The Psychosocial Context of Sex Work

Report on the
Formative Assessment for the
Zambia Cross Border Initiative

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS 3

EXECUTIVE SUMMARY 4

SECTION 1- INTRODUCTION 14

- Background 14
- Objectives of Assessment 16
- Methodology and Limitations 16

SECTION 2 - FINDINGS 20

- Education level, work experience and childhood ambitions 20
- Marital status and Children 21
- Mobility 21
- LIFE AS A SEX WORKER 22
  - Becoming a sex worker 22
  - Self-Efficacy and Self Esteem 26
- THE SEX WORKER SUB-CULTURE 33
  - Clients / Customers 38
  - Social and Support Networks 40
- HIV / AIDS AND TESTING 43
  - Condoms: knowledge, availability, price, and usage 43
  - Experience and Feelings regarding HIV and AIDS 47
  - Knowledge of testing for HIV virus, desire to be tested and reactions to result. 48
- ILLNESSES AND TREATMENT OF SEX WORKERS 50
  - Common illnesses and treatment-seeking behaviour 50
  - Terminally ill SWs 51
- THE FUTURE 53

SECTION 3 – DISCUSSION AND FINDINGS 55

- ANALYSIS: The social-cultural context of sex work and HIV/AIDS in Zambia 55
- VCT and Support Networks 61
- Differences and similarities between sites and ages 62

SECTION 4 – CONCLUSION 64

BIBLIOGRAPHY 68

APPENDICES 70

- Appendix 1: Topic Areas for Assessment (as written in Terms of Reference) 70
- Appendix 2: Discussion Guide 72

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EXECUTIVE SUMMARY

The poor socio-economic situation across most of Zambia has pushed many women into the sex trade and border towns attract sex workers (SWs) due to their large mobile client base with a regular income. Border towns in Zambia are generally busy areas with heaving trucking, regular cross-border trading and mobile, migrant members of the population. The link between mobility and HIV / AIDS has been well documented and highways and border areas are believed to be environments with increased HIV vulnerability. It is believed that initiatives targeting SWs and their partners can have an enormous impact on the HIV epidemic in Zambia due to the number and frequency of sexual partner change and reported unprotected sex acts. The Cross Border Initiative (CBI) began in Zambia in August 1999 with the goal to reduce the transmission of HIV amongst high-risk groups at these border sites. The project's primary target group is female sex workers[1] and their partners.

Although the CBI programme has gained a lot of information about SWs over the years, there remains considerable unknown information, especially around the softer issues of psychology and sociology. Previous research undertaken on SWs has not paid much attention to the context of these women's lives and to the factors that place them at risk of practising unsafe sex. This formative assessment, the data for which was collected between April and July 2003, delves into the sociology and psychology of being a SW and the information will be useful in developing appropriate behaviour change interventions, as well as a possible voluntary counselling and testing (VCT) strategy. The author recognises and acknowledges the limits of the scope of this research. Although this study gathers a wealth of rich information and provides a better understanding of the lives of SWs at these border sites, many issues are only touched upon and warrant further investigation.

This report is based on information gathered through focus group discussions and open-ended semi-structured interviews with SWs, ninety-eight women in total, conducted in three CBI sites. The SWs discussed many issues including those concerning their family; personal history; the circumstances, influences, expectations and reasons around becoming a SW; feelings of self-esteem; experiences of abuse and stigma; the SW sub-culture, hierarchy, relationships and current social and support networks; and their knowledge, perceptions and experience of HIV, testing for HIV and condom use.

This assessment is qualitative rather than quantitative and therefore any figures and percentages cited are rough estimates provided to emphasize certain evidence and highlight different viewpoints. As sex work is illegal and often stigmatised in Zambia, many SWs do not want to be identified.

[1] Further referred to in this report as sex workers / SWs

Women not registered on the CBI project and those who do not consider themselves as SWs but are involved in multiple partner strategies were not interviewed. The clandestine and private nature of both sex work and multiple partner strategies make it very difficult to select a representative sample of SWs. There is a large diversity in commercial sex work and the findings in this study must not be generalised to represent the situation of sex work across Zambia.

Summary of the Key Findings

GENERAL

Education

The vast majority of the SWs interviewed for this study dropped out of school at some point, with only five completing school and gaining their grade 12 certificates. A lack of financial support due to poverty, often caused by either the death of one or both parents or parental divorce, was the main reason cited for dropping out of school. Some SWs fell pregnant whilst at school and were therefore forced to leave. A few SWs admit they had not been interested in education, calling themselves '*playful*' or '*disobedient*' and stopped going to school for this reason.

Work experience and childhood ambitions

The poor educational attainment of these SWs has resulted in limited employment opportunities. Almost three quarters of the SWs interviewed have had some other work experience, mainly in small-scale trading, whilst the rest have only ever been employed in sex work. The current reality for these women is very different from the dreams and ambitions they had as children. Almost all had dreamed of finishing their education and getting a good job, usually in the nursing and teaching professions.

Marital status and children

Almost none of the SWs interviewed are currently married, although at least a third have been married at some point citing the abandonment or death of their spouse as the impetus that led them to selling sex. Almost half of the SWs in this assessment have at least one permanent boyfriend, some have two or more. Almost no one lives with their boyfriend and this is mainly due to the boyfriend being already married and / or employed as a truck driver and therefore travelling frequently. Over two thirds of the SWs have at least one child, many have more. The majority claim to want (more) children but only if / when they are married. However, some women said they would keep the baby if they fell pregnant now. Very few have ever had an abortion. The majority of the SWs in their late twenties and thirties who already have children usually do not want anymore. The male

condom is the most common method of contraception for these women, although it is often not used as a method of family planning per se, but instead for prevention from HIV.
The pill is the next most common method of contraception. A few women admit to not using any method of family planning at all.

Mobility

Over half the SWs are mobile visiting other towns in Zambia for a few weeks or months. Few of the SWs interviewed in this assessment visit outside Zambia. Lusaka, the Copperbelt and towns within the SW's own province are the most common places visited.

LIFE AS A SEX WORKER

Becoming a SW

The vast majority of the women interviewed started sex work due to hardship and '*suffering*'. The same reasons that forced many young girls to give up their education, that is to say economic constraints compounded by the death or divorce of their parents, also pushed them into selling sex in order to support themselves and their families. Many other women became sex workers when they were widowed, divorced or abandoned by their husbands / partners and they lost their main source of income. A few women also cited being envious of friends and the desire for money and independence as reasons for starting sex work. Peer pressure played a large part, either directly or indirectly, in influencing these women to start sex work. Female friends, neighbours or family members (an elder sister, cousin or aunt for example), who were SWs themselves or were married and therefore viewed as financially secure, often openly encouraged these women to find a man to support them or to become SWs themselves. Some of the SWs interviewed were not encouraged directly by these women to become SWs but instead were envious of them and wanted to be like them and have what they had. These same women often showed them how to pick up men, what to wear and what to charge etc. Other SWs, particularly those who had been married before, learnt what to do by themselves from sitting in a bar and waiting to be approached by a man.

Most of the SWs interviewed remember their first sexual encounter as a SW as painful and embarrassing, less than two in five claim to have enjoyed the experience. For some women this was the first time they had ever had sex. The majority of the women started sex work as teenagers, most were under sixteen and there were a few as young as eleven years old. The older SWs interviewed in Kapiri Mposhi (over 25 years old) were the exception to this; many had started recently whilst they were in their late twenties or thirties, whilst the rest began in their early twenties.

Universally these women expected to make money on becoming SWs, to enable them to support themselves and their siblings / children. Many wanted to earn enough capital to set up a business and others wanted to be able to buy clothes and cosmetics and look nice. Another major expectation for many SWs on starting the trade was to find a husband. Other expectations included fun and independence, through drinking beer and going to discos. As a consequence of sex work many SWs in this assessment anticipated becoming ill and dying from AIDS.

Issues of self-esteem

Money, and the financial independence it offers, bestows the majority of the SWs interviewed with pride and self-confidence. Feeling financially secure, with the ability to buy food, clothes, and pay rent makes a SW feel good about herself. The ability to attract men is also a big confidence booster for many of these SWs. Not having money or a man is very damaging to many SWs' self-esteem. Alcohol plays a large part in building up a SW's self-confidence. The vast majority of the SWs interviewed drink beer and talk of it helping them feel sexy and confident in their ability to approach men, charge them for sex and negotiate condom use.

Some SWs claim to enjoy what they do and like going out dancing and drinking, but the majority claim to dislike their work. STIs (particularly HIV/AIDS), sleeping with lots of different men, death, abuse, stigma, and the weather[2] were all cited as negative and damaging aspects of sex work. Experiences of harassment and abuse are almost universal in sex work, particularly for new SWs. The SWs interviewed cited the following examples of the abuses that they regularly experience: clients refusing to pay for sex / stealing the money back, clients piercing condoms / removing condom during sex / refusing to wear a condom, violence (including amongst the SWs themselves), police harassment and rape. SWs also recognise that sex work is highly stigmatised and the women describe being routinely insulted, talked about and mistreated.

Desire / ability to leave SW

Amongst the SWs in this study there is an almost unanimous desire to leave sex work but a general consensus that they can't or are not ready to do so. Being paid instantly, the inability to save enough capital to start a business, the lack of alternatives, and no husband were all given as reasons for not leaving the trade.

[2] This assessment was mainly carried out in the winter months, June and July, and many SWs commented on how they hated waiting around for customers in the cold weather.

THE SEX WORKER SUB-CULTURE

Working environment

In Livingstone and Kapiri Mposhi in particular there appears to be a distinct difference between the SWs that live and work in the compounds (the townships) and those that live and work in the town centre. A compound SW frequents the shebeens, compound bars and clubs and her clients are mainly local men. A town SW frequents the hotels, bars and nightclubs in the town and many of her clients are visitors, including truck drivers, tourists and businessmen. Nakonde is a comparatively smaller site, more isolated, with a lot of young and mobile SWs. There are guesthouses in which the newly arrived SWs reside during their stay in Nakonde or while looking for alternative accommodation and these guesthouses are informal brothels. These 'brothels' exist in all sites and the SWs pay rent daily. Reception staff, bouncers and other men working in the bars and nightclubs get to know the SWs and will often recommend a particular SW to an interested customer. He will be given a little money or bought a beer for his efforts.

Hierarchy

According to the SWs interviewed there is no formal hierarchy within the sex industry in these sites. The women describe moving through different stages in their professional life according to their age, length of time in the profession, experience and confidence. A SW's appearance and behaviour reveal the stage she is at. According to the SWs in this study, a woman who has recently started sex work is easy to identify. She is often young, shy, badly dressed, scared, and obviously inexperienced. Both clients and older SWs take advantage of a new SW's inexperience and nervousness. After some experience a SW loses her shyness, gains confidence, makes friends with other SWs and becomes skilled in handling men and negotiating her fee. Older SWs who have been in the trade a long time become hardened, tough and savvy, and the younger SWs are often intimidated, as well as feeling embarrassed, by them. The majority of the SWs interviewed maintain that they find their own men and that Queen Mothers[3] are not common. Sometimes older SWs do introduce men to the younger SWs and receive a beer or a small amount of money for doing so.

Earnings

The SWs claim it is difficult to calculate how much they earn on a monthly basis, it depends on the clients they have and how many. Across the sites an average daily income ranges from K5,000 to K100,000. The SWs charge according to the length of the act, '*short-time*' is cheaper than the whole

[3] Older SWs who act as 'madams' or 'pimps'.

night, and on how rich they believe a client to be. They assess a client by the clothes he wears, how many beers he buys and they ask questions about his job.

Locals are not charged much as they are seen as being poor. Truck drivers are the most lucrative and are not charged directly, they usually pay spontaneously and well. Regular / permanent boyfriends are also not charged directly, they often pay in kind or give a large sum of money occasionally. The clients of the SWs in this study are a cross section of the community, in fact "*anyone who has money*", and not only truck drivers and the uniformed services.

Social and support networks

Family and fellow SWs are the most important support networks, socially, emotionally and sometimes financially, for the majority of the SWs interviewed. The SW community is very complex, being both very supportive and highly competitive. Generally each SW has one or two particular SW friends who they are close to, move around with, go to the bars with and in whom they confide. The SWs are very supportive of each other emotionally, they understand one another, discuss problems, give each other advice, share food and clothes and lend each other money when in need. They also help when a friend is sick, buying medicine and helping with the children. However, arguments and fights break out regularly between SWs due to the highly competitive nature of sex work.

Most of the SWs, particularly some of the younger women, get on well with at least some of their family members, usually a close female relative such as a sister, mother or aunt, and they turn to these family members for social and emotional support, as well as for help with childcare and when sick.

Some SWs mention certain neighbours as people they got along with socially, would go to occasionally for emotional support, borrow money from and for help with looking after the children when they went out to work. Permanent boyfriends are often important sources of financial support, helping out with rent, food and clothing. A few of the children of the SWs in this study are taken care of by their fathers or the fathers contribute financially for their care. A small number of SWs referred to church members offering them advice, assisting with problems and when sick, and teaching them '*God's word*'. In fact, just over half the SWs interviewed are regular churchgoers, the rest have stopped attending through guilt or being too tired and / or hung-over to go to church on Sunday.

HIV /AIDS AND TESTING

Condoms

There is universal knowledge among these SWs that condoms protect against STIs, HIV and AIDS and pregnancy. The SWs generally agree that male condoms are easily available and priced fairly. There were some complaints of condoms causing irritations and rashes. Knowledge about, and use of, the female condom is less than the male condom and those SWs that are aware of it believe it is more expensive and not widely available. Some SWs in Kapiri Mposhi complain that the female condom is '*painful*' to use. The majority of the SWs interviewed use male condoms and many claim to use them all the time. Some admit that they do have unprotected sex, particularly with permanent / regular partners. This is due to trusting these partners and having developed a financial and emotional bond with them. Many SWs believe that they are less likely to become infected with HIV from someone they know. In general, the majority claim good condom negotiation skills, although some are physically and / or financially forced to go '*live*'.

HIV / AIDS

Knowledge of HIV and AIDS is universal, with the majority of the SWs interviewed knowing family members, friends, and / or neighbours who have died of, or who they suspect have died of, AIDS. The SWs were almost universally saddened when discussing HIV / AIDS and this sadness was expressed in the tone of their voices and their facial expressions, and many voiced the fear that they too would die from AIDS. Some SWs are fatalistic, viewing HIV / AIDS as a fact of life for a SW and believing there is nothing anyone can do.

Testing for HIV

Almost all the SWs interviewed know that one can be tested for HIV and the majority want to be tested and to know their results. These women feel it is important to know, as knowledge is empowering. A few do not want to be tested, feeling they would worry about the result, become depressed and commit suicide.

If they tested HIV-positive the majority of the women claim they would change their behaviour by stopping sex work or reducing the number of sexual partners and insisting on condom use. Some maintain they would seek treatment and advice in order to live positively, others would be resigned to dying and / or would feel they were '*already dead*'. About a quarter of the women would react badly by deliberately spreading the virus and / or committing suicide.

A large number would not tell anyone of their status due to the stigma attached to HIV and some would only tell a trusted family member or friend. There was consensus that friends in general spread gossip and should not be told.

An HIV-negative result would also encourage behaviour change. Many SWs believe such a result would mean they had been '*saved*' or '*spared*'. Behaviour change would again be either stopping sex work or reducing on the number of sexual partners and insisting on condom use.

It is important to note that regardless of status some SWs admit that the lack of alternative employment would override this desire to change behaviour, preventing them from actually doing so.

I*LLNESS & TREATMENT OF SEX WORKERS*

According to the SWs interviewed the common illnesses that the women in their community suffer are STIs, with syphilis and gonorrhoea cited as the most common. '*Bola Bola*' (chancroid) and HIV / AIDS were also mentioned. The majority of the SWs visit the CBI drop-in centre for treatment for STIs and some visit the hospital / clinic. A number claim to visit a traditional healer, or take traditional medicine, as well as visiting the drop-in centre / clinic, as it is believed that traditional medicine treats the cause of the disease whereas modern medicine is seen as only treating the symptoms.

The SWs universally believe that HIV-positive SWs are doubly stigmatised, as SWs and as HIV-positive, and that many are shunned by their family and friends. Relatives are expected to care for a sick SW and pay for her burial, but if there are no relatives or they refuse, then fellow SWs take on the responsibility.

THE FUTURE

Almost all the SWs interviewed hope that their lives will change in the future. They hope to have set up a business and / or be married. However, some believe that they have no future. A great number fear becoming sick and dying of AIDS and worry that their children will be left behind in poverty. All the SWs desire a better life for their children.

Summary of discussion and recommendations

Structural and social inequalities present in Zambian society place powerful constraints on an individual's ability to adopt and practice healthy behaviour. SWs in this study possess a high personal risk perception of contracting STIs and HIV as part of their work. Consequently, almost all the women interviewed said they use condoms at least some of the time and would prefer to use them all the time if they could. However, HIV is never the only risk that an individual SW is faced with and their risky behaviour may be shaped by other dangers present in their lives. Challenging and transforming societal norms and attitudes, and sexual and gender socialisation, as well as balancing structural inequalities, is necessary for behaviour change, the reduction of HIV-related stigma and the amelioration of survival rates.

The following recommendations (summarised here) are made to all stakeholders:

- Share findings of this assessment with SWs. SWs should be involved in the design, planning and implementation of further interventions.
- Socially market lubricant along with condoms.
- Expand the social marketing of female condoms. Ensure accurate instruction on correct insertion and usage, with ongoing support if necessary.
- Eroticise condom use in peer education activities and the social marketing of condoms in order to break down the stigma surrounding condom use.
- Reduce financial dependency on sexual partners and increase self-esteem through the provision of support, training and services geared towards SWs (and sensitive to the stigma that SWs experience) and the creation of alternative sources of income. Initiatives need not be undertaken by the project alone, but instead **linkages** with other organisations should be pursued. Such initiatives could include:

  - ✓ Income generation activities / schemes
  - ✓ Livelihood strategies and skills building – including banking skills, literacy, computer and vocational training
  - ✓ Savings and loans programmes
  - ✓ Support services for children of SWs

- Foster unity amongst SWs by educating them on the strength of being together as a group to safeguard their own community. Promote cooperatives of SWs to invest their money together, set up small businesses together and / or combine funds for alternative income generating activities.
- Provide care specifically for SWs in how to reduce the psychological and socio-economic impact of the high number of HIV / AIDS cases amongst their population.
- Provide VCT services, which are linked to community organisations, in order for SWs to learn and accept their HIV status. Emotional support and medical care should be ongoing and include spiritual services, traditional medical practices and support groups, particularly self-support groups, which also involve clients. Such support should also be extended to family and friends. Counsellors need to be sensitive to the problems of stigma associated with sex work and the pressures / issues specific to sex work.
- Initiate stigma-reducing activities to challenge stigma surrounding both HIV / AIDS and sex work in order to reduce the stigma that SWs and people living with HIV / AIDS experience, as well as weaken the reluctance to be tested and / or inform personal support networks of one's HIV status.
- Expand peer education activities to the wider community using a plurality of messages to challenge social norms, particularly regarding gender, violence against women, death and HIV / AIDS. The involvement of diverse societal organisations is recommended, including religious groups, traditional leaders, NGOs and women, youth and community organisations. It is important to **include men** in order for them to challenge their own ideas, attitudes, expectations, identities and practices.
- Advocate and lobby at local, district and national levels for the rights of SWs.

SECTION 1- INTRODUCTION

Background

Although the African continent contains only 10 per cent of the world's population, 70 percent of the adults and 80 percent of the children living with HIV / AIDS, live in Africa.[4] Zambia is one of the countries worst hit by the HIV pandemic with an HIV-prevalence rate in the adult population of 16%, according to the recent demographic and health survey[5]. The AIDS pandemic has pushed life expectancy down to around 40 years in Zambia[6]. Across Africa it is estimated that 20 percent more women than men are HIV-positive and indeed Zambian women have a higher prevalence rate than men, 18% rather than 13%[7]. At Independence Zambia was expected, through continued industrialization and urbanization, to become 'fully modern', even admitted "to the ranks of the 'developed world'"[8]. However, during the 1980s and 1990s Zambia experienced steep economic decline and now ranks 143 (out of 162 countries) in the Human Development Index[9]. Poverty is widespread with an estimated 80 percent of the population living on less than a dollar a day[10]. Much has been written about the 'feminisation of poverty' with women constituting the poorest of the poor. In Zambia 47% of households are headed by women and 75% of these households are classified as poor, 70% of them as extremely poor[11].

The poor socio-economic situation across most of Zambia has pushed many women into the sex trade and border towns have become magnets for sex workers (SWs) due to their large mobile client base with a regular income. Border towns in Zambia are generally busy areas with heaving trucking, regular cross-border trading and mobile, migrant members of the population. The link between mobility and HIV / AIDS has been well documented and highways and border areas are believed to be environments with increased HIV vulnerability. The HIV prevalence rate among so-called 'high-risk' groups such as SWs and truck drivers is presumed to be significantly higher than the rates of HIV infection in the general population[12]. In 1998 the HIV prevalence rate in the urban sex worker community in Zambia was estimated at over 68%[13]. Initiatives targeting SWs and their partners, according to the Zambian government and others, can have an enormous impact on the HIV

[4] UNFPA/UNAIDS, 2000
[5] Zambia Demographic and Health Survey 2001-2002 (ZDHS)
[6] It has been put as low as 37 years. See "Zambia: World Bank to support HIV/AIDS programme", Wednesday 15 May 2002 at http://www.irinnews.org
[7] ZDHS 2001/2
[8] Ferguson, 1999: 6
[9] Human Development Report, 2001
[10] "Zambia: World Bank to support HIV/AIDS programme", Wednesday 15 May 2002 at http://www.irinnews.org
[11] Abrahamsen, 1997: 183
[12] UNAIDS, 2002b
[13] UNAIDS, 2002a

epidemic in Zambia, because of the number and frequency of sexual partner change and reported unprotected sex acts. Indeed the Zambian government, through the National HIV / AIDS Council (NAC), has prioritised certain geographical and social areas in its effort to control HIV infection rates. These areas include towns engaged in regular cross-border trading and female sex workers, respectively[14].

The Cross Border Initiative (CBI) began in Zambia in August 1999 and has expanded to six sites: Chirundu, Livingstone / Kazungula, Kapiri Mposhi, Kasumbalesa, Nakonde and Chanida / Katete. The programme goal is to reduce the transmission of HIV amongst high-risk groups at these border sites. The project's primary target group is female sex workers and their partners. The secondary target group members are bridging populations, school age youth and truck drivers (who may not be clients of SWs). The CBI is a partnership project between World Vision Zambia (WV) and Society for Family Health (SFH), with project and technical monitoring to WV provided by Family Health International (FHI). The project is funded by USAID and JICA. The project goals are:

- Increased access and use of condoms amongst high-risk groups
- Increased access to, and use of, quality sexually transmitted infection (STI) services amongst high-risk groups
- Increased knowledge about condom use and STI seeking behaviour amongst the secondary target group

The core interventions for the CBI project have been STI management and behaviour change through peer education. STI care is provided to SWs by qualified health care providers at project health care clinics, government health facilities and at drop-in centres, known in many of the sites as the 'blue house'. Additional STI care is provided to SWs on an outreach basis. Sexual partners of SWs with symptoms are also treated. Peer educators provide behaviour change communication interventions to truck drivers and other target groups through one-to-one talks, group discussions and community drama activities. Peer educators introduce target populations to health care provisions and the drop-in centre. Condom promotion is a key component of the interventions. In addition to STI care, socially marketed condoms are available to target groups. Free condoms are also supplied by health care providers in the clinic.

[14] CBOH, 1999

Although the project has gained a lot of information about SWs over the years, there remains considerable unknown information. It becomes problematic when planning interventions, particularly behaviour change interventions, if there is unknown information about a target group, especially around the softer issues of psychology and sociology. This assessment delves into the sociology and psychology of being a SW. The information, gathered between April and July 2003, will be useful in developing appropriate behaviour change interventions. It has been mooted that the project will also begin to develop a voluntary counselling and testing (VCT) strategy. Before that strategy can be implemented, more information is needed regarding how a SW will utilise her HIV test results and a better understanding of the kinds of support necessary to help a SW transition into living positively. Although this study gathers a wealth of rich information and provides a better understanding of the lives of SWs at these border sites, many issues are only touched upon and warrant further investigation.

Objectives of Assessment

The overall goal for this study is to develop a better depth of understanding of the sex work sub-culture and behaviour in order to develop more effective behaviour change interventions.

Additional objectives include**:**

- To gather information that will help to describe the psychosocial impact that HIV/AIDS is having on SWs.
- To provide information that will be useful in the ongoing development of programmes designed to create behaviour change amongst SWs.
- To better understand why, how and under what circumstances things occur in the life of a SW
- To acquire an understanding of the psychological and social underpinnings of the SW sub-culture
- To understand the social context and environment in which behaviour change is currently taking place
- To asses the economic dynamics of the sex trade in relation to behaviour change

Methodology and Limitations

Previous research undertaken on SWs has not paid much attention to the context of these women's lives and to the factors that place them at risk of practising unsafe sex. In order to better develop

effective policies and interventions to prevent HIV transmission it is necessary to gain a better understanding of the lived realities of SWs and of how these shape their behaviour.

This study investigates how female SWs in three sites of the CBI programme describe their lives: how and why they began sex work, their working conditions and the sub-culture in which they work, the precautions they take to protect themselves against STIs and HIV/AIDS, and their relationships and networks. This report is based on information gathered through focus group discussions (FGDs) and open-ended semi-structured interviews (1-1s) with SWs conducted in three CBI sites. Each site in the CBI programme is a major entry point into Zambia, except Kapiri Mposhi, which is a major inland stop for truckers with a large station on the line of rail. For this assessment it was decided to pick two border sites at different ends of the country, Livingstone in the south on the Zimbabwean border and Nakonde in the north on the Tanzanian border. As the only inland site, Kapiri Mposhi was also chosen. It was decided that there would be three FGDs in each site: a group of 15-19 year-olds, a group of 20-24 year-olds and one of over 25 year-olds. This age split allows the women to be with their close age peers with whom they might feel more comfortable. It avoids the younger SWs being intimidated by their elders and the possibility of the older SWs dominating the discussions.

A discussion guide[15] was first developed based on a review of literature and discussions with key staff at WV, SFH and FHI. The same guide was used for both the FGDs and the 1-1 interviews. The first part of the discussion consisted of asking about family background and personal history. The second part focussed on life as a SW: the circumstances, influences, expectations and reasons around becoming a SW; feelings of self-esteem and self worth, including experiences of abuse and stigma and the SW sub-culture, hierarchy, relationships and current social and support networks. The final section concentrated on the women's knowledge, perceptions and experience of HIV, testing for HIV and condom use.

The discussion guide was first tested in Lusaka on former SWs from a local NGO called TASINTHA, which rehabilitates SWs. As we planned to gather as much information as possible and recognised that the FGDs would be lengthy, the discussions were split into two sessions of one and a half hours each. The first session would focus on the life of a SW and the sex work sub-culture and the second session would move on to the more sensitive areas of relationships, HIV, testing for HIV and condom use. This format worked well with the women at TASINTHA, who gave positive feedback and some useful observations.

[15] See appendix 1 for more details on the topic areas as suggested in the Terms of Reference for this assessment and appendix 2 for the resulting discussion guide

However, when we first went out into the field, to Nakonde, to conduct the FGDs and interviews we ran into some difficulties. The first sessions for all the age groups went well and the same SWs were asked to return for the second session at an agreed time on an agreed day. In the meantime many of these SWs, after discussion amongst themselves, decided they would not return unless they were recompensed for their time. We were, therefore, forced to abandon the Nakonde field trip temporarily, regroup and rethink. After much discussion and debate with CBI site and project managers at a work shop in Siavonga it was agreed that the FGDs should not be split into two sessions, but instead take place at one sitting. They would occur around lunchtime; a meal and a small travel allowance would be provided (K5.000[16]). Having the FGD take place in one sitting would also keep participants focussed, avoid contamination of answers through discussion with others between sessions and prevent drop outs. This new format proved successful.

The interviews and FGDs for this assessment were conducted between April and July 2003. The field staff were briefed about the research and criteria for selection of participants. The field coordinator and field staff agreed upon a schedule of FGDs and interviews. Women under 16 years had to be on the register (and therefore part of the project) in order to participate. Outreach workers on the CBI project approached various women at each site, who they knew engaged in sex work and who classified themselves as SWs, to participate in this assessment. The field consultant facilitated the discussions using the discussion guide, allowing the conversation to flow as naturally as possible, probing for more detail on topics of interest for this study. The discussions and interviews were conducted in the relevant local language, Bemba and / or Nyanja, and were tape-recorded, with the SWs' consent. An observer took notes and then later transcribed and translated the discussions into English. The field consultant reviewed these transcripts and made the necessary corrections. A total of ninety-eight SWs were interviewed, through either FGDs or 1-1 interviews, over the three sites (see the following table for a breakdown of numbers for each of the sites). Although the FGDs were lengthy, on the whole the majority of SWs taking part participated fully and openly throughout. The discussions were often lively, frank and humorous, with much laughter. However, when the discussions moved on to HIV and AIDS, the women became more sober and sad.

	FGD Aged 15-19	FGD Aged 20-24	FGD Aged 25+	1-1 Interviews	Total
Kapiri Mposhi	9	6	7	9	31
Livingstone	8	8	8	10	34
Nakonde	7	8	8	10	33
Total	24	22	23	29	98

[16] Approx 1USD at time of writing

The transcripts were analysed carefully using an analysis matrix and the findings are presented in this report, loosely following the order of topics covered in the interview guide. This assessment is qualitative rather than quantitative and therefore any figures and percentages cited are rough estimates provided to emphasize certain evidence and highlight different viewpoints. At the beginning of all interviews and FGDs the SWs were encouraged to give their true thoughts and opinions, not what they thought would be deemed ‘correct’, and hopefully any inaccuracy and unreliability of information collected has been minimised. Sex work is not in itself illegal in Zambia but it is, however, illegal to solicit customers or to live off the earnings of someone engaged in sex work. This illegality and the stigma associated with sex work in Zambia mean that many SWs do not want to be identified. Moreover, payments and gifts given in exchange for sex may not be perceived in many cases as ‘sex work’, but as quite legitimate. Such multiple partner strategies are often seen as necessary to support poor households. Thus, the clandestine and private nature of both sex work and multiple partner strategies make it very difficult to select a representative sample of SWs. Women not registered on the CBI project and those who do not consider themselves as SWs but are involved in multiple partner strategies were not interviewed. There is a large diversity in commercial sex work and the findings in this study must not be generalised to represent the situation of sex work across Zambia.

SECTION 2 - FINDINGS

General

Education level, work experience and childhood ambitions

Of the 98 SWs interviewed 58 have attained some secondary schooling, mainly up to grade nine[17]. Only 5 have completed school, gaining their grade twelve certificates. 41 have some primary schooling, most of them to grade seven[18]. 3 have never been to school. Thus, the vast majority of these women dropped out of school at some point. This was mainly due to lack of support, financial or otherwise, with 34 SWs citing either the death of one or both parents or parental divorce as the reason. Subsequent remarriage by one or both parents often led to mistreatment by the stepmother / father and family. If orphaned, the girl child was often mistreated by family members left to care for her as she was seen as an extra expense.

> "My father married a second wife and she stopped giving us food and she never allowed him to pay for our school. That's how we stopped going to school." (23 yrs, Nakonde)

So, some parents / families could not keep their daughters in school due to poverty, but others refused to support their schooling and therefore these girls were forced to give up their education. Some of the girls tried to pay for their own school fees through sex work. Apart from demographic and / or economic instability forcing girls to drop out of school, a few were not interested in education. They reported being too '*playful*' or '*disobedient*' (14), more interested in having fun, which often meant going out with their friends to bars and discos, wearing nice clothes and having boyfriends. Pregnancy is cited as another reason for leaving school (10), as is early marriage (5).

Poor educational qualifications present these women with limited employment opportunities. The type of employment available to them is predominantly in the informal sector, which does not provide sufficient income to take care of themselves and their dependents. Almost three quarters of the SWs interviewed report having had some other work experience, mainly in small-scale trading such as selling vegetables, fritters, second-hand clothing and home-brewed beer. Other experiences mentioned include working as maids, serving in bars and restaurants and packing in factories. Around a quarter of the SWs in the study have never had any other employment apart from sex work. The reality of the work experience of these women differs greatly from the dreams and ambitions they had as children. Nearly all dreamt of finishing their education and finding good jobs, mainly in the

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[17] 29 of the 58
[18] 23 of the 41

nursing and teaching professions. Other ambitions include becoming soldiers, police officers, businesswomen and nuns. These ambitions remain unfulfilled due to their lack of education.

Marital status and Children

The SWs, almost exclusively, were not married at the time of being interviewed. At least a third have been married and many cite the abandonment or death of their spouse, and the subsequent loss of their main source of income, as the impetus to selling sex. Almost half have at least one man who they refer to as their permanent boyfriend; some have two or more permanent boyfriends. More than two thirds of the SWs with permanent boyfriends claim that their boyfriends know how they earn a living because he *"found her in a bar / knows she drinks / knows she is single*." Some of the boyfriends attempt to make their girlfriends stop SW and beat them up when they find them with another man, others say and do nothing. Almost no one cohabits with a boyfriend and this is mainly due to him being already married, travelling a lot for work (truck drivers for example) and / or not being resident in the site and therefore only visiting on occasions.

Over two thirds of the SWs in this study have at least one child, many have more. When asked if they would like (more) children the majority of the women said they would, but most said only if / when they were married. A few claim they would keep the baby if they fell pregnant now and very few, less than two in ten, admit ever having had an abortion. The older SWs who already have children usually do not want any more. The family planning method used by the majority of the SWs is the male condom, with a few using the contraceptive pill and only four citing injectables. The male condom is not, however, used by many of these SWs as a method of family planning *per se*, but instead for prevention from HIV/AIDS. A few women claim to not use any method to prevent pregnancy at all.

Mobility

A large number of these SWs are mobile, visiting other towns and cities for a few weeks / months for sex work. Not very many claim to go outside of Zambia and those that do, visit the countries relatively close to them[19]. Most mobile SWs usually only visit Lusaka, sometimes the Copperbelt, and / or travel within their own province. The younger Livingstone SWs interviewed claim low or no mobility, staying in the Livingstone area, sometimes visiting Victoria Falls (although some do not even cross the border into Zimbabwe). The older women, too, claim to only move around the Southern Province, and sometimes Lusaka and the Copperbelt. However, the SWs interviewed in Nakonde seem to be particularly mobile, although they too mainly move within their own province, to such places as

[19] For example the Livingstone SWs may visit Zimbabwe, Botswana, Namibia and South Africa and the Nakonde SWs Tanzania, Congo and Angola.

Kasama, Mpika, Mbala, Mpulungu and Isoka. Some Nakonde SWs visit Lusaka and a couple go to the Copperbelt. Quite a number visit Tanzania, some to Dar es Salaam but many just across the extremely 'porous' border to Tunduma. The older SWs in Kapiri Mposhi have lived there for many years and will sometimes visit a couple of other towns in Zambia but always return home to Kapiri.

LIFE AS A SEX WORKER

Becoming a sex worker

Of the 98 women interviewed for this assessment, the vast majority (around 60%) started sex work in their teens and the majority of these were 16 years or under when they became SWs, some as young as 11 years. The SWs over 25 years interviewed in Kapiri Mposhi were the exception to this. Approximately half started sex work relatively recently, when they were in their late twenties or thirties. The other half started in their early twenties. Only one of the SWs interviewed in the 25+ age group in Kapiri started in her teens, when she was sixteen.

Overwhelmingly, the vast majority of these SWs started sex work due to hardship and '*suffering*'. As stated earlier, the death of one or both parents or the divorce of the parents led to economic and emotional hardship for the girl. Family members who took on the responsibility of caring for the child were either unable to support her, refused to, or did it begrudgingly (she was not their own child so therefore just an extra mouth to feed). So, many of these women were forced to drop out of school due to lack of support. The child often took on the responsibility of looking after herself and her siblings, buying food, clothes, paying for school fees etc, by finding a man to support her and / or going into sex work.

> "I started sex work because I needed to look after and feed my siblings." (15 yrs, Livingstone)
>
> "I started at seventeen. I had problems. My mother died. Life became difficult. I started sex work. Men used to give me K2, 000 or K5, 000. I would pay for rent; I would buy mealie meal, …fritters. Life carried on." (23 yrs, Livingstone)
>
> "I was suffering. My parents weren't working so I ended up doing sex work." (16 yrs Nakonde)
>
> "We start sex work for different reasons…some start sex work because they are orphans and are not well looked after. There are girls who even start when they are in grade nine, especially when their parents die. Their lifestyle changes from the comforts they were used to when their parents were alive. So, they go into sex work, even at 15 years. If she found someone to look after her well, she would stop. There are some who just have it in their blood, it is like inborn. No matter how old she may become, she will not stop." (25 yrs, Nakonde)

For many SWs the hardship and suffering that led them into sex work was caused through being widowed, divorced, abandoned or neglected (by their husband / partner). These women, with little education and experience and thus unable to compete in the job market, were often left with children to look after and no financial support. Many women mention not wanting to burden their families with the financial responsibility of looking after them and their children and felt compelled to fend for themselves through selling sex.

> "The person who was supposed to be giving me money was the one who made me start this work. …When my boyfriend brought me here he neglected me and never used to provide for my needs. I needed to pay rent so I decided to find someone who would help me pay rent." (38 yrs Kapiri Mposhi)

Although not as common, another reason cited for starting sex work was being envious of friends, the desire to be like them, dress like them, have money and boyfriends and to be independent. In fact, peer pressure, either directly or indirectly, played a large part in influencing these women to start sex work.

> "I wanted money [and] this job is associated with going to discos." (16 yrs, Livingstone)
>
> "The main reason why I started with work was because I was naughty. …Life was hard but when I started sex work I started living well. I could afford anything that I wanted. …I used to see my friend with expensive clothes. She could buy anything she wanted. She even used to buy me cosmetics. So I thought I could also do the same." (30 yrs Livingstone)

“I saw from my friend. She had gone away and when she came back she brought a lot of things. Then I realised she was making a lot of money so I decided to also start.” (25 yrs Nakonde)

“I found life difficult because I always had to work in the fields. I thought I was giving my Grandmother problems by always asking her to buy me cosmetics and yet she never had any money. I decided to follow my friends and do what they do. …My friends always used to have money in the morning. I would ask them where they were getting the money from and they would tell me the stories. At first I used to refuse to go with them. In the end I decided to start going.” (16 yrs, Nakonde – started sex work at 12 years)

“I used to follow my friends. I developed an interest in sleeping with men. …I had an interest. If I didn’t, I wouldn’t have followed them [my friends].” (27 yrs, Kapiri Mposhi)

“I imitated my cousins. They would go to town and buy nice things. I always used to beg from them, so I decided to start” (16 yrs, Livingstone)

“I used to see my friends bathe, dress up and go to the bar. They would come back with parcels. So, I started.” (16 yrs, Livingstone)

“[It was] peer pressure from my friends [that got me started in sex work]. My parents were always working. When I grew up I had to find out about sex from my friends. They would tell me if I had sex with men they would give me money. Sometimes you want to find out things for yourself. So in the process you get addicted. I was sixteen.” (22 yrs, Livingstone)

“I used to see my friends come home with plastic bags full of shopping. My children would be there begging from their friends. I also decided to start.” (30 yrs, Livingstone)

“I used to envy my friends who were married. My friends used to tell me I would not get married if I stayed at home. I started going to bars and shebeens hoping to find a man to marry.” (30 yrs, Livingstone)

“I became naughty because my grandmother couldn’t give us everything. …I wanted to get money to buy clothes for my siblings and myself. …I used to see my friends bathe and dress up in the evening. In the morning they would come with money. They started laughing at me saying no man would propose to me if I always stayed home, especially the way I looked. They started lending me their clothes and I started going with them” (17 yrs, Livingstone)

Others, usually female friends, neighbours of family members, such as an elder sister, cousin or aunt, influenced the majority of these women in their decision to become SWs. These friends, neighbours and family members were either married (and therefore viewed as financially secure), SWs themselves or appeared to have money and all had the ability to buy food and nice clothes. The SWs interviewed were either openly encouraged by these women to find a man to support her and / or to copy them and become SWs, or they felt envious of these women and wanted to be like them and have what they had.

All the SWs interviewed were shown the ropes either by these same women who had influenced them in their decision to become SWs, or they learned by themselves from the men who approached them in bars. They learned through going to bars on their own and waiting to be approached by a man (according to these women they had gone through traditional initiation ceremonies before marriage and knew what to do in bed anyway, so they picked up men by themselves).

Most women remember their first sexual encounter as a SW as being painful and embarrassing. They were nervous and scared. For some it was the first time they had ever had sex. Despite the pain and lack of enjoyment these women continued because they wanted the money and have become used to being paid for sex. A number of SWs, just less than two in five in this study, enjoyed their first experience as a SW.

> "It was painful but I did it for the money. …I kept going back until I got used to it." (19 yrs, Kapiri Mposhi)
>
> I felt like an orphan." (26 yrs, Livingstone)
>
> "I felt bad because it was after my husband died. I realized my husband had really died because it was the first time I slept with another man." (33 yrs, Nakonde)
>
> "I cried a lot the first time I had sex [as a SW] because it was very painful. It was my first time to have sex." (17 yrs, Nakonde)
>
> "When I started I felt really bad. I felt lost…I was really suffering. But after the man left I counted the money and made a budget. I became happy. It was nice. It was not painful." (27 yrs, Livingstone)
>
> "I was scared and I was just forced by the man." (19 yrs, Kapiri Mposhi)
>
> "It was sweet and even sweeter because of the money." (16 yrs, Nakonde)

Universally, and unsurprisingly, these women expected to make money on becoming SWs. They expected to be able to support themselves and their siblings / children. Many wanted to make money to have enough capital to set up a business. Others wanted to be able to buy clothes and cosmetics and look nice. The next major expectation in starting sex work, perhaps more surprisingly, was to find a husband, a '*steady man'*, someone to look after her and support her. Other expectations mentioned included fun and independence, through drinking beer and going to discos. Most expected, rather depressingly, to find illness and death as a consequence of their work.

> "I used to think men give a lot of money. I thought I would get enough money to buy a car or a house, but there is nothing like that." (17 yrs, Nakonde)

"I expected to get money and illness." (17 yrs, Nakonde)

"I didn't expect to find anything good, I just did it for fun." (27 yrs, Kapiri Mposhi)

"I wanted to find a man to look after me and marry me." (24 yrs, Livingstone)

"I wanted to find a steady man. Someone who would keep me as a wife and give me everything I need." (22 yrs, Livingstone)

"I do it just for fun." (22yrs, Livingstone)

"I had problems. I needed to eat, dress, pay rent and look after my child." (23 yrs, Livingstone)

"I wanted to find a steady man. I knew I would never find him staying at home." (21 yrs, Livingstone).

Self-Efficacy and Self Esteem

For this study the SWs were asked questions to ascertain how they felt about sex work, themselves and sex in general. We were particularly interested in what raised a SW's self esteem, what made her feel good about herself. Further questions were asked to discover a SW's desire to change her employment and her perceived ability to do so. Generally there appears to be a difference in attitude and opinions with regard to sex work depending on age. The younger SWs, particularly in Kapiri Mposhi and Nakonde, were often lively and cheerful in their discussions with the field consultant and seem to consider their work as an adventure. It was obvious that the older women in the same sites dislike sex work and do it only out of necessity. If they used to enjoy the work before, they no longer do so and are only in it for the money.

According to this study, money is the prime motivator for most of these SWs, and the ability to make money is what makes a SW feel good about herself. She is able to look after herself and her children, feel financially secure, buy food, clothes, and look good. This makes her feel happy, proud and self-confident. The ability to attract men is also a big confidence booster and one's self-esteem is dependent on that ability. These women generally feel low, depressed and often sick when they do not have any money (or a man), particularly if their friends do. Some women profess feeling proud of what they do for a living, enjoying the independence and fun of drinking, dancing and being with friends, as well as liking the sex. However, the majority claim to dislike their work. Sexually transmitted infections, frequent insults, violence and abuse, having to sleep with many different men

and being exposed to the cold weather[20] were often cited as negative and damaging aspects of sex work. Many worry about contracting HIV and suffering a prolonged, unpleasant death.

FEELING GOOD

"I feel good about the way my body still looks. I know a man can still marry me and give me a home." (30 yrs, Livingstone)

"I feel very good about myself and I feel very proud of myself and my work…sometimes I chance at K40, 000 and when I do I feel very proud of myself knowing I will solve a lot of my problems". (32 yrs, Kapiri Mposhi)

"I feel proud when men propose to me. …When I stay for a long time without men coming after me, I feel like I am not a human being." (27 yrs, Kapiri Mposhi)

"When I get money and I buy myself clothes and men still go after me, it makes me feel good." (17 yrs, Livingstone)

"I enjoy it. I am free. I feel no shame. …I feel good because I support myself and I am able to get anything I need." (27 yrs, Livingstone)

FEELING BAD

"Sometimes I feel very cheap. I think what is wrong with me? Why can't I find a man to marry me or be my permanent boyfriend?" (21 yrs, Livingstone)

"I don't feel anything. …The only thing that makes me feel good is when I get some money because I know I will buy my child something." (25 yrs, Livingstone)

"When I don't have money I feel sick and in a bad mood. When I have money I am always in a good mood." (27 yrs, Nakonde)

"I don't feel anything. I am like a wounded buffalo, I don't care about anything." (27 yrs, Livingstone)

"I don't feel anything. I just want the money. What I would really like is to get married and have sex with my husband. But I am not married so I can't think about that." (25 yrs, Nakonde)

"I do it because I need the money but I don't enjoy what I do. …I hate sleeping with different men everyday. …The only thing I enjoy is the fact that I am able to support myself from this work." (25 yrs, Nakonde)

"I feel sorry for myself. I'm getting spoilt because this job is risky. We risk our lives…I never feel good. It's suffering that makes us do this work." (34 yrs, Kapiri Mposhi)

"I would like to get married and settled to stop me from moving up and down. …I feel bad because I know what I do will result in death." (38 yrs, Kapiri Mposhi)

[20] These discussions / interviews took place during the winter months

Some SWs see sex as good, necessary and often enjoyable. For many, this is because sex is where their money comes from. For many others, however, there is a feeling of detachment from their work; sex may be enjoyable with someone they care about, a permanent boyfriend, but not with clients.

SEX

"When a person is still young and alive the blood flows in the body and she can't stay without sex. You need to have sex for the blood to flow in the body. …[Without sex] your blood doesn't flow freely and you become weak." (49 yrs, Livingstone)

"I would only feel sexy with a man I love, a man who I have known for a long time." (25 yrs, Nakonde)

"I don't feel sexy. It's just for the money." (33 yrs, Nakonde)

"Sex is a game. It is a way of making money. When I sleep with my boyfriend I feel something, but with the others it's just a way of making money." (22 yrs, Livingstone)

"It is just a way of making money. It's also something to make you feel good" (24 yrs, Livingstone)

"When the blood moves in your body you know it is time for sex." (27 yrs, Livingstone)

"You are speaking of sex. Now, I'm feeling sexy." (29 yrs, Livingstone)

Alcohol appears to play a large part in building up a SW's self-confidence, albeit artificially, and is viewed by many as a necessary tool of the trade. The vast majority of these SWs drink beer, many regularly, and talk of it helping them feel sexy and confident in their ability to approach men, charge them for sex and negotiate condom use. Drug use does not appear to be common, at least among the SWs interviewed in this study. A small number of women say they smoke '*dagga*' (marijuana), although there are more who admit they have smoked in the past but no longer do so.

ALCOHOL

"When I am drunk I have a lot of self-confidence. When I am sober I don't have self-confidence unless I buy myself a 'starter' [drink] or smoke 'dagga'. (21 yrs, Livingstone).

"When I drink beer that's when I become intelligent. When I smoke dagga I am talkative. I even find it easier to charge men. As long as it is available I smoke every day." (20 yrs, Kapiri Mposhi)

"If I don't have a man it's better to drink." (20 yrs, Kapiri Mposhi)

"When you drink you feel good. You think life is all for you." (22 yrs, Livingstone)

"When you drink you feel sexy." (23 yrs, Livingstone)

According to the SWs interviewed in this study, harassment and abuse are almost universal and seen as an expected part of a SW's life, particularly when new and inexperienced. The abuse and violence SWs face routinely as part of their work lowers their self-esteem and diminishes their self worth.

> "Those who are lucky never experience anything bad, but I don't think it is possible. No matter what happens, one day you are bound to experience something bad." (21 yrs, Livingstone)
>
> "I haven't been through any abuse but I know it will happen to me since I am a woman." (25 yrs, Nakonde)

A client having sex and then refusing to pay, or paying for sex and then stealing the money back during the night, is one of the most frequent and common forms of abuse these women maintain they experience. Another form of abuse cited refers to clients' condom practices. SWs talk of clients tearing / piercing condoms, pretending to wear one and then removing it during sex, or refusing to wear one at all and forcing the SW to have '*live*' sex. Many SWs also complain of being beaten up on occasions, by clients, by boyfriends, by wives of clients, by fellow SWs and, sometimes, by the police. Furthermore, a SW can often be arrested and locked up in the cells for such 'crimes' as loitering, fighting, '*wearing a short skirt*' and accusations of stealing. Even when a SW reports an assault or attack to the police she is often the one arrested. According to one SW, all young single women were arrested in a particular area once because an unknown woman had had an abortion. She said she was in the cells for two weeks awaiting a medical examination to see if she had had an abortion. Sexually transmitted infections were also referred to as further examples of work-related suffering. A handful of women also spoke of being (gang) raped.

ABUSE

"There are times when you go with a man who doesn't pay you in advance and when you have sex with him he says he doesn't have money." (25 yrs, Nakonde)

"Sometimes a man can take you and he doesn't pay you. It is also abuse." (21 yrs, Livingstone)

"Sometimes you get beaten. Sometimes you beat someone and you end up in the police cells. I have slept in the cells about eight times for fighting." (22 yrs, Livingstone)

"This woman found me with her husband and she beat me up. The same woman beat me up the second time over her husband." (30 yrs, Nakonde)

"I have been through a lot of abuse. Sometimes I have fought with my friends over customers. Sometimes I have been with a customer and when I demand money he beats me up. I have also slept in the police cells three times for 'loitering'." (27 yrs, Nakonde)

"…We met this man who had come to sell millet. He started buying us beers. He bought us a lot of beer. He forgot that money finishes as you spend it. We all got drunk and he said 'let's go to the room and sleep'. He didn't realize he had finished all his money. We went and slept. In the night he got up and checked his pockets. He found there was no money. He locked me in and went and called the police. I woke up to find policemen in the room. They took me to the police station and beat me up. I told them I hadn't stolen his money. They also agreed because they said they had never heard of me stealing money before. They later released me." (25 yrs, Nakonde)

SWs are highly stigmatised because of their job and the SWs in this study recognise this and speak of routinely being insulted and mistreated by non-SWs; people in the street, neighbours and in particular married women, who fear the SW will steal their husbands.

STIGMA

Insults / name-calling:
Many different vernacular words for ‘prostitute’

Other names include: Sperm Chamber, *Ba Twipaye* (kill us), *Amaule aye paya Bantu* (prostitutes who kill through illness), *Pungwa* (a hawk, because it is always snatching things), Serial Killer, Hit and Run (you have sex with a man and then leave), *Kabwalala Wamulopa* (blood thieves),

In Kapiri Mposhi the brothel / guest house is called ‘the mortuary’ by the men.

“The way the men and the people in society treat us, they degrade us, they disrespect us.” (22 yrs, Livingstone)

“People insult us, call us names. They treat us like we are not normal human beings.” (23 yrs, Livingstone)

“When people see you they say, ‘the prostitute is here!’ Sometimes they can even kick you, you fall and become dirty. You go back home and change and come back. They kick you again. You go back home again and change and proceed on your trip until you reach your destination.” (16 yrs, Livingstone)

“When you pass by they pull faces at you.” (18 yrs, Livingstone)

“[People] think I am a wild animal or a dog.” (20 yrs, Kapiri Mposhi)

“People think we take their husbands.” (31yrs, Livingstone)

“They think we are the ones who kill people because of our job.” (29 yrs, Livingstone)

The clandestine, violent and stigmatised nature of sex work, a SW’s perceived control over her life and her limited employment options all combine to reduce the ability of a SW to implement effective preventative behaviours, that is to say to escape sex work or to insist on condom use.

There is almost a unanimous desire among these women to leave sex work but all feel that they are unable to, or are not yet ready to do so. Many SWs argue that they would not be able to get used to having to wait to the end of the month to be paid, as is usual in many other jobs, as they are used to being paid instantly for their services. There is a general inability among these SWs to save the money they earn. Many speak of wanting to leave sex work and start their own businesses, but of being unable to save up enough cash to do so.

As their money is always spent on basic requirements, they prefer to be given the capital to start a business in a lump sum rather than relying on saving. Many SWs are also involved in small-scale trading, selling vegetables or beer for example, and argue that any income they make from this is very small and cannot sustain them; they need to do sex work as well to make ends meet. Women's lack of economic options again force them to position themselves in relation to men and many of these SWs view men as their salvation; finding a man to marry them and support them would be their escape route out of sex work. Therefore, these women cannot, or will not, stop sex work because they have not yet found what they are looking for, capital for a business or marriage. There are those, too, who will not stop because they enjoy the work and the independence it offers.

BENEFITS OF SEX WORK

"When you are working it takes a month before you get paid your salary, but in sex work you are paid as soon as you have provided your services" (25 yrs, Livingstone.)

"We are even better than the working class. We have money everyday." (23 yrs, Livingstone)

"Sometimes I feel sexy" (38 yrs, Kapiri Mposhi, when asked why she hadn't stopped SW as she also sells beer.)

SAVING PROBLEMS

"You may make money and have it in real cash. You will end up spending it in the bar. Sometimes when I have money that's when the bills come, and my boyfriend is away. My landlord wants his rent, electricity, water etc. I end up using the money to pay bills." (21 yrs, Livingstone)

"I haven't started saving. It's better someone gives you the amount in one go. When you save about K100, 000, a week later you have a problem, you would be forced to use the money." (17 yrs, Nakonde)

"I have to feed the children, buy myself clothes. So I can't save." (26 yrs, Livingstone)

"This money never lasts. It's like the devil's money." (25 yrs, Nakonde)

NO ALTERNATIVE

"It's a habit I can't stop" (16 YRS, Nakonde)

"I have nothing else to do" (25 yrs, Livingstone)

"I can't stop, I wouldn't be able to stop…this is the life I am used to. I can't do anything else." (25 yrs, Livingstone)

"I sell vegetables but my capital is very small. It just helps to buy breakfast for the school-going children. It supplements when I don't make money from my other job [sex work]." (31 yrs, Livingstone)

“When you find everything you need you can stop. I can’t stop because I haven’t found what I am looking for.” (26 yrs, Livingstone)

SEARCH FOR A MAN

“If I had money to start a business…or if I found a man to marry me I would stop sex work.” (26 yrs, Livingstone)

“I will stop if I find a man to marry me.” (29 yrs, Livingstone)

THE SEX WORKER SUB-CULTURE

From discussions with the field staff at the three sites and from visiting the various places where SWs live and work we were able to gain an understanding of the SW sub-culture and the different SW environments. In the Livingstone area there appears to be three kinds of SW. There is the ‘*village chicken*’, who lives and works in the compounds and frequents the shebeens, compound bars and clubs and whose clients are mainly local men, such as money-changers and street vendors. The ‘*upper class*’ SWs work and live in the town, frequenting the hotels, bars and nightclubs in the town and many of their clients are visitors, including truck drivers, tourists and businessmen, who often pay in US dollars. The women in the middle are neither ‘*village chickens*’ nor ‘*upper class*’ and are perhaps more mobile. Many stay in the unofficial ‘brothels’ / guesthouses of which there are many in Livingstone. Many of the Livingstone SWs themselves talk of the many guesthouses that are actually brothels, both in the town and out in the compounds. SWs live at these guesthouses, pay on a daily basis and bring back men to their rooms. Some of these establishments have their own bars where the men can approach the women directly. Sometimes reception staff, or the owner, will help a SW find a client or recommend a SW for a man and will receive a commission (either from the SW or the client). This does not appear to be a regular, formal arrangement, rather on an informal, ad hoc basis.

“If the men refuse to pay, the women tell the owner…he collects the money from the man on her behalf. If the man is difficult [the owner] will take him to the police and demand an even higher fee from the man and he will take a portion of it for himself. But the real profit is the rent he gets.” (29 yrs, Livingstone)

Like Livingstone, Kapiri Mposhi has compound SWs and those that live and work in the town. Many SWs live in houses and guesthouses, which, again like Livingstone, are also run as informal brothels. There is one particular guesthouse in Kapiri where many of the young SWs live and the men call it ‘*the mortuary*’. The SWs who live in the guesthouses pay rent on a daily basis, usually K5, 000, and look for men to take back to their rooms, have sex with and pay the room fee. The situation is similar

to Livingstone in that the women usually find their own men but reception staff and door bouncers (at clubs and bars) sometimes find a client for a SW, or a SW for a client.

If a man comes looking for a room for the night, reception will inform a SW who will 'persuade' the man to sleep with her in her room. Again reception staff receive a small commission for their assistance. There are nightclubs, taverns and bars, both in town and in the compounds that the SWs frequent.

> "We live in the compound but there are special places where prostitutes live." (24 yrs, Kapiri Mposhi)
>
> "We are the SWs who live in houses within the compounds but the ones at [name of guesthouse] all live in one place. They rent a room at K5, 000 per night. They pay on a daily basis, so it's worse for them because they have to look for men every day in order for them to pay for their accommodation." (32 yrs, Kapiri Mposhi)
>
> You book a room and if a man comes you tell him that you have a room. So you take him and you sleep with him in your room. You first ask him to give you the money he was supposed to pay for his room and then he should pay you for sleeping with you." (32 yrs, Kapiri Mposhi)

Nakonde is a relatively small site, more rural and isolated, with a lot of young and mobile SWs. Due to this mobility the older SWs claim it is difficult to talk of levels, or of a formal hierarchy. There are guesthouses in which the newly arrived SWs reside during their stay in Nakonde or while looking for alternative accommodation. Again, the women have to pay rent daily and the reception may help in finding prospective clients, for a commission. The SWs in the 20-24 year-old FGD talk of living in these guesthouses and bringing four or five men back one after another in one night for '*short-time*' – quick sex. There are also a few housing blocks in Nakonde in which the residents are all SWs. SWs frequent certain rest houses, bars and nightclubs both in Nakonde and across the border in Tunduma. Bouncers and other men working in these establishments get to know the SWs and will often recommend a particular SW to an interested customer. He will be given a little money or be bought a beer for his efforts.

“People know that it is a guesthouse for SWs so if a man wants a SW he just comes.” (17 yrs, Nakonde)

“There is an old lady who works at [name of guesthouse] who finds men for us. She calls you and tells you there is a man who wants you.” (17 yrs, Nakonde)

“Most of the SWs found here in Nakonde come from different towns, levels are not common here. So, you can’t really say they have levels because they come and go.” (25 yrs, Nakonde)

“…There are a lot of very young SWs who come here. Most are aged between 13-15, they are called ‘under-age’. In other towns like Kasama, they are not allowed into the bars. They are chased because they are under age and they get arrested. So they come here.” (25 yrs, Nakonde)

Based on interviews and discussions in all three sites, the SWs themselves do not appear to believe that a formal hierarchy exists within the SW sub-culture. The SWs talk of moving through different levels or stages in their professional life according to their age, length of time in the trade and their acquired experience and level of confidence. In all the sites and at all ages the SWs describe usually three levels, sometimes four, and assert it is easy to tell which level a SW is at by her appearance and behaviour. A woman who has recently started sex work is easy to spot; she is often young and obviously scared and inexperienced. These ‘*newcomers*’, ‘*learners*’, ‘*juniors*’ or ‘*sweet sixteens*’ are described as being ‘*dull*’ and badly (or wrongly) dressed. They are unsure how to operate, feeling shy and embarrassed, waiting for men to approach them and then do not know how to charge. A new SW goes through a lot of abuse, which is seen as a rite of passage, ensuring a woman’s transition from newcomer to a more experienced member of the SW community. Both clients and older SWs take advantage of a newcomer’s inexperience. Clients like new SWs because they are usually young and cheap, as they do not know how to charge. Many SWs complain of having been beaten up by clients and not paid for their services when they were first starting in the trade. Older SWs are jealous of a new SW because she is seen as having a large market. They will often beat her up and / or seduce her men and she is too scared to fight back.

NEW SEX WORKERS

“She never knows what to do. They don’t know how to handle men. They are shy so they come back without finding a man.” (32 yrs, Kapiri Mposhi)

“When you are just starting you look very dull. After some days you become alert and join those who are experienced.” (23 yrs, Kapiri Mposhi)

“We all know about each other so when someone is new we all know. We sometimes…beat her up…and take her money from her. She is new and she is scared so she won’t say anything.” (30 yrs, Livingstone)

> “[We call them] ‘latest’ because they are new on the scene and everyone wants to go out with them.” (25 yrs, Nakonde)

After some experience the new SW loses her shyness, becomes more confident, knows to demand payment in advance from a client and is no longer scared of the other SWs; she has even begun to make friends with some of them. The longer a woman spends in the trade and the more experience she has, the more confident she becomes. She knows how to dress, is more alert, will approach men herself and is skilled at handling them and at negotiating her fee. A SW in the middle stages of her career is referred to by various names including ‘*amateur*’, ‘*senior*’, ‘*expert*’ or ‘*professional*’. Some SWs, particularly in Livingstone and Nakonde, speak of there being certain bars or taverns in town from where new SWs start. The older and more experienced SWs frequent different establishments. Men know which places to go to if they are looking for young women or older and more experienced women.

> “They start by going into taverns…where they sell *chibuku* [local brew], because the new SWs start their experiences from taverns. A man just needs to buy her two litres of *chibuku* and he can sleep with her. After a while she learns and starts going to the…nightclub…there she starts drinking ‘Castle’, the ‘fine beer’…they don’t sell ‘*amasambambata’* (referring to *chibuku* and means ‘the dirty water in which ducks wade’). There she must be prepared to meet a man who will give her a decent amount of money with which she can at least buy hipsters, then you know she has been ‘baptized in the fine brew’” (20 yrs, Nakonde)
>
> “You move from being a junior when you are very experienced. When you walk into the bar, if a man looks at you, you are able to tell that he wants you. When you move to being a Queen you don’t wait for men to propose to you.” (30 yrs, Livingstone)

Once a SW has been in the trade for a long time, particularly if she is quite a bit older (late thirties and above), she is viewed by her juniors as being tough and not scared of anyone or anything. The younger SWs are often intimidated by these ‘*permanents*’, ‘*chieftainesses*’, ‘*directors*’, ‘*bosses*’ or ‘*Queens*’, as well as feeling embarrassed by them. They are believed to have escaped AIDS and are therefore lucky, but there is the opinion that, in deference to their age, they should give up the profession. However, the younger SWs believe these women are “*really stuck in the job*”, even though their market is seen as virtually finished. On the whole, most of the SWs in this study are not familiar with the idea of a ‘Queen Mother’, an older SW who acted as ‘pimp’ or ‘madam’ for the younger SWs. Those that have heard of ‘Queen Mothers’ said they mainly existed in Lusaka. The majority claim that they usually find their own men. Two SWs in the 25+ FGD in Livingstone identified themselves as Queen Mothers and appeared very savvy when recounting how they attract richer customers. Women at the highest stage of sex work, the ‘*bosses*’, do introduce men to younger SWs.

They are very confident with men and are very friendly with them, but often the men will be looking for a woman who is much younger. The young SW will perhaps in turn, buy the older SW a beer, give her an item of clothing or a small amount of money as a token of appreciation for finding her a man.

> "When you have a man, they can even take your man away. They are higher than seniors" (20 yrs, Nakonde)
>
> "You can tell by their actions and movements that they have been in the trade a long time." (25 yrs, Kapiri Mposhi)
>
> "They are not scared of anything, not even prison." (20 yrs, Kapiri Mposhi – referring to SWs at the last stage of their career, who she calls the 'savages')
>
> "The older ones really embarrass us because they are our mothers. It's better they do it elsewhere where we don't see them. Where we live there is a mother who does the same job as her daughter, they are both SWs. There is no respect." (21 yrs, Kapiri Mposhi)
>
> "It looks bad because of their age." (25 yrs, Kapiri Mposhi)
>
> "As a Queen when I walk into the bar and I find a man who has money, I buy him a beer. He will in turn buy a lot of beers. I invite the juniors who are hovering around to join us. Other men will join our table because of the juniors there. I, the Queen, and the 'King' will leave and the juniors will remain on that table with the other men." (30 yrs, Livingstone)

Clients / Customers

The SWs were asked who their clients were and from the responses it is obvious that clients cut across the whole community and are not just truck drivers and the uniformed services. A common response to the question was "*anyone as long as he has money*", and some added "*and a condom*". The table below shows the kind of men visiting SWs in each of the three sites (as mentioned by the SWs but in no particular order).

Nakonde	Livingstone	Kapiri Mposhi
• Truck drivers • Bus drivers • Minibus drivers • Passengers • Men in transit • Customs officers • Business men • Bus conductors • Lorry boys • Charcoal burners • Policemen • Clearing agents • School boys • ZESCO workers • A Clergyman	• Truck drivers • Bus drivers • Taxi drivers • Minibus drivers • Policemen • Street vendors & curio sellers • Money changers & lenders • Men in transit • Business men & men on seminars • Zimbabwean tourists & businessmen • Working class men & piece workers • Clerical workers / office workers / white collar workers • Bank employees • Locals • Hotel workers & bar staff • Lorry boys • Men in bars • Shoprite workers • Clearing agents	• Truck drivers • Taxi drivers • Locomotive drivers • Foreigners, often Congolese • Policemen • Office workers • Working class • Men in transit • Business men • Locals • Salesmen • Farmers • Passengers on TAZARA train • Soldiers • Salaula (second-hand clothing) traders • Bar owners

The SWs argue it is difficult to calculate how much they earn on a monthly basis. Their earnings are sporadic and depend on the clients they have and how many. Many SWs claim that it is difficult to make money nowadays, but the end of the month is usually more profitable as it is the time when most of their clients get paid. The SWs explained that the amount of money they earn depends on how '*serious*' they are (meaning dedicated), some days they can earn very little, others over K100,000 if they have had a generous client and / or a number of clients. Across the three sites an average daily income appears to range from K5,000 – K50,000, with some SWs earning slightly more.

A large number of the SWs claim to be engaged in sex work full-time, but quite a few are also involved in small-scale trading, as mentioned earlier, although such activities are mainly seen as supplementary to sex work.

> "[It's] difficult to calculate per month because we spend the money." (22 yrs, Kapiri Mposhi)
>
> "We never go very broke and never get rich." (21 yrs, Kapiri Mposhi)

The SWs in this study were also asked about their charging practices. We were interested to discover if they have a set price for sex or if they charge clients differently. If prices do vary, how do they differentiate? Across the sites there is a great deal of consensus. The length of the act dictates price, '*short-time*' is cheaper than the whole night. SWs also charge according to how a client looks. They size him up to see how much he can afford and ask him questions about his job. If they think he has money they will start negotiating from a high figure and the price agreed depends on how well one can negotiate. Locals are usually charged less than men in transit as they are seen as having less money. Truck drivers are not often charged directly because they give spontaneously and usually pay well. Some SWs admit that if a client paid them more they would have sex without a condom. Regular partners and permanent boyfriends are treated differently than irregular one-off clients. They are not charged openly, it is done in a more indirect way. Rather than paying every time they have sex with the SW they may pay for her rent, buy food or give her a large sum of money every now and again.

> "…if he looks like he has money you start on a high figure…we charge differently depending on how he looks. If he looks like he doesn't have money, you ask for K20, 000. Sometimes you can make a mistake and charge less when in fact he has a lot of money." (35 yrs, Kapiri Mposhi)
>
> "In our trade sometimes even Ministers [can] approach us, so you pretend you are a decent girl. If you are asked to dance you refuse. If he asks how much I want, I just say 'I don't know how to charge, I've never done it before. It's up to you to decide.' If he is elderly he will decide what to pay you himself." (21 yrs, Kapiri Mposhi)

Some SWs believe they are respected by their clients and claim to respect them back. Others admit clients are often polite to a SW when he wants sex but then later treats her badly; ignores her, maligns her and discourages other men from going with her. There is therefore politeness and a kind of respect during their business dealings but no real regard for a SW. Although many SWs are fond of their permanent boyfriends, may even love them, they respect their other clients only in as much as they are their means of living.

"While he is proposing to you we respect them. We respect them because they feed us." (34 yrs, Kapiri Mposhi)

"I just respect them at that particular time." (17 yrs, Livingstone)

"I respect them because they give me money." (18 yrs, Livingstone)

"It's a two-way thing. If he respects me I respect him back." (22 yrs, Livingstone)

"I respect some. Some I just use for the money. The following day you will find him with another woman." (23 yrs, Livingstone)

"They respect us at that time but later they say different things about us." (18 yrs, Livingstone)

"We respect them because they look after us" (all SWs in Kapiri Mposhi FGD 25+)

"We are condemned as SWs. You hear a man saying 'I'm going to see my prostitute'. They don't respect us." (34 yrs, Kapiri Mposhi)

"Our customers know that we are SWs, it's just that it's like their sexual organs ache otherwise they wouldn't even follow us. They condemn us." (32 yrs, Kapiri Mposhi)

Social and Support Networks

This assessment was interested in learning about SWs' social and support networks. Questions were asked to determine to whom a SW turns for social, emotional and financial support, including who helps with childcare and assists when a SW is sick. The discussions revealed that family and friends, usually fellow SWs, are the most important support networks in all areas for the majority of the SWs interviewed, and these associations will be looked at more closely. Some SWs also mention neighbours as people they get along with socially, go to occasionally for emotional support, borrow money from and for help with looking after the children when they go out to work. Permanent boyfriends are often important sources of financial support, helping out with rent, food and clothing. A few of the children of the SWs in this study are taken care of by their fathers or the fathers contribute financially for their care. Naturally, if a SW needs money and she is unable to borrow from family and friends she will '*go into the field*' to look for a customer. Only one SW mentioned that she goes to her boyfriend for emotional support.

A few SWs refer to church members offering them advice, assisting with problems and when sick, and teaching them '*God's word*'. Just over half the SWs interviewed go to church quite regularly, and indeed many of them claim they went the previous Sunday.

The rest have not been for a while, some admitting to having stopped attending. Saturday night is a usual work night for many SWs and they are often too tired and / or hung-over to go to church on Sunday.

> "…I was very close with the church members…they used to advise me to go back to church and that God would give me a man to look after me." (32 yrs, Kapiri Mposhi)

The SW community is extremely complex, being both very supportive and highly competitive. In the main, the SWs in the study regard one another as close friends and confidants, as well as jealous rivals. Generally each SW has one or two particular SW friends who they are close to, move around with, go to the bars with and in whom they confide. They are very supportive of each other emotionally. Leading a similar existence, they understand one another, discuss problems and give each other advice. They talk of sharing food and clothes and lending each other money when in need. A few talked of making a budget together and sharing what they have. They also help when a friend is sick, buying medicine and helping with the children. If a friend is terminally ill and has no money to go back to her family, fellow SWs may make financial contributions towards her transport costs. If she dies at the site because she was too sick to return home, had no family or her family disowned her, her SW friends often help bury her through the collecting and making of donations towards the funeral costs.

> "I get along with them well, we never fight. They are like my relatives; if they have something they will share with me and when I have I also share with them." (16 yrs, Nakonde)
>
> "We assist each other in times of illness and death." (26 yrs, Livingstone)

However, tensions and jealousies are often not far from the surface due to the highly competitive nature of sex work. This competition is, of course, over men, particularly in a situation where there are more women than men. Arguments and fights break out regularly between SWs due to one woman looking nicer than another, having a man when the other does not, approaching and / or sleeping with the same men and so on. There is particular jealousy between the older and younger women, with the younger ones complaining of being beaten up regularly by their elders because men tend to go for the younger ones.

"There is a lot of competition because it's the same as a man having two wives; the wives always compete. They want to dress better than the other so that the man pays more attention to them." (38 yrs, Nakonde)

"The older ones don't like the younger ones because the men go for the younger ones. The older ones beat the younger ones." (16 yrs, Livingstone)

"We [SWs]… sometimes fight. If a man proposes to you and he has money and your friend goes to the same man, it brings problems." (17 yrs, Livingstone)

"We get along when going to the bar but we differ while we are there. We will get along again when going back home." (17 yrs, Livingstone)

"We differ when we are drunk" (24 yrs, Kapiri Mposhi)

"[SWs] have a habit of going out with their friends' husbands and boyfriends." (31 yrs, Livingstone

On the whole, most of the SWs interviewed, particularly some of the younger women, claim to get on well with at least some of their family members, usually a close female relative such as a sister, mother or aunt. Most of them talk of having had a good family life when they were children, until their lives were disrupted by such traumatic events as the death of a parent or divorce. Some SWs state that their families do not know what they do for a living, others admit that at least some family members do know. Some relatives who are aware are angry and / or upset, regularly pleading with or chastising the SW. Others remain silent, tacitly condoning the SW's profession through accepting the gifts and financial support she provides. As a 25-year-old SW in Livingstone pointed out "*when I come home with things they don't complain*".

Particular family members were mentioned by many as the ones SWs go to for social and emotional support. These family members are usually female; sisters, mothers, aunties, grandmothers and cousins. Family members may also be approached for financial assistance too. Many SWs with children, the young ones in particular, say their children are taken care of by their parents or other family members. It is expected that relatives, usually the mother if still alive, will look after a sick / terminally ill SW. Relatives are also expected to pay funeral costs on the SW's death. If the SW has no relatives, they live too far away or the relatives refuse to help then her close SW friends will take on the responsibility, including raising funds for the burial.

HIV / AIDS AND TESTING

Condoms: knowledge, availability, price, and usage

There is universal knowledge among the SWs interviewed that condoms protect against STIs and HIV / AIDS, as well as against pregnancy. There is general consensus that male condoms are easily available and priced fairly. Some SWs mentioned the recent price increase but most still think the price is fair and they also acknowledged that condoms are available free at the CBI drop-in centre. However, the results are different for the female condom. Although many of the women have heard of the female condom only approximately 30%, three in ten, have ever used one and many have never even seen one. Most of those SWs who know of the female condom say they are not as easily available as the male condom. Some of the young women in the 15-19 year-old FGD in Kapiri Mposhi complained that the round rim of the female condom is hard and painful and they, therefore, do not like using them. There seems to be a trend, in Kapiri Mposhi in particular, of SWs wearing the rim of the female condom on their wrists as bracelets, sometimes without having used the condom itself.

FEMALE CONDOMS

"Female condoms don't seem to have a market in the shops. We get them from clinics and World Vision." (21 yrs, Livingstone)

"I have heard of it [the female condom] but I have never used it. I don't know where it is sold." (30 yrs, Nakonde)

"[I have never used a female condom] I just removed the rim which I am wearing on my wrist." (17 yrs, Kapiri Mposhi)

"People from World Vision come and teach us how to use the female condom but most of us don't use them because the round rim is very hard and painful". (19 yrs, Kapiri Mposhi)

"She [a fellow SW] said she got them [the bracelets] from a female condom. There were some World Vision employees who distributed female condoms in Ndeke, but I wasn't there so my friends gave me one rim each. I wasn't there so I never heard what they said about female condoms." (20 yrs, Kapiri Mposhi)

The vast majority of the SWs interviewed use condoms and around three in five claim to use them all the time. Condoms are seen as '*tools of the trade*' for SWs.

"You can not do without a condom. You don't forget to carry a hoe with you when going into the garden." (17 yrs, Kapiri Mposhi)

“They [condoms] are our tools.”(25 yrs, Kapiri Mposhi)

The remainder, around two in five, will go ‘*live*’ with their permanent and regular boyfriends but will usually use condoms with men they don’t know. Many will go ‘*live*’ with clients if there is no condom available, the client flatly refuses to use one, or if he is willing to pay more to go without. A small number of SWs say they can tell when clients are sick or not by looking at them and go ‘l*ive*’ with those they consider healthy. Indeed, one young SW in Livingstone states she does not use condoms with young clients because they “*can’t be infected…I can tell*” (15 yrs).

There is general, although not complete, agreement that it is relatively easy to negotiate condom use with clients and indeed when describing what they do and say to convince men to use condoms many SWs do appear to have good negotiation skills. A few claim that if a man refuses to use a condom they wear a female condom without his knowledge and consent. Many SWs drink beer and insist that it doesn’t impair condom use; they wear a female condom in advance or don’t drink too much. Moreover, the SWs generally agree that it is easier to negotiate condom use after drinking beer because they feel more confident.

NEGOTIATING CONDOM USE

“I don’t have a problem [with negotiating condom use] because we find each other in the bar.” (29 yrs, Livingstone) – therefore the man knows she is a SW.

“I sometimes have a problem. If you ask him whether he has a condom, he says no. Then you tell him you have one. He would ask you why you move around with condoms. But I tell him if he doesn’t want he can go. If he really wants you he would give in and agree to use a condom.” (29 yrs, Livingstone)

“I always use a condom when I sleep with men. Some refuse. If he refuses I secretly wear a female condom.” (17 yrs, Livingstone)

“I become strict about using a condom when I am drunk. I become very cheeky.” (27 yrs, Nakonde)

“It is even easier to negotiate condom use when you are drunk because you are not shy.” (20 yrs, Nakonde)

“When I drink, I am not shy to tell him to use a condom.” (23 yrs Livingstone)

Some women talk of being forced to have sex without a condom, either by the use of physical force and / or by financial blackmail.

“I went with him to his house. He didn’t have a condom and he forced me to have sex without one. He overpowered me and in the end I gave in.” (21 yrs Livingstone)

> “When I use a condom they pay me less.” (“25 yrs, Livingstone)
>
> “I still sleep with them [If they refuse to use a condom] because I want money” (30 yrs, Livingstone)

Among the SWs there are a few who complain about condoms even though they use them. These complaints refer to either a general dislike of condoms or of irritations and/or illnesses contracted through condom usage. Some complain of getting rashes and itching from using condoms and others of the ‘*fat*’ or ‘*oil*’ (meaning the lubricant) making them ill.

> “We used condoms so I never enjoyed it.” (25 yrs, Nakonde)
>
> “Condoms have a lining of fat on the outside…the fat accumulates in the woman’s stomach and causes an illness.” (20 yrs, Kapiri Mposhi)

Quite a few SWs talk of clients trying to trick the SW into going ‘*live*’, through saying he has a condom on when he hasn’t, taking it off during sex or deliberately piercing it. It is unclear, though, whether the piercing of the condom is a deliberate act or the condom split by accident. There is also general suspicion of those who refuse to use condoms; a belief that he is refusing to do so because he is seropositive.

> “When a man refuses to use a condom you can get suspicious.” (31 yrs, Nakonde)
>
> “We use condoms. If a man refuses to use a male condom I use a female condom. We use female condoms because when a man knows he is sick he refuses to use a condom.” (17 yrs Livingstone)
>
> “Some men pretend to wear a condom and yet they have taken it off” (30 yrs Livingstone)
>
> “I had this boyfriend who always wanted to sleep with me without a condom. He used to tell me he loved me and wanted to get a house for me and marry me. He used to buy a lot of beer for me. Whenever I am drunk I like to sleep peacefully without anybody touching me. …One time I woke up and found myself on a bench. When I asked him why he had done such a thing to me he just said, ‘you always refuse to have unprotected sex, this time I have done it’.” (22 yrs, Kapiri Mposhi)

As already mentioned many SWs do not use condoms with regular or permanent partners. There is the opinion that the longer you have known someone and an emotional (and financial) bond has been formed there is no longer the need to continue using condoms. These SWs often talk of being suspicious of any man refusing to use a condom, suspecting that they are therefore infected, but this

suspicion does not extend to men they know and have grown to trust. The following exchange between the field consultant and a 25-year old SW in Nakonde illustrates this point.

> SW: I use condoms except with my permanent boyfriend.
>
> INT: Why not?
>
> SW: I have been with him for years.
>
> INT: So you mean…he can't be infected?
>
> SW: No he can't be.
>
> INT: And he thinks you can't be infected?
>
> SW: Yes.
>
> INT: Does he know what you do?
>
> SW: Yes.
>
> INT: And he trusts that you can't infect him?
>
> SW: Yes.
>
> INT: …Are there times when men force you not to use a condom?
>
> SW: Yes, but I refuse because then I know he is infected.

The SW and her regular / permanent boyfriend '*trust*' one another because they know each other. To demonstrate further, a 22-year-old SW interviewed in Nakonde said she has a permanent boyfriend who is also married. He knows she is a SW and she knows that he sleeps with other women. However, she still doesn't use a condom with him because they have been together a long time and have never yet infected one another; proof in her mind that they are right in trusting each other. She also expressed the belief that you can tell if a man is infected because he groans from pain when having sex. These SWs are in denial, believing that there is less likelihood of being infected by someone they know. There is also the fatalistic belief that they have probably already infected one another anyway so condom use would not make any difference. It is often the boyfriend who convinces the SW to eventually stop using condoms. A SW who refuses to have sex without a condom with a regular partner or permanent boyfriend puts herself in a difficult position, financially and emotionally, as she risks losing that boyfriend. When probed many of these SWs admit that they don't know if their regular / permanent boyfriends sleep with other women without condoms as well (apart from their wives with whom it is agreed the men generally don't use condoms).

PERMANENT BOYFRIENDS / REGULAR PARTNERS

"I use a condom except with one of my permanent boyfriends. I started going out with him in 1999 so he says maybe I have already infected him, so we might as well continue without a condom." (31 yrs, Nakonde)

"I use a condom when I'm sleeping with one of my clients and people I don't know. Two of my clients, I sleep with them 'live'. …because I trust them and they trust me. Even before I became a SW these two clients knew me." (21 yrs, Livingstone)

"I don't use a condom with the ones I am close with. I use condoms with the men I don't know. …I am scared maybe they sleep with other women without condoms. …[The men I am close with] are better, but I don't know [if they sleep with other women without condoms]." (25 yrs, Livingstone)

"I always use condoms except with my permanent boyfriend who has left…[I don't with other men] because I don't know them. But I knew my permanent boyfriend for a long time. I went out with him for two years." (25 yrs, Nakonde)

"I use condoms but not with people I am familiar with." (22 yrs, Livingstone)

"I always use a condom except with my boyfriend from Lusaka. …He refuses. If he takes a long time before he visits I use a female condom, but if he visits frequently I never use a condom. …because we love each other. …He is still young. He is not yet infected. …I can tell by the way his body looks and I see from his children. I have known him for a long time and he refuses to use a condom." (23 yrs, Nakonde)

"I don't use a condom …with my permanent boyfriend…he says he wants to make me pregnant and he is very good-looking. I trust him and he trusts me, but he doesn't know that I am a SW." (17 yrs, Nakonde)

"I always use a condom with my customers. I used a condom with my permanent boyfriend for nine months. Eventually we agreed to stop using a condom." (25 yrs, Nakonde)

"I know they [my permanent boyfriends] can [infect me] because I don't know who else they sleep with." (19 yrs, Livingstone)

"At the beginning he used to use condoms but now he refuses to use one. …It's normally the men that you have known for a long time, like my permanent boyfriends, [that you don't use condoms with]." (27 yrs, Kapiri Mposhi)

Experience and Feelings regarding HIV and AIDS

The majority of women have had some personal experience of HIV and AIDS either through knowing people personally, friends, family members and neighbours, who have died of AIDS, or who they suspect have died of AIDS, or from seeing sick people in the compounds or in hospital.

> “I have seen my family members, neighbours. I have even seen them in the mortuary.” (35 yrs, Kapiri Mposhi)

There was an almost universal feeling of sorrow and heartache when discussing HIV / AIDS and this sadness was expressed in the tone of their voices and in their facial expressions. In addition, a great many SWs are frightened and worried that they too will die of AIDS and many voiced the fear that they are probably already infected with the HIV virus.

> “When I see an HIV patient, or hear people talk about HIV, and having seen this man who was sick – he became thin and lost his hair – I always think ‘Is this what is going to happen to me if I make a mistake?’ I feel so scared, I even think of stopping sex work but I can’t because of suffering.” (19 yrs, Kapiri Mposhi)

There was also a great sense of fatalism and lack of control, that HIV and AIDS is a fact of life, particularly for SWs, and there is nothing anyone can do.

> “If I get it there is nothing I can do.” (25 yrs, Livingstone)
>
> “It’s part of life.” (29 yrs, Livingstone)
>
> “People talk but if it comes there is nothing you can do.” (27 yrs, Livingstone)
>
> “Like the saying goes ‘fear is death’. There is nothing I can do.” (26 yrs, Livingstone)
>
> “Maybe we already have it.” (26 yrs, Livingstone)
>
> “I don’t think anything because when I started this job I knew the consequences.” (31 yrs, Livingstone)

Knowledge of testing for HIV virus, desire to be tested and reactions to result.

Amongst the SWs interviewed for this study there is almost universal knowledge that one can be tested for the HIV virus, very few have not heard of testing for HIV. When asked if they would like to be tested, and on being assured that they would not be tested for this study, the majority asserted that they would like to be tested and to know their result. The main reason cited is that it is important to know, knowing is deemed better than not knowing. Some SWs claim that if they knew their status they would be able to take control of their lives and would know what to do. Fewer than one in five SWs desire not to be tested; the reasons being that they would worry too much, get depressed or commit suicide. A few said they have already had a test, but not all have gone back for the results.

> "I haven't stopped [sex work] because I don't know my status. I will know what to do when I know my status." (49 yrs, Livingstone)

If they discovered they were HIV positive the majority of these SWs claim they would change their sexual behaviour by either stopping sex work altogether or reducing on the number of partners they have. Condom use would be insisted upon by some, even with a permanent boyfriend, to protect themselves and their partner from (re)infection. Many said they would seek treatment and advice in order to look after themselves, live positively and for as long as possible. There are also some SWs who profess they would be resigned to the fact that they would die.

> "I would like to know because I would be prepared. If I am sick, then it's just my time" (21 yrs, Livingstone).
>
> "So that if I am positive I can get treatment and prolong my life." (30 yrs, Kapiri Mposhi)
>
> "I would stop sleeping with men because if you continue, you would die early and you would infect other people. (34 yrs, Kapiri Mposhi)

A seropositive result would lead to approximately one in four of these SWs reacting negatively. These negative reactions include wreaking revenge through deliberately not using condoms and spreading the virus, worry, depression and suicide. These reactions stem from anger, fear, helplessness and the belief that they would be '*already dead*' so there would be no need to alter their sexual behaviour.

> "I would just wait for my death. I wouldn't stop this work because it is my way of living" (26 yrs, Livingstone)
>
> "If I tested positive I would commit suicide." (27 yrs, Nakonde)
>
> "I wouldn't like to test. If I knew my status I would die of worry." (23 yrs, Livingstone)
>
> "If I am positive I would continue because it's pointless to stop [sex work] since I am already infected. …I would consider myself dead. Even if I stop it wouldn't make any difference." (20 yrs, Kapiri Mposhi)
>
> "I wouldn't like to know my status, it would affect me. If they told me I was positive I would end up killing myself." (22 yrs, Livingstone)
>
> "I would stop using condoms so that I also spread it." (16 yrs, Livingstone)
>
> "[I would continue sex work if I tested positive] because I know I am already dead. …I would spread the virus because someone also infected me. I would also like revenge so that they feel how I feel." (32 yrs, Kapiri Mposhi)

A large number of these SWs state they would not inform anyone of their HIV-positive status at all for fear of other people finding out. A great many would tell at least one person, usually a trusted friend or a family member, as it is expected that the family would look after them if they were sick. There is a lot of agreement that friends in general are not to be told as they gossip and cannot keep a secret. There is widespread consensus that HIV-positive SWs are doubly stigmatised (as SWs and as being seropositive) and consequently poorly treated. Therefore it is preferable that as few people know as possible. A few SWs said they would inform their permanent partner in case he too was infected and some would be very open and honest with their clients in order to insist on condom use.

The vast majority of SWs in this survey declared that an HIV-negative result would compel them to alter their sexual behaviour. Many would stop sex work completely (or at least try to) and have only one boyfriend – or more ideally a husband. Others would reduce on the number of sexual partners and always use a condom. These SWs believe that testing negative would mean they had been '*spared*' or '*saved*', ("*God has saved me!*" 25 yrs, Nakonde), or that they '*had survived*', as if a death sentence had been hanging over them and they had beaten it.

However, some women, regardless of their status, do admit that even though they would want to give up sex work the lack of alternatives would prevent them from doing so.

ILLNESSES AND TREATMENT OF SEX WORKERS

Common illnesses and treatment-seeking behaviour

Sexually transmitted infections are very common among the SW community. A SW in Kapiri Mposhi said, "*It's like they are distributed in Shoprite*" (35 yrs). SWs cite Syphilis and Gonorrhoea as the most common illnesses that they suffer by far. Chancroid, or '*Bola Bola*' as many SWs call it, is the next most cited illness. Many SWs also mention STIs in general, HIV / AIDS, '*leaking*' (meaning pus coming out of the vagina) and genital warts. Malaria was mentioned a couple of times as were haemorrhoids and scabies.

A great majority of the SWs interviewed go to the CBI drop-in centre for treatment for STIs. Some also visit the hospital or clinics. For other illnesses that are not sexually transmitted, like malaria, most SWs visit a clinic or hospital. Of all the SWs interviewed approximately one in five mentioned they would go / or have been in the past to traditional healers, or use traditional medicines, as well as visiting the drop-in centre, clinic or hospital. Among these women there is the opinion that traditional medicine is needed to purge the disease completely from the body. Modern medicine treats the symptoms, traditional medicine the cause.

> “I would go [to a traditional healer] to get medicine to make me vomit” (28yrs, Kapiri Mposhi)
>
> “If you go to the clinic you get treatment, the sores dry up but the infection is still in your system. If you go to the traditional healers they give you medicine to drink to make you vomit and have diarrhoea and the infection clears.” (22 yrs, Kapiri Mposhi)
>
> “If the infection is in the blood you have to take some African medicine to clear it from the blood and then also go to the clinic for other medicine.” (38 yrs, Kapiri Mposhi)
>
> “When I had syphilis people told me I wouldn’t recover if I didn’t go to the traditional healer. …I was taking both traditional medicine and medicine from the hospital so I don’t know what cured me.” (25 yrs, Nakonde)

Terminally ill SWs

The women in this study agree almost unanimously that SWs who are known to have, or suspected of having, the HIV virus and those sick with AIDS-related illnesses are stigmatised. Family and friends often shun the HIV-positive SW, fearing her and believing that she brought such suffering on herself through her work. She is often talked about, ostracised and neglected.

> “A lot of times what kills patients is what people around them say. If you are well dressed they will say; ‘although she is well dressed she is sick.’ Most of the relatives we look after wouldn’t even look after us, they would just talk ill about us. In the end you would die of depression.” (25 yrs, Nakonde)
>
> “Here in Nakonde it’s not only the relatives who would laugh at you. There are times when you fall sick and you go in to hospital. By the time you are being discharged people say ‘she is sick, she won’t even last three days’. And yet you haven’t even been tested. What more if you were tested? What would they have to say? You would die of depression.” (25 yrs, Nakonde)
>
> “Before the person dies people stigmatise the person. Friends run away from you. People don’t care about you. You end up dying of depression.” (22 yrs, Livingstone)
>
> “When you have AIDS people don’t care about you. They think you did things deliberately.” (23 yrs, Livingstone)
>
> “[People say] you got what you deserved” (29 yrs, Livingstone)
>
> “[People say] you reaped what you sowed” (30 yrs, Livingstone)
>
> “They would become scared of you. They would say you are about to die.” (17 yrs, Livingstone)

> "They are treated badly. If it were possible they would bury you alive. People don't even want to touch what you have touched." (32 yrs Kapiri Mposhi)

Despite this stigmatisation that a known or suspected seropositive SW suffers, often at the hands of her own family, it is still a SW's relatives who are expected, and often do, take care of her when she is sick and dying. As mentioned earlier, if she is far away from home, a sick SW may still return home with the assistance of her SW friends. If she is too ill to return home, has no family or her family has disowned her, her close friends will try to look after her. Medical staff in hospital also look after sick and dying SWs. Thus, there is no pattern; many sick SWs go home to die and just as many stay at the site. It depends very much on their family relationships and situations. Family members are expected to bury a dead SW relative and pay the costs, but if there are no relatives fellow SWs, sometimes with the assistance of compound chairmen, church and community members, will arrange and pay for her burial. Many SWs are left to be buried by prisoners.

> "You have to take the diarrhoea to your mother because your friends can't clean you every day." (17 yrs, Nakonde)
>
> "The hospital [takes care of terminally ill SWs] and also relatives but there is a difference. Relatives don't take very good care of the patients." (34 yrs, Kapiri Mposhi)
>
> "and also World Vision if they know there is no one to take care of them." (35 yrs, Kapiri Mposhi)
>
> "If you don't have anywhere to go you stay here" (32 yrs, Kapiri Mposhi)
>
> "If [terminally ill SWs] have a village to go home to they go back, but if one has nowhere to go the friends she used to get along with assist her. …If one has a friend, the friend can take care of her until she is strong enough to look for her relatives. If she doesn't recover, you send a letter to her relatives informing them. …In Kapiri we have a Chairman. We inform him in case of illness then he finds out where she originally came from and he writes a letter. The same Chairman is the one who receives you when you first come here." (32 yrs, Kapiri Mposhi)
>
> "…your friend takes your picture and shows it to people around town, in the market, stations etc and people contribute money for your funeral." (30 yrs, Kapiri Mposhi)

THE FUTURE

At the end of the interviews the SWs in this study were asked where they would like to see themselves in five years time and their hopes and fears for the future. Almost all the women hope that their lives will have changed, that they will have escaped sex work and be married and / or running a business. Some hope they are still alive but many feel they do not have a future. A large number of these women express a great fear of becoming ill, particularly with AIDS, and of dying. Those with children worry about leaving their children behind in poverty and with no one to look after them.

"I hope by then I will be doing some business and looking after myself." (25 yrs, Livingstone)

"I would like to get married and have a business" (19 yrs, Kapiri Mposhi)

"If I am still in this job I will probably have died from AIDS." (20 yrs, Kapiri Mposhi)

"I don't think of anything. What can I do since I didn't complete school? When I was at school I used to plan but now what can I do?" (25 yrs, Nakonde)

"I have no future." (22 yrs Livingstone)

"We have no future and we won't find anything but regret in the future." (21 yrs, Livingstone)

"What really scares me is not knowing whether I am sick or not. I am scared of…AIDS." (25 yrs, Nakonde)

"I am scared I might die and leave my children suffering." (20 yrs, Kapiri Mposhi)

"Maybe a good Samaritan would give me a large amount of money [to start a business]." (21 yrs Nakonde)

All of these women want a better life for their children. They speak of wanting their children to be educated, living comfortable lives and working in good jobs. They want them to be happy, married, respecting and looking after themselves. Few want their children to be aware of how their mother earns her living and all do not want them to become SWs themselves.

"I would tell her not to do the things that I did" (25 yrs, Nakonde)

"I never even like them to come home for holidays. It's so embarrassing. You can't explain anything to them. …I would like them to be educated, to work and live a good life. I wouldn't like them to be like me." (35 yrs, Kapiri Mposhi)

> "If you are a SW there is nothing you can tell your child because they will not obey you. That is why I have left home, so my children don't see what I do." (20 yrs, Kapiri Mposhi)

On being asked what advice they give to women entering sex work for the first time a great many of the SWs in the study argue it is difficult to tell new SWs anything as it would be hypocritical to do so. Moreover, they complain that the new SWs would respond rudely and cheekily. Of the SWs that do give advice to the newcomers, they encourage them to use condoms and advise them what to charge (out of fear of being priced out of the market themselves). A few claim they tell the young SWs about HIV / AIDS and try and advise them to stop sex work.

> "This grandmother, what can she tell me?" (31 yrs, Nakonde)
>
> "I would tell her to be strong." (22 yrs, Livingstone)
>
> "I don't tell [the new SWs] anything because you can see that she is suffering the same way as I am. I just work with them." (34 yrs, Kapiri Mposhi)
>
> "I [want] to tell them that sex work is bad, there are a lot of illnesses and they cause death. Since you are still young be patient and wait. Maybe you will get married or you will be educated. So please respect yourselves. There are a lot of girls who have died." (38 yrs, Kapiri Mposhi)

A couple of SWs ended their interviews with some advice for the CBI programme:

> "I would like them [CBI] to pick up some of the SWs to make them join in the group work. I would like them to include us in their work and pay us to keep busy. They can employ us as peer educators." She also wanted the interviewer to "…sort of counsel SWs because some are worried that they are HIV+ and they don't know where to go or what to do. If you could advise them on what to do." (21 yrs, Livingstone)
>
> "I would like some assistance to help me stop this work. We don't go to the bars because we enjoy it, but it is because of suffering. If there was another way most of us would not do this work. It would even reduce on STIs and HIV/AIDS infections…if we could have some means of starting businesses or other jobs to assist us." 34 yrs, Kapiri Mposhi)

SECTION 3 – DISCUSSION AND FINDINGS

According to the SWs in this assessment there is much similarity across the sites and the ages of SWs interviewed, particularly in the experiences that lead women to adopt sex work and in how they perceive their work. However, neither the SWs nor the sites are homogenous. It is important to remember that SWs do not live in a vacuum; they are members of a wider community. Sex work is diverse, both in terms of behaviours and identities. SWs are also mothers, daughters, friends, lovers and so on and their clients come from a cross-section of the population. The sex trade, and the health and well being of SWs, cannot be divorced from its social context. The HIV epidemic is shaped by many factors, social, cultural, economic and political, and these factors limit the degree to which an individual is able to change his/her behaviour. Interventions regarding behaviour change of SWs must take into account lived realities, the experience and perception of sex work and of HIV/AIDS, and take place within the context of extensive social change.

There are a myriad of inter-related factors at play with regard to a SW's HIV-related risk behaviour and this discussion will first examine some of these factors.

ANALYSIS: The social-cultural context of sex work and HIV/AIDS in Zambia

Issues of poverty and gender

Sex work and multiple partner relationships are complex and take on various different forms. Women of all age groups and across many societies face unequal gender and power relations and their limited economic options and relative powerlessness force many of them into exchanging sex in order to cope with situations of poverty and hardship. As a direct consequence of economic crisis 'multiple partner strategies' are seen as necessary to support poor households, but in the midst of HIV / AIDS many women's survival strategies have become death strategies[21]. Men who travel a lot or live away from home are especially likely to have multiple sexual partners, particularly if this is seen by society as normative male behaviour. The SWs interviewed for this study are mainly in sex work due to poverty, their economic survival is a daily, ongoing struggle. When asked why they became involved in sex work the common refrain from these SWs was "*I was suffering*". The majority started sex work in their teens, often due to parental death or divorce which forced them to drop out of school and support themselves and their siblings. Widowhood, divorce or spousal abandonment pushed many of the older SWs into sex work. Lack of skills and education make it difficult for these women to find alternative employment.

[21] Schoepf: 57

Consequently, supporting themselves and their children / siblings is prioritised significantly higher than ensuring condom use with all clients. As we know, the risk of HIV infection is greater the more sexual partners a person has and these "risky individual behaviours…are rooted in the structure of underdevelopment and patriarchy"[22], that is to say poverty and unequal gender relations.

Zambia suffers the patriarchal legacy of colonialism with significant gender inequality and inequity. Zambian society is male dominated with women marginalized, relegated to the private sphere and lauded only in the morally superior roles of wife and mother. Childbearing begins early in Zambia with most women (60-70%) becoming mothers before the age of twenty[23]. More than two thirds of the SWs interviewed in this study have at least one child and the majority want (more) children if / when they marry. Early childbearing severely limits a woman's ability to pursue educational and job opportunities.

The few income opportunities available for women in Zambia force them to be largely dependent on men economically and marriage is still the key to a woman's economic survival - half of the women in Zambia will have married before they are 18[24]. At least a third of the SWs in this study have been married at some point (although none were currently married) and one of the main motivations for selling sex, alongside making money, is to find a husband. "*I want to find a steady man*" or "*I want to find a man to marry me and support me*" were recurring phrases from the SWs interviewed. Moreover, getting married is seen as an escape route out of sex work and to acquiring respectability. A 32-year-old SW in Kapiri Mposhi who stated she wanted to get married because "*there is a lot of respect if a person is married*" symbolizes the SWs' desire for social acceptance. Societal norms in Zambia dictate that a woman's role in society is one of wife and mother and being married and a mother assures a Zambian woman a secure social and economic status. The inability to find a man to marry and / or experiencing divorce, widowhood or abandonment is both financially and psychologically disastrous for many women, due to their economic dependence on men and their failure to meet society's expectations. The following quote from a 21 year old SW in Livingstone highlights the feelings of low self-esteem and powerlessness fostered by the failure to find a man to marry or one's inability to keep a man: "*Sometimes I feel very cheap. I think what is wrong with me? Why can't I find a man to marry me or be my permanent boyfriend?*" The SWs studied place great importance on marriage, both in terms of their economic security and desire for social respectability.

Condom use: issues of masculinity, femininity and 'trust'.

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[22] ibid: 59
[23] Zambia Demographic and Health Survey (ZDHS) 2001-2002
[24] Document DP/FPA/ZMB/5, point 10

Societal attitudes influence a SW's behaviour with regard to safe sex. Even though the vast majority of SWs in this study consider condoms as '*tools of the trade*' and use them regularly, around two in five have unprotected sex with their permanent and regular boyfriends. Additionally, many will go '*live*' if forced to, psychologically, financially or physically, by a client. "*He overpowered me and in the end I gave in*", claimed a 21-year-old SW in Livingstone when describing how she was once forced to have unprotected sex against her will. The SWs told stories of being tricked by partners in to having unsafe sex, complaining that men pretend to wear condoms, pierce them, or take them off during sex. A SW in Kapiri Mposhi, age 22, described being raped by her regular boyfriend when she had fallen into a drunken sleep and stated that her boyfriend proudly declared, "*you always refuse to have unprotected sex, this time I have done it*'.

Unequal gender relations in Zambian society allow men undue influence in decision-making, particularly with regard important issues (this was highlighted in the 2001/2 ZDHS). These gender dynamics in Zambia negatively affect a SW's ability to negotiate condom use. Most of the SWs interviewed became SWs when they were teenagers and, as this assessment also reveals, clients prefer young SWs. Other studies have found that HIV infection is considerably higher in young women than in young men of the same age. Indeed, the ZDHS 2001/2 revealed that infection rates among women in Zambia are significantly higher than those among men until after the peak age of infection for women, which is 30-34 years. The reason for this may be partly physiological but in addition young girls who have relations with older men are more vulnerable to HIV infection. These men may be more likely to be infected and the power imbalance in these intergenerational relationships makes it more difficult for a SW to negotiate the use of condoms.

Women's subordination is legitimated and reinforced by "ideologies of masculinity and femininity which make it seem 'natural' that men should have the upper hand when it comes to …expressing their sexual desires and satisfying their sexual needs"[25]. Due to a woman's subordinate position in Zambian society it could be argued that women have little control over their ability to insist on condom use or to abandon partnerships that put them at risk. A SW's reliance on individual clients economically and the hope that she will marry one of her clients, make it financially and emotionally difficult for her to risk losing relationships through insisting on condom use.

Challenging and transforming stereotypical notions of gender roles and male and female sexuality would help in the reduction of HIV transmission, as well as of HIV-related stigma. There are many definitions of masculinity in different cultures but "greater freedom, power and control characterize

[25] Rivers et al

male sexuality across a wide spectrum of different cultures"[26]. The dominant masculinity, or 'hegemonic masculinity', in many patriarchal societies including Zambia, is one where men are expected to be aggressive risk takers with uncontrollable sexual desires and multiple sexual partners. Women on the other hand are not expected to be experienced sexually or experience sexual desire themselves and should be ready to satisfy their partners' (ideally, husbands') sexual needs.

Overall condom use is low in Zambia, particularly with a spouse, cohabiting or long-term partner, despite almost universal knowledge of HIV / AIDS and the protective properties of condoms[27]. Many of the SWs in this assessment admit that men, particularly regular / permanent boyfriends, put pressure on them not to use condoms or to stop using them after knowing each other for a while. To illustrate, a 38-year-old SW in Kapiri Mposhi claims her permanent boyfriend refuses to use a condom because "*I only have my wife and you, so if I become sick I will know that it is you who has infected me*." Condoms can be seen as an affront to masculinity and therefore men dislike using them. There are many reasons for this:

> first, if condom use is requested by a woman this allows women to define the terms of sexual engagement; second, condom use may involve men having to deprioritise their own sexual pleasure; third, for men to demonstrate a degree of control over sexual behaviour may be feminizing since male sexuality is most usually understood as uncontrollable; and finally, risk-taking in itself is considered to be typically masculine[28].

Developing emotional bonds and financial ties with regular clients and permanent boyfriends make it difficult for a SW to insist on condom use. The trust that develops in long-term relationships affects a SW's personal risk perception of contracting HIV. This trust and lack of control over her working environment constrain her safer sex practices. Negotiating the use of condoms is a difficult task, particularly for women, due to the stigma attached to condoms. This stigma is not only specific to Zambia, but has similar connotations in most societies. The SWs in this assessment revealed that it is mainly with regular and / or permanent boyfriends that they are often not using condoms and that they are hoping to marry one of these boyfriends. When pressed to explain why they agree to have unprotected sex with these partners the common answer was unanimously "*we trust one another*". Sex is socialised, particularly for women, to be associated with love, trust and long-term relationships. Condoms are associated with the accusation or admittance of infidelity, casual sex and prostitution and therefore the suggestion of condom use with a regular / permanent partner is both contrary to this ideal and a threat to the basis of trust on which this idealised image of long-term

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[26] ibid
[27] ZDHS 2001-2002
[28] Rivers *et al*

relationships and / or marriage is founded[29]. Additionally, the perceived interrelationship of HIV/AIDS, condoms and prostitution can result in the assumption that a woman wanting to use condoms believes her partner is seropositive or that she herself is infected.

Self-efficacy

In order to prevent HIV infection people must have influence over their own behaviour and their social environment. Thus, one must possess a sense of self-efficacy: a belief in one's capability to control the outcome of one's actions rather than such outcomes being dependent on fate or luck[30]. Perceived self-efficacy for a SW can be seen as the belief in her ability to negotiate condom use with *all* sexual partners and / or to escape sex work. Interventions focussing on raising awareness on how HIV is transmitted and how to protect oneself and others from infection will not necessarily lead to behaviour change. Some people are more able to receive knowledge and act on it than others. Protecting oneself from HIV and STIs through the use of condoms, requires a SW to exercise control over the behaviour of men, she requires partner cooperation. As we have already discussed many partners do not cooperate.

In addition, the economic circumstances that thrust many women into sex work also make it difficult for women to leave the profession. The vast majority of the SWs interviewed *do* want to leave sex work and many hope to make enough money to set up a business. The inability to save or earn enough money prevents them from doing this. Others claim, "*I can't do anything else*" when justifying why they have not given up sex work, despite wanting to. In face of economic dependence, along with normative notions of male masculinity, female compliance, meanings around condom use and the threat of violence, it is extremely difficult for a SW to exert personal control over condom use. Male resistance and social pressures are significant constraints to putting knowledge into practice. Some SWs in this study talk of wearing female condoms when clients refuse to use a male condom, although many claim that female condoms are not widely available and are expensive (and quite a few have never even seen one!). The use of female condoms may increase a SW's self-efficacy in the short-term, as they can be used without the client's knowledge and consent, but the balance of power in sexual and gender relations remains unchallenged.

Stigma

The SWs interviewed complain of suffering stigma and abuse routinely because of their work. They experience violence, insults and name-calling, and feel they are treated more like "*wild animals"* than

[29] Orza
[30] Bandura, 1991

human beings. Social stigma in Zambia is a major social, health and economic challenge, as indicated in the 2001/2 ZDHS. HIV-infected SWs are stigmatised and often ostracised by friends and family. This stigmatisation, coupled with the lack of options to escape sex work, fosters low self-esteem among many SWs. A 25-year-old SW in Nakonde expressed the common belief amongst the SW community that "*a lot of times what kills [AIDS] patients is what people around them say. …In the end you would die of depression*".

Society's view of what constitutes 'normal' female sexuality and male sexuality help construct this process of stigmatisation of sex workers and of HIV infected individuals. Sex workers, and other groups such as migrants and truck drivers, are stigmatised due to the interrelationship between HIV/AIDS-related stigma and the social norms, attitudes, and power dynamics that underpin gender relations. The SWs themselves betray their internalisation of the social concept of femininity. When asked if it would be difficult to escape the negative reputation they have as SWs if they left the trade, their responses reveal society's view of what it means to be a 'good' Zambian woman. They maintain that people would be able to see they had changed because they would "*have only one man*", "*stay home at night*", "*stop drinking beer*", "*start going to church*" and "*dress respectably*". A 'bad' Zambian woman obviously does the opposite. In settings where heterosexual transmission is significant, the spread of HIV infection has been associated with female sexual behaviour that is not consistent with gender norms. For example,

> prostitution is widely perceived as non-normative female behaviour, and female sex workers are often identified as "vectors" of infection who put at risk their clients and their clients' sexual partners. Equally, in many settings, men are blamed for heterosexual transmission, because of assumptions about male sexual behaviour, such as men's preference or need for multiple sexual partners[31].

Hence, HIV/AIDS is stigmatised as a disease that affects 'others', particularly those who are already stigmatised and marginalized due to their sexual behaviour and / or gender, for example. This stigmatising of HIV / AIDS as a disease that affects 'them' not 'us' is also reflected in interventions that target certain 'high-risk' groups, such as sex workers or truck drivers. This separation of 'high risk' groups from the 'general population' reinforces the false, and potentially dangerous, notion that the 'general population' is 'safe' and does not have to address its own risky behaviour. Singling out SWs takes us away from the concept of HIV / AIDS as a community problem.

[31] Parker *et al*: 2

VCT and Support Networks

According to SWs in this study it appears VCT would generate behaviour change. The majority of these women expressed their desire to be tested and to know their results. It can be inferred from many of the comments made by the SWs interviewed that knowing one's status imparts a sense of control over one's life and therefore increases self-efficacy. This response from a 49-year-old SW in Livingstone suggests that knowing her HIV status puts a SW in a position to make decisions: "*I will know what to do when I know my status.*" In contrast, the small number of SWs who do not want to be tested, want to remain in denial. These women felt that they could not deal with the possibility of being HIV-positive and having the test would make them worry, get depressed and even commit suicide.

The responses of the majority of the SWs interviewed also suggest that both positive and negative results would initiate behaviour change. Many of these women claim they would stop sex work or reduce on the number of sexual partners and insist on 100% condom use whether they tested positive or negative. Some SWs did admit, however, that the problem of the lack of a viable alternative to sex work remains, as does the difficulty in insisting on condom use for all the reasons already discussed. Therefore, it is difficult to say for certain whether all these women would change their behaviour once they know their status unless these other constraints are removed.

For approximately a quarter of the SWs in this study an HIV-positive result would lead to feelings of fatalism, powerlessness, fear and despair. "*I am already dead*" and "*I would commit suicide*" were common declarations from many of these SWs. Some women said they would want to take revenge and spread the virus if they found out they were seropositive, as highlighted by a SW in Kapiri Mposhi who said, "*I would also spread the virus because someone infected me. I would like revenge so that they feel how I feel".* It is important to note that although this SW was 32 years old the reactions of revenge were mainly proposed by the younger SWs, particularly the 15-19 year-olds. The older women over 25 years usually mentioned stopping or reducing sex work as their reaction to an HIV-positive result.

It would appear then, from the results of this study, that VCT is an important strategy in HIV/AIDS prevention. Knowing one's HIV status may be empowering and could have a positive impact on behaviour change. However, in order for VCT to be effective the powerlessness and low self-esteem felt by SWs need to be dealt with. The SWs interviewed use denial, fatalism, fear and anger as various coping strategies and therefore indicate an internalisation of powerlessness. Border areas

often lack community safety nets and / or traditional support structures, particularly if large numbers of the community are mobile.
Therefore, initiatives which strengthen and foster the already-existing support networks for SWs and that combat the stigma surrounding SWs living with HIV / AIDS are necessary. In order to accept one's status and make the transition into 'living positively', ongoing emotional and psychological support is necessary beyond what VCT services can provide and building on a SWs personal support network will facilitate this process. The majority of these SWs talk of certain family members and fellow SWs as being the bedrock of their support systems and these relationships need to be strengthened and encouraged. It is important to promote unity, solidarity and the idea of competition being 'healthy' amongst the SW community. This assessment has revealed that SWs may not be as mobile as has previously been thought, therefore it should be possible to develop and strengthen interventions targeted at the SW community and appropriate to the relevant site and province. This strengthening of the SW community would increase the collective self-efficacy of SWs, as well as provide them with an important advocacy tool.

Differences and similarities between sites and ages

Livingstone and Kapiri Mposhi are large sites with a definite distinction between compound SWs and those that live in the town. SWs from the compounds frequent the shebeens, bars and nightspots in their compounds and their clients are usually locals. The SWs who live and work in the town frequent the bars and nightclubs in the town and their clients are usually visitors, men in transit. Locals are charged less than visitors, as they are seen as having less money, so compound SWs will often earn less than a SW from the town. This difference between some of the SWs is symbolised in Livingstone by the nicknames they are known by; '*village chicken*' for the compound SW and '*upper class*' for the SWs living and working in town. Both Livingstone and Kapiri Mposhi have guesthouses for SWs, which are informal brothels, situated in the compounds and in the town.

The SWs in Livingstone, particularly the young 15-19 year olds, claim low or no mobility. The majority of young women in this age group come from Livingstone or from villages nearby. The older SWs in Livingstone are slightly more mobile, travelling within the Southern Province, and / or visiting Lusaka and the Copperbelt. The older Kapiri SWs, over 25 years, are also not particularly mobile, staying mainly in their compounds in the Kapiri Mposhi area. These SWs have nearly all lived in Kapiri for a number of years and call it home. The majority of these women in Kapiri were forced into sex work through being widowed or divorced and only started sex work recently. This is in stark contrast to most of the SWs in the other sites, and to the younger SWs in Kapiri, who became sex workers when they were teenagers.

The situation in Nakonde is quite different from the other two sites. It is a small town, quite rural and isolated, with an extremely 'porous' border; it is very easy to move to and from Tunduma, in Tanzania, and indeed many of the establishments frequented by the SWs interviewed in Nakonde, and their clients, are in Tunduma. Nakonde has a high level of young, mobile SWs who are not from Nakonde, although they are usually from the Northern province. These young SWs often live together in 'guesthouses' during their stay, or whilst looking for alternative accommodation. These young women move around regularly, usually from town to town in the Northern province and sometimes to Lusaka and towns in the Copperbelt. High competition force many SWs to look for better opportunities and SWs will move on once they become known. SWs often move with their clients, and many SWs interviewed claim they have regular / permanent boyfriends who are truck drivers.

According to the SWs in this study, young SWs suffer a lot of abuse, from both clients and other SWs, and this abuse is seen as a necessary, unavoidable rite of passage. As discussed in the analysis the power imbalance in cross-generational relationships makes it difficult for a young SW to negotiate safe sex. Despite this abuse, the 15-19 year-olds in both Nakonde and Kapiri Mposhi were lively and cheerful in their discussions, appearing to view their lives as an adventure, and many professed to being proud of themselves and what they do for a living. For many of the young SWs of this age interviewed in Nakonde, even the topic of HIV / AIDS did not lessen their cheerfulness. This was a marked exception to all the other SWs interviewed who were visibly saddened and affected by this topic matter. Many of the Livingstone SWs aged 15-24 were markedly less spirited than their counterparts in the other sites. They appeared more subdued in their discussions, particularly when talking about issues of self-esteem. The older SWs in both Nakonde and Kapiri Mposhi obviously disliked their work and were doing it out of necessity. The older SWs in all the sites are generally more experienced and are skilled at charging a client and negotiating condom use. Some of these SWs claim they try to educate the younger, less experienced women on how to protect themselves from STIs and HIV infection, as well as how to charge. However, the longer a SW stays in the trade, the harder and more resilient she becomes and the more difficult she finds it to escape sex work. "*I can't do anything else*" is a common sentiment from these women.

SECTION 4 – CONCLUSION

The majority of SWs in this study want to leave sex work and / or use condoms with their sexual partners. The routine abuse, violence, stigma and contraction of STIs experienced by most SWs foster low self-esteem and self worth. Fatalism and a feeling of inevitability that violence, contracting HIV and dying from AIDS are integral to every SW's life, is strongly manifested by the SWs in this assessment. This is apparent when discussing the possibility of testing HIV-positive and many SWs declared, "*there is nothing I can do*" or "*I am already dead*". Such internalisation of powerlessness promotes low self-esteem and, when coupled with a lack of alternative employment options and opportunities, contributes to a lack of self-efficacy among these SWs; they feel unable to escape sex work or insist on condom use with every sexual partner.

Structural and social inequalities present in Zambian society place powerful constraints on an individual's ability to adopt and practice healthy behaviour. SWs in this study possess a high personal risk perception of contracting STIs and HIV as part of their work. Consequently, almost all the women interviewed said they use condoms at least some of the time and would prefer to use them all the time if they could. However, HIV is never the only risk that an individual SW is faced with and their risky behaviour may be shaped by other dangers present in their lives. Challenging and transforming societal norms and attitudes, and sexual and gender socialisation, as well as balancing structural inequalities, is necessary for behaviour change, the reduction of HIV-related stigma and the amelioration of survival rates.

As already stated, SWs and the various communities in which they live and work are not homogenous and therefore multiple approaches and interventions to combat HIV/AIDS are needed. Identifying the social context of the HIV epidemic and ensuring the involvement of all members of the community will facilitate the development of more appropriate interventions. Any behaviour change intervention must take place within a framework of broader social change that includes tackling poverty and gender inequality. Income generating activities (IGAs) may provide alternative incomes but will not necessarily prevent women from engaging in unprotected sex and therefore IGAs should be introduced alongside initiatives that empower women with the skills to negotiate for safer sex. As many SWs start sex work at a young age traditional counsellors, girl child initiators and schools have a critical part to play in ensuring that young girls have such skills. To ensure that interventions are appropriate the involvement of the SWs themselves, as well as bouncers and guesthouse staff,

amongst others, is critical. Moreover, strategies that aim to increase condom use with permanent sex partners are also needed.

Prevention interventions need to increase their focus on men, targeting programmes at men and tailoring them according to different men's needs. Leaders in the community and society as a whole, including religious leaders and traditional healers, need to be encouraged as role models to change their own behaviour. Programmes focusing on men should challenge and change hegemonic definitions of masculinity and open up safe spaces to talk seriously about sexual issues, encouraging men to understand and eventually change their own behaviour.

The following recommendations are separated into two sections. The first section focuses on addressing the more practical needs of SWs in the shorter term. The second takes a longer-term and broader perspective in reducing the vulnerability of SWs to HIV infection, as well as to stigma and abuse, by addressing the conditions surrounding sex work, including economic and gender issues. It is not suggested that the project undertake every initiative alone, but instead pursue linkages with other appropriate organisations, both locally and nationally.

Short- and mid- term recommendations:

- Share findings of this assessment with SWs. SWs should be involved in the design, planning and implementation of further interventions.

- Socially market lubricant along with condoms to raise awareness on the necessity of lubrication in reducing irritations and rashes resulting from condom use, as well as limiting the possibility of condoms splitting.

- Expand the social marketing of female condoms to make them more widely available. Ensure accurate instruction on correct insertion and usage, with ongoing support if necessary, as female condoms are initially difficult to insert and to get used to and require practice. Train SWs to give instruction and support to other SWs.

- Eroticise condom use in peer education activities and the social marketing of condoms in order to break down the stigma surrounding condom use. This could include expanding socially marketed condoms to include those that are flavoured, coloured, ribbed etc. to make them more 'fun'.

- Reduce financial dependency on sexual partners and increase self-esteem through the provision of support, training and services geared towards SWs (and sensitive to the stigma that SWs experience) and the creation of alternative sources of income. Initiatives need not be undertaken by the project alone, but instead **linkages** with other organisations should be pursued. Such initiatives could include:

    - ✓ Income generation activities / schemes
    - ✓ Livelihood strategies and skills building – including banking skills, literacy, computer and vocational training
    - ✓ Savings and loans programmes
    - ✓ Support services for children of SWs

- Foster unity amongst SWs by educating them on the strength of being together as a group to safeguard their own community. Such solidarity will increase the collective self-efficacy of SWs to complain about abuses (including by police), to protect themselves from STIs and HIV and to reduce the risk of violence. Promote cooperatives of SWs to invest their money together, set up small businesses together and / or combine funds for alternative income generating activities. Such a programme could be a cooperative society of and for SWs that provides both economic and social assistance to SWs (including savings and loans, social marketing of lubricants and condoms and child-related programmes).

- Provide care specifically for SWs in how to reduce the psychological and socio-economic impact of the high number of HIV / AIDS cases amongst their population.

- Provide VCT services, which are linked to community organisations, in order for SWs to learn and accept their HIV status. Ongoing emotional support and counselling for SWs living with HIV should be available to help prevent reinfection and provide support for those SWs doing sex work whilst HIV+. Provision of ongoing emotional support and medical care could include spiritual services, traditional medical practices and support groups, particularly self-support groups, which also involve clients. Such support should also be extended to family and friends. Counsellors need to be sensitive to the problems of stigma associated with sex work and the pressures / issues specific to sex work. They need to be aware that stopping all risk behaviours reduces a SW's ability to earn a living.

- Initiate stigma-reducing activities to challenge stigma surrounding both HIV / AIDS and sex work in order to reduce the stigma that SWs and people living with HIV / AIDS experience, as well as weaken the reluctance to be tested and / or inform personal support networks of one's HIV status.

Longer-term recommendations:

- Expand peer education activities to the wider community using a plurality of messages to challenge social norms, particularly regarding gender, violence against women, death and HIV / AIDS. A training programme such as '*Stepping Stones'* builds awareness at community level, challenges social norms and encourages behaviour change. The involvement of diverse societal organisations is recommended, including religious groups, traditional leaders, NGOs and women, youth and community organisations. It is important to **include men** in order for them to challenge their own ideas, attitudes, expectations, identities and practices.

- Advocate and lobby at local, district and national levels for the rights of SWs. The legalisation of sex work would allow greater organisation among SWs themselves and would also ensure the right to healthy and safe working conditions. Police harassment is common and SWs are often arrested. The lack of legal protection and the stigma associated with SW allows violence and abuse of SWs to be commonplace. Therefore mechanisms need to be developed to reduce punitive measures taken against SWs.

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APPENDICES

Appendix 1: Topic Areas for Assessment (as written in Terms of Reference)

- The following include some of the topics, which should be addressed during the assessment (not in any particular order)
- Life before becoming a SW—what were they doing, what were their dreams as a child
- Decision to become a SW—what were the circumstances, her expectations at the time, recount first sexual encounter as FSW
- Relationship with family—past and present
- Social networks—what are they, how do they function, who do they turn to for emotional support
- Structure of sub-culture—what kinds of levels? How do you move from one to another? What level do you strive to become? What happens to a woman at the lowest level? How do they feel about women in other levels?
- Experiences when first entering the trade—who shows the ropes—how much of a dominant relationship is it, what kind of abuse did she experience
- What are the current support networks? (who helps with children, rent, food, emotional support etc.)
- Relationship with other FSWs—when is it good, what causes problems, is it one primarily of competition
- Relationship with Queen Mother—issue of dominance, how do the women feel about giving her money, is the exchange of money viewed as fair (i.e. protection in exchange for payment)
- Issues around HIV—how do the women feel about HIV infection, how many friends have died, how has the death rate impacted their lives, do the women think about infection or is there a sense of denial related to the high risk
- Issues around VCT—do women want to know their status, why and why not, under what circumstances would women want to know their status, how do they think they might react (increased risky behaviour?), who would they tell if they learned they were positive, if they learned they were negative how might it impact their lives

- Issues around serious illness—when FSWs are hospitalised, who takes care of them? Where do they go for treatment? What types of illness do they see amongst FSWs? How do they feel about going to formal health centres? Do they believe the services at the health centre are for ''people like them?'' Where do terminally ill FSWs go (back to the village, stay at the site, etc? Why?
- Issues around death--Who helps with funeral costs when there is a burial? Do most FSWs die at the site or at their homes/villages?
- Issues around mobility—how much time do they spend in the current site? How much do they move around the country? Go outside the country? Region? Continent? What inter- Zambia sites do the women frequent?
- Issues around alternative income activities and impact on sex work—what kinds of women want to get out of the trade (young, old, successful, unsuccessful, etc), do the women believe they can actually get out of the trade or feel that the reputation will follow wherever they go? Would a regular modest income help guarantee condom use?
- Issue of future generation: what do they tell their children? What do they want for their children? What do they tell the new generation of FSWs?
- Sense of self-confidence, self worth—how much self confidence and self-worth do women have, what makes them feel good about themselves, what makes them feel bad about themselves, how do they feel about themselves when they are working
- Level of substance abuse? Why, what and how does that impair judgment for condom use?
- Relationship with clients—what is the opinion about their clients (respect, indifference, loathing), what is their attitude about sex in general, under what circumstances do they really use condoms; What do the women think the clients think of them (respect, disrespect)
- Attitude towards future—greatest hope, greatest fear, how do they feel about relationships with men

Appendix 2: Discussion Guide

INTRODUCTION

Before we begin, which language would you all feel more comfortable using?

Good morning/afternoon/evening. My name is …………….. and this is ……………… and we are here on behalf of FHI, World Vision and SFH. In order to assist FHI, World Vision and SFH to design programmes that will better help you we have asked you here to discuss some issues regarding your work. Our discussion should last about two hours. We will have lunch here together. **Would you prefer to have lunch half way though or at the end of the session?**

I will be helping to guide the discussion and make sure everybody has a chance to speak. Please remember that you are the experts and that we are here to learn from you. Please don't tell us what you think we might want to hear. Tell us your views, whatever they are. Whatever you say will be confidential and used only for the purposes I have mentioned. Names will not be referred to in the report. I would like to request your permission to use the tape recorder to record our discussion. This is purely to help me recall our discussion for reporting purposes and will not be shared in any way with unauthorized persons.

Let us begin by introducing ourselves. This is purely for courtesy so that we refer to each other by name. You do not have to give your real name if you don't want to, but please remember what name you introduce yourself as.

Now that we have introduced ourselves, let me explain the ground rules. They are very simple. Please don't interrupt anyone and try and give everyone a chance to speak. Are there any other rules we would like to add?

1. GENERAL – PRE-SEX WORK; RELATIONSHIPS & SOCIAL NETWORKS

General

To get us started let each one of us say a bit about ourselves

Probe for the following information:

i. Ages?
ii. Where do they come from originally?
iii. Have they always lived here?
iv. How long lived here?
v. Do they live anywhere else?
vi. Who do you live with?
vii. Do you have any children?
viii. Religious denomination?
ix. Level of education?

Move on to life before becoming a sex worker – probe for the following information:

x. What were their dreams as children?
xi. What did they hope to be?
xii. What work have they done previously, if any?
xiii. When did they move to this site? Why?

Move on to relationships with family – probe for the following information:

How would you describe your relationship with your…

xiv. parents? As a child? Now?
xv. siblings? When young? Now?
xvi. extended family? When young? Now?
xvii. How many are married/living with partner? How long for? How is the relationship? His feelings about sex work? Is he involved in the sex trade (***i.e. 'pimping'***)?

2. LIFE AS A SEX WORKER

Now let us move on to your lives and work at present

Find out about their decision to become a sex worker – probe for the following information:

i. What were the circumstances?
ii. How old were they?
iii. Their expectations at the time?
iv. Who influenced their decision to become a sex worker?
v. Did they consult anyone (i.e. friends or relatives)? If so, what did they say?
vi. Their definition of sex work – sex in exchange for money only? Or in exchange for gifts, food, rent etc?
vii. Why do sex work?

Move on to their experiences when first entering the trade – probe for the following information:

xviii. Recount first sexual encounter as FSW
xix. Who shows the ropes?
xx. How much of a dominant relationship is it?
xxi. What kind of abuse have they experienced? On first entering trade and since?

Move on to their social and support networks – probe for the following information:

Do you have any social networks?

xxii. What are they? –Family? Church? Other FSWs?
xxiii. How do these networks function?
xxiv. Do they own house or rent?
xxv. Who do they turn to for emotional support?
xxvi. Who do they turn to for financial support?
xxvii. Who helps with children, rent, food, emotional support etc?

Find out about their feelings about themselves and their job – probe for the following information:

How do you feel about yourselves when you are working?

xxviii. Do they accept their situation?
xxix. How much self-confidence and self-worth do they have?
xxx. What makes them feel good about themselves?
xxxi. What makes them feel bad about themselves?
xxxii. Do they consider what they do as work?
xxxiii. Do they want to change?
xxxiv. How are they treated by other people (non-sex workers)?
xxxv. Do family members know what they do for a living? What do they say about their work?

3. ECONOMIC ISSUES

Lets move on.

Probe for information regarding mobility:

i. How much time do they spend in the current site?
ii. How much do they move around the country?
iii. Go outside the country? Region? Continent?
iv. What inter- Zambia sites do the women frequent?

Then move on to information on economic issues, alternative income activities and impact on sex work:

v. How much do the women make per day/week/month as sex workers?
vi. Main source of income or supplementary?
vii. What other economic activities are they engaged in?
viii. Full-time or part-time? Seasonal?
ix. Does anyone supplement their income? How? – ***Probe for gifts/rent/groceries etc.***
x. Are the women currently supporting others? (i.e. parents, siblings etc.)
xi. What kinds of women want to get out of the trade (young, old, successful, unsuccessful, etc)?
xii. Does anyone want to get out of the trade? If so, why? What else do they want to do?
xiii. If not, why not? What do they like about their work?
xiv. Is there anything they would like to change about their job?
xv. Do the women believe they can actually get out of the trade or feel that the reputation will follow wherever they go?
xvi. Would a regular modest income help guarantee condom use?

4. SEX WORKER SUB-CULTURE AND RELATIONSHIPS

Lets talk now about the structure of the sex worker community

Find out about the structure of the sub-culture – probe for the following information:

i. What is the hierarchical system?
ii. How do you move from one level to another?
iii. What level do they strive to become?
iv. Why? What are the benefits for moving from one level to another?
v. What happens to a woman at the lowest level?
vi. Can you live outside this system? How? Or Why not?
vii. How do they feel about women in other levels?

Move on to issue of resident status and relationship with the Queen Mother – probe for the following information:

viii. Are there formal brothels running?
ix. Is there a 'pimp' style arrangement with the landlord?
x. Does resident status influence behaviour (condom use etc)?
xi. How many have 'Queen Mothers'?
xii. What does the QM do for them?
xiii. What is given in return? Money?
xiv. How do the women feel about giving her money?
xv. Is the exchange of money viewed as fair (i.e. protection in exchange for payment)?
xvi. Is this relationship useful or forced on them?

Move on to relationships between female sex workers – probe for the following information:

xvii. When is it good?
xviii. What causes problems?
xix. Is it one primarily of competition?

5. CONDOM USE AND HIV/AIDS

Previously we were talking about your work and your relationships. I would like us to now talk about your clients/customers.

Probe for the following information:

i. Who are their clients? Mainly truck drivers? Uniformed services?
ii. Do rates differ for different clients? How does it work? Local vs migrant?
iii. What is their opinion about their clients (respect, indifference, loathing)?
iv. What is their attitude about sex in general?
v. Under what circumstances do they really use condoms?
vi. What do the women think the clients think of them (respect, disrespect)?

Find out about condom use – probe for the following information:

vii. What do they do to protect themselves against STIs and HIV?
viii. Do they know what can protect them from STIs – particularly HIV? ***Probe for suggestions – once condoms are mentioned move on to following:***
ix. Do they ever use condoms?
x. How often?
xi. With whom? Both paying and non-paying partners?
xii. If they don't use condoms sometimes why is that?

xiii. How do they feel about condoms?
xiv. Would they like to use condoms all the time if possible? Why? Why not?
xv. How easy is it to negotiate condom use? What problems have they faced?
xvi. Has the education they have received through SFH on negotiating safe sex been helpful?
xvii. Are there certain clients/partners who never want to use a condom? Why is that?
xviii. Have clients or non-paying partners ever forced them (with violence or the threat of violence etc) to go without a condom?
xix. Are condoms easily available? Affordable (particularly after recent price increase)?
xx. What about the female condom – Have they heard of it? Ever used one? Do they like it? Why? Why not? Easily available? Affordable? Would they use if could?

Move on to talking about HIV/AIDS in more detail – probe for the following information:

xxi. How do the women feel about HIV infection?
xxii. Do they know anyone who has died from HIV/AIDS?
xxiii. How has the death rate impacted their lives?
xxiv. Do the women think about infection?
xxv. Is there a sense of denial related to the high risk?

Move on to VCT – probe for the following information:

xxxvi. Have they ever heard of testing for HIV?
xxxvii. Do women want to know their status?
xxxviii. Why/why not?
xxxix. Does what society/family/friends/clients etc think about HIV and people with HIV influence whether they want to know their status?
xl. Under what circumstances *would* women want to know their status?
xli. How do they think they might react (increased risky behaviour?)?
xlii. Who would they tell if they learned they were positive?
xliii. Who would they not tell? Why?
xliv. If they learned they were negative how might it impact their lives?
xlv. Are HIV positive sex workers treated any differently than HIV negative sex workers? By society in general? Health care workers? Family and friends? Other FSWs?

6. FURTHER HEALTH ISSSUES

Move on to other health issues – probe for information on their reproductive health:

i. Do they want to have children?
ii. If so, under what circumstances? And with whom?
iii. What methods do they use to prevent pregnancy?
iv. How many have had pregnancies terminated?

Probe for information on level of substance abuse:

v. Do many of them take drugs or alcohol?
vi. Why?
vii. What?
viii. How often?
ix. How does that impair judgment for condom use?

Move on to issues around serious illness – probe for the following information:

x. When FSWs are sick or hospitalised, who takes care of them?
xi. Where do they go for treatment?
xii. What types of illness do they see amongst FSWs?
xiii. How do they feel about going to formal health centres?
xiv. Do they believe the services at the health centre are for "people like them"?
xv. What is the role and influence of the traditional healers?
xvi. Where do terminally ill FSWs go (back to the village, stay at the site, etc?) and Why?

Move on to issues around death – probe for the following information as sensitively as possible:

xvii. Do they know of sex workers who have died of a terminal illness? Of HIV/AIDS?
xviii. What happened to them?
xix. Who helps with funeral costs when there is a burial?
xx. Do most FSWs die at the site or at their homes/villages?

7. THE FUTURE

We are coming to the end of our session now. With everything we have discussed in mind what are your feelings about the CBI programme?

Find out the general feeling regarding the CBI project

- Is it helping?
- Is there anything they would change?
- Do they access the facilities in Zimbabwe and South Africa (other Corridor of Hope sites) when/if they travel? Why not? Is it working?

Finally, before we finish lets look to the future.

Probe for attitudes towards the future:

i. Where would they like to be five years from now?
ii. Greatest hope?
iii. Greatest fear?
iv. How do they feel about relationships with men?
v. What do they tell their children?
vi. What do they want for their children?
vii. What do they tell the new generation of FSWs?

Are there any issues that haven't been discussed that the women would like to bring up?

Thank the women for their time and contribution. Reassure again about confidentiality. Wish them luck.