not easy, you must fight to stand in that corner - it's a matter of life and death, you are asking for your life. If you get picked up by a client and he pays you, you must ask him to drop you off in a different place because otherwise these crooks, these girls are waiting for you to take all your money. So you can't just move around and work wherever you want" FSW D (Focus group 2).

"Yes that true hooo! In area C there they can kill you if you go and work there" FSW Q (Focus group 2).

#### **4.4.1.4 Contending with the police**

Apart from having to deal with vicious competition, territorial demarcations and being robbed, one of the biggest challenges that street-based FSWs have to contend with is the police who take them into custody when they refuse to pay bribes. During observations, police vans were spotted driving around some neighbourhoods confirmed to be hotspots for sex work. Some FSWs said that the reason they stopped working on the streets is because they were tired of being harassed by the police.

"On the streets you must count how many vans are out there because you must have your R50 to pay the cops or else you are going to get locked up. A fine is R300" FSW B (Focus group 2).

"I must say that there is a lot of money to be made on the streets but the one thing that puts me off about working on the street is cops. I don't mind having to come across robbers I can fight them and be like them; however the police make it very difficult for us to work" FSW E (focus group 4).

#### **4.4.2 Brothels**

While the majority of participants in this study were street-based FSWs, there were three participants who worked on both the street as well as in brothels. Brothels were described as either private houses or flats where sex workers lived and worked. Some brothels masqueraded as massage parlours as a way to attract clients. In other brothels, FSWs had the liberty to go out in the streets to solicit clients.

“In some you pay a fixed price of R150 for the accommodation and then you go out to get your own clients, some work like escort agencies where they find clients for you and then you pay half of your earning to the brothel owner who has found the clients for you” FSW B (Focus group 2).

##### **4.4.2.1 Terms of service in brothels**

Brothel-based FSWs were described as working for an owner and were not in full control of their trade. They did not have the liberty to dictate the terms of service. They were under obligation to provide services that the client has paid for, negotiated by the owner, or risk being fired. There was an underlying feeling that FSWs who worked in brothels were controlled and worked under stringent rules. They were described as under obligation to do as was dictated to them by the brothel owner, which inherently meant that they had less control over their bodies which, indirectly, belonged to the brothel-owner as well as momentarily to the client.

“In a brothel house you cannot say no, you need to be prepared to do everything. The guy pays first to the owner and the owner is happy because he got the money. So if a guy wants to come and do anal sex - if you say no you can get chased out and you don't get money. But in the streets you can say no. Some clients come and they want to kiss and make love, they don't want to put quickly and finish, so you are forced to allow them. They will say my baby, my sweetie, I want to marry you and that time you don't want to hear any of that - but you have to allow him, because he paid” FSW D (Focus group 2).

“In the meantime, the owner is happy he is smiling, he got the money, he doesn't care, and meanwhile, you're doing what you don't want to do” FSW Q (Focus group 2).

##### **4.4.2.2 Requirements for working in brothels**

There were certain attributes and requirements which one needed in order to work in a brothel, such as good looks, age, communication skills and the willingness to provide services desired by each client. Some participants considered themselves too fat and others too skinny as clients suspected the skinny girls of having viruses.

“Brothel houses don’t hire round figured ladies like me, they take the slim girls” FSW B (Focus group 2).

“Nowadays when you go to a brothel house and you’re skinny like me and her, it will be hard for us to get clients because the clients like bigger girls - they are scared that the small girls are carrying viruses. But when they eventually do take you in the room they will ask you: Why are you so skinny, when last did you check your status? That’s why skinny girls don’t work in private houses anymore. Clients are frightened of skinny girls” FSW D (Focus group 2).

#### **4.4.2.3 Safety of brothels**

Despite the notion that there is more money to be made on the streets, some FSWs preferred to work in brothels because they felt safe from robberies and police harassment

“I have worked in brothel X and they have bouncers and cameras, and so even those clients who strangle girls and leave them for dead, they could not do that there. I felt very safe” FSW R (Focus group 1).

The disadvantages with brothels were that the working hours were not flexible for, as long as there were clients, FSWs could not simply decide that they are not working. They have to follow their employer’s rules and regulations otherwise risk being fired. Working from these establishments also meant paying a daily rate for lodging and no late payments were accepted, which meant that failure to make money on a specific day could result in forced evacuation from the premises. Thus, there was always the pressure to work daily to pay for daily expenses.

“Another difference that exists between the brothel and the streets is that with the streets you don’t owe anyone, if you did not make any money that day then it’s not a problem. However if you stay in the brothel and you did not make money on that day, then you have to pay. You pay per day; some are about R250 per night.” FSW D (Focus group 2)

#### **4.4.3 Hotels**

There were three types of hotels that FSWs utilized for sex work. Firstly, there were those hotels similar to brothels where FSWs live and work, which usually have bars where sex workers pick up clients. During observations we visited a famous, tall hotel, known for sex work, situated in the CBD. The participants have estimated a total of 500 women living and trading from this establishment. The hotel consisted of a bar with a lounge where clients drank, watched television and played pool. The ladies came to the bar to solicit clients and sex took place in the rooms upstairs. This hotel consisted of black women from different countries, age groups shapes and sizes. Secondly, there are those hotels that sex workers book to service clients. These hotels are generally not used by the public because they are

run-down and charge low prices, but are hotspots for sex work. We visited this kind of hotel also situated in the CBD and observed FSWs drinking and dancing with clients and later going to provide sex in the rooms. However, the FSWs did not live in this hotel but used it as a hotspot to solicit and service clients. Thirdly, there are commercial chain-hotels also used by the general public. The use of these different types of hotels depends largely on what the client can afford.

Some of these hotel-based FSWs advertise their business in newspapers such *The Daily news* or *The Mercury* or put up their pictures and profiles on internet sites such as *PYMT*, *Escort profile*, and *sex trader*. When clients come across the advert they call in and arrangements are made for a meeting at one of the above-mentioned hotels. The disadvantage with this form of trading is that it presents its own dangers in terms of attracting dangerous men and sometimes clients do not arrive.

“There are those sex workers who work with the phone, they put up ads in the newspaper or internet and then book a room in a hotel and wait for clients to call in or negotiate to meet with clients” FSWs R (Focus group 1).

“Newspapers are actually a waste of time, clients will call and ask you to describe yourself - then you describe yourself and they will be busy telling you a whole lot of stories you don’t want to hear, or when you are busy describing yourself they are busy masturbating then others say: I will come see you just now, and then they don’t come” FSW D (Focus group 2).

#### **4.4.4 Escort agencies**

Escort agencies were described as difficult to work in due to high levels of competition and the high probability of not getting picked by clients. Participants mentioned that there was always the risk of not making money and struggling to travel from home to the agency every day.

“Making money indoors can be hard, a week can go by with no client. At an escort agency its worse because you have to pay for your own travelling costs to the agency and you end up not having money for a taxi. Bars are great because you always meet clients. If we were not being harassed by the police, the streets would have been a perfect place to work” FSW E (focus group 4).

“What I don’t like about working inside is that sometimes FSW who are pretty are the ones that get picked and bought over and over again to the point where some of us struggle to make money, but the streets are better, someone will eventually buy” FSW R (Focus group 4).

## **4.5 Sex work clientele**

This theme also constitutes part of the exosystem as it considers FSWs' immediate experiences and relationships with clients, pimps and their intimate partners.

### **4.5.1 Male clients of FSWs**

Clients of FSWs are men from diverse, racial and ethnic groups, as well as from various age categories and socio-economic backgrounds. Participants mentioned that their inner-city clientele consists of Black South Africans and foreign men, Coloureds, Indians and Whites. Some men are married and others are single. The majority of White men they service were described as being older. Black, Coloured and Indian men were described as middle-aged. Participants made reference to two types of clients, regular clients and 'one-time' clients. Regular clients are those that see one specific sex worker on a regular basis.

"I work in a hotel and I have my own regular client's, men who come to me only. Some girls even think that I don't use condoms with these clients but I do, the only difference is the way I treat them. These are married men who left their wives to come and support us and some ladies do not get that. When they are with one client and they know that their other client is on the way or at the bar, she will rush this client to finish quickly because she now has his money. So my clients would rather wait for me or leave when I am not available" FSW R (Focus group 4).

#### **4.5.1.1 Client selection**

Street-based participants mentioned that when clients approach them they use their discretion as to whether this is the type of client they are comfortable with or not. However, some participants mentioned that there were certain clients that they definitely did not service, either because they required a service that they were not willing to provide or they were drunk, looked unclean, or belonged to a certain race group.

"It's different; we are all in the industry, and however we are not all willing to do the same things. Some men will come to you asking for a blow job and some of us do not give blow jobs. Some want anal sex and so it is up to you what you are willing to do" FSW R (Focus group 4).

This sense of autonomy and ownership of the trade came with the power of being able to say 'no' to certain sexual acts. These were liberties that most brothel and hotel-based FSWs did not have, as outlined above. However some street-based FSWs were swayed by money to 'bend their own rules' and end up going with clients whom they did not trust or to provide risky sexual services.

“When it comes to clients, I chose the kind of guys to service. I refuse to go with a man who looks dirty and they stink as well as someone who is drunk because that person will definitely give me problems. Maybe I will not even be the first FSW he’s been with and probably he got robbed by those FSWs he was with and now he starts thinking that I am the one who robbed him” FSW S (Focus group 1).

“If a client is drunk, I don’t mind to take him and provide a service - however if he is dirty, then I will not take him” FSW M (Focus group 1).

Furthermore, clients knew that FSWs did not have a unanimous voice when it came to the services they provide. They knew that they could always manipulate a FSW who was desperate for money by threatening to go to another FSW who would be willing to provide those services that the client wants.

“When a client comes to you they already know what they want and they will tell you that I want blow job, anal or unprotected. If you refuse any of those he will tell you that he will find another sex worker that will be willing, and you know that he’s right” FSW D (Focus group 2).

Some participants felt that it was entirely up to clients to select the type of sex worker they wanted. Participants felt that because of their looks and body shape they were limited in the types of clients they may attract and so felt that they had no power to choose the clients they wanted to service.

“Some clients are also very choosy for instance black men love chubby girls, Indian men like skinny girls with big breasts, others like skinny girls with small breasts, some like hips. We work with different clients according to their preferences. Some don’t like old people, others want younger girls, some want young women, so it all depends on who and what the client wants, we don’t choose. FSW T (Focus group 1)

#### **4.5.1.2 Good clients and bad clients**

Some FSWs reported that they avoided providing services to local Black South African men, Coloured and foreign men. The reasons they provided were that men from these racial groups were often violent, disrespectful, bad payers, and rough in bed, resulting in painful or uncomfortable intercourse.

“I am very fussy and choosy about who I go with, I don’t feel comfortable going with African guys, I am afraid of their big dicks. I prefer White and Indians, Coloureds I don’t like; they are too rough in bed” FSW H (Focus group 4).

“With Black guys, I look closely at someone before I agree to go with them. Coloureds, I don’t like at all, I would rather ask a Coloured guy to book at a lodge. I refuse to have sex with him in a car because he will have bad and rough sex with you

and end up not paying you. The condom will end up bursting, then he will invite his friend to also have a turn, then he will want anal sex, he will want to do everything in one session, so no” FSW U (Focus group 4).

Most FSWs described Indian men and older White men as good and compliant clients. They were described to be considerate and gentle and well-paying, showing appreciation for the services they receive.

“I prefer Indians, they pay, but you have to be smart. Black guys I don’t like, they start by drinking all sorts of potions and traditional medicines before sex, he will take his time and want to finish in his own time, so I don’t like that. They are so rough, they sleep with you like you are a dog, and you can see that they don’t care, so both Black guys and Coloured guys are the same. Whites and Indians are comfortable to be with, they are sweet, foreign men are also rough” FSW E (Focus group 4).

The ‘bad’ clients were perceived to be difficult to deal with and displayed feelings of entitlement towards the services they received. In addition they were considered to treat FSWs as ‘lesser human beings’ thus rendering FSWs vulnerable to HIV and other STI infections.

#### **4.5.1.3 Stealing from clients**

The abuse from certain clients has apparently resulted in some FSWs stealing from clients as a way of fighting back against bad treatment

“Well I’ve had very bad experiences with clients, some have mistreated me, and pepper sprayed me, so when an opportunity arises to take from them, then I do...The streets are better because you can steal from clients for example take their wallet, but you can’t steal from clients when you working on the inside, no you can’t, security is too tight” FSW U (Focus group 4).

Two FSWs were adamant that stealing from clients was bad for business, and gave black FSWs a bad reputation, especially among White and Indian clients.

“I don’t like FSWs who steal from clients, because we all end up being affected and clients may eventually stop buying. Indian and White clients cannot tell the difference among us, we are all black FSWs and this makes us all untrustworthy. These clients help us a lot with money; it is not good for me when you steal from clients” FSW E (Focus group 4).

“Clients rotate us and if we steal from them, then we will lose business because they will stop buying” FSW H (Focus group 4).

#### **4.5.1.4 Clients and condom use**

Some FSWs had to contend with clients who did not want to use condoms. Participants were not clear as to what their stand was with regards to clients who refused to use condoms. They,

however, mentioned that it was a common situation and that each individual reacts differently when faced with such a client. They also mentioned that clients had the tendency to generalise and say that they knew of other FSWs who did not use condoms, as a way to manipulate them into agreeing to sex without a condom.

“Some clients will come and say oh but the ladies at hotel X don’t use condoms and expect you not to use it. But we can’t know for sure if that is true some of them may not but some may, it’s hard to tell” FSW R (Focus group 1).

“There are some clients who refuse to use condoms obviously you won’t go with that one but another sex worker might agree” FSW T (Focus group 1).

FSWs explained that they sometimes found themselves in isolated, dangerous situations and were not be able to negotiate safe sex. This especially occurred when a FSW was having sex with a client in an unsafe environment, a situation which street based FSWs have had to contend with most of the time.

“I don’t like working in the streets because you meet clients who do not want to use condoms. For instance you go with him to a dark place and obviously you will have sex without a condom because he has no money to book a room at a lodge. At the dark place it is just the two of you, there is nothing you can do, so you will have sex without a condom. However it’s rare for that to happen in a hotel like hotel X because there are bouncers and cameras and so a client cannot do that” FSW R (Focus group 1).

#### **4.5.1.5 Mobility as strategy to obtain clients**

The FSWs in this study, mentioned that they move to different areas to find clients and improve their business. They go to areas where they have established a network with other FSWs so as not to fight for territory. Mobility occurs in various ways. For instance, FSWs can move from working on the street and into a brothel, or from the brothel into the street. Some move from working in one area to another in the same night or on different days, depending on the days that business is good. Others move from one province to another during different times of the year or seasons. All FSWs felt that the more they remained in one spot the less money they made because clients get tired of seeing the same faces. Mobility has been described as necessary and good for business.

“I travel to Johannesburg and Cape Town as well as Ladysmith, Newcastle, and Pietermaritzburg towards end of the month. It’s better to travel so that the local guys here can miss you. Then it creates variety, sticking to one place is not good, because the guys here end up getting bored with you and want someone new, so rotation is good for business” FSW H (Focus group 4).

“I sometimes go to Germiston in Johannesburg there are ladies I know from there whom I work with. I can stay there for up to three months” FSW X (focus group 1).

“In winter I go to the Eastern Cape, because there are more clients wanting to buy sex, because it’s cold” FSW X (Focus group 1).

#### **4.6 Interpersonal relationships**

This theme explores the relationships FSWs have with their non-paying partners and pimps.

##### **4.6.1 Intimate partners**

Some participants alluded to having intimate non-paying partners whom they referred to as boyfriends or husbands. These relationships were based on love and not on the exchange of sex for money. However, in some of these relationships, the partners were said to be aware that his wife or girlfriend was doing sex work. These men were described as supportive modern and open-minded.

“Some men are understanding, but some don’t, you cannot just take a narrow minded man from the rural areas and tell him that you sell your body for a living, he would beat you up. But some who are not rural are understanding and they are willing to put up with it.” FSW X (Focus group 1)

##### **4.6.2 Pimps**

All participants mentioned that they did not work with pimps. However, it was mentioned that those working with pimps were normally underage FSWs from the ages of 12 years and addicted to drugs. These pimps were notoriously known to be Nigerian drug-dealers.

“Most of the pimps come from Nigeria, they use underage sex workers from the age of 12 years, and sometimes these women learn or get exposed to drugs through the pimp. Maybe before, the girl wasn’t smoking or doing sex work, but now gets into this life because of addiction” FSW E (Focus group 4).

Participants felt that pimps used drugs as a way to control young women, forcing them into sex work. Prior to going out to find clients, these young women are given a morning drug known as a ‘wake up’. These girls work under strict supervision and are not allowed to speak to anyone nor engage with sex work support organisations for fear that will they run away.

“There are young girls who are addicted to drugs, I always see some of them with scars, they will tell you that the pimp beat them up because they did not get a client for two days now. They abuse them a lot. For example let’s say the girl has made about R800 a day, then all the money will go to the Nigerian pimp. The next day the pimp will give her R20 for food and a drug called the “rock” which is also known as a wake up” FSW R (Focus group 1).

“Those who work with pimps are hard to reach because the pimps are overprotective and territorial and they are not allowed to come and access health care and they are

always high and are addicted to these drugs provided by the Nigerians” FSW R (Focus group 1).

The engagement of underage girls in sex work as well as their drug-use was further confirmed during observations when we conducted outreach at a private house in Chatsworth, which is an Indian township 29 km outside of Durban. This house consisted of young men and women who were drug-users. The young women were said to sell sex for drugs and were from the ages of 12 years. At the time of observation they were high on drugs and thus could not engage with the peer educators nor test for HIV. One of the pimps who engaged with the team from *Lifeline* was an Indian man who wanted condoms for the establishment. This house was more of a drug-dealing establishment than a brothel as it lacked the secure and inconspicuous nature of a regular brothel.

Some participants were of the opinion that underage FSWs have been trafficked and they have heard stories of child trafficking in some areas of the city. These children from the ages of 12 were put on drugs and forced into sex work.

“There was a story on the news about a guy who goes to the rural areas and finds small kids from poor families and brings them downtown and then force them into sex work. So these underage kids do not just get involved in sex work on their own. It also becomes difficult to tell when someone is underage because these kids get deformed by drugs and they end up looking older, its only when you have a conversation with them that you can hear that this person is young” FSW B (Focus group 2).

Some FSWs who worked with pimps were also involved in organised crime, whereby a client picks them up and, later on, the pimp comes and robs the client who is unaware. These FSWs don't only sell sex, but sell drugs as well.

“Some of these girls that work with pimps you can't trust them, because the two of them will work as crooks. The intention is, I have this pimp here so I am going to knock this client. While I am still busy with this client here the pimp will come in and knock this client” FSW D (Focus group 2).

The pimps and sex worker relationship does not always form due to a drug habit or human trafficking. Some pimps are boyfriends or husbands of the FSWs. The relationship evolves and the partner takes on the role of pimp. They provide protection for their FSW partner; mark the territory by chasing other FSWs away from the territory, hold on to the money while the FSW is being taken by a client. By virtue of being constantly present and monitoring their partner while selling sex, these pimps end up managing the business.

Unfortunately, these relationships are said to be characterised by violence and abuse between the partners.

“Here on the streets you get husband and wife coming, and husband is standing across the road while wife is busy and he will be bluffing everybody saying it his sister, when we all know it is his wife” FSW D (Focus group 2).

“People that have pimps are people with boyfriends and they support them with the money and the boyfriend want to see how many clients they go with in order for them not to come and lie and say they did not make money” FSW D (Focus group 2).

#### **4.7 Societal prejudice against sex workers**

This theme considers how FSWs access public and private health-care and other support services provided by various non-governmental organisations. This constitutes the macrosystem which considers cultural values and beliefs of the larger society within which FSWs reside. There are various challenges pertaining to attitudes that FSWs have to contend with in the broader world of health-care, social-support as well as the law.

##### **4.7.1 Access to health care and support services**

FSWs described various challenges they experienced when it came to accessing health care especially in public facilities such as clinics and hospitals. They perceived themselves to be victims of stigma and discrimination and, therefore, preferred to avoid these facilities. Apart from the perceived stigma and discrimination, some FSWs also avoided public health-care facilities due to long waiting times; this has become a serious hindrance to health-care uptake.

“In clinics we get stigmatised, you go to a nurse and when you tell her that a condom burst during sex and you tell them that you are a sex worker, the nurse will call her colleagues and they will ask you why you selling sex and you so young? And then continue to make fun of you” FSW Y (Focus group 4).

“Some FSW prefer to go to private doctors but a doctor will not give you the equal attention. They say they prefer private doctors because there are long waiting times at the clinic” FSW R (Focus group 1).

Participants mentioned two support organisations that assist FSWs with health-care in Durban; they are *Lifeline* and *TB/HIV Care*.

“*Lifeline* and *TB/HIV Care* provide services for FSW. There are clinics that *Lifeline* refers us to and when the nurses see that one has been referred by *Lifeline*, they tend to act and say funny things. *Lifeline* refers us to clinics such as clinic X, and C Personally I don't go to those clinics on my own, I think it's better if I go with someone from *Lifeline*.” FSW E (Focus group 4)

Evidently these support organisations were perceived to be helpful in providing HCT and basic support but referral for further care is required.

“When you go to *Lifeline* they will refer you to Addington hospital for a pap smear but they will keep postponing your date of when you should come, until you end up not being able to go, so we don’t get proper care” FSW C (Focus group 3).

“We do get referred at the clinics but some of us don’t follow up. There are those when they get an STI that looks like cauliflower they ignore that one because it makes the client happy because it makes the vagina hot and tight. As much as they are sick they always work and their life comes after” FSW R (focus group 1).

#### 4.7.2 Legal support services

In one of the focus groups a FSW who was the co-ordinator of an NGO named *Sisonke*, a support organisation for FSWs run by FSWs, talked about *Sisonke*’s mission to fight for sex workers rights and the decriminalization of sex work as well as for the recognition of sex work as formal work. She mentioned that *Sisonke* conducts various outreach activities, educating FSWs about their rights, distributes pamphlets that teach sex workers about their health and hygiene as well as how to protect themselves from HIV.

“We provide counselling via a toll free number and FSWs can send a please call me to receive a call from a counsellor. The goal of *Sisonke* is to reach out to all sex workers in Durban. The outreach also includes creative spaces that take place once a month. The creative space is an opportunity for FSW to share their experiences with each other and provide each other with support. When it comes to FSW healthcare *Sisonke* refers them to *TB/HIV Care* for HIV testing and treatment” FSW B (Key informant and coordinator of *Sisonke*).

As mentioned by the majority of street-based FSWs, they constantly faced police harassment and are forced to pay bribes to avoid arrests. Legal assistance was provided to members of *Sisonke* who were unfairly arrested. They could phone *Sisonke* or send a ‘please call me’ message to which they would receive an immediate call-back for legal assistance. However, *Sisonke* as a movement experienced many challenges including not being recognised as a formal legal-structure by the police.

“When a FSW got arrested, *Sisonke* approached the police department so that the FSW could be released. But in a particular case, a policeman arrested a FSW and when she gave him a *Sisonke* police card that outlines her rights, the policeman tore the card and her *Sisonke* membership and so they did not take *Sisonke* seriously. *Sisonke* works with the *Tswaranang women’s legal centre* which trains paralegals among the *Sisonke* peer educators to educate other FSW about their rights and what to do when being arrested” FSW B (Key informant and coordinator of *Sisonke*).

These paralegals were also from the FSW population, empowered with legal knowledge to assist others who were unfairly arrested and harassed by the police.

#### 4.8 Summary

In summary, the inner city sex trade in Durban among FSWs was classified according to where FSWs solicit clients such as the streets, brothels, hotels, and escort agencies. Each setting was fraught with its own challenges and volatility. The streets were considered to be good for meeting a high number of clients and making money daily. However, FSWs trading on the streets were exposed to robberies and police interference. Engaging clients in unsafe environments such as abandoned buildings, parks or the veld exposed FSWs to client abuse and forced unprotected sex. Despite all these challenges the need to make money among FSWs far outweighed their concerns regarding safety. On the other hand, FSWs described the street-based sex trade as providing them with freedom of choice with regard to being able to choose the clients they service as well as the type of sexual acts they are willing to provide. The streets were also an environment filled with violent competition over territory, clients, as well as the maintenance of standard prices for sex.

Brothels and hotels were seen to be less flexible in terms of how FSWs engaged with clients. FSWs were said to be under obligation to provide services that the client has paid for or risk being fired. However, the issue of safety in these establishments depended on the standard or level of the establishment. Some brothels and hotels were said to have security in the form of cameras, guards or bouncers and, therefore, clients could not freely abuse the FSWs. Escort agencies were described as difficult to work in because clients picked the sex workers they wanted, meaning that those who do not get picked regularly, did not always make the money that they need. When it came to clients Black and Coloured clients were described as violent and treating FSWs as less than human. The majority of FSWs in this study did not work with pimps and described those that did as trafficked, under-age and on drugs. The pimps did not only constitute the drug dealers but intimate partners as well.

When it came to issues of Health-care and support services FSWs felt that they faced stigma and discrimination from public health-care providers which deterred them from accessing the health care they needed. However, support organisations such as *Lifeline* and *TB/HIV Care* were said to provide HCT as well as referrals for further care to sex worker sensitised clinics. However, some FSWs admitted to not having the time or patience for follow-up care and wished for their own specialized care as soon as they presented

themselves at facilities. The criminalised status of sex work in South Africa has meant that this group of FSWs is often detained by the police. Organisations such as *Sisonke*, who provide paralegal services to FSWs, are yet to be taken seriously as a legal structure by the police in order to provide adequate representation for those FSWs who have been unjustly detained.

## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.1 Introduction**

The results presented in the previous chapter will be discussed in relation to the broader literature and in conjunction with the theoretical framework of Bronfenbrenner's ecological systems theory. The objective of this study was to provide an understanding of who enters the sex trade, to explore the nature of the Durban inner-city sex trade, to investigate the challenges FSWs encountered in the sex trade as well as to provide an understanding of the type of health-care support needed by FSWs.

#### **5.2 Person-self**

This study found that FSWs trading in the inner city of Durban come from neighbouring countries such as Zimbabwe, Swaziland, Mozambique, Malawi and Nigeria. Apart from African sex workers, there are also Asian FSWs from China and Thailand. A study conducted in Hillbrow, Johannesburg by Stadler and Delany (2006), showed similar geographic characteristics of sex workers from surrounding African countries. In this study the South African, Durban inner-city FSWs were described as different from FSWs in Johannesburg, in the sense that the majority of them were born in KwaZulu-Natal in the villages and townships not too far from the city centre where they trade. A study by Leggett (1999), on poverty among Durban sex workers reported that a large number of their study participants were born and raised in the Durban CBD with a major segment from outside the CBD and two thirds from somewhere in KwaZulu-Natal. This is in contrast with FSWs trading in Johannesburg, as most of them are from other provinces. Stadler and Delany (2006), reported that 24 per cent of FSWs were from the Eastern Cape and 23 per cent from KwaZulu-Natal were trading in Hillbrow Johannesburg. Similarly, Cape Town seems to share common characteristics with Durban. A study by Gould (2014), reported that 93 per cent of South African-born FSWs traded in brothels and, of that, 61 per cent were born in Cape Town and traded within the city. The remaining constituted foreigners from countries in and outside Africa. According to Gould (2014), Cape Town also has Thai girls that made their way into the South African sex trade through agents who convinced them that they would make lots of money coming to South Africa to sell sex. Understanding from where FSWs originate is important for researchers seeking to engage FSWs in research studies as

well as delivering health-care services. Careful consideration is needed with regard to ensuring confidentiality and anonymity, since these women trade closer to home.

The FSWs in this study mentioned that even though they came from various countries, provinces as well as racial and ethnic groups, they were all united by a shared identity that of being sex workers as well as by the common need to make money. Thus, they were not perceived to be grouped by country of origin, but were more likely to group themselves according to age as the different age groups worked in different areas due to competition for clients. However, Asian FSWs in this study, were described as working separately from the other FSWs due to language barriers as well as their well-known mastery in providing superior sexual services to clients that no other group could provide, which is a finding not mentioned in the literature.

The FSWs in this study confessed to leading a ‘secret life’ and embodying two different identities. The sex worker identity is kept secret from family and friends, including husbands or boyfriends. This is due to the stigma associated with sex work and the fear of social exclusion by family, neighbours and the community (Scorgie et al., 2013). Goffman (2009), uses the term ‘spoiled identity’ as facilitating stigma and discrimination. Stigma can be described as discrediting a person or a group because of certain undesirable attributes that have been socially constructed. When a person or group of people possesses traits or characteristics that are deemed undesirable by society they become stigmatised and should therefore be shunned. Spoiled identities come in the form of racial and ethnic minorities, sexual orientation, gender, religious identities, visible and invisible disabilities etc. Sex work is also, largely, socially-undesirable (Scorgie et al., 2013), thus sex workers can be seen to possess a spoiled identity and, therefore, suffer from perceived and internalized stigma. Evidently stigma affects various facets of their lives such as finding it a need to keep their sex worker identity secret. It also affects health-seeking behaviour, as well as where and how they decide to practise sex work. These factors will be discussed in greater detail in the proceeding paragraphs.

### **5.3 Entry into the sex trade**

The women in this study mentioned poverty as the number-one motivating factor that led them into the sex trade. Poverty is a structural phenomenon, and, according to the ecological model, it is an environmental or systemic factor that impacts on how an individual relates to the world and the choices they make in order to survive (Tomlinson, Rohleder,

Swartz, Drimie, & Kagee, 2010). Generally and through research, it is common knowledge that, throughout the years, men have been in the forefront of society and they have been prioritised when it comes to education, employment and property rights, to the disempowerment and disenfranchisement of women (Beegle et al., 2016). This gender inequality has resulted in women being more likely to have lower levels of education than men, more likely to be unemployed or employed in the informal sector and to earn less than men when employed (Chersich et al., 2013; Scheibe et al., 2012). There are various reforms that have since been put in place to redress this gender inequality and increase the prospects of women in the educational, and employment sectors. However, poverty among women still persists because they are more likely to be single parents taking care of their children and extended families (Scorgie et al., 2013). Thus women have for a long time been exposed to the pressure of having to make money for survival.

Sex work has been and continues to be an alluring industry to many destitute women, and studies have documented the earning power that the sex trade has bestowed on women. Research by Gould and Fick (2008), has shown that women with a tertiary education earn 1.5 times more doing sex work than other work. Those with a matric education earn 1.7 times more in sex work than they would have in other forms of work, and women with a primary school education earn 5.4 times more in sex work. Evidently, sex work has for a long time been a lucrative option for women to earn an income.

Apart from poverty being a motivating factor for women to enter sex work, results from this study show that women did not only grow up in poor environments, but were also exposed to childhood neglect and abuse. It is important to note that not everyone who experiences poverty or childhood trauma enters the sex trade. Some who do enter, exit at some point, while others cannot see any other alternative to sex work. A study by Dodsworth (2012), which looks at pathways through sex work, found that some women, who have struggled to build resilience from childhood trauma and neglect, suffer from a negative self-image. They are unable to regulate their emotions which render them helpless. The loss of family often translates to a loss of their own children through further neglect or abandonment. Dodsworth (2012), further argues that the unresolved trauma can lead to a negative chain-reaction of events which makes them unable to cope with the outside world. The negative sense of self becomes a predisposing factor to further abuse, and self-destructive behaviour such as alcohol or drug-abuse as well as sex work. Furthermore, a study by Vaddiparti et al., (2006), on the effects of childhood trauma and sex trading among substance-using sex

workers, showed that sex workers were more likely to report childhood sexual abuse than non-sex workers. This demonstrates that childhood trauma can be a motivating factor for women to enter into sex work. Thus the pattern of childhood abuse is carried into their adult lives, rendering them more likely to be in abusive relationships or to engage in other risk-behaviour such as substance-abuse. According to the systems-theory, the family constitutes the micro system of the individual and relations within the family determine how an individual will interact with the broader society. This theory further speaks of inter-generational transmission whereby, behavioural patterns that occur in the family, repeat themselves (Bronfenbrenner & Ceci, 1994). When people experience childhood trauma and neglect, they are more likely to face similar problems with their own children leading to a vicious cycle of self-destructive behaviour, thus suggesting reasons why some women enter into sex work and why some do not.

As shown in this study, young girls enter sex work from as young as the age of 12. Under-age sex work is a problem that persists in the sex trade needing its own specialized attention. The FSWs in this study go as far as not recognizing underage girls as sex workers, taking it upon themselves to report these cases to social services, a phenomenon not mentioned in the literature. Inasmuch as these underage girls are said to be preferred by clients and pose a threat to the business of older women, older sex workers felt the need to speak up against under-age sex work. They felt that no child is capable of making an informed decision to enter sex work and could somehow be coerced into the business. The FSWs in this study felt that very little was being done to protect minors from those who coerce them either directly or indirectly into the trade such as neglectful parents and drug-dealing pimps. Furthermore, pimps were identified in this study as keeping under-age sex workers dependent on drugs as a way to gain and maintain control, ensuring they remain in the trade to finance a drug habit. A study by Needle et al. (2008), which focused on drug-using sex workers in Durban, found similar results to this study regarding the types of drugs administered to underage FSWs. These drugs are referred to as a 'wake-up call'; this crack cocaine is administered, so that sex workers can have the energy and confidence needed to approach potential clients. These drugs are also known as stimulants causing sexual arousal, increasing the need to engage in sexual intercourse and prolonging the sexual experience. In other studies, FSWs have declared that drugs help them cope with sex work (Leggett, 1999; Parry et al., 2009; Peltzer, Seoka, & Raphala, 2004). This is a cause for concern due to the likelihood of risky sexual practices taking place in this context because of impaired

judgement (Needle et al., 2008; Parry et al., 2009). In light of the above, it is possible that if given an opportunity, FSWs could potentially be part of the solution in the fight against under-age sex work, because they are on the ground in the community and are much closer to the situation and could, therefore, play a role in preventing the exploitation of under-age girls for sex work.

#### **5.4 Sex work settings**

As shown in this study and others, sex work takes place in a variety of settings such as the streets, brothels, hotels, bars and escort agencies (Gould, 2014; Stadler & Delany, 2006). As reported in this study, street-based sex workers meet clients on the street. Sex occurs either in what was referred to as a ‘dark place’ which constitutes an abandoned building, in the veld, a client’s car and sometimes in hotels. It is clear that in these circumstances, safety among street-based FSWs is compromised, especially when alone with a client in a desolate place. Various studies have shown that street-based FSWs are at a disadvantage when servicing clients, because they work late at night in poorly-lit areas to avoid being visible to the police. Sex workers have reported being raped, abandoned and left naked by clients even going as far as jumping out of moving vehicles to escape (Goldenberg, Duff & Krusi, 2015; Karim, Karim, Soldan & Zondi, 1995; Pauw & Brener, 2003; Scorgie et al., 2013). Seemingly in this study, the need to make money far outweighed the need for safety as FSWs claimed to service clients wherever they can, even to the detriment of their own safety. Street-based sex workers in this study were characterized by age-disparate rivalry, territorial boundaries between younger and older FSWs and competition for clients. Various studies have documented the fierce competition that exists among FSWs for clients. This competition acts as a divisive factor among FSWs which clients use to their own advantage in demanding risky sex, and threatening to approach another sex worker if there is no co-operation (Campbell and Mzaidume, 2001; Carney et al., 2015; Hampanda, 2013).

What was evident in this study was the level of autonomy expressed by street based FSWs regarding their trade. They demonstrated a sense of pride that came with working for themselves with no intermediaries, expressing their freedom to dictate the terms of service. This sense of autonomy could be encouraged to foster unity among the FSW community, especially when it comes to rejecting certain demands from clients that are detrimental to their health i.e. to have unprotected sex.

In this study some brothel- based FSWs explained that they lack a sense of autonomy over their trade because of working under brothel owners, who were said to dictate the terms of service. Brothel-based FSWs were said to be under obligation to perform high-risk sexual acts such as anal sex, which the majority of street-based FSWs seemed to detest. They reported not having the flexibility to choose which services to provide to clients. In contrast, a study by Goldenberg and colleagues (2015), focusing on work environments and HIV-prevention among sex workers, found that in countries such as India, Canada and New Zealand formal indoor-establishments upheld occupational standards pertaining to providing health care, HIV prevention as well as the removal of unco-operative and violent clients. The FSWs in those contexts felt safer working indoors than outdoors and reported to have experienced a sense of protection and agency in being able to protect themselves from harmful sexual practices. It should be noted that most hotels in the Durban inner-city and entertainment areas consist of a bar, meaning that both the FSWs and the client are exposed to alcohol which undermines safe-sex practices. Thus sex work venues impact on whether FSWs are able to protect themselves from HIV and other sexually-transmitted infections.

However, the majority of participants in this study were street-based FSWs, which meant that insight provided into brothel and hotel-based FSWs was limited. Furthermore, this limited engagement with hotel and brothel-based FSWs was attributed to the hidden and inaccessible nature of brothels, which makes the engagement of this subgroup of FSWs in research and health-care programmes extremely challenging. Some international studies have shown the importance of engaging hotel managers and brothel owners as gatekeepers in order to reach FSWs within these establishments (Goldenberg et al., 2015; Pauw & Brener, 2003). A study by Beyrer and colleagues (2015), provides an example of how brothels in Amsterdam are issued licenses for regulation. Under the law, brothel owners cannot have a criminal record, can only employ sex workers who are 18 and older and must ensure that there is regular STI and HIV-testing, as well as health education to empower FSWs to make the correct decisions regarding their own health care. This resulted in a tremendous decline of underage sex workers since brothel owners did not want to lose their licences. The criminalised state of sex work in South Africa has given brothel owners control over sex workers because operations are hidden and unregulated, which is a breeding ground for human rights violations. For instance, there was a news report of a Nigerian man who was charged with allegedly running a brothel consisting of 26 women and children who were rescued by South Africa's directorate for priority crime investigation (HAWKS) in the town

of Klerksdorp in the North West province. This man was one of 19 that were found running these establishments (Motau, 2016). This incident is just one of many that continue to occur in South Africa.

### **5.5 Challenges encountered by FSWs in the sex trade**

Furthermore, results from this study have shown that there is a level of agency exercised by women to remain in the sex trade. Evidently, some women are aware of other forms of employment or are involved in other work and use sex work to supplement their income. This situation is one of ‘reciprocal determinism’, a term coined by psychologist Albert Bandura which is also embedded in the systems-theory (Bandura, 1978). In this case FSWs cannot simply be reduced to victims of circumstance, but are also actively influencing their environment and reclaiming power by assuming the sex worker identity as their means of livelihood. This can also be understood as problematizing stigma, where subjects do not accept their stigmatised state, but believe that the social order can be changed and that they have the right to demand better treatment from the system (Cornish, 2006). The FSWs in this study have emphasized the need for a conducive working environment, as opposed to exit strategies. Thus, the discourse is not one of rescue, but of the decriminalisation of sex work and for sex work to be recognised as formal work, which has also been recorded in other studies (Richter, 2008; Scheibe et al., 2012). This entails a development of occupational health and safety standards as well as mechanisms to reduce violence against sex workers and other violations of labour law and human rights (Beyrer et al., 2015).

Participants from this study have repeatedly mentioned that selling sex on the streets is a challenge due to police harassment. The police were described as demanding bribes from FSWs and refusal to pay resulted in FSWs being held in custody. Other studies have documented police brutality in the form of assault and rape of FSWs who refuse to pay bribes (Beyrer et al., 2015; Chersich et al., 2013; Gould & Fick, 2008; Richter, 2008; Scheibe et al., 2012; Scorgie et al., 2013). The current criminalised status of sex work under the law prohibits engaging in carnal intercourse (other than intercourse between husband and wife) for a reward (Richter, 2008). Due to the difficulty in proving whether or not someone has engaged in paid sex, sex workers are prosecuted through municipal by-laws that relate to loitering, public nuisance or indecent behaviour. At times, they are suspected of being sex workers because they are found to be carrying condoms. This suggests that criminalization

can undermine safe-sex interventions among FSWs (Bekker et al., 2015; Beyrer et al., 2015; Scheibe et al., 2012). This further makes it difficult for FSWs to report criminal acts performed against them by robbers or clients for fear that the police will respond abusively and that they would rather focus on the fact that the victim is a sex worker and not on the crime that has been committed (Scorgie et al., 2013). However, in this study, FSWs chose to take matters into their own hands by fighting off robbers on their own, or stealing from clients as a way to fight back from being abused. However, stealing from clients was not encouraged by other FSWs, who felt that it was bad for business.

Apart from police brutality, some FSWs in this study were also confronted by drug-dealing pimps who have been described as controlling, territorial, violent and abusive, which was also reported in other research (Needle et al., 2008). FSWs under the control of pimps are not allowed to speak to anyone apart from clients under the pimp's supervision. There have been newspaper reports of pimps in Durban having trafficked or lured young women into sex work and keeping them locked up to prevent them from escaping (Harrison, 2015). Furthermore, the FSWs in this study reported that underage and trafficked sex workers have no access to health-care services. This has serious implications for HIV-prevention among this group, requiring researchers and health-care providers to find innovative ways to engage pimps as gatekeepers, in order to gain access to this group of FSWs while ensuring confidentiality for both the pimps and FSWs.

## **5.6 Sex work clientele**

Clients of FSWs across the literature remain a group that has not been adequately characterized, except for being generally described as violent and abusive (Scorgie et al., 2013; Stadley & Delany, 2006). However, in this study, FSWs provided a short demographical characterisation of the kinds of clients they service and the unique challenges they face from each client. Some Black and Coloured South African clients and some foreigners were specifically described as violent and abusive, as opposed to older White males and some Indians who were described as gentle and reliable. This finding coincides with a study by Stadler and Delany (2006), who found similar descriptions of clients from similar race groups from FSWs in Hillbrow, Johannesburg. This description is synonymous with studies that have shown that there are high levels of crime and abuse perpetrated by men in black and coloured communities in South Africa, especially towards women (Jewkes, 2002). South Africa is characterized by an oppressive Apartheid past, which created high levels of inequality and both these racial groups have been historically economically-

disadvantaged. Thus violence among these suppressed groups of men was said to emerge as a subculture and as a coping mechanism and a way to express masculinity (Mayosi et al., 2009). Violence became an outlet to deal with feelings of inadequacy, since the majority of them were poor wage-labourers with minimal opportunities to be providers and protectors of their families. Living under an oppressive system that did not recognize them as men, violence was used as a way to earn respect among their families and their misplaced anger was expressed towards women. Thus men growing up in these communities lacked positive role-models and the vicious cycle of gender-based violence has continued well into democracy (Jewkes, 2002). Sexual violence towards FSWs is further exacerbated by alcohol-abuse, which is prevalent among South African men. A study conducted in the three metros Durban, Cape Town and Johannesburg found that alcohol was a prominent feature among perpetrators and victims of violence. Significantly 50 per cent of people arrested for a rape crime in these metros tested positive for either drugs or alcohol (Setlalentoa, Pisa, Thekisho, Ryke, & Loots, 2016).

The above is an attempt to provide an explanation for why some men from these racial groups are notorious clients, hostile towards FSWs and feeling entitled to express sexual violence for the services that they have paid for. In a study by Scorgie and colleagues (2013), the sex workers in Hillbrow described clients as ignoring their expressions of pain during sexual intercourse and instead displayed attitudes of ownership and objectification. The FSWs in that study said they were treated as less than human beings, a finding similar to the one in this study where one participant mentioned that some clients engage in disrespectful sex i.e. slept with them like they are 'dogs'. Gang-rape was also another prominent feature in the engagement with clients. A participant in this study mentioned that some coloured clients had the tendency to pay for one sexual encounter, but invited their friends to have sex with the FSW without the FSWs consent. The ill-treatment of FSWs makes it difficult to ensure safe-sex practices as these 'bad clients' are said to 'enjoy rough sex' which can result in condom-breakage as mentioned by Bradley and colleagues (2012).

Some clients in this study were also said to refuse to use condoms and in other studies they were said to sabotage safe-sex by punching holes in condoms or secretly removing condoms before sex, as well as offering more money for sex without a condom, which was common in this study and others (Parry et al., 2009; Richter, 2008; Scorgie et al., 2013). The FSWs in this study were not forthcoming as to how they personally responded to such clients, but did mention that they knew of some FSWs who provided unprotected sex. Previous

studies have argued this to be a result of powerlessness to negotiate safe sex. These studies further suggested that this powerlessness was mediated by both economic and physical safety concerns (Campbell & Mzaidume, 2001; Carney et al., 2015; Hampanda, 2013). By insisting on safe sex, FSWs risked physical and sexual abuse from clients and loss of possible income, which was a pattern well-demonstrated in the literature (Konstant et al., 2015; Parry et al., 2009; Voeten et al., 2002). The prospect of receiving more money and avoiding violence creates pressure that incentivizes FSWs' engagement in risky sex (Needle et al., 2008; Parry et al., 2009). A study conducted in Brazil among FSWs, showed that in moments of pressure and uncertainty to provide unprotected sex, FSWs relied on physical assessments to determine HIV-zero status, despite high levels of HIV-knowledge (Malta et al., 2006).

The failure to insist on condom-use places many FSWs at risk of contracting and transmitting HIV. A respondent-driven sampling survey by Lafort and colleagues (2016), conducted in four countries, including South Africa, found that, specifically in Durban, self-reported condom-use with clients was less common, even more so, with personal sex-partners. FSW did not know the HIV-status of their non-paying partners whom they did not use condoms with. Genital symptoms were also reported more among FSWs in Durban than among those in any of the other countries. In the same survey, the proportion of FSWs who had ever tested for HIV was lowest in Durban out of all the other four countries. This study also found a 71 per cent HIV prevalence among FSWs in Durban, which was the highest out of the other cities and of those who self-reported to be HIV positive. It should be noted that only a small proportion was on ARV's.

As seen above, sex work is an organized trade. However, FSWs need to be encouraged to develop an unanimous voice when it comes to consistent condom-use among clients. This can be encouraged and facilitated by sex work organisations such as *Sisonke* through peer education. A study by Chersich and colleagues (2013), found high levels of acceptability and utilization of female condoms in Malawi, Kenya and South Africa. Thus, the provision of female condoms to FSWs can aid in empowering FSWs to take an active role in condom use and not to solely depend on clients to wear condoms. Some studies also found that peer-mediated condom promotion was effective in promoting consistent condom-use among FSWs (Medley, Kennedy, O'Reilly & Sweat, 2009; Scheibe et al., 2012; Shahmanesh, Patel, Mabey & Cowan, 2008). Lafort and colleagues (2016), reported that 50 per cent of FSWs in Durban had 10 contacts with a peer educator in the last 12 months at the time of the

study. The services provided by peer educators were condom distribution and general information on HIV and other STIs.

A study by Bekker and colleagues (2015), focusing on HIV-prevention among sex workers reported that after condom-use workshops that took place in the Dominican Republic, the rejection of risky sex among sex workers increased. These workshops were not only attended by sex workers but included brothel owners, and managers to involve them in strengthening the collective effort to fight against the spread of HIV (Ikpeazu et al., 2014). Likewise, a similar approach can be adopted among Durban-inner city FSWs for them to unite and take a stand against clients refusing to use condoms by not offering services to such clients. A trial conducted in Pretoria, South Africa, aimed at empowering sex workers through condom-negotiation skills, refusal of unco-operative clients and self-protection in violent situations, reported fewer STI symptoms in their intervention group (Wechsberg et al., 2009). However, because the concern among sex workers is income, cash transfers could be explored as an option to counter risk taking for financial gain (Bekker et al., 2015). A study in Kenya showed how providing resources to FSWs to establish micro enterprises reduced HIV-exposure through lower partner numbers and high condom-usage (Chersich et al., 2013, Scheibe et al., 2012).

### **5.7 Appropriate health care support for FSWs**

As reported in this study, and in other studies, FSWs find it difficult to access health-care services due to the stigma and discrimination they experienced from health-care providers, especially in public health-care facilities (Scheibe et al., 2012; Scorgie et al., 2013). It was mentioned in this study that the stigma and discrimination was as a result of FSWs being open to health-care providers about the fact that they are FSWs, as well as reporting on mishaps such as condom breakage, in order to receive the necessary help. Other studies have shown that the reason why FSWs are exposed to stigma in health-care facilities is because they require a constant condom-supply and, at times, the facilities experience a shortage of them (Lafort et al., 2016; Mtetwa, Busza, Chidiya, Mungofa, & Cowan, 2013). In some areas they go as far as resorting to used condoms or stopping work until condoms are available. A study conducted among drug-using FSWs explained how one sex worker used a potato chips packet as protection during sex because condoms were unavailable (Parry et al., 2009). There is also a great need of female condoms with those being scarce or totally unavailable (Scorgie et al., 2013). FSWs also require regular care and STI treatment, and, because they cannot bring their partners in for treatment, they are treated with hostility

(Mtetwa et al., 2013). At times FSWs find themselves having to disclose being a sex worker to ensure diagnostic accuracy and treatment effectiveness, which puts them in a vulnerable position open to judgement and ridicule, as reported by Scorgie and colleagues (2013).

Apart from the stigma and discrimination, noted in this study and others, there are other structural barriers to health-care that are also experienced by the general population such as poor services, long distance to facilities, transportation costs, opportunity costs, time constraints and long waiting-times, and, in the case of FSWs, that means loss of income (Bekker et al., 2015; Mtetwa et al., 2013; Richter, 2008). These barriers to health care have resulted in some FSWs in this study seeking private-health care which is expensive and those unable to pay remaining without proper care. However, according to Bekker and colleagues (2015), there are several successful interventions that have increased HIV-counselling and testing among FSWs. These interventions have strengthened peer support and have created a network that encourages willingness to test, initiate and adhere to treatment. According to Richter (2008), for FSWs in Hillbrow Johannesburg, the intervention is in the form of a sex worker clinic where FSWs access health-care free from discrimination. The clinic also provides care to brothel and hotel-based sex workers through mobile health units delivering STI treatment kits, condoms and other health-care services directly to FSWs (Richter & Yarrow, 2008; Stadler & Delany, 2006).

In the case of this study, health-care support was provided by two organisations *Lifeline* and *TB/HIV Care*. Through its *Ithubalethu* project, *Lifeline* provides HIV counselling and testing (HCT) services and referrals for further care for troubled youth and FSWs, which they have been delivering for the past 10 years. For those who would like to gain some skills they provide skills development in hairdressing, sewing, jewellery-making and traditional beadwork so as to create other alternative ways for income-generation or facilitate sex work exit strategies ([www.lifelinedurban.org.za](http://www.lifelinedurban.org.za)). However, participants in this study engaged with *Lifeline* mainly for HCT, as well as to receive referrals for further health-care. The referrals from *Lifeline* are so that FSWs can be attended to when accessing health-care. Participants in this study listed only two clinics that are said to be sex worker sensitised in Durban. However, participants also mentioned that, for them to feel comfortable to access health-care in those facilities, they preferred being accompanied by a representative from *Lifeline* because some of the health-care providers were perceived to be judgemental. Thus, according to the FSWs, these facilities still required further sex work sensitization training among health-care providers.

*TB/HIV Care* provides mobile HIV-testing and counselling services. Their operation hours were from 9:00 am to 16:00 pm, as well as from 16:00 pm to 12:00 am, convenient for targeting FSWs that trade during the day and at night. The mobile unit consisted of one nurse and two lay counsellors as well as two peer educators who are also FSWs. They work together with *Lifeline*. Apart from HIV-testing, the services provided by the mobile clinic were TB screening and the checking of blood pressure as well as a CD4-point of care and referral for further care. However, just as seen in this study, the nature of the sex trade is such that FSWs do not have the time to follow up when referred or persistently access health care when told to come back at another time. Thus, their needs have to be responded to as soon as they present themselves for health care. Chersich and colleagues (2013), suggest that peer-educator networks could assist in tracking follow-ups to further care through the use of cell-phone contacts. These strategies, however, need to be initiated by both the clinical team as well as involve FSWs in the planning of services, in order to align services to their needs, for example, providing night clinics and outreach services within brothels.

The majority of participants in this study seemed more comfortable with receiving health-care services directly from *TB/HIV Care* and *Lifeline* as opposed to being referred to the formal health-care services, a finding unique to this study. The reasons provided were time constraints and fear of being identified as a sex worker through the clinic referral-letter provided by *TB/HIV Care* or *Lifeline* and the resultant perceived stigma and discrimination that follows. Their fear in this regard is likely to be further fuelled by their own internalised stigma. This is further confirmed by Kalichman and colleagues (2005), who found that people living with HIV and AIDS in South Africa internalized HIV-related stigma to a greater extent than the actual beliefs held by the general population. A study conducted among FSWs in Zimbabwe, demonstrated how FSWs felt about referral letters from a sex work organisation referring to them as a ‘tattoo that says sex worker’ (Mtetwa et al., 2013). This finding poses a complex dynamic on how support organisations brand themselves as well and how they choose their referral facilities, ensuring that they are truly sex worker friendly. Reluctance to access further care poses a challenge in terms of FSWs receiving comprehensive health care. Thus is due to stigma and discrimination. Access to care is still limited for FSWs, despite the availability of mobile units and referral systems.

In this study and others, FSWs are described as a mobile population; the mobility of sex workers is to improve their business prospects through meeting new clients (Lafort et al., 2016). However, this mobility has also facilitated the spread of HIV (Richter et al., 2014).

Understanding the mobility patterns of FSWs can help in designing health-care services that can cater for these periodic movements, as well as provide motivation for nationwide sex worker friendly health-care services.

Understanding health-care challenges of FSWs will assist with the distribution of PrEP (Pre-exposure prophylaxis) among FSWs, and it is important for the South African health department to involve sex work organisations such as *SWEAT* and *Sisonke* as well as *TB/HIV Care* and *Lifeline* to ensure uptake since they are trusted by FSWs. However, more research is needed with regards to the efficacy, acceptability, and adherence of PrEP among FSWs (Beyrer et al., 2015; Cowan & Delany-Moretlwe, 2015; Scheibe et al., 2012).

## **5.8 Summary**

The main findings in this study pertaining to the personal self, entry into the sex trade, sex work settings, challenges encountered by FSWs in the sex trade, sex work clientele, and appropriate health-care support for FSWs were discussed. In this discussion, the literature was used to provide a confirmation of study findings, as well as to demonstrate the new knowledge that has emerged from this research, providing a robust understanding of the characteristics of Durban inner-city FSWs.

## CHAPTER SIX

### CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

#### 6.1 Conclusion

This study has characterised Durban inner-city FSWs by clearly outlining who FSWs are, where they work, the challenges they face in doing sex work as well as their health-seeking behaviour and the appropriate health-care support they need as a vulnerable population. The study was nested within the ecological systems theory.

FSWs who trade in the inner city of Durban come from various countries in Southern Africa and Asia, specifically Thailand. South African FSWs come from various provinces in South Africa. However, the majority born in KwaZulu-Natal tend to work within their own province, specifically in the Durban CBD. This was an important finding for researchers as it could potentially affect how these FSWs respond to health programmes, or participate in research for fear of having their confidentiality violated and their identities exposed. Furthermore, the study found that in as much as women who enter sex work come from impoverished backgrounds, there is a sense of agency in choosing to remain in the sex trade. The sex trade offers women with low levels of education an alternative to make more money than they would in regular forms of employment, while other women sell sex to supplement their current income. This study has also established that FSWs tend to lead 'double lives' and hide their sex worker identity from friends and family for fear of being socially excluded. Some even go as far as hiding it from their intimate partners for fear of rejection.

The nature of the sex trade in inner-city Durban among street-based FSWs is characterised by territorial boundaries determined by age, length of time in a particular hotspot as well as the relationship one has with fellow colleagues. Fierce competition for clients, fuelled by a desperate need to make money has created an environment of mistrust and violence among FSW themselves. Sex with a client can take place in the veld, in an abandoned building or in a hotel, depending on what the client can afford. Some of these venues have exposed FSWs to violent abuse from some clients who demand unprotected sex, and, when met with objections, threaten violence or to solicit the services of another sex worker. It was reported that some FSWs end up giving into these demands and engage in unsafe sex to avoid losing money as well as out of fear of being attacked. Unprotected sex occurs despite FSWs' acute awareness of HIV risk. FSWs engage with clients of various ages and from different racial groups and marital status. Some FSWs mentioned that they avoid

Black and Coloured South Africans and foreign clients because they tend to engage them in rough sex, which may contribute to condom-breakage. These clients were further described as displaying feelings of entitlement and abuse towards the FSWs. This abuse can be in the form of gang-rape as well as verbal abuse.

The majority of street-based FSWs in this setting do not work with pimps and those that do have been described as either under-age, co-erced, trafficked and on drugs. Pimps do not only constitute drug lords, but some pimps are intimate partners, boyfriends or husbands who provide protection to the FSW. The pimp and FSW-relationship has been described as abusive and exploitative because the pimp takes the bulk of the money that the FSW makes. Older FSWs mentioned that they have taken it upon themselves to report minors from the age of 12, engaging in sex work, to child services. Thus, there was a general feeling among FSWs that law enforcement should focus its attention on fighting minors engaging in sex work. Firstly, because minors made it difficult for older sex workers to make money due to competition and, secondly, older FSWs believed that under-age girls do not have the mental and emotional maturity to make their own decisions regarding entry into the sex trade, and therefore, needed to be protected. FSWs described the ill-treatment they experience from the police in the form of bribes and some are charged for loitering due to sex work activity being difficult to prove. Sex work organisations such as *Sisonke*, who provide legal assistance to unfairly detained FSWs, are undermined and not considered legitimate legal structures by authorities.

Despite the challenges associated with being street-based, these FSWs mentioned that they felt a sense of autonomy and a measure of control over their trade; they do not have to comply with rules emanating from intermediaries such as pimps, brothel or hotel owners. They have the liberty to choose the types of services they are willing to provide and the kinds of clients they want to service. On the contrary, brothel and hotel-based FSWs were described as lacking independence over their trade. They were described as not having the freedom to choose the clients or the type of services to provide, but were compelled to engage in sexual acts that they did not like or deemed unsafe, such as anal sex, to satisfy the client. Failure to comply resulted in immediate dismissal. However, hotel and brothel-based FSWs were described as being better-paid, working in relatively safer environments and not having to contend with the police.

Accessing health care for both street-based and brothel/hotel-based FSWs was described as a challenge. Stigma and discrimination, whether perceived or internalised from health-care providers was the number one reason that deterred FSWs from accessing public health-care facilities. Health-care providers were described as being judgemental, especially when the patient revealed that they were a FSW in order to be transparent and to ensure diagnostic accuracy. Other reasons affecting access to health care were operational issues such as long waiting times, which they felt was an opportunity-cost to their business. As a result, some FSWs preferred to access private-medical care which is expensive, and those who could not afford this, remained at a disadvantage. *Lifeline* and *TB/HIV Care* provided HCT services and referrals for further care. Two clinics in the whole of Durban CBD were named as being ‘sex worker sensitised’ of which, some FSWs felt, were still in need of more sensitisation training. However, not all FSWs accessed care when referred, and others preferred to be accompanied by representatives from these support organisations since they felt that, in this way, they were less stigmatised. Overall, FSWs were happy with the services they received from these two organisations, but they also felt that the referral letters from these organisations were also stigmatising in that they exposed the patient as a FSW.

## **6.2 Limitations**

The majority of study participants were street-based FSWs. Only three participants had worked in brothels and hotels and one among those had worked in an Escort agency. Thus we were not able to document a wide range of experiences from brothel, hotel and escort-based FSWs. The study lacked diversity of culture and race as it consisted mainly of Black Zulu-speaking participants which resulted in a limited perspective of the sex trade. While the findings of this study are qualitative in nature and cannot be generalised to FSWs in other parts of the province or country, they are unique and offer an insight into street-based inner-city female sex workers operating in the inner-city of Durban.

## **6.3 Recommendations**

This study has found that the challenges experienced by Durban inner-city FSWs are not unique to those faced by FSWs in other parts of South Africa, and the rest of Southern Africa. These challenges continue to carry on unchanged throughout the years even in the era of widespread HIV-knowledge and availability of ART. The solutions need to go deeper than just the provision of HIV-awareness, condoms, testing and ART, but they need to be addressed at a structural level as supported by Scheibe, Richter, and Vearey, (2016). Poverty and inequality, issues of childhood abuse and neglect that lead women into sex work are

important areas to be addressed. Therefore, the need for interventions such as DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) targeting young women and adolescent girls in the quest to keep them HIV-free and in school. Having HIV knowledge does not always translate into safe sex practices among FSWs. Therefore, programmes seeking to empower FSWs to stand up to their clients should not only provide condom-use and negotiation skills, but should include cash transfers and skills development to ensure that FSWs become self-sufficient in order to make the right choices as demonstrated in the literature (Bekker et al., 2015; Chersich et al., 2013; Scheibe et al., 2012).

As shown in this study the criminalised state of sex work in South Africa has impacted negatively on access to health care because of stigma and discrimination, abuse of FSWs by clients, brothel/hotel owners, pimps and the police. These factors are instrumental in perpetuating the HIV burden among this group, as well as the continued spread of HIV and other STI from FSWs to their clients. The call for decriminalisation of sex work has been ongoing, falling on the deaf ears of the South African government, which has insisted on using outdated moral laws to influence policy and laws. As shown in this study, the decriminalisation of sex work will go a long way in fighting under-age sex work, and upholding the human rights of FSWs. This will provide a conducive environment to the fight against HIV, for instance if sex work were decriminalised, then the police would refrain from confiscating condoms from sex workers. Furthermore, sex workers would feel free to carry condoms without fear of the police using the possession of condoms as proof for engaging in sex work. The government should also fast-track the provision of PrEP, test and treat as well as access to self-test kits to FSWs through health-support organisations such as *Lifeline* and *TB/HIV Care*.

Health-care providers play an important role in facilitating access to health-care services. As service providers it is important that they create a safe and conducive environment for patients to access care. They accomplish this by being ethical, efficient and approachable, which is the sort of health-care response that is needed by FSWs that they currently seem to lack. Peer-delivered health care services in the form of prevention, testing and linkage to care have proven to be effective for FSWs, ensuring a larger uptake of services. However, as seen in this study, the referral to further health care at clinics and hospitals is where FSWs meet with resistance because of the perceived discriminatory treatment they receive from health-care providers in the form of judgement, humiliation, and

breach of confidentiality. These experiences become barriers to accessing health-care services, contributing to delays in treatment, not accessing treatment and avoidance of follow-up treatment. Thus it is important that medical personnel be assisted in terms of dealing with the conflict between their own personal values versus the need to provide health-care in a non-discriminatory manner. Furthermore, nurses and doctors need to be exposed to sex worker sensitisation at an early stage during their training.

Health-care support organisations such as *TB/HIV Care* and *Lifeline* can provide essential additional services to FSWs such as ARV distribution, contraception, and STI treatment so as to minimize referrals. FSWs in Durban and elsewhere in South Africa will benefit greatly from their own targeted health-care facilities nationwide and the creation of sex work clinics similar to the one in Hillbrow, Johannesburg to ensure that FSWs access the help they need. The mobility of FSWs is another motivation for nationwide services starting with the frequented metros such as Durban and Cape Town. Structural problems such as long waiting times, shortage of staff and medication, and clinics that are too far from people, are common challenges faced by many in South Africa and these need to be addressed. In terms of reaching out to hotel or brothel-based FSWs, there needs to be dialogue between programme implementers with the aid of sex work organisations and hotel and brothel managers as well as pimps who are gate-keepers of those territories, so as to provide health-care services to this group of FSWs, which is currently a challenge.

While health-care support organisations provide condom distribution, the possession of condoms could result in unwanted scrutiny from the police, which may deter FSWs from using them which relates to the issue of decriminalisation. Lubricants are also not widely available, thus FSWs are exposed to risk when engaging in sexual practices such as anal sex. The negative perceptions that men hold about government condoms play a role in men not using condoms. This requires media campaigns to address these negative views. FSWs need condoms that are more appealing as a way to encourage usage as well as lubricants for a safer experience. Female condoms also need to be readily available so that FSWs do not solely rely on clients to wear condoms. There needs to be a greater awareness and availability of dental dams to ensure protection during oral sex.

More research on FSWs and other key populations in the form of surveillance studies is needed to determine the size-estimation of key populations, HIV prevalence and incidence, as well as to measure entry and retention in the HIV treatment process. FSWs should also be

involved in the design and participation in research studies. They should also be consulted regarding the implementation of interventions to ensure that they make an impact and are appropriate to their needs. There needs to be more qualitative studies characterising different racial groups of FSWs working in diverse contexts to broaden understanding of this population.

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## **APPENDIX A: INFORMED CONSENT LETTER**

Dear Participant

### **Introduction**

Participation in the formative assessment research for the South African Health Monitoring Study Integrated Biological and Behavioural Surveillance (IBBS), with Population Size Estimation among sex workers in South Africa.

We as the researchers from Anova Health Institute along with the University of California San Francisco (UCSF) would like to ask you for your participation in the formative assessment for the Biological and Behavioural Surveillance with population size estimation study.

You were selected as a possible participant because of your knowledge of female sex workers or involvement in sex work. As well as being of the age of 18 and above. We ask that you read this form and ask questions that you may have before agreeing to participate.

### **Purpose of the study**

The purpose of the study is to conduct interviews with participants in preparation for the IBBS that will take place in a few months from now. This is a formative assessment and the researchers are looking to know more about sex work, the kinds of women who enter sex work, the different types of sex workers, as well as the challenges women face in doing this kind of work. This research will be used to inform the researchers of the possibilities of conducting an IBBS study as well as provide them with information concerning this type of work and what is needed in providing health care services among sex workers.

### **Description of the study procedures**

If you agree to participate in this study you will be asked questions concerning sex work. The session will last approximately 1 hour.

### **Risks/discomforts of being in this study**

This study has the following possible risks; participants may risk being discriminated against for participating in this study or risk being exposed by other participants to those who are not part of the study.

### **Benefits of being in the study**

There are no direct benefits in participating in this study. However your participation in this study could provide us with information that could help inform the need for health care services for sex workers.

### **Confidentiality**

This study is anonymous. We will not be collecting or retaining any information about your personal identity. The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file at the Anova Health Institute offices in Parktown. We will not

include any information in any report we may publish that would make it possible to identify you.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

### **Right to Ask Questions and Report Concerns**

You have the right to ask questions about this research study and to have those questions answered by the researchers before, during or after the research. If you have any further questions about the study, at any time feel free to contact the researcher Nosipho Makhakhe email address in [makhakhe945@gmail.com](mailto:makhakhe945@gmail.com) telephone number is 084 478 4090 or 031 261 5993. If you like, a summary of the results of the study will be sent to you.

### **Consent to participate and to be recorded**

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

The researcher would like to get your permission to record the discussions of this interview please tick either yes or no below.

Yes to being recorded

No to being recorded

Subject's Name (print):

Subject's Signature:

Date:

Researcher's Signature:

Date:

Contact details of Researcher

University of KwaZulu-Natal Ethics Committee

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## **APPENDIX B: INTERVIEW SCHEDULE**

(Focus group discussion and key informant interviews)

Characterising inner City female sex workers in Durban South Africa

### **Section A: This section focuses on women who sell sex for money**

1. Why do women enter the sex work industry?
2. What are the good or bad things that FSWs face in doing sex work?
3. Describe the different types of FSWs in the community
4. What kind of people are FSWs?
5. Which race groups are FSWs from?
6. Which ethnic groups are FSWs from?
7. Which countries are FSWs from?
8. Where do FSWs work?
9. At what age do women enter the sex work industry?
10. What kind of factors influence or determine where a woman chooses to work?
11. What role does income play in influencing where a FSW chooses to work?
12. What role does education play in determining where FSWs work?
13. How do FSWs find clients?
14. How do FSWs choose the kind of clients they service?
15. How do clients choose the kind of FSWs they hire?
16. How do FSW refer to clients? (Probe for any special names that they use to refer to clients?)

### **Section B: This section focuses on the different areas where FSWs work**

17. What are the names of the streets where women sell sex?
18. Approximately how many women sell sex in the various streets? (Provide numbers for every street mentioned)
19. What times of the day do women sell sex on the streets?
20. What are the names of the indoor venues where women sell sex?
21. How many sex workers are there in the whole of Durban (estimate)
22. Can you describe FSWs who work with pimps?
23. Can you describe FSWs who are in the business without their Partners/husbands knowing?

24. What kinds of media do FSWs use to find clients? (Probe for phone, internet, and newspapers)
25. What kinds of activities do FSWs engage in when not working? (Probe for whether they spend time together when not working)

**Section C: This section focuses on Health care services for FSWs**

26. Where do FSW access health care?
27. What challenges do FSWs face in accessing health care?
28. Where do FSW access condoms?
29. Can you describe any organisations that assist FSWs with health care and other supportive services?

**Section D: This section focuses on willingness FSWs participation in an Integrated Bio Behavioural Survey**

30. Can you predict whether FSWs would be willing to participate in an HIV research study?
31. We anticipate that participation in the study would be 1-2 hours long do you think FSWs would be willing to participate in a study lasting that long?
32. What do you think is the best way to recruit FSWs to participate in this study?
33. We have two methods of recruitment Response-driven sampling (explain method) and time location (explain method) sampling which recruitment method do you think FSWs would prefer?
34. How do you think FSWs will react to sensitive questions pertaining to risky sexual behaviour?
35. We will be providing HIV testing, how do you think FSWs will respond to HIV testing?
36. There will be use of finger print scanners that will generate a unique participant number so that we do not have duplicate participation. How do you think FSWs will respond to the use of a finger print scanner?
37. Where do you think is the best place to locate our study office that will be convenient for FSWs?
38. What do you think would be the best office times that would be convenient for FSWs?
39. We would like to offer reimbursement for transport and to thank FSWs for their time what sort of reimbursement would FSWs prefer?
40. Will FSWs prefer male or female staff members or both?
41. What do you think would deter FSWs from participating in our study?

## **APPENDIX C: ETHICAL CLEARANCE**