

Exploring the general health situation and risk behaviors of  
street based female sex workers in Addis Ababa, Ethiopia

By Yohannes W/Gorigis

Addis Ababa University

School of Social Work

May, 2015

Addis Ababa, Ethiopia

Exploring the general health situation and sexual risk behaviors  
of street based female sex workers in Addis Ababa, Ethiopia

By: Yohannes W/Giorgis

Addis Ababa University

Graduate School of Social Work

Research Advisor: Mesele Mengsteab (Ph.D)

A Thesis Submitted to Research and Graduate Program of Addis  
Ababa University in Partial Fulfillments of the Requirements for  
the Degree of Master of Social Work (MSW)

May, 2015

Addis Ababa

health situation and risk behaviors of street female sex workers...

Addis Ababa University  
Research and Graduate Program

Exploring general health situation and risk behaviors of street based female sex workers in Addis Ababa, Ethiopia

By Yohannes W/Giorgis Bekeru

A thesis summated to  
The School of Graduate Studies  
Addis Ababa University

Signed by the Examining Committee:

---

Advisor

---

Signature

---

External Examiner

---

Signature

---

Internal Examiner

---

Signature

health situation and risk behaviors of street female sex workers...

### **Declaration**

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all resources and materials used herein, have been duly acknowledged

Name: Yohannes W/Giorgis

Signature: \_\_\_\_\_

Place Addis Ababa University, Ethiopia

Date of Submission: May, 2015

This thesis has been submitted for examination with any approval as a University Advisors

Name: Dr Mesele Mengsteab

Signature: \_\_\_\_\_

health situation and risk behaviors of street female sex workers...

### **Acknowledgments**

I sincerely acknowledge my thesis advisor Dr Mesele Mengesteab for his advice, valuable comments and suggestions during the entire period of this study.

The study often involved asking difficult and very personal questions of street based female sex workers in Addis Ababa. I would like to extend special thanks to all street based female sex workers especially to those included in the in depth interviews and focus group discussions for their cooperation and for being most patient in discussing the difficult issues in relation to their lives.

My heartfelt thanks should extend to all persons and institutions that have in one way or another helped me to accomplish this study.

I would like to extend special thanks to my families, my friends who have always encouraged me and been my biggest support.

**Table of contents**

Declaration.....ii

Acknowledgments.....iii

List of abbreviation.....vii

List of tables.....viii

Abstract.....1

**CHAPTER ONE.....2**

1.Introduction.....2

1.1.Background.....2

1.2.Statment of the problem.....4

1.3.Significance of the study.....6

1.4.Research questions.....7

1.5.Objective of the study.....7

    1.5.1.General objectives.....8

    1.5.2.Specfic objectives .....8

1.6.Definations of terms.....8

1.7.Limitation of ethe study.....9

1.8.Organization of the study.....10

**CHAPTER TWO.....11**

2. Review of related litruture .....11

2.1.Defination of sex work .....11

2.2.General health situation of street based sex workers.....12

    2.2.1.The relationship of social and economic factors of sex workers health.....13

    2.2.2.Sexually transmitted infections.....14

    2.2.3.Social stigma and descrimination .....16

health situation and risk behaviors of street female sex workers...	
2.2.4. Sex workers gender based violence .....	17
2.2.5. Sex workers working environment.....	19
2.3. Sex workers risky behaviors.....	21
2.3.1. Unprotected sex.....	21
2.3.2. Multiple sexual partners.....	23
2.3.3. The relationship of substance use with risk behaviors.....	23
2.3.3.1. Relationship of Khat chewing with risky sexual behavior.....	24
2.3.3.2. Relationship of Alcohol use with risky sexual behaviors.....	25
2.4. Sex work in Ethiopia.....	26
2.5. Conceptual frame work.....	29
<b>CHAPTER THREE.....</b>	<b>31</b>
3. Research design.....	31
3.1. Study site.....	31
3.2. Study methods.....	32
3.3. Sample size .....	32
3.4. Method of data collection .....	33
3.5. Instrument development.....	33
3.6. Study procedure.....	34
3.7. In depth interview.....	34
3.8. Focus group discussion.....	35
3.9. Inclusion criteria.....	35
3.10. Exclusion criteria.....	36
3.11. Data Analysis.....	36
3.12. Ethical consideration.....	37
<b>CHAPTER FOUR.....</b>	<b>37</b>

health situation and risk behaviors of street female sex workers...

4.Findings.....	38
4.1.Demographic characteristics of repondants.....	38
4.2.Reason for becoming sex workers.....	40
4.3.General health situations.....	41
4.4.Overall assessment of health status.....	44
4.5.General risk behaviors.....	45
4.6.Experiaance of stigmatization and discremination.....	49
4.7.Health seeking behaviors.....	51
4.8.Experience with health care providers.....	52
4.9.Coping strategies.....	53
4.10.Summary of the result.....	54
<b>CHAPTER FIVE.....</b>	<b>55</b>
5.Discussion.....	55
<b>CHAPTER SIX.....</b>	<b>58</b>
6.Conclusion and social work implication.....	58
6.1.Conclusion.....	58
6.2.Social work implication.....	59
6.3.Practice implication.....	59
6.4.Policy implication.....	60
6.5.Research implication.....	62
6.6.Educational implication.....	62
References .....	63
Apendex I Concent form.....	72
Apendex II Interview guide .....	73
Apendex III FGDs guide.....	76



health situation and risk behaviors of street female sex workers...

**List of abbreviation**

- AIDS.....Acquired Immuno Deficiency Syndrome
- CDC..... Communicable disease control
- CSA.....Central Statistical Authority
- DHS.....Demographic and health survey
- DKT..... Daharmendra Kumar Tyagi
- EPHI..... Ethiopian Public Health Institute
- FGD..... Focus Group Discussion
- FMOH.....Federal Ministry of Health
- FHAPCO.....Federal HIV/AIDS Control and Prevention Office
- FHI .....Family Health International
- FSW..... Female Sex Workers
- IASSW.....International Association of Schools of Social Work
- IFSW.....International Federation of Social Workers
- KAP..... Knowledge, Attitude and Practice
- HAPCO..... HIV AIDS Prevention and Control Office
- HIV.....Human Immune Deficiency Virus
- NGO.....Non Governmental Organization
- OSSREA...The Organization for Social Science Research in Eastern and Southern Africa
- PSI/E ..... Population Service International/ Ethiopia
- STIs .....Sexually transmitted infections
- UNAIDS.....United Nations Program on HIV/ AIDS
- TLHE .....Timeret Lehiwot Ethiopia (local based NGO)
- WHO..... World Health Organization

health situation and risk behaviors of street female sex workers...

**List of tables**

Table 1: Demographic characteristics of interviewee respondents..... 38

Table2: Demographic characteristics of Focus Group Discussions respondents.....39

**Abstract**

*The overall aim of this thesis is to explore the health situations and risky behaviors of street based female sex workers in Addis Ababa. Street-based sex workers face different kinds of health problems. Their health problems are more severe and worse than the other classes of sex workers. I employed qualitative research method using in-depth interview and focus group discussion. The fundamental reason which leads to the selection of this particular design is the need to perform an exploratory enquiry on the general health situations and risk behaviors of street based female sex workers. Data analyses were based on the theme such as general health situations, risk behaviors, coping strategies, and health seeking behaviors. Findings showed that inconsistent use of condom due to violence, rape and non-paid partner were prevalent. Due to this most of the respondents' have the experience of unwanted pregnancy, abortion and STIs. Most of the respondents use substances and alcohol. The majority of respondents reported stigmatization and discrimination by clients, some community members and the police. To concluded most respondents reported a long list of health problems including: back pain, kidney problem, depression, headache, gastritis, swelling of the leg, STIs, anemia, fever, diarrhea, typhoid, substance use, unwanted pregnancy, abortion, physical and psychological problems were also mentioned. Among these STIs, substance use, unwanted pregnancy, abortion, physical violence and psychological problems were prevalent. Finally the implication to social work practice tried to understand the over wellbeing and experiences of street based female sex workers has been immensely important in identifying social work interest areas. These in turn call for a holistic approach in any attempt made to improve the lives of these people.*

health situation and risk behaviors of street female sex workers...

## **CHAPTER ONE**

### **1. INTRODUCTION**

#### **1.1 Background**

Sex work is globally practiced and considered as the oldest profession in the world and employing millions of women worldwide (Edlund and Korn, 2002). It has been documented in most societies throughout history, from brothels in Greece in the fourth century BC. Prostitution was also common in ancient Rome, and in the Old Testament it was accepted as a more or less necessary fact of life (Bullough & Bullough, 1993). It is the engagement of men and women in sexual intercourse for payment, mostly taking the form of financial payment, sometime other forms of payment exist (the provision of food, clothing or housing). The concept has been conceived as the explicit and direct exchange of sexual services for monetary purposes (WHO, 2013).

Intrinsically, sex work has a strong economic basis with incentives ranging from survival, drug dependency, or a desire for wealth. FHAPCO epidemiological study conducted in Ethiopia revealed that commercial sex is not limited to venue based and street-based but there are hidden categories (FHAPCO, 2008). The sex trade is considered a multi-billion dollar business that employs millions of women (Edlund & Korn, 2002) and differs greatly among populations. According to Vandepitte et al., sex work is classified as direct and indirect (Vandepitte et al., 2006). Direct sex workers are those women who classified themselves as sex workers and earn their living primarily by selling sex. On the other hand, indirect sex workers are women for whom sex work is not the first source of income, but serves as a secondary source of income. For instance, the indirect sex workers may work as waitresses, hairdressers, tailors, massage girls, street vendors, or beer promotion girls and supplement their income by selling sex on a regular

health situation and risk behaviors of street female sex workers...

basis or occasionally. These women do not consider themselves as sex workers and work outside of the known places for sex work. Sex work can include car sex, in-call or out-call escort services, long-term relational sex, and sex tours (Phrasisombath, 2012). Sex work in Ethiopia is vast, diverse and conducted openly. Sex workers operate in virtually all hotels, bars, massage parlors, brothels, and restaurants and there are street workers on most main roads of towns after sunset (Overs, 2014).

The sex industry is hierarchical with street-based sex workers being at the bottom of the hierarchy. The street-based sex workers face different kinds of work experiences and exposure, personal circumstances, and varying degrees of health problems (Weitzer, 2010). This class of sex workers is subjected to considerable risks of physical abuse, beatings and rape. The physical violence can be perpetrated by their clients, but they are also subject to harassment by various anti-social street people, including street gangs and other criminals. The health issues of street-based sex workers are more severe and worse than the other classes of sex workers.

Research with sex workers tended to concentrate on HIV/AIDS and other sexual issues rather than wider health issues. However sex work by itself has the moral and social constraints that impact the health of sex workers and these problems vary from society to society and over time (Charlotte, 2007). Social factors, including stigma and discrimination, are also important in defining the increased risk of HIV and STI found in this population (Duffy, 2005). Oppressive situations, where women feel incapable of asserting power over their environment, can reduce the likelihood of condom use while the stigma associated with being a “sex worker” can also contribute to their increased risk acquiring HIV (Alemayehu et al., 2015). If women do not have the ability to initiate safer sexual behaviors, that will be at an increased risk for contracting

health situation and risk behaviors of street female sex workers...

HIV and other sexually transmitted disease (Mooney et al, 2013). Most research has failed to differentiate between street- based sex workers and off-street sex workers. Little is known about the general health issues and background of street-based sex workers.

Street-based female sex workers are at risk of sexually transmitted infections (STIs) and other health problems. Reducing risks associated with sex work requires an understanding of the health situations and risk behaviors in which sex workers live and work. There is no specific research studied on female sex workers risk behaviors and the general health situations. That is why I like to have the greatest need to study this topic. This study intends to explore the general health situation and risk behaviors of street- based sex workers in Addis Ababa.

## **1.2. Statement of the problem**

Street based female sex workers are at risk of sexually transmitted infections (STIs) and encounter socio-economic and other health problems, including STIs/HIV, unintended pregnancy and complications from unsafe abortion, stigma, violence, and drug addiction (Weldegebreal et al., 2015). The streets sex workers expose to a number of health problems such as Psychological problems, dental problems, facial rashes and sores, herpes, swollen legs, bleeding ulcers, abscesses on legs, osteomyelitis, physical health concerns, Respiratory problems included allergies, sinus infections, colds, pneumonia, and tuberculosis (Baker et al,2003). Studies documenting the link between HIV and sexually transmitted diseases (STIs) and sex work are numerous and repetitive (Tekola, 2005). It is also on record that sex work and drug use are inextricably linked and both are associated with considerable risks to health (Ward et al., 2006).Sex workers especially street-based workers are a socially marginalized group with poor standards of health and lack of access to social and medical services which were available to others (Jeal and Salisbury, 2004). This is

health situation and risk behaviors of street female sex workers...

aggravated by the stigmatization and discrimination by health care workers and community members. Hence their use of routine health care is often challenged (Kurtz, Surratt, Kiley, et al., 2005).

In addition, because of physical, psychological and socio-cultural barriers was also cited as the reason that sex workers do not seek out care (FHAPCO, 2008). A combination of personal and service-related factors acted as critical barriers in accessing health services. Lack of confidentiality, discrimination and negative attitudes held by health care providers, poor communication between service providers and fear of exposure to the public as a sex worker were the major barriers in seeking sexual health services (Ghimire, 2009).

Despite these countless of health and social problems, most studies in Ethiopia have concentrated on HIV/AIDS and condoms negotiations. Studies on the general health situations of sex workers are rare in Ethiopia. It is important to study in all areas of sex workers' lives that may have relevance to know the general health situations and risky behaviors of street based FSWs. As IFSW& ISSAW (2004) stated that the social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Therefore this thesis explored evidence based result about the risk behaviors and health situations of street based female sex workers in Addis Ababa. I employed qualitative research method using in-depth interview and focus group discussion. The fundamental reason which leads to the selection of this particular design is the need to perform an exploratory enquiry on the general health situations and risk behaviors of street based female sex workers.

health situation and risk behaviors of street female sex workers...

### **1.3. Significance of the study**

Baker et al proposed that qualitative research on the general health-related problems and health information needs and seeking behaviors of sex workers (Baker et al, 2003). Sex work is practiced in almost all of the countries and in every facet of society. Although there is a considerable amount of literature regarding sex work around the world, there is very little that explains sex work in the context of knowledge on the general health problems of sex workers.

This is against the fact that sex workers may be exposed to poor health conditions at work, as well as stigma and discrimination. Many young African women who trade sex are willing to take these risks because they did it for food, money or shelter and come from disadvantaged backgrounds, are poorly educated, divorced, and lack the skills required for other types of formal or informal employment and they rely upon sex work as their only option to support themselves (Scorgie, F.et al., 2011). These factors, in addition to their lives on the streets put them at risk of facing more health problems besides HIV/AIDS and other STIs.

In Addis Ababa the number of street based female sex workers increased from 250 in 2002(FHI, 2002) to 2778 in 2011(PSI/Ethiopia, 2011). In Ethiopia according to PSI/E finding indicates total estimated FSW population has grown at a rate of 2.7% per year, which is nearly 3 times higher than the population growth rate in Addis Ababa during the same period (PSI/Ethiopia, 2011). This research study indicated that the number of street sex workers increasing due to socio-cultural change and FSWs who were working in local liquor houses particularly in areas where demolished due to construction may have relocated from establishment to street based sex work.



health situation and risk behaviors of street female sex workers...

Moreover, street based female sex workers in Addis Ababa has been a long standing tradition. They are more exposed to use different substances because of the accessibility and availability of khat, alcohol, cigarette, drug and also social and economic facts aggravated the high risk of street based FSWs and the prevalence rate of HIV in the city (EPHI & CDC, 2014). All these things might affect the risk behaviors of the street FSWs not to be free from different health problems but there is no study focusing on risk behaviors and general health situations of sex workers in Addis Ababa. Therefore the significance of this study is to provide relevant information for government, non government organizations, policy makers and researchers, which helps them for taking appropriate decision making and designing appropriate intervention strategies of general health problem and risk behaviors among street based sex workers in Addis Ababa.

#### **1.4 Research questions**

In this study the research question mainly focuses on exploring what are the general health situations and the sexual risky behaviors of street based female sex workers in Addis Ababa?

From this question I designed for this study to answer the following specific research questions:-

1. What are the health problems of street based sex workers?
2. What are sex workers level of knowledge related to their health?
3. What context contributes to their sexual risk behaviors?
4. What are their coping strategies to cop up with their health problems?
5. What are the perceived barriers to accessing health care services for street-based female sex workers?

health situation and risk behaviors of street female sex workers...

## **1.5 Objective of the study**

### **1.5.1. General objective**

The overall aim of this thesis is to explore the health situations and sexual risky behaviors of street based female sex workers in Addis Ababa.

### **1.5.2. Specific objectives**

1. To explore the health problems of street based sex workers in Addis Ababa.
2. To assess sex workers level of knowledge related to their health.
3. To assess the circumstances contributes to their sexual risk behaviors
4. To identify the coping strategies of sex workers to cop up with their health problems
5. To explain the perceived barriers to accessing health care services for street-based female sex workers

## **1.6. Definition of terms**

**Unprotected sex;** - someone who has sexual intercourse without male or female condom

**Inconsistent use of condom** – Incorrect use or fail to use condom at least ones during sexual intercourse until the survey

**Early sexual activity;** - someone who start sexual intercourse before age 18

**Having multiple sex partners;** - someone who has numerous non paying sexual partners

**Non-paying partner;** sexual partners of a Female Sex Worker (FSW) who do not pay money in exchange for sex

**Non-regular partner;** includes two groups of non-commercial partnership: (a) sexual partnership where partners are not married, either never cohabited or cohabited for less than twelve months; (b) sexual partnership for longer than twelve months but where partners never married or lived together.

health situation and risk behaviors of street female sex workers...

**Regular Sexual partner;** includes spouse or a sex partner who has cohabited (lived-in) for twelve months or longer.

**Risky sexual practice;** defined as having sexual contact history with casual partners, multiple regular partners or experiencing unprotected sex (having sex without condom).

**Violence;** someone who has the experience of physical and sexual violence/assaults

**Substance Use:** use of at least any one of the following substances: alcohol, khat, cigarette, shisha, hashish or drug that are assumed to affect level of thinking.

**Stigma refers** to: the identification that a social group creates of a person (or group of people) based on some physical, behavioral, or social trait perceived as being divergent from group norms (Handayani, 2014).

### **1.7. Limitations of the study**

In conducting any research, the availability of relevant and up-to-dated documents on the issue plays a pivotal role for the success of the study. However, concerning the issue of street based female sex workers in Ethiopia is a lack of well organized documentation centers. Despite the vigorous efforts made in carrying out this research, it has its own limitation. The data collection methods for this study were based on participants response that provided by female sex workers targeted by the study. Therefore, there is some potential reporting bias which may have occurred because of respondents' level of report their emotions in a certain way. The results are not generalizable to female sex workers, because my purposive sample may not be an accurate representation of the total population of sex workers in this city.

health situation and risk behaviors of street female sex workers...

### **1.8 Organization of the study**

The study organized into six chapters. In this first chapter, the topic was introduced and statement of problem it also introduced the research questions, the objectives of the study. The second chapter of this work is literature review which begins by defining the terms sex work. It reviews the related literature of sex work. It provides an overview on the risk behavior and health situations of sex workers. Chapter three deals with the methodology and discussed in detail about the method used to produce this research work. Chapter four is about the result of the study and its analyses part. Chapter five talks about the discussion part of the study. Chapter six is the chapter of conclusion and social work implication.

health situation and risk behaviors of street female sex workers...

## **CHAPTER TWO**

### **2. Review of related literature**

This chapter critically reviews the sex workers risk behaviors and health situations of sex workers in Addis Ababa. The main purpose of the chapter is to introduce definition and theoretical framework underpinning in this study and see gaps in the literature and draw contextual conceptual framework this thesis is based.

The chapter begins with the discussion of definitions, and sexual risk behaviors. This followed by presentation and discussion of sex workers health situations and risky sexual risk behaviors that influence them to suffer different health problems. Theories related to sex workers behaviors briefly discussed. The main sources of data are secondary sources such as books, journals and data sets.

#### **2.1. Definitions of sex work**

Difficulties in establishing clear definitions of sex work have plagued descriptions of the phenomenon in both legal instruments and in the socio-medical field (UNAIDS, 2012). Much writing on sex work applies the WHO definition. Sex workers include female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally (WHO, 2013).

FSWs are defined in the Ethiopian context as females who regularly or occasionally trade sex for money in drinking establishments, night clubs, local drink houses, chat and "shisha" houses, "on the street", around military and refugee camps, construction sites, trade routes, red light districts, and at their home (FHAPCO,2011). Population Service International Ethiopia defined sex work

health situation and risk behaviors of street female sex workers...

as: Female sex workers (FSWs): women who formally and informally perform sexual act in exchange for money (PSI Ethiopia, 2014). It is similar to a definition provided by previous studies on sex work in the African context; “the exchange of sexual services for financial reward” (Gould & Fick, 2008).

In summary, sex work can be classified according to a range of criteria based, for example, on place of solicitation, duration of work, dependency on sex work, and how sex workers define themselves. For the purpose of this study I will use the categorization of sex workers developed by population service international Ethiopia. Formal FSWs – women who perform sexual acts in exchange for money as their primary source of income and who self identify as sex workers (PSI Ethiopia, 2014).

In this study, formal FSWs categorized into three major groups based on their place of work:

Establishment based FSWs – FSWs who use establishments such as hotels, bars, nightclubs, groceries and restaurants to make contact with and solicit clients. Home based FSWs – FSWs who primarily make contact with and solicit clients at their places of residence, and usually also render sexual acts at the same location. Street based sex workers – FSWs who solicit clients on the street or in public places such as bus stands, market places or cinema halls; clients of street based sex workers typically receive services inside vehicles or at short term hotels or other premises near the point of solicitation (PSI Ethiopia, 2014).

## **2.2. General health situations of street based sex workers**

There are very few studies which look at the general health of commercial sex workers and the implications of sex work on health. Given the nature of their work, sex workers face an excess

health situation and risk behaviors of street female sex workers...

of health risks on a daily basis. Most of previous researches and interventions that have been conducted on FSWs emphasize on vulnerability to STIs, particularly on HIV (Weldegebreal et al., 2015). Less often mentioned are other reproductive and other health concerns such as mental health, unintended pregnancies, physical health and unsafe abortions (Richter, 2013). Moreover, the constant threat of physical and sexual abuse can render sex workers vulnerable to psychological distress and traumata. While the impact of sex work itself on mental health has been contested (Jeal & Salibury, 2004), cases of sexual violence and physical harassment rampant within the industry have been shown to have strong psychological effects (Ulibarri et al., 2009). Mooney et al found that physical and sexual abuse were significantly associated with higher levels of somatic symptoms (Mooney et al., 2013). Similarly, Farley et al concluded that the severity of post-traumatic stress disorder symptoms was significantly linked to the number of various types of violent attacks (Farley et al 2003).

Poor or lack of necessary healthcare, high morbidity, homelessness, lack of qualifications, poverty, stigmatization, addiction and the sale of sex for financial recompense can be detrimental to participation in societal 'norms and services' and result in adverse consequences, such as poor health (Jeal and Salisbury, 2004).

### **2.2.1. The relationship of social and economic factors of sex workers health**

The socio-economic conditions, in which people are born, grow, live and work, have a significant influence on health. People from the poorest neighborhoods can expect to live, on average, seven years less than those from the richest neighborhoods (Marmot Review Team, 2010). One study conducted on sex workers, empowerment and poverty alleviation in Ethiopia revealed that the history of official policy on poverty alleviation for sex workers is short and many

health situation and risk behaviors of street female sex workers...

sex workers, like other vulnerable people experience social problems, such as poverty, violence and homelessness, combine to negatively impact on health in a way that is more severe than if they were badly affected by just a single social problem (Overs, 2014).

In Ethiopia, public and scholarly views on commercial sex seem to have taken it for granted that sex work implies distinct forms of identity, attitude and behavior but the fact of the matter is that public and policy makers are insufficiently informed about the connections between commercial sex and health problems (Tekola,2005). Whilst there has been no comprehensive research into the impact of these conditions on sex worker health, the poor socio-economic conditions of many sex workers, detailed in the literature, suggest that health and life expectancy among this group is likely to be extremely poor, even without consideration of the adverse health consequences of sex work.

### **2.2.2. Sexually transmitted infection**

Due to the nature of the work, sexually transmitted infections are another inevitable risk of sex workers which a number of program aim to combat (Jeal, Salisbury and Turner, 2008). Female sex workers (FSWs) bear a disproportionate burden of HIV and have high levels of sexual and reproductive health (SRH) morbidity. In sub-Saharan Africa, 37% of FSWs are living with HIV (Baral et al. 2012). The burden of sexually transmitted infections (STIs) among female sex workers is also high, with up to two thirds having a curable STI (WHO, 2011). Several risk factors such as multiple sex partners, unprotected sex, barriers to the negotiation of consistent condom use and unsafe working conditions and places make these women at increased risk of HIV and STI acquisition (Scorgie, F. et al., 2012). Moreover, sex workers often have little control over these factors because of social marginalization and criminalized work environments. Alcohol, drug use



health situation and risk behaviors of street female sex workers...

and violence in some settings may further exacerbate their vulnerability and risks of HIV (WHO, 2012).

HIV infection is of global concern especially in developing countries. Globally there were approximately 35 million people worldwide living with HIV/AIDS in 2013 of these; sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013 (WHO, 2014). This means 71% of all people who are living with HIV in the world live in this region. In Ethiopia in 2014 there were an estimated 769,602 people living with HIV and estimated prevalence 1.1% (EPHI, 2014). The rate of HIV/AIDS prevalence is high in urban centre. In 2011 DHS reported that urban areas showing a seven fold higher HIV prevalence compared to rural areas (4.2% versus 0.6%)(DHS, 2011). Reducing the prevalence in key population is important in sustaining the reduction in prevalence.

Key groups in the population are sex workers, men who have sex with men, and intravenous drug users (UNAIDS, WHO & UNICEF, 2014). Studies examining the experience of sex workers across the globe indicate that women who engage in sex work are at high risk of HIV infection (Baral et al., 2012). Sex workers and their clients act as a source of infection and transmission to the general population. Sex work remains an important contributor to HIV transmission within early, advanced and regressing epidemics in sub-Saharan Africa (Scorgie, F. et al., 2012).

The government of Ethiopia in 1996 recognized female sex workers as a population at high risk of HIV and increased research and intervention efforts targeting them (FHAPCO 2005). Most at risk populations (MARPs) in Ethiopia includes female sex workers and their clients, uniformed forces, long distance drivers, refuges and migrant laborers (FMoH & FHAPCO,

health situation and risk behaviors of street female sex workers...

2011). In addition, men who have both commercial and non-commercial sex partners play a major role in bringing HIV infection into the general population. The regular partners or non-commercial partners of sex workers are another important core group. Research in Ethiopia found that regular and non-paying partners of FSWs had particularly large numbers of partners, concurrent partnerships with other FSWs, low rates of condom use, and higher HIV prevalence as compared to the new and regular clients of sex workers (Mooney et al., 2013). The numbers of other sexually transmitted infections also remains low; however, the potential for transmission is high. Sex workers must continue to get the sexual health support they require to enable them to play their role in preventing sexual health epidemics (Cusick and Berney, 2005).

### **2.2.3. Social stigma and discrimination**

Stigma refers to “the identification that a social group creates of a person (or group of people) based on some physical, behavioral, or social trait perceived as being divergent from group norms” (Handayani, 2014). World-widely, stigma has been recognized in sex work environment (Tekola, 2005). HIV and AIDS stigma and discrimination is widespread in Africa (Visser et al., 2008). Stigma has deep roots in the social context of communities sustaining serious challenges for HIV and AIDS prevention and control efforts (Duffy, 2005). Sex workers are often stigmatized, marginalized and criminalized by the societies in which they live, and in various ways, these factors can contribute to their vulnerability to HIV (Tekola, 2005). They may either be afraid to seek out these services for fear of discrimination (Charlotte, 2007). The FSWs generally became aware of the danger only after joining the profession, but they are not willing to be tested HIV mainly due to fear of stigmatization and discrimination by parents, relatives and friends, and for fear their survival might be jeopardized if customers suspect their status (OSSREA, 2008). The level of stigma among female sex workers in Ethiopia has been lower. However, the proportions of

health situation and risk behaviors of street female sex workers...

female sex workers with stigmatizing attitudes are considerably high (African Health Sciences, 2011). This demonstrates the importance of prioritizing and addressing different aspects of stigma among female sex workers and other population groups in Ethiopia.

#### **2.2.4 Sex Workers gender based violence**

Violence pervades the lives of sex workers in sub-Saharan Africa, with long-term consequences including stress, depression and low self-esteem (WHO, 2005). Sex workers in the four African countries face diverse forms of violence from all sections of society with whom they interact, from clients, police, landlords and brothel owners, to family and community members (Scorgie, F. et al., 2012). According to DKT Ethiopia survey study in the work place of female sex workers where there were incidents that the clients refused to pay money for their sex mates and more than half of the respondents (55.7%) reported that their work mates had been raped or violated by clients (DKT Ethiopia, 2009).

A study conducted on work related violence among female sex workers at Adama town in Ethiopia revealed that FSWs have the experience of violence in many settings which are subjected to high rates of physical and sexual abuse both prior to and during their engagement in sex work and also violence against FSWs may be perpetrated by regular, non-paying partners; clients; police; managers; and others (Mooney et al). Another study conducted in Northern Ethiopia in Mikelle City indicated that many FSWs have been victims of some form of gender-based violence which are associated with lower educational attainment, being married, drug use, shorter duration of employment as a sex worker, and lower monthly income are all risk factors for violence against FSWs (Alemayehu et al., 2015).

health situation and risk behaviors of street female sex workers...

Among sex workers in urban and rural Kenya, for examples, about a third reported being raped and 17% had been physically assaulted by a client (Pitpitan et al., 2013). An assessment in South Africa evaluated a combined counseling and educational intervention, including alcohol reduction, among sex workers and found the intervention group decreased use of substances during sex work, had lower levels of victimization and fewer STI symptoms than controls (Wechsberg et al., 2006). Ethiopia has some of the highest rates of violence against women in the world (Abeya et al., 2011).

Violence against women has its roots with gender disparities where women play a subordinate role in decision making at household and community level. Among others negative consequences, violence against women inevitably compromises their ability to negotiate safer sex (FHAPCO, 2014).

The most common and universally occurring form of gender-based violence is that perpetrated by a husband or other intimate partners (Abeya et al., 2011). Despite the knowledge of and efforts to reduce risk of sex workers being forced to engage in unprotected sex by both paying and intimate partners (Susan et al., 2010). Sex workers capacity to refuse unprotected sexual service is undermined by the pressure of their employers, the house renters, who share their income and want them to maximize services and the number of clients irrespective of the risks (OSSREA, 2008). A research conducted in Addis Ababa about the working condition of sex workers reveals not only that they work in a condition below a reasonable standard, but that they are also victimized and exploited by the owner of the drinking places (Awareness, 1995).

health situation and risk behaviors of street female sex workers...

Consequently, individual sex workers are highly vulnerable to human rights violations, yet have very limited resources or possibilities to challenge perpetrators, or to seek justice and legal compensation (Scorgie, F. et al. 2012). Both direct and indirect forms of violence impinge upon the space within which sex workers live and work, diminishing the control they have over this space and the way they can move and act within it.

The large majority of studies indicate that violence is a prominent feature in the lives of sex workers in almost all sex work settings. Some, such as Spice (2007), argue that physical violence is the single greatest threat facing sex workers. A study by Harding (2005), which examined the experiences of female sex workers in Nottingham, found that all of the women interviewed had experienced some form of violence, whether physical, emotional or sexual. More recent studies also reveal high levels of violence. A study by Bindel in 2012 found that two-thirds of the sex workers they interviewed experienced violence (Bindel et al., 2012). Whilst another study claims that many sex workers have experienced increasing levels of violence and complained of harassment by police (Sanders & Neville, 2012).

#### **2.2.5. Sex workers working environment**

Globally, sex work takes place in a wide variety of settings, ranging from established, formal brothels to more informal venues such as bars, hotels, roadside truck-stops, or at home. Where sex work is more formal, managers or controllers may act as gatekeepers or intermediaries between the sex worker and client, with contracts stipulating what portion of the sex work fee is ceded to these intermediaries, either as rent, or for drugs and protection (Scorgie, F. et al., 2012). Risk factors for HIV transmission vary depending on the type of work environment the FSW inhabit (Charrlotte, 2007). Brothel-based FSWs usually work under the control of brothel

health situation and risk behaviors of street female sex workers...

gatekeepers, who are defined as persons who manage sex workers. These include mammies, pimps, establishment owners, managers, and other employees (Pirkle et al., 2007).

Gatekeepers can also dictate the amount charged by a sex worker, determine whether a sex worker should serve a particular client, dictate whether the sex worker can or cannot work, hold a debt, manipulate FSWs emotionally, threaten them with actual sexual and physical violence and physical isolation, hand them over to legal authorities and force drug and alcohol use (Handayani, 2014)). A study conducted by DKT Ethiopia on female sex workers KAP survey revealed that almost all of sex workers live either in the establishment itself or in a private rented house and they spend their day time either by sleeping or chewing chant. Only a small proportion of them spend their day time being engaged in other work (DKT Ethiopia, 2009). Brothel managers might also apply different policies for drug and alcohol use in brothels. At one end of the continuum, Laissez-faire typed managers do not pay attention to their employees' health. Family-style managers ensure that their FSWs have adequate health care and at the same time allow their FSWs to drink alcohol as long as they do not get drunk (Handayani, 2014 p11).

The hazard of working environment of street sex workers can be divided between the public and the private manifestations of risk. In public, women fear violence from clients and other people on the street, arrest from the police with the increasing possibility of imprisonment and further harassment from community protesters. In private, the stigmatization and marginalization as a result of working in prostitution are as equally stressful as women constantly fear that their friends, family or partner could discover their money-making activities (Sanders, T., 2004).

health situation and risk behaviors of street female sex workers...

Street sex workers in Zambia reported often driving with their client to a secluded area and having sex in the car, while nightclub-based sex workers recounted having sex in the nightclub toilet or behind a building (Scorgie, F. et al.2012 p6). These sex workers could be seen at Addis Ababa's main roads on evenings for they meet their clients there (TLHE, 2010). Bethlehem in her study indicated the working places of street sex workers line of work is the most difficult and also the most dangerous of all forms of sex work in the city (Tekola, 2005).

### **2.3. Sex workers risk behaviors**

Studies explored that the experience of sex workers across the globe indicate that women who engage in sex work are at high risk of HIV infection (Baral et al., 2012). They have an almost 13 times higher risk of acquiring HIV infection than other women of reproductive age in low- and middle-income countries. Some clients, forcefully, insist on sex without protection, refuse to use condoms, or offer higher fees for sex without condoms (Pauw and Brener, 2003).

Given the nature of their work, sex workers are often involved in several concurrent sexual partnerships and exposed to a number of risk factors for STIs (Scorgie, F. et al., 2012). Excessive alcohol use, often associated with sex work, is a risk factor for unprotected sex (Chersich et al., 2009). Female sex workers (FSWs) are vulnerable to sexually transmitted infections (STIs) and encounter socio-economic and health problems, including STIs/HIV, unintended pregnancy and complications from unsafe abortion, stigma, violence, and drug addiction (Ketkesone et al., 2012). Risky sexual behaviors is commonly defined as behavior that increases one's risk of contracting sexually transmitted infections and experiencing unintended pregnancies these includes having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, and unprotected sex (CDC, 2010).

health situation and risk behaviors of street female sex workers...

### **2.3.1. Unprotected sex**

Unprotected sex, identified by the World Health Organization (WHO) as one of 10 leading risk factors for harm globally, is the most common mode of HIV transmission (WHO, 2005). Unprotected sex is defined as sexual contact with partners of unknown STIs status without the use of a condom either regularly or irregularly (Alem et al., 2006). A recent global AIDS response report noted that continuing evidence indicates that unprotected paid sex is significant factors in the HIV epidemics in several sub-Saharan African countries (WHO, 2011).

HIV prevalence among sex workers and sex worker clients is about 10– 20 times higher than among the general population in Sub Saharan Africa (WHO, 2011). Unprotected sex work remains a major driver of HIV and sexually transmitted infection (STI) epidemics, particularly in low-income and middle-income countries (Kimani et al., 2008).

One survey study conducted by DKT Ethiopia revealed that 85.8% of the respondents reported that out of ten clients at least one of them insist on having sex without condom. In this survey study the reason for unprotected sex were the respondents mentioned that clients do not enjoy sex with condom, clients want to spread HIV, when their clients are drunk, condom itself has HIV/AIDS, and their clients belief that sex workers are safe (DKT Ethiopia, 2009). Another study by Alem et al indicated that significant portion of the female sex workers included in the study reported practicing unprotected sex, which are associated with alcohol use, problem drinking and lower educational attainment but older FSWs also practiced unprotected sex more often than younger individuals, independent of their educational level or substance use (Alem et al., 2006).



health situation and risk behaviors of street female sex workers...

A study conducted on the issues of work-related violence and inconsistent condom use with non-paying partners among female sex workers in Adama City, Ethiopia showed that work-related violence was statistically significantly associated with unprotected sex with regular, non-paying partners among female sex workers (Mooney et al, 2013). Study conducted by DKT Ethiopia in 2012; sex workers who reported inconsistent condom use with paying clients is indicated that 27 % of street based female sex workers who did not use condom consistently with paying clients(DKT Ethiopia, 2012).

### **2.3.2 Multiple sexual partners**

Female sex workers (FSWs) are at risk of heterosexual transmission of sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) because of inconsistent condom use, multiple sexual partners, and sexual violence from their sexual partners (Ngo et al., 2007). Sex workers have comparatively high numbers of sexual partners compared with the general population. It is reported that on average a sex worker serves 2-3 clients per day (DKT Ethiopia, 2009). Another study conducted by DKT Ethiopia in 2012 the average weekly number of paying clients was 5. Around 39% of the sex workers had less than 4 clients per week and other 39% had 4 – 6 clients per week and 31% of sex workers had sex with non paying partner in the last 30 days before the interview.

However, this does not necessarily increase their likelihood of becoming infected with HIV if they use condoms consistently and correctly (WHO, 2011). Sex workers are simply powerless to negotiate safer sex. Clients may refuse to pay for sex if they have to use a condom, and use intimidation or violence to force unprotected sex (Kerrigan, D. et al. 2010).

health situation and risk behaviors of street female sex workers...

### **2.3.3. The relationship of substance use with risk behaviors**

The use of substances such as alcohol, khat, and tobacco has become one of the rising major public health and socioeconomic problems worldwide (Odejide, 2006). The World Health Organization has classified khat as a substance that can cause psychological dependence (Simon et al., 2010). In developing countries, substance use is emerging as a much bigger problem than expected (UNAIDS & WHO, 2008). A study in the Philippines revealed that multiple sexual behaviors were observed with more frequency for FSWs (Wechsberg et al., 2012). Studies suggest that easily accessible substances such as khat and marijuana are commonly used and that multiple-substance use increases adverse sexual risk behaviors (Barnwell & Earleywine, 2006).

Numerous studies confirm the close association between substance use and HIV, but little research is being conducted in sub-Saharan Africa. Literature has focused on injecting drug use, which contributes significantly to the HIV epidemic in Kenya, Mauritius, South Africa and Tanzania (Simon et al., 2010). The rapid economic, social, and cultural transitions that most countries in sub-Saharan Africa are now experiencing have created a favorable condition for increased and socially disruptive use of drugs and alcohol (John et al., 2004). Substance misuse is a growing problem in Ethiopia, as in many developing countries. Alcohol and khat are the most frequent substances of abuse (Fekadu et al., 2007). According to the Ethiopian Demographic and Health Survey (DHS) 2011, the prevalence of alcohol use among men and women is 53% and 45%, respectively, and 11% of women and 28% of men ever chewed khat (Gezahegn et al., 2014).

#### **2.3.3.1. The relationship of Khat chewing with risk behavior**

The khat plant variously referred to as khat, chat, Abyssinian utea, is a tree of the

health situation and risk behaviors of street female sex workers...

Celastraceae family and has leaves that contain alkaloids structurally related to amphetamine (Derege et al., 2005). Khat is widely consumed in certain areas of the Arabian Peninsula, Eastern Africa and in places like Somalia, Ethiopia and as far south as the Cape in South Africa (Krikorian, 1984). Khat contains the alkaloid called cathinone, an amphetamine-like stimulant which is said to cause excitement, loss of appetite and euphoria. In 1980 the World Health Organization classified Khat as a drug of abuse that can produce mild to moderate psychological dependence and since then it is a controlled or illegal substance in many countries, but is legal for sale and production in many others (Nutt et al. 2007). The number of khat chewers has significantly increased and khat consumption has become popular in all segments of the Ethiopian population. Studies conducted in different parts of the country revealed that the prevalence of khat chewing range between 31.7% and 75% (Selassie & Gebre, 1996).

Different studies have showed that khat intake has significant association with risky sexual behavior. Khat use was strongly associated with initiation of sexual activity with four-fold increased odds in both daily and weekly users (Derege et al., 2005). For example, a link has been shown to exist between khat use and increased exposure to HIV/AIDS among prostitutes in Djibouti (Alem, kebede & Kullgren, 1999). A descriptive, cross-sectional study conducted in Bahir Dar of Ethiopia by Alemu et al. reported that khat chewers were five times more likely to engage in risky sexual behavior than non-chewers (Alemu et al., 2007).

### **2.3.3.2. The relationship of alcohol use with risk behaviors**

Alcohol use and sexual risk behaviors are particularly prevalent in settings such as nightclubs, bars, dark houses, highway eating joints and motels, and brothels (WHO, 2005). Opportunities for alcohol use and sex often co-exist within physical locations and social

health situation and risk behaviors of street female sex workers...

contexts (Watt et al.2012). In paid sex, both sex workers and clients commonly use alcohol around the time of sexual exchange (Heravian et al., 2012 & Urada et al., 2012). Another study also detected that the relationship between heavy drinking and incident HIV infection (Shuper et al., 2010). The proximate determinants of HIV infection, such as multiple partners, unsafe sex and violence have relationship with drinking alcohol (Li et al., 2010). Analysis of the data on female sex workers for assessing drinking and condom use revealed that female sex workers that consume alcohol occasionally were more likely to have had unprotected sex (Alem, 2006). Baliunas and his colleagues showed that those who drink alcohol have approximately 70% higher risk for HIV (Baliunas et al., 2010).

Though there is a growing body of knowledge around the alcohol-HIV nexus, substantial evidence gaps remains. Controversy continues about some components of the alcohol-HIV causal pathway, specifically, it is unknown whether reducing alcohol use would lower risk for HIV transmission. Some contend that associations between alcohol and sexual behavior are merely due to personality traits which account for both alcohol use and unsafe sex (Shuper et al., 2010). Importantly, most studies have not used validated measures of alcohol use to assess these associations (Fisher et al., 2010).

#### **2.4. Sex work in Ethiopia**

As sited by one study conducted by wise up HIV prevention program the first testimony regarding sex work appearance in Ethiopia was provided by the 16 century (TLHE, 2010). Another discussed the beginning of sex work in Ethiopia can be traced as far back as the 17<sup>th</sup> century in Gondar, Axum and Lalibela and in the modern era, sex work is attributed to the expansion of cities and establishment of various night entertainments (Billene, 2011). Having

health situation and risk behaviors of street female sex workers...

long periodical roots in the country, sex work in Ethiopia has been regarded as primarily an immoral practice though it has been highly practiced within the society.

In Ethiopia legal system; although the law does not prohibit sex work itself, the associated activities of brothel keeping, trafficking and public soliciting are illegal. All penalties are higher where minors are involved. The terminology of the relevant legislation is broad. Article 634 of the Criminal Code criminalizes exploitation for pecuniary gain and Article 846 addresses immoral commercial soliciting as well as debauchery (This provision is not gender specific so improper soliciting could apply to the buyer as well as the seller) (FDRE, 2004). In addition, the stigma that sex workers face can make it hard for them to access health, legal, and social services (Overs, 2014).

The cities in Ethiopia, especially those located in the main transactional routes and roads of the country, were the major places where sex work has stayed a common business (TLHE, 2010). The sex industry in the Addis Ababa takes place openly in bars, massage parlors, brothels, in the streets, hotels, pastry shops and small establishments that sell *araki* (local brew) and khat (leaf chewed as stimulant (Overs, 2014).

Sex work was mapped in Addis Ababa in 1988 and 1991 where it was estimated that there were 8,134 establishment-based sex workers and 250 street-based sex workers (FHI, 2002). However, these figures were changed in the map of population service international survey in 2012 it was estimated that there were 11,134 establishment-based sex workers and 1250 street-based sex workers (PSI Ethiopia, 2011). In studies conducted between 1988 and 1991 by Ministry

health situation and risk behaviors of street female sex workers...

of Health in 23 Ethiopian towns indicated the seriousness of both HIV and STI s among female sex workers and in most urban areas, HIV prevalence among sex workers was over 20 per cent and in some towns as high as 50 per cent (FHI, 2002). According to the national MAPRs surveillance study conducted by the Ethiopian Public Health Institute (EPHI) and Centre for Disease Control (CDC) in all regional capitals revealed that the aggregate HIV prevalence among female sex workers was estimated to be 23% and the study specific to Addis Ababa estimated to be 18% (EPHI & CDC, 2014).

In 1996 the government recognized female sex workers as a population at high risk of HIV and increased research and intervention efforts targeting them (FHAPCO, 2005). Federal Democratic Republic of Ethiopia Ministry of Health 2008 report also suggests that, among sex workers, higher rates of HIV infection are associated with increasing age (probably associated with longer duration in sex work), marital status (higher among divorced/widowed), place of work (among those working in bars/hotels), the presence of active syphilis and other STIs, higher numbers of sexual partners and inconsistent condom use (FDREMH, 2008). All these indicated that sex workers in Ethiopia highly exposed to sexually transmitted disease and other health related problems. Like other countries most of studies in Ethiopia also focus on HIV and STI ignoring other health situations and risk behaviors of sex workers. One study conducted in Mekele city revealed that High level of unintended pregnancy and a range of associated factors were identified among sex workers (Weldegebreal et al., 2015).

health situation and risk behaviors of street female sex workers...

## **2.6. Conceptual framework**

Several factors affect the health situations of FSWs. Socio-demographic factors such as the age, educational level, religion and type of partners involved. Another consideration in risk behaviors is the knowledge of the FSW regarding STIs and other health problems.

In qualitative studies the aim is not to be representative of the population. The validity, meaningfulness and insights generated from such studies have more to do with the information richness of the participant selected, and the analytical qualities of the researcher than with the sample size. There are no rules for sample size in qualitative research. It depends on what one wants to know, the purpose of the study and practical factors. Often qualitative researchers refer to the redundancy criterion: that is when no new information is forthcoming from new sampled units, stop collecting data (World Health Organization and University of Amsterdam 2004).

The theoretical framework of a research relates to the Phenomenological basis on which the research takes place, which is the study of human phenomena, of things or events in the everyday world. Phenomenologist's take an experiential view toward understanding such phenomena, highlighting human experience as not only valid, but of great importance to understanding human existence. Phenomenologists investigate people's experiences of life events and the meanings these events have to them. Phenomenologists do not view human experience as an unreliable source of data; rather they see it as the cornerstone of knowledge about human phenomena (Mason, 2010).

health situation and risk behaviors of street female sex workers...

The assumption in this study is that participants' experience of health situations and risk behaviors richly illuminates the nature of the phenomenon, and thus it is this experience that serves as the primary source of knowledge on the subject of health situations and risk behaviors. Participants' descriptions of their experience, with their perceptions and understandings of how they experienced it in their world, were essential to uncovering the nature of health situations and risk behaviors. Participants in this study described their health situations and risk behaviors, which was for each of them, a life event that was both experienced and able to be expressed (Gabrielle Morrissey and Joy Higgs, 2006).

This study is an exploratory study aiming to identify the health situations and risk behaviors of FSWs. In doing so; it employed a constructivist world view in an attempt to understand their subjective interpretation of their experience. As described by Creswell (2009), individuals seek understanding of the world in which they live and work. In the process they develop a subjective meaning of their experiences. Accordingly, this research project intends to identify the health situations and risk behaviors of FSWs experience. It aims to enquire the subjective interpretation to more or less similar projects using the interview tool.

WHO (2003) defines health as a state of complete physical, mental, and social wellness, not merely the absence of disease or infirmity. The need for making sure for the health of a community in their whole being is one of the major concerns of a social work profession. As IFSW & IASSW (2004) indicate social work is interested in promoting the social wellbeing of a community. Hence, the following research explored the overall wellbeing of one of the most vulnerable portion of the community, commercial sex workers. In the process made use of not one but many social work theories.



health situation and risk behaviors of street female sex workers...

## **CHAPTER THREE**

### **3. Research design**

I have employed a qualitative research method to explore the general health situations and risk behaviors of street based female sex workers. The fundamental reason which leads to the selection of this particular design is the need to perform an exploratory enquiry on the general health situations and risk behaviors of street based female sex workers. The study was cross-sectional, using qualitative methods in the form of in-depth interviews and focus group discussion (FGDs). These methods allowed for an in- depth exploration of the research questions. The study also made use of a homogeneous sampling to gather respondents. This is due to the need to address the aforementioned research gap of health situations and risk behaviors of female sex workers.

#### **3.1. Study site**

The study carried out in Addis Ababa, Ethiopia. This is an exploratory study and hence the selection of the site, Addis Ababa. There is evidence that, Addis Ababa is clustered with a lot of street- based female sex workers and this informs its selection

#### **Justification of the study area and target population**

Addis Ababa is the capital city of Ethiopia & the set of African union and the United Nations Economic Commissions for Africa and gate-way for many diplomats and tourists (Overs, 2014). According to CSA, the projected population of Addis Ababa in 2014, the total Population is estimated to 3,194,999 of whom 1,679,998 were females and the rest 1,515,001 were males (CSA, 2013). In Ethiopia according to PSI/E finding indicates total estimated FSW population has grown at a rate of 2.7% per year, which is nearly 3 times higher than the population growth rate in Addis Ababa during the same period (PSI/Ethiopia, 2011). This research study indicated that the

health situation and risk behaviors of street female sex workers...

number of street sex workers increasing due to socio-cultural change and FSWs who were working in local liquor houses particularly in areas where demolished due to construction may have relocated from establishment to street based sex work.

### **3.2. Research methods**

Given the stigma attached to sex work, it is difficult to effectively measure sensitive subjects, such as risk behaviors and general health situations, using survey methods. In an attempt to limit desirability bias and to investigate the explanations behind high risk behaviors, the study used cross-sectional qualitative methods of data collection. Patton (2002) defined qualitative research approach is exploratory in nature and concerned with why the subjects being studied behave as they do, focusing on perceptions, attitudes, beliefs, fears, and experiences and the unique interactions in a particular situation. The purpose of understanding is not necessarily to predict what might occur, but rather to understand in depth the characteristics of the situation and the meaning brought by participants and what is happening to them at the moment. The aim of qualitative research is to truthfully present findings to others who are interested in what they are doing. It carried out over a period of two months. These methods allowed for an in-depth exploration of the research questions. In addition I used focus group discussions (FGDs) with street-based sex workers to strengthen the data.

### **3.3. Sample Size**

Qualitative social work researchers have great interest in hard to reach populations such as homeless people, transient youth, IV drug users, sex workers, and incarcerated, institutionalized, and cognitively impaired individuals, among others. Researchers typically either recruit hard to reach participants through agencies (Laura, 2010). Sampling in qualitative research also varies

health situation and risk behaviors of street female sex workers...

according to paradigmatic and disciplinary traditions. Phenomenological research, for example, tends to involve small samples from five to twenty five who carefully and purposively selected individuals who share a common experience, with the goal of generating detailed patterns and relationships of meaning (Mason, 2010). Creswell (2009), suggest that there is no standard rule of sampling in qualitative studies. Rather, sample size is determined by the response of respondents reaching the data saturation stage. Accordingly, in most cases for homogenous clients such stage is reached under six respondents. Since this particular study aimed to gather data from 10 respondents of street based sex workers for in - depth interview and 12 for two FGDs, since qualitative research is more viable to produce more and more data, the limit has been the point of saturation.

### **3.4. Method of data collection**

In this study, I used qualitative cross sectional to assess the risk behaviors and the general health situations of street based female sex workers in Addis Ababa city. All female sex workers who are working sex work were the sources of population of this study. These methods employed an in-depth exploration of the research questions. The methods were in-depth interviews and focus group discussions (FGDs).

### **3.5. Instrument Development**

This choice of framework guided my decision to include key areas for exploration in line with the study aims. Study domains were discussed and agreed with my adviser in this study; then, I drafted the topic guide. The topic guide included the following: (1) general health situations and reasons for entering the sex industry (2) risk behaviors (3) knowledge of FSWs (4) coping strategies of FSWs; and (5) health seeking behavior. I tested the guide by three interviewees and then reviewed.

health situation and risk behaviors of street female sex workers...

### **3.6. Study Procedure**

I explained the aims and nature of the study, assuring women that participation was voluntary. Participants were guaranteed confidentiality and anonymity and were informed of their right to end the interview at any time if they felt any discomfort. Participation was voluntary with no direct benefit. Orally informed consent was obtained from every respondent before the interviews. Respondents participated in face-to-face, semi-structured, in-depth interviews that lasted approximately 30minutes up to an hour. I conducted the interviews in the women's place of work or their homes (private room).

### **3.7. In-depth interviews**

Ten (10) in-depth interviews were held with the street-based sex workers. Due to the fact that street-based sex workers are a difficult to reach population, the proposed number of in-depth interviews is considered as adequate for the study. The use of the in-depth interviews is to help dig deep into issues concerning the general health problems of street-based sex workers. It is also to get participants to tell their individual stories about sex work.

Semi-structured interview guide were developed in English for the in-depth interviews. Then the guide translated into the local languages (Amharic) spoken in the area by a professional translator. The questions in the guide included participants' demographics, general health situations, risk behaviors, coping strategies, and health seeking behaviors. The structure of the questions made provision for the interviewer to ask additional questions as the interview progresses and for the respondent to raise other issues that would not have been captured by the study. Each interview was last 30minutes up to an hour.

health situation and risk behaviors of street female sex workers...

All the interviews were recorded and then later written out for data analysis. Field notes have written alongside as a complement. I conducted all in-depth interviews because my seven years experience of working with sex workers helps me to know the way to approach them and creating an opportunity to know many sex workers in Addis Ababa.

### **3.8. Focus Group Discussion**

Two (2) focus group discussions were held with the street-based sex workers. The participants for the discussion were drawn from respondents who were not take part in the in-depth interviews and were agree to be part of the discussion. Each focus group was comprised of a membership of up to at least six (6) participants, because sex workers are a hard to reach group.

The essence of the focus group discussion is to help bring together participants who identify themselves as having a common interest and hence discuss issues pertinent to their welfare. A discussion guide was developed in English to be used for the discussion. The guide was translated into the local languages (Amharic). Among other things, the guide was captured data pertaining to the participants' demographics, their general experience of sex work, general health situations, risk behaviors, coping strategies, and heath seeking behaviors. Field notes as well as bodily expressions have taken during the discussions, which were complement, the transcribed notes. Each discussion was last for about an hour.

### **3.9. Inclusion Criteria**

- ✚ Study participants must be street-based female sex workers who trade sex for money or any other benefit within the last two months.
- ✚ Participants must operate within the Addis Ababa

health situation and risk behaviors of street female sex workers...

- ✚ Study participants must be 18 years or older;
- ✚ Study participants must be capable and willing to provide informed consent
- ✚ Study participants must demonstrate willingness to participate in the study without any form of coercion.

### **3.10. Exclusion Criteria**

- ✚ This study will exclude sex workers who are less than 18 years old.
- ✚ Non street-based sex workers will be excluded from the study too.

Hence a combination of purposive, convenience, and snowball sampling methods were adopted. These sampling strategies used because of the above- mentioned challenges associated with sex work in Ethiopia.

### **3.11. Data Analysis**

Data analyses were beginning after the first interview and continue throughout the data collection period and afterwards. The in-depth interviews and focus group discussions recorded and transcribed and coded. All transcriptions have done word for word to reduce errors. The transcripts were reviewed exhaustively and coded to identify major themes that might arise from the data such as general health situations, risk behaviors, coping strategies, and health seeking behaviors.

In order to maintain objectivity and truthfulness of the data to be collected, all participants of the study were asked to endeavor to respond to the questions as sincerely as possible. The transcripts and formal summary reports of field notes were then translated into English and coded line-by-line. On completion of coding, I conducted comparative analysis across the themes to explore issues related to health situations, risk behaviors and other relevant themes.

health situation and risk behaviors of street female sex workers...

### **3.12. Ethical Considerations**

The research topic has been approved by School of Social Work of Addis Ababa University and letter of cooperation were written from Addis Ababa University. Due to the stigmatized, marginalized and often criminalized nature of the sex industry, it was important that sex workers are assured of confidentiality and privacy as this is the corner stone of a trusting relationship. The objectives of the study were explained to the study participants. The sex workers were briefed about the confidentiality of their response and the importance of providing correct and accurate information, and that participation will be voluntary. All participants were included in the study have provided an oral consent.

I asked for permission to tape record in-depth interviews so that it helps the researcher to capture accurately the participants' insights in their own words. Participants were informed that they can request the tape recorder to be turned off at anytime if they are not comfortable with it. Participants were also informed that their names would not be used at any point in case they mentioned during discussion.

In addition participants were informed that they have had full right to reject, to discontinue or to unaccepted participating in the study at all.

health situation and risk behaviors of street female sex workers...

## CHAPTER FOUR

### 4. Findings

Ten (10) in-depth interviews and two (2) FGDs (six respondents for each focus group discussion) were held with street-based female sex workers in the Addis Ababa. All respondents for both the in-depth interviews and the FGDs were given identification numbers (IDs) in order to maintain confidentiality. These IDs have been used throughout this write up.

#### 4.1. Demographic characteristics of respondents

The study recorded the demographic characteristics of all the respondents. These demographic characteristics are contained in Table 1 below.

**Table 1: Demographic characteristics of interviewee respondents**

ID no/	Age	Ethnicity	Religion	Marital status	No/ of children	Highest educations level	Home town
1	27	Amhara	Orthodox	Married	-	Grade 7	Desse
2	27	Amhara	Protestant	Single	-	Grade 6	Gojam
3	28	Oromo	Orthodox	Single	-	Grade 4	Jimma
4	19	Amhara	Orthodox	Single	-	Grade 6	Gonder
5	24	Oromo	Orthodox	Divorced	1	Grade 7	Addis Ababa
6	19	Tgray	Orthodox	Single	-	Grade 5	Adwa
7	24	Hadiya	Orthodox	Single	-	Illiterate	Hosana
8	27	Amhara	Orthodox	Single	-	Grade 8	Gonder
9	27	Amhara	Orthodox	Single	-	Grade 8	Northshewa
10	28	Oromo	Orthodox	Divorced	1	Grade 7	Debreziet



health situation and risk behaviors of street female sex workers...

**Table 2: Demographic characteristics of Focus Group Discussions respondents**

ID no/	Age	Ethnicity	Religion	Marital status	No/ of children	Educationa l level	Home town
1	27	Amhara	Orthodox	Single	-	Grade 7	Debrebrhan
2	27	Gurage	Protestant	Single	-	Grade 6	Welkite
3	20	Amhara	Orthodox	Single	-	Grade 4	North shewa
4	22	Gurage	Orthodox	Single	-	Grade 6	Butajira
5	27	Tigray	Orthodox	single	-	Grade 9	Adigrat
6	27	Amhara	Orthodox	Single	-	Grade 5	Gonder
7	28	Amhara	Orthodox	Single	-	Grade 6	North shewa
8	19	Amhara	Orthodox	Single	-	Grade 10	North shewa
9	24	Amhara	Orthodox	Single	-	Grade 8	Gojam
10	19	Amhara	Orthodox	Single	-	Grade 7	Gojam
11	24	Amhara	Orthodox	Single	-	Grade 5	North shewa
12	27	Oromo	Muslim	Divorced	1	Grade 7	North shewa

In all, twenty two (22) women participated in both the in-depth interviews and the FGDs. The ages of the respondents ranged between twenty (19) and twenty - eight (28) (the least and the highest respectively). About half the women were orthodox religion followers (19) and a majority were single (18). One respondent was married. The highest educational status for the respondents is grade 10 and the least is Illiterate. There is only one participant home town is Addis Ababa and the rest were out of Addis Ababa, with most of the respondents coming from the Amhara region. Most of the respondents started their sex work under the age of 18. Some of them have a family who need their help.

health situation and risk behaviors of street female sex workers...

#### 4.2. Reasons for becoming sex workers

All respondents agreed that sex work was their primary source of income. They were engaged in full-time sex work. Respondents were asked why they engaged in sex work on the streets. Various explanations were given, including the family problem, the death of parents, and separation from husbands/death of partners and the influence of friends/peers, rape, poor professional educational status either formal or informal. The main driving force seemed to be financial. One interviewee said:

*My husband left me, so I didn't have money to feed my daughter. I looked for a job then I found this one because I have no profession that may help me to employ in other company (Interviewee 6, in-depth interview).*

Another interviewee said:

*My uncle raped me when I was 9 years old then I came here to hide from him and employed here in Addis Ababa as domestic worker but so many miseries happened on even if I changed from hose to hose finally I have chosen to work here (Respondent 2, in-depth interview).*

*Interviewee 7 said: The main reason to engage in this life was due to my father died and my mother was very sick and the main responsibility to help the family rely on me. My friends convinced me to come here and work this work because she has known that I didn't have money and needed to help my parents (Interviewee 7, in-depth interview).*

Most respondents indicated that because they needed money to afford for their own needs and that of their children, they had to resort to sex work. They went further to emphasize that they would want their children to get fed and be properly educated as well.

health situation and risk behaviors of street female sex workers...

Because respondents were not educated enough to be competitive in the employment marketplace, they had come to rely on their parents or partners for support. When that support system became dysfunctional, respondents were left with what they perceived to be the only option of engaging in sex work, an occupation where there were always clients soliciting for sex.

*My aunt brings me here to educate formal education but she refused and wanted to be a domestic servant and she gives me in every day heavy work without any kindness then one day I escape from her home and went to broker house and employed as domestic servant then after changed different three houses because of many oppression finally this problems forced me to engage in this life. (Interviewee 4, in-depth interview)*

#### **4.3. General health situations**

Respondents were asked to enumerate the general health problems that they had faced. The following problems were mentioned: back pain, cough, kidney problem, depression, headache, cold, arthritis, gastritis, swelling of the leg, STIs, vaginal discharge and/or itch, Anemia, fever, diarrhea, typhoid, alcoholic problems, unwanted pregnancy and abortion.

*I am now suffering from cough for one month and have back pain and afraid it may change into tuberculosis. My leg also swelling because I stand for long hours at night (Interviewee 4, in-depth interview)*

Some respondents also reported physical injuries. They spoke of scars and other deformities as a result of knife attack, beatings and push downs by clients. Five respondents reported they had experience knife attack from clients before:

health situation and risk behaviors of street female sex workers...

*As you can see in my hand and leg, the scars that I have are from a client. He pushed me down from a stopped car, after we did business and he refused to use condom. He attacked me by knife on left arm and right leg and get in coma for four hours (Interviewee 1, in-depth interview).*

Some of the respondents also stated they have psychological problems including stress. Some of the things that clients make them do produce these nightmares:

*Some of client made me to do sex without condom while pointing a gun at me and others hold knives I am afraid not to kill me and disability so that I did it by scaring this things (Interviewee 2, in-depth interview).*

*Another interviewee said:*

*When I always think the time to exit and the life of my family I always gets depressed and suffers from head ach (Interviewee 8, in-depth interview)*

Most of the respondents in this study, not using a condom were the single unifying factor defining the love relationship between sex workers and boyfriends.

*With the customer, I go out for the money. But this one, this is different. With my boy friends, I fuck him without condom. Even when I change my boy friend by other, for love, he fucks me without condom. There is a difference. I don't have any feeling for a customer. .But for this one, I have a feeling (Interviewee 9, in-depth interviews).*

health situation and risk behaviors of street female sex workers...

Given the risky situation of sex workers, for example, the inconsistent/non-use of condoms, exposure to violence, rape or sexual abuse, drug use and alcohol addiction and the inability to utilize health care services regularly, sex workers obviously have health problems that are different from the general population.

All of respondents have the experience of condom breakage and sexually transmitted infection.

*I told you I have the experience of condom breakage during sexual intercourse that is why I had STIs and also I had the experience of unwanted pregnancy and obliged to do abortion (Interviewee 9, in-depth interviews).*

Some of respondents had incidents of unwanted pregnancy, abortion and complication related to abortion.

*I had the experience of unwanted pregnancy due to condom breakage. Without understanding it I stayed for six month finally when I know it, I went to health center, they advice me it was dangers to did it then I went traditional herbalist and gave me traditional medicine, It hurt me because the bleeding continued and I slept for one month(Interviewee 4, in-depth interviews).*

Another amazing response for most of the respondents was they have the experience of violence at list one type but they accepted it:

*Insulting is common for us we accept it as we work as sex work but the danger is beating, pointing gun and knife and kicking us without mercy (Interviewee 3, in-depth interviews)*

*We did an agreement to did with condom and normal sex before going to bed but he change his idea and asked me to do without condom and positioned sex at this time I refused and he slapped me and get out from the class(Interviewee 7, in-depth interviews).*

health situation and risk behaviors of street female sex workers...

#### 4.4. Overall assessment of health status

Respondents were asked to do a self-assessment of their own health status. They were to rate their health status as either good or bad. All of the respondents for both the in-depth interviews and the FGDs reported that their health status was bad. A respondent stated:

*This life is very bad we engaged in Khat chewing habit, alcohol drinking and smoking cigarette and 'shisha' and also we always suffer from depression and head ach (Respondent2, FGDs).*

*My health is very bad. I really don't know when I am going to die because I have the worst health. Besides, I have never spent a night without having a fight with my boyfriend (Respondent5, FGDs).*

*I suffered by reproductive health. I always afraid of cervical cancer so my life is very bad I don't want to stay here. I always pray into God to depart from this horrible life (Respondent2, FGDs).*

*When I think my daughter, I often worried who help her like me and this gives me strength to take care in every moment but I don't know who hurt me. I always pray into God to keep me healthy and live for my child (Interviewee 3, in-depth interviews).*

Some of respondents reasons for describing their health status as bad included abuse by clients. A respondent indicated:

*My health is bad because of the work that I do is very dangerous. I don't know what my colleagues here think and their experience, but I know for sure we all have the same experience. Clients do rape and beat us most of the time. They do all sort of things that a human being cannot do, that puts us at risk of dying before the expected time (Respondent6, FGDs).*

health situation and risk behaviors of street female sex workers...

Those respondents, who stated that their health status was good, explained that it was because they were able to earn money for their livelihood, even if they had health problems. It was until such a time when they cannot work to make money that they would declare their health status to be bad. An interviewee said:

*I think my health is good because I can earn a living, you know. It is hard for many people to make money and they are scared of what other people said about this job. As for me, truly speaking, I don't care. All I need is money still now I don't have had any problem because I treat them positively and I have good interpersonal communication skill and good customer handling skill (Respondent3, FGDs).*

Another respondent who have 9 years experienced said:

*This life at first time seems to be good but when the time goes and we see different people who have different behaviors, we are exhausted and our ability to treat them is changed and we become naughty and an able o communicate easily then we choose from two option one suffer from violence or another option from accepting the question of the customer including sex without condom and positioning sex (Respondent1, FGDs).*

For most of the respondents life is dangers and makes them always worried and with this perspective on health and illnesses that would not prevent them from undertaking their trade were likely to be overlooked, allowing potentially dangerous conditions to persist unnoticed and worsen.

#### **4.5. General risk behaviors**

Respondents were asked about the use of condoms during sexual intercourse. All of them confirmed that they use condoms with their paying partners to protect themselves because they

health situation and risk behaviors of street female sex workers...

do not want to become pregnant or get infected with sexually transmitted infections (STIs).

One interviewee said:

*I did a lot of mistakes for the past years but God saved me that of HIV and other harmful diseases and from complication to abortion now I know my HIV status and treated my STIs so after now I will take care of my life and try to exit from this work (Interviewee 6, in-depth interviews).*

Those who have children responded that because of their children, they wanted to be able to live long and support their children. They used condoms properly to prevent infection of HIV and other STIs. One interviewee stated:

*Because I have a nice daughter I want to live longer since I work in harsh environment therefore I try to make use of the condom as much as possible (Respondent5, FGDs).*

Some respondents indicated they sometimes face resistance from their clients when they ask them to use condom. Some clients would prefer to violence to have sex without the use of condoms. One interviewee said:

*Yes, some clients would negotiate with us to do business with using condom but they change their idea inside the class at this time I tried to convince them. After all my efforts I agree with out condom by afraid Sevier violence may be it create on e long lasting effect on me (Interviewee 1, in- depth interview).*

Some clients would either beat or rape the sex workers when they insist on condom use. Clients could also deliberately break the condoms in the process of usage. Some respondents



health situation and risk behaviors of street female sex workers...

therefore said they compromised their stand if the clients resisted the use of condoms.

One interviewee said:

*One day one of my client urged me to off the light to put on condom, I said no, he said believe in me I didn't do anything then he off the light started to put on the condom by tearing the tip of the condom at this time refused the sex then he forced me to rap without condom, I shout and the guard came and ordered me to return his business and to sleep at women house in at hotel(Interviewee 7, in-depth interview)*

However, the FGDs revealed a different trend in the use of condoms. Respondents seem to be more opened within the group than in the individual interviews, because of the feeling of togetherness. Most of the respondents stated they do not use condoms at all with their non paying partners. To the question; "are there instances you engage in unprotected sex?" a respondent answered:

*We must be honest; we have never used a condom with our boy friend or non paying regular partner because we trust them without knowing their health status. They only convince us by their words (Respondent3, FGDs).*

Another interviewee said:

*Most of the time we chew khat and drink alcohol until we intoxicated, one day I remembered that I drunk a lot and I didn't know what type of sex we did and also we didn't use condom (Respondent11, FGDs).*

Though the respondents expressed knowledge of STIs like HIV/AIDS, syphilis, gonorrhoea, etc. and acknowledged that unprotected sex could lead to one contracting these diseases and believe it is an inevitable thing for sex workers, some of them knowing the exact way of transmission and prevention methods and some haven't known the disease type and

health situation and risk behaviors of street female sex workers...

the way how they transmit and prevent.

One of them said:

*I don't know the name of the diseases but I heard there are sexually transmitted infection may be they are transmitted due to using unclean public toilet and exchanging clothes (Respondent12, FGDs).*

Another interviewee said:

*For us sex workers, it is impossible to avoid getting STIs because we see so many men per day and all of them they are not safe at all. We don't get enough time to clean ourselves for the next person and neither do we have a place we can clean ourselves. We are just like a dirty bin that get emptied and filled with wasted product and dirty stuff. So this is not something that as sex worker we have control over (Respondent1, FGDs).*

They argued that female sex workers who work in Hotel and night clubs can better avoid contracting STIs and other diseases. These non-street sex workers, they believed, have a good environment and a place to wash themselves after each sexual act. This finding showed a lack of information about the mode of how STIs are transmitted especially and how to prevent the disease before contracting by them.

One interviewee said:

*I am honest and believe clients' advice at the first time of this business one client cheated me by saying as he ejaculated out of the vagina and we did without condom (Respondent10, FGDs).*

But interestingly, all respondents agreed that using condoms or having only one sex partner was the only way to protect oneself from getting infected with STIs including HIV/AIDS. But that such a lifestyle would not put food on the table for them. Some respondents also

health situation and risk behaviors of street female sex workers...

intimated that they could lose their lives or not get paid for asking for the use of condoms. The respondents said their clientele were mostly gangsters:

*Guys who see us are those who have been abandoned by their wives and families and they are gangsters. They don't want you to start talking about condom. That is why most of our youngsters who enter into this business get killed. Because these guys don't care, they don't have time to waste (Respondent4, FGDs).*

However, the study did not explore the knowledge and use of the female condom by respondents. Maybe it would have helped understand if clients would resist their use too. Some respondents finally concluded that since they have taken up sex work as the only available option, they were ready to compromise anything to be able to earn money to make life better for themselves and their children. They described money as the ultimate driving force for their behavior and hence would not consider pregnancy or STDs, including HIV/AIDS. Some stated that one can only get sick if one believes in that (becoming sick through sex work), but if one does believe in that, one cannot become sick. Some respondents were also of the view that if they just ate properly (nutritiously), they would not have any health problem.

#### **4.6. Experience of stigmatization and discrimination**

All respondents stated that they face stigmatization and discrimination from police members and some of their communities. They were called names such as *shele* which means sex worker. The community children insulted them by saying them shele give them sex in exchange for money. Respondents also reported that community members accused them as being responsible for the spread of HIV/AIDS in the communities:

*...they know what we are doing; they call us names and say sex workers are the ones who*

health situation and risk behaviors of street female sex workers...

*spread HIV/AIDS (Interviewee 10, in-depth interview).*

Some of the respondents also said they could not seek help from the law enforcement agencies for the fact that they were sex workers. They live and work in constant fear of the police:

*...a client chases me with a knife and he beat me on my hand and leg with it. I had to go and seek for help from the police which the police told me I am a sex worker as cheated them and I must go. They cannot help me (Interviewee 5, in-depth interview).*

Many sex workers found it difficult to get protection from the law enforcement personnel. Most of the respondents argued that they needed extra protection from the law given their dangerous working environment. One of the survival strategies adopted by some was to move frequently from place to place. They do not stay permanently in one community or place. If they stayed in a particular place for a long time, community members and others including the police would begin to recognize them as sex workers and would harass and even organize to have them raped or arrested:

*I do not stay at one place for a long time. I don't want people to judge me for being HIV carrier and a sex worker and possibly be arrested by the police (Interviewee 7, in-depth interview).*

*... In fear of stigma and discrimination I don't stand under street light (Respondent7, FGDs).*

Against the background of stigma, discrimination and harassment from community members and the law enforcement agencies, the respondents said they seek support from other sex workers. Their sex worker colleagues understood and appreciated the difficulties faced and hence offered support when there was the need.

health situation and risk behaviors of street female sex workers...

#### **4.7. Health-seeking behavior**

The study also sought to find out if respondents undertook routine medical checks, the type of health facility visited and whether they have being screened for STIs and other chronic diseases. All respondents reported that they have at list one time visited health care facilities, but some of them indicated they were unable to undertake a routine medical check. Routine medical checks are considered expensive and time consuming; during the day time they spent by sleep when seeking health care at day time we can't stand at night. Even respondents who have some illness said they would not want to waste time going for their treatment they purchase their by prescribing their own. If their health feels good, they would continue to do business.

One respondent, however said, she feared the outcome of any screening and hence would not venture for a medical check or screening. According to her, some of her clients had died as a result of HIV/AIDS. About half of the respondents said they sought out routine medical checks, primarily at public clinics. Some respondents considered private hospitals and clinics to be expensive and therefore beyond their reach, indicating the important role public health facilities plays for these women.

For respondents who reported having been screened for STDs & chronic diseases. All of them were declared they are tested for STIs and HIV. But some of them have no the experience of routine check up and for other chronic disease. Hence there is the strong possibility that as some of the respondents had some chronic disease like kidney problem and gastritis so they agreed to a routine or medical check is important to them but they mentioned that the shortage of many may be the hindrance for doing routine checkup.

health situation and risk behaviors of street female sex workers...

#### **4.8. Experience with health care providers and services**

Respondents were asked to describe their experiences with health care providers. Some respondents said some providers tended to use abusive language with them and discriminated against them if they knew that they were sex workers:

*Doctors, nurses if you go to the clinic and they know that you are a sex worker they don't treat you like other people. If I had infection they would ask me why I didn't use a condom. If they know that you are a sex worker they can even tell other people that you are a sex worker (Interviewee 9, in-depth interview).*

On satisfaction with the services provided to them (sex workers), most of the respondents showed they were happy with the services received. They considered that if services were poor, we were not motivated to go for check up. But Most of us did at list one time check up.

A respondent reported the following:

*I don't feel bad when I think to go to health care facilities to get medication because I know how they treat me and making me open to them to discuss all things that I did and feel (Interviewee 2, interview in-depth).*

The behavior of providers and long waiting times clearly not act as a barrier to sex workers' utilization of health care services even when they needed them goodly rather they knowledge gap make as a barrier for them to routinely check up their health, they wait until the time of disease manifestations and trying to treat themselves by prescribing their own medication. This trend could compound their health problems, especially for those who are suffering from chronic disease and would require constant and consistent treatment or visits to the facilities.

health situation and risk behaviors of street female sex workers...

#### **4.9. Coping strategies**

The study also sought to find out if respondents have their own coping strategy when they have any problem. All respondents reported have their own way of coping strategies.

On respondent said:

*When I have got depressed I used to chew khat and discussed with my friends any other issues that are not related to my subject (Interviewee 10, interview in-depth).*

*I make coffee and playing with my friends in order to forget the issues that makes me worried (Interviewee 3, interview in-depth).*

Some of the respondents explained that in fear of stigma and discrimination they use their own way of coping strategies.

One interviewee said:

*I have two types of closes that I wear when I spent during day time with the community that makes me similar to the community daughters and I have working closes that I wear at night and I change my way of behavior at village including greeting (Respondent 3, interview in-depth).*

The network they created helps them when they have health problem and shortage of many.

*We always help each other when we have shortage of many and then we will pay for the next day when we do business and we did for the same for medical treatment (Respondent4, FGDs).*

health situation and risk behaviors of street female sex workers...

#### **4.10. Summary of results**

A majority of the respondents were single, and less educated. All respondents were full-time street-based female sex workers working for financial gains. The study discovered that condom use was difficult due to clients' use of force and deliberate condom breakage. Respondents also faced violence, rape and non-payment from clients when insisting on condom use. The FGDs showed that some respondents were not using condoms at all. Furthermore, respondents said they were stigmatized and discriminated especially by the police and the community members as well.

Most of the respondents did not go for routine other medical checks. All of them went to check their HIV status and only go for family planning. Most of respondents were satisfied with health care provision due to no discrimination by providers but their level of knowledge and their work situation serving as a barrier to health seeking. But they reported a long list of health problems including: back pain, cough, kidney problem, depression, headache, cold, arthritis, gastritis, swelling of the leg, STIs, vaginal discharge and/or itch, Anemia, fever, diarrhea, typhoid, alcoholic problems, unwanted pregnancy, abortion, Physical and psychological problems were also mentioned.

Overall, a majority of the respondents rated their health status as bad for the fact that they exposed for different diseases, daily harassment, rape, violence by clients, community members and the police officers. In spite of, respondents reported they cannot abandoned the trade because they solely depend on that for their own survival and that of their families.



health situation and risk behaviors of street female sex workers...

## **CHAPTER FIVE**

### **5. Discussion**

The study investigated the general health problems of non-randomly selected street-based female sex workers in Addis Ababa, Ethiopia. Though the sample is not representative, the findings highlight fundamental issues in relation to street-based female sex workers who are especially vulnerable.

The majority of respondents were less educated, consistent with other studies of the demographic distribution of sex work (DKT Ethiopia, 2012). This might explain why most of the respondents indicated that they had entered the sex industry as a result of financial need (Jeal and Salisbury, 2004). They could not find other avenues of earning their livelihood, hence resorting to sex work with its attendant difficulties and dangers, including the risks of abortion, rape and other violent behavior by clients. Many have reported being sad throughout their lives. This is consistent with other study conducted in Adama and Mekelle city (Mooney et al., 2013 & Alemayehu et al., 2015). Therefore there are needs to find appropriate measures to address these societal imbalances in Ethiopia in general. This might help to minimize the burden of street-based female sex workers.

The finding of inconsistent use of condoms was not surprising as other studies have demonstrated the non-use of condom (Mooney et al., 2013 & DKT Ethiopia, 2009). However, what is shocking is that most respondents reported having the experience physical violence, substance abuse, STIs, unwanted pregnancy and abortion and some have two to three times since their start in the trade. This makes them to exposed HIV and other chronic reproductive

health situation and risk behaviors of street female sex workers...

health problems. This is consistent with other study findings (Weldegebreal et al., 2015). No matter the financial incentive, respondents would not oblige to engage in sexual intercourse with clients without condoms except they have risk behaviors and forced by violent act. This also similar to another study conducted at Adama city (Mooney et al., 2013).

The respondents in this study rationalized their stance by saying that they did not want to experience any violence by negotiating for the use of condom and that as women; they constantly have to submit to men, especially meeting men's sexual needs without any question or argument. This has serious public health ramifications, since the lives of these women and others are compromised. The background of these respondents must be understood in order to tailor programmes to educate them about the devastating effects of HIV/AIDS.

In addition to the numerous risks associated with unprotected sex faced by the respondents, most of the respondents have non-paying partners or boyfriends who did sex without condom this also consistent with other study (DKT Ethiopia, 2009, 2012 & Mooney et al., 2013). The study found them being stigmatized and discriminated against by clients, some community members and the police, which further aggravated their problems. The finding is similar to other studies (Tekola, 2005 & OSSREA, 2008). In most settings, the direct exchange of sexual services for money is socially stigmatized. There is anecdotal evidence of gang rape of female sex workers by community members, since sex work is seen as an affront to the status of men. Unfortunately, the law enforcement agencies are not helping the situation, as the sex workers are continuously arrested and harassed by the police. These pushes the activity further undercover and render sex workers more vulnerable and less powerful in negotiating for safer sex and more income.

health situation and risk behaviors of street female sex workers...

Furthermore, our findings showed that some respondents were not doing routine medical checks, screening for STIs and other diseases. Most of the respondents reported that they had problematic relations with providers. Frequently they were judged, blamed and detested by health care providers. Other studies have found the same phenomenon (Kurtz, Surratt, Kiley, et al. & 2005, Jeal and Salisbury, 31). In the face of these challenges with the health system, respondents enumerated a host of health problems (including physical and psychological). This is also in line with other studies (FHAPCO, 2008, & Ghimire, 2009). There is need to re-orient health care providers about the health needs of sex workers.

health situation and risk behaviors of street female sex workers...

## **CHAPTER SIX**

### **6. Conclusion and Social Work Implication**

#### **6.1 Conclusion**

This exploratory study has provided a better understanding of the general health problems of street-based female sex workers. The study gives policy makers, non-governmental organizations and other stakeholders more information pertaining to the general health situation, condom use, stigmatization, violence, discrimination and the health seeking behavior of street-based female sex workers. Their experience with providers as well as health problems and self-assessed health status was also revealed. Most respondents reported a long list of health problems including: back pain, kidney problem, depression, headache, gastritis, swelling of the leg, STIs, Anemia, fever, diarrhea, typhoid, substance use, unwanted pregnancy, abortion. Physical and psychological problems were also mentioned. Among these STIs, substance use, unwanted pregnancy, abortion, Physical violence and psychological problems were prevalent. Indeed, the numerous health problems of street-based sex workers emanate from the illegality of sex trade in Ethiopia. Another alternative legal option should be formulated like other countries like Sweden. This will punish clients and also afford sex workers the opportunity to negotiate for safer sex and to seek redress for any abuse. Besides, there is also the need to re-orient the habitual way of thinking of street-based sex workers themselves, as well as educating providers about the health needs of this at risk group. All these measures if holistically adopted will promote the welfare of street-based female sex workers.

health situation and risk behaviors of street female sex workers...

## **6.2. Social Work Implication**

As IFSW& ISSAW (2004) stated that the social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. The above research tried to explore the overall wellbeing of one of the most vulnerable portion of the community, street based female sex workers.

Understanding the life paths and experiences of street based female sex workers has been immensely important in identifying social work interest areas. Witnessing from their experience, one can understand that there are so many factors at stake. Factors include personal, psychological, social, economical and political dimensions too. These in turn call for a multifaceted approach in any attempt made to improve the lives of these people.

The wider application areas identified during the research can be subdivided in to four. These are practice, educational, research and policy implications. Below are given a detailed account of the aforementioned areas of implications.

## **6.3. Practice Implications**

Public Health Social Work practice focuses on interventions to strengthen communities, families, and individuals in order to promote health, well-being, and functioning and minimize disability and institutionalization (Gehlert & Arthur, 2006). Like HIV related services rendered in the GOs and NGOs other health problems FSWs should be addressed to integrate appropriate social intervention.

health situation and risk behaviors of street female sex workers...

Increasing communal engagement is one area where a social work could intervene. The significance of social attitude is repeatedly raised during the data collection. In fact, some of the respondents' endeavors to change their lives got collapsed due to bad communal reflection. Hence, there is a need to integrate organizations' daily efforts with the vision of community extending internal collaboration to a more illustrative and profitable engagement.

Strong advocacy is the other area of engagement. It is required in both raising awareness as well as influencing the government. It is helpful in order to divert the FSWs from their risky way of life as well as raise the awareness of the community in reintegrating them back to normal life. In addition, more inclusive and efficient policies and programs could be asked through learnt and effective advocacy.

The experiences of the street based FSWs are clear indicator on the challenges of FSWs. Despite individual experience, a sum of bigger socio-economic policy and program issues were at stake in defining their experience.

#### **6.4. Policy implications**

The study uncovered the harassment, stigmatization and discrimination that come with sex work. Community members, the law enforcement agencies and health care providers are all guilty of these practices. Respondents enumerated a lot of health problems for which care was inadequate and unsatisfactory. These problems emanate from the fact that sex work is considered a criminal activity in Ethiopia. Hence there is the need to re-examine the law on sex work. The immediate policy action recommended here is partial decriminalization. Partial decriminalization involves criminalizing the clients of sex work (persons buying or attempting to buy sex) and

health situation and risk behaviors of street female sex workers...

decriminalizing sex work for sex workers due to the fact that sex workers are the exploited group. This is currently the practice in Sweden. Partial decriminalization would curtail the power of clients to threaten abuse and coerce women in sex work. On the other hand, it would increase the power of sex workers to insist on safe sexual practices and to seek help and legal redress from the law for all criminal offences committed against them. It might also help reduce the stigma currently attached to sex work, contributing to the low self-esteem of women and their acceptance of violence as a condition attached to sex work.

Secondly, I recommend the sensitization of community members and health care providers about the needs of this vulnerable group. If possible, lessons on how to provide services for the needs of vulnerable groups, especially sex workers, should form part of the training curriculum of health care providers. This will help health care providers understand and appreciate the health needs of sex workers.

There is also the need to challenge the worldviews of street-based female sex workers by organizations and other bodies involved in providing services for their welfare. Some respondents reported that women exist for the gratification of men and hence saw no need to negotiate for condom use especially for non paying partners. More education is required in this direction.

The health needs of street-based female sex workers should be addressed holistically. The root causes of their lifestyle and their health problems should be dealt with. It should take into consideration the future of the children of these women as well.

health situation and risk behaviors of street female sex workers...

### **6.5. Research Implications**

Several studies have been done in the areas of the impact of STIs on FSWs. These include general health problems of street based FSW, coping strategies, risk behaviors, and the issue of health seeking behaviors, and reason for entry to this life. Through it, all the focus should be on street based FSWs. The health needs of street-based female sex workers should be addressed holistically. The root causes of their lifestyle and their health problems should be dealt with.

### **6.6. Educational Implications**

One of the greatest lessons of this particular enquiry is that street based FSWs are indeed vulnerable segment of the society. The fact that they act in connection with so many people, there is a need to reintegrate them in a more productive and healthy way of life. Their risk exposure goes beyond health threats. They are constrained by social, psychological and economical problems. A multi-sect oral approach is needed in dealing with street based FSWs in order to address their holistic needs. In doing so, we also need to understand why they choose and are leading such a risky life. The government, NGOs and most importantly the community need to be part of the full engagement.

One of the important lessons of this research include the fact that street based FSWs are not useless and can be engaged in a productive as well as communally respected way of life. In general, the role of HIV prevention can be studied from several different angels. The above research studied the street based FSWs dimension in a qualitative approach. Important lessons being street based FSWs are venerable to different health problems. This in turn is proving to be vital in minimizing their vulnerability. However, many issues as indicated above should be correct for a better result.



health situation and risk behaviors of street female sex workers...

## REFERENCES

- Abeya, S., Afework, M., & Yalew, A. (2011). Intimate partner violence against women in western Ethiopia: prevalence, patterns, and associated factors. *BMC Public Health* 11: 913.
- African Health Sciences. (2011). Level of stigma among female sex workers: comparison of two surveys of HIV behavioral data, Ethiopia. Addis Ababa University School of Public Health, Ethiopia. 11 (4): 543 – 549.
- Alem, A., Kebde D., Mitike G., Enqusellase F., Lemma W. (2006). Unprotected sex, sexually transmitted infections and problem drinking among female sex workers in Ethiopia. *Ethiop. J. Health Dev.*
- Alemayehu, M. Gebregizabeher, Y., Ashenafi, D., Atsedo, F., Kahsu, G., Resom, T., Adina, G., & Henock, Y. (2015). Prevalence and predictors of sexual violence among commercial sex workers in Northern Ethiopia
- Alem, A., kebede, D. & Kullgren, G. (1999). The prevalence and socio-demographic correlates of khat chewing in Butajira, Ethiopia.
- Alemu, H., Damen, H., Kassahun, B. & Gail, D. (2007). Factors Predisposing Out-of-School Youths to HIV/AIDS-related Risky Sexual Behaviour in Northwest Ethiopia. *J HEALTH POPUL NUTR* (3):344-350.
- Alyssa, M., Aklilu, K., Heather, M. B., Evelyn, K.K., Caitlin, E. K., & Deanna, K. (2013). Work-related violence and inconsistent condom use with non-paying partners among female sex workers in Adama City, Ethiopia.
- Awareness, A. (1995). A women's eye view of the prostitution of children in Addis Ababa, Ethiopia. Vol.1; issue 2.
- Baker, L.M., Patricia, C. & Deena L. P. (2003). General health problems of inner-

health situation and risk behaviors of street female sex workers...

city sex workers: a pilot study.

Baliunas, D., Rehm, J., Irving, H., & Shuper, P. (2010). Alcohol consumption and risk of incident

human immunodeficiency virus infection: a meta-analysis. *Int J Public Health* 55:159-

166. PubMed Abstract | Publisher Full Text

Baral, S., Beyrer, C., Muessig, K., Decker, M.R., Sherman, S.G. & Kerrigan, D. (2012). Burden

of HIV among female sex workers in low-income and middle-income countries: a

systematic review and meta-analysis. *Lancet Infect Dis*. Retrieved from

[[http://dx.doi.org/10.1016/S1473-3099\(12\)70066-X](http://dx.doi.org/10.1016/S1473-3099(12)70066-X)]

Barnwell, S.M., & Earleywine, M. (2006). Simultaneous alcohol and cannabis expectancies predict

simultaneous use. *Substance Abuse Treatment, Prevention, and Policy*.

Billene. (2011). Tales of Red Light District/African Feminism. Retrieved from

<http://africanfeminism.com/author/africanfeminism/>

Bindel, J. Brown, L. Easton, H. Matthews, R. and Reynolds, L. (2012). Breaking down the

barriers: A study of how women exit prostitution. London: Eaves and London South Bank

University.

Bullough, V. & Bullough, B. (1993). Women and prostitution: A social history. New York:

Crown publisher.

Centers for Disease Control and Prevention (2010). Youth Risk Behavior Surveillance.

Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5905a1.htm>.

Charlotte, S. (2007). Health, well-being and sexual violence among female sex workers: A

comparative study. Center of public health research; Queensland University of

technology.

Chersich, M., Rees, H., Scorgie, F. & Martin, G. (2009). Enhancing global control of alcohol to

reduce unsafe sex and HIV in sub-Saharan Africa. *Global Health*. Retrieved from

health situation and risk behaviors of street female sex workers...

05/12/2014 on [<http://dx.doi.org/10.1186/1744-8603-5-16>]

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approach*. (3<sup>rd</sup> ed.). Sage. Los Angeles, CA, USA

CSA. (2013). *Population and Housing Census of Addis Ababa, Ethiopia*

Cusick, L. and Berney, L. (2005) Prioritizing punitive responses over public health: commentary on the Home Office consultation document *Paying the Price*. *Critical Social Policy*. 25(4): 596-606.

Derege, K., Atalay, A., Getnet, M., Fikre, E., Frehiwot, B. & Yigeremu, A. (2005). Khat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia. Retrieved from <http://www.biomedcentral.com/1471-2458/5/109>.

DHS. (2011). Data analyzed and reported in: *HIV/AIDS in Ethiopia. An epidemiological synthesis*.

DKT Ethiopia. (2012). *Behavior Change Impact Survey (BCIS) of female sex workers*.

DKT Ethiopia. (2009). *KABP survey research, a study on the Knowledge Attitude Behavior and Practice of the sex workers*

Duffy, L. (2005). *Suffering, shame, and silence: the stigma of HIV/AIDS*.

Edlund, L., & Korn, E. (2002). *A Theory of Prostitution*. *The journal of political economy*. 110(1):181-214

EPHI & CDC. (2013-2014). *MARPS Surveillance study*.

Ethiopian public health institute (EPHI) (2014). *HIV related estimates and projections for Ethiopia*.

Farley, M., and others. 2003. "Prostitution and Trafficking in Nine Countries: An update on Violence and Posttraumatic Stress Disorder". *Journal of trauma practice*. 2(3):33-74.

FDRE & MoH. (2005). *Country progress report on HIV*

FDRE. (2004a). *The Criminal Code of the Federal Democratic Republic Of Ethiopia*,

health situation and risk behaviors of street female sex workers...

Proclamation No. 414/2004

Fekadu, A., Atalay, A., and Charlotte, H. (2007). "Alcohol and drug abuse in Ethiopia: past, present and future," *African Journal of Drug & Alcohol Studies*, vol.6, no.1, pp.39–53.

FHAPCO & FMoH. (2010). HIV prevention packages for MARPs and venerable groups

FHAPCO. (2014). Country progress report on HIV.

FHAPCO. (2008). The drivers of the HIV/AIDS epidemic and response in Ethiopia

FHAPCO. (2010). AIDS in Ethiopia. World Bank.USA

FHAPCO. (2011). HIV Prevention Package for MARPs and Vulnerable Groups,

Addis Ababa

FHI. (2002). Mapping Commercial Sex Work in Addis Ababa.

Fisher, J.C., Bang, H. & Kapiga, S.H. (2007). The association between HIV infection and alcohol use: a systematic review and meta-analysis of African studies. *Sex Transm Dis* 34:856-863.

Gabrielle, M. & Joy, H. (2006). Phenomenological Research and Adolescent Female Sexuality: Discoveries and Applications

Gehlert S., & Arthur, B. (2006). Handbook of Health Social Work. John Wiley & Sons, Inc., Hoboken, New Jersey.

Gezahegn, T., Andualem, D., and Mitiku, T.H. (2014). Substance Use and Associated Factors among University Students in Ethiopia: A Cross-Sectional Study.

Ghimire, L. (2009). Barriers to Utilisation of Sexual Health Services by Female Sex Workers in Nepal.

Glasier, A., Gulmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: A matter of life and death. *Lancet*, 368(9547), 1595-1607.

Handayani, S. (2014). Factors Influencing Brothel-Based Female Sex Workers' Self-Perceived

health situation and risk behaviors of street female sex workers...

Risk for HIV Infection in Surabaya.

Harding, R. (2005) *Sex Work: Abuse or Choice: The experiences of Framework's women residents*. Nottingham: Framework Housing Association.

Heravian, A., Solomon, R., Krishnan, G., Vasudevan, C.K., Krishnan, A.K., Osmand, T. & Ekstrand, M.L. (2012). Alcohol consumption patterns and sexual risk behavior among female sex workers in two South Indian communities. *Int J Drug Policy* 23(6):498-504.

IFSW) & IASSW (2004). *Ethics in Social Work, Statement of Principles*. Bern, Switzerland.

Jeal, N. & Salisbury, C. (2004). A health needs assessment of street-based prostitutes: cross-sectional survey. *Journal of Public Health, Vol. 26, 2:147-151*.

Jeal, N. Salisbury, C. & Turner, K. (2008). The multiplicity and interdependency of factors influencing the health of street-based sex workers: a qualitative study. *Sex Transm Infect.* 84(5): 381385.

John, L. J., Ezeh, A., Guiella G., Kumi, K.A., and Neema, S. (2004). "Alcohol, drug use, and sexual-risk behaviors among adolescents in four sub-Saharan African countries," in *Proceedings of the Annual Meeting Program of the Population Association of America*, Los Angeles, Calif, USA.

Kimani J, Kaul R, Nagelkerke NJ, Luo M, MacDonald KS, Ngugi E. (2008). Reduced rates of HIV acquisition during unprotected sex by Kenyan female sex workers predating population declines in HIV prevalence.

Kerkorian, A. (1984). Khat and its use: a historical perspective. *J Ethnopharmacol*, 12:115–178  
Retrieved from [http://dx.doi.org/10.1016/0378-8741\(84\)90047-3](http://dx.doi.org/10.1016/0378-8741(84)90047-3)

Kerrigan, D. et al. (2010). *The Global HIV Epidemics among Sex*.

Ketkesone Phrasisombath. (2012). *Female sex workers in Savannakhet, Laos: Perceptions, care*

health situation and risk behaviors of street female sex workers...

seeking behavior and barriers related to sexually transmitted infection services.

Ketkesone, P., Elisabeth, F., Vanphanom, S., & Sarah, T. (2012). Risks, benefits and survival

Strategies-views from female sex workers in Savannakhet, Laos.

Kurtz, S.P., Hilary, L. Surratt, M.C., Kiley, J.A.I. (2005). Barriers to Health and  
Social Services for Street-Based Sex Workers

Laura, S.A. (2010). Sampling Hard to Reach Populations in Qualitative Research. University  
of California, USA.

Li, Q., Li, X. & Stanton, B. (2010). Alcohol use among female sex workers and male clients: an  
integrative review of global literature. *Alcohol* 45:188-199.

Marmot Review Team. (2010). Fair Society, Healthy Lives: Strategic Review of Health  
Inequalities

Mason, M. (2010). Sample Size and Saturation in PhD Studies Using Qualitative Interviews.  
*Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3), Art. 8.  
Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs100387>

Ngo, A.D., McCurdy, S.A., Ross, M.W., Markham, C., Ratliff, E.A., Pham, H.T. (2007). The lives  
of female sex workers in Vietnam: Findings from a qualitative study. *Cult Health Sex*.

Nutt, D., King, LA., Saulsbury, W., and Blakemore, C. (March 2007). "Development of a rational  
scale to assess the harm of drugs of potential misuse". *Lancet* 369 (9566): 1047–53.  
Retrieved from [http://www.tomfeiling.com/archive/reclassification\\_of\\_drugs.pdf](http://www.tomfeiling.com/archive/reclassification_of_drugs.pdf)

Odejide, A. O., (2006). "Status of drug use/abuse in Africa: a review," *International Journal of  
Mental Health and Addiction*, vol.4, no. 2, pp. 87–102.

OSSREA. (2008). The HIV/AIDS Challenge in Africa an Impact and Response Assessment: The  
Case of Ethiopia.

health situation and risk behaviors of street female sex workers...

Overs, C. (2014). *Sex Workers, Empowerment and Poverty Alleviation in Ethiopia*.

Patton, M.Q. (2002). *Qualitative evaluation and research methods*. 3<sup>rd</sup> ed. Thousand Oaks, USA: Sage Publications; pp. 209\_541.

Pauw, I. & Brener, L. (2003). 'You Are Just Whores: You can't be raped': Barriers to safer sex Practices among Women Street sex workers in Cape Town. *Culture, Health & Sexuality*. Retrieved from [[http:// dx.doi.org/10.1080/136910501185198](http://dx.doi.org/10.1080/136910501185198)]

Pitpitan, E.V., Kalichman, S.C., Eaton, L.A., Cain, D., Sikkema, K.J., Skinner, D., Watt, M.H. & Pieterse, D. (2013). Gender-based violence, alcohol use, and sexual risk among female patrons of drinking venues in Cape Town, South Africa. *J Behav Med* 36:295-304.

Population Services International Ethiopia (PSI/E). (2011). *Direct and Indirect Methods for Estimating the Size of the Female Sex Worker Population in Addis Ababa, Ethiopia*.

Marlise, Richter. (2013). Characteristics, sexual behavior and access to health care services for sex workers in South Africa and Kenya.

Sanders, T. (2004). *The Risks of Street Prostitution: Punters, Police and Protesters*.

Sanders-McDonagh, E. and Neville, L. (2012) *Women's Open Space Project Evaluation: Final Report*. London: New Horizon Youth Centre.

Scorgie, F., Chersich, M.F, Ntaganira, I., Gerbase, A., Lule, F. & Lo, Y.R. (2012). Socio-demographic characteristics and behavioral risk factors of female sex workers in sub-Saharan Africa: a systematic review. *AIDS Behav*. 16:920-33.

Shuper, P.A., Neuman, M., Kanteres, F., Baliunas, D., Joharchi, N. & Rehm, J. (2010). Causal considerations on alcohol and HIV/AIDS—a systematic review. *Alcohol* 45:159-166.

Simon, P.T., Abdullah, S., Emukule, G., Luchters, S., Kingola, N., Barasa, M., Muccheke, S. & Mwarogo, P. (2010) *Concurrent sexual and substance-use risk behaviors among female sex*

health situation and risk behaviors of street female sex workers...

workers in Kenya's Coast Province: Findings from a behavioral monitoring survey.

Spice, W. (2007). Management of sex workers and other high-risk groups. *Occupational Medicine*. 57: 322-328.

Susan, S., Witte, A.B. & Mingway, C. (2010). Sexual Risk Behaviors, Alcohol Abuse, and Intimate Partner Violence among Sex Workers in Mongolia: Implications for HIV Prevention Intervention Development. *J Prev Interv Community*. 38 (2): 89–103.

Tekola, B. (2005). Negotiating social space: Sex-Workers and the social context of sex workers in Addis Ababa.

Timret Le-hiwot Ethiopia (TLHE). (2010). Transactional/Semi Formal Sex Work in Addis Ababa.

UNAIDS & WHO. (2008). Sub-Saharan Africa AIDS epidemic update regional summary. Geneva: UNAIDS and World Health Organization.

UNAIDS. (2012). Guidance note on HIV and sex work. Geneva, UNAIDS. Retrieved from <http://www.unaids.org/en/media/unaids/>

UNAIDS, WHO/UNICEF. (2014). Global AIDS response progress reporting in 2014. Retrieved from at: <http://www.unaids.org/sites/default/files/media pdf>

Vandepitte, J. and others. 2006. Estimates of the number of female sex workers in different regions of the world. *Sexually transmitted infections*.

Visser, M.J., Kershaw, T., Makin, J.D., Forsyth, B.W. (2008). Development of parallel scales to measure HIV related stigma. *AIDS and Behavior*. 12 (5): 759-71 PMID 18266101.

Watt, M.H., Aunon, F.M., Skinner, D., Sikkema, K.J., Kalichman, S.C. & Pieterse, D. (2010). Alcohol as a currency for sexual exchange in South African drinking venues. *Soc Sci Med* 74:1005-1012.

Wechsberg, W.M., Luseno, W.K., Lam, W.K., Parry, C.D. & Morojele, N.K. (2006). Substance



health situation and risk behaviors of street female sex workers...

use, sexual risk, and violence: HIV prevention intervention with sex workers in Pretoria.  
AIDS Behav 10:131-137.

Wechsberg, W.M., Myers, B., Kline, T.L., Carney, T., Browne, F.A. & Novak, S.P. (2012). The relationship of alcohol and other drug use typologies to Sex risk behaviors among vulnerable women in Cape Town, South Africa. J AIDS Clin Res S1:15.

Weitzer, R. (2010). The Ethnography of Prostitution. Contemporary sociology: A Journal of reviews. 39(3):262-269.

Weldegebreal, R. Yohannes, A. M., Mussie, A. & Tesfay, G.G. (2015). Unintended pregnancy among female sex workers in Mekelle city, northern Ethiopia: a cross-sectional study.

WHO. (2012). Prevention and treatment of HIV and other Sexually Transmitted Infections for sex workers in Low- and Middle-income Countries.

WHO. (2005). Alcohol use and sexual risk behaviour: a cross-cultural study in eight countries.

WHO. (2003). Mental health; new understanding new hope. Geneva, Switzerland.

WHO. (2005). Violence against women and HIV/AIDS: critical intersections. Retrieved from <http://www.who.int/gender/documents/sexworkers.pdf> website

WHO. (2011). Preventing HIV in sex work settings in sub-Saharan Africa. Geneva.

WHO. (2014). Prevention and treatment of HIV/AIDS and other STIs targeting sex workers and their partners. Retrieved from <http://www.who.int/hiv/pub/populations/CI-PS-en08.pdf>

World Health Organization and University of Amsterdam. (2004). How to investigate the use of medicines by consumers

WHO. (2013). Implementing Comprehensive HIV/STI Programmes with Sex Workers:

health situation and risk behaviors of street female sex workers...

Appendix I: consent form

Addis Ababa University

College of Social Sciences

School of Social Work

My Name is Yohannes W/Giorgis. And I come from Addis Ababa University I am here to discuss about risk behaviors and health situations of sex workers. This is voluntary based response. There is no right and wrong answer. I would like this to be open discussion, feel free to express your opinion honestly and openly.

Confidentiality and consent I am going to ask you some very personal questions that may be difficult for some people to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer and you may end this interview at any time you want to. However, your honest answer to these questions will help me better understand what people think, say and do about certain kinds of behavior and health situations. I would greatly appreciate your help in participating to this study. However, if you feel uncomfortable at any point of time, you could discontinue the proceedings. The interview will take about 30 minutes to an hour to ask the questions. Would you be willing to participate?

Yes ----- continue

No ..... End

health situation and risk behaviors of street female sex workers...

Appendix II: Questionnaire for in-depth interview guide

**Demographic profile**

Age-----

Birth place-----

Ethnicity-----

Educational level-----

Marital status-----

Number of children -----

Number of families you help -----

Religion -----

**Entry into sex work**

I would like to know what your main source of income is.

What circumstances compelled you to engage in sex work.

Do you know at what age you get involved in sex work?

I was wondering if you tell me at what age you start the first sexual intercourse.

**General health problems**

Could you tell me what are main health problems you encounter as a sex worker?

Have you had sexual health problems since you involved yourself in sex work?

What problems do you have (biological, psychologically and physically) and don't forget?

What are the healths problems that make you always worry in this life?

What are the main health problems of street based female sex workers

What type of violence you experience/by whom and why?

Have you experience stigma and discrimination by whom/why and where?

health situation and risk behaviors of street female sex workers...

What problem you face related to pregnancy?

### **Risk behaviors**

Are there instances you engage in unprotected sex? If yes, why and under what circumstances you engage?

What problems can one get for engaging in unprotected sex?

What are some of the diseases can one get for engaging in unprotected sex?

Do you protect yourself during sex?

If yes, I would like to know what you used in protecting yourself.

I was wondering why you protected yourself.

If no protection, why?

Do you face difficulties in practicing safe sex/protecting yourself? If yes, what are some of the difficulties?

Do you have any idea what the risk behaviors are.

### **Sex work knowledge**

What are STs Disease and how they transmit and prevent?

What reproductive health problem?

How can one avoid getting STDs and unwanted pregnancy during sexual intercourse?

What are the general and sexual health problems you are facing currently? How do you assess your general health? Good or bad?

Since your involvement in sex work has your sexual life changed, in any way, positive or negative?

Are there other issues that you have concerning your general health?

Do you have suggestions for improving the general health of street-based sex workers?

health situation and risk behaviors of street female sex workers...

**Coping strategies**

What do you do if you violated by some one?

What did you do when you have depressed?

How do you solve when you have got shortage of money?

What did you do to protect yourself from STI and unwanted pregnancy?

When you had the sexual health problem(s), did you discuss it with other people?

Whom did you discuss with and why?

How do you interact with other community?

Have you been discriminated/violated because you are a sex worker? If yes, by whom and where and why? What you did?

**Health seeking behavior**

From which source do you normally seek health care?

Why this particular source?

Apart from this source what are the other sources you occasionally seek health care? Why the other source(s)?

Which of these sources do you encounter difficulties in seeking health care? What are some of the difficulties you face?

Do you go for routine medical check-ups? If yes, source?

If no, why you didn't go for routine medical check-ups?

What are your views about these services you receive from these sources? Have you been screened for STDs, chronic diseases in the past 12 months? If no, why you didn't do it?

What you propose for health facilities/other services providers to do best for you

**Thank you for participating in this interview!!!!**

health situation and risk behaviors of street female sex workers...

Appendix III: Questionnaire for FGDs

**Demographic profile**

Age-----

Birth place-----

Ethnicity-----

Educational level-----

Marital status-----

Number of children -----

Number of families you help -----

Religion -----

**Entry into sex work**

What circumstances compelled you to engage in sex work? I was wondering if you tell me your main source of income.

When did you start the first sexual intercourse? When did you come to be involved in sex work?

**Sex work knowledge**

Do you protect yourself anytime you engage in sex? If yes, what do you normally use?

If no, why you don't protect yourself?

Are there instances you engage in unprotected sex? If yes, why and under what circumstances you engage?

What problems can one get for engaging in unprotected sex?

What are some of the diseases can one get for engaging in unprotected sex?

How can one avoid getting STDs and unwanted pregnancy during sexual intercourse?

health situation and risk behaviors of street female sex workers...

### **General health problems**

What are the general health problems that you have encountered from sex work?

Which of these problems are frequent and serious?

What you did if you have sexual and health problems since you involved yourself in sex work?

What problems do you have or ever had (both psychologically and physically) don't want to forget?

What are the things that make you always worry in this life?

### **Risk behaviors**

Do you protect yourself during sex?

If yes, I would like to know what you used in protecting yourself.

I was wondering why you protected yourself.

If no protection, why?

Do you face difficulties in practicing safe sex/protecting yourself? If yes, what are some of the difficulties?

Have you been a victim of discrimination because you are a sex worker? If yes, by whom and where and why?

### **Coping strategies**

What do you do if you violated by some one?

What did you do when you have depressed or in stressful situations?

How do you solve when you have got shortage of money?

What did you do to protect yourself from STI and unwanted pregnancy?

When you had the sexual health problem(s), did you discuss it/them with other people?

Whom did you discuss with and why?

health situation and risk behaviors of street female sex workers...

How do you interact with other community?

**Health seeking behavior**

From which source do you usually seek health care for your health problems?

Do you usually seek health care from a health facility for any of these problems?

Which health problems make you seek health care?

If no, why don't you seek health care?

Which health facilities do you normally seek health care?

What are your experiences in seeking health care from these sources?

Do people knowing you as a sex worker affect your health seeking decisions? If yes, explain?

How do you assess your general health? Good or bad?

Since your involvement in sex work, has your sexual life changed, in any way, positive or negative?

Are there other issues that you have concerning your general health?

Do you have suggestions for improving the general health of street-based sex workers?

**Thank you for participating in this interview!!**